



Occupation and schizophrenia in a Xhosa population — a variant of the social drift theory?

To the Editor: As we are all aware, schizophrenia is a prevalent disorder (1% prevalence rate in the general population), with a substantial effect on social and occupational functioning. In fact it could be said that functional impairment constitutes an integral part of the illness and is reflected in the poor social environment and unemployment status these patients often find themselves trapped in. The impact on functioning may be reflected by the inverse relationship between social class and schizophrenia reported in most epidemiological studies.^{1,2} This inverse relationship can be explained by the so-called well-known 'social drift theory' which maintains that the illness interferes with the expected social and functional development of the individual.

The World Health Organisation 10-country study³ evaluated employment status as one of the parameters of schizophrenia. Across all 10 countries 43 - 97% of patients suffering from schizophrenia had some occupational history. This supports the fact that the majority of people suffering from this serious illness were able to work at some stage of their lives, most likely before the onset of symptoms.

To date, however, there has been little study of occupational status in a South African population suffering from schizophrenia. We therefore decided to examine parental and patient occupational status in a Xhosa-speaking group suffering from schizophrenia. We argued that the occupational status of these patients would be an indirect measure of their social status.

Three hundred and fifty-four men and 106 women took part in the study. Their mean age at interview was 36.9 (\pm 9.97) years. The mean age of onset of schizophrenia was 22.87 (\pm 6.1) years.

The majority of patients (61.1%) reported some previous employment history. Thirty-eight per cent (38.7%) of the group had previously been employed as handlers, equipment cleaners, helpers or labourers. A sizeable proportion (17%) reported their highest previous level of function as that of full-time student. One-fifth (21.9%) of the group had never been gainfully employed, while 1.1% previously occupied managerial, professional or specialty positions.

Sixty-seven per cent of subjects had been gainfully employed for most of their lives before the interview. Again, handlers, equipment cleaners, helpers and labourers constituted the largest group (37.2%), while 2.6% functioned at managerial, professional and specialty level.

This study therefore found the majority of patients with schizophrenia to have a previous history of gainful employment. This is comparable to findings in other countries, and even higher than findings in other developing countries.¹

Current occupational level does, however, show a significant shift towards impaired work functioning. The high number of individuals receiving a disability allowance reflects this (80.4% at the time of the interview). Another 10.4% were unemployed or retired. In fact, only 5.4% of the total group were gainfully employed at the time of the interview (mostly as handlers, equipment cleaners, helpers and labourers). This change in work status is likely to influence the eventual social class that the patient will settle into. Disability allowance in South Africa is a mere R670 per month, hardly enough to maintain significant social status!

Possible limitations of this study include the validity of information on previous employment. No collateral information was obtained from employers regarding the level of function within a specific job. Secondly, patient ratings were cross-sectional, and important historical information may have been missed. Thirdly, the structured interview instrument, Diagnostic Interview for Genetic Studies (DIGS), was not translated into Xhosa; however, every attempt was made to ensure that the Xhosa-speaking patients understood the translated questions.

Strengths of the study include the fact that patients from both urban and rural hospital and community settings were included. Secondly, the availability of parents to provide collateral information and the use of the structured instrument (DIGS) also contribute to the reputability of the study.

The findings of this study highlight the occupational impairment associated with schizophrenia in South Africa and remind us to engage proactively in educational institutions to try to rehabilitate patients in their work or study environments. Further study within the South African context is necessary to identify appropriate occupational interventions and limit the loss in productivity associated with schizophrenia.

**Sandra Brink
Dana J H Niehaus
Piet Oosthuizen
Jacqueline Muller
Liezl Koen**

*Department of Psychiatry
Stikland Hospital
University of Stellenbosch
W Cape*

1. Arndt S, Andreasen NC, Flaum M, *et al.* A longitudinal study of symptom dimensions in schizophrenia: prediction and patterns of change. *Arch Gen Psychiatry* 1995; **52**: 352-360.
2. Silvertown L, Mednick S. Class drift and schizophrenia. *Acta Psychiatr Scand* 1984; **70**: 304-309.
3. Jablensky A, Sartorius N, Ernber G, *et al.* Schizophrenia: manifestations, incidence and course in different cultures: a World Health Organization Ten-Country Study. *Psychol Med Monogr* 1992; **20**(4): suppl, 1-97.
4. Nurnberger JL, Blehar MC, Kaufmann CA, *et al.* Diagnostic Interview for Genetic Studies: Rationale, unique features, and training. *Arch Gen Psych* 1994; **51**: 849-859.