

The values hierarchy of outpatients with paranoid schizophrenia

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In this paper the values hierarchy of paranoid schizophrenic outpatients is presented. The aim of this work has been an attempt to describe the values hierarchy in paranoid schizophrenia and to compare it with the normals. 70 outpatients (35 males and 35 females) aged 38-46 and 70 matched healthy controls have been examined using the Polish adaptation of "Value Survey". It was found out that there are significant differences and that the most important for the patients were safeness, social, moral, interpersonal and allocentric values; less important were personal, competence, individual and egocentric values.

Key words: paranoid schizophrenia, values hierarchy.

Introduction

The relation between the preferred value hierarchy and mental health (or the "fullness of humanity" as Maslow [21] calls it) and pathology has been described in many works [1, 7, 8, 9, 10, 16, 17, 22].

Kępiński [13, 15] used to write about the value hierarchy in paranoid schizophrenia. He saw schizophrenic patients as "chronic philosophers" who "philosophise" through their entire life; they turn around the rule that most people adhere to—"primum vivere, deinde philosophari". Every-day life issues pale into insignificance, while their worries and magnitude of experience matter most. The values hierarchy in schizophrenia is turned around. The ability to detach oneself from a real-life situation grows to be a pathological feature, that is autism (detachment from reality) which Bleuler considered to be a fundamental symptom of schizophrenia. In some other work, Kępiński [14] analyses the rebel attitude typical of schizophrenia—the unhealthy individual can not handle the social values hierarchy and contrasts to it his/her own system which assumes a form of an overvalued idea or a delusion. In other words, schizophrenics are not able to internalise existing systems of values and consequently it becomes easier for them to yield to other systems generated by themselves.

The issue of values is so important that restitution of the system of values is one of the basic elements of the assumption of the rehabilitation program already realised [31]. It has been also suggested to create flexible therapy programs suit different needs and expectations of patients [12, 29, 34].

Studies of the value hierarchy in pathology are not numerous; only studies in neurosis, psychopathy, addictions have been conducted [16, 18].

Wciórka [35, 36, 37, 38, 39] undertook a task to examine the system of evaluation of experienced disturbances among paranoid schizophrenic patients. He noticed that their positive evaluation is connected with better life adaptation, higher self-esteem, and a more active attitude towards various matters, as opposed to negative evaluation. He also described methods of evaluation that outpatients apply to different components of their life experience, and further analysed the structure of the chosen fragment of this life experience trying at the same time to point to the system of value that organises the given fragment. Wciórka arrived at the conclusion that the patients favour interpersonal values (i.e. persons or expectation realised in relations) and individual (i.e. health, personal, and materials needs) but not general values (i.e. social or spiritual). He maintains that an acute phase of the disease is followed by a phase of recreating the system of values based on pre-disease and disease-provoked values.

Objective

Wciórka [39, p. 35] claims that “the schizophrenic patients’ world of values only a slight number of empirical studies was devoted to, going beyond isolated clinical observations”. This statement and the prior arguments prove that the values hierarchy in paranoid schizophrenia has not been thoroughly analysed. Thus we have undertaken:

1. The description of the paranoid schizophrenic outpatients’ values hierarchy
2. Find out the differences of their values hierarchy as compared to healthy controls.

Material and method

In the Mental Health Outpatient Clinic in Wieluń 70 outpatients with paranoid schizophrenia were examined. The patients have been accepted on the following basis:

- a) Psychiatric diagnosis of paranoid schizophrenia (ICD-9 and DSM III-R criteria), as a result of which the patient has been hospitalised several times
- b) Psychological diagnosis both clinical and psychometrical, based on the Polish version of MMPI by Paluchowski and Jakubowski (appendix I) [23, 24, 25, 30].

In the group of the examined patients there were 35 women and 35 men. They were all treated with traditional neuroleptics; the clinical picture came out to be typical of paranoid type of schizophrenia. The patients’ ages ranged from 34 to 46 (mean 40.5). They were qualified for the psychological examination in reference to their values hi-

erarchy as soon as psychiatric and psychological diagnoses entered an agreement; the patients were in the phase of remission of positive symptoms, which allowed psychological examination. A healthy control group was chosen in a three-stage selection, that is layer, group, individual, out of whose age, sex, social and economical status criteria were matched; in addition, they could not be registered in a Mental Health Clinic.

