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Language reactivity and work functioning in schizophrenia☆

Annie St-Hilaire, Nancy M. Docherty*

Kent State University, Department of Psychology, P.O. Box 5190, Kent, OH 44242, USA

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Abstract

Some studies have found that the speech of certain schizophrenia patients becomes more disordered in stressful laboratory situations. It is unknown, however, whether affective reactivity of speech is associated with stress responsiveness of symptoms in the real world. This study examines whether language-reactive patients report more stress-related impairments in work functioning than language-nonreactive patients. Forty-six patients provided speech samples and completed a work history interview. It was found that the language-reactive patients were more likely than the language-nonreactive patients to endorse items pertaining to social anxiety and difficulty relating to others as reasons for their work difficulties. This suggests that language-reactive patients are more sensitive to social stressors than language-nonreactive patients.

Keywords: Affective reactivity; Language reactivity; Schizophrenia; Work; Stress

1. Introduction

Docherty and colleagues have found that the speech of approximately 50% of patients with schizophrenia becomes more disordered when difficult, stressful topics are discussed, suggesting that some patients may be more sensitive to stress than others (Docherty et al., 1994, 1998; Docherty and Hebert, 1997). This effect, termed "affective reactivity of language symptoms", has been hypothesized to be one possible manifestation of a more general hyperreactivity to stress (Docherty, 1996). Recent examinations of the correlates of affective reactivity in schizophrenia patients suggest that lifetime severity of positive symptoms (Docherty and Hebert, 1997), startle eyeblink response magnitudes (Docherty and Grillon, 1995; Docherty et al., 2001), and familiality of the disorder (Docherty et al., 1996b, 1998) are all associated with the effect.

Despite Docherty and Hebert's (1997) earlier recommendations, the real-life implications of affective reactivity of language symptoms in schizophrenia have yet to be investigated. It is still unknown whether affective reactivity of speech is associated with impairment in the ability to function in stressful situations

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* Corresponding author. Tel.: +1 330 672 7670; fax: +1 330 672 3786.
E-mail address: ndochert@kent.edu (N.M. Docherty).

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such as work. While work is usually associated with many benefits including financial remuneration, social status and an opportunity to interact with others, employment can also have significant negative effects on people's psychological health and day-to-day effectiveness (Warr, 1995). For instance, stress in the workplace has been found to occasionally contribute to the development or exacerbation of psychotic symptoms (Doering et al., 1998; Muntaner et al., 1991). Work stress can deter individuals suffering from a mental illness from finding and/or maintaining a job (Westermeyer and Harrow, 1987). Given the probable existence of a stress-reactive subgroup of schizophrenia patients, it is likely that language-reactive patients would experience more impairments in their work functioning.

The primary goal of this exploratory study, therefore, was to examine whether language-reactive schizophrenia patients would report significantly more stress-related impairments in their work functioning than language-nonreactive patients. Participants in this study were interviewed about their work history and were asked to complete a self-report measure of 16 specific reasons for work disruption. Since language-reactive patients are believed to endure greater internal agitation, it was hypothesized that they would report symptoms of anxiety, depression, and stress as being much more disruptive in their efforts to find and/or hold a job than would language-nonreactive patients. It was also hypothesized that, compared to the language-nonreactive group, language-reactive patients would identify stress and symptom exacerbation as primary reasons for leaving their jobs.

2. Method

2.1. Participants

The 46 participants in this study were Veterans Affairs hospital inpatients drawn from a larger project investigating language reactivity in schizophrenia (Docherty, NIMH grant #MH0587783, "Cognitive Bases of Schizophrenia Language Symptoms"). All participants, therefore, had been in the military at some point in their life and this was sufficient for being counted as having had a job in the past. Thirty-one patients (27 men and 4 women) met DSM-IV criteria for schizophrenia while the remaining 15 (11 men and 4 women) met DSM-IV criteria for schizoaffective disorder (American Psychiatric Association, 1994). Subjects were included if they had no history of head injury, solvent abuse, or alcohol dependence, had not met criteria for diagnosis of substance abuse or dependence in the previous year, and were fluent in English. Information on exclusion criteria was gathered from patient self-reports, chart reviews, and information provided by the hospital staff. Written informed consent was obtained from all participants. Demographic information on the sample is presented in Table 1.

Table 1
Sample description

Characteristic	Whole sample (n=46)	Language-nonreactive (n=23)	Language-reactive (n=23)
	Mean (S.D.)	Mean (S.D.)	Mean (S.D.)
Age (years)	43 (4)	44 (5)	42 (4)
Education (years)	13 (1)	13 (1)	13 (1)
Global assessment of functioning (GAF)	42 (8)	42 (9)	41 (7)
Age at first contact with treatment services (years)	23 (7)	23 (6)	23 (7)
Gender (%)			
Male	83	74	91
Female	17	26	9
Race (%)			
Caucasian	56	41	70
African-American	44	59	30
Diagnosis (%)			
Schizophrenia	67	70	65
Schizoaffective	33	30	35