

A Culturally Derived Proverb Test Differentiating Thought Process Disorder in Schizophrenic Patients

E. Hamdi

The Colloquial Proverb Test (Rakhawy, 1978) has been introduced in order to study the process of thinking and abstraction with an instrument suitable for the Egyptian culture. The test is designed to allow free and structured responses so that the process of abstraction and the characteristics of thought disorder are evaluated from different? The validity of the CPT was tested in 30 schizophrenic patients and 20, age and education matched, normal controls using the WAIS similarities subtest as an independent criterion and the full WAIS as a measure of intelligence. Schizophrenic patients were significantly impaired in their ability to give the abstract meaning of the stimulus proverbs, to apply them to a real life situation, to correlate them with suggested meaning, and to select a suitable alternative proverb. They were also significantly impaired on the similarities subtest of the WAIS. Schizophrenic subjects gave significantly more bizarre responses, and were characterized by poverty of speech and thought. The differences between schizophrenic patients and controls in total CPT scores were not maintained when verbal, and total WAIS scores were used as covariates. Further studies are needed in groups matched for intelligence in order to control its effects on proverb interpretation.

(Egypt.J. Psychiat.,1992,15: 250-260).

Introduction

The Colloquial Proverb test (CPT) was designed, formulated and qualitatively analyzed by Prof. Y Rakhawy (Amin, 1978) in order to test the characteristic levels and qualitative aspects of the abstraction process in schizophrenic patients. Amin (1982) and Rakhawy et al., (1983a, 1983b) subsequently devised a scoring method, utilized beneficially to distinguish between schizophrenic, personality disordered, and normal subjects, on different levels of the abstraction process.

The present study represents a further step aiming at a quantitative validation

of the CPT by comparing its performance in a sample of schizophrenic patients with the performance of normal controls. CPT is a valid clinical tool, it will be able to distinguish between both groups at different levels of abstraction. Additional validation is sought by testing the same subjects on the similarities subtest of the WAIS utilizing the latter as an independent measure of abstraction ability.

The Colloquial Proverb Test (Rakhawy, 1978): The full text of the CPT is illustrated elsewhere (Amin, 1978). The detailed standard administration procedure and scoring method are available from the author. For complete assessment the full interview in which

Emad. Hamdi, M.D., Assistant Professor of Psychiatry-Cairo University.

the test is applied should be tape-recorded.

The test consists of recording responses to standard questions on five popular Egyptian proverbs. The proverbs are administered in a sequence of gradually increasing difficulty. The process of abstraction is tested in steps of various grades of complexity. After reading each proverb slowly and clearly, the interviewer should ask the following questions:

1. What is the meaning behind this proverb?
2. Can you give a situation from every day life where this proverb can apply?
3. Can you find another proverb, maxim, a popular saying, or verse that can give a similar meaning?
4. The testes is given a card containing the stimulus proverb and three other proverbs and he is asked to choose one proverb that has the same meaning of the stimulus proverb. The substitute proverbs are selected so that one gives a contrasting meaning, while the third has only a similar phraseology to the stimulus proverb.
5. The testes is given another card containing the stimulus proverb and 3 different interpretations for it. He is asked to choose one out of the three interpretations explaining the meaning of the stimulus proverb. The three interpretations reflect different degrees of abstracting the meaning of the stimulus proverb.

The responses to all five steps give an indication of the abstraction ability. The first and second steps give an indication of the ability of the subject to formulate his conception of the meaning of the proverb clearly and effectively. The third step is presumably the most difficult since the subject is required to carry out a comparative almost automatic

"hyperabstraction" operation. The recorded overall responses are beneficial in designing quantitative measurements of other aspects, characteristic of the thought processes of schizophrenic patients namely, the degree of personalization in responses, bizarre qualities, and overall poverty of speech and thought.

Subjects and Method

Thirty Egyptian male schizophrenia inpatients at Dar El - Mokattam and Kasr - El - Aini hospitals were included in the study. The diagnosis of schizophrenia was established by the consensus of two psychiatrists who interviewed the patient following the diagnostic guidelines of the Egyptian Diagnostic Manual of Psychiatric Disorders (DMP - 1, 1975).

