Turn Taking and Other Interactional Issues in Patients with Schizophrenia

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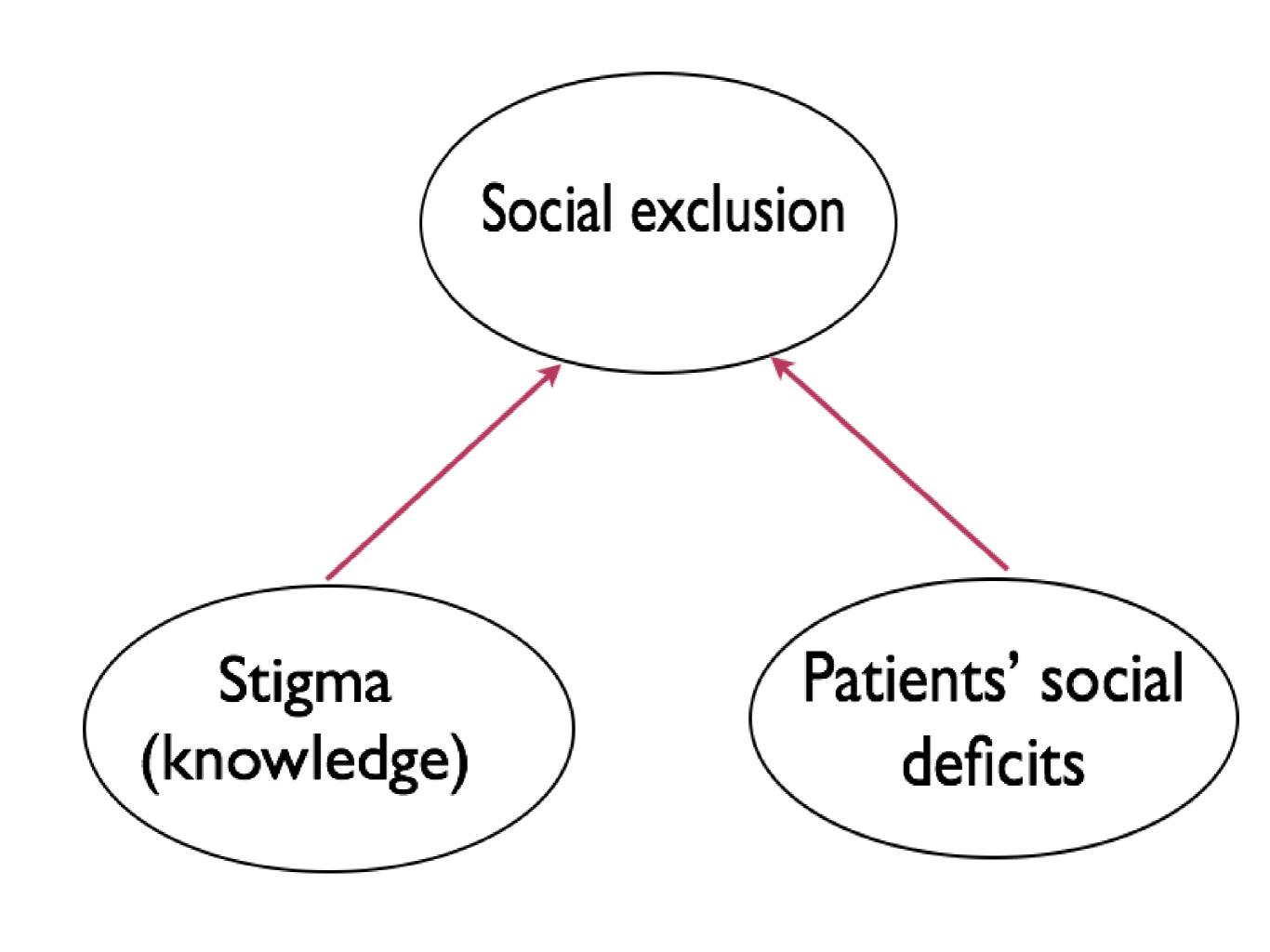
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Why Schizophrenia?

- Severe mental illness
- Effects 1% population
- Positive & Negative symptoms
- Social exclusion



Social Deficits

- Stable over time
- Predicts prognosis
- Important treatment target patients and clinicians
- Difficult to assess
- Treatment options limited
- Are patients' social deficits visible in their social interactions with other?

