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International Journal of Curriculum and Instruction 13(3) (2021) 2888-2901

IJCI
International Journal of Curriculum and Instruction

# An investigation of non-native EFL instructors' behavioral, emotional and speech disorders

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**Abstract**

The study aimed to investigate the tendency of non-native instructors who teach English as a foreign language (EFL) in terms of their behavioral, emotional and speech disorders while teaching in a class, or while speaking in front of public. The study adopted a quantitative case study research design. The participants of the study comprised purposefully selected 45 volunteer instructors (32 females and 13 males) who were teaching at the School of Foreign Languages of a state university in Konya, Turkey in 2015-2016 academic year. The data were collected via a 5-point Likert type questionnaire developed by the researchers, and was composed of 30 items and 4 sub dimensions. The data about the demographic information of the participants were analyzed using non-parametric tests such as frequency, percentage and mean scores, and the relationships between the sub-dimensions were analyzed via some parametric tests such as One Way ANOVA, Kruskal Wallis, and Mann Whitney U Test. The results revealed that the participant EFL instructors were like to have behavioral, emotional and speech disorders in their first five years of the professional life due to several conditions, such as their personality, emotions, and working conditions.

***Keywords:*** Non-native EFL instructors, behaviour, emotion, speech disorders



## 1. Introduction

Many researchers as (Green and Horan, 2010) define behavioral, emotional and speech disorders in relation with language impairments. The relationship between language and disorders are also discussed referring to such symptoms as Breakdown in Doing the Tasks, Novel Made-up Words, Code-Switching, Failure to Utter Lexical Items,

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Distractibility. The following definitions may provide a conceptual background to the present study.

### *1.1. Language related symptoms*

Considering the fact that no definitive psychometric test exists to diagnose language impairments, and that mental health professionals identify clusters of symptoms and check them against criteria outlined in psychiatric manuals, it is understandable that a clear and concise working definition of the impairment is difficult to procure. These disorders or impairments are brain based conditions considered by many to be manifested in a single umbrella symptom, 'thought disorder', in which individuals' thoughts may be affected by positive symptoms as hearing some sounds that don't exist, negative symptoms as low level of motivation, and cognitive symptoms as difficulty in functioning, poor attention or memory deficits (Covington et al., 2005)

Basic language-related symptoms appear in people who have tendencies to have disorders as the usage of neologisms and word-approximations (made-up words that may relate somehow to their actual counterparts, such as 'hand-sock' for 'glove'); incoherent or disorganized speech, such as in 'myself I have been okay what with the prices in the shops being what they are and my flat is just round the corner' (Kuperberg, 2010: 578); poverty of speech (individual supplying too little) or poverty of content (individual not adequately addressing the question); strings of phonologically similar or rhyming words used inappropriately; and a host of pragmatic and paralinguistic issues (e.g. staying on topic during conversation, maintaining proper eye contact with interlocutors, excessive self-referencing during conversation, etc.) that disrupt communication.

In their literature review examining speech disorders from all levels of discourse, Covington et al. (2005) found that speakers who have tendencies to have speech disorders exhibited largely normal phonological capacity, morphology, and syntactic structure, with most noticeable difficulty emerging at the pragmatic level. More recently, attention has been placed on breakdowns between clauses in the speech of people who have tendencies (Ditman and Kuperberg, 2010), ability to interpret lexical ambiguity within given contexts (Titone et al., 2000) and pragmatic failure in speech acts (Allen et al, 2017) as Han (2004) states no adult L2 learner would ever be able to pass for native in all contexts. Other scholars recognize global language deficits seen in people who have tendencies to have speech disorders as smaller amalgams, less noticeable problems, or as more closely related to general cognitive issues. Titone (2010) interprets the individual symptoms in people who have tendencies to have speech disorders as slight but significant disturbances of lower-level abilities whose combination creates obstacles for those people involved in higher-level functioning. While some researchers entitle these disorders as tendencies to schizophrenia others as Chaika (1997) abandons strictly linguistic terms in her overview of schizophrenia, emphasizing instead the cognitive

