A Delusional Scale

By G. A. FOULDS and K. HOPE

Introduction

A psychotic v. neurotic scale has been presented in the manual of the Symptom-Sign Inventory (Foulds and Hope, 1968). This scale was constructed after comparing each of four female neurotic groups with each of four female psychotic groups and each of four male neurotic groups with each of four male psychotic groups. For an item to be included in the scale 14 of the 16 comparisons within each sex had to show differences significant at least at the 5 per cent. level. On 18 items the psychotic groups had frequencies in excess of the neurotic; on only one item was it the other way round. The scale score is the sum of these 18 items minus the one.

The great majority of the 18 items so derived were fairly certainly, and the remainder possibly, delusional items. Lucas, Sainsbury and Collins (1962) found that of 405 schizophrenics examined clinically 71 per cent. expressed delusional ideas, 15 per cent. were either mute or so thought-disordered that evidence could not be elicited, and only 14 per cent. had never been known to express delusions. When allowance is made for errors in diagnosis and in collection of data this study, together with the evidence from the symptom-sign inventory, suggests it might be useful to regard the presence of delusional beliefs as both necessary and the sufficient condition for the diagnosis of psychosis (Foulds, 1965). A delusional scale might be useful for correlations with gross perceptual disorder, thought-process disorder, or flattening of affect. Items for such a scale were selected purely on face-validity and to give some representation to delusions of grandeur, of persecution, of unworthiness, of influence and of passivity. Two hallucinatory items were included. Although not all delusions are hallucinations, most (and arguably all) hallucinations are delusions. In the event there

was an overlap of 13 items between this scale and the psychotic v. neurotic scale. It was therefore possible that the delusional scale could serve also as a psychotic v. neurotic scale. This was because best individual discriminators when summed are not of necessity superior to an a priori scale.

RESULTS

Table I shows the distribution of scores on the psychotic v. neurotic scale for men and women combined in the various groups as clinically diagnosed. It also indicates the percentage in each group allocated in agreement with the clinical diagnosis when the cuttingpoint is between 2 and 1 (i.e. at and above the median for the entire sample and below that median). Table II provides the same information for the delusional scale, as the median was again 2. It is clear that the two scales give substantially similar results.

Table III shows the percentage distributions at various score levels and the approximate ratio of neurotics to psychotics at these levels. Again the results from the two scales are very similar.

SUMMARY AND CONCLUSIONS

An a priori delusional scale differentiated between psychotics and neurotics as efficiently as a psychotic v. neurotic scale empirically derived for this purpose. Some support is lent to the notion that the presence of delusions is the necessary and sufficient condition for the diagnosis of psychosis. This would at least tend to obviate much of the neurotic/reactive—psychotic/endogenous confusion in depression which, it has been claimed (Kreitman et al., 1961), accounts for much of the unreliability of psychiatric diagnosis.

TABLE I

Distribution of Scores on the Psychotic v. Neurotic Scale
Four Neurotic and Four Psychotic Groups (as Clinically Diagnosed) are included (Men and Women Combined), viz. A = anxiety state; Dn = neurotic depression; H = hysteria; O = obsessional; Sn = non-paranoid schizophrenia; Sp = paranoid schizophrenia; M = mania; Dp = psychotic depression; N = neurotic; P = psychotic. Medians italicized.

At the Bottom is the Percentage in each Group Allocated in Agreement with Clinical Diagnosis.

	A			О	Sn	Sp	М	Dp	All	
		Dn	Н						N	P
Score n	108	93	70	23	82	70	20	96	294	268
18										
17					I					I
16										
15										
14 ·										
13			I		I				I	1
12					I	I				2
II					2	2	I	2		7
10		1				4	I	I	I	6
9 8	I	I			3	3		I	2	7
8					3	4 6	2	I		10
7 6	I	2	2		3 5 5	6	2	11	5 8	24
6	I	4	2	1	5	7	2	6	8	20
5	2	I	7		7	8	I	8	10	24
4 3	5 6	2	8		13	8	3	9	15	<i>33</i>
3 .	6	4 16	4 8	I	14	8	2	7	15	31
2	12		8	5 6	3 6	9	3	18	4 I	33
I	22	16	4	6			I	10	41 48	21
0	29	36	4 28	9	16	4 6	2	21	102	45
— I	29	10	6	I	2			1	46 67	3
% agreement	74	67	54	70	71	86	85	67	67	74