Disfluencies

such as self-repairs, filled pauses ('erm', 'uhh') and unfilled pauses...

- are pervasive in dialogue (Schegloff et al., 1977)
- are regarded as symptomatic of problems with communication (Levelt, 1983)
 - issues with self-monitoring or production
- are also interactive (Goodwin, 1979)
 - they occur in direct response to feedback

Patients with Schizophrenia

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experience problems in interaction
have difficulty monitoring their own behaviour (Johns et al., 2001)
are less effective at 'meshing' turns (Mueser et al., 1991)
use fewer self-repairs (Caplan et al., 1996)
... or more self-repairs? (McCabe et al., 2013; Howes et al., 2012)
... or the same amount? (Leudar et al., 1992)
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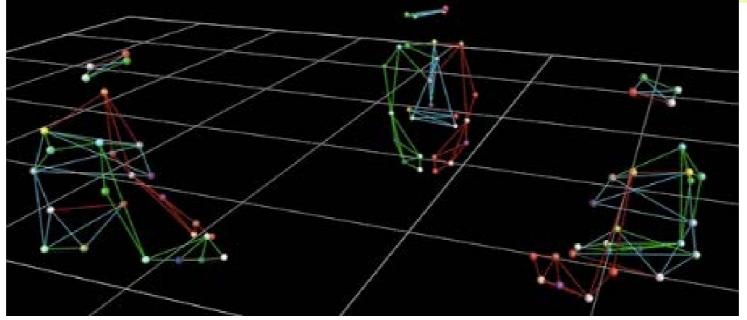
Current study

- Do interactions involving a patient differ from controls in terms of:
 - Disfluencies
 - Turn taking

Study Design

- •40 Interactions
- Unfamiliar
- Unaware of diagnosis
- No overt symptoms
- Matched healthy participants

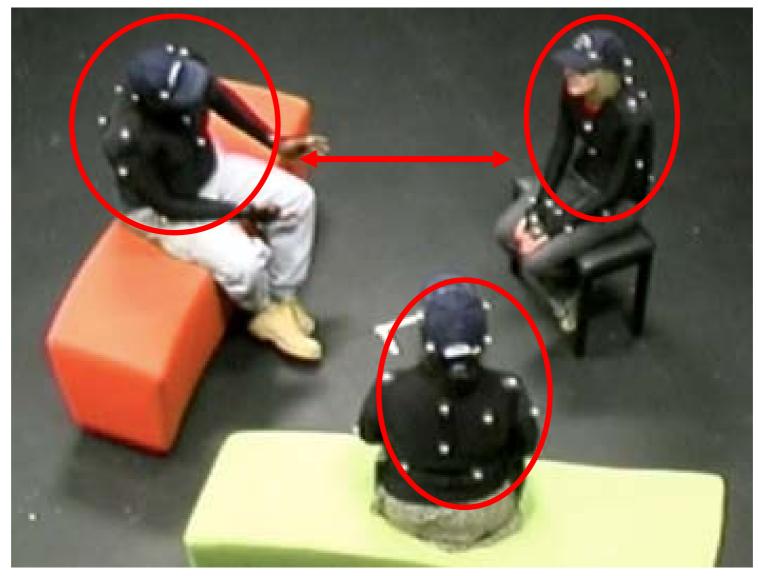




Why Triadic Interaction?

Impact of the patient

Speaker



Secondary recipient (unaddressed)

