Introduction

Schizophrenia is a chronic illness requiring long-term management strategies and coping skills. Schizophrenia is a disease of the brain, a clinical syndrome that involves a person's thoughts, perception, emotions, movement, and behaviors ***(Videbeck, 2001).***

Schizophrenia is a major mental disorders with psychotic symptoms marked by a profound withdrawal from interpersonal relationships and cognitive and perceptual disturbance that make dealing with reality difficult ***(Varcorolis, 2002).***

Schizophrenia is conceived of as a disorder with a strong biological basis affecting the majority of the inpatients and their number is increasing steadily. However, this does not preclude the utility of psychosocial intervention in the management of the illness ***(Millon et al., 2003).***

Schizophrenic patients often have pervasive social deficits, which lead to social withdrawal and lack of social support. And can be expected to have marked difficulties in social interactions ***(Arnold and Boggs, 1999).***

Some schizophrenics are withdrawn because of negative symptoms such as poverty of speech, apathy and anhedonia. They significantly interfere with social learning and thus lead to further resistance to social skills training ***(Daniels, 1998).***

Social impairment prevents schizophrenic patients from developing a supportive relationship and from maintaining a satisfactory stable living situation in the community ***(Daniels, 1998).***

Social isolation and withdrawal are frequent among most prominent prodromal symptoms of schizophrenia. They are considered as characteristic markers of the negative syndrome and as a diagnostic criteria of recognizing schizophrenia ***(Donald et al., 2005).***

It is worth considering the possibility that behaviors such as social withdrawal may not be intrinsic of schizophrenia, but rather adaptive strategies ***(Jeffries, 2003).***

Withdrawn behavior is used to describe a client's retreat from relating to the external world. The degree of the client's withdrawal can range from mild to severe and represents a disruption in his or her relating to the self, others, or the environment ***(Videbeck, 2002).***

Some of the deficits in social interactions exhibited by schizophrenic patients persist regardless of both the severity of symptomatology and neuroleptic treatment ***(Miller et al., 2000).***

Poor social competence provokes social distress, whereas competent social behavior generates social resources ***(Brenner and Pfammaltter, 2000).***

To overcome such negative symptom, change from the custodial care of the mental hospitals to more active treatment is a necessity. The use of social activity became an essential element in the treatment of schizophrenic patients ***(Stuart and Sundeen, 1995).***

The effects of schizophrenia on the client may be profound, involving all aspects of the client's life: social interactions, emotional health, and ability to work and function in the community ***(American Psychiatric Association, 2000).***

It constitutes a huge burden on health services. The prevalence of schizophrenia illness in Egypt is 600.000 ***(Okasha, 1998).*** As a result of decrease length in patient hospitalization and increase emphasis on community based programming, much of daily care of young adults with schizophrenia fall to family caregiver rather than mental health professionals ***(Doornbas, 1997).***

The schizophrenia affects men and women equally and occurs at similar rates in all ethnic groups around the world ***(Mueser et al., 2004).*** The schizophrenia is believed to result from a combination of environmental and genetic factors. All the tools of modern science are being used to search for the causes of the schizophrenia ***(Cardno and Gottesman, 2000).***

Scientists have long known that schizophrenia runs in families. It occurs in 1 percent of the general population but is seem in 10 percent of people with a first degree relative with the disorder ***(Cardno and Gottesman, 2000).***

Psychiatric rehabilitation for schizophrenia involves utilizing psychological interventions to assist persons with the illness to attain their highest level of independent functioning, strongest level of symptom control, and greatest level of subjective life satisfaction ***(Glynn, 2003).***

Pekkal and Merinder (2004), observed that psychosocial intervention are useful as part of the treatment programme for people with schizophrenia. Psychosocial intervention and drug is indicated as part of tertiary prevention to prevent further disability in the illness ***(Lee et al., 2005).***

Psychiatric rehabilitation is a vital component to helping people reach recovery. Psychiatric rehabilitation is both a set of interventions and a philosophy that guides the way people with mental illness receive treatment ***(Glynn, 2003).***

Psychiatric rehabilitation programs a wide range of interventions that help a person learn to compensate for the effects of the symptoms they experience by helping them develop new skills and restores the person's ability for independent living, socialization ***(Pekkal and Merinder, 2004).***

It was found that psychosocial treatments can help patients who are already stabilized on antipsychotic medications deal with certain aspects of schizophrenia, such as difficulty with communication, motivation, self care, work, withdrawal behavior, and establishing and maintaining relationships with others. Patients who receive regular psychosocial treatment also adhere better to their medication schedule and have fewer hospitalizations ***(Lieberman et al., 2005).***

In group activity patient's interactions are stimulated by doing in groups simple tasks as physical exercises, group discussion, sketching large pictures together, playing games and cards; sharing in picnics ***(Fortinash and Worret, 2000).***

A positive relationship with a psychiatric nurse gives the patient a reliable source of information, sympathy, encouragement, hope, acceptance, and contact with reality, all of which are essential for decreasing or managing the withdrawal behavior ***(Lieberman et al., 2005).***