The control group comprised Egyptian males who had no psychiatric consultations or complaints, no family history of psychiatric disorder, and who were regularly involved in work or study for at least one year prior to inclusion in the study. The characteristics of the study sample are illustrated in table 1.

In order to control potential confounding variables in the responses to the proverb test, subjects and controls were matched on the variables of age and years of education. Intelligence was tested by application of the Wechsler Adult intelligence Scale (WAIS).

There was no significant difference between schizophrenic patients and controls on the variables of age (t-test, $P>0.1$), or years of education (t-test, $P>0.1$). However, schizophrenic patients had significantly lower I.Q. scores than controls so that both groups are not matched in this respect. The mean I.Q. score for schizophrenics was slightly less than 2 points short of the lower average limits, while that of the controls was on the upper level of normal scores (table 2).

The recorded tapes of verbal responses to CPT were rated conjointly by two psychiatrists (H.S. and N.I.), one of whom was blind to the clinical condition of the subject. The rating was done independently criterion. The recorded tapes of verbal responses to CPT were rated conjointly by two psychiatrists (H.S. and N.I.), one of whom was blind to the clinical condition of the subject. The rating was done independently and disagreements discussed so that a final score was reached by consensual agreement. The responses to each step were rated for each proverb and the total score on this step was calculated by the ratings on each of the 5 proverbs.

Personalized responses, bizarre responses, poverty of speech and poverty of thought were rated after the whole responses to the particular proverb were examined.

Results

Abstraction - Concreteness

The process of abstraction in schizophrenic and control subjects detected by the CPT is illustrated in table 2. First order abstraction signifies the ability to give an abstract meaning to the stimulus proverbs i.e. desymbolization (Benjamin, 1944). Second order abstraction is tested by the ability of the subject to give a concrete situation from every day life to which the proverb may be applied (abstract application). Both aspects of the abstraction process are scored on a 0-4 point scale. The subject receives a full score on abstract meaning only when he can decode all the symbols of the proverb correctly. Application to life situations is scored after consideration of the thematic content of the situation and its logical coherence i.e. whether it conforms to reality or not, and whether it expresses the meaning of the stimulus proverb or not.

Schizophrenic subjects had signifi-

Table 1
Characteristics of the Study Sample

		Schizophrenia N=30		Controls N=20	
		No	%	No	%
Age	15 - 19 years	2	6.7	3	15.0
	20 - 24 years	9	30.0	7	35.0
	25 - 29 years	6	20.0	5	25.0
	30 - 34 years	4	13.3	3	15.0
	35 - 39 years	9	30.0	2	10.0
Education	Primary	3	10.0	2	10.0
	Preparatory	2	6.7	0	0.0
	Secondary	10	33.3	3	15.0
	University	9	30.0	8	40.0
	Graduate	6	20.0	7	35.0
Marital state	Single	22	73.3	18	90.0
	Married	5	16.7	2	10.0
	Divorced	3	10.0	0	0.0
Occupation	Unemployed	10	33.3	0	0.0
	Student	8	26.7	7	35.0
	Employed	12	40.0	13	65.0

Table 2
Mean Score of Schizophrenia Compared to Controls on WAIS

	Schizophrenia	Controls	t - test	P
Verbal Score	54.7	69.0	4.36	<0.001
Performance Score	39.0	55.8	4.82	<0.001
I.Q.	88.23	108.8	4.93	<0.001

cantly lower mean scores on the ability
Egypt. J. Psychiat 15:2, July 1992

Table 3
Measures of Abstraction Through the Colloquial Proverb Test

	Schizophrenia	Controls	U - test	P
Desymbolization	7.56	13.8	102	<0.01*
Abstract application	4.20	11.4	68	<0.01*

* Statistical significance (Mann - Whitney U - test).

Table 4
Dimensions of Abstraction and Thought Disorder Revealed
Through the Colloquial Proverb Test (CPT).

