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Relative Symptom Importance in the Diagnosis of Schizophrenia: An Anglo-Americo Egyptian Comparison

By M.S.A. Gawad, Y.T. Rakhawy, R. Mahfouz and M. Howaidy

ABSTRACT

Edwards (1972) reported the results of an Anglo-American comparison based on the results of two questionnaire studies about the diagnosis of schizophrenia. The same questionnaire study was repeated in Egypt. The aim was to study the cross-national differences in symptom importance in the diagnosis of schizophrenia among the three countries. The results of seventy questionnaire forms suitable for symptom analysis were reported. Comparison between our results and the corresponding British and American results was also carried out. Important differences were discussed and speculations were made as to their possible causes.

INTRODUCTION

The increasing transcultural studies have shown that there are a number of important differences in the diagnosis of schizophrenia in different countries. However, the most extensively studied are those between Britain and the United States (Kendell, 1975). Willis and Bannister (1965) carried out a questionnaire study about the diagnosis of schizophrenia in England. It was repeated by Edwards in the United States in 1968. The last author, according to the results of both studies, compared the opinions of senior American psychiatrists with the opinions of senior British psychiatrists. The results of this cross - national comparison were published in 1972. The present authors thought that Edwards' study would form the basis for an Anglo - Americo - Egyptian comparison. Consequently, the same questionnaire study was repeated in Egypt in 1976.

PROCEDURE AND METHOD

1 — Formation of the questionnaire :

In the British study (Willis and Bannister, 1965) and the American study (Edwards, 1972), the questionnaire included a list of thirty one possible schizophrenic manifestations. In the present Egyptian study the same list was used.

The three column headings used by Edwards were " of primary Importance ", " Contributory " and of " No Significance " for the diagnosis of schizophrenia. In the Egyptian study they were substituted by " Very Useful ", " Useful " and " Useless " in the diagnosis of schizophrenia. Another change was made in the form of the Egyptian questionnaire. This was adding the word " formal " to " thought disorder ", because disorders of thinking can be looked at from many points of view, for example : stream, possession, content and form (Fish, 1962).

2 — Selection of the psychiatrists :

The questionnaire was submitted to Egyptian psychiatrists who had at least four years of postgraduate training and experience in psychiatry and had acquired at least a Diploma of Psychological Medicine and Neurology. They were chosen from the official lists.

3 — Communication with the chosen psychiatrists :

Postal questionnaires were the method of inquiry in the Bristish and the American studies. In our present study, the questionnaire was circulated to 76 psychiatrists through personal communication. Postal inquiry of 26 psychiatrists was resorted to when personal communication was difficult. Thus the total number was 102.

RESULTS

Table I shows the total number of the questionnaires and the response rates in the three studies. In the Egyptian study the questionnaire was sent to 102 psychiatrists. The outcome was that 79 questionnaires returned (77 %). Out of these, 70 were completed by eligible respondents and were found acceptable for analysis used in this study.

TABLE I

Total number of the questionnaires and the response rates in the three countries.

Country	Total No. of quest.	Quest. returned		Quest. fit for symptom analysis		
		No.	%	No.	% to total	% to returned
G.B.	346	211	61	195	55.4	92.4
U.S.A.	600	278	46.3	268	44.7	96.4
Egypt	102	79	77.5	70	68.6	88.6

The percentage of responses for each symptom considered by the the Egyptian respondents to be " Very Useful ", " Useful ", or " Useless " in the diagnosis of schizophrenia are outlined in table II. This table also shows the rank order of importance calculated as in the British study (Willis and Bannister, 1965) by weighing the responses : two grades for " Very Useful ", one grade for " Useful " and zero for " Useless ". For comparative purposes, the corresponding British figures and American figures are also reproduced. Table III shows the ten top ranking symptoms for U.S.A., Great Britain and Egypt respectively.

TABLE II

Symptom importance in the diagnosis of schizophrenia. American, British and Egyptian results.

