The abstracts that appear below are drawn from the computer-based information storage and retrieval system operated by the National Clearinghouse for Mental Health Information. They were selected for inclusion here on the basis of their direct relevance to schizophrenia: judgments about the quality of the article or book abstracted have been left to the reader. Foreign titles have been translated and the city of the journal’s origin noted. Languages that use neither the Latin nor Fraktur (German) alphabets (e.g., the Slavic languages) have been transliterated. Titles of articles, books, and infrequently cited journals have been translated from these languages, and all other identifying information appears in English in their citations.

The articles described in these abstracts are not available from either the Clearinghouse or the Center for Studies of Schizophrenia.

**Attention, Perception, and Cognition**


The reaction times (RTs) of 15 schizophrenics and 15 normal individuals were compared. RTs were measured on auditory and visual tasks that required either a response to one stimulus or discrimination between two stimuli. Each subject had 10 trials under each of the four conditions. Under all conditions, the schizophrenics had slower RTs than did the normal subjects. The problems inherent in assessing attention and mood shifts in schizophrenics are noted. (5 references)


Recall of dichotically presented digit strings was compared between normal subjects and 18 chronic schizophrenic patients tested over 12 weeks on chlorpromazine, placebo, and chlorpromazine reinstatement. Patients were subgrouped according to arousal (as indexed by orienting responses in a tone habituation sequence) and paranoid diagnosis. Digits were of equal intensity or differed by 20 dB between the ears and were reported in any order or one ear before the other. Overall, patients performed as well as control subjects, and withdrawal or reinstatement of drug did not reduce accuracy. Patient/control differences occurred when the louder digits were to be reported second and left hemisphere inhibitory mechanisms were involved, especially when patients were on chlorpromazine. Some lateralized differences in serial position effects found only in patients were interpreted as reflecting left hemisphere processing impairments. The more aroused patients showed poorer accuracy than the less aroused group due to reduced recall in the left ear. Paranoid patients had superior recall and showed less shifting of attention away from the right ear than nonparanoids. Results are discussed in the context of neurophysiological theories of brain disturbance in schizophrenia. (60 references)—Author abstract.

5319. Gutierrez, M.; Villasana, A.; Aguirre, J.M.; Sopena, V.; and Diez,

Orientation alterations in psychiatric patients were studied. A sample of 40 alcoholics and 52 chronic schizophrenics, all male, between 25 and 65 years of age, was evaluated to determine problems in immediate memory, large-scale memory, praxias, and body image. Results indicate that the presence of disorientation was an index of deterioration as much in alcoholics as in schizophrenics. The discovery of a greater frequency of alterations of symbolic functions associated with disorientation suggests an organic participation in the etiology of this disturbance. (15 references)—Author abstract, modified.

Disturbances in attention and reaction times were examined in a 2-year follow-up study of schizophrenics. Schizophrenic patients, who showed no florid symptoms and were remitted partially or who were released from a hospital for at least 6 months, showed an attention deficit whereas the construct attention was similar to that defined by Zubin’s proposition. The differences among four groups of subjects—normals, organic brain-damaged patients, and paranoid and nonparanoid schizophrenics—were statistically significant. Data support the contention that schizophrenics are impaired in their ability to receive and process information quickly and adequately. The most retarded reaction times were found in the nonparanoid schizophrenic group and in the condition of short-time intervals. The data support the recommendations of several authors, namely to avoid overstimulation and understimulation in a treatment program or a rehabilitation program. It is suggested that the disturbance of schizophrenic information processing be considered when a behavior therapy program is constructed. (20 references)—Author abstract, modified.

Reaction times (RTs) in a cued RT task (mental set) were measured in normal controls, postalcoholics, chronic schizophrenics, and “organics.” Biological Psychiatry, 14(6):881–890, 1979.

The incidence of clockwise drawing (torque) was compared for 90 schizophrenics, 57 institutionalized elderly individuals, 24 general medical patients, 50 adults functioning well in the community, 71 graduate students, and 72 undergraduate college students. In view of Blau’s (1977) previous finding that torque behavior in children is associated with subsequent schizophrenic pathology, an attempt was made to verify the pathological significance of torque. Results indicate that for all subjects combined, 38 percent produced torque. Only the elderly, as compared with the undergraduate students, displayed a significant difference in the incidence of clockwise circling, with the elderly producing more torque. The absence of any significant differences between adult schizophrenics and any of the other adult comparison groups raises serious doubts about the pathological
importance of torque in adults. Moreover, since groups who would be expected to be more neurologically intact performed no differently than those who would be expected to be less intact, the neural integrative defect explanation proposed by Blau would seem to be unwarranted. (9 references)—Author abstract.


