

A STUDY OF 'SOCIAL NETWORK' IN SCHIZOPHRENIA*

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SUMMARY

An attempt was made to investigate the social network of thirty two first admission cases of Schizophrenia, vis-a-vis thirty one non-schizophrenic psychiatric patients. The social network of the two groups did not differ significantly. The findings are discussed in relation to the nature of sample and the control group.

The study of social factors in mental illness becomes important due to certain facts (a) prolonged mental illness may lead to impaired social contacts (Gruenburg, 1974); (b) the social support may act as resistance against the onslaught of psychosocial stress (Cassels, 1976; Cobb, 1976) leading to psychological infirmity and (c) social factors have been attributed as being causative of mental illnesses.

The 'Social Network' is a well defined construct. The 'Social Network' of an individual can be defined as a matrix of persons and their relationships :—

(a) Who come in contact with the individual repeatedly over a long duration of time in his family, community and at his place of work.

(b) Who influence the individual and are in turn influenced by him.

(c) On whom the individual can lean at the time of personal crises.

The 'Social Network' for most of the persons under natural circumstances is constant in terms of quantity and quality. A restriction of 'Social Network' denotes pathology in the personal environment of a person including psychiatric illness. The restriction may be reduced number of persons in individual's 'Social Network' or reduced intimate relationships. The schizophrenics are des-

cribed to have fewer intimate relationships, their network being dominated by kinsfolks and having assymetrical balance of exchange, the patient receiving more services than he gave (Tolsdorf, 1976). Cohen and Sokolovsky (1978) reported that schizophrenics had fewer social ties. The present study was undertaken to investigate the social network of schizophrenic patients.

MATERIAL AND METHOD

Sample

The present study was conducted on thirty two first admission cases of schizophrenia, diagnosed independently by two psychiatrists; and these were compared with thirty one nonschizophrenic patients admitted to the psychiatric wards. The patients were diagnosed on the basis of ICD-9. The characteristics of the patients are presented in Table 1.

Procedure

The investigation into the social network of the patients was done by constructing a semistructured interview schedule. The information on this proforma was collected from the patients as well as from some reliable informant. The patients were interviewed when the productive symptoms had abated, and the patient was sufficiently recovered

*Paper presented at 39th Annual Conference of Indian Psychiatric Society at Calcutta.

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for a comprehensive interview. The information was collected in more than one sittings. The questions were asked in hindi: and wherever necessary questions were further explained. The areas covered in the interview were related to:—

1. Marital and sexual sphere.
2. Personal and family sphere.
3. Adjustment pattern outside the family:
 - (a) In occupational sphere.
 - (b) In peer group sphere.
 - (c) In religious sphere.
 - (d) In community sphere.

Statistical Analysis

The data collected were subjected to statistical analysis. The answers on various items were modified to a positive or negative qualification. Chi square test was applied for statistical analysis of the differences between two groups, i.e., schizophrenic and nonschizophrenic psychiatric patients.

RESULTS

The observation and results are presented in the following Tables:—

TABLE 1. *Showing the general characteristics of the subjects*

Category	Number	Percentage
(a) Schizophrenic patients (N=32)		
1. Acute Schizophrenia	10	31.25
2. Paranoid Schizophrenia	13	40.62
3. Catatonic Schizophrenia	7	21.87
4. Chronic Schizophrenia	2	6.25
Age range 18-50 years.		
Mean age 31.25 years.		
(b) Nonschizophrenic psychiatric patients (N=31)		
1. Epilepsy	6	19.35
2. Drug Dependence	6	19.35
3. Neurotic Reactions	9	29.04
4. Affective Disorders	10	32.26
Age range 20-48 years.		
Mean age 33 years.		

TABLE 2. *Showing adjustment pattern in marital and sexual sphere*

Adjustment pattern	Schizophrenics (N=32)	Nonschizophrenic psychiatric patients (N=31)	χ^2
1. Support of spouse at the time of crises	13	13	0.01
2. Solving problems by interactions	18	17	0.01
3. Confide with spouse	16	18	0.41
4. Satisfactory sexual relationship with spouse	18	17	0.01
5. Premarital or extra marital sexual relationship	1	3	1.14

TABLE 3. *Showing adjustment pattern in family and personal sphere*

Adjustment pattern	Schizophrenics (N=32)	Nonschizophrenic psychiatric patients (N=31)	χ^2
1. Taking part in important decision making in family	16	20	1.35
2. Family taking care of personal needs	27	30	2.81
3. Family members facing crises together	22	23	0.23
4. Taking his own decision	20	21	0.19
5. Finds himself adequate at the time of crises	12	15	0.76
6. Looking for the support of family in crises	19	14	2.05

TABLE 4. *Adjustment pattern outside the family*

Adjustment pattern	Schizophrenic	Nonschizophrenic psychiatric patients	X ²
1. Intimate friends (5 in number)	17	18	0.15
2. Confide with friends	15	18	0.79
3. Facing the stressful situation together	23	23	0.04
4. Support of colleagues at the time of crises.	13	15	0.38
5. Expecting support from community	6	19	11.90

DISCUSSION

No appreciable difference between the 'Social Network' of the schizophrenic and nonschizophrenic psychiatric patient could be seen. Few explanations could be put forward :

1. Only the first admission cases were chosen for the study.

2. It would be interesting to see whether any difference in the 'Social Network' of psychiatric patients as a whole differed from that in the normal population. As in the present study the comparison was made between the schizophrenic and nonschizophrenic psychiatric patients. It could be hypothesized here that the social network in chronic schizophrenic patients could be constricted and could differ from that in nonschizophrenic psychiatric patients as well as from the normal population. The cultural factors influencing the results can not be over-

looked. Murphy (1978) and Waxler (1979) had pointed out that the prognosis of schizophrenia was better in eastern cultures. Waxler (1979) attributed this to the adverse attitudes, role ascriptions and expectations placed upon him in the western culture. The social ties in schizophrenics are believed to be restricted and there is an approvable burden on the family. On the other hand in eastern cultures the masses in general are more tolerant to the manifestations of psychiatric disorders, and family ties in them are believed to be stronger. Hence these factors could be utilized in the general management and after care of the schizophrenic patients.

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