The Application of the EWI with French-Canadian Patients

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The first time I heard about the EWI was from an enthusiastic American psychologist in Cleveland during a session on the Rorschach given us by Marguerite Hertz. What he vaguely described to me was somewhat similar to the MMPI, but "a lot more convenient." Moreover, the author, according to him, was a psychologist coming from the East who was then living in the surroundings of New York City. His new technique was supposedly so well adapted that I was very anxious to know more about it. But what could I do with so little information?

About six months later I went to a session with Max Hutt at Detroit University. By coincidence, when walking in the University building, and without any arrangement whatsoever, I met this same psychologist who, as a first welcome, said to me as if we were still in Cleveland and continuing our conversation: "He's here, I'll present him to you."

This "famous" man we were talking about was Dr. Moneim El-Meligi, whom most of you have surely heard about. On that day I could only have a few words with him, just enough to let him know of my interest in his research and ask him for more information about it. He took my name and mailing address on a tiny piece of paper which he put into his pocket. I thought I would hear no more from the man.

To my surprise, and but a few days later, the mailman brought a Preliminary Report entitled: "The Experiential World Inventory: An Instrument for Exploring the Phenomenal World of Psychiatric Patients." I remember quite well that it was noontime and that I was on my dinner hour. And I can still see myself leaning over my bed reading that Report, saying at every page: "That’s exactly what I was looking for." I was truly fascinated by the rationale of the EWI and its approach to psychopathology. I can't remember if I had lunch that day, but I am sure that I immediately wrote to Dr. El-Meligi asking him to accept my collaboration, at least for the French adaptation of it. That was in January, 1970.

Before reporting on my work on the French-Canadian population, I'll say a few words about the EWI itself and the emphasis it places on perception.

The EWI is a scientific psychological check list which, with 400 items derived from the experiences and the vocabulary of hundreds of patients, allows other patients to reveal their own inner world. But how can a person who feels divided into two distinct persons, who feels unreal, alienated, misunderstood, etc., express his feelings? It is already difficult revealing trivial matters! What now if a sick

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person is subject to bizarre phenomena, if he is ashamed of what is going on within himself, if he finds no words to describe his innermost feelings?

The basic idea behind the EWI is to give the patient the means to reveal his world. But which world? The world he lives in, the world he struggles with, the world he perceives. But what do we mean by perception? Perception is an active process of organizing reality. In accordance with Strauss and other phenomenologists, we do not separate "sensing" from "perceiving." To sense or to perceive the world implies consciousness of the world. "When we talk about a schizophrenic's disturbances of perception," El-Meligi says, "we mean the unfavorable changes in his consciousness of his world." That consciousness of things, of course, does not guarantee experiencing things in the same manner as they probably exist. But what matters, or as Ronald Laing wrote, "what is necessary, though not enough, is a capacity to know how the patient is experiencing himself and the world, including oneself."

The EWI has been constructed to focus on the abnormal *experiences* of a person known to suffer from some kind of disorder, no matter how this person is diagnosed.

The exploration of a patient's experience depends entirely on his willingness to introspect and to convey this introspection with words or otherwise. With this object in mind, we need to use a technique that bridges the inevitable schism that exists between two worlds: that of the patient, and that of the psychologist. The EWI is intended to serve as a possible link.

Through his responses, the patient provides the most pertinent information necessary to rebuild some sort of a map of his phenomenal world.

The schema into which the pool of items are divided into scales is based on the traditional classification of psychic phenomena and into four major areas: perception, thinking, affect, and volition (Figure 1).

The area of perception is covered by the first five scales: Sensory perception, Time perception, Body perception, Self-perception, and Perception of others. Scale 6, Ideation, covers some aspects of thinking as experienced by people. Scale 7, Dysphoria, deals with the depressive aspects of affectivity. Scale 8, Impulse Regulation, focuses on problems in the volition of the patient. The EWI measures two other aspects of sensory experience: Hyperesthesia and Hypoesthesia. It also measures Euphoria and Anxiety. Yes, it does not neglect nonperceptual phenomena. And it brings into focus perceptual phenomena long overlooked in long-accepted diagnostic procedures. Hence, it enables us to determine the dynamic interaction between perceptual and nonperceptual phenomena and the relative contribution of each category of disturbances to the overall pathological condition.

FRENCH-CANADIAN STANDARDIZATION

I have established a double standardization study on French-Canadians from Quebec. They were conducted for 19 scales: the eight principal scales, and the four additional ones already standardized on Americans, and seven other scales not standardized on Americans. In this paper I'll consider the first 12 scales only. My first standardization was the psychiatric patients; the second one with nearly 14,000 adolescents extending from age 11 to 19.

Questionnaire

My first work was the translation of the questionnaire itself and its adaptation to the French language. So as to assure a translation comparable to the original questionnaire, special measures were taken. I discussed the questionnaire with the author item by item so as to verify the exact equivalence with regard to the "experiences" expressed by the items.