A reinterpretation of findings on hemispheric dysfunction in schizophrenia is presented. The results of the Lerner et al. (1977) study of dichotic listening in schizophrenic patients was reinterpreted by Nachelson (1980) on the basis of new evidence suggesting that schizophrenia is associated with an overactive and dysfunctional left cerebral hemisphere. Apparent contradictions in the earlier findings and subsequent research are examined, and an alternate reinterpretation is offered which seems to provide a parsimonious explanation of the results. This reinterpretation is based on the hypothesis of faulty interhemispheric transfer in schizophrenia. (23 references)—Author abstract, modified.


Hypotheses and research concerning disturbances of speech in schizophrenia are assessed. It is suggested that schizophrenics' speech patterns resemble normals in many ways. The schizophrenic's errors in referring listeners to relevant information are similar to the errors that are sometimes made in normal conversations. Consequently, not all of the language of schizophrenics is deviant. However, the few differences that were observed in the schizophrenic's speech are significant. Thus, if language research is to have clinical utility, it must concentrate on investigating these few deviant psycholinguistic variables and must relate them to other clinical variables. (24 references)

Biology


Information concerning biochemical and neuroendocrinological research on long-term effects of neuroleptics is presented. The most important result of this research is the observation of adaptive phenomena during the course of treatment. These phenomena are especially noticeable when medication is interrupted. There appear to be different biochemical subgroupings of schizophrenic, which should be considered during future research. It is suggested that patients should be tested and grouped biologically before being treated with neuroleptics. (16 references)—Journal abstract, modified.


Skeletal muscle monoamine oxidase (MAO) activity with benzylamine as substrate was found to be significantly decreased in 29 chronic schizophrenics and 22 acute schizophrenics, compared to 25 normal controls. Skeletal muscle MAO activity was also decreased in 20 patients with affective psychoses, but the decrease was not significant. Low muscle MAO activity was also found in seven subjects with drug-induced psychoses and four patients with neurotic depression. No correlation between muscle and platelet MAO activity was found. These findings suggest that decreased MAO activity in peripheral tissues may be a nonspecific marker of vulnerability to a variety of psychopathologies. (28 references)—Author abstract, modified.


Frontal cerebral cortex brain samples from schizophrenics and controls were assayed for binding associated with muscarinic cholinergic, serotonin (5HT), g-aminobutyric acid (GABA), and b-adrenergic receptors, as well as for the activity of the...
GABA synthesizing enzyme glutamic acid decarboxylase (GAD). Binding levels of tritium-LSD, presumably associated with postsynaptic SHT receptors, were reduced 40 to 50 percent in samples from schizophrenics in three independent studies, whereas no other consistent alteration was observed in levels of binding associated with other receptors or in the activity of GAD. This change in receptor binding levels does not seem to be attributable to post-mortem changes, to influences of drugs received by the patients, or to demographic features of the patient populations. (25 references)—Author abstract.


The clinical and metabolic effects of propranolol (1600 or 1920 mg/day for 1 month) were examined in four young chronic schizophrenic patients. Only one patient showed marked clinical improvement. No significant changes in urine catecholamine (CA) or CA metabolite levels were observed. Lymphocyte binding to 1-alprenolol and cyclic 3', 5' adenosine monophosphate (AMP) response to prostaglandin-E1 were not altered, but lymphocyte cyclic AMP response to isoproterenol was significantly inhibited. A possible relationship between some forms of schizophrenia and noradrenergic function is proposed. (7 references)—Author abstract, modified.


The effects of dopaminergic-related and stimulatory drugs were examined in chronic hebephrenic schizophrenics untreated with neuroleptic drugs. The patients were assessed psychologically, and levels of follicle-stimulating hormone (FSH), luteinizing hormone (LH), testosterone, and growth hormone (GH) were assayed radioimmunologically before, in the middle of, and after each course of therapy. Two patients showed improvement in affective behavioral symptomatology during therapy, while the other four, who had a more severe degree of mental deterioration and destruction, were unchanged. FSH and LH levels, very low under basal conditions, did not change under therapy. Testosterone was very low before therapy and increased in only one subject. Normal basal GH levels increased under therapy. Testosterone, luteinizing hormone (LH), testosterone, and growth hormone (GH) were assayed radioimmunologically before, in the middle of, and after each course of therapy. Two patients showed improvement in affective behavioral symptomatology during therapy, while the other four, who had a more severe degree of mental deterioration and destruction, were unchanged. FSH and LH levels, very low under basal conditions, did not change under therapy. Testosterone was very low before therapy and increased in only one subject. Normal basal GH levels increased during therapy in some of the patients, but not constantly. The results are discussed in relation to the catecholamine hypotheses of schizophrenia. (80 references)—Author abstract, modified.