Symptom	Very useful			Useful			Useless		Rank order of importance			
	U.S.A.	G.B.	Egypt	U.S.A.	G.B.	Egypt	U.S.A.	G.B.	Egypt	U.S.A.	G.B.	Egypt
Apathy	26.9	9.7	51.4	57.5	72.8	45.9	15.7	17.5	2.8	16	23	8
Anxiety	15.7	1.5	4.3	53.4	38.5	44.3	31.0	60.0	51.4	26	31	29
Automatic obedience	22.0	25.6	37.1	50.8	60.5	55.7	27.2	13.9	7.1	20	14	18
Coldness	17.9	10.3	18.6	50.4	67.7	50.0	31.7	22.0	31.4	23	24	26
Delusions	71.6	31.3	51.4	24.6	63.7	42.8	3.7	5.6	5.7	2	8	10
Delusional mood.	40.3	19.5	41.4	41.0	54.9	48.6	18.7	25.6	10.0	12	18	15
Depersonalisation	54.9	4.6	22.9	36.6	60.5	57.0	8.6	43.9	20.0	8	26	24
Depression	5.6	1.5	00.0	53.4	39.5	37.1	41.0	59.0	62.9	31	29	30
Elation	7.1	1.5	1.4	51.1	41.0	17.1	41.8	57.5	81.4	30	30	31
Excitement	13.1	3.1	14.3	59.7	62.0	51.4	27.2	34.9	34.2	25	28	27
Hallucinations	68.7	25.6	50.0	26.9	69.3	47.1	4.5	5.1	2.8	5	12	9
Ideas of reference	62.3	28.7	44.3	32.8	64.5	51.4	4.9	6.7	4.3	6	10	13
Impulsive behaviour	19.4	11.3	37.1	47.4	70.8	44.3	33.2	17.9	18.6	23	22	20
Incoherence	44.8	18.5	64.3	38.4	65.6	32.8	16.8	15.9	2.8	11	16	5
Incongruity of affect	73.5	63.6	82.9	17.9	34.9	15.7	8.6	1.5	1.4	4	2	1
Lack of rapport	28.0	24.6	45.7	50.4	62.1	48.6	21.6	13.3	5.7	17	13	12

TABLE II : (Cont.)

Symptom	Very useful			Useful			Useless		Rank order of importance			
	U.S.A.	G.B.	Egypt	U.S.A.	G.B.	Egypt	U.S.A.	G.B.	Egypt	U.S.A.	G.B.	Egypt
Lack of volition	18.3	16.9	44.3	56.3	65.6	54.3	25.4	17.5	1.4	21	19	11
Mannerisms	41.8	26.7	37.1	47.8	68.2	55.7	10.5	5.1	7.1	9	11	18
Neologisms	60.0	48.7	57.0	31.3	48.7	41.4	8.6	2.6	1.4	7	3	7
Paranoid delusions	70.2	36.4	42.8	25.0	59.4	50.0	4.9	4.6	7.1	3	6	14
Passivity feelings	13.4	45.6	61.4	48.1	47.7	35.7	38.4	6.7	2.8	29	5	6
Perplexity	14.6	16.4	27.1	57.5	64.1	48.6	28.0	19.5	24.3	22	20	23
Poverty of thought	23.9	17.4	41.4	58.2	61.5	47.1	17.9	21.1	11.4	18	17	16
Pressure of thought	13.8	5.6	27.1	57.1	50.8	55.7	29.1	43.6	17.1	26	27	22
Stereotypy	36.6	36.9	38.6	48.5	57.5	52.9	14.9	5.6	8.6	12	7	17
Suspiciousness	25.8	11.3	22.8	61.9	76.4	51.4	12.3	12.3	25.7	14	21	25
Stupor	24.6	8.7	11.4	48.5	66.7	50.0	26.9	24.6	38.6	19	25	28
Thought disorder (formal)	81.0	70.3	81.4	11.2	28.2	17.1	7.8	1.5	1.4	1	1	2
Thought block	44.4	45.2	70.0	41.4	49.2	27.1	14.2	5.6	2.8	10	4	3
Thought withdrawal	31.3	33.3	65.7	50.8	51.3	32.8	17.9	15.4	1.4	14	9	4
Talking past the point	12.7	20.5	34.3	56.3	63.6	50.0	31.0	15.9	15.7	28	15	21

TABLE III

The 'top ten' symptoms in the U.S.A. G.B. and Egypt.