In order to examine the values hierarchy, the Polish version of Rokeach Value Survey (RVS, VS) because of his conception developing and expanding, adapted by Brzozowski (version E-4, appendix II) was used [3, 4, 5].

The survey examines subjective values and consists of two subscales, 18 items each. One of them measures terminal values (TV), i.e. end states of existence, the other instrumental ones (IV), i.e. most general modes of behaviour [26, 27, 28].

The data obtained has been submitted to statistical analysis by means of "Statistica PL" [32].

Results

The value hierarchy was analysed using the Polish adaptation of Rokeach Value Survey; the results are presented in Table 1 and Chart 1. The persons examined were asked to put the values in order of importance and then apply a number (rank) from 1 to 18; the most important value receives 1, so the lower the number, the more important. The values hierarchy of paranoid schizophrenic outpatients in RVS (ranks)

Nr	TERMINAL VALUES	Mean	INSTRUMENTAL VALUES	Mean
1	Family Security	4.2	Honest	5.2
2	National Security	4.4	Loving	5.3
3	A World at Peace	5.3	Responsible	7.5
4	Wisdom	6.6	Polite	7.2
5	Happiness	6.8	Clean	6.5
6	True Friendship	6.3	Logical	6.7
7	Self-Respect	6.5	Helpful	6.2
8	Salvation	6.2	Ambitious	6.9
9	Inner Harmony	6.7	Forgiving	9.2
10	Freedom	9.2	Courageous	9.4
11	Mature Love	10.2	Self-Controlled	9.9
12	Equality	10.4	Independent	10.5
13	A Comfortable Life	11.6	Obedient	10.2
14	A World of Beauty	12.2	Imaginative	11.0
15	Social Recognition	12.4	Broadminded	11.3
16	A Sense of Accomplishment	13.7	Intellectual	11.2
17	Pleasure	13.7	Cheerful	11.2
18	An Exciting Life	15.0	Capable	12.6

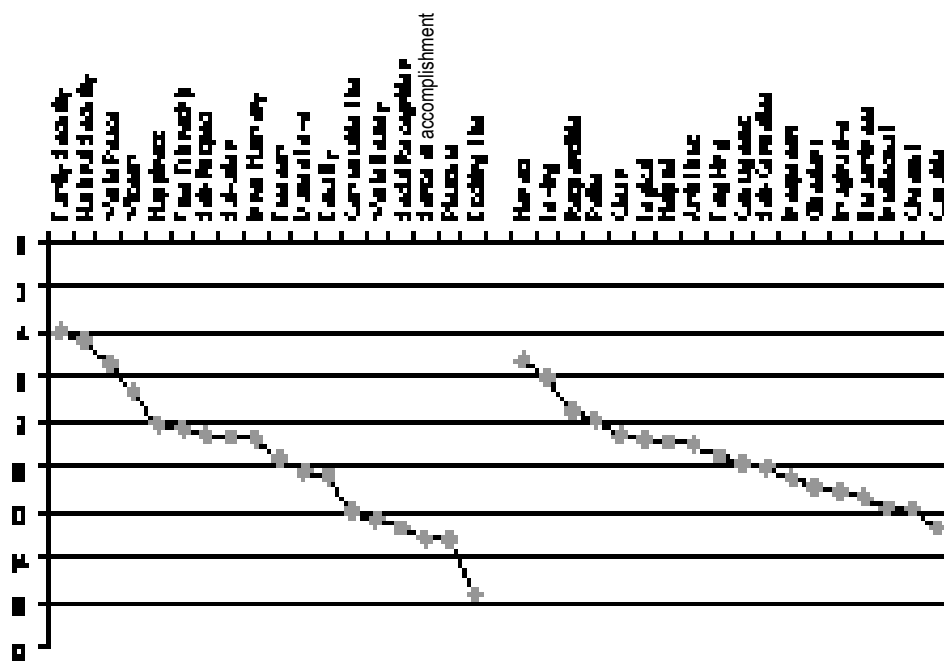


Chart 1 The values hierarchy of paranoid schizophrenic outpatients in RVS (ranks)

portant value.