		Schizophrenia		Controls		X ²	P
		No	%	No	%		
Hyperabstraction							
	Absent	107	71.3	76	76		
	Incorrect	29	19.3	15	15	0.88	>0.50
	Correct	14	9.3	9	9		
Alternate proverbs							
	Word association	48	32.0	4	4		
	Mean association	78	52.0	88	88	37.1	<0.001*
	Paradoxical association	24	16.0	8	8		
Proverb explanations							
	Abstract	74	49.3	91	91		
	Abstract/concrete	47	31.3	9	9	48.48	<0.001*
	Concrete	29	19.3	0	0		
Personalized responses @							
	Absent	16	53.3	5	25		
	Doubtful	10	33.3	11	55	3.97	>0.100
	Present	4	13.3	4	20		
Bizarre responses							
	Absent	11	36.7	18	90		
	Doubtful	7	23.3	1	5	14.06	<0.005*
	Present	12	40.0	1	5		
Poverty of speech							
	Absent	11	36.7	17	85		
	Doubtful	7	23.3	3	15	13.42	<0.005*
	Present	12	40.0	0	0		
Poverty of thought							
	Absent	4	13.3	13	65		
	Doubtful	4	13.3	4	20	17.92	<0.005*
	Present	22	73.3	3	15		

* Statistical significance.

@ absent = score 0, doubtful = score 1 - 3, present = score 4

Table 5
Relationship Between Proverb Interpretation and Intelligence

	Proverb test Mean $\pm$ S.D.	WAIS Verbal Mean $\pm$ S.D.	F*	WAIS Total Mean $\pm$ S.D.	F@
Schizophrenia	24.2 $\pm$ 10.9	51.1 $\pm$ 15.2	0.13*	90.1 $\pm$ 25.6	0.23@
Controls	44 $\pm$ 8.7	69.1 $\pm$ 13.0		124.5 $\pm$ 21.6	
F ratio	46.47*	18.98**		24.3***	

* Analysis of covariance between scores on proverb test with WAIS verbal score as a covariate (No statistical significance) (Roscoe, 1969).

@ Analysis of covariance between scores on proverb test with WAIS total score as covariate (no statistical significance).

* Analysis of variance between scores on proverb test ($P < 0.001$).

** Analysis of variance between verbal scores on WAIS ($P < 0.001$).

*** Analysis of variance between total scores on WAIS ($P < 0.001$).

to give the abstract meaning of the five index proverbs (score range 0 - 20). They also obtained a significantly lower mean score in the ability to apply the same proverbs in exemplary life situations (score range 0 - 20). (table 3).

Correlation with substitute proverbs (table 4)

The 4th question was designed to explore pathological associations during abstraction. For each stimulus proverb, the subject is offered a choice of three alternate proverbs. One proverb gives the proper meaning, the second gives an opposite meaning, and the third is similar to the stimulus proverb in one or more words. The subject has the choice of making a meaning association, a paradoxical association, or a word association respectively.

Both groups gave more correlations with proverbs of similar meaning. How-

ever, controls were more successful (88.4%) than schizophrenic subjects (52%). The latter group gave more paradoxical and word associations. The differences are statistically significant ($P < 0.001$).

Hyperabstraction (table 4)

Hyperabstraction is tested by the ability of the subject to provide an alternative proverb or maxim that conveys the same meaning of the stimulus proverb. It is the most difficult aspect of the test, and presumably of the abstraction process since it includes a mental activity where the subject can keep in mind and compare the essential meaning of the stimulus proverb and another proverb or maxim. The verbal responses to this step in the test are categorized as either "correct", "incorrect" or "absent". The subject's response is coded as absent when he cannot give any response to this enquiry about the proverb. Hyperabstraction ability was not significantly different between schizophrenic and normal subjects. Schizophrenic subjects made more frequent incorrect responses. The difficulty of this step is indicated by the high frequency of failure to respond to the question (76% in controls and 71.3% in schizophrenic subjects). No significant difference was detected between the groups ($p > 0.5$).