First, I noticed that some items referred to sensory experiences, but could be interpreted figuratively. The translation needed then to be done in such a manner as to express a purely sensory experience. Secondly, we needed to avoid as much interpretation of the items as possible since, by so doing, we might reduce the power of the test. In reality, and inspired by the Ror-

FIGURE 1

EWI Schema

PERCEPTION		
	- **of external world** (objects, space, spatial relationships, movement direction)	Increased or diminished stimulation Illusions or distortions Synesthesia Disorganization
	- **of time**	Changes in subjective time rate Temporal discontinuity Time orientation Experiential age
	- **of body**	Somatic complaints Affective attitudes towards body Disturbances in body image
	- **of self**	Affective attitudes towards self Identity disorders
	- **of others**	Dehumanization of people Ideas of reference Paranoid convictions Deviant attitudes towards people
THINKING		Deficit in thinking processes Thought disorganization Experiencing changes in thinking styles Changes in the rate of thinking Over-ideation Obsessive thinking
AFFECT		Somatic correlates of depression Dysphoric affect Loss of future perspective Death wishes and suicidal thoughts
VOLITION		Restlessness Increased reactivity to stimulation Loss of command Perverted or bizarre impulses

schach, the authors of the EWI have included some items which are "projective" in nature. Some express ambiguous experiences; others metaphoric experiences (see item 55).* We tried, by all means, to preserve the ambiguity or the metaphoric formulation of the experience.

The Reliability of the EWI

A. The reliability of the EWI was checked by many investigations and has withstood many methods. Split-half reliability coefficients (Table 1) for the four male psychiatric groups range from .55 to .95,

*** The lights of life seem to be going out one by one.**

with a mean of .85. The two female psychiatric groups gave coefficients varying from .62 to .92, with a mean of .84. Another study with a normal population shows a variation from .47 to .87, with a mean of .75.

With a normal population of adolescents, the average is .80 for boys, .78 for girls.

The Sensory perception and Anxiety scales are the most consistent, while the Time and Euphoria scales are the least. The values are consistently higher in clinical samples.

B. As a further test to establish the inner consistency of the EWI, each part of the test was correlated with the full scale for each group: 86 percent of the coefficients are .89

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TABLE 1

(Corrected) Split-Half Reliability Coefficients of EWI Scales for Clinical and Normal Groups.

GROUPS	N	Sex	SCALES											
ADULTS			**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**
Schizophrenics	86	M	95	80	91	**92**	**87**	**.87**	91	**85**	**92**	**86**	**74**	**94**
Alcoholics	39	M	95	78	87	**87**	**92**	**88**	**92**	**80**	**86**	**85**	**.55**	**.94**
Neurolics	33	M	91	71	87	**90**	**84**	59	**94**	**.72**	**78**	**67**	**83**	**93**
Inmates	37	M	93	87	89	**89**	**86**	**82**	**92**	**.55**	**88**	.91	**72**	**.90**
Schizophrenics	95	F	.92	77	89	91	**87**	**85**	**92**	**79**	**89**	**81**	**66**	**.90**
Neurotics	114	F	92	62	85	**.85**	**81**	**76**	91	**76**	**87**	**86**	**80**	**88**
Normals	64	F	83	65	83	**75**	**.77**	**76**	**87**	**81**	**81**	**64**	**47**	**85**
ADOLESCENTS	597	M	89	69	85	**.87**	**83**	**.81**	**89**	**75**	**84**	**81**	**.62**	**86**
19 years														
18 years	655	M	87	65	85	**85**	**80**	**.80**	**86**	**74**	**80**	**.75**	**60**	**.84**
17 years	1033	M	91	70	81	**88**	**85**	**.81**	**87**	**77**	**82**	**80**	**61**	**.85**
16 years	1103	M	.88	69	.85	**85**	**81**	**.81**	**86**	**.76**	**82**	**78**	**.65**	**85**
15 years	1118	M	90	72	85	**.87**	**81**	**81**	**85**	**75**	**82**	**81**	**.62**	**.85**
14 years	1077	M	89	70	83	**82**	**78**	**82**	**.79**	**.73**	**81**	**78**	**62**	**.84**
13 years	833	M	89	68	.81	**84**	**79**	**78**	**.81**	**.74**	**81**	**.78**	**60**	**.83**
12 years	425	M	88	64	86	**.83**	**78**	**.75**	**.85**	**78**	**83**	**79**	**.62**	**83**
19 years	189	F	89	.67	80	**.86**	**.81**	**76**	**.89**	**75**	**82**	**77**	**.64**	**85**
18 years	458	F	88	65	81	**.87**	**79**	**.81**	**.89**	**.73**	**81**	**.75**	**.62**	**.83**
17 years	951	F	.89	.65	83	**.86**	**.80**	**78**	**87**	**.67**	**81**	**77**	**.62**	**.85**
16 years	1101	F	90	66	85	**85**	**83**	**80**	**.87**	**.72**	**80**	**.77**	**.62**	**.85**
15 years	1240	F	90	69	82	**.86**	**.80**	**.80**	**87**	**67**	**83**	**.78**	**.60**	**.83**
14 years	1118	F	.89	.67	81	**.84**	**81**	**.78**	**.85**	**.68**	**81**	**.77**	**.61**	**85**
13 years	947	F	89	66	.82	**.83**	**.78**	**.75**	**.83**	**.70**	**80**	**.78**	**.66**	**.84**
12 years	499	F	85	58 **M**	.80	**82**	**.75 F**	**.71**	**79**	**.61**	**78**	**.69**	**.61**	**83**
				MALES				**FEMALES**						

or more with an average of .93 for males (Table 2) and of .92 for females.