The rank scale is an ordinal scale which to a large extent limits apply of statistics, so each rank was converted into a standardised “z” value according to Hayes’ formula [4]. The converted results are presented in Table 2 and Chart 2.

Out of 36 values found out 12 statistically significant differences between patients and controls. In subscales of terminal values as for paranoid schizophrenic outpatients more important are national security, equality and salvation, and less important are family security, mature love, happiness, freedom, and exciting life. In subscales of instrumental values, significantly more important are values obedient and polite, and less important-intellectual and loving.

Discussion

In table 1, we can see that the most important value (the highest position) is family security that Rokeach defines as taking care of loved ones. If we do not take into account a possible messiah delusion (“mission” to save the loved ones etc), the importance of the value may be caused by an unfulfilled need of safeness [11, 33]; the need is induced by the disease experience usually perceived as negative by the patients [39]. The patient may try to fulfil the need for safeness among the next of kin, that is family, which provides a certain sense of security; the more solid the family is, the faster the need for safeness is fulfilled. Family security also takes a high position in the values hierarchy for the controls. Yet it is significantly more important for them since family security denotes an autotelic value and is not caused by basic needs deprivation, like

Table 2

The comparison of mean (\pm SD) values hierarchy of paranoid schizophrenic outpatients and healthy controls in RVS (st. “z” scores).

TERMINI VR UCS	CONTROLS		PARAN. SCHIZ.		SIGNIF. LEVEL	
	MEAN	SD	MEAN	SD	t	p
1. Rational Society	-0.24	0.26	-0.20	0.20	0.50	ns
2. Control Society	-0.20	0.20	-0.16	0.20	-0.13	ns
3. Rational Law	-0.26	0.21	0.20	0.22	-0.67	ns
4. Rationalable Law	0.26	0.20	0.25	0.20	0.00	HS
5. Storage	-0.20	0.28	-0.10	0.28	-0.13	HS
6. Rational and Control Society	0.20	0.21	0.21	0.25	-0.00	HS
7. Self-Respect	-0.20	0.20	-0.10	0.21	-0.17	HS
8. Rational and Control	-0.20	0.20	-0.20	0.20	0.00	HS
9. Control Society	-0.20	0.20	-0.17	0.20	-0.13	HS
10. Rational	0.20	0.20	0.21	0.20	-0.03	HS
11. Control Society	-0.20	0.21	-0.10	0.21	-0.17	HS
12. Control	0.20	0.21	0.21	0.20	0.00	ns
13. Rational	-0.20	0.21	-0.14	0.20	-0.17	ns
14. Rational and Control	0.21	0.20	0.20	0.20	0.00	HS
15. Rational and Control	0.20	0.20	0.20	0.21	0.00	HS
16. Control	-0.21	0.20	0.20	0.20	-0.17	ns
17. Control	0.20	0.20	0.20	0.20	0.00	ns
18. Control Society	0.20	0.20	0.20	0.20	0.00	ns
INSTRUMENTAL						
VR UCS						
1. Control	-0.20	0.20	-0.17	0.20	0.00	HS
2. Control	0.20	0.20	-0.10	0.20	-0.17	HS
3. Control	-0.20	0.20	0.20	0.20	-0.17	ns
4. Control	-0.20	0.21	-0.17	0.21	-0.17	ns
5. Control	0.20	0.20	-0.10	0.20	-0.17	HS
6. Control	-0.20	0.20	0.20	0.20	-0.17	HS
7. Control	0.20	0.20	0.20	0.20	-0.17	HS
8. Control	-0.20	0.20	-0.13	0.21	-0.10	HS
9. Control	0.20	0.20	0.20	0.20	0.00	HS
10. Control	0.20	0.20	0.20	0.20	0.00	HS
11. Control	0.20	0.20	0.20	0.20	-0.17	HS
12. Control	0.20	0.20	0.20	0.20	-0.17	HS
13. Control	-0.20	0.21	-0.10	0.20	-0.17	HS
14. Control	0.20	0.21	0.20	0.20	0.00	ns
15. Control	0.20	0.20	-0.10	0.21	-0.10	HS
16. Control	0.20	0.20	-0.10	0.20	-0.17	ns
17. Control	0.20	0.21	0.20	0.20	-0.17	HS
18. Control	0.20	0.20	-0.10	0.20	-0.17	HS