TABLE II Distribution of Scores on the Delusional Scale (as in Table I)

	Α	Dn	Н	o	Sn	Sp	M	Dp	All	
Score									N	P
18										
17					I					I
16										
15										
14			_						_	_
13			I		I				I	I
12					I	I		_		2
II					I	2		2		5
10		_			I	2	_	_	_	3
9 8	_	1			2	I	I	I	1	5
8	2	1	T		3	5 .	I	8	3	10 20
7 6		2	1		4 6	7 6	1	0	3	20
	•	2 2		1	-	-	1	7	2 10	16
5	3 2	2	4	•	4	5 12	3 2	4	10	
4	3	10	/		9	10	7	9	20	32 39
3	3 17	13 10	8	3	<i>I 4</i>	10	-	14	38	45
2	24	18	16	3 I I	13	6	<i>5</i> 3	17 19	69	35
0	57		29	8	15	3	3 2	14	137	34
% agreement	75	43 66	64	83	73	8 ₇	75	66	70	74

TABLE III

Approximate Ratio of Percentage of Neurotics to Percentage of Psychotics
at Different Score Levels on the Two Scales

	Psychotic	v. neurotic		Delusional					
Score	N	P	Ratio	Score	N	P	Ratio		
	%	%			%	%			
7+	3	22	1:7	6+	3	25	8: 1		
6/3	1 6	40	1 :2 ½	5/3	14	32	1:2		
2	14	12	1:1	2	13	17	1:1		
1/o	51	25	2:1	I	23	13	2:1		
— I	16	I	16:1	0	47	13	4:1		

REFERENCES

- FOULDS, G. A. (1965). Personality and Personal Illness. London: Tavistock Publications.
- —— and HOPE, K. (1968). Manual of the Symptom-Sign Inventory. London: University of London Press.
- Kreitman, N., Sainsbury, P., Morrissey, J., Towers, J. and Scrivener, J. (1961). "The reliability of psychiatric diagnosis: an analysis". J. ment. Sci., 107, 887.
- Lucas, C. J., Sainsbury, P., and Collins, J. G. (1962). "A social and clinical study of delusions in schizophrenia." *J. ment. Sci.*, 108, 747.

APPENDIX

S.S.I. Psychotic v. Neurotic Scale

- A4 Are there times when you feel anxious without knowing the reason? (scored negatively)
- *Cro Are you a much more important person than most people seem to think?
- *D2 Have you an important mission to carry out?
- D3 Are there people who are trying to harm you through no fault of your own?
- *D5 Have you some special power, ability or influence which is not recognized by other people?
- Do you ever see someone do or say something which most people do not take much notice of, but which you know has a special meaning?
- *DIO Can people read your thoughts and make you do things against your will by a sort of hypnotism?
- *F2 Do you ever see visions, or people, animals or things around you that other people don't seem to see?
- *F3 Do you often wonder who you really are?

- *F4 Do you ever have very strange and peculiar experiences?
- F₅ Do you think other people regard you as very odd?
- F6 Do you often feel puzzled, as if something has gone wrong either with you or with the world, without knowing just what it is?
- *F7 Do you ever hear voices without knowing where they come from?
- *F9 Do you have very strange and peculiar thoughts at times?
- *F10 Is there something unusual about your body—like one side being different from the other and meaning something different?
- H1 Are you worried about having said things that have injured others?
- *H4 Are you a condemned person because of your sins?
- *H6 Because of things you have done wrong, are people talking about you and criticizing you?
- *H8 Do you cause harm to people because of what you are?

The Delusional Scale consists of the following plus those marked with an asterisk in the Psychotic v. Neurotic Scale:

- D4 Is someone trying to poison you or make you ill in some way?
- D6 Is someone, other than yourself, deliberately causing most of your troubles?
- D7 Are people plotting against you through no fault of your own?
- H2 Are you an unworthy person in your own eyes?
- H3 Have you some bodily condition which you find disgusting?
- G. A. Foulds, M.A., Ph.D., Medical Research Council Unit for Research on the Epidemiology of Psychiatric Illness, Edinburgh University Department of Psychiatry, Royal Edinburgh Hospital, Morningside Park, Edinburgh 10.
- K. Hope, M.A., Ph.D., Research Fellow, Nuffield College, Oxford

(Received 13th October, 1967)