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Influence of Social Isolation on the Severity and Progression of Schizophrenia Among Young Adults

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ABSTRACT

Schizophrenia is a severe psychological disorder associated with disturbances in cognition, perception, emotional functioning, and social behavior. Social isolation is commonly experienced among individuals with schizophrenia and may contribute to worsening symptoms and impaired psychosocial functioning. The present study examined the influence of social isolation on schizophrenia symptom severity and functional impairment among young adults diagnosed with schizophrenia. The moderating role of perceived social support and participation in structured interventions was also explored. A cross-sectional correlational research design was employed. The sample consisted of 80 inpatient and outpatient individuals diagnosed with schizophrenia selected through purposive sampling. Data were collected using the Positive and Negative Syndrome Scale, UCLA Loneliness Scale, Multidimensional Scale of Perceived Social Support, and WHO Disability Assessment Schedule 2.0 with caregiver assistance where required. As the data significantly deviated from normality according to the Shapiro Wilk test, non-parametric analyses including Spearman's rank order correlation, Mann Whitney U test, and hierarchical regression analysis were conducted using SPSS Version 26. Results indicated that higher social isolation was associated with greater symptom severity and functional impairment. Social support moderated the relationship between isolation and symptom severity, while participants involved in structured interventions demonstrated better psychosocial functioning.

The findings emphasize the importance of social support and psychosocial rehabilitation in schizophrenia management.

Keywords: *Schizophrenia, Social Isolation, Social Support, Functional Impairment, PANSS, WHODAS 2.0*

Introduction

Schizophrenia is a chronic and severe mental disorder characterized by disturbances in thought processes, emotional regulation, perception, and behavior. Individuals diagnosed with schizophrenia often experience hallucinations, delusions, disorganized thinking, reduced emotional expression, impaired cognition, and substantial difficulties in social and occupational functioning. Beyond biological and cognitive impairments, schizophrenia is strongly associated with social difficulties that negatively influence recovery and quality of life.

The social environment plays a significant role in shaping mental health outcomes among individuals diagnosed with schizophrenia. Social withdrawal, loneliness, stigma, and impaired interpersonal relationships may contribute to worsening symptoms and reduced psychosocial functioning. Understanding the role of social isolation in schizophrenia is therefore important for developing effective rehabilitation and intervention strategies.

The present study aimed to examine the influence of social isolation on schizophrenia symptom severity and progression among young adults diagnosed with schizophrenia. The study also explored the role of perceived social support and participation in structured community interventions in improving psychosocial outcomes.

Literature Review

Previous research has consistently emphasized the relationship between social isolation and adverse psychological outcomes among individuals diagnosed with schizophrenia. Social isolation has been associated with increased psychological distress, impaired coping abilities, poor treatment adherence, and reduced quality of life (Bucci et al., 2022).

Research further suggests that loneliness contributes significantly to worsening psychotic symptoms and emotional dysregulation among individuals experiencing schizophrenia spectrum disorders (Lim et al., 2018). Individuals who experience persistent social disconnection may

demonstrate heightened symptom severity and reduced psychosocial functioning.

Studies examining psychosocial functioning have also highlighted that functional disability among individuals diagnosed with schizophrenia is influenced by both cognitive impairments and social environmental factors (Harvey & Strassnig, 2012). Reduced social interaction limits opportunities for emotional expression, behavioral engagement, and adaptive coping.

Social support has consistently emerged as a protective factor in schizophrenia recovery. Supportive relationships may reduce emotional distress, improve resilience, and enhance treatment outcomes (Berry & Bucci, 2021). The buffering hypothesis proposes that social support reduces the negative effects of stressors such as loneliness and isolation.

Community based interventions and psychosocial rehabilitation programs have also demonstrated positive outcomes among individuals diagnosed with schizophrenia. Structured social participation, occupational engagement, and social skills training may contribute to lower symptom severity and improved psychosocial adjustment (Lehman, 1995).

Despite growing evidence regarding psychosocial influences in schizophrenia, limited local research has comprehensively examined the combined influence of social isolation, social support, functional impairment, and structured social interventions among young adults diagnosed with schizophrenia.

