

Research Paper

## A Study of Social Support and Family Interaction Pattern among Cases of Schizophrenia

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### ABSTRACT

Schizophrenia is a chronic psychiatric disorder that significantly impacts not only the individual but also the family system. This study examines family interaction patterns and perceived social support among individuals diagnosed with schizophrenia. The study consisted of 100 clinically diagnosed schizophrenia patients and their primary caregivers. Socio-demographic Assessment Proforma, Family Interaction Pattern Scale and Social Support Questionnaire were administered. The study found that most schizophrenia patients were young adults from rural, low-income backgrounds with limited education and employment. Family support was present but strained, with weak external support and high levels of Expressed Emotion and Emotional Over-Involvement, contributing to poor outcomes. Social support declined with illness duration.

**Keywords:** *Family Interaction Pattern, Social Support, Schizophrenia*

Schizophrenia is a complex and chronic mental disorder that profoundly affects an individual's cognition, perception, emotions, and social functioning. With a global prevalence of approximately 1%, it represents a major public health concern due to its debilitating nature and the extensive caregiving demands it places on families (World Health Organization, 2019). In many cultural contexts, including India, the family plays a central role in the care and rehabilitation of individuals with schizophrenia, often serving as the primary source of emotional, social, and economic support (Chadda, 2014).

Social support, both perceived and received, serves as a protective factor in mental illness. For individuals with schizophrenia, social support from family and the community can buffer the stress of illness, reduce hospitalization, and enhance psychological well-being (Cohen & Wills, 1985; Macdonald et al., 2005). However, stigma, caregiver burden, and disrupted family dynamics often reduce the effectiveness of available support systems, particularly in low-resource settings (Thara & Srinivasan, 2000).

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Received: May 26, 2025; Revision Received: August 01, 2025; Accepted: August 04, 2025

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Family interaction patterns—comprising communication styles, emotional climate, role distribution, and problem-solving strategies—have been found to significantly influence the course and prognosis of schizophrenia. High levels of expressed emotion (EE), including criticism, hostility, and emotional over-involvement, are associated with increased relapse rates and poorer outcomes (Hooley, 2007). Conversely, supportive and cohesive family environments contribute positively to treatment adherence, coping mechanisms, and overall quality of life in patients (Marom et al., 2002).

Despite a growing body of literature on schizophrenia and family dynamics, there remains a gap in understanding how specific patterns of family interaction influence the perceived social support among individuals with schizophrenia in the Indian socio-cultural context. This study aims to examine the nature of family interaction patterns and their association with perceived social support in schizophrenia patients, contributing to the development of culturally relevant psychosocial interventions.

### METHODOLOGY

#### *Aim*

The study aims to examine family interaction patterns and perceived social support among individuals diagnosed with schizophrenia.

#### *Objectives*

The index study was carried out with the following objectives:

- To study the relation between socio-demographic characteristics and family interaction patterns.
- To study the relation between socio-demographic characteristics and social support systems.

#### *Sample*

A sample consisting of 100 patients with Schizophrenia fulfilling the inclusion criteria were taken from Out Patient Department of Ranchi Institute of Neuro- Psychiatry and Allied Sciences (RINPAS), Kanke, Ranchi.

#### *Tools*

The following tools were used for data collection:

- 1. Socio-Demographic Proforma:** A specially designed, self-developed socio-demographic proforma was utilized to collect essential background information from the participants. This included details such as age, gender, education, marital status, occupation, and income, along with clinical information related to the patient's medical history, duration of illness, and any family history of mental disorders.
- 2. Family Interaction Pattern Scale:** Developed by Dr. Ranbir S. Bhatti in 1986, this scale is used to assess the quality as well as nature of interactions within the family. It comprises 106 items distributed across six subscales: reinforcement, social support, role functioning, communication, cohesiveness, and leadership. Participants indicate how often certain interaction patterns occur in their family by responding on a four-point Likert scale with the options: “always,” “sometimes,” “rarely,” and “never.”
- 3. Social Support Scale:** Developed by Nehra, Kulhara, and Verma (1995), this scale assesses the individual's perceived level of social support. It contains 18 items, and the overall score reflects the degree of support the person believes they receive. A higher total score reflects a greater level of perceived social support, while a lower