Personalized responses (table 4)

The responses to the first and second questions were re-rated for evidence of personalization. Higher scores were assigned when the subject used the first pronoun "I" or "me" rather than the more neutral second or when referring to meanings and situations from the subject's own life was repeated. Paradoxically, control subjects gave more personalized responses than schizophrenic patients. The difference is not statistically significant ($p > 0.1$).

Bizarre responses (table 4)

An overall estimate of bizarreness was assigned by the raters to the responses of the first three questions for each stimulus proverb. Bizarreness was considered present when the subject's response was characterized by one or more of the following.

1. Statements unrelated to the question.
2. Logically inconsistent or incoherent responses.
3. Gaps in associations or unshared communication.
4. The use of irrelevant statements or proverbs to give the meaning of the stimulus proverb.

Schizophrenic subjects showed a higher incidence of bizarre responses (40%) compared to controls (5%). The difference is statistically significant ($P < 0.005$).

Poverty of speech and thought (table 4)

This aspect of the evaluation was assessed according to the scheme of Andreasen (1986), illustrated in appendix II. Higher scores indicate a severe restriction in the quantity or thematic content of the subject's expressed thoughts. In case of poverty of speech the replies are brief, unelaborated, and unprompted additional information is rarely provided. Poverty of thought is indicated by replies that are long enough, but conveying little information and carry few ideas.

In both dimensions schizophrenic subjects showed more impairment than controls. Poverty of speech was found in 40%, and poverty of thought was found in 73% of schizophrenic subjects compared to 0% and 15% respectively in controls. The differences are statistically significant at the 0.005 level.

Validation through the "similarities" subtest of the WAIS

The mean score on the "similarities" subtest of the WAIS in schizophrenic subjects is 8.9, while that of controls is 12.8. The difference between both groups is statistically significant ($P < 0.01$). When the scores on the 4th and 5th steps of the proverb test (correlation with substitute proverbs and correlation with meanings) are compared with the scores of the subjects on the similarities test, Pearson's correlation coefficient is 0.49 in both groups. This indicates that the two tests are similar in their ability to differentiate between both groups and that their scores are positively correlated.

Proverb interpretation and intelligence.

When hyperabstraction is excluded, the total scores of the proverb test may be compared with the scores of the subjects on the WAIS in an attempt to explore whether the differences detected are dependent or independent from the effects of differences in intelligence. Analysis of differences between schizophrenic subjects and controls in proverb interpretation with intelligence (WAIS scores) as a covariate revealed that there is no significant difference between the two groups indicating that they are interdependent rather than independent variables (table 5).

Discussion

A proverb has been described as a concrete illustration of a general principle (Payne, 1973). Several tests have been designed to test the ability to abstract the general meaning from proverbs (e.g. Benjamin, 1944; Gorham, 1956a, 1956b, 1956c, 1963; Hana, 1974; Naguib, 1984). The ability to interpret familiar proverbs has been reportedly impaired in subjects with mental subnormality, organic brain affections,

and schizophrenia (Hanfmann and Kasanin, 1942; Goldstein, 1944; Vigotsky, 1962). Proverb interpretation is a process with a broad range of variation. Familiarity with the proverb under scrutiny, age, education, verbal ability, general intellectual ability and motivation are some of the variables involved in the process. A proverb test should take these sources of variation in consideration. Proverb tests should be tailored to individual cultures and languages, since the wording of proverbs is obviously different even though the principles behind many proverbs may be similar across cultures.

The CPT consists of four proverbs. In attempting to interpret the latter proverb, the subject does not rely much on past experience but more on his ability to solve an abstraction problem. The questions following each proverb allow a quantitative and qualitative analysis of thought processes and at the same time minimize the probability that the subject would know the meaning of the proverb but does not show it through a hasty response or lack of motivation. The method of scoring also tackles thought disorder from various aspects.

The ability of the CPT to distinguish between schizophrenic and normal subjects is apparent in the present study. The differences between schizophrenic subjects and controls were apparent on the majority of dimensions, but not with those that lack a clear definition e.g. personalized responses. The manner in which personalized responses have been defined in the present study may have contributed to their higher preponderance in normal controls. The use of first person pronouns implies an intact sense of identity i.e. personal rather than referring neutral situations to the self (personalization) (Rakhawy, Personal communication). Scoring might have

unevenly relied on this aspect of the definition of personalization overshadowing the second component which requires a judgement by the rater.