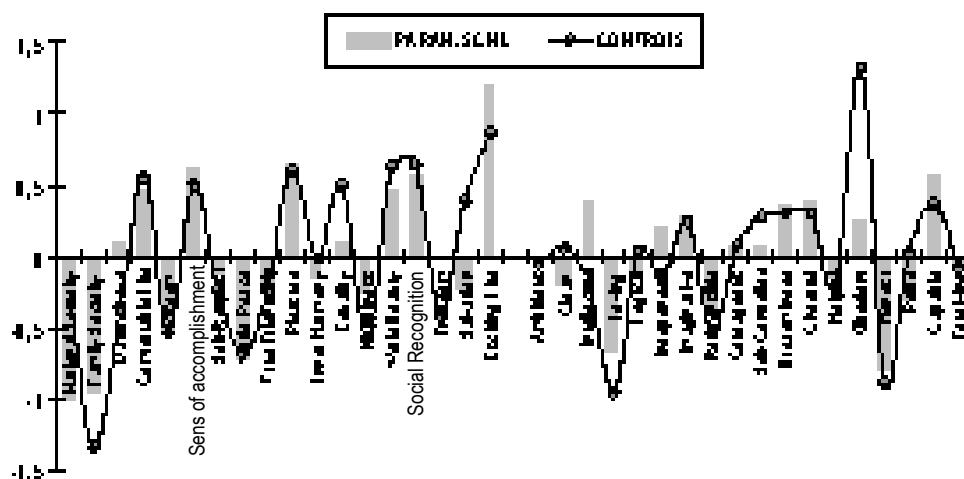


Chart 2 The values hierarchy of paranoid schizophrenic outpatients and healthy controls in RVS (st. “z” controls)

need for safeness.

The statement above is proved by the next two values in the hierarchy of the paranoid schizophrenic outpatients: national security (significantly more important as compared to the healthy controls) and a world at peace (respectively second and third position). One may assume that the patients have a sense of global danger and even existential frustration, according to Frankl [10]. The patient seek support and security in the next of kin, family in particular. In general, a condition of no conflict and no war and guarantee of protection against assault are important; that is why family security, national security, and a world at peace are so high in the value hierarchy; they create a continuum – home, family, country, nation, world.

Next value is wisdom, that is a mature understanding of life (the fourth one). The patient may associate a sense of security with wisdom.

Next value is happiness (the fifth one); it is significantly less important for paranoid schizophrenic outpatients than for the healthy controls. The patients may not feel happy due to life experience, especially disease experience, thus happiness and satisfaction are not very important for them.

Salvation takes the eighth position in the hierarchy. Soul redemption and saved, eternal life is significantly more important for paranoid schizophrenic outpatients as compared to the healthy controls since their life on earth was full of pain. They may hope that “God’s justice” will compensate them in after-life.

Freedom takes the tenth position; it is significantly less important for paranoid schizophrenic patients than for the healthy controls. They fear novelty [11, 33], independence as they are scared of taking responsible for their decisions no matter how trivial they are.

Mature love is found in the eleventh position; it is less important for patients than for healthy controls. Sexual and spiritual intimacy are of less importance due to the patients’ difficulties in inter-personal relations and consequently in relations with the opposite sex members [11, 33].

Next value is equality (the twelfth position) significantly more important for paranoid schizophrenic outpatients. The patients may have a feeling of wrong due to their disease which deprives them of chances for successful life; as a result, equal opportunity for all is significantly more important for them than for healthy individuals.