Rank order of importance	U.S.A.	G.B.	Egypt
1	Thought disorder (formal)	Thought disorder (formal)	Incongruity of affect
2	Delusions	Incongruity of affect	Thought disorder (formal)
3	Paranoid delusions	Neologisms	Thought block
4	Incongruity of affect	Thought block	Thought withdrawal
5	Hallucinations	Passivity feelings	Incoherence
6	Ideas of reference	Paranoid delusions	Passivity feelings
7	Neologisms	Stereotypy	Neologisms
8	Depersonalisation	Delusions	Apathy
9	Mannerisms	Thought Withdrawal	Hallucination
10	Thought block	Ideas of reference	Delusions

Rank correlation co-efficients between Egypt and Britain and Egypt and the United States were 0. 829 and 0. 625 respectively. For each symptom listed a chi - square test was carried out to see if there were any significant differences between the responses for Egypt and Britain and for Egypt and the United States that fall into the three categories of importance (Table IV). The results revealed that the number of symptoms showing significant differences between Egypt and Britain, were less than those between Egypt and the United States (19 and 24 respectively).

TABLE IV :

Results of the chi-square test (x2).

Symptom	Egypt & G.B.	Egypt & U.S.A.
Apathy	57.1***	18.9***
Anxiety	2.7	13.0**
Automatic obedience	3.9	15.0***
Coldness	7.3*	00.0
Delusions	9.4**	10.3**
Delusional mood	16.1***	3.3
Depersonalization	22.0***	24.2***
Depression	1.3	12.6**
Elation	13.0**	34.9***
Excitement	11.9**	1.7
Hallucinations	14.1***	8.1*
Ideas of reference	5.7	8.2*
Impulsive behaviour	24.5***	11.5**
Incoherence	51.9***	12.5**
Incongruity of affect	9.1*	4.7
Lack of rapport	12.2**	13.1**
Lack of volition	26.7***	31.4***
Mannerisms	3.5	1.7
Neologisms	1.6	5.7
Paranoid delusions	1.9	17.6***
Passivity feelings	5.4	77.9***
Perplexity	5.6	6.3*
Poverty of thought	17.1***	8.8*
Pressure of thought	31.1***	8.8*
Stereotypy	0.9	1.8
Suspiciousness	15.3***	7.7*
Stupor	6.4*	7.0*
Thought disorder (formal)	0.5	12.7***
Thought block	27.5***	31.4***
Thought withdrawal	25.3***	29.9***
Talking past the point	5.7	20.2***

* **Difference significant at 0.05 level** ($x^2 = 5.99$)