C. Another way of checking its reliability is the test-retest method (Table 3). The coefficients obtained with patients in a time lapse of about five months between the test and retest ranged from .58 for Dysphoria to .81 on Sensory perception, with an average of .70. Those values are satisfactory in view of the following:

(i) The time lapse between the test and retest was quite long.

(ii) The sample was very heterogeneous.

The Validity

Many studies were conducted to check the validity of the EWI for the French-Canadian population.

A. First, we compared the EWI results with psychiatric judgment (Figure 1). The following results emerged. (a) Schizophrenics obtained the highest scores (Table 4), being consistently above all other groups, while the normals obtained the lowest, with the alcoholics and neurotics scoring in between. (b) The schizophrenics were differentiated significantly from the neurotics on the five perceptual scales.

There was, however, no significant difference between the neurotics and the schizophrenics in Dysphoria.

All scales differentiated normals from alcoholics at a very high level of significance. The scores obtained by alcoholics consistently exceeded those obtained by normals.

B. We conducted another study in order to compare the EWI with the MMPI (Table 5). Both tests were administered to 76 persons. Among them were 22 schizophrenics and 48 neurotics. We compared the raw scores of both tests (adding K corrections for the MMPI).

TABLE 2

Correlations of Scores on Part I and Part II
With Total Scores in Psychiatric Groups

GROUPS	Sex	N		PART SCALES											
				1	2	3	4	5	6	7	8	9	10	11	12
ADULTS															
Neurotics	M	33	I	.97	.92	.97	.95	.95	.82	.98	.91	.94	.85	.88	.98
			II	.96	.83	.92	.95	.91	.86	.97	.86	.87	.89	.97	.97
Inmates	M	37	I	.97	.94	.96	.94	.92	.88	.96	.84	.95	.95	.86	.95
			II	.97	.94	.95	.96	.95	.95	.96	.83	.95	.97	.92	.96
Alcoholics	M	39	I	.98	.91	.95	.96	.97	.93	.98	.94	.96	.93	.82	.98
			II	.98	.90	.93	.92	.96	.96	.95	.88	.92	.95	.86	.97
Schizophrenics	M	86	I	.98	.93	.97	.96	.95	.93	.96	.95	.97	.95	.86	.98
			II	.98	.89	.96	.96	.93	.95	.95	.92	.96	.94	.93	.97
Neurotics	F	114	I	.96	.89	.95	.94	.93	.90	.96	.95	.96	.94	.90	.95
			II	.96	.82	.92	.93	.90	.90	.96	.85	.93	.94	.94	.94
Schizophrenics	F	95	I	.96	.93	.96	.96	.94	.93	.96	.92	.96	.91	.82	.96
			II	.97	.87	.95	.96	.94	.94	.97	.90	.94	.93	.91	.96
Normals	F	64	I	.93	.87	.95	.89	.92	.88	.95	.94	.95	.86	.77	.95
			II	.92	.87	.91	.90	.89	.92	.94	.90	.89	.87	.85	.92
ADOLESCENTS															
Adolescents	M	6841	I	.95	.88	.93	.93	.92	.90	.93	.91	.93	.90	.81	.94
			II	.96	.87	.93	.94	.92	.93	.94	.88	.92	.93	.89	.93
Adolescents	F	6503	I	.95	.87	.93	.94	.92	.89	.94	.90	.93	.89	.81	.94
			II	.96	.87	.92	.93	.92	.92	.94	.85	.91	.92	.89	.93

TABLE 3

Test-Retest – Reliability Coefficients of EWI Scales
For Different Groups

GROUPS	N	SEX	SCALES											
			1	2	3	4	5	6	7	8	9	10	11	12
Adults (1)	20	M/F	.81	.66	.70	.68	.79	.64	.58	.71	.68	.70	.64	.80
Adolescents (2)	72	M	.61	.44	.57	.64	.56	.60	.64	.54	.58	.63	.46	-
Adolescents (2)	64	F	.73	.50	.70	.81	.59	.75	.68	.68	.72	.69	.45	-

(1) Around five months of time lapse.

(2) One year between test and retest (Mean age at the first test: 12½).

