Scales for Rating Psychotic and Psychotic-like Experiences as Continua

by Loren J. Chapman and Jean P. Chapman

Abstract

Although psychotic symptoms are usually viewed as dichotomous events, both patients and nonpatients often report isolated psychotic experiences as well as psychotic-like experiences, the latter being attenuated versions of psychotic experiences. College students, previously identified as probably at high risk for psychosis, were interviewed using a modified Schedule for Affective Disorders and Schizophrenia—Lifetime Version (SADS-L). Eighty types of deviant experiences reported in the interviews fell into six categories: transmission of one’s own thoughts, passivity experiences, thought withdrawal, voice and other auditory experiences, aberrant beliefs, and visual experiences. The 80 types of experience were rated on deviancy by six expert judges (coefficient alpha of raters = .94). The median ratings of the six judges were used to construct a manual. Two pairs of raters used the manual to rate excerpts of interviews and obtained reliabilities of .78 and .81. This manual should be useful in evaluation of psychotic-like experiences, especially in studies of individuals believed to be at high risk for future development of clinical psychosis.

It is customary to view psychotic symptoms as dichotomous events; a patient is said either to have a psychotic symptom or not to have it. Yet, one encounters both patients and nonpatients with experiences which might be seen as attenuated versions of psychotic experiences. For example, instead of having the full-fledged psychotic experience of thought broadcasting—that is, the experience of thoughts leaving his head—a patient may merely suspect that other people hear his thoughts, or may believe that other people read his mind. Instead of hearing hallucinatory outer voices that recite a running commentary on his behavior, a patient may hear an inner voice that recites a running commentary, or may hear outer hallucinatory music.

Writers who describe early schizophrenia usually mention psychotic-like experiences or behaviors that are forerunners of full-fledged schizophrenia. Bleuler (1911/1950) wrote that isolated “crazy” acts are often precursors of full-blown schizophrenia. James Chapman (1966) reported that of 40 patients whom he interviewed, 6 patients who later showed the psychotic delusion that other people were making their minds go blank through hypnotism, at an earlier stage, had reported delusional concerns of a less deviant sort concerning other people’s influence. Gilhies (1958) described at length how to diagnose early schizophrenia by psychotic-like behaviors and experiences.

A great many clinicians and researchers have reported psychotic-like traits and behaviors in non-psychotic relatives of schizophrenics. (See Heston, 1970, and Planansky, 1966, for reviews of this literature.) Kraepelin (1913/1919) believed that such deviancies are an early sign of dementia praecox which, in the case of nonpsychotic relatives, assumes an arrested form. Other prominent writers who have described schizophrenic-like traits and behavior in relatives of schizophrenics have included Kallmann (1938), Kety, and others.

Reprint requests should be addressed to Dr. Chapman, Department of Psychology, W.J. Brogden Psychology Bldg., University of Wisconsin, 1202 W. Johnson St., Madison, WI 53706.
Many writers have described schizophrenic-like deviancies in the kind of patient who is usually diagnosed borderline or schizotypal, a group of patients who are commonly viewed as being at elevated risk for schizophrenia. Prominent among these writers have been Hoch and Cattell (1959), Knight (1953), Meehl (1973), and Spitzer, Endicott, and Gibbon (1979).

These various observations of psychotic-like deviancies suggest that psychotic symptoms might profitably be viewed as lying on a continuous distribution of deviancy, rather than as dichotomously deviant or nondeviant. Strauss (1969) has argued that viewing hallucinations and delusions as points on a continuum of deviancy would improve the evaluation of patients. He found that many interviewed patients reported experiences which do not fit readily into the dichotomous categories of psychotic or normal. Strauss also reported that when schizophrenics report their psychotic symptoms may develop into less deviant versions of the same symptoms. Strauss suggested that a rating scale for such continua of deviancy would facilitate evaluation of the symptoms and give greater meaning to the concept of borderline states and latent schizophrenia. Such a scale, by providing quantitative scores for the symptoms of these conditions, should facilitate their description.

We became interested in developing such a rating scale in the context of a study of psychotic-like deviancy in college students who were hypothesized to be prone to psychosis. We identified hypothetically psychosis-prone students in mass screening, using paper-and-pencil tests of traits that are frequently reported in prepsychotics. One test (Chapman, Chapman, and Raulin 1976) was for physical anhedonia, a defect in the experience of pleasure to physical stimuli. The other test (Chapman, Chapman, and Raulin 1978) was for perceptual aberration, distortions in the perception of one's own body and of other objects. (A description of this project is given in Chapman et al. 1978.) We interviewed students who were at least two standard deviations above the mean on either of these two tests, as well as control subjects. The interview used those parts of the Schedule for Affective Disorders and Schizophrenia—Lifetime Version (SADS-L) (Spitzer and Endicott 1977) which deal with psychotic and schizotypal symptoms, together with additional followup questions to clarify the nature of the experiences. We found that many of the students, especially those who scored high on the Perceptual Aberration Scale, reported a variety of psychotic and psychotic-like experiences. The experiences varied greatly in degree of deviancy, and only a few of them were deviant enough to contribute to a diagnosis of schizophrenia by SADS Research Diagnostic Criteria. The need thus arose for a reliable and clinically meaningful rating scale to quantify the degree of deviancy of the various experiences.