** **Difference significant at 0.01 level** ($x^2 = 9.21$)

*** **Difference significant at 0.001 level** ($x^2 = 13.82$)

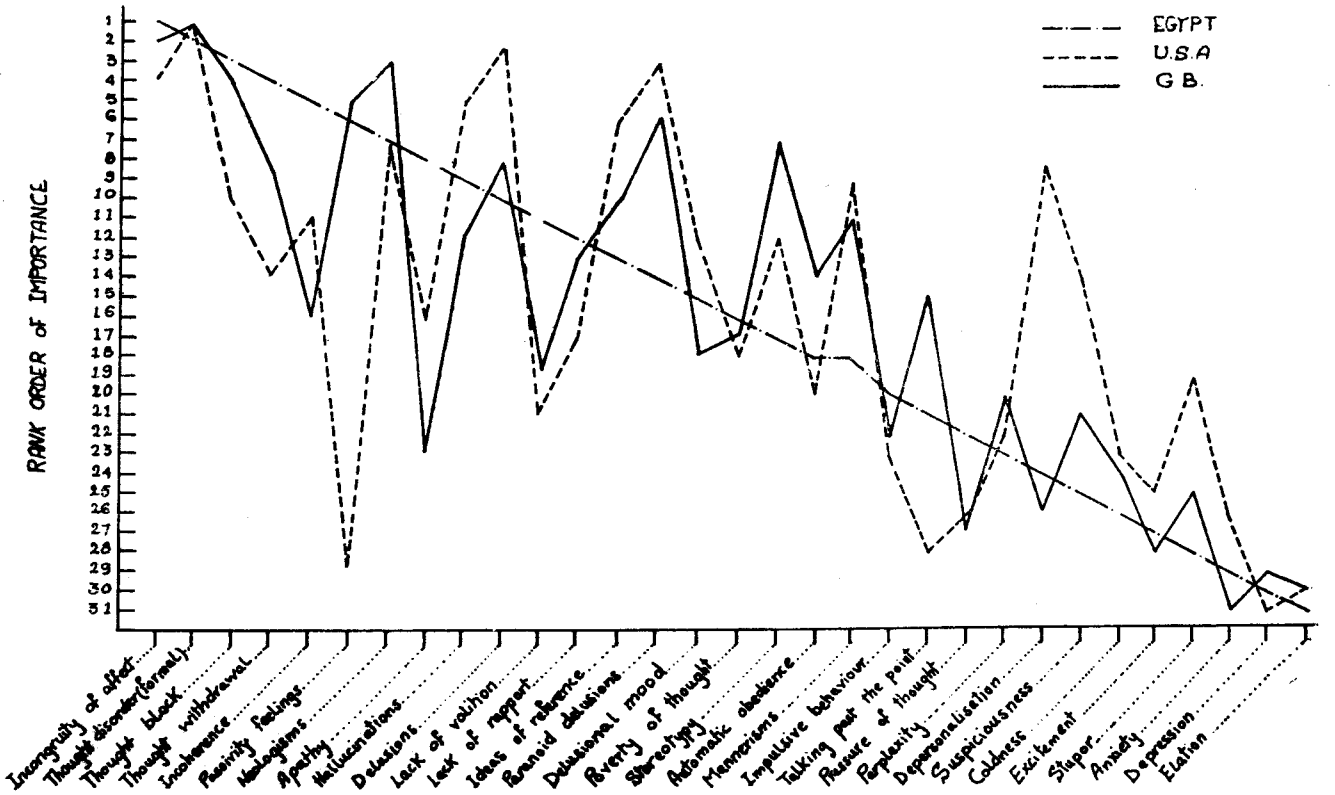

Fig 1. — RANK ORDER OF IMPORTANCE : EGYPT, G.B. & U.S.A
(Symptoms are arranged according to their ranks in the Egyptian results.)