The sleep patterns of four male chronic schizophrenic patients were monitored throughout the various phases of a 1-year therapeutic trial with loxapine succinate, a newly developed neuroleptic. Compared with the initial drug-free baseline, the early drug period was characterized by an increase in rapid eye movement (REM) percentage, REM density, and REM activity. During the drug maintenance period, the increase in REM phasic events was accompanied by an increase in total sleep. Severe insomnia was noted during the initial period of drug withdrawal. The absence of time lag between changes in drug administration schedule and the associated alterations in sleep patterns was in contrast with the time latency of the therapeutic response. This is probably an indication that the effects of loxapine on sleep and on psychopathology are mediated by different mechanisms. (18 references)—Author abstract.


Data from a general population study of platelet monoamine oxidase (MAO) activity in a demographically diverse sample without evidence of psychiatric illness are presented and compared with data from a study of elderly chronic schizophrenics. Within the normal population, age was found to correlate positively with enzyme activity. Schizophrenic patients who demonstrated cessation of active schizophrenic symptoms relative to their admission records had greater platelet MAO activity.
than those patients who continued to manifest active schizophrenic symptoms. Furthermore, those patients who ceased to demonstrate active schizophrenic symptoms had enzyme activity consistent with that of normal age-matched controls. (9 references)—Author abstract, modified.


The proposal that the increased dopamine function suggested by the dopamine hypothesis of schizophrenia is a dopaminergic postsynaptic receptor supersensitivity resulting from a dopamine deficiency is presented. Three double-blind controlled studies conducted on drugs which alter brain dopaminergic activity in a manner different from that of classic neuroleptics are reported. It is concluded that currently accepted modes of pharmacological therapy in the short term control the dopamine supersensitivity secondary to a deficiency, but in the long term increase the dopamine deficiency, and so exacerbate the supersensitivity. (38 references)—Author abstract, modified.


Evidence suggesting that catecholamine systems related to reward mechanisms (the locus ceruleus system and the dopamine neurons arising from the ventral midbrain) are disturbed in schizophrenia is reviewed. Neuroleptic drugs appear to exert their antipsychotic effects in acute schizophrenia by blocking dopamine receptors, but the time course of the effects suggests the mechanism is more complex than simple reversal of a neurohumoral imbalance. Post-mortem studies have shown an increase in postsynaptic receptor density with no change in dopamine turnover, even in patients who had not received medication in the year before death. Present evidence is consistent with the hypothesis that certain psychotic episodes can be controlled by counteracting positive feedback processes subserving positive reinforcement mechanisms. (52 references)—Author abstract, modified.


The possibility that neuroleptic medication was responsible for the presence of a virus-like agent in the cerebrospinal fluid (CSF) of some patients with schizophrenia and certain neurological conditions is considered. It is suggested that such a relationship does not exist since many CSF specimens from schizophrenic patients were taken before neuroleptic medication was started.


The possibility that supersensitive mesolimbic postsynaptic dopamine receptors could be induced in humans by long-term administration of antipsychotic drugs is discussed. Studies demonstrating this occurrence in animal research and those suggesting this possibility in man are reviewed. Methodological problems complicating the investigation of early schizophrenic relapse as a function of neuroleptic-induced mesolimbic receptor supersensitivity are considered. It is suggested that, following a dose reduction or discontinuation of antipsychotic drugs, mesolimbic dopamine receptor supersensitivity could be reflected in: (1) rapid relapse of schizophrenic patients, (2) the development of schizophrenic symptoms in patients with no prior history of schizophrenia, or (3) the necessity for ever increasing doses of long-acting depot fluphenazine to maintain a remission. (38 references)—Author abstract, modified.


In a letter to the editor, individual values of beta-endorphin concentrations in the cerebrospinal fluid of five patients presenting with acute schizophrenia and in control subjects were given, in answer to requests by readers of a letter of May 12 (p. 1024) by Domschke, Dickchais, and Mitznegg. Values were as follows: 1527, 120, 1787, 200, 188 pmole/l (schizophrenics); 86, 93, 61, 81, 76, 37, 70 pmole/l (controls).
levels during propranolol administration of the tyrosine hydroxylase/dopamine synthesis inhibitor a-methyl-p-tyrosine (AMPT) was administered to seven chronic male schizophrenic patients to 10 mg of naltrexone was investigated in a single-blind and double-blind study. Brief Psychiatric Rating Scale (BPRS) ratings were made before and 6 hours after the injection: adrenocorticotropic hormone (ACTH) blood levels were determined before and 1.5 and 6 hours after injection. Statistically significant improvement of psychotic behavior occurred after 6 hours. The greatest improvement occurred in the patient who showed the most pronounced diurnal variation of ACTH levels, and there was no improvement in the patient.