To construct rating scales for psychotic and psychotic-like symptoms, we grouped types of deviant experiences under six headings or continua, and developed a set of rating values for each continuum of symptoms. The type of experience at the high end of each continuum is a SADS-L psychotic symptom, and the other types of experience on the scale have a similar theme but are, to varying degrees, less deviant. The types of experience listed under each scale vary from the full-fledged psychotic symptoms, through fairly deviant but nonschizophrenic experiences, to fairly normal experiences. The types of experiences at the extreme end of the first four of these scales correspond to unambiguous Schneiderian first-rank symptoms of schizophrenia. The experiences at the extreme end of the other two scales are not Schneiderian first-rank symptoms but are symptoms of schizophrenia according to the SADS Research Diagnostic Criteria. Each of the various types of experience listed for each scale was either reported by one of our college students or is needed for logical completeness of the variations in types of experience. Some of the types of experience which would not qualify as psychotic by SADS criteria would qualify as schizotypal. The less deviant types of experience are ones which appear to indicate a lesser degree of breakdown in the boundaries between mental processes and external reality. Types of experience are judged as less deviant because of features such as incomplete belief in the experience, or presence of some cultural support of the experience, or brevity of the experience, or facilitation of the experience by a hypnagogic or hypnopompic state, or the subject's mere concluding that the deviant event occurred rather than his directly experiencing it; or by other features which seem to bring the type of experience closer to the normal.

The types of experience were rated on an 11-point scale of degree of deviancy. A group of six expert judges was used for obtaining these ratings. Although an 11-point scale was used, our judges did not rate any of the types of experience higher than 10, and rated none of the visual experiences higher than 8. (The procedure for obtaining those ratings will be presented below.)
The manual lists examples of many of the types of experiences. These are usually chosen from the reports of our college students. The types of experience are not ordered within a scale strictly by degree of rated deviancy, but in part by the logical relationship between different types of experience.

Each symptom is rated in terms of the subject's reported experience at the time of its occurrence, instead of how he viewed it at the interview. Many of the items require the scorer to consider whether the subject believed at the time of occurrence in the validity of his experience. For example, a subject might have been concerned with the possibility that a variety of other people could hear his thoughts, but he has now decided that this could not have happened. In the present scoring scheme, if the subject believed that the event was really happening at the time of the experience, the symptom is scored as a belief.

A broader range of scores is offered for types of experience which involve God, the devil, angels, and spirits, because these experiences may receive support from the subject's religious or subcultural background. As with other items, the rater may use a value 1 point higher or lower than the listed range, depending on the deviancy of the experience. The lowest of the listed range of values is, in each case, intended for persons reared in religions which encourage the experience of direct communication or other direct interventions from God, or the devil or spirits. The highest of the listed values is intended for a person reared in a subculture which does not encourage experiences of such direct communication or intervention. For example, consider the following item:

S has heard the voice of God, the devil, an angel, or spirits as an inner voice for more than a few minutes, and believed that the experience was veridical.

The listed range of scores is 3 to 6. This means that an experience of average deviancy of this sort is scored "3" for a typical evangelical Protestant and "6" for a typical agnostic. A typical Missouri Synod Lutheran might be scored "5" and a typical high church Episcopalian might be scored "4." Deviancy should be evaluated in part on the basis of the content of the experience and degree of concordance of that content with the subject's religious background. For example, an evangelical Protestant might be encouraged by his religion to hear God's voice telling him to become a missionary, and he might receive heightened status in his religious subgroup for having had the experience. In contrast, if the same person should hear God's voice giving a recipe for banana bread, he would probably be judged deviant by most of his co-religionists. The rater should, of course, consider not only the beliefs of the denomination but also such variables as degree of involvement in the religion and whether the subject was reared in the faith or embraced it as an adult.

In order to obtain the rating values for degree of deviancy of each type of experience, the descriptions of experiences, with examples but without rating values, were given to six judges, each of whom had extensive experience dealing with psychotic patients and had been concerned with the problem of evaluating degree of deviancy of marginally psychotic symptoms. Each judge was asked to suggest a modal rating for each type of experience, and to suggest a range of values when the experience might receive some religious or subcultural support.

