

Impact of social anxiety on verbal communication in people with schizophrenia spectrum disorders

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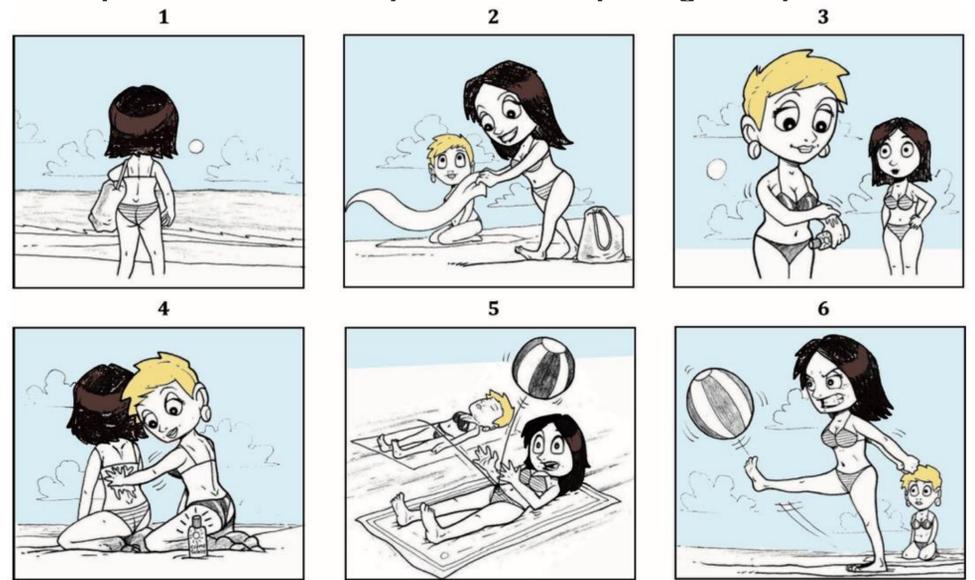
Introduction

- People with schizophrenia spectrum disorders (SSD) often present with a comorbid social anxiety disorder (SAD), with negative impacts on their functioning.
- Social anxiety is linked to poorer communication abilities in people without SSD.
- While we know that people with SSD can present with a range of verbal and non-verbal communication deficits, the impact of having a comorbid social anxiety disorder or high level of social anxiety symptoms has not yet been examined in people with SSD.

OBJECTIVE:

- The objective of this study was to examine the impact of social anxiety on verbal communication in people with SSD and community controls, considering both the level of social anxiety symptoms (a continuous variable) and the presence of comorbid SAD (a dichotomic variable).

Example of a cartoon story from the Storytelling in sequence Task



Fossard et al. (2018)

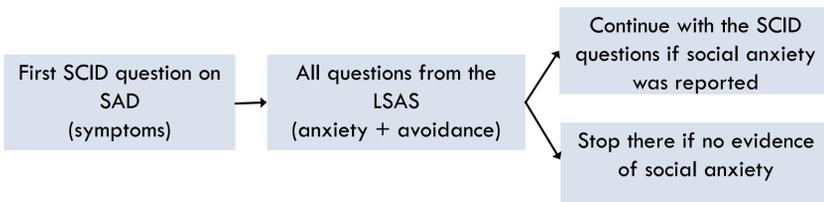
Methods

PARTICIPANTS

- 50 participants with SSD (37 men, mean age 35.1)
 - Diagnoses: Schizophrenia, schizoaffective disorder, delusional disorder, psychosis NOS, brief psychotic disorder, schizophreniform disorder
- 43 community controls (19 men, mean age 29.2)

ASSESSMENT OF SOCIAL ANXIETY

- As in Roy et al. 2018: Based on the Structured clinical interview for DSM-5 (SCID-5; APA, 2013) and the Liebowitz social anxiety scale (LSAS, Liebowitz 1987)



THE STORYTELLING IN SEQUENCE TASK (STST; Fossard et al. 2018)

- The participant holds a set of 6 images forming a story.
- The interaction partner holds the same images in a random order.
- The participant and the interaction partner are separated by an opaque panel.
- The participant is asked to tell the story such that the interaction partner can place their images in the correct order.
- The interaction partner can provide feedback (ex: "ok") or ask for clarifications if needed.
- The same procedure is repeated for all of the 9 stories.



