

Zigler E & Phillips L. Social competence and outcome in psychiatric disorder.
J. Abnormal Soc. Psychol. 63:264-71, 1961.

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Interpreted as an indicator of developmental level, social competence was found to be related to psychiatric outcome not only for schizophrenic patients, but for nonschizophrenic diagnostic groups as well. [The SC¹ and SSC² indicate that this paper has been cited in over 170 publications.]

Social Competence and Psychiatric Outcome

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This article derives from a particularly formative period in my professional life. The research was conducted when I was a predoctoral intern in clinical psychology at Worcester State Hospital. Heinz Werner's organismic-developmental theory provided major direction for work carried out within the Clark University/Worcester State Hospital complex. This theoretical approach differed radically from my own background in behavioral theory. Despite initial skepticism, I became increasingly impressed with the heuristic value of the developmental approach. In this process Leslie Phillips and Bernard Kaplan were important mentors. I am indebted to them for demonstrating the effectiveness of the developmental formulation—a position that has served as the cornerstone for my work both in adult psychopathology¹ and mental retardation.²

The article was one of a series of studies conducted with Phillips on the developmental approach to adult psychopathology. This formulation assumes a process of growth underlying psychological functioning. Even in adulthood,

individuals can be viewed as functioning at different levels along this underlying developmental continuum. A further assumption is that the individual's underlying developmental level does not change with the onset of psychopathology. As stated in the original article, "For every maturity level there is a normal pattern of adaptation as well as a pathological deviation from this pattern." (p. 265)

When we wrote the article, premorbid adjustment or social competence was used to subdivide schizophrenia. Whereas the process (low social competence) subtype was presumed to reflect an organic etiology and to be associated with poor prognosis, reactive (high social competence) schizophrenia was presumed to be psychogenic in origin and to be associated with favorable outcome. Phillips and I advanced an alternative hypothesis. We interpreted social competence as a broad though imperfect measure of a patient's developmental level.³ Viewed as a developmental indicator, higher social competence would be expected to relate to more favorable outcome not only for schizophrenic patients but for patients with other psychiatric disorders.

Phillips and I tested and confirmed this developmental hypothesis in a sample that included manic-depressive, psychoneurotic, and character disorder as well as schizophrenic patients. Despite some disconfirmatory findings, relationships continue to be found between higher social competence and better psychiatric outcomes for nonschizophrenic as well as schizophrenic patients.⁴⁻⁶ The continued confirmation of this relationship and the importance of outcome in psychopathology research may be some reasons this article is cited frequently. The frequent citation may also be due to the place of this work in a body of research that extends the developmental formulation to many major variables in psychopathology, including age of onset of disorder, symptomatology, diagnosis, paranoid-nonparanoid status in schizophrenia, and self-image.¹

1. Zigler E & Glick M. A developmental approach to adult psychopathology. New York: Wiley, 1986. 334 p. (Cited 10 times.)
2. Zigler E. Research on personality structure in the retardate. (Ellis N R, ed.) *International review of research in mental retardation*. New York: Academic Press, 1966. Vol. 1, p. 77-108. (Cited 130 times.)
3. Zigler E & Levine J. Premorbid competence in schizophrenia. What is being measured? *J. Consult. Clin. Psychol.* 49:96-105, 1981. (Cited 15 times.)
4. Garnezy N, Masten A, Nordstrom L & Ferrarese M. The nature of competence in normal and deviant children. (Kent M W & Rolf J E, eds.) *The primary prevention of psychopathology: promoting social competence and coping in children*. Hanover, NH: University Press of New England, 1979. Vol. 3, p. 23-43. (Cited 10 times.)
5. Glick M & Zigler E. Premorbid social competence and psychiatric outcome in male and female nonschizophrenic patients. *J. Consult. Clin. Psychol.* 54:402-3, 1986.
6. Klorman R, Strauss J S & Kokes R F. Premorbid adjustment in schizophrenia. III. The relationship of demographic and diagnostic factors to measures of premorbid adjustment in schizophrenia. *Schizophrenia Bull.* 3:214-25, 1977. (Cited 30 times.)

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