The resultant ratings varied more than one would like, but showed sufficient consistency to encourage the use of such a scale. The correlation between pairs of judges across the 80 items ranged from .64 to .83. (For this computation, when a judge suggested a range of values on an item, the midpoint of the range was used.) Computation of that variety of intraclass correlation which estimates the mean of the Pearsonian correlations between the various pairs of judges yielded a value of .73. Coefficient alpha was also computed for the six judges. This value of coefficient alpha is the mean of all the mathematically possible split-half reliabilities for this set of six judges when each reliability is computed by correlating the mean score of a set of three judges with the mean score of a second set of three judges. The resultant coefficient alpha value was .94. This size value indicates that stability of the consensus values resulting from the six ratings would not be expected to improve much if more judges of the same type were added.

The rating values listed in the manual are usually the median for the six values suggested by the judges. When the median fell between two whole numbers, the choice between the two numbers was determined by the magnitude of the discrepancies of those suggested values that fell above and below the median.

For one of the types of experience, the manual does not list the judges' median rating, but instead lists a rating value which we chose in the light of the data from our college students. This item is the subject's experience of hearing his own voice as an inner voice speak a comment or admonition, or speak his own thoughts...
briefly. Usually the subject describes this as his voice of conscience. For example, the subject may hear himself as an inner voice say to himself “Don’t do that.” The median rating of our six judges was a “3.” However, we found that this experience was very common among male college students, and in fact was reported by 5 of our 35 male control subjects and 1 of the 31 female control subjects. It was the only supposedly deviant experience on the entire scale that was reported this often by the control subjects. Therefore we have reduced the deviancy rating of this experience to “2.”

To evaluate interjudge reliability of these scales, two judges scored 69 interview excerpts, in which a student described a deviant experience. A range of deviant excerpts was selected because the value of the correlation would be distorted if one added in the many subjects who showed no deviancy. The judges were the senior author of this paper and a graduate student. The resultant correlation value was .78. It seemed desirable to get some additional information on reliability of ratings from an expert diagnostician from a different institution. For this purpose, Dr. William Carpenter rated 14 such interview excerpts. The correlation between these ratings and those of the senior author was .81. It would appear that the scoring system can be used with adequate reliability. We recommend, however, that when it is used, two judges score each response, and the final rating value be arrived at either by discussion or by averaging the two values.

We found that these rating scales cover most of the psychotic and psychotic-like experiences reported by our college students. The exceptional experience that is not covered can be rated in a fairly adequate manner by comparing the deviancy of the experience with that of types of experience which are covered. For example, one subject reported that she sometimes feels as if her thoughts are printed in a moving electrical display like the one in Times Square so that anyone can read her thoughts visually. She reported that she never believed this was really happening, but felt it was happening even though she knew better. We rated this experience “5,” the same value as for a suspicion or feeling that people could intrusively read her mind.

These scales are not offered as a system for diagnosing people, but rather as a system for labeling the deviancy of an experience. In this terminology, a fairly well-functioning person may have an occasional psychotic or psychotic-like experience. After scoring the experience for deviancy, the clinician who wishes to evaluate the deviancy of the subject will consider the severity of the stress, if any, which evoked the experience, as well as other aspects of the total functioning of the individual, but such considerations do not enter into the present scoring system.

Although our use of the scale has been limited to college students, the judges suggested the rating values for the various experiences without any such specification of the background of the subjects. We believe that the rating values given in this scale are suitable for most white persons from the United States and the general Western cultural tradition. We do not know if these values are suitable for blacks or for members of other minority subcultures. There are some individuals for whom the values are clearly unsuitable, such as a person reared in a home with a spiritualist religion. Such subjects should probably not be rated using this manual. If a subject is affiliated with a sect or other group that fosters unusual experiences of the type being studied, the rater should determine whether the subject had the experience before joining the group. If he did, the experience should be rated disregarding the norms of the group. An example is the subject who, after hearing auditory hallucinations, affiliated with a group which encourages the hearing of messages from spirit guides. If, however, the experience first occurred after the subject affiliated with that group, the rating should be lower, probably even lower than the lowest value of the suggested 3-point range for that experience. The rating values in the manual may not be useful in such cases.

Some of the distinctions that are made in this rating manual correspond to differences of opinion stated in the psychiatric literature concerning the definition of Schneiderian first-rank symptoms of schizophrenia. Koehler (1979) has provided a scholarly discussion of these differences of opinion among various German and English-speaking writers. Koehler pointed out, for example, that Schneider (1959) originally distinguished true hallucinations from pseudohallucinations in part by whether or not the voice was experienced as coming from external space or, instead, from within the patient’s head or mind. In some of his concrete examples, however, Schneider did not strictly follow this definition, and most German-speaking psychiatrists at the present time make the distinction on the basis of the subject’s insight into the nonveridical nature of the experience. Both Fish (1967) and Wing, Cooper, and Sartorius (1974)
recommended accepting inner voices as first-rank symptoms while Mellor (1970) and Taylor and Heiser (1971) did not. The present rating scheme takes account of both locus of the voice and degree of the subject’s belief in the validity of the experience, as well as content of the message.