Schizophrenic subjects seem to be at a disadvantage in their ability to give the direct abstract meaning of a proverb, and to apply it to a real life situation. It is difficult to speculate whether this disability is due to an inborn characteristic of the illness i.e. primary or is secondary to the lack of motivation and persistence. In other words the speculation is whether the associative mechanisms that lead to proper abstraction are defective or are simply not used by the schizophrenic patient. The former possibility is suggested by the uniformly poor performance of schizophrenic subjects. The present test tackles the ability to understand a proverb from various angles extending to the steps of correlation with a selection of offered meanings, and differed substitute proverbs. These latter steps eliminate the need for coherent and organized verbal expression, and require recognition rather than definition. The latter possibility is reinforced by the wide range of overlap between the scores of schizophrenic subjects and controls. It is also supported by studies that indicate that the poor performance of schizophrenic patients on proverb tests can be improved by training (Payne, 1973) or by providing them with an additional (redundant) input (Blaufarb, 1962, Halmin et al., 1966).

Not only are the abnormalities in the abstraction process of schizophrenic subjects apparent in relation to controls but the present study illustrates that they seem to be frequent among schizophrenic subjects as well. Almost half the responses of schizophrenic subjects were incorrect in respect to correlation with substitute proverbs and to proverb meanings. In its present format, the proverb

test aims at studying the possibility that schizophrenic subjects may be able to make more hyperabstract responses than control subjects. However, hyperabstract responses were infrequent in the sample studied, and though schizophrenic subjects gave more of such responses the overall frequency does not encourage inclusion of this step in future studies aiming at a quantitative measure of the abstraction process. Furthermore, the process of hyperabstraction requires more than association and abstraction since it is dependent on knowledge of maxims and proverbs, a faculty that varies largely with experience among individuals.

The first two steps in the test allow the evaluation of aspects of the thought processes that are not directly related to abstraction. This assessment takes the form of an unguided flow of speech that may be examined for verbal and logical coherence, paucity, and poverty of content. All of these measurements were significantly more impaired in schizophrenic subjects tending to confirm the ability of the test to serve as a yardstick for the evaluation of thought disorder in schizophrenic subjects. Similar findings have been reported by Amin (1982) in schizophrenic subjects and controls through a free association test.

The relationship between performance on the proverb test and general intelligence is a subject of considerable debate. In fact, proverb interpretation has been used to measure intelligence (e.g. Terman and Merrill, 1973; Boscher, 1963) Gorham concluded from his studies that apart from a link to verbal ability proverb interpretation could be separately impaired. Shimkumas et al. (1966), studied schizophrenic inpatients and concluded that intelligence rather than the degree of illness was the primary correlate of abstraction and concreteness in proverb responses. In a later publication, the

same authors (1967) revised their conclusions stating that intelligence accounts for 35 - 45% of the accountable variance. The present study indicates that abstraction and intelligence seem to be closely associated so much so that no significant difference was found between schizophrenic subjects and controls when intelligence scores were used as a covariate. However, a number of abnormalities have been described in the responses of schizophrenic subjects to WAIS. These include a wide scatter in the scores on the different subtests giving an impression of an uneven intellectual functioning, a higher verbal than performance score, and a low similarity score indicating overinclusive responses (Lehmann and Cancro, 1985). These abnormalities may be responsible for lowering the overall scores of schizophrenic subjects on the WAIS. In the present study there is a notable association between performance on the similarities subtest of the WAIS and the proverb test scores.

In summary, the Colloquial Proverb test provides a useful tool for the evaluation of thought disorder in schizophrenia and for a detailed evaluation of the abstraction process in general. A final version and scoring norms require replication in a larger sample of subjects matched for intelligence. The possible exclusion of step 3, namely, hyperabstraction should also be considered.