The least important are a sense of accomplishment, pleasure, and an exciting life. A sense of accomplishment is found in the sixteenth position owing to the inferiority feeling and very low self-esteem which lead to very low motivation to achievement [11, 33] and lasting contribution. Even less important is pleasure (the seventeenth position), which may seem unexpected as paranoid schizophrenic patients experience a lot of pain and misery in their lives. Because of their experiences, the patients may be lacking a "training" to be able to feel pleasure. The little importance of importance of happiness leads to similar conclusions; some authors mention anhedonia in schizophrenia [2, 11, 19, 33]. On the other hand the situation may be caused by the importance of salvation which is not associated with any forms of pleasure but rather with asceticism, penance, and suffering in the patients' catholic religion and culture.

The last (eighteenth) position in the value hierarchy is taken by an exciting life, that is stimulating and active life; it is significantly less important for the patients. They may already feel the abundance of life experience, so it does not seem important to them any more (we do not mention the physiological aspects of need for stimulation). Yet still they do not have energy and initiative that are necessary in exciting life; it may be provoked by the lack of a feeling of security; they fear stronger emotions and surprises. According to Rokeach, an exciting life (with a comfortable life) opposes the idea of salvation so essential for the patients.

The highest places in the instrumental values hierarchy are taken by the following modes of behaviour-honest, loving, responsible, and polite (the first four position). The most important values are sincere and truthfulness, tenderness and affection, solidity and reliability; they all refer to interpersonal values.

Loving (the second position) is significantly less important for paranoid schizophrenic outpatients than for healthy controls. Similarly to mature love, it may result from difficulties in interpersonal relations and relations with the opposite sex members.

Responsible is the third; it implies the importance of solidity and reliability for the patients in interpersonal relations.

Polite is the fourth; it is significantly more important to the patients as compared to the healthy controls; the modes of behaviour courteous and well-mannered help them to win acceptance and to function in a community; they may seek safeness by avoiding reprimand.

Obedient takes a very low position (the thirteenth); it is significantly more important for the patients than for the controls. Dutifulness and respectfulness derive from the patients' weak "will for freedom". It has been found that they feel a very strong need for deference [11, 33].

The values of imaginative (the fourteenth), broad-minded (the fifteenth), intellectual (the sixteenth), cheerful (the seventeenth), and capable (the eighteenth) are last in the hierarchy. Talent and open-mindedness (the latter associated with creativity), lightheartedness, joyfulness, competence and effectiveness are least important for the

patients as they see themselves unable to undertake certain actions due to inferiority feeling and very low self-esteem [11, 33]. Lighthearted, joyful, and other “hedonistic” modes of behaviour oppose the idea of responsibility and reliability.

Intellectual that takes the sixteenth position is significantly less important for the patients owing to their low self-esteem.

We may conclude that moral values specified by Rokeach (e.g. honest, loving) take higher notes than competence values (e.g. imaginative, intellectual) in the instrumental values hierarchy; the patients are more concerned about others than themselves (cf. social and personal values).

It is worth mentioning that personal and competence values according to Rokeach are associated with self-realisation and furthermore with good adaptation. If we accept Maslow’s idea [20, 21] that needs for safeness (together with physiological needs and all the values connected with them) are the highest values in the hierarchy, it is easy to understand the patients’ urgent desire to fulfil the needs; therefore they prefer those values which will enable them to meet the needs. The situation takes place because unmet “lower” needs begin to dominate and win when there is a conflict with unmet “higher” needs. Difficulty in adaptation causes the patients to consider the values connected with self-realisation to be less important.

Similarly, the competence values are also considered less important because the patients try to avoid discrediting situations [11, 33] (they often expect failure due to low self-esteem).

Thus Kępiński’s statement that the rule “*primum vivere, deinde philosophari*” has been turned around seems to be very accurate. Paranoid schizophrenic outpatients find universal and eternal values, so called transcendental, more important than mundane values; family security, national security, a worlds at peace, wisdom are more important than prosperous life, social recognition, a sense of accomplishment, pleasure, and an exciting life.