Uses of These Rating Scales

These scales should be useful in research which deals with degree of deviancy of psychotic-like experience, especially in persons who do not show full-fledged psychosis.

A brief description of the role of the scales in our own longitudinal high-risk study will serve to illustrate its potential usefulness. As mentioned previously, we select hypothetically high-risk subjects using true/false tests of traits of the schizophrenia prone, and interview the subjects using a modification of Spitzer and Endicott’s (1977) SADS-L. Several other evaluations are also made of these subjects, including measures of social adjustment, social skill, thought disorder, and several personality traits. We hypothesize that of the subjects we interview, those who score high on the ratings of psychotic-like and isolated psychotic experiences are at especially high risk for the later development of psychotic disorders.

Use of the rating scales will help to establish the extent to which the various kinds of rated experiences predict later, more severe disorder.

In addition, ratings on the scales, together with other measures, may allow us to identify clusters or subgroups of high-risk subjects who may be at risk for different types of psychosis. We originally began the project for the purpose of studying high risk for schizophrenia, using a fairly broad definition of schizophrenia. DSM-III (American Psychiatric Association 1980) now sharply narrows the definition of schizophrenia and assigns many patients who would formerly have been called schizophrenic, to other categories. Full-fledged symptoms of the type rated on one or another of these scales are consistent with a DSM-III diagnosis of schizoaffective disorder, schizophreniform disorder, brief reactive psychosis, atypical psychosis, paranoid disorder, and even affective disorder. The scales should be useful for studying what kinds of psychotic-like experience, if any, are most often precursors of each of these kinds of psychosis. (Of course, if our goal had been to predict affective or schizoaffective disorder, we would have chosen some measure more specifically relevant to affective symptoms.)

These rating scales are likely to be of most use as part of the evaluation of subjects preselected for high risk for psychosis; the interview and rating scales are probably too time consuming to be used for the initial screening of high-risk subjects. Any one of several means might be used for the initial selection, including a paper-and-pencil measure of symptoms, consanguinity to a psychotic, a biochemical measure, or a measure of cognitive disorder.

In addition to helping predict future psychosis, the results of high-risk studies using these rating scales may suggest more meaningful subdivisions of psychosis than those presently in use. If two statistically distinct clusters of premorbid symptoms should both turn out to be precursors of psychosis, one would infer that these clusters of premorbid symptoms probably indicate distinct psychoses, even if the psychotic symptoms should be the same or similar. The symptoms of psychosis may represent a final common pathway for diverse disorders which may be most easily distinguished using a measure of the premorbid symptoms. For example, if psychosis should often follow both in persons who show a syndrome of psychotic-like experiences and in persons who show a syndrome of flat withdrawn behaviors without psychotic-like experience, but these two syndromes are independent, one might hypothesize that the psychotic patients have different disorders. The investigator would, of course, seek to test this hypothesis by looking for other differences between the two groups.

The rating scales and other measures of risk for psychosis can yield tentative evidence on more meaningful varieties of psychosis even before the long-term followup that is necessary to verify prediction of psychosis. The finding of different clusters of hypothetical markers of risk for psychosis would encourage investigators to suspect that risk for distinct psychoses is being tapped. It is far easier to seek clusters of symptoms that may indicate varieties of disorder using psychotic-like subjects than using clinical psychotics. Performance patterns of psychotic-like subjects are not obscured by the massive disruptions of psychosis, or by effects of treatment, and psychotic-like subjects, unlike full-blown psychotics, would not be expected to show generalized performance deficits.

If evidence accumulates that psychotic-like subjects are truly at risk for some variety of psychosis, a scale for psychotic-like symptoms might become useful for genetic studies. The investigator might include subjects who show psychotic-like symptoms in computing concordance rates for the transmission of psychosis. This practice
would be consistent with the example of Kety et al. (1968) who studied concordance of "schizophrenia spectrum disorders," a classification which includes both schizophrenia and other syndromes which are found in the same biological families as schizophrenia.

Conclusion

It is to be hoped that this manual will be useful in a variety of studies of psychotic-like and isolated psychotic experiences. The authors would appreciate learning about the views and the findings of other investigators who use this manual or who use similar rating scales.