TABLE 4

"t" Values for significance between MEANS of raw scores for clinical and normal groups and levels of significance

SCALES	Normals Neurotics	Normals Prisoners	Normals Alcoholics	Normals Schizophrenics	Neurotics Prisoners	Neurotics Alcoholics	Neurotics Schizophrenics	Prisoners Alcoholics	Prisoners Schizophrenics	Alcoholics Schizophrenics
1	2.74***	4.51	3.98	9.23	2.29*	1.50	5.95	0.85	2.78***	3.97
2	2.75***	2.65***	3.71	7.33	0.09	0.67	3.28***	0.76	3.40	2.69***
3	2.44**	3.53	3.57	8.35	0.72	0.84	4.80	0.14	4.26	4.02
4	3.79	5.26	4.25	8.84	0.73	0.31	2.91***	1.17	2.31*	3.72
5	2.71***	4.91	3.55	7.45	1.99	0.93	3.95	0.95	1.80	2.71***
6	3.08***	4.10	3.82	9.57	1.21	1.07	5.70	0.08	4.03	4.00
7	3.97	4.46	2.67***	7.05	0.07	1.72	0.94	1.94	0.93	3.43
8	1.71	3.03***	2.93***	6.06	1.26	1.21	4.42	0.02	3.35***	3.29***
9	2.56**	4.27	3.39***	8.57	1.92	1.02	5.53	0.85	3.05***	4.07
10	2.20*	3.38***	3.45***	8.39	1.60	1.30	5.42	0.45	2.86***	3.78
11	2.48**	0.01	3.47	1.83	2.41**	5.80	4.30	3.35***	1.79	1.76
12	3.78	3.96	3.94	8.43	0.55	0.32	2.76***	0.24	3.94	3.47

Level of significance:

* .05

** .02

*** .01

___ .001

TABLE 5

Intercorrelations Between EWI and MMPI Scales in a Group

Tests	Experiential World Inventory (French EWI)												
MMPI	N - 76												
	S	T	C	Si	M	P	D	V	He	Ho	Eu	Ax	Means of r
Hs	.43	.31	.47	.42	.42	.29	.42	.38	.43	.37	-.27	.45	.34
D	.27	.23	.41	.41	.30	.19	.54	.30	.28	.28	-.68	.56	.25
Hy	.27	.24	.31	.31	.27	.22	.32	.30	.32	.19	-.23	.31	.24
Pd	.40	.39	.36	.46	.54	.34	.43	.34	.32	.32	-.17	.42	.35
Mf	.04	.15	.07	.11	.17	.12	.06	.08	.15	.06	-.09	.12	.09
Pa	.60	.50	.60	.56	.64	.57	.58	.59	.53	.51	-.21	.66	.51
Pt	.49	.44	.55	.55	.51	.46	.59	.49	.45	.48	-.39	.62	.44
Sc	.66	.57	.65	.70	.65	.60	.66	.62	.51	.62	-.29	.68	.55
Ma	.28	.33	.21	.23	.27	.32	.02	.23	.24	.19	.33	.12	.23
Means of r	.38	.35	.40	.42	.42	.35	.40	.37	.36	.34	-.22	.44	.33

It is a well-known fact that the scales of Paranoia (Pa), Psychastenia (Pt), and Schizophrenia (Sc) are the best indicators of psychosis (Marks and Seeman, 1963). They yield the highest mean correlations with the entirety of the EWI scales. Those coefficients are, respectively, .58, .51, .64.

The hypochondriasis scale correlates .47 with the EWI Scale of Body Perception, which is the highest correlation of this scale with those of the whole Inventory. That corroborates the validity of both scales.

Correlations between the scale of depression of the MMPI with the scale of Dysphoria is .54, of Euphoria .68, and of Anxiety .54. That strenghtens the hypotheses that those scales reveal the affective aspect of psychopathology and that they are the best indices of depression and suicidal risks.

COMPARISON BETWEEN FRENCH-CANADIANS AND AMERICANS

Now let us compare the results of the French-Canadian standardization with those of the American one.

A. First of all, observe the sampling population (Table 6). For the males, the main difference rests in the alcoholics where we got 18.8 percent for the French-Canadian population while this group (the alcoholics) represents 42.2 percent in the American group of standardization. Another difference is the presence of 18.4 percent of prison inmates (all criminals) in the French-Canadian population.

For the females, there are two minor deviations with the presence of 3.6 percent alcoholics (French-Canadian) and 6.3 percent behavior disorders.

B. Now examine the raw scores of both populations for the eight scales (Table 7). We can see that the means of the French group are regularly higher than those of the American one. The situation is the same for the standard deviations. How can we explain that fact? First, by the difference between both populations, as we have just seen. Second, because the Latin character of the French population makes them more verbally and emotionally expressive. Third, the French-Canadian groups of standar
dization included a higher percentage of very sick persons. Fourth, American psychiatrists seem to apply the label of schizophrenia more easily than do French-Canadian and European psychiatrists.