The study proposed the following hypotheses:

1. Higher levels of social isolation would be associated with greater severity of schizophrenia symptoms.
2. Higher levels of social isolation would be associated with greater functional impairment.
3. Social support would moderate the relationship between social isolation and schizophrenia symptom severity.

4. Individuals participating in structured social or community-based interventions would exhibit lower symptom severity and better psychosocial functioning compared to non-participants.

Research Methodology

Research Design

The present study employed a cross-sectional correlational research design to examine the relationships among social isolation, social support, schizophrenia symptom severity, and functional impairment.

Participants

The sample consisted of 80 young adults diagnosed with schizophrenia, including both inpatient and outpatient individuals. Equal representation was maintained across treatment settings, with 40 participants recruited from inpatient settings and 40 from outpatient settings. The sample also included equal gender representation, comprising 40 male and 40 female participants. Most participants were between 26 and 30 years of age.

Sampling Technique

Purposive sampling was utilized to recruit participants who met the inclusion criteria for schizophrenia diagnosis and treatment status.

Instruments

Positive and Negative Syndrome Scale

The Positive and Negative Syndrome Scale was used to assess schizophrenia symptom severity. The scale measures positive symptoms, negative symptoms, and general psychopathology associated with schizophrenia.

UCLA Loneliness Scale

The UCLA Loneliness Scale was administered to measure levels of social isolation and loneliness experienced by participants.

Multidimensional Scale of Perceived Social Support

The Multidimensional Scale of Perceived Social Support was used to assess participants' perceived social support from family, friends, and significant others.

WHO Disability Assessment Schedule 2.0

The WHO Disability Assessment Schedule 2.0 was used to evaluate functional disability and psychosocial functioning across daily life domains.

Procedure

Data were collected from two psychiatric hospitals in Hyderabad, namely Civil Hospital Hyderabad and the C.J. Institute of Psychiatry Hyderabad. Prior to data collection, each participant and their primary caregiver were briefed regarding the purpose, procedures, and confidentiality of the study. Informed consent was obtained from both the participants and their caregivers before the administration of the assessment measures. Due to limited insight and communication difficulties commonly experienced among individuals diagnosed with schizophrenia, caregivers assisted the researcher during the assessment process in the presence of the participants to ensure the accuracy and reliability of responses. The assessment measures were administered individually under appropriate ethical considerations within the clinical settings.

Ethical Considerations

Participants and their caregivers were informed regarding the purpose, procedures, and confidentiality of the study prior to data collection. Participation was voluntary, and informed consent was obtained before administration of the assessment measures. Confidentiality and anonymity of responses were maintained throughout the research process, and participants were assured that the collected information would be used solely for academic purposes.

Statistical Analysis

Data analysis was conducted using Statistical Package for the Social Sciences Version 26. Data screening procedures confirmed that no missing values were present in the dataset. The assumption of normality was tested using the Shapiro Wilk test. Results indicated that all major variables significantly deviated from normal distribution. Therefore, non-parametric statistical tests were applied. Spearman's rank order correlation was used to examine relationships among social isolation, symptom severity, social support, and functional impairment. Mann Whitney U tests were conducted to compare participants based on involvement in structured social or community interventions. Hierarchical regression analyses were also conducted to examine predictive and moderating relationships.

Results and Discussion

Demographic Characteristics

The sample consisted of 80 participants diagnosed with schizophrenia. Gender distribution was equal, with 50% male and 50% female participants. Most participants belonged to the 26 to 30 years age group. The majority were receiving antipsychotic medication, and many had experienced at least one psychiatric hospitalization. Participants were almost equally distributed between those who participated in structured social or community interventions and those who did not.

Descriptive Statistics

Participants demonstrated moderate schizophrenia symptom severity and functional disability, along with relatively high levels of social isolation and moderate perceived social support.

The mean score for schizophrenia symptom severity measured through PANSS was 73.42 with a standard deviation of 12.61. The mean score for social isolation measured through the UCLA

Loneliness Scale was 52.85 with a standard deviation of 10.24. The mean score for perceived social support measured through MSPSS was

41.63 with a standard deviation of 9.88. Functional disability measured through WHODAS 2.0 demonstrated a mean score of 38.21 with a standard deviation of 11.35.

