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# Social attitudes of schizophrenics

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**Summary**—The Wilson–Patterson Conservatism Scale was given to 34 schizophrenic and 34 non-schizophrenic patients in a Dutch mental hospital. The absence of liberal-scoring schizophrenics was interpreted as consistent with the theory that the social withdrawal seen in chronic schizophrenia represents a strategy for coping with stimulus overload. Internal consistency analysis of C scale performance indicated that this test might be used to assess thought disorder in much the same way as the Bannister and Fransella Grid Test, but a great deal more economically. Furthermore, the questionnaire permits a more detailed examination of the source of inconsistency than does the repertory grid method.

## INTRODUCTION

Wilson (1973a) has theorized that high C scorers on the Conservatism Scale are concerned to restrict environmental complexity and uncertainty so as to defend against threatened information overload. A considerable amount of evidence supports this view (e.g. Gillies and Campbell, 1985; Glasgow, Cartier and Wilson, 1985). At the same time, there is evidence that the symptoms of chronic, non-paranoid schizophrenia may be partly understandable as a defensive reaction to a state of high confusion and anxiety, social withdrawal being a form of 'protective inhibition' (Wilson, 1973b). This being the case, we might suppose that chronic schizophrenics would show high overall C scores compared with other categories of psychiatric patient.

A second prediction concerns the matter of internal consistency in test completion. The Grid Test of Schizophrenic Thought Disorder (Bannister and Fransella, 1967) employs two measures of inconsistency of response to assess thought disorder, one called 'Consistency', which is equivalent to test–retest reliability, and the other called 'Intensity', which is a form of internal consistency. Although Bannister and Fransella interpret low Consistency and Intensity scores of schizophrenics as indicative of a 'loose construct system' other interpretations are possible (Frith and Lillie, 1972; Allon *et al.*, 1981). Perhaps the most parsimonious theory is that of a tendency toward random response by schizophrenic patients on any kind of experimental task. If this theory is correct, the elaborate, time-consuming, individual-centred procedure of the Grid Test may be no better at discriminating thought disorder than a simple self-completion questionnaire such as the C Scale (Wilson, 1975). Moreover, apart from its advantage in economy, a questionnaire would permit a more detailed examination of the source of any inconsistent responding that is observed.

## METHOD

The C Scale was administered in Dutch translation to 85 inmates of a Dutch mental hospital, together with questions concerning social variables such as age, marital status and time spent in hospital. For each of these patients a symptom checklist was completed from a study of case notes. Mentally-retarded patients and seriously-disoriented acute psychotics were excluded from the sample.

From this *S* pool 34 patients were selected for whom schizophrenia was 'definitely present or a primary diagnosis' according to the checklist ratings, and 34 patients in whom schizophrenia was not listed as a symptom. The most common diagnoses within this non-schizophrenic control group were depression and affective psychosis, mixed neuroses and personality disorder. Seventeen patients were dropped from the study either because schizophrenia appeared as 'possibly present or a secondary diagnosis' or because they were too young to serve as suitable controls.

## RESULTS

A summary of the main results is presented in Table 1. The two groups of patients are roughly similar in sex ratio, marital status and religious affiliation, but the schizophrenics were on average slightly older than the controls (the difference approaching, but not achieving, statistical significance). The schizophrenics had spent about three times as long in the institution as the non-schizophrenic group, which confirms the presumption that most could be described as 'chronic'.

The mean C score of the schizophrenic group was nearly 5 points higher than that of the control patients, but given the high variability in conservatism within each group this difference is only significant at the 0.05 level if a one-tailed test is used. Figure 1 shows the distributions of C scores for the schizophrenic and non-schizophrenic groups. While the schizophrenic curve is generally displaced to the right of controls, the difference is clearer at the lower end of the distribution, where there is a conspicuous absence of liberal schizophrenics. In fact, the lowest C score obtained by a schizophrenic *S* was 42, and there were 9 non-schizophrenics who scored lower than this.

