This article begins with an introduction to social networks research and its practical importance in the understanding and treatment of schizophrenia, and concludes with a consideration of the experience, the phenomenology, of schizophrenia, from a social network point of view.

The study of social networks is a rapidly growing field of social science—indeed they span many fields. Networks are studied in sociology, anthropology, and clinical psychiatry as a possible answer to an age-old problem: what is the right size, the right definition of the social environment, which we all realize has something important about it if we only knew how to define it.1

The social network is the most recent of a long series of efforts to characterize the social world of the schizophrenic in a way that tells us something about the epidemiology and course of the disease. First we looked at social class.2 Hollingshead and Redlich found most of the treated schizophrenia in classes IV and V. Then we looked at culture and ethnic differences by searching the world for a society or a hermetic group so organized that it protects its members from schizophrenia (at last look we had not found it).3 We have looked at the family, the intimate environment of the household and of child development, to see what factors there foster or ameliorate schizophrenia.4 Why now are we turning to the network, that group of 20 to 50 or so people who make up the family, kin, neighbors, and friends of the patient, to see what that group can tell us about his experience?

The first answer is that, like the family, the network has had an evident importance in treatment. Speck and Ruveni in 19695 gave us the idea of "network therapy." They began by insisting that the families of schizophrenics they were working with call in friends and neighbors up to about 30 in number, and holding weekly meetings of the entire group. Their experience and success with this treatment are well described, and I recommend their book. Apart from that special method of working with the network, mental health workers with a social orientation have been work-

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ing with groups larger than the family in the ordinary practice of community psychiatry, and you can see that, applying the network metaphor to that work, a number of more or less explicit assumptions have been made concerning networks and schizophrenics. One is that the knot of people that surrounds the patient and family is too small and tight, that it needs loosening and opening up, linking it to others through patient groups, multiple family groups, day centers, etc. These are all prosthetic networks, frameworks upon which new connections can develop. The social worlds of schizophrenics are seen as having tight, snarled tangles, unbridgeable gaps, spaces across which ties can be stretched, and rents or tears in the pattern of initiative which will only be repaired by strong supporting structures such as an outreach program or an activity group.

Investigators of network structure have found some interesting details to be important. Brown, et al. pointed out that the outcome for schizophrenics with families was better if the families had more outside connections. Gutwirth and Makiesky-Barrow have observed in their preliminary work that patients living separate from families but with frequent family contact, seem to do better than either patients living with isolated families or patients living apart with little family contact. Hammer found that patients discharged from hospitals were more likely to maintain important friendships if the friends knew each other than if they did not. We are just at the beginning of understanding such things as the importance to patients of links between isolated clusters in their networks—what it means, for example, if their families are acquainted with their friends from the hospital, with their therapists, or with other patient families. Multiple family groups are an example of these connections.

Notice that I am interested here only in the course of schizophrenia once established. There is another whole question, the question of the cause, origin, or etiology of schizophrenia. There social factors such as current network structure are compared with family development, heredity, life events, perinatal brain damage, and so on, to see how much each contributes to the vulnerability of the individual to manifestation of the disease in the first place. This subject has been well reviewed by Hammer, et al. and by Zubin. As they point out, whereas the network concept has promise as an explanatory variable, the research in this area is at an even earlier stage than that which I will describe here.

Now when we turn to the systematic investigation of networks and the course of schizophrenia, we are faced with a number of problems. One is, paradoxically, that networks appear to be too generally important. Investigators of other health problems have found social supports influencing everything from depression to the complications of pregnancy, heart attacks, high blood pressure, and other psychosomatic conditions. Although it is reassuring to us as epidemiologists to find that the concept of social network is useful in the understanding of a number of kindred somato-psycho-social conditions, we now require even more that there be some specific connection between networks and schizophrenia. We want to be sure we are not just talking about stress in general and illness in general,