CHAPTER VIII

SUMMARY AND CONCLUSIONS

One of the most frequent forms of major psychosis is schizophrenia. It is an increasing challenge to the science of mental illness, since about 60 per cent of the population of any State Mental Hospital consists of schizophrenics. This is because the disease tends to chronicity and does not shorten life. Thought disordered schizophrenics form a sub-group of a class of schizophrenics, because thinking disorder is one of the five major symptoms on which the diagnosis of schizophrenia depends. These might be counted as: (1) Thought disorder, (2) Inadequacy or inappropriateness of affect, (3) Low volition, (4) Disturbances of motility and (5) Primary delusions.

Thought disordered schizophrenics have been selected for experimentation in the present work. The basic disorder underlying their thought disorder is investigated after accurately defining the primary features of thought of this class of patients.

One of the 4 approaches dealing with abnormality of thought of schizophrenic patients is "concrete-abstract" approach and the propounder of this theory is Kasanin, Goldstein and their followers. They argue that schizophrenics are unable to think in abstract terms. Their thinking
is essentially concrete and they cannot generalize. A surprising number of studies have been conducted to support the theory.

Another of the approaches to deal with schizophrenic thought disorder is the approach of Cameron and his followers who stress the fact that concretistic thinking is not the basic disorder underlying schizophrenic thought disorder. Rather their thinking is marked by "over-inclusiveness" in the formation of their concepts. By "over-inclusion" they mean that schizophrenics are unable to preserve the conceptual boundaries of a task and hence include in the data before them such a variety of categories that specific problem becomes too extensive and complicated for a right solution to be arrived. They also argue that schizophrenics are not essentially concrete in their thinking, neither they are unable to make generalisations. They do make generalisations but because of their tendency to "over-inclusiveness", these generalizations are very vague, bizarre and unusual.

These two approaches to tackle the problem of schizophrenic thought disorder have been put to test in the present investigation. Various tests and tasks are used along with various types of scoring.

Sample

Experimental population selected consisted of
total 125 subjects out of whom 45 were thought disordered schizophrenics selected from two State Mental Hospitals of Gujarat State - Mental Hospital, Baroda and Mental Hospital, Ahmedabad. The control group consisted of 80 normals selected from 1st & 2nd year class of Primary Teachers' Basic Training College, Baroda. None of them ever suffered from any psychiatric disability.

Each of these 125 subjects was given 11 tests and 28 measures for measuring the nature of their abnormality in concept formation, as it has long been recognised that schizophrenic thought disorder is due to an abnormality of concept formation of some sort. Out of these 11 tests and 28 measures, 4 tests and 10 measures were meant to measure the "concreteness" in thinking of thought disordered schizophrenics. While 7 tests and 18 measures were designed to measure "over-inclusiveness" in their thinking. (The over-all conclusions are given at the end of this chapter).

Besides, there has been one more test used to see whether the thought disordered schizophrenics are retarded in their psychomotor activity. 4 items from Babcock-Levy psychomotor test have been used. Test performance by the schizophrenics show that they are definitely retarded in their psychomotor activity than do normals. However, this may be due to schizophrenics' tendency to think in over-inclusive terms.
However, it has been argued that the four approaches to deal with schizophrenic thought (1) dissociation, (2) Deterioration in mental efficiency, (3) concretism, (4) over-inclusion) are inadequate in the sense that they only deal with the condition of schizophrenic thought disorder and not with the process of development of this disorder. The causal factor is not involved at all in any one of the 4 approaches discussed earlier. Hence the final part of this thesis was devoted to experiment conducted to investigate the causal relationship in the disorder of thought in schizophrenia. Kelly's personal Construct Theory and Repertory Grid Testing have come to the help in this part of the investigation.

Sample for the Second Part

For this portion of the work total 101 subjects were selected in almost the same manner as noted in the work for concreteness and over-inclusion. Out of these 101 subjects, 23 were thought disordered schizophrenics specially selected by the psychiatrists in charge of the cases in accordance with criteria laid down as per primary features of thinking of thought disordered schizophrenics and the remaining 78 were normals who formed the control group. The control group subjects were taken from the 1st and 2nd year students of the Primary Teachers' Basic Training College, Baroda.
Each of these subjects were given the full test individually on both the grids at a stretch.

Conclusions

The analysis of the data obtained from the tests in terms of measures of "concreteness" and "over-inclusion" as well as psychomotor speed warranted the following inferences:

(1) Thought disordered schizophrenics are concrete in their thinking. But not concrete in the sense that they are unable to generalize at all. They do produce generalizations but these generalizations tend to be of unusual, vague and bizarre nature.

(2) They are not unable to learn the concepts, but once having learned it, they found it very difficult to hold the correct set. They are rigid in their thinking and it is extremely difficult for them to shift from one concept to the other.

(3) In simple psychomotor tasks thought disordered schizophrenics have been found to be slower in their performance. This might be due to their tendency to over-include while forming concepts.

(4) Over-inclusion in thinking is one of the basic disorders of thought disordered schizophrenics.
while they proceed to form a concept. In other words their thinking is marked by a tendency to over include. Consequently, they consume more time in all the test performances.

The findings of the second part of the investigation can be summarized as under:

(1) Thought disordered schizophrenics are found to be having less consistency and coherence between various constructs than do normal subjects.

(2) In the measure of intensity of relationship between various constructs, it is found that the strength of such relationship in thought disordered schizophrenics is weaker than that in normals.

Suggestions for Further Work

In light of the efforts made and gains or limitations met with, following few suggestions have been thrown open to be taken up for further research work when contemplated in this area:

(1) The Repertory Grid Technique affords promising results and needs to be implemented for study with greater care and control.

(2) The variety of tests used in the present work
have yielded very thought provoking results for comparison. It will be a good piece of contribution in area of testing, if, on the basis of results available as well as results to be further obtained with retesting procedures, a battery of tests is constructed and standardized along with its measured reliability, validity and norms in order to diagnose schizophrenics.

(3) It would be a great educational service even if the same work - research in literal sense - is repeated on another sample in order to compare and verify the results, this being the first of its sort in one regional section.