A more detailed examination of these results is afforded by Fig. 2, which shows the endorsements of the schizophrenic group plotted against those of the non-schizophrenics. Here we see a systematic tendency for conservative items such as school uniforms, censorship and royalty to be endorsed more frequently by schizophrenics, while liberal items such as mixed marriage and striptease are more frequently endorsed by non-schizophrenics. An overall tendency for schizophrenics to endorse more items (acquiescence) is indicated by the displacement of the scattergram towards the top left of the diagram.

Table 1. Summary of background information and attitude scores for groups of schizophrenic and non-schizophrenic patients

| | Schizophrenics ($N = 34$) | Non-schizophrenics ($N = 34$) |
|---|---|---|
| Males/females | 14/20 | 16/18 |
| Religion/no religion | 31/3 | 28/6 |
| Married/unmarried | 12/22 | 15/19 |
| Age (mean and SD) | 53.15 (11.4) | 45.94 (17.8) |
| Time in hospital (yr) | 21.56 (16.9) | 6.71 (10.1) |
| Conservatism | 53.26 (8.1) | 48.62 (12.4)* |
| Age × C correlation | −0.03 | 0.53** |
| α-Coefficient | 0.37 | 0.72** |
| C × L correlation | 0.55 | −0.16** |
| Mean diff. (C − L) | 12.74 (9.8) | 8.15 (5.8)** |

*Difference between groups significant beyond the 0.05 level (one-tailed); **$P < 0.5$ (two-tailed).

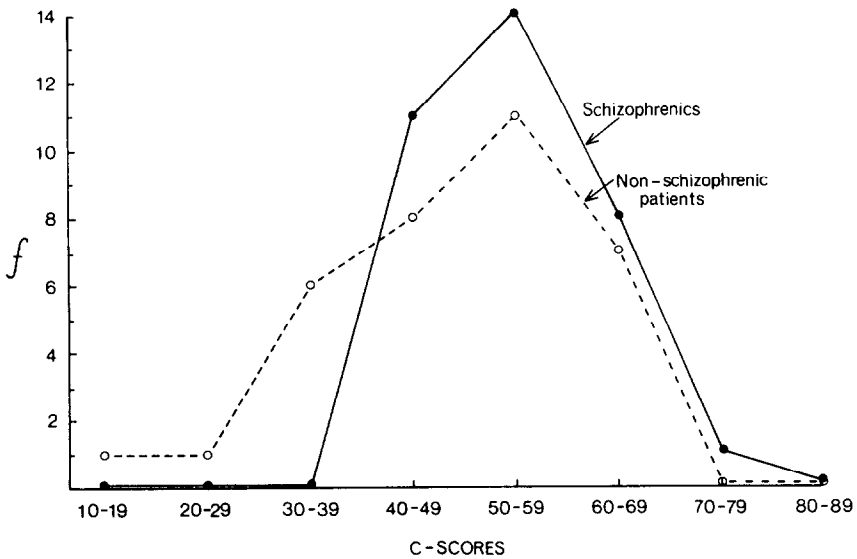


Fig. 1. Distribution of C scores for schizophrenic and non-schizophrenic groups of patients.

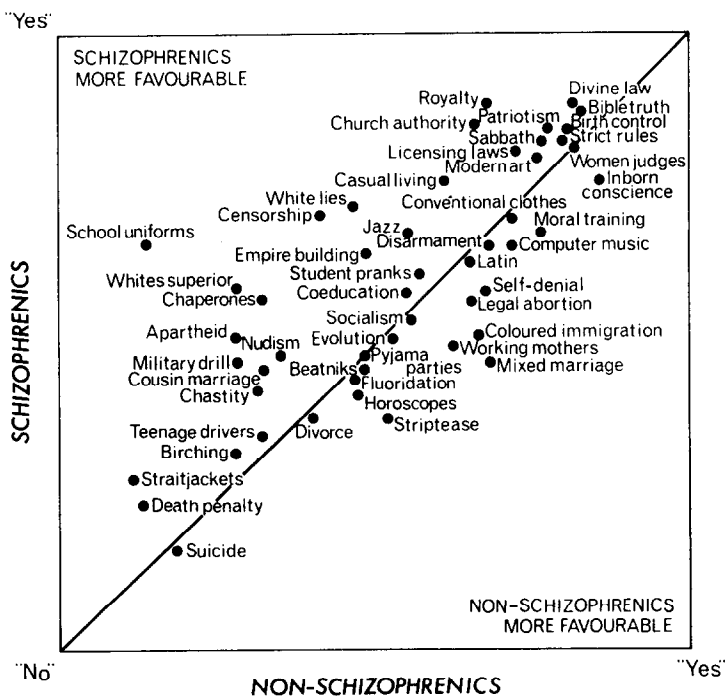


Fig. 2. A comparison of schizophrenics and non-schizophrenics with respect to endorsement of C Scale items. Axes are mean item scores on a 3-point scale ranging from 'no' = 0 to 'yes' = 2.

