Chapter 11

Social skills assessment

KIM T. MUESER and MARGARET D. SAYERS

11.1 SOCIAL COMPETENCE AND SCHIZOPHRENIA

Markedly aberrant, dysfunctional social behaviour has long been recognized to be a core characteristic of schizophrenia. For example, the following description by Kraepelin (1919) illustrates his observation that the social behaviour of persons with schizophrenia is the most salient feature of the illness:

The disease makes itself noticeable in by far the most striking way in the activities of the patients. Already in the beginning of the malady a change in their behavior invariably sets in. They become dreamy, shy of their fellow-beings, withdraw themselves, shut themselves up, do not greet their friends any more, stand about in corners, stare intently in front of them, give no answer, talk with themselves. (p. 96)

Pervasive impairments in social functioning are an integral feature of schizophrenia according to modern diagnostic criteria. The diagnosis of schizophrenia according to DSM-III-R criteria (American Psychiatric Association, 1987) requires the presence of no specific symptom (e.g. delusions or hallucinations), yet there must be evidence of a clear deterioration in functioning in the areas of social relationships, work, or self-care.

The problems in social functioning characteristic of schizophrenia are nowhere more evident than in the impoverished quality of life most patients experience (Lehman, 1983; Simpson et al., 1989). Those patients in the community who do not live with relatives often reside in squalid living conditions in low income urban areas, and many are homeless (Drake et al., 1989; Susser et al., 1989). The difficulties patients have in social interactions impede their ability to effectively advocate for themselves thereby making it impossible to improve their living conditions, gain access to social and rehabilitative services, or resolve medication issues with the treating physician.

In addition to the inadequate living conditions persons with schizophrenia often bear as a consequence of their poor social competence, their social lives are often devoid of close, meaningful relationships. The development of schizophrenia with its inherent social impairments inevitably strains the social networks of patients (Hammer, 1986; Cohen and Kochanowicz, 1989). People with schizophrenia are often avoided by others, because of the stigma of mental illness (Mansouri and Dowell, 1989). Patients may be reluctant to re-establish old friendships, either due to lack of motivation or anxiety about how the other person will respond. Attempts to rekindle former relationships are often rebuffed because the
A person with schizophrenia does not seem to ‘fit in’ with his or her previous peer group. The peculiar behaviour of people with schizophrenia, their dull emotional responsivity, and lack of ordinary social graces act as barriers to continuing relationships and establishing new, supportive friendships. As a result, schizophrenia limits and weakens the social networks of patients, placing a heavy burden on the few persons involved, who are usually family members (Hatfield and Leafly, 1987).

It is apparent from clinical descriptions and diagnostic criteria that social functioning is impaired in schizophrenia. While positive symptoms such as delusions and hallucinations can interfere with social functioning, it has long been observed that impairments in social competence often precede the acute onset of the illness, and in some cases date back as far as childhood (Lewine et al., 1978). Premorbid social competence has repeatedly been found to be an important predictor of illness outcome (Zigler and Glick, 1986) and of morbid social competence (Mueser et al., 1990b). Whether premorbid social competence is an early sign of schizophrenia or is associated with a higher risk of developing the illness is not known (Pogue-Geile and Zubin, 1988). However, the extent of social contacts a patient has after the onset of schizophrenia is also predictive of the outcome of the illness (Rajkumar and Thara, 1989). This may reflect the role of social support systems in ‘buffering’ the negative effects of stress in patients, affording some protection from stress-induced relapses (Liberman and Mueser, 1989). The overriding importance of social competence to the development, course, and outcome of schizophrenia has led to efforts to assess and directly enhance patients’ social functioning.

11.2 SOCIAL SKILLS: DEFINITIONS AND CONCEPTUAL ISSUES

Over the past decades the concept of social skill and the relationship between skill and social competence has been the topic of much scientific inquiry. Despite differences in scope, most definitions of social skills share the assumption that social skills are behaviours or cognitive-perceptual abilities that enable people to be ‘effective’ during interactions with others (i.e. to get their point across and achieve personal goals). Thus, social skills are a set of abilities that exist on a continuum of adequacy, depending upon how the goal of the interaction is defined. The overlap in conceptualizations of social skills is illustrated in the following definitions. Hersen and Bellack (1977) define social skill as the ability to express both positive and negative feelings in the interpersonal context without suffering consequent loss of reinforcement. Such skill is demonstrated in a large variety of interpersonal contexts and involves the coordinated delivery of appropriate verbal and non-verbal responses. In addition, the socially skilled individual is attuned to the realities of the situation and is aware when he is likely to be reinforced for his efforts. (p. 512)

Trower et al. (1978) also define social inadequacy or poor social skill primarily in terms of the ability of the person to favourably influence his social environment:

A person can be regarded as socially inadequate if he is unable to affect the behaviour and feelings of others in the way that he intends and society accepts. Such a person will appear annoying, unforthcoming, uninteresting, cold, destructive, bad-tempered, isolated or inept, and will generally be unrewarding to others. (p. 2)

While Hersen and Bellack’s (1977) and Trower et al.’s (1978) definitions convey the notion that social skill is required for effective social interactions, Liberman and Mueser’s (1989) definition is tailored to the specific social problems common to schizophrenia: