

What is bad about not being social in schizophrenic patients?

What is the paper about?

We were interested in the frequency of social contacts among patients with schizophrenia and were wondering whether frequent social contacts might contribute to a reduction of so called negative symptoms, i.e. coldness, lack of emotional responsiveness, and failure to engage in activities. Moreover we asked whether frequent social contacts improved psychosocial functioning i.e. normal functioning in everyday life and increased their quality of life.

Why I asked these questions?

People are usually quite social. When I first came to see schizophrenic patients and work with them I became aware of what everyone would observe: These patients appeared to be rather cold and down tuned, without affection, and not much engaged in everyday routines. I was able to interview them, but did not get close to most of them.

Why that question?

Patients with schizophrenia very often lack emotional engagement and do not seem to function normally in everyday routines – this is part of ‘negative symptoms’. They also complain about reduced quality of life. At the same time, they disengage from contacts with close persons, family members, friends and neighbours (‘low frequency of social contacts’). And of course they do not talk to them much. One of the reasons for this is a high amount of anxiety as they feel weak in relation to other people. This latter observation points to a kind of protective behaviour, instrumental but even so deleterious if enacted too often. Thus we assumed that strengthening social contacts in these patients might contribute to more normal behaviour.

What data did we have to answer the question?

We had access to interview data from a large cross-country study on schizophrenic patients in Great Britain, France and Germany. Initially 1208 patients were diagnosed and interviewed. They were screened 5 times every 6 months, i.e. the data collection took 2 years. Participation in the study was voluntary, and participants were free to withdraw from the study at every wave.

What were the main findings?

Patients with schizophrenia really do not see other people like family neighbours and friends very much. Nor do they talk to them, directly, via telephone or via email. They are instead quite often isolated. So their social contacts are poor. And, as we expected, they often seem quite cold, unemotional and hardly willing to engage. Their everyday routines do not work well, and their quality of life seems rather modest. When we studied associations between the amount of social contacts and negative symptoms at the first wave of data collection, a strong association was observed: the lower the frequency of contacts, the worse were negative symptoms and the poorer was their quality of life. Next, we analysed the course of these social contacts over time and the

impact on symptoms and wellbeing at study end. It became evident that poor social contact or continued social isolation had a deleterious effect.

What are the practical implications of our findings?

It looks like some more social contacts would be good and helpful for many of the schizophrenic patients. Measures of improving social contacts would be good and helpful for many of them. Psychiatric settings and psychiatric experts might offer small group trainings where they could come together (e.g. once every two weeks) and could intensify their social exchange. Reinforcing and encouraging social contact might improve the symptoms we mentioned and reduce the burden of their disease.

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Publication

[Association between social contact frequency and negative symptoms, psychosocial functioning and quality of life in patients with schizophrenia.](#)

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