TABLE 6

Comparison Between French-Canadian and American

Samplings of Normalization Groups

Diagnosis	Men (in percent)		Women (in percent)	
	Quebec	U.S.A.	Quebec	U.S.A.
Schizophrenia and Psychosis	39.6	30.7	32.9	31.3
Neurosis	9.2	7.5	22.1	25.1
Drug users	5.3	1.9	0.9	
Alcoholism	18.8	42.2	3.6	
Criminality	18.4			
Organicity	1.5		1.3	
Behavior disorders				6.3
Without psychiatric diagnosis	7.2	17.7	39.2	37.3
	100.0	100.0	100.0	100.0

TABLE 7

Comparison Between French-Canadian and American

Population of Standardization

Scales		Means		Standard deviations	
		Quebec	U.S.A.	Quebec	U.S.A.
1. Sens.	M	25.5	12.97	23.13	16.28
	F	24.0	16.01	19.79	16.32
2. Time	M	16.5	11.06	7.50	6.34
	F	15.8	13.06	7.18	6.44
3. Body	M	11.7	6.81	12.00	9.34
	F	10.6	8.60	10.82	9.34
4. Self	M	17.6	10.81	13.67	10.35
	F	16.3	14.35	12.90	11.94
5. Others	M	14.5	8.29	9.72	8.07
	F	13.0	9.35	8.79	8.44
6. Ideation	M	12.4	7.22	8.13	6.84
	F	11.2	8.71	6.88	6.53
7. Dysphoria	M	11.7	8.79	11.11	9.52
	F	12.5	13.66	11.97	11.73
8. Impulse	M	10.0	6.05	7.18	6.05
	F	10.1	7.06	6.93	6.29

Nevertheless, our experience is firm and conclusive. Those differences have no implication when we have to interpret profiles.

Let us take a look at some graphs where comparisons are made between the two male standardization populations: American and French-Canadian, (a) The schizophrenics (Figure 2), (b) the neurotics (Figure 3), (c) the alcoholics (Figure 4), (d) and the normals (Figure 5). We can also say that it is almost the same for females.

We may conclude that the EWI works as well with the French-Canadian population as it does with Americans. And we are sure, from what we have verified with the Quebec population, that, provided we take time to normalize the instrument as it is now being done with the Italians, the EWI is a very suitable instrument, not only for diagnosis and therapy, but also for crosscultural studies.