symptoms of executive functioning and inattention during conversation. She argues that major language-related deficits of people who have tendencies have speech disorders such as incorrect word use and inappropriate utterances are due to individuals' lack of maintained focus on a given topic. It might be easy to assume that for people who have speech disorders and who use more than one language, the linguistic problems seen in the L1 might be equally or more pervasive in the L2. For example, someone who invents words for items he cannot retrieve from his L1 mental lexicon might be prone to do so even more frequently when tapping into his smaller L2 lexicon. The literature concerning multilingual individuals with psychosis, however, has at times demonstrated the opposite: for some, symptoms are less severe during L2 use.

The literature yields significant results in speech disorder foreign language domain. People who have tendencies to have speech disorders showed different impairments in their attempt to learn and teach foreign language. These can be categorized into many subtitles as above but five of them will be discussed as following;

*1.1.1.Breakdown in doing tasks*

People who have tendencies have speech disorders seem to have serious problems in thinking and doing tasks, which are cognitively demanding. They may fail not only in answering different vocabulary tasks but also in under-standing the tasks as Gass (2013) states they also seem very far from understanding themselves and their minds function as if there is just a simple logic behind every task. They generalize the tasks distorted thoughts resulted in a number of abnormal performances done by people who have tendencies to have speech disorders. In addition, in ranging the tasks from simple to difficult People who have tendencies to have speech disorders show poor results.

*1.1.2. Novel made-up words*

Another abnormality observed was the creation of some non-sense words and writing them in the blanks as for the answers. This abnormality, known as neologisms, is clearly known and exists among the Anderson's standard account of schizophrenic's first language (Covington, 2005).

*1.1.3.. Code-switching*

People who have tendencies to have speech disorders tend to switch back to native language in the middle of the tasks while they were fully unaware of this. In one study (Cardwell, 2003) is revealed that with disorganized type who suffers from speech disorders, when asked to read the English alphabet from the board he switched to his native language alphabet all of a sudden and stopped soon after.

### *1.1.4. Failure to utter lexical items*

People who have tendencies to have speech disorders, particularly those with language disorders in general have serious problems in naming objects, as Chaika (1997) observed, they fail to utter an intended word and their thought goes around word associations. Furthermore, these people have difficulty in even repeating English words and tended to utter associative words in native language. Irrelevant replies, named tangibility, are among the standard account of speech disordered language (Covington, 2005: 88).

### *1.1.5. Distractibility*

This kind of abnormality also exists in peoples' L1 production who have speech disorders and has been observed by Chaika (1997) known as distraction by the sound or senses of words, so that a discourse becomes a string of word association rather than a presentation of previously intended information.

### *1.1.6. Schizophrenia*

Hockenbury and Hockenbury (2004) refer schizophrenia as one of the most serious psychological disorders involving distorted beliefs, perceptions, and thought processes. Myers (1996) defines psychological disorders a condition in which behavior is judged atypical, disturbing, maladaptive, and unjustifiable due to the low mental disorders people who have tendency to be schizophrenic produce a kind of language, which might be senseless or irrelevant, and, to some extent, all aspects of language will be disturbed.

Also Schizophrenia is defined as a complex mental disorder that results in language-related symptoms at various discourse levels, ranging from semantics (e.g. inventing words and producing nonsensical strands of similar-sounding words) to pragmatics and higher-level functioning (e.g. too little or too much information given to interlocutors, and tangential discourse) by Hayati, Shahlaee and Chamran (2011). Most of the literature concerning people with schizophrenia who acquire a second or foreign language suggests that these linguistic deficits are not as prominent (in some instances, altogether absent) when people use their non-dominant language, a phenomenon that has been used to support different claims posited by psychologists and linguists about schizophrenia and second language learning alike. Moreover, schizophrenia is defined as a psychotic disorder marked by delusion, hallucination, apathy, thinking abnormalities, and a split between thought and emotion. Schizophrenia literally means split mind. It refers to both a multiple personality split and a split from reality that shows itself in disorganized thinking, disturbed perceptions, and inappropriate emotions and actions (Myers, 1996).