Hypothesis 1

The first hypothesis proposed that higher levels of social isolation would be associated with greater schizophrenia symptom severity.

Spearman's rank order correlation analysis demonstrated a significant positive relationship between social isolation and schizophrenia symptom severity, $\rho = .25$, $p = .024$. Participants reporting greater loneliness also demonstrated more severe clinical symptoms on the PANSS scale. These findings supported the first hypothesis and indicated that increased social isolation is associated with worsening schizophrenic symptoms.

Hypothesis 2

The second hypothesis proposed that higher levels of social isolation would be associated with greater functional impairment.

Spearman's rank order correlation demonstrated a significant positive relationship between social isolation and functional impairment, $\rho = .35$, $p = .002$. Participants reporting higher loneliness also demonstrated greater disability on WHODAS 2.0.

A hierarchical multiple regression analysis was conducted to determine whether social isolation predicted functional impairment after controlling for illness related variables. The first model indicated that duration since diagnosis and hospitalization history explained 59.8% of the variance in functional impairment. When social isolation was added in the second model, the explained variance increased to 65.7%.

Social isolation significantly predicted functional impairment, $B = 0.84$, $\beta = .25$, $p = .001$, indicating that loneliness independently contributed to higher disability levels even after controlling for illness related factors.

The findings supported the second hypothesis.

Hypothesis 3

The third hypothesis proposed that social support would moderate the relationship between social isolation and schizophrenia symptom severity.

Hierarchical regression analysis was conducted to test the moderating role of social support. Results demonstrated that social support significantly moderated the relationship between isolation and symptom severity. The interaction term was statistically significant, $\beta = .12$, $p = .04$.

The findings indicated that individuals with high levels of social isolation, but stronger perceived social support demonstrated lower symptom severity compared to individuals with low support.

These results supported the buffering role of social support in reducing the negative effects of isolation.

Hypothesis 4

The fourth hypothesis proposed that individuals participating in structured social or community-based interventions would demonstrate lower symptom severity and improved psychosocial functioning.

Mann Whitney U tests revealed significant differences between participants involved in structured interventions and those who did not participate.

Participants involved in structured interventions demonstrated significantly lower symptom severity on PANSS, $U = 485.50$, $Z = -3.03$, $p = .002$. Similarly, participants engaged in interventions demonstrated better psychosocial functioning with lower WHODAS scores, $U = 429.50$, $Z = -3.58$, $p < .001$.

These findings supported the fourth hypothesis and highlighted the positive impact of structured social and community participation.

Discussion

The present study examined the influence of social isolation on schizophrenia symptom severity and psychosocial functioning among

young adults diagnosed with schizophrenia. The findings consistently demonstrated that social isolation is strongly associated with poorer clinical and functional outcomes.

The first hypothesis revealed a significant positive relationship between social isolation and schizophrenia symptom severity. Participants who reported greater loneliness demonstrated more severe symptoms on the PANSS scale. These findings suggest that social isolation may intensify emotional distress, reduce coping capacity, and contribute to worsening psychotic symptoms.

The second hypothesis demonstrated that social isolation was significantly associated with functional impairment. Participants experiencing higher levels of loneliness also demonstrated greater disability in daily functioning. Regression analyses further indicated that social isolation independently predicted functional impairment even after accounting for illness related factors. These findings suggest that social isolation contributes uniquely to psychosocial decline and reduced independence.

The third hypothesis confirmed the moderating role of social support. Individuals experiencing greater isolation, but stronger social support demonstrated comparatively lower symptom severity. This finding highlights the protective and buffering role of supportive relationships in schizophrenia. Emotional support, family involvement, and positive interpersonal connections may reduce stress and improve resilience among individuals experiencing social withdrawal.

The fourth hypothesis demonstrated that participation in structured social or community-based interventions was associated with lower symptom severity and improved psychosocial functioning. Individuals involved in social or rehabilitation activities demonstrated better outcomes compared to non-participants. These findings emphasize the importance of psychosocial rehabilitation and community engagement in schizophrenia management.

The involvement of caregivers during the assessment process enhanced the reliability and clarity of responses among participants experiencing impaired insight and communication difficulties commonly asso-

ciated with schizophrenia. This procedure strengthened the accuracy of data collection within the clinical settings.