Primary recipient

Patient Sample

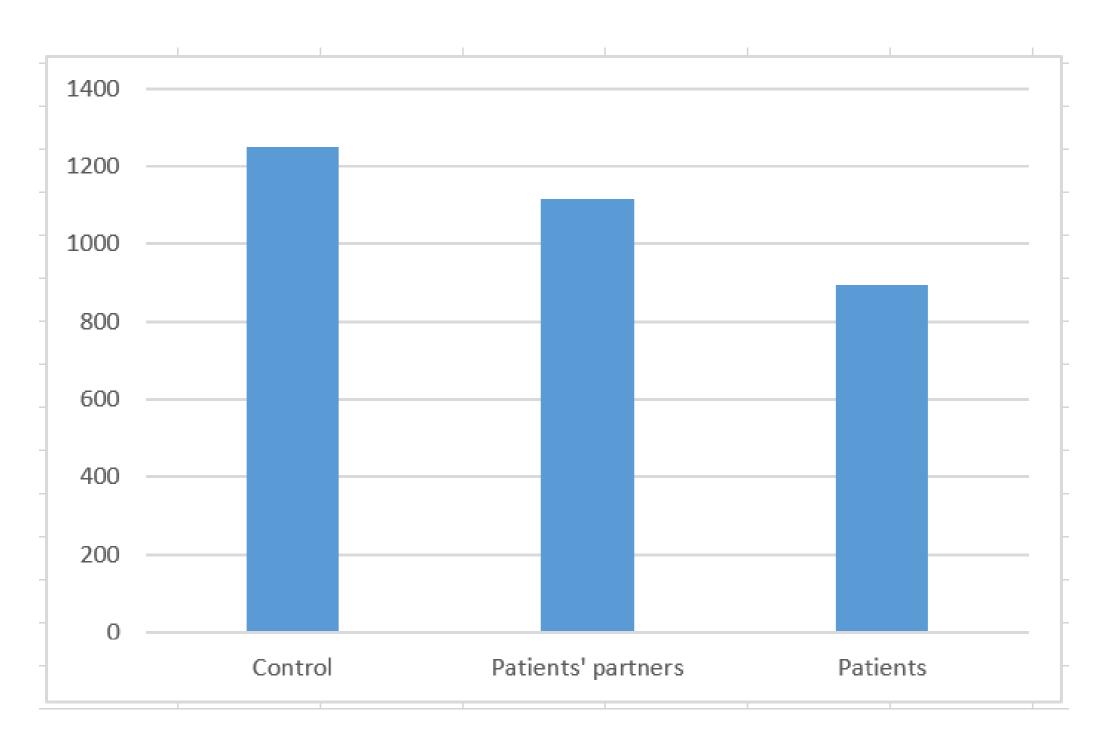
	Mean	Range
Illness duration	15 yrs (SD 10.26)	2-46 years
Positive symptoms	15.80 (SD 6.76)	7-37 (max 49)
Negative symptoms	9.95 (SD 3.36)	7-19 (max 49)
General symptoms	28.41 (SD 10.42)	16-59 (max 112)