References

- Amin, Y. (1978) *A Study of Types of Schizophrenia*. Cairo: Dar El-Ghad Scientific Publications.
- _____ (1982) *Clinical and Psychometric Assessment of Disturbance the Process and Content of Thought in Egyptian Schizophrenic Patients*. Unpublished M. D. Thesis presented to the Faculty of Medicine, Cairo University.

- Andreasen, N.C. (1986) Scale for the assessment of thought, language and communication (TLC). *Schiz. Bull.* 12: 381-473.
- Benjamin, J. D (1944) A method for distinguishing and evaluating formal thinking disorder in schizophrenia. In *Language and Thought in* (Kasanin J.S (ed) *Schizophrenia* Los Angeles: University of California Press, 65 - 90. (Quoted from, Payne, 1973).
- Blaufarb, H. (1962) A demonstration of verbal abstracting ability in chronic schizophrenics under enriched stimulus and instructional conditions. *J Consul Psychol.* 26: 475.
- Boscher, F. (1963) Organization of variants operating in intelligence. (Quoted from, Gorham, 1963).
- Egyptian Psychiatric Association, (1975) *Diagnostic Manual of Psychiatric Disorders (DMPI)*, Cairo: The Egyptian Psychiatric Association.
- Goldstein, K. H. (1944) *Language and Thought in Schizophrenia*. New York: W.W. Norton, 1964.
- Gorham, D. R.. (1956 a) A proverbs test for clinical and experimental use. *Psychol. Reps.*, 2, 1 - 12.
- _____ (1956 b) Clinical Manual for the Proverbs Tests. Missoula, Mont: Psychological Test Specialists.
- _____ (1956 c) Use of the Proverbs test for differentiating schizophrenics from normals. *J. Consul. Psychol.*, 20, 435-440.
- _____ (1963) Additional Norms and Suggestions for the Proverbs Test. *Psychol. Rep.*, 13, 487 - 482.
- Halmin, R. M., Haywood, H. C. and Folsom, Angela, T. (1966) Effect of enriched input on schizophrenic abstraction. *J. Abnor Psychol.* 70, 390 - 394.
- Hana M. S., (1974) *Abstract Thinking in Normals, Neurotics and Psychotics*. Cairo: El - Nahda Al - Arabia Library.
- Hanfmann, E. and Kasanin, J. (1942) Conceptual thinking in schizophrenia. *Nerv. Ment. Dis. Monogr.*, No. 67, (Quoted from, Gorham, 1956c).
- Lehmann, H.E., and Cancro R. (1985) Schizophrenia: Clinical features. In Kaplan, H.I. and Sadock B.J. (eds) *Comprehensive Textbook of Psychiatry*. (H.I. Kaplan, and B.J. Sadock eds.). Baltimore: Williams and Wilkins.
- Naguib M. (1984) *The Ability to make Wholistic Formations in different Psychiatric Groups* Unpublished M.Sc. Thesis presented to the Faculty of Arts, Cairo University.
- Payne, R. W. (1973) Cognitive abnormalities: In H. J. Eysenck (ed.), *Handbook of Abnor Psychol.* London, Pitman Medical.
- Rakhawy Y., Amin Y., Hamdi, E., Mahfouz R., & Howaidi M., (1983a). Thought disorder in schizophrenia : Relation to activity and temporal dimensions (Part - 1). *Egypt J Psychiat*, 6: 76 - 99).
- Rakhawy Y., Amin Y., Hamdi E., Mahfouz R., Howaidi M., and Arafa M., (1992) Characteristics of thought disorder in schizophrenia: A comparative study. *Egypt, J. Psychiat*, (Under publication).
- Rakhawy Y., Amin Y., Hamdi E., Mahfouz R., and Howaidi M. (1983b) Thought disorder in schizophrenia: Relation to activity and temporal dimensions (Part II). *Egypt, J. Psychiat*. 6: 213 - 238.
- Roscoe, J. T. (1969) *Fundamental Research Statistics for the Behavioral Sciences*. New York: Holt Rinehart and Winston.
- Shimkumas, A. M., Gynther M. D. and Smith, Kathleen, (1966) Abstracting ability of schizophrenics before and during phenothiazine therapy. *Arch. Gen Psychiat*, 14: 79 - 83.
- Shimkumas, A. M., Gynther, M. D. and Smith, Kathleen, (1967) Schizophrenia responses to the Proverbs Test: Abstract, Concrete or Autistic? *J. Abnor. Psychol.*, 72: 128 - 133.