## 2. Theory of mind

Impairments in social functioning are among the hallmark characteristics of schizophrenia and speech disorders and these impairments are more pronounced in schizophrenia than in any other psychiatric disorder (Manel et al., 2019). To improve social functioning, researchers have begun to turn their attention to social cognition and persons with tendencies to have speech disorders show consistent deficits in three primary domains: Theory of mind (ToM), attribution style, and emotion perception (Penn et al., 2006). Theory of Mind (ToM), which is a developmental achievement that emerges early in life and continues to develop during adolescence and adulthood. Developments in cognitive domains such as language and executive function, as well as social factors such as cultural practice, family context, and interactional and pedagogical experience, all support the process of gaining insight into people's mental world and refers to the ability to infer the intentions, dispositions and beliefs of others (Green and Horan, 2010). A large body of research confirms that ToM is disrupted in people with schizophrenia or speech disorders, with average ToM performance more than one standard deviation below healthy controls (Sprong et al., 2007). Studies have found that these impairments are specific, and not due to deficits in executive functioning or general neurocognitive impairment (e.g. Allen et al., 2007; Van Hooren et al., 2008; Brüne, 2005); however, recent evidence indicate associations between IQ and complex social cognition abilities (Bliksted et al., 2014). Females have been found to outperform males in some social cognition domains (Scholten et al., 2008). Fuelling the interest in social cognition is its role as a determinant of functional outcome in speech disorders.

Teaching a language other than their mother tongue to students will magnify the possibilities of opening a new horizon to second language teaching approaches. The acquisition of first language takes place spontaneously under an inherent ability given to human beings as Bhatti (2020) discusses while teaching a second language requires awareness of the stages and processes during the course.

In the study it was aimed to reveal whether non-native teachers had dilemma, job pressure, fear or any personality disorders and in general speech disorders or tendency to have schizophrenia which are two terms that have nearly the same symptoms. As a consequence, the following research questions were formulated;

1. Is there any significant difference between dilemma and educational background?
2. Is there any significant difference between job pressure and educational background?
3. Is there any significant difference between fear and educational background?
4. Is there any significant relationship between years of teaching experience and dilemma?

5. Is there any significant relationship between years of experience and job pressure?
6. Is there any significant relationship between years of teaching experience and fear?
7. Is there any significant relationship between years of teaching experience, educational background?

## 3. Methodology

### *3.1. Research Design*

In the study a quantitative case study research design was adopted. The other details of the research are as follows:

### *3.2. Setting and Participants*

The study was carried out in 2015-2016 academic year in a state University in Konya, Turkey. The participants were composed of purposefully selected 45 volunteer EFL instructors. Of these participants, 32 were females (%71.1) and 13 were males (28.9). The demographic information about the participants is presented in Table 1 below.

Table 1: Demographic information about the participants

| Variable | Category | Frequency (n) | Percent (%) |
|---|---|---|---|
| Age | 20-25 Years | 3 | 6.7 |
| | 26-30 Years | 13 | 28.9 |
| | 31-35 Years | 11 | 24.4 |
| | 36-40 Years | 15 | 33.3 |
| | 41 Above | 3 | 6.7 |
| Gender | Female | 32 | 71.1 |
| | Male | 13 | 28.9 |
| Marital status | Married | 27 | 60 |
| | Single | 18 | 40 |
| Educational background | BA | 16 | 35.6 |
| | Master | 24 | 53.3 |
| | PhD | 5 | 11.1 |
| Years of teaching experience | 1-5 Years | 12 | 26.7 |
| | 6-10 Years | 15 | 33.3 |
| | 11-15 Years | 10 | 22.2 |
| | 16-20 Years | 8 | 17.8 |

### *3.3.Data collection tool*

The data were collected via a questionnaire developed by the researchers. The researchers initially reviewed the related literature, then developed 70 items for the questionnaire in relation to the aim of the study. Afterwards, the items were send to 9 academic experts (4 in the Psychology Department, 2 in the Psychological Guidance and Counselling Department, 1 in the Department of Statistics, and 2 in the ELT Department). One of the academics in the ELT Department was a native speaker of English.