The findings of the present study align with theoretical perspectives emphasizing the importance of social environments in mental health outcomes. The results support the understanding that schizophrenia is influenced not only by biological factors but also by psychosocial and environmental experiences (Kendler, 2020).

The results further support previous findings indicating that loneliness and social disconnection are associated with greater emotional distress and symptom severity among individuals diagnosed with psychosis and schizophrenia (Bucci et al., 2022; Lim et al., 2018). Similarly, research has consistently demonstrated that social support contributes positively to recovery and psychosocial adjustment (Berry & Bucci, 2021).

Table 1

Demographic Characteristics of Participants (N = *80*)

Variable	**Category**	**Frequency**	**%**
Gender	Male	40	50.0
	Female	40	50.0
Treatment setting	Inpatients	40	50.0
	Outpatients	40	50.0
Structured interventions	Participants	41	51.2
	Non-participants	39	48.8

Note. Category groupings have been added for clarity; frequencies are unchanged.

Table 2

Spearman Correlation Analysis Among Major Variables (N = *80*)

Variables	ρ	p
Social isolation and PANSS scores	.25	.024
Social isolation and WHODAS scores	.35	.002

Practical Implications

The findings of the present study offer important implications for clinical practice and psychosocial rehabilitation. Routine assessment of social isolation should be integrated into psychological and psychiatric evaluations for individuals diagnosed with schizophrenia. Identifying loneliness and social withdrawal may assist mental health professionals in recognizing individuals at greater risk for symptom deterioration and functional decline.

Mental health interventions should also focus on strengthening social support systems. Family involvement, peer support programs, psychoeducation, and supportive community relationships may improve emotional well-being and reduce symptom severity.

The significant role of structured social and community interventions further highlights the value of psychosocial rehabilitation approaches such as group therapy, occupational therapy, social skills training, and community engagement activities.

Limitations

The present study has several limitations. The cross-sectional design limited the ability to establish causal relationships among the study variables. The use of purposive sampling restricted the generalizability of findings beyond similar clinical populations. The study primarily focused on young adults diagnosed with schizophrenia, limiting the applicability of findings to other age groups. Although standardized psychological instruments were used, some responses were dependent on participant

insight and caregiver assisted reporting, which may have influenced response accuracy.

Recommendations

Future research should employ longitudinal designs to examine changes in social isolation and symptom severity over time. Inclusion of qualitative approaches may provide deeper insight into participants' lived experiences of loneliness and social support. Future studies should also examine broader age groups and evaluate the effectiveness of specific psychosocial rehabilitation programs.

Conclusion

The findings of the present study highlight the significant role of social isolation in influencing schizophrenia symptom severity and psychosocial functioning. Greater loneliness was associated with more severe symptoms and increased functional impairment. In contrast, social support emerged as a protective factor that reduced the negative effects of isolation. Participation in structured social and community-based interventions was associated with lower symptom severity and better psychosocial functioning. The study emphasizes that schizophrenia should not be understood solely as a biomedical disorder but also as a condition deeply influenced by social experiences and environmental factors. Enhancing social connectedness, strengthening support systems, and promoting psychosocial rehabilitation may contribute substantially to improved recovery and quality of life among individuals living with schizophrenia.

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References

American Psychiatric Association. (2022). Diagnostic and statistical manual of mental disorders (5th ed., text rev.). American Psychiatric Publishing.

Beck, A. T., Rector, N. A., Stolar, N., & Grant, P. (2009). Schizophrenia: Cognitive theory, research, and therapy. Guilford Press.

Berry, C., & Bucci, S. (2021). The role of social support in recovery from psychosis: A meta synthesis of qualitative research. Clinical Psychology Review, 85, 101986. https://doi.org/10.1016/j.cpr.2021.101986

Bucci, S., Berry, C., Barrowclough, C., & Haddock, G. (2022). Social isolation in psychosis: Exploring the role of loneliness and anxiety. Schizophrenia Research, 243, 134–140. https://doi.org/10.1016/j.schres.2022.