Terman, L. M. and Merrill, M. A. (1973) *Stanford Binet Intelligence Scale Manual for Third Revision, Form L - M*. Boston: Houghton Mifflin.

Vigotsky, L. S. (1962) *Thought and Language*. Cambridge, Mass.: M. I. T. Press.

Appendix I

Scale for the Assessment of Thought, Language, and Communication Disorder 'Disorders (TLC) (Andreasen, 1986).

Proverty of speech

0 : No poverty of speech : A substantial and appropriate number of replies of questions include additional information.

1 : Slight poverty of speech : Occasional replies do not include elaborated information even though this is appropriate.

2 : Moderate poverty of speech : Some replies do not include appropriate-

lyz elaborated information, and many replies are monosyllabic or very brief (Yes, No, May be, don't Know).

3 : Severe poverty of speech : Answers are rarely more than few words in length. Questions may be left unanswered.

4 : Extreme poverty of speech : Patient is essentially mute.

Proverty of thought (Proverty of content of speech)

0 : No poverty.

1 : Mild poverty : occasional replies are too vague to be comprehensible or can be markedly condensed.

2 : Moderate poverty : Replies which are vague or can be markedly condensed make up at least quarter of the interview.

3 : Severe poverty : At least half of the interview is composed of vague or incomprehensible replies:

4 : Extreme poverty : Most of the interview is vague, incomprehensible or can be markedly condensed.

Distinction Entre des Schizophréniques et des Sujets Normaux Établie par le Test des Proverbes Culturellement Dérivé

Le test des proverbes locaux (Rakhawy, 1978) a été introduit dans le but d'étudier le processus cognitif et l'abstraction utilisant un instrument convenant à la culture Égyptienne.

Les schizophréniques étaient significativement perturbés dans leur capacité de donner une signification abstraite des proverbes désignés, de les appliquer sur des situations vécues, de faire une corrélation avec des significations suggérées et de sélectionner un autre proverbe se rapportant au premier. Ils étaient aussi significativement défaillant dans le test de similarité du WAIS. Les schizophréniques

ont donné des réponses significativement plus bizarres, étaient caractérisés par la pauvreté de la pensée du discours.

Les différences entre les schizophréniques et le groupe contrôle dans les scores totaux du test des proverbes n'étaient pas maintenues quand les scores verbaux et totaux du WAIS étaient utilisés comme covariates.

Autres études sont nécessaires sur des groupes affectés par l'intelligence afin de contrôler son influence sur l'interprétation des proverbes.

التفرقة بين المرضى الفصامين وبين الأسوياء من خلال

إختبار أمثلة مشتق من البيئة الثقافية

تهدف هذه الدراسة إلى إختبار مدى مصداقية إختبار الأمثلة العامة، وقد طبق الإختبار على ثلاثين مريضاً فصامياً وعينه ضابطة تتكون من عشرين سوياً واستخدم مقياس وكسلر لقياس الذكاء والإختبار الفرعي الخاص بالمتشابهات كمحك مستقل. ولقد أظهر المرضى الفصاميون خللاً ذا دلالة في قدرتهم على إستنباط معنى الأمثلة المعطاة أو تطبيقها على مواقف فعلية في الحياة أو إختيار مثل بديل مشابه، ولقد ظهر خلل الفصامين بالتالي على أدائهم لإختبار المتشابهات الفرعي حيث كانت إستجاباتهم شاذة وتميزت بفقر الكلام والتفكير، ولم تظهر فروقاً بين الفصامين والأسوياء عندما استخدم الحاصل الكلي لإختبار وكسلر للذكاء أو حاصل الجزء اللفظي كمتغيرات.