Balloon Task

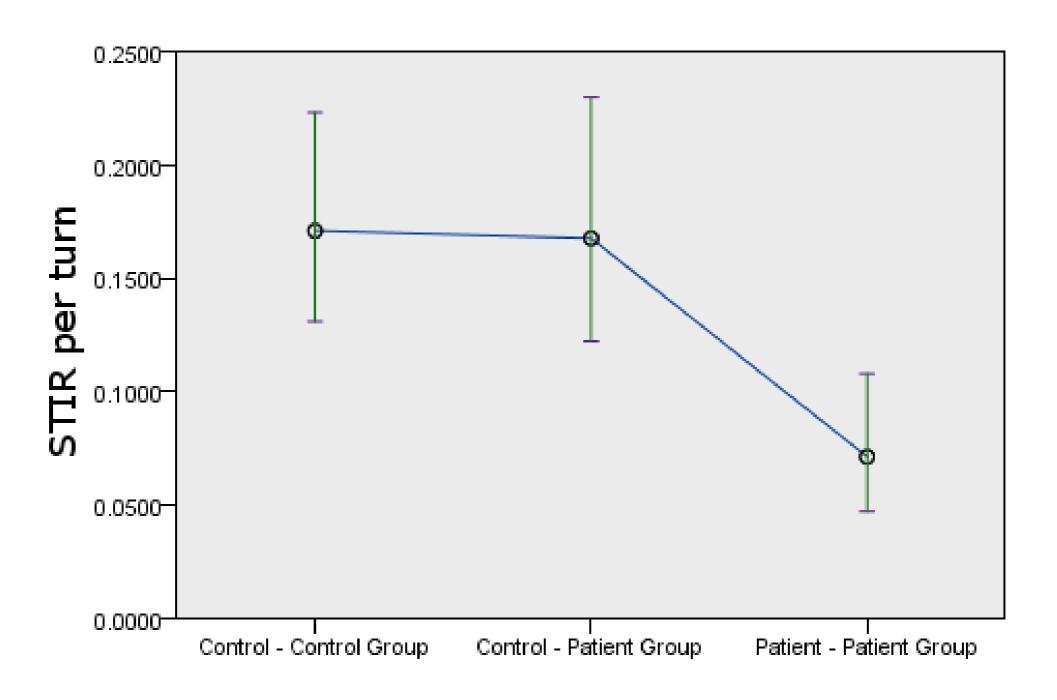


Video

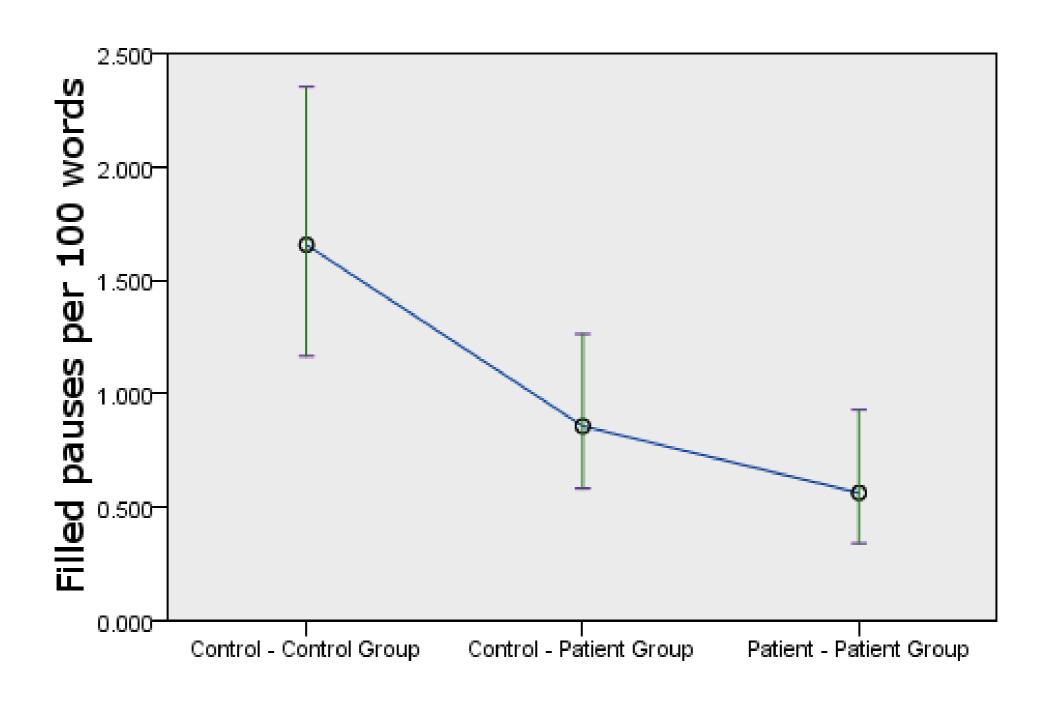
Turns by Participant type



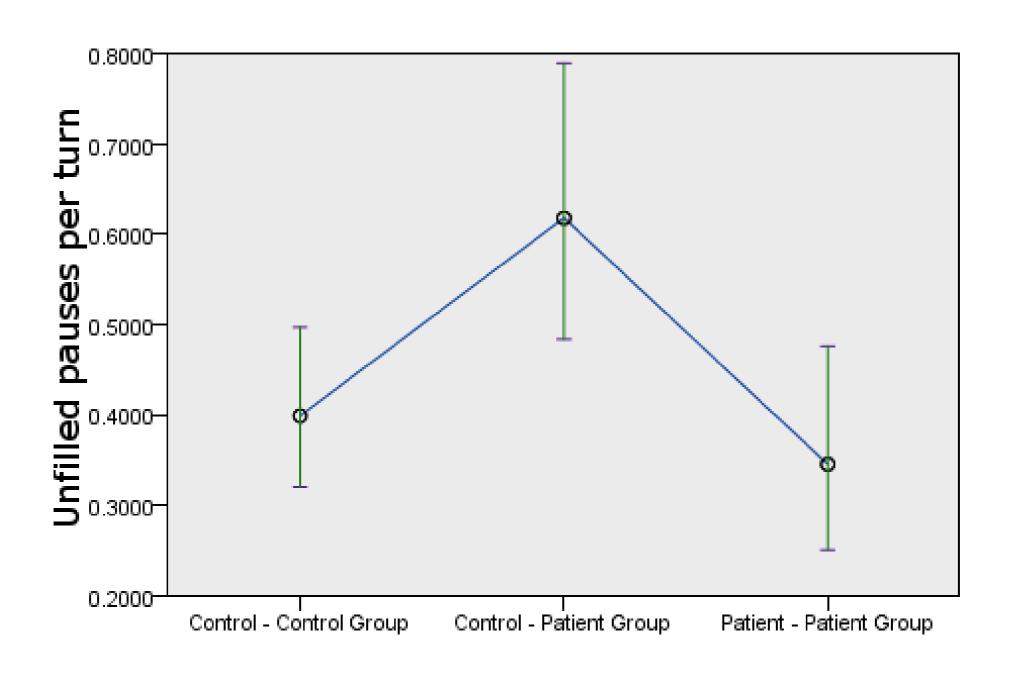
Self repair



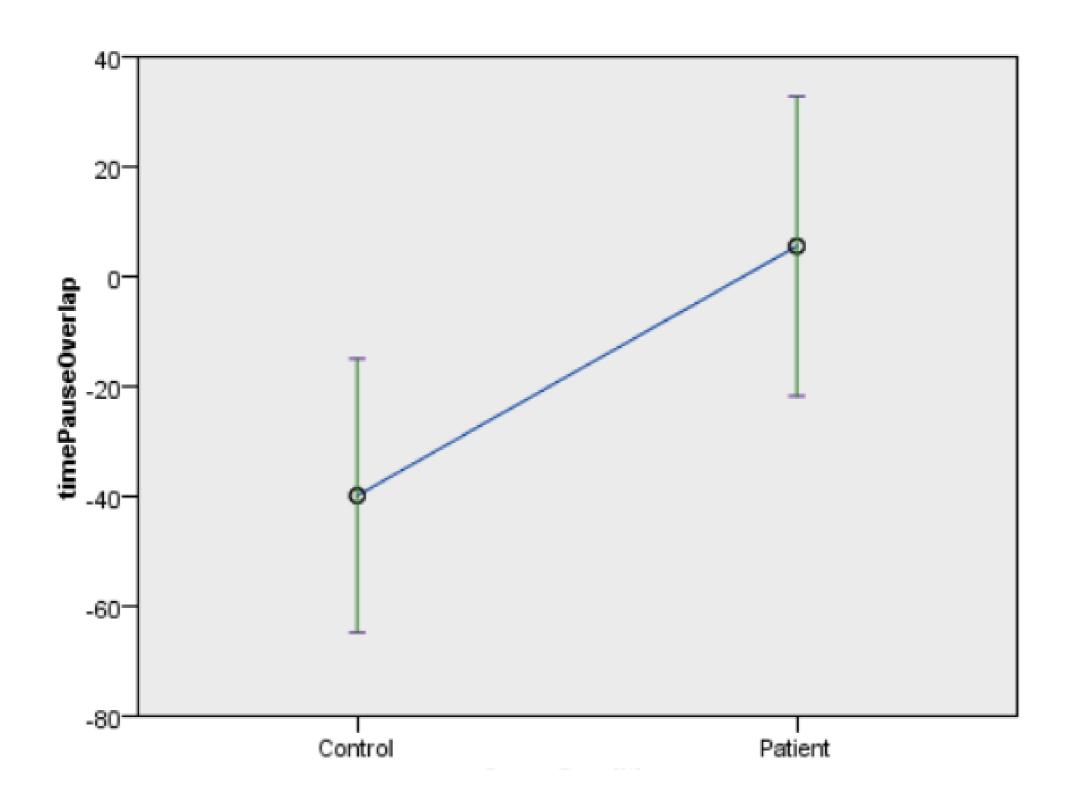
Filled Pauses



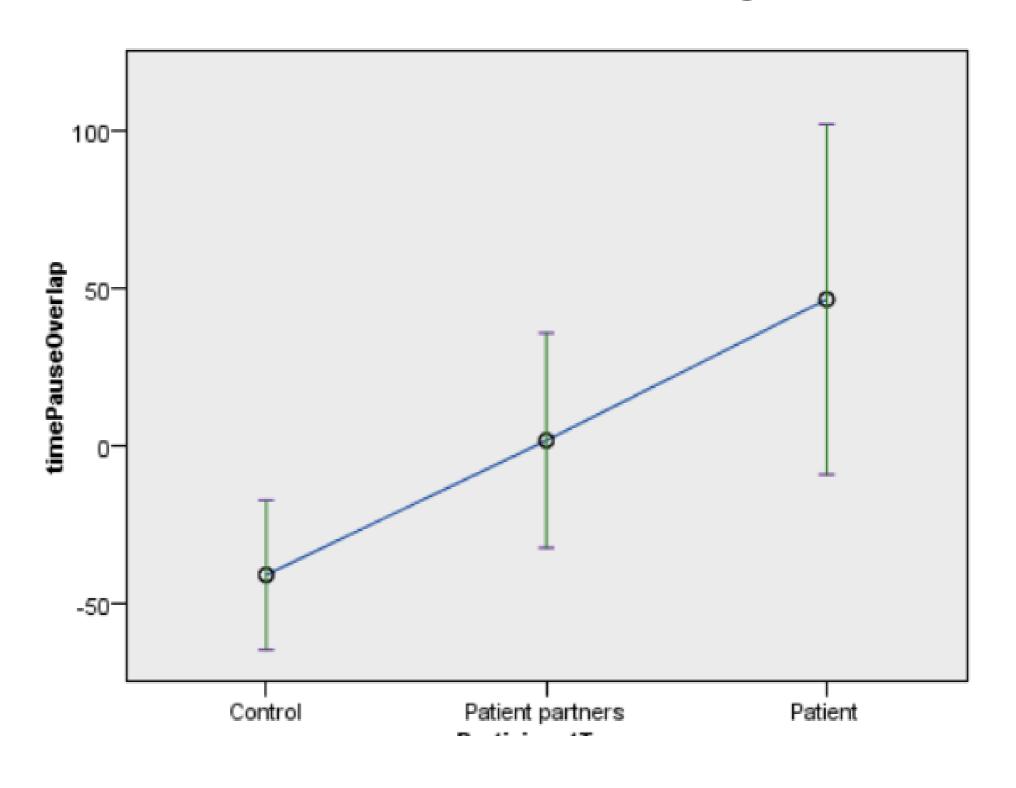