Manual for Scoring Psychotic and Psychotic-like Experiences as Continua

Experiences are rated on an 11-point scale:

- 11 to 6 = Psychotic in decreasing order of severity
- 5 to 2 = Psychotic-like to slightly deviant
- 1 = Normal

11 An experience as deviant as that of the most deeply disturbed psychotic patient
10 Very psychotic

Experiences and symptoms are scored as occurring if they were present on any occasion in the past after the subject's 13th birthday. This is an age beyond which these experiences cannot be downgraded in deviancy on the grounds that they reflect childhood fantasy. An exception to the use of the 13th birthday as a cut-off date should be made for a childhood fantasy which the subject entertained before his 13th birthday and continued to entertain afterwards. Such fantasies should be scored as only slightly to moderately psychotic-like until after the 15th birthday. The logic is that childhood fantasies, once established as habitual, may continue into the adolescent period without indicating serious deviancy.

For many symptoms, the scorer must consider whether the subject (S) believed in the validity of the experience. If S believed that the event was really happening at the time of the experience, the symptom is treated as a belief, even if S no longer entertains the belief. Drug experiences should not be scored unless S reports having the experience while not on drugs, and the experience cannot reasonably be interpreted as a flashback drug experience. Often the interviewer will need to ask S if he had the experience before he started taking drugs.

For each type of experience a score within a 3-point range may be assigned. The manual lists the middle (and modal) score of this 3-point range. The listed value is intended to be the most frequently used, but a rater may rate 1 point higher than the listed value for unusually deviant experiences of the type described, or 1 point lower than the listed value for experiences that are less deviant than usual. A very deviant experience of a given type should receive a rating 1 point higher than this modal value, and a less deviant experience should receive a rating 1 point lower. One should judge relative deviancy by...
implausibility or bizarreness of content, by the embellishment of detail, and by the amount of time spent preoccupied with the experience. An experience that is exceptionally bizarre, or is reported with many details, or preoccupies S during much of his waking life would receive a score 1 point higher than the modal value. Conversely, an experience that is less bizarre than most in that category or is only rarely experienced should receive a score 1 point lower than the modal value. Occasionally, one characteristic of a response may call for a 1-point increase while another characteristic calls for a 1-point decrease, leaving the score for that experience at the modal value.

Examples are listed for a number of the categories of experience. When more than one example is listed, the examples are usually intended to include both a more deviant and a less deviant experience.

Extent of subcultural support for an experience must be considered in rating experiences, especially (but not exclusively) those involving God, angels, the devil, and spirits. For these experiences, a range of modal scores is listed, each modal score corresponding to differing degrees of subcultural support in the background of the S at hand. The lowest of the listed range of modal values is, in each case, intended for a person reared in a religion which encourages experiences of direct communication or intervention by God, the devil, or spirits. An example would be an evangelical Protestant or charismatic Catholic background. The highest of the modal values is intended for a person reared in a subculture which does not encourage such experiences. An example would be that of a Unitarian, Jew, or agnostic. As with other experiences, the assigned rating may be 1 point higher or lower than the modal value, depending on the deviancy of the experience. For example, the experience of hearing the devil's voice as an inner voice is assigned modal values of 3 to 6. Such an experience of hearing the devil which is more deviant than most would receive a similar range of scores from 4 to 7, and such an experience of less than average deviancy would have a range of scores from 2 to 5.

I. Transmission of One’s Own Thoughts

Modal scores

A. S has actively experienced thoughts leaving his head so that anyone in the area could hear the thoughts through his ears.

Example: S reports that occasionally he feels the thoughts flying out of his head and that other people hear them.

B. S has believed that the experience described in “A” was occurring, even though he did not actively experience the thoughts leaving his head.

C. S has actively felt thoughts leave his head so that anyone in the area could receive the thoughts directly by the mind (not through the ears).

D. S has believed that the event in “C” was occurring, even though he did not actively experience the thoughts leaving his head.

E. S has suspected1 that he has had experience “A” or “C” (or felt it was happening even though he knew better).

Example: S describes an occasion when he felt that his thoughts were flying out all over the room. He adds that he knew at the time that it couldn’t be true.

F. S had had the experience, with belief, that single individuals have heard his thoughts through their ears without S’s actively trying to achieve thought transmission. (Note: This must be a direct feeling or experience that thoughts are being transmitted rather than merely a conclusion drawn from the statements of others or from coincidence.)

Example: S believes that when she is in public, strangers whom she encounters can often hear her thoughts through their ears.

G. S has had the experience, with belief, that single individuals have read his mind against his will, and he found the experience intrusive and objectionable.

Example: S strains to keep her mind blank because people so frequently read her mind by telepathy.

Example: S complains that it is inconvenient that his mother can read his mind.

H. S has suspected on the basis of direct experience that

1“Suspected” in this item and all other such items in this manual refers to incomplete belief, or belief with an uncertainty, or to the subject’s wondering if the event occurred.
the event in "F" or "G" occurred (or felt it was happening even though he knew better).