Results relevant to the inconsistency hypothesis are given in the lower part of Table 1, and here the differences between the two groups are quite striking. While non-schizophrenic patients perform on the test in a manner that approximates to that of a normal population, with the schizophrenics all psychometric integrity is lost. Non-schizophrenics show a substantial correlation between age and conservatism (a well-established finding among normal *S*s) while no such correlation appears with the schizophrenics. The $\alpha$-coefficient of the scale (the best known measure of internal consistency) is reasonably satisfactory for the non-schizophrenics (though at 0.72 it is rather lower than normal) but it drops to the totally unsatisfactory level of 0.37 among the schizophrenics.

Even more telling is the finding of a positive correlation of 0.55 between the conservative and liberal halves of the test. With normal *S*s this correlation is about the same magnitude in the negative direction (Wilson, 1985). The non-schizophrenic patients fall in between schizophrenics and normals though leaning towards the performance shown by the latter. What this means is that endorsement vs non-endorsement response bias is a more powerful determinant of test answers for schizophrenics than is their position on the liberal–conservative attitude dimension. Perhaps the simplest index of inconsistency based on this observation is the difference between C scores calculated from the 25 conservative items and the 25 liberal items in the test, which gives mean values of 12.74 for the schizophrenics and 8.15 for the non-schizophrenic patients. In other words, the direction-of-wording effect is much stronger for schizophrenics than other patients and normals.

## DISCUSSION

Both our initial hypotheses have been supported to some extent in these results. Schizophrenic patients do tend to be conservative on average, and the absence of liberal schizophrenics suggests the possibility that both their withdrawal symptoms and social attitude patterns may reflect a common factor of defence against stimulus overload.

The possible counter-hypothesis, that the difference between schizophrenic and non-schizophrenic groups could be accounted for by a greater proportion of random responses on the part of the schizophrenics, is not supported by the fact that the schizophrenic group are actually further above 50 (the random response prediction) than the non-schizophrenics are below. This fact, combined with the meaningful scattergram shown in Fig. 2, suggests that some element of true conservatism is being expressed by the schizophrenics.

Rather more clearly apparent in these results is the tendency for schizophrenics to respond less consistently with respect to the underlying construct of conservatism vs liberalism. Whereas with normal *S*s and other patients their position on this dimension is the major determinant of the pattern of answers to the test, schizophrenics were more strongly affected by their general tendency to say 'yes' or 'no' to the majority of items. In fact, the acquiescence ('yes') bias was much the more common of the two, as can be seen from inspection of the distribution of items in Fig. 2.

Whether this is because the schizophrenics have a 'loose construct' of conservatism (as Bannister and Fransella would suppose) or a stronger construct of compliance, is a question which cannot be answered by these results and which may, in any case, be a meaningless one. Since the Grid Test yields no measures of simple response biases of this kind, it is not equipped to assess the extent to which they may be responsible for the break-down in power of the constructs such as 'kindness' and 'honesty' which the test administrator has requested the *S* to bear in mind while completing the picture-ranking task. The patient's constructs may not be lacking in intensity or consistency—they may simply be his own rather than the ones introduced by the experimenter.

Finally, a word of caution to anyone contemplating use of the C-Scale for assessment of schizophrenia: while it has power to discriminate groups of schizophrenics from non-schizophrenic patients and normals it could not be relied upon for making clinical decisions in individual cases. In this respect it is equivalent to other empirically-based measures of schizophrenia like the Grid Test and the Sc scale of the MMPI, which are more useful for research than as a clinical aid (Hemsley, 1984).

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