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score suggests a lesser degree of support. The scale has demonstrated high levels of reliability and validity

### RESULTS AND DISCUSSION

Following are the main results of the study:

*Table 1: Characteristics of the Sample*

Sample Characteristics		Sex		Total
		Male	Female	
Age Range	Upto 20 years	7	5	12
	21-40 years	35	38	73
	41-60 years	08	07	15
Education	Primary to 9th	26	34	60
	Matric	14	08	22
	Intermediate/Graduation	10	08	18
Marital Status	Unmarried	34	34	68
	Married	16	16	32
Religion	Hindu	38	33	71
	Muslim	06	11	17
	Christian	06	06	12
Domicile	Urban	15	19	34
	Rural	33	28	61
	Semi-urban	02	03	05
Occupational Status	Govt. Service	10	0	10
	Agriculture	17	0	17
	Housewife	0	34	34
	Unemployed	18	16	34
	Domestic work	05	0	05
Family Type	Nuclear	36	31	67
	Joint	13	19	32
	Extended	01	0	01
Monthly Family Income (Rs.)	< 20000	22	18	40
	20000-40000	22	20	42
	40000-60000	02	03	05
	Above 60000	04	09	13
Family History of Psychiatric Illness	Present	13	16	29
	Absent	37	34	71
Duration of Illness	Upto 1 year	06	03	09
	1-2 years	07	0	07
	More than 2 years	37	47	84
Age of Onset	Upto 20 years	16	17	33
	21-40 years	32	30	62
	41-60 years	02	03	05
Precipitating Factors	Present	05	06	11
	Absent	45	44	89

The above table depicts the socio-demographic distribution of the sample. It is apparent that almost two-third of the total patients fell in the age range of 21-40 years. Again, more than

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50% of the total patients had education upto 9th standard. Again, a substantial number of patients (68%) were married and a preponderance of Hindu patients (71%) were present. In respect to domicile, 60% cases represented the rural areas of the state with only 27% of the total patients were gainfully employed. Two third of the patients came from joint families with more than 80% patients having monthly family income upto Rs.40,000 per month. Almost one third of the total patients were having a family history of psychiatric illness. Maximum age of onset of illness was in the range of 21-40 years and most of the patients came for help with a duration of more than 2 years of illness.

### ***Social Support and Family Interaction Pattern***

Out of total patients with schizophrenia, in most of the cases the familys' interaction among themselves were not straight rather they tried to hide and ensure that deficits in the patients were not discussed even within the family. Again, another important component of social support was unusually satisfactory within family members; however, the support system was unusually weak in respect to close friends and relatives (Yeh, M., Wu, T., & Tsai, M., 2021; Latalova et al., 2014). In respect to role allocation, commonly in the families of the individuals with schizophrenia generally did not allow patients to make their own object choice and find their social identity in the long run. So far the communication pattern in the families of schizophrenia is concerned, the findings of the present study clearly indicates that Expressed Emotions( EE) and high degree of Emotional Over Involvement (EOI) were present which generally reflects in poor treatment outcome and frequent exacerbation of symptoms as well as possible relapse. These findings are similar to the outcomes of various studies carried out in the past (Rundick & Kravetz, 2001; Weissman et al., 2006). Another significant finding that the support system also varied in different categories of age. Younger the patients, the better the perceived social support was found to be present. Again, longer duration of illness resulted in depleted perceived social support not only from outside the family but from within the family as well.

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### ***Acknowledgment***

The author(s) appreciates all those who participated in the study and helped to facilitate the research process.

### ***Conflict of Interest***

The author(s) declared no conflict of interest.

***How to cite this article:*** Singh, S., Banerjee, S.R., Banerjee, D. & Singh, A. (2025). A Study of Social Support and Family Interaction Pattern among Cases of Schizophrenia. *International Journal of Indian Psychology*, 13(3), 1467-1471. DIP:18.01.135.20251303, DOI:10.25215/1303.135