APPLICATION OF THE EWI WITH FRENCH-CANADIAN PATIENTS

FIGURE 2

A COMPARISON BETWEEN AMERICAN AND FRENCH-CANADIAN GROUPS
Raw Scores

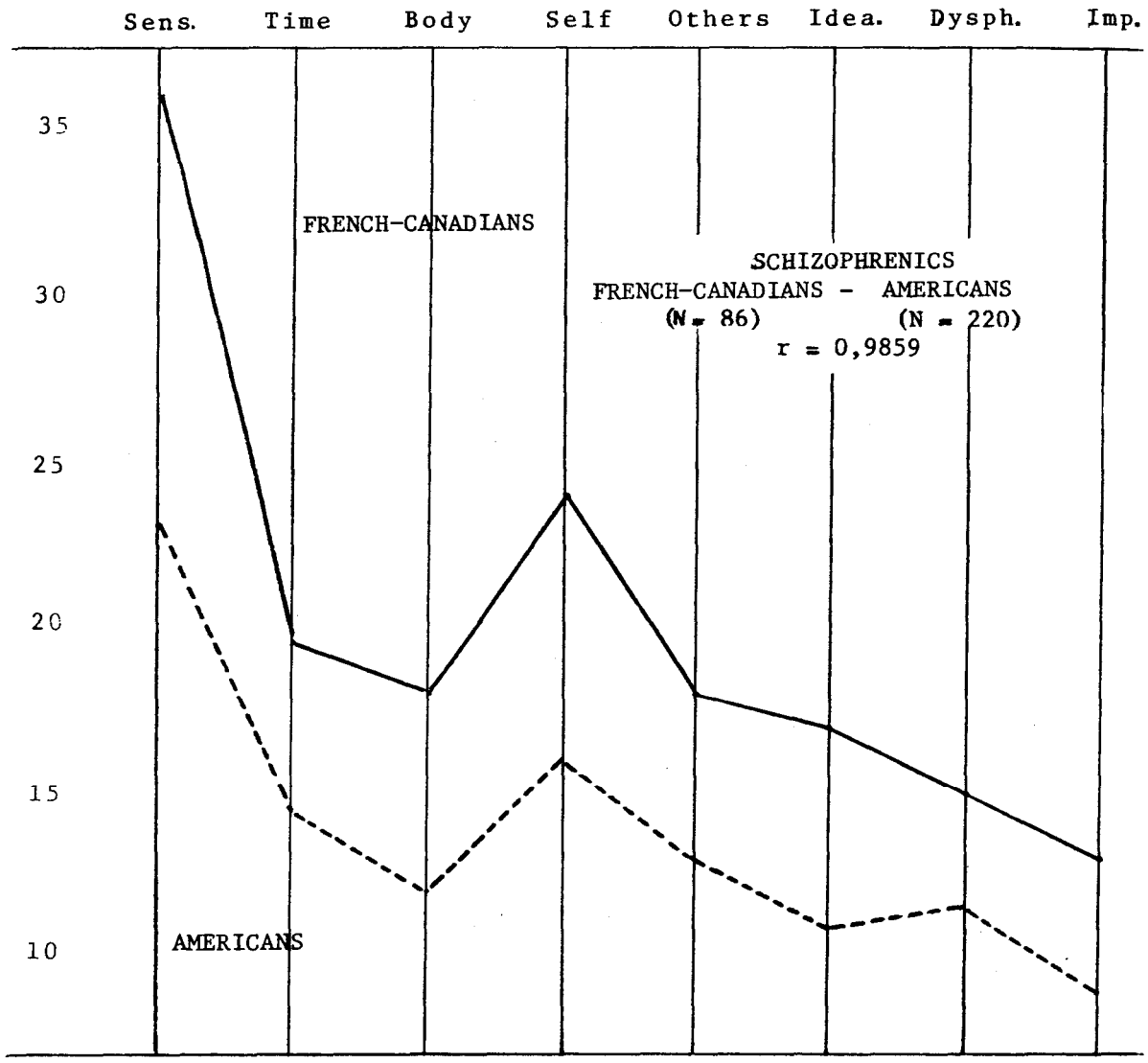

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FIGURE 3

A COMPARISON BETWEEN AMERICAN AND FRENCH-CANADIAN GROUPS
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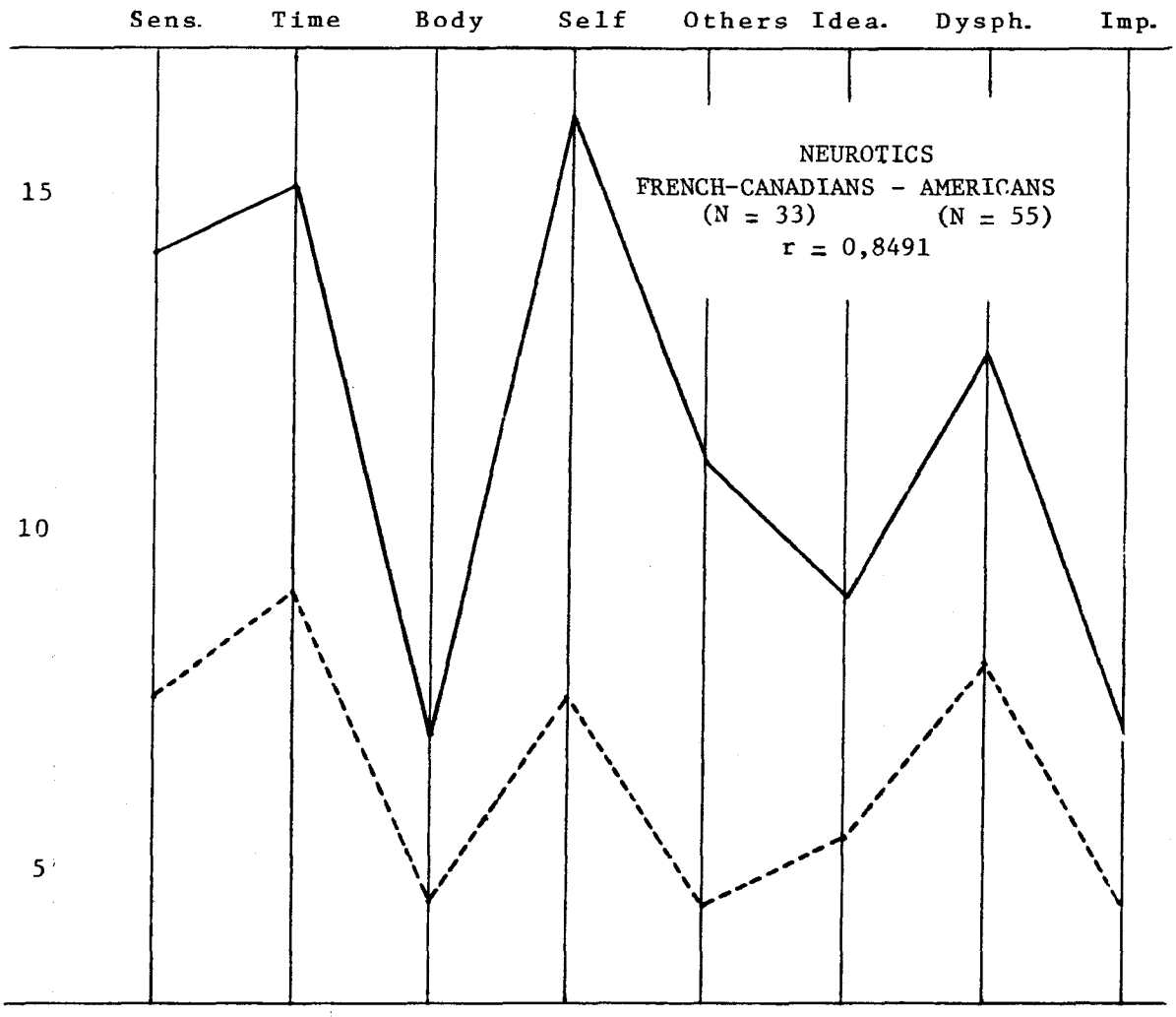