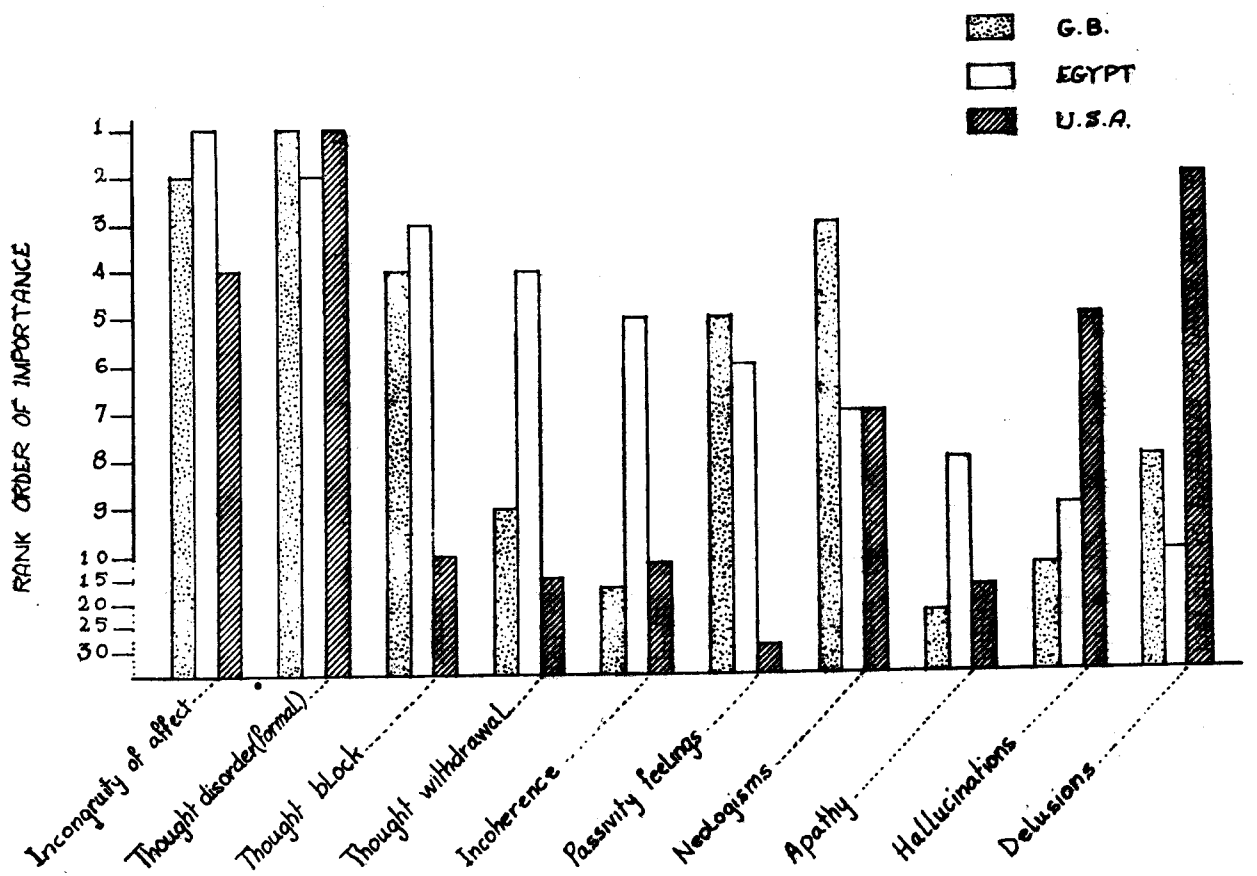

FIG 2. – THE TOP TEN SYMPTOMS IN EGYPT & THEIR CORRESPONDING RANKS IN G.B. & U.S.A.

Figure I illustrates the differences in rank order of importance for each symptom among the three countries. In this figure the symptoms are arranged according to their ranks in the Egyptian results. The figure demonstrates that ranks of symptoms in the Egyptian results are relatively nearer to the ranks in the British results than to the ranks in the American results. In Figure II the " top ten " symptoms in Egypt are plotted against those in Britain and the United States. Is also demonstrates that the differences between Egypt and Britain are relatively less than the differences between Egypt and the United States.

DISCUSSION

We are going to start by discussing the symptoms ranking highest in the Egyptian study. Each main symptom is then associated with the most related symptoms regardless of their ranks.

A — Incongruity of affect and related symptoms :

Incongruity of affect ranked first in the Egyptian study, second in the British study and fourth in the American one, perhaps this is because it is the easiest expressed behaviour declaring the essential basic split in the schizophrenic syndrome. Bleuler (1911) stressed that splitting of psychic functions is present in every schizophrenic patient in a more or less clear - cut manner.

When we come to **apathy,** we find that most authors (e.g. Bleuler, Lehmann and Kolb) when stressing incongruity of affect associated it with emotional blunting, apathy, indifference or impoverishment of affect. This will lead a naive observer to expect that they come in adjacent rank orders. But apathy ranked eighth in Egypt, sixteenth in the United States and twenty-third in Britain. This discrepancy has two striking aspects. The first one is the marked difference between the two ranks of incongruity of affect and apathy in each hierarchy. The second is the marked difference among the three countries in ranking apathy.

The first point would be explained by the fact that : while both phenomena constitute one of the important ways in which the personality is disorganized or split (Kolb, 1968), yet, they present differently. Thus, while incongruity of affect is overtly presented to any naive

observer, apathy is difficult to detect and depends partly on the ability of the observer to empathize. Rakhawy et al. (1977) state that among the difficulties of assessment of apathy was the lack of a practical definition of normal emotional reaction and the assumption that modern life forces a certain degree of apathy as a defence in order to tolerate conflicting and ambiguous stimuli.

As regards the differences among the three countries in ranking apathy, we agree with Lehmann (1967) that what is normal emotional expression in an Anglo-Saxon culture may suggest a schizoid reduction of emotional response in a Mediterranean culture.

B — Thought Disorder (Formal) and related symptoms :

As any one keeping with classical teaching might expect, formal thought disorder ranked high in the three countries. It ranked second in Egypt and first in both Britain and the United States. However, this has occurred despite difficulties in precise definition of this phenomenon. Kreitman et al. (as cited in Bemporad and Finsker 1974) found that thought disorder is one of the symptoms least likely to be agreed upon by clinicians. Now, how comes that such phenomenon ranked that high in the three studies. First, formal thought disorder is a synonym term for schizophrenia as much as affective disorder is a synonym of manic-depressive illness. Its use as a term should be different from its use as a clinical symptom. The response to the questionnaire might have mixed both uses. Second, psychiatrists may have emphasized thought disorder as a basic psychological disturbance rather than as an assessable symptom.

Looking at the Egyptian and British hierarchies, we can notice that formal thought disorder and incongruity of affect are the highest rank symptoms in both studies, both declaring the basic split. These two leading diagnostic symptoms seem to stem from various grades of splitting of psychic functions and fragmentation in schizophrenia as levelled by Shaheen and Rakhawy (1977).

Thought block ranked third in Egypt, fourth in Britain and tenth in the United States. This may suggest that both Egyptian and British respondents considered thought block as part of the formal thought disorder. This suggestion goes with what Fish (1962) has

mentioned. However, American psychiatrists may have considered it as a disorder of stream of thought rather than a disorder of form resulting into a lower rank order.

Incoherence ranked fifth, eleventh and sixteenth in Egypt, United States and Britain respectively. The highest rank among the three studies was in the Egyptian hierarchy that may denote a clear orientation of the relation between incoherence and formal thought disorder. We could not find a direct explanation of the low ranking of such an important symptom in the other two studies particularly the British one. However, it might be relevant that English psychiatrists tend to diagnose manic illness much more frequently than American psychiatrists (Krammer, 1969; Lehmann, 1971). This would implicitly refer to the possibility that English psychiatrists not infrequently take incoherence as a modified form of flight of ideas.

Neologisms ranked seventh in Egypt, third in Britain and seventh in the U.S.A. Edwards (1972) explained why in Britain neologisms ranked so closely to thought disorder by mentioning that " it is more customary to regard them as a manifestation of formal thought disorder ". He also mentioned that their ranking seventh in the United States suggested that " a different concept of the phenomenon might be held ". We may add that their ranking seventh in Egypt has a different explanation. First, the symptoms that displaced it down to rank seventh were all either related to formal thought disorder or highly significant in the diagnosis of schizophrenia, and even if they are equally important they are known to be commoner. Second, hysterical symptoms are perhaps among the commonest neurotic manifestations in Egypt (Okasha, 1967) and neologism is a common symptom in certain forms of hysterical dissociations particularly occurring in religious pseudomystic ceremonies.

It is evident that the rank of **poverty of thought** in the three studies lies midway, hence its value as a diagnostic symptom looks not considerable. However, the discrepancy between the high ranking of related phenomena and the low ranking of poverty of thought is apt to stimulate reevalution of the latter symptom as a clinically detectable symptom inspite of its possible high value in the psychostructural orientation.

C — Passivity feelings and related symptoms :

Passivity feelings ranked sixth, fifth and twenty ninth in Egypt, Britain and the USA respectively. Such high rank in the British and Egyptian hierarchies as well as the relatively high correlation between both hierarchies goes with the highly significant value in the diagnosis of schizophrenia. Its low rank is unexplainable in the American results.

Thought Withdrawal and passivity feelings are considered by the phenomenologists as varieties of passivity experiences and are explainable by the same mechanism, viz; impaired ego boundaries (Mellor, 1972; Slater and Roth, 1972; Hamilton, 1974). Also, clinically both are considered by Schneider as first rank symptoms. They ranked closely in the Egyptian hierarchy, relatively near in the British hierarchy, and still widely apart and lower down in the American one. This might suggest that the phenomenological approach influences the three cultures in the same order.

The relation between **lack of volition** and passivity phenomena has been emphasized by Slater and Roth (1972) relating both to disturbance of the self. But on analysing the rank differences between passivity feeling and lack of volition we find it 5,8 and 14 in Egypt, USA and Britain respectively. The Egyptian response still proves to be relatively consistent with the foregoing theoretical assumption.

D — Hallucinations, Delusions and related symptoms :

Hallucinations and delusions are present near to each other in the three studies, especially in the Egyptian hierarchy where delusions ranked immediately after hallucinations. The reason for that may be the psychopathological (Ey **et al,** 1967) and clinical (Hamilton, 1974) relation between these two phenomena.

In the USA, delusions ranked second and hallucinations ranked fifth. Edwards (1972) stated that while working in the USA, one gets the impression that delusions and hallucinations are more likely than in Britain to be regarded as schizophrenic in origin.

Both the Egyptian and British respondents were not enthusiastic in considering delusions and hallucinations as pathognomonic of schizophrenia to the same extent as American respondents did. Lehmann (1967) said : " ... the presence of delusions and hallucinations confirms the diagnosis only of psychosis, not of schizophrenia ".

For the Egyptian psychiatrists another factor is to be added. The Egyptian Diagnostic Manual (DMP - I, 1975) emphasizes this tendency. In this Manual, it is stated that delusions and hallucinations are not necessarily present in schizophrenia.

Ideas of reference, Paranoid delusions and Delusional mood ranked successively and near to the delusions in the Egyptian study. So, we can infer that their importance in diagnosing schizophrenia was related to that of delusions. But this inference could not be held in Britain or USA.

E — Other Symptoms :

Other symptoms are not discussed here because they generally carry less weight in diagnosing schizophrenia and they ranked low in the three studies. We would only point out that depersonalization ranked twenty fourth in Egypt and twenty sixth in Britain while it ranked eighth in the USA. Dixon (1963) mentioned " Depersonalization has been frequently reported in connection with incipient schizophrenia that some diagnosticians had regarded it as a pathognomonic sign of schizophrenia ". This comment and the great tendency to diagnose schizophrenia may explain the relatively high rank of depersonalization in the USA.

On the whole, we can notice that the Egyptian hierarchy of symptoms looks the most internally consistent. It is also the most relevant with classical teaching and textbook knowledge. We cannot conclude naively that this is a positive point in favour of Egyptian psychiatric practice. We realize that the size of the Egyptian sample is relatively small and this permits a better degree of harmony. Most respondents were relatively gathered geographically, mainly in Cairo and Alexandria which facilitates a considerable interaction and hence a relatively common language. Psychiatric knowledge and experience in Egypt stem predominantly from few common sources. These limited but common sources are likely to enhance consistency. The publication of the Egyptian Diagnostic Manual (DMP - I) may have also added to this consistency. However, we cannot exclude the possibility that a certain number of responses may have been relatively textbook answers rather than derived from experience.

We can also notice that the differences between the Egyptian hierarchy and the British hierarchy are less than those between the Egyptian and the American ones. This observation might be explained by the fact that the most common and popular textbooks of psychiatry in Egypt are British. Moreover, foreign higher qualifications and training of Egyptian psychiatrists is still predominantly British.

CONCLUSIONS

1 — The more the symptom is diagnostic of schizophrenia the more cross-national differences are met with and vice versa.

2 — The possible causes of cross-national differences may be due to different conceptual orientation, difficulty in assessment and cultural differences.

3 — The Egyptian hierarchy of symptoms showed a definite degree of consistency among Egyptian psychiatrists. This conclusion could be both favourable and unfavourable according to its actual underlying causation.

4 — The differences between the Egyptian hierarchy and the British hierarchy are less than those between the Egyptian and the American ones.

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الموجـــــز

الأهمية النسبية للأعراض فى تشخيص الفصام
دراســـة مقارنة بين مصر وبريطانيا وامريكا

عرض ادواردز (١٩٧٢) نتائج مقارنة بريطانية ـــ أمريكية قائمة على دراستين حول تشخيص الفصام . وقد استخدم فى مصر نفس الاستبيان المستخدم فى هاتين الدراستين . وقد كان الهدف هو دراسة الفروق البيئية فى مدى اهمية العرض فى تشخيص الفصام بين البيئات الثلاث . ويقدم هذا البحث نتائج تطبيق الاستبيان على سبعين طبيبا نفسيا مصريا ، كما يقارن هذه النتائج بالنتائج البريطانية والأمريكية ، وقد نوقشت الاختلافات الهامة مع عرض الأسباب المحتملة لوجودها .

ABSTRAIT

L'importance Relative des Symptômes dans le Diagnostic de la Schizophrénie; : une Comparaison Anglo - Américo - Egyptienne.

Edwards (1972) a rapporté les résultats d' une comparaison Anglo-Americaine basée sur les résultats de deux études ou l'on a employé un questionnaire sur le diagnostic de la schizophrénie

Le même questionnaire a été répété en Egypte. Le but de cette recherche fut d'étudier les différences entre les nations (Americaine, Anglaise et Egyptienne) concernant l'importance relative des symptômes dans le diagnostic de la schizophrénie. Les résultats de soixante-dix formes du questionnaire convenables pour l'analyse ont été rapportés. Une comparaison entre nos résultats et les résultats correspondants Americains et Anglais été faite. Les différences importantes ont été discutées aussi bien que les spéculations suggérées pour être leurs causes possibles.