Example: As S walks down the street, she suspects that passersby can hear her thoughts, and she resents it.

I. S has concluded that some restricted group of other people, but not just close friends, can, when they are with him, occasionally hear his thoughts or read his thoughts by telepathy or other unknown methods, without his active participation in the thought transference, or that at least one person can do so at a distance.

Example: S reports that other people whom he meets often read his mind by thought wave.

Example: S reports that about three times a month one or another person reads his thoughts at a distance by thought transmission. Most recently this was a friend who knew when he was about to telephone.

J. S has suspected that he has had experience "I" (or felt it was happening even though he knew better).

K. S has believed that he possesses an ability to transfer his thoughts to another person at will with fair consistency.

Example: S reports that he can, by thought transmission, influence what a lecturer will say.

Example: A girl reports that when she wants to leave a party with her boyfriend, she can transmit the wish to him by concentrating on it.

L. S has concluded that people who know him well can read his mind when he is physically with them.

Example: S says that on dates his girlfriend can tell what he is thinking by picking up his thought waves.

M. S has suspected that he has had experience "K" or "L" (or felt it was happening even though he knew better).

N. S has concluded or suspected that he has successful ESP experiences as a result of a conscious attempt to achieve them. This means an occasional success, or success better than chance in such attempts.

Example: S reports that he asked his roommate to guess what he was concentrating on and that the roommate guessed accurately.

II. Passivity Experiences: Made Thoughts, Feelings, Impulses, or Behavior

(Note: The coercion must be of a magical sort. Persuasion and social influence do not qualify. Subcultural background must be given special consideration in scoring many of these experiences.)

A. S reports believing that another person or force other than God, the devil, an angel, or spirits seized control of his body or mind, and used his body or mind to think ideas or to feel feelings or impulses or to act.

Example: S reports that her father-in-law, who was not present, seized control of her body, and used her body to engage in behavior.

B. S reports suspecting that the event in experience "A" was occurring (or feeling that the event was happening even though he knew better).

C. S reports that another person or force other than God, the devil, an angel, or spirit gave him feelings or thoughts that were not his own or forced him to act or move.

Example: S relates that a psychic force has pushed him down in bed.

D. S reports suspecting that the event in experience "C" was happening (or feeling the event was happening even though he knew better).

E. S reports having thoughts or feelings or behavior given him by a person or force other than God, the devil, angels, or spirits, but he acknowledges the feelings as his own.

Example: S reports that many of his feelings are inserted by other people who do so in order to test him concerning those feelings.

F. S reports suspecting that the event in experience "E" was happening (or feeling the event was happening even though he knew better).

G. S reports that the devil or a spirit seized control of his body or mind and used his body or mind to think ideas or feel feelings or impulses or to act.

Example: S reports that an evil spirit seized control of her body to curse her boyfriend. S states that she, herself, did not curse, but that the spirit did so.

H. S reports suspecting
that the event in "G" occurred.

I. S reports believing that the devil gave him thoughts or feelings or forced him to act.

Example: S says that he experiences impulses to hurt other people, but the impulses seem not to be his. Since he does not have such impulses himself, he concludes that Satan gave them to him.

J. S reports suspecting that the event in experience "I" occurred (or feeling that it was occurring even though he knew better).

K. S reports believing that God or His angel gave him thoughts or feelings or forced him to act.

1. The thought, feeling, or act is a socially acceptable one.

Example: S states that God controls her behavior and keeps her from making mistakes, such as making unwise purchases.

2. The thought, feeling, or act is a socially unacceptable one.

Example: S states that God made him walk down the street naked.

L. S reports suspecting that the event in experience "K" was occurring (or feeling that it occurred even though he knew better).

M. S reports believing that he has thoughts, feelings, impulses, or behavior which are not his own and he does not attribute them to hidden or subconscious parts of himself, but he has no explanation for their origin.

Example: S reports that he sometimes thinks of rape. Such thoughts cannot possibly be his and he is puzzled about their origin. He rejects the suggestion that they might reflect his subconscious self and expresses uncertainty about whether another person might be giving him the thoughts without his knowledge.

N. S reports believing that he has thoughts or feelings or impulses or behavior which seem not to be his own, but he concludes that the experience must be attributable to:

1. Subconscious aspects of himself.

Example: S wonders where his violent thoughts, which seem unlike him, come from. He attributes them to a part of himself of which he is not aware.

2. The social influences of others or of the communication media.

Example: S experiences sexual feelings that he is sure are not his. He attributes the experience to the influence of his roommate, who talks about sex.

III. Voice Experiences and Other Auditory Hallucinations

(Do not score single words, such as hearing one's name called, and do not score hypnogogic and hypnopompic experiences except where specified.)