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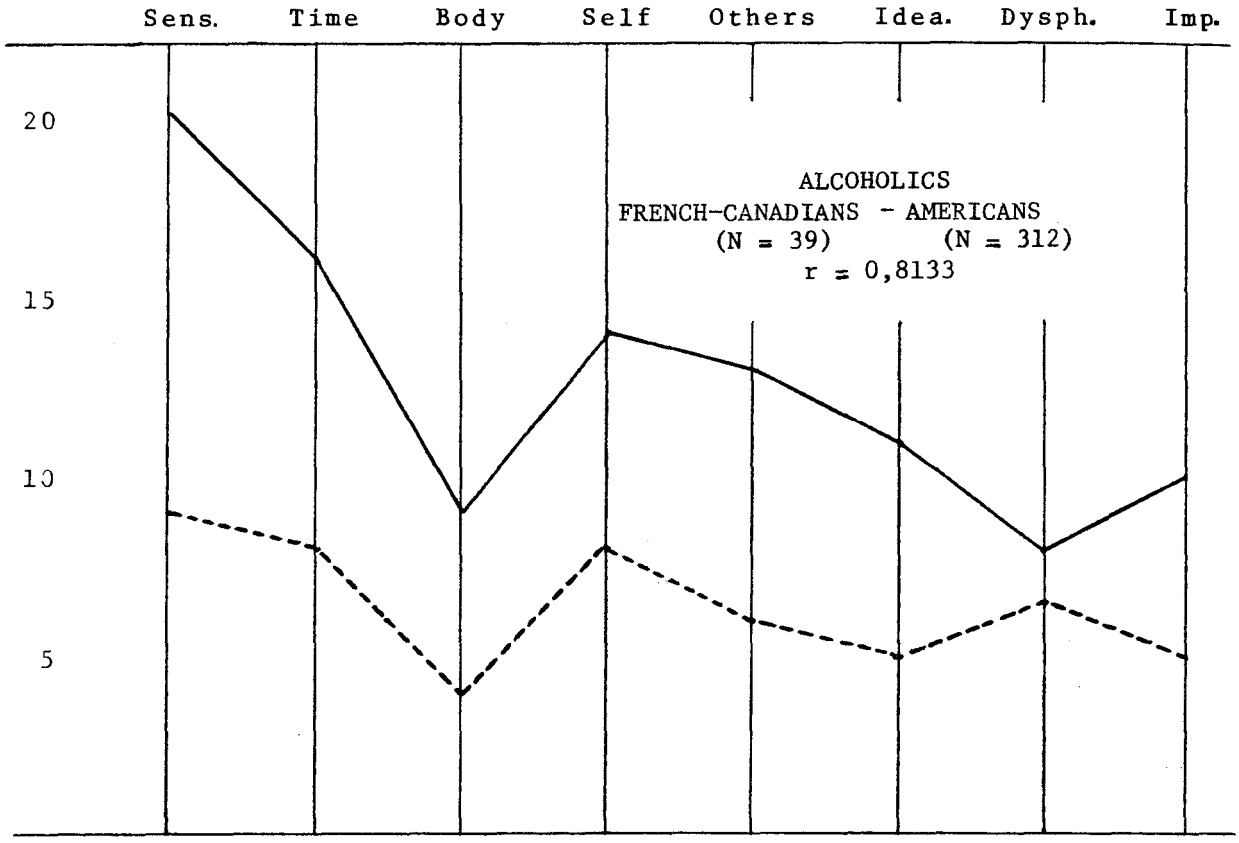