Based on the feedback obtained from the experts, the final version of the questionnaire was developed as a 5-point Likert type questionnaire (1= strongly disagree,5= strongly agree) composed of 30 items and 4 sub dimensions. Out of these 30 questions, 6 were on demographic information, 10 questions on Dilemma, 5 questions on job pressure, 6 questions on fear, and 3 were open ended questions about the participants' other personal opinions.

### *3.4.Analysis of the data*

The data were analyzed using IBM SPSS Statistics 22. The items in the questionnaire were examined in terms of reliability, and the Cronbach's alpha of reliability was measured 88.9. This result was interpreted as highly reliable in accordance with the scales below (Kalaycı, 2005) :

If the Alpha (α) is between

- $0.00 \leq \alpha < 0.40$, the instrument is not reliable.
- $0.40 \leq \alpha < 0.60$, the instrument has a low reliability.
- $0.60 \leq \alpha < 0.80$, the instrument is reliable.
- $0.80 \leq \alpha < 1.00$, the instrument is highly reliable

In addition, the data about the relationships between the sub-dimensions were analyzed using some parametric analyses such as One Way ANOVA, Kruskal Wallis, and Mann Whitney U Test.

## 4. Findings and Discussion

Findings of the study are presented through related tables as in the following.

In order to determine the difference between the years of Teaching experience and educational background in terms of the sub-dimensions, such as dilemma, job pressure, and fear, One Way ANOVA and Kruskal Wallis tests were conducted. To identify which

groups had significant differences Mann Whitney U test is conducted. P<0.05 was used to determine the significant difference.

The reliability rate of the questionnaire was found to be quite high (See Table 2).

Table 2: Statistical Analyses related to the questionnaire and sub dimensions

| Questionnaire and sub dimensions | Mean | Percentage | Cronbach's Alpha |
|---|---|---|---|
| Personality | 2.73 | 54,6% | 0.707 |
| Dilemma | 2.69 | 53,8% | 0.749 |
| Job Pressure | 2.85 | 57,0% | 0.679 |
| Fear | 2.77 | 55,4% | 0.599 |
| The questionnaire | 2.76 | 55,2% | 0.889 |

Statistical Analysis related to the questionnaire and sub dimensions (mean and standard deviation) and reliability analysis /Cronbach's Alpha) are presented in Table 2. The items in the questionnaire were examined for reliability and the Cronbach's alpha of reliability was measured at .88.9

RQ 1: Is there a significant difference between Dilemma and educational background?
RQ 2: Is there a significant difference between job pressure and educational background?
RQ 3: Is there a significant difference between fear and educational background?

Table 3: Results of the Kruskal Wallis test

| Sub Dimensions | Educational Background | *n* | *Mean* | ***Percentage*** | *Median* | *Kruskal Wallis* | |
|---|---|---|---|---|---|---|---|
| | | | | | | *Test* | *P* |
| Dilemma | BA | 16 | 2.40 | **48,0%** | 2.40 | 5.823 | 0.054 |
| | Master | 24 | 2.79 | **55,8%** | 2.95 | | |
| | PhD | 5 | 2.84 | **56,8%** | 2.40 | | |
| Job-pressure | BA | 16 | 2.46 | **49,2%** | 2.40 | 5.282 | 0.071 |
| | Master | 24 | 2.97 | **59,4%** | 3.10 | | |
| | PhD | 5 | 3.12 | **62,4%** | 3.00 | | |
| Fear | BA | 16 | 2.62 | **52,4%** | 2.83 | 0.176 | 0.916 |
| | Master | 24 | 2.77 | **55,4%** | 2.66 | | |
| | PhD | 5 | 2.83 | **56,6%** | 2.66 | | |

*SD: Standard Deviation, Test: Kruskal Wallis, chi-square the value of the test, n: participants*

Kruskal Wallis Test was conducted to find out whether there were significant differences among educational background in terms of dilemma, job pressure and fear.