A. S has heard a hallucinatory outer voice that recites a running commentary on his behavior (a blow-by-blow commentary on a sequence of behavior as it occurs) or hears two or more outer voices discussing something.

1. S believed for more than a few minutes that this voice was produced by others.

2. S suspected for more than a few minutes that the voice was produced by others (or felt this even though he knew better).

3. S has always attributed the origin to himself.

B. S has heard hallucinatory outer voices other than God, devil, angels, and spirits that speak intelligible phrases or sentences other than above.

1. S believed for more than a few minutes that this voice was produced by others.

Example: S reports that last summer she often heard the voice of a man she had once worked for, and for a while believed he really was speaking to her.

2. S suspected for more than a few minutes that the voice was produced by others (or felt this even though he knew better).

3. S has always attributed the origin to himself.

Example: S heard an outer voice of a friend at frequent intervals over a 3-month period, but reports always being aware that the experience must be her own imagination.

C. S has heard hallucinatory outer voices of God, the devil, angels, or spirits that speak intelligible phrases or sentences.

1. S believed for more than a few minutes that the
voice was produced by others.

Example: S regularly hears “spirit guides” speaking outside the head, giving advice and information.

2. S has suspected for more than a few minutes that the voice was produced by others (or felt this even though he knew better).

Example: S heard outer voices that he thinks may be the devil or may instead be his own imagination.

3. S has always attributed the origin to himself.

Example: S hears an outer voice that sounds like God’s voice, but S knows it couldn’t be, and that he must himself be responsible for it.

D. S has heard hallucinatory inner voices, which sound like other people’s voices, and which consist of either a running commentary, that is, a blow-by-blow comment on a sequence of behavior as it occurs, or two or more voices discussing, and

1. A running commentary as defined above

Example: S often hears himself advise himself as an inner voice while he acts, for a half hour at a time.

2. An argument or discussion between two voices.

Example: S hears his two parents argue in his head about his conduct. Father’s voice is strict and mother’s voice is lenient. S attributes the experience to his having acquired conflicting values from his two parents.

3. Extended comments, that is, longer than 15 minutes, or comments more than six times a day.

Example: S hears her “voice of conscience,” as an inner voice, berate her for about a half hour, every couple of days.

4. Comments by a voice other than his own. The voice is an alien one although S attributes the origin to himself.

Example: S hears her boss’ voice, as an inner voice, berating her for her bad job performance, but she knows that she must be responsible for the voice.

5. A comment or admonition or a speaking of his thoughts briefly by his own voice. (Note: Most voice-of-conscience experiences belong here when the voice is internal but is experienced as having an auditory quality.)
Example: S sometimes hears himself say to himself as an inner voice “Don’t do that.”

G. S has heard a hallucinatory outer voice but only while resting, and hence the voice must be presumed hypnagogic or hypnopompic, and

1. S believed after waking that the voice was the product of someone other than himself.

Example: As S awakens, she hears the voice of a man speak to her. She interprets the voice as that of a spirit.

2. S suspected after waking that the voice was the product of someone other than himself.

H. S has often heard outer hallucinatory music or distinctive animal sounds or distinctive sounds of other inanimate objects as outer events. Exclude hums, rumbles, roars, squeals, and tones. Thus the sounds of automobile tires squealing would not qualify, but the sound of a locomotive would.

Example: S often hears music play but in checking with others learns that the music is not objectively present.

I. S has heard his name called as an outer voice three or more times in a period of an hour or less.

IV. Thought Withdrawal

A. S reports the active experience of another person or being, other than God, snatching his thoughts away.

B. S reports believing that the above occurred, although he did not actively experience the occurrence of the event.

C. S reports suspecting (or feeling even though he knew better) that the event in experience “B” occurred.

Example: S reports that his mind often goes blank. He thinks that someone else may be stealing his thoughts, but he is not certain.

D. S reports believing that God took his thoughts away.

Example: S reports that her mind often goes blank in the middle of conversations or while reading. She attributes the experience to God’s intervention.

E. S reports suspecting that God took his thoughts away.

F. S reports instantaneous and total loss of thoughts and attributes, the loss to inner events or has no explanation.

V. Other Personally Relevant Aberrant Beliefs

To be scored here, a belief must have a personal flavor, that is, be related to oneself. For example, a belief that some people can hypnotize others by a glance of the eyes would not qualify. A belief of S that he does this himself would qualify, as would a belief that someone else hypnotizes him in that manner.

(Do not rescore the beliefs previously scored unless S’s elaboration of the belief would earn him a higher score than he has already received above.)

A. S reports bizarre delusional beliefs. (Note: A bizarre belief is one which could not possibly be true and is absurd or fantastic, and which receives no direct support from the S’s religious or subcultural background.) Following Spitzer and Endicott’s Research Diagnostic Criteria, exclude from bizarre delusions “the elaboration of common implausible ideas or subcultural beliefs, such as communication with God, the devil, ghosts, or ancestors, or being under the influence of curses, spells, voodoo, or hypnosis.”