Unfilled Pauses



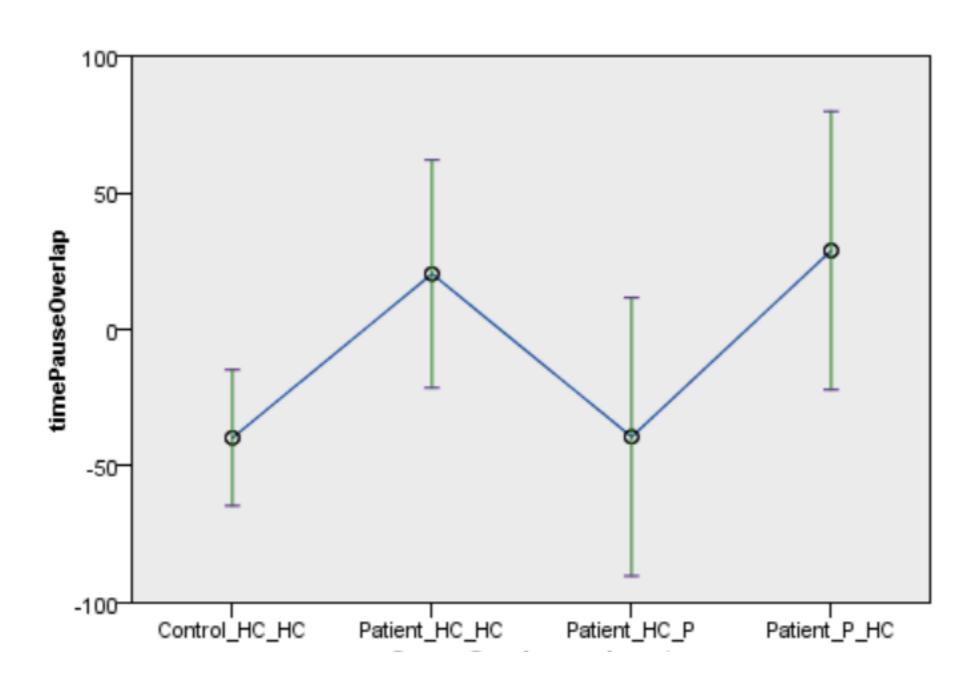
Turn exchanges



Turn exchanges



Turn Exchanges



Summary

Patients

- Fewer turns and less self repair
- Fewer filled pauses

Patients' partners

- Fewer filled pauses
- More unfilled pauses
- Longer space between turns

Conclusions

- Reduced competition and lack of clarity about who should take the floor in patient interactions
- Patients' floor change cues are problematic
- Patients' may not reason in the same way
- Meaning, it is more difficult for others to formulate an appropriate response

Tack!