The Table 3 shows educational background does not have any meaningful differences in terms of Dilemma (*Chi -Square=5.823, p=0.054>0.05*), job pressure (*Chi-Square=5.282, p=0.071>0.05*) and fear (*Chi Square=0.176, p=0.916>0.05*). This means that participants with a variety of educational backgrounds doesn't perceive dilemma, job pressure and fear as different.

RQ 4: Is there any significant relationship between years of teaching experience and dilemma?

RQ 5: Is there any significant relationship between years of teaching experience and job pressure?

RQ 6: Is there any significant relationship between years of teaching experience and fear?

Table 4: Results of *One Way ANOVA* Test

| Sub Dimensions | Years of Experience | *n* | *Mean* | ***Percentage*** | *One Way ANOVA* | |
|---|---|---|---|---|---|---|
| | | | | | *Test* | *p* |
| Dilemma | 1-5 Years | 12 | 2.84 | **56,8%** | 0.567 | 0.640 |
| | 6-10 Years | 15 | 2.60 | **52,0%** | | |
| | 11-15 Years | 10 | 2.67 | **53,4%** | | |
| | 16-20 Years | 8 | 2.50 | **50,0%** | | |
| Job pressure | 1-5 Years | 12 | 2.80 | **56,0%** | 0.170 | 0.916 |
| | 6-10 Years | 15 | 2.92 | **58,4%** | | |
| | 11-15 Years | 10 | 2.72 | **54,4%** | | |
| | 16-20 Years | 8 | 2.72 | **54,4%** | | |
| Fear | 1-5 Years | 12 | 2.91 | **58,2%** | 0.599 | 0.619 |
| | 6-10 Years | 15 | 2.72 | **54,4%** | | |
| | 11-15 Years | 10 | 2.68 | **53,6%** | | |
| | 16-20 Years | 8 | 2.50 | **50,0%** | | |

*SD: Standard Deviation, Test: Kruskal Wallis, chi-square the value of the test, n: participants*

One way Anova test is conducted to find out whether there is a significant relationship among experience years of teaching experience, dilemma, job pressure, them: dilemma

(F=0.567, p=0.640>0.05), job pressure (F=0.170, p=0.916>0.05 and fear (F=0.599, p=0.619>0.05).

RQ 7: s there any significant relationship between years of teaching experience and educational background?

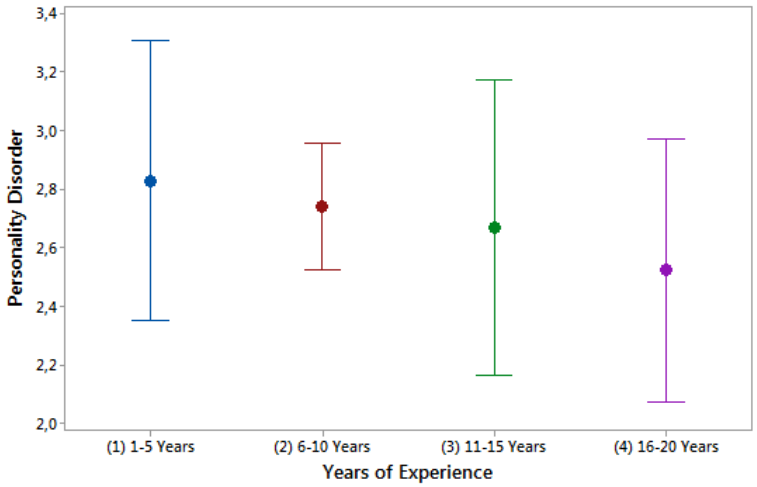
Table 5: Results of *Kruskal Wallis* Tests