Example: S explains in detail that when he drives his automobile he projects a force field around his car which acts as an invisible barrier to ward off other cars and interfere with their handling.

B. S reports tentatively holding a bizarre delusional belief (or feeling it is true even though he knows better).

C. S reports a delusional belief which is logically consistent with the tenets of his religious or subcultural group, but the belief would be decisively rejected by most members of that group.

Example: S reports that an evil spirit visited her in an attempt to possess her.

D. S reports tentatively holding a belief of type “C” above (or feeling it is true even though he knows better).

E. S reports delusional beliefs which, while not bizarre, receive no support, either di-
rect or indirect, from the individual’s religious or subcultural background, and which represent implausible events.

Example: S reports that other people radiate an energy out of their eyes to influence him hypnotically.

Example: S reports that his friends put thoughts into his head by deliberately dropping key words in conversations. These key words are chosen to influence what he will say in future conversations.

F. S reports tentatively holding a belief described in "E" (or feeling it is true even though he knows better).

Example: S worries about whether other people could be figments of her imagination.

G. S reports having non-bizarre ideas or ideas of reference, or of mistreatment, or of being observed, and these events are not occurring in the S's life. (Note: Judgment here will sometimes be based on the evidence which the S addsuces for his belief. In most cases, the belief can be scored because S reports, himself, that he often gets these ideas and discovers later that they are incorrect.)

Example: S says that he is always getting the idea that people are saying derogatory things about him, but he finds out later that it isn’t true. (Score of 3)

Example: S says that sometimes she gets the idea that all her professors are out to flunk her.

Example: S reports that for 3 months after arriving in town, he felt that strangers on the street were staring at him. (Score of 5)

H. Delusional mood. S reports the conviction or strong suspicion that something uncanny is happening to him, but he has not formed definite delusional ideas about what is happening.

Example: S says “there seems to be some larger purpose at work” in many of his interactions with other people, but is unable to say exactly whose or what it is.

Example: S says that certain painful life experiences “seem to be arranged—these things don’t just happen,” but is unable to specify the source of the arrangements.

VI. Visual Hallucinations and Other Visual Experiences

A. S saw hallucinatory objects outside of self, other than while resting or meditating.

1. S believed the experience was veridical for more than a few minutes.

   a. The hallucinatory percepts were very brief.

   Example: S has hallucinated people in brief flashes. He attributes the experience to his psychic power.

   b. The hallucinatory percepts were longer than a moment.

   Example: S has trouble driving because, she says, she hallucinates automobiles which are not there.

   Example: S reports that for a half hour she saw hallucinatory Martians visit her in her room. Her friends could not persuade her that the experience was not valid until later in the day.

2. Same experience as “1” above, but the perception has some subcultural support.

   a. Brief

   Example: S sees a colored “aura” around people he meets. The interviewer has a blue aura, which is a “good” aura.

   b. Not brief

   Example: S often sees brief glimpses of little animals which she then realizes are not there.

3. Same experience as either “1” or “2” above, but S merely suspected that the experience was veridical (or felt it was even though he knew better) for more than a few minutes.

4. Same experience as “1” or “2”, but S believed the experience was veridical no longer than a few minutes, or he never believed it was veridical.

Example: S often catches brief glimpses of little animals which she then realizes are not there.

B. S saw either hallucinatory objects or illusions outside of self in a presumably hypnopompic or hypnogogic state (while resting or meditating) and

1. S later continued to believe the experience was veridical.

Example: S hallucinates people as she awakens and afterwards interprets them as spirits.

2. S later continued to suspect the experience was veridical.

Example: S often sees an old man in her room as she awakens. She is unsure
whether the old man is a spirit or is the product of her imagination.

3. S did not believe or suspect it was veridical later.

Example: S hallucinates people as she awakens but decides, after she is up and around, that she has hallucinated.

C. S saw illusions (misinterpretations of stimuli which are physically present) continuously for more than a few moments while not resting or meditating, and

1. S believed the experience was veridical for longer than a few minutes.

Example: S reports that once when she looked into a mirror her appearance had changed into that of her aged deceased grandmother, and that for more than an hour she believed that her appearance was truly changing.

2. S suspected the experience was veridical for longer than a few minutes.

3. S did not suspect it was veridical.

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The Authors
Loren J. Chapman, Ph.D., is Professor, and Jean P. Chapman, Ph.D., is Lecturer, Department of Psychology, University of Wisconsin, Madison, WI.

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The World Rehabilitation Fund International Exchange of Information in Rehabilitation is pleased to announce the availability of a monograph written

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