FIGURE 5

A COMPARISON BETWEEN AMERICAN AND FRENCH-CANADIAN GROUPS
Raw Scores

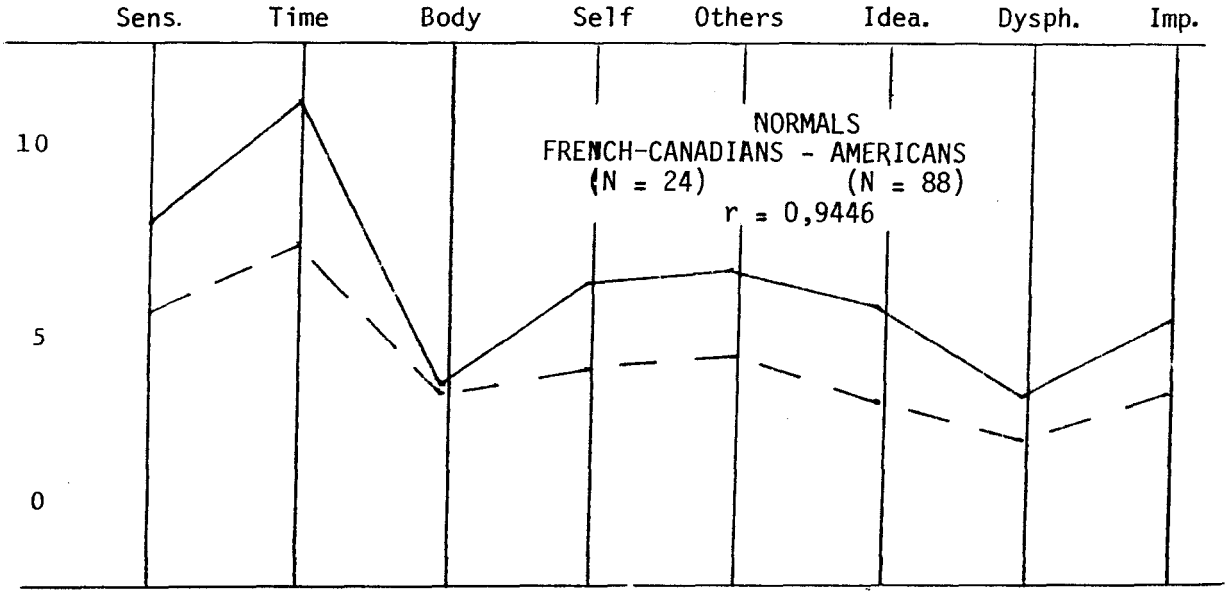

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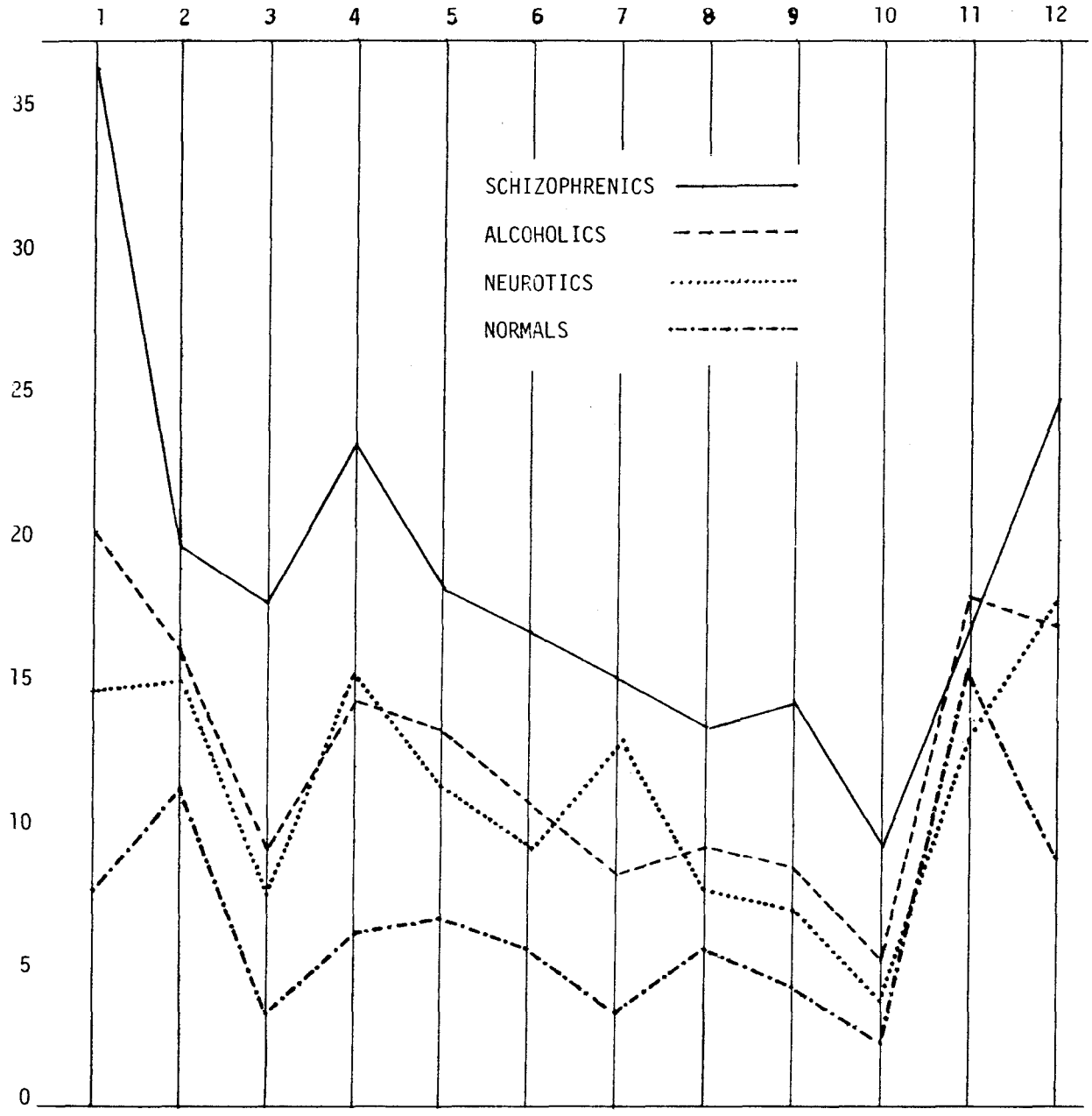
FIGURE 6

MEAN RAW SCORES FOR SCHIZOPHRENICS, ALCOHOLICS, NEUROTICS AND NORMALS (ALL MALES and FRENCH-CANADIANS).



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