Participant

Interaction partner

CODING SCHEME FOR THE STST DATA

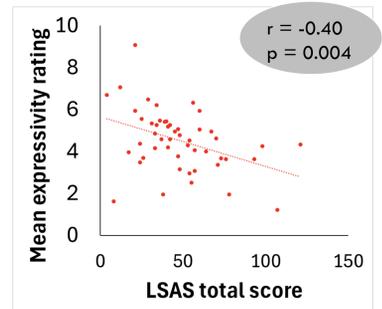
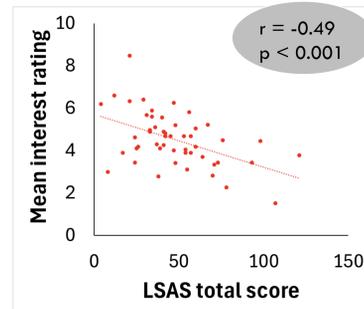
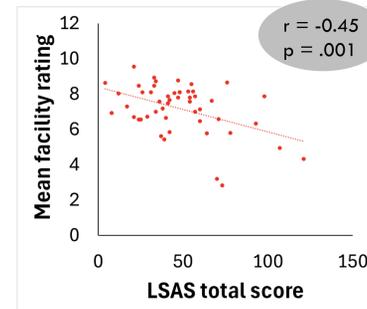
Four research assistants were asked to:

- Listen to the audio recordings from the STST
- Try to place the 6 images of the story in the correct order
- Rate on a scale from 1 to 10:
 1. How easy it was to place the images in order (**Facility rating**)
 2. How interesting the story was (**Interest ratings**)
 3. How expressive the voice was (**Expressivity ratings**)

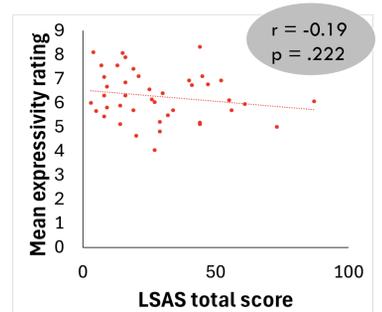
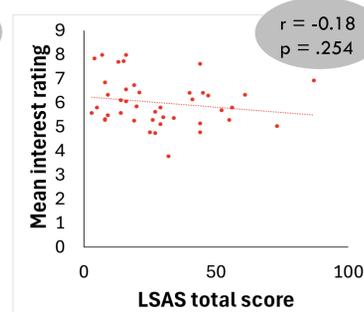
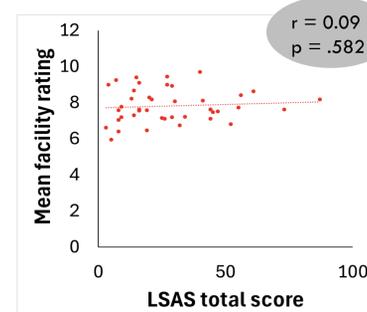
These assistants were blind to group membership and to the objectives of the study.

Results

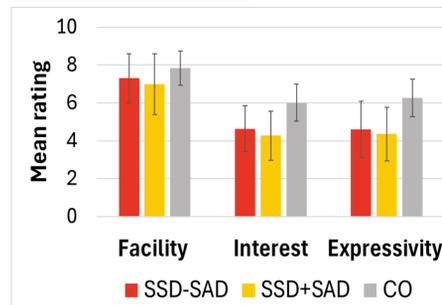
SSD GROUPS



CONTROL GROUP



GROUP COMPARISONS



SSD-SAD = SSD without a SAD
SSD+SAD = SSD plus a comorbid SAD
CO = Community controls

Group effects

- Facility: (F(2,90) = 3.586, p = .032)
- Interest: (F(2,90) = 20.756, p < .001)
- Expressivity: (F(2,90) = 22.003, p < .001)

Posthoc comparisons

- No significant differences between SSD-SAD and SSD+SAD for any ratings
- Significant differences between SSD-SAD and CO for all ratings
- Significant differences between SSD+SAD and CO for all ratings

Conclusion

- The level of social anxiety symptoms was linked to all three aspects of communication that we examined (Facility, Interest and Expressivity).
- The magnitude of the social anxiety symptoms (a continuous variable) may be more important than the mere presence of a SAD diagnosis (a dichotomic variable) when it comes to the impact on verbal communication.
- Social anxiety symptoms may be important to address in people with SSD to favor improved communication with the people they interact with in their daily life.