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# Emotional responses to psychosocial stress in schizophrenia: the role of individual differences in affective traits and coping

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## Abstract

Despite the well-established association between psychosocial stress and symptom exacerbation in schizophrenia, factors that account for variability in stress reactivity among individuals with this disorder are unknown. This study examined the association between affective traits, coping style, and neurocognitive functioning and subjective emotional responses during putatively stressful social interactions among individuals with schizophrenia. Self-reported mood was assessed in male schizophrenia outpatients ( $n=36$ ) and matched nonpsychiatric controls ( $n=15$ ) during a role-play test (RPT) comprised of simulated social encounters requiring assertive or affiliative skills. During the RPT, schizophrenia patients and controls reported similar elevations in negative mood and decreases in positive mood as compared to baseline mood during assertion scenes. Affiliation scenes resulted only in similar decreases in positive mood across groups as compared to baseline mood. Among schizophrenia patients, trait negative affectivity (NA) and maladaptive coping style accounted for one quarter of the variance in negative mood during the assertion RPTs, and these relationships held after controlling for baseline mood, clinical symptoms, and neurocognitive functioning. Results provide preliminary support for the validity of the social RPT as a paradigm for examining psychosocial stress in schizophrenia and suggest that trait negative affectivity and maladaptive coping are associated with individual differences in emotional responses to psychosocial stressors in schizophrenia.

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## 1. Psychosocial stress reactivity in schizophrenia: the role of individual differences in affective traits and coping

Vulnerability–stress models of schizophrenia hypothesize that dispositional vulnerability factors are asso-

ciated with sensitivity to environmental stressors that increase an individual's liability for the onset or exacerbation of psychotic symptoms (e.g., Nuechterlein and Dawson, 1986; Nuechterlein et al., 1992). Stressors that are psychosocial in nature appear to be particularly important influences on the course of schizophrenia as evidenced by frequently reported findings that exposure to adverse life events (e.g., Norman and Malla, 1993; Ventura et al., 1989, 1992) or environments characterized by high expressed emotion (EE; see Butzlaff and Hooley, 1998 for a review)

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are associated with exacerbation of psychotic symptoms. Despite this corpus of evidence, current understanding of the psychosocial stress–symptom exacerbation relationship is limited in two critical respects. First, the mechanisms through which exposure to stressors may result in symptom exacerbations are unknown. Second, it is clear that there is considerable variability across individuals with schizophrenia in terms of susceptibility to stress-induced relapse. For example, most patients who relapse do not experience a major life event or return to a high EE environment, and many do not relapse when exposed to such stressors (e.g., [Kavanaugh, 1992](#); [Ventura et al., 1989](#)). Although this variability suggests the existence of key stress modulating factors among individuals with schizophrenia, patient characteristics that account for such differences have received minimal attention.

One promising approach to identifying mechanisms involved in the triggering effects of stressors in schizophrenia is to examine subjectively experienced emotional responses. In a discussion of the potential role of emotional arousal associated with exposure to stressful life events, [Leff \(1994, p. 134\)](#) noted, “Presumably, the psychological impact of a life event is due to the evocation of a mixture of powerful emotions which have to be processed in a short time”. Although schizophrenia is not typically conceptualized as an “emotional” disorder, several lines of evidence indicate that many individuals with schizophrenia are highly emotionally responsive to affectively laden stimuli or events. For example, in laboratory studies, individuals with schizophrenia demonstrate heightened sensitivity to negative affect-inducing stimuli (e.g., emotional film clips; see [Kring, 1999](#)). Additionally, the induction of negative mood (i.e., relatively transient, subjectively experienced emotional states) is associated with exacerbation of various clinical features of this disorder, including thought and language disturbances ([Docherty, 1996](#); [Rosenfarb et al., 1995](#)), social skill deficits ([Bellack et al., 1992](#); [Mueser et al., 1993](#)), and autonomic arousal ([Tarrrier et al., 1988](#)).

Regarding the course of schizophrenia-related disorders, schizophrenia patients have been found to experience elevations in negative mood ([Subotnik and Nuechterlein, 1988](#); [Tarrrier et al., 1991](#)) and autonomic arousal ([Hazlett et al., 1997](#)) prior to symptom exacerbations. Naturalistic studies using

experience sampling methods indicate that as compared to controls, individuals with psychotic disorders demonstrate heightened emotional reactivity to naturally occurring daily stressors characterized by larger increases in negative mood and decreases in positive mood ([Myin-Germeys et al., 2000, 2001](#)). Furthermore, family members of individuals with psychotic disorders have been shown to demonstrate a similar, though less pronounced, pattern of negative mood reactivity to naturally occurring daily stressors, which is consistent with the possibility that heightened emotional reactivity to stress may be a vulnerability marker for psychotic illness ([Myin-Germeys et al., 2001](#)). It is noteworthy that elevations in negative mood are closely linked to activation of the hypothalamic–pituitary–adrenal (HPA) axis ([Buchanan et al., 1999](#); [Smyth et al., 1998](#); [van Eck et al., 1996](#)), a stress-sensitive neurobiological system that has been proposed to play an important mediating role in the stress–symptom exacerbation relationship in schizophrenia ([Walker and Diforio, 1997](#)). Thus, subjective emotional responses may play a key role in the process through which exposure to stress results in symptom exacerbations.

As noted above, important modulating variables are likely to contribute to the heterogeneity in stress reactivity observed among individuals with schizophrenia. To date, success in identifying patient characteristics that account for this heterogeneity has been limited. Basic demographic characteristics such as gender, age, and number of previous hospitalizations do not appear to be important moderators ([Norman and Malla, 1994](#); [Pallanti et al., 1997](#)), and clinical symptom state contributes only modestly to variability in stress reactivity (e.g., [Norman and Malla, 1994](#); [Pallanti et al., 1997](#)). An alternative approach to identifying such factors in schizophrenia is to examine enduring psychological characteristics that may increase or decrease vulnerability to stress. For example, certain personality traits and coping styles have proven to be robust moderators of stress reactivity in a variety of clinical and nonclinical populations (for reviews see [Clark and Watson, 1999](#); [Skodol, 1998](#); [Taylor and Aspinwall, 1996](#)). While such factors have been theorized to be relevant for understanding stress reactivity in schizophrenia (e.g., negative affectivity; [Fowles, 1992](#)), they have received limited research attention.

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