01.015

Cacioppo, J. T., & Hawkley, L. C. (2009). Perceived social isolation and cognition. Trends in Cognitive Sciences, 13(10), 447–454. https://doi.org/10.1016/j.tics.2009.06.005

Corrigan, P. W., & Phelan, S. M. (2004). Social support and recovery in individuals with serious mental illnesses. Community Mental Health Journal, 40(6), 513–523. https://doi.org/10.1007/s10597-004-6125-5

Davidson, L., Stayner, D., Lambert, S., Smith, P., & Sledge, W. (1997). Phenomenological and participatory research on schizophrenia recovery. Journal of Nervous and Mental Disease, 185(3), 148–150.

Erzen, E., & Çikrikci, Ö. (2018). The effect of loneliness on depression: A meta-analysis. International Journal of Social Psychiatry, 64(5), 427–435. https://doi.org/10.1177/0020764018776349

Green, M. F., Horan, W. P., & Lee, J. (2021). Social cognition in schizophrenia. Nature Reviews Neuroscience, 16(10), 620–631. https://doi.org/10.1038/nrn4005

Hall, R. C. W. (1995). Global assessment of functioning: A modified scale. Psychosomatics, 36(3), 267–275. https://doi.org/10.1016/S0033-3182(95)71666-8

Harvey, P. D., & Strassnig, M. T. (2012). Predicting the severity of everyday functional disability in individuals with schizophrenia: Cognitive deficits, functional capacity, symptoms, and health status. World Psychiatry, 11(2), 73–79. https://doi.org/10.1016/j.wpsyc.2012.05.004

Hooley, J. M., Gruber, S. A., Scott, S., Hiller, J. B., & Yurgelun-Todd, D. A. (2017). Activation in the dorsolateral prefrontal cortex in response to maternal criticism and praise in recovered depressed and healthy control participants. Biological Psychiatry, 63(3), 332–348. https://doi.org/10.1016/j.biopsych.2007.05.019

Kay, S. R., Fiszbein, A., & Opler, L. A. (1987). The Positive and Negative Syndrome Scale for schizophrenia. Schizophrenia Bulletin, 13(2), 261–276. https://doi.org/10.1093/schbul/13.2.261

Kendler, K. S. (2020). The nature of schizophrenia: A review of major hypotheses. World Psychiatry, 19(3), 313–314. https://doi.org/10.1002/wp

s.20755

Lehman, A. F. (1995). Vocational rehabilitation in schizophrenia. Schizophrenia Bulletin, 21(4), 645–656. https://doi.org/10.1093/schbul/21.4.645

Lim, M. H., Gleeson, J. F. M., Alvarez-Jimenez, M., & Penn, D. L. (2018). Loneliness in psychosis: A systematic review. Social Psychiatry and Psychiatric Epidemiology, 53(3), 221–238. https://doi.org/10.1007/s00127-018-1482-5

Lysaker, P. H., & Roe, D. (2011). The recovery of persons with schizophrenia: Psychological and phenomenological perspectives. Psychosis, 3(1), 3–13. https://doi.org/10.1080/17522431003656384

Meltzer, H. Y. (1999). Suicide and schizophrenia: Clozapine and the InterSePT study. Journal of Clinical Psychiatry, 60(12), 47–50.

Penn, D. L., Corrigan, P. W., Bentall, R. P., Racenstein, J. M., & Newman, L. (1997). Social cognition in schizophrenia. Psychological Bulletin, 121(1), 114–132. https://doi.org/10.1037/0033-2909.121.1.114

Russell, D. (1996). UCLA Loneliness Scale (Version 3): Reliability, validity, and factor structure. Journal of Personality Assessment, 66(1), 20–40. https://doi.org/10.1207/s15327752jpa6601_2

World Health Organization. (2023). Schizophrenia. https://www.who.int/news-room/fact-sheets/detail/schizophrenia

World Health Organization. (2023). WHO Disability Assessment Schedule 2.0. https://www.who.int/classifications/icf/whodasii/en/

Zimet, G. D., Dahlem, N. W., Zimet, S. G., & Farley, G. K. (1988). The Multidimensional Scale of Perceived Social Support. Journal of Personality Assessment, 52(1), 30–41. https://doi.org/10.1207/s15327752jpa5201_2