

Handbook of
SOCIAL FUNCTIONING IN
SCHIZOPHRENIA



Edited by

KIM T. MUESER • NICHOLAS TARRIER

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We dedicate this book to all the patients with schizophrenia and their families whose resolute courage in the face of hardship has been a vital source of our inspiration and commitment to improving the quality of their lives.

PREFACE

This book explores social functioning in schizophrenia spectrum disorders. *Social functioning* or *social adjustment* are general terms used to refer to the ability of individuals to meet societally defined roles such as home-maker, worker, student, spouse, family member, or friend. In addition, individuals' satisfaction with their ability to meet these roles, their ability to care for themselves, and the extent of their leisure and recreational activities are often subsumed under the rubric of social functioning.

Social functioning is of critical importance to schizophrenia for at least four reasons: (1) impaired social functioning has long been recognized to be characteristic of schizophrenia; (2) problems in social functioning are often included among criteria for the diagnosis of schizophrenia; (3) social functioning is a potent predictor of outcome; and (4) social functioning is a primary target of many rehabilitation programs for schizophrenia. We briefly discuss each of these reasons below.

Since the earliest descriptions of schizophrenia, impairments in social functioning have been noted as central to the disorder. For example, Kraepelin (1919/1971) wrote:

Very striking and profound damage occurs as a rule in the emotional life of our patients. The most important of these changes is their *emotional dullness*. The disorders of attention which have already been mentioned might be essentially connected with the loss of interest, the loss of inner sympathy, with the giving way of those emotional main-springs which move us to exert our mental powers, to accomplish our tasks, to follow trains of thought. The singular indifference of the patients towards their former emotional relations, the extinction of affection for relatives and friends, of satisfaction in their work and vocation, in recreation and pleasures, is not seldom the first and most striking symptom of the onset of disease. The patients have no real joy in life, "no human feelings"; to them "nothing matters, everything is the same"; they feel "no grief and

no joy," "their heart is not in what they say." (pp. 32–33).

Another phenomenon of emotional dementia is the *disappearance of delicacy of feeling*. The patients have no longer any regard for their surroundings; they do not suit their behaviour to the situation in which they are, they conduct themselves in a free and easy way, laugh on serious occasions, are rude and impertinent towards their superiors, challenge them to duels, lost their deportment and personal dignity; they go about in untidy and dirty clothes, unwashed, unkempt, go with a lighted cigar into church, speak familiarly to strangers, decorate themselves with gay ribbons. The feeling of disgust and of shame is also gone. (p. 34)

Similarly, Bleuler (1911/1950) observed:

Even in the less severe forms of the illness, indifference seems to be the external sign of their state; an indifference to everything—to friends and relations, to vocation or enjoyment, to duties or rights, to good fortune or to bad. (p. 40)

Intercourse with other people is not disturbed merely by the schizophrenics' irritability and their peculiarities. In their autism they can comport themselves in a crowded work-room as if they were alone; everything which concerns the others does not exist for them. . . . They have turned their backs on the world, and seek to protect themselves from all influences coming from the outside. . . . Should schizophrenics have to have relations with others, they assume quite a peculiar form. Sometimes patients are obtrusive. . . . At other times they comport themselves very disdainfully, curtly, rudely. . . . Such are cases that are still capable of acting and having relations with people. However, when autism gets the upper hand, it creates a complete isolation around the sick psyche. (pp. 93–94)

Although Kraepelin and Bleuler described poor social functioning in schizophrenia as stemming from more basic impairments of the illness, such as the loss of emotions,

attentional problems, and autism, modern diagnostic systems have emphasized the importance of social impairments to the diagnosis of the illness. For example, the DSM series (American Psychiatric Association, 1980, 1987, 1994) has required impairment in social functioning as a necessary criterion for the diagnosis of schizophrenia:

Social/occupational dysfunction: For a significant portion of the time since the onset of the disturbance, one or more major areas of functioning such as work, interpersonal relations, or self-care are markedly below the level achieved prior to the onset (or when the onset is in childhood or adolescence, failure to achieve expected level of interpersonal, academic, or occupational achievement). (American Psychiatric Association, 1994, p. 285)

Thus, poor social functioning is currently recognized as a hallmark of schizophrenia, not just a common ancillary symptom.

Social impairments are not only a defining part of schizophrenia, but also predictive of the long-term outcome of the disorder. Over the past several decades, abundant evidence has accumulated demonstrating that premorbid social functioning (Bailer, Bräuer, & Rey, 1996; Zigler & Glick, 1986) and social adjustment after the onset of schizophrenia (Johnstone, MacMillan, Frith, Benn, & Crow, 1990; Jonsson & Nyman, 1991; Perlick, Stastny, Mattis, & Teresi, 1992; Rajkumar & Thara, 1989; Sullivan, Marder, Liberman, Donahoe, & Mintz, 1990) are strong predictors of both social and nonsocial outcomes. The prognostic value of poor social functioning in schizophrenia provides further evidence of its centrality to the disorder.

Finally, improving the social functioning of patients with schizophrenia has become a major priority of psychosocial treatment programs, such as social skills training, family intervention, and vocational rehabilitation. Several factors have contributed to the strong focus of these programs on social adjustment. First, the discovery in the 1950s of neuroleptic medications rendered many patients amenable to psychosocial treatments who previously were unable to participate in such interventions. Second, despite the beneficial effects of neuroleptics on lowering symptom severity and forestalling relapses, even under optimal conditions these medications usually have limited effects on social adjustment, indicating a need for interventions that target these areas of functioning. Third, the prognostic significance of social functioning in schizophrenia suggests that interventions that are successful in

improving social adjustment may have positive effects on the long-term outcome of the disorder.

Although impairments in social functioning are widely accepted to be of crucial importance to understanding and treating schizophrenia, few volumes have focused on summarizing the progress made in this area. This book is aimed at exploring social functioning in schizophrenia, including recent advances in the measurement of social adjustment and related concepts, developmental course, clinical and demographic correlates, social functioning in specific subgroups of patients, and the effects of psychosocial and pharmacological treatments on social adjustment. Because of the complexity of schizophrenia and the tremendous growth in our understanding of the illness, we have selected a wide range of topics related to social functioning for this book, with a particular emphasis on reviewing recent research in this area.

Schizophrenia is a severe mental illness that challenges patients, families, and clinicians alike. Impoverished social functioning is one of the core features of this disease that merits special attention. We believe this book will provide a useful synthesis of our current understanding of social functioning in schizophrenia. Considering the progress made in recent years in understanding and improving social functioning in schizophrenia, we are optimistic that continued work will further enhance the quality of lives of patients with this illness and their loved ones.

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