| Variables | Categories | *n* | *Mean* | ***Percentage*** | *Median* | *Kruskal Wallis* | | *Multiple Comparison* |
|---|---|---|---|---|---|---|---|---|
| | | | | | | *Test* | *p* | |
| Educational background | BA | 16 | 2.47 | **49,4%** | 2.55 | 0.518 | 0.915 | |
| | Master | 24 | 2.82 | **56,4%** | 2.78 | | | |
| | PhD | 5 | 2.91 | **58,2%** | 2.69 | | | |
| Years of teaching experience | 1-5 Years | 12 | 2.83 | **56,6%** | 2.71 | 6.913 | 0.032* | (b) |
| | 6-10 Years | 15 | 2.73 | **54,6%** | 2.69 | | | (a) |
| | 11-15 Years | 10 | 2.66 | **53,2%** | 2.73 | | | |
| | 16-20 Years | 8 | 2.52 | **50,4%** | 2.71 | | | |

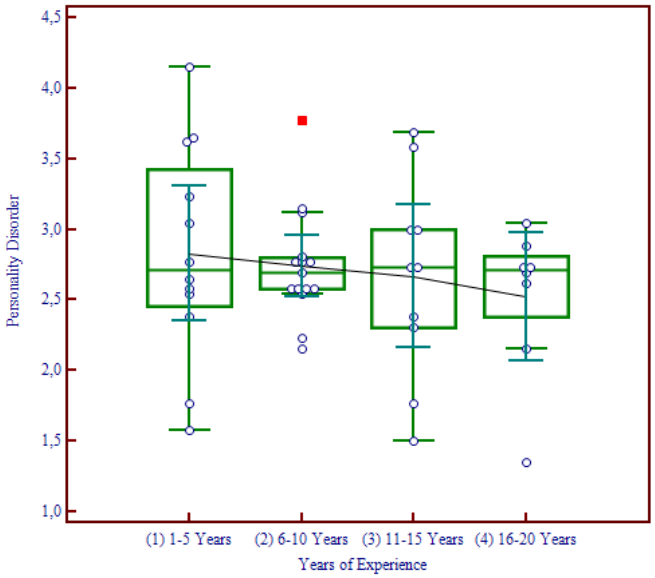
According to the results of Kruskal Wallis Test conducted to determine the relationship between educational background and the years of experience of the participants it is seen that there is no significant difference (chi-Square=0.518, p=0.915>0.05). However; there is a significant difference between participants' years of teaching experience in terms of the questionnaire (Chi-Square=6.913, p=0.032<0.05). To determine which groups were different from each other specifically Mann Whitney U test was conducted.

According to the results of Mann Whitney U Test, the participants whose years of teaching experience were in between 1-5 and between 6-10 showed significant differences (p<0.05).

The table also shows that the participants whose years of teaching experience are in between 1-5 means score are average 2.83 and participants' whose years of experience are in between 6-10 means score are average 2.73, which means lower than the participants who are experiencing their first 5 years. Therefore; the less experience leads to behavioral, emotional and speech disorders.




Graph 1: Distribution of language related disorders according to years of teaching experience, Interval Graph




Graph 2: Distribution of language related disorders according to years of teaching experience, Box-Plot Graph

## 5. Conclusion and Suggestions

To conclude, it is apparent from the results and literature review that non-native instructor of English may have tendencies to have behavioral, emotional and speech disorders in their first five years in terms of personality, dilemma, and fear and job pressure. This means that this tendency may emerge because of many reasons such as the emotions, the working situations and so on. Non-native instructors of English to show

their tendencies in their behaviours, emotions and in their speech. it is crucial to keep a few key points in mind. First, language is both highly personal and variable, and making inferences about language characteristics of whole populations is challenging to do with any degree of certainty. This variability, compounded with the complex and heterogeneous nature of the symptoms seen in schizophrenia, makes generalizing research results exponentially more difficult. A second factor making results difficult to apply broadly is the small sample size of many linguistic studies of people with language related speech disorders. As a suggestion instructors who have genetic, chromosomal, or neurologic disorders require evaluation and treatment appropriate to the underlying condition and this research topic may lead a way to ongoing researches. For instructors who have no obvious underlying disorder, prediction of who will progress rapidly from those who will develop disorders is inaccurate that is why the background of social factors may be examined for future studies.

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