According to Rokeach terms, paranoid schizophrenic outpatients find life hedonism (an exciting life, pleasure) and an immediate gratification (prosperous life, pleasure, an exciting life) less important than healthy controls, while a postponed gratification (logical, inner harmony, self-controlled) they consider more important. The social orientation factor (equality, national security, a world at peace) and the social security factor (equality, a world of beauty, imagination) are more important than the personal orientation factor (true friendship, self-respect); allocentric values are more important than egocentric values.

Paranoid schizophrenic outpatients tend to self-restrain as the values that compose the factor (obedient, polite, restrained) are considered of higher importance, as opposed to the other pole of the factor, that is self-expansion (broadminded, capable).

The overall values hierarchy (without a division into terminal and instrumental values) proves the observations mentioned above: social and moral values are of higher positions than personal and competence ones.

In general, paranoid schizophrenic outpatients consider social-oriented, moral, inter-personal values and furthermore a postponed gratification, self-restrain more important; less important are personal-oriented, competence, and individual values, and moreover an immediate gratification, life hedonism, and self-expansion; the patients prefer allocentric values to egocentric. They prefer universal, eternal, transcendental

values to mundane, everyday values.

Antinomy is found between social and individual, and between inter-personal and competence values. In the overall hierarchy antinomy is found between social, moral, interpersonal and personal, competence and individual values.

The results contradict Wciorka's results [39]; he claimed that most important are interpersonal (next of kin and relation expectations), individual (personal, health, material), and general values (spiritual, religious, philosophical, social). In the work the rank order of presented results are reverse.

For the above mentioned reasons, we may say that we have dealt with "schizophrenia paradoxalis socialiter fausta", but not in the fatalistic, deficiency meaning of the schizophrenia deficit.

Conclusions

1. The values hierarchy of paranoid schizophrenic outpatients (in the remission of positive symptoms phase) undergoes changes.
2. The values hierarchy of paranoid schizophrenic outpatients as compared to the healthy controls, significantly distinguish: high positions of allocentric, social, interpersonal and moral values, and lower of egocentric, personal, competence and individual ones.
3. The values hierarchy of paranoid schizophrenic outpatients points to the need for safeness they strongly feel.

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APPENDIX I

The MMPI qualification criteria: a) absence of types of malingering or aggravation in the personality profile (control scales configuration and Gough's index): $-8 \geq F-K \leq 14$; b) clinical scales configuration in the personality profile, especially 6 (pa) and 8 (Sc); c) Goldberg's indices; d) Petersen's criteria and Taulbee-Sisson index.

APPENDIX II-RVS

I. TERMINAL VALUES

National Security (protection from attack)
Family Security (taking care of loved ones)
Mature Love (sexual and spiritual intimacy)
A Comfortable Life (a prosperous life)
Wisdom (a mature understanding of life)
A Sense of Accomplishment (lasting contribution)
Self-Respect (self-esteem)
World at Peace (free of war and conflict)
True Friendship (close companionship)
Pleasure (an enjoyable, leisurely life)
Inner Harmony (freedom from inner conflict)
Equality (brotherhood, equal opportunity for all)
Happiness (contentedness)
A World of Beauty (beauty of nature and the arts)
Social Recognition (respect, admiration)
Freedom (independence, free choice)
Salvation (saved, eternal life)
An Exciting Life (a stimulating, active life)

II. INSTRUMENTAL VALUES

Ambitious (hard-working, aspiring)
Clean (neat, tidy)
Intellectual (intelligent, reflective)
Loving (affectionate, tender)
Logical (consistent, rational)
Independent (self-reliant, self-sufficient)
Imaginative (daring, creative)
Responsible (dependable, reliable)
Courageous (standing up for your beliefs)
Self-Controlled (restrained, self-disciplined)
Broadminded (open-minded)
Cheerful (light-hearted, joyful)

Helpful (working for the welfare of others)
Obedient (dutiful, respectful)
Honest (sincere, truthful)
Polite (courteous, well-mannered)
Capable (competent, affective)
Forgiving (willing to pardon others)

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