Levels of dopamine, norepinephrine, and some of their metabolites were measured post mortem in several brain regions of patients with chronic psychoses (undifferentiated schizophrenia, paranoid schizophrenia, unspecified functional psychosis, schizoaffective illness, or manic-depressive illness) and normal controls. No significant differences were found for dopamine and its metabolites between normals and psychotics. Levels of free 3-methoxy-4-hydroxyphenylglycol (MHPG) were increased in the hypothalamus of psychotics, and levels of conjugated MHPG were correspondingly decreased. These findings do not support the dopamine hypothesis of schizophrenia, but do suggest that chronic psychotics may have a disorder of norepinephrine metabolism. (10 references)—Author abstract, modified.

The response of seven chronic male schizophrenic patients to 10 mg of naltrexone was investigated in a single-blind and double-blind study. Brief Psychiatric Rating Scale (BPRS) ratings were made before and 6 hours after the injection: adrenocorticotropic hormone (ACTH) blood levels were determined before and 1.5 and 6 hours after injection. Statistically significant improvement of psychotic behavior occurred after 6 hours. The greatest improvement occurred in the patient who showed the most pronounced diurnal variation of ACTH levels, and there was no improvement in the patient.

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who had no diurnal changes. Prolactin plasma levels following endorphin injections were dose dependent and peaked at approximately 30 minutes. The mean half-life of elimination of exogenous b-endorphin was between 12 and 35 minutes. It is suggested that positive and negative behavioral responses to naloxone depend on the relative stress produced by experimental or therapeutic intervention. (17 references)—Author abstract, modified.


Untreated paranoid schizophrenic patients diagnosed according to Feighner's criteria were tested for the possible involvement of a primary defect in the renin-angiotensin system. Subjects were tested in the morning in the upright position 2 hours after waking. Results were in the normal range with one exception and contrast with those of Litvin (1977) which suggest the presence of high plasma renin concentration in schizophrenia. The occurrence of high renin levels in schizophrenics may be due to nonspecific reactions to stress. (10 references)


Serum dopamine-b-hydroxylase (DBH) activity was studied in 90 normal control subjects and 78 schizophrenic subjects who met research diagnostic criteria. Serum activity of patients was measured during the initial drug-free period and at various intervals thereafter. No significant differences were found for the groups as a whole. However, the incidence of serum DBH activity below the median for normal control subjects was significantly less in chronic paranoid schizophrenics than in normal control subjects. (24 references)—Author abstract, modified.


To determine the effect of long-term neuroleptic treatment on the dopamine tuberoinfundibular system, serum prolactin (PRL) levels were measured in 58 chronic schizophrenics (23 males, 35 females) who had been treated with neuroleptics for a mean of 12 years. Mean serum PRL was not elevated in men or women. Thyrotropin-releasing hormone increased the serum PRL level in both sexes, thus excluding depletion of lactrotropic cells as an explanation for normal PRL levels and implicating the development of tolerance in the dopamine tuberoinfundibular system. (30 references)—Author abstract, modified.


Letter naming and dot enumeration tasks, designed to elicit left and right hemisphere functioning, respectively, were presented tachistoscopically to paranoid and nonparanoid schizophrenics, nonschizophrenic psychiatric controls, and normal subjects. Types of omission information identified letters with greater accuracy with left hemisphere presentation. Group differences in the letter task disappeared once education was controlled. No hemisphere effect was found for dot enumeration, but group differences did emerge. As predicted, paranoids and controls processed the dots serially and hence decreased in accuracy over frame size. Nonparanoids processed in an automatic mode, revealing the same degree of accuracy over all dot sizes. The poorer performance of the nonparanoids in dot enumeration is discussed in terms of the task's requirement of bilateral processing and the nonparanoids' failure to integrate the processing of left and right hemispheres. (28 references)—Author abstract.


The behavioral and endocrine effects of intravenous protirelin, thyrotropin-releasing hormone (TRH), in 17 schizophrenic and 17 normal subjects were evaluated. Protirelin caused about a 50 percent prompt decrease in psychotic symptoms and then subjects slowly experienced a relapse. Side effects were as infrequent as in schizophrenic subjects receiving niacin. Serum prolactin,
growth hormone, and thyroid stimulating hormone (TSH) values at baseline and after protirelin stimulation were normal. Patients showed lower values of L-triiodothyronine at baseline but a brisker response to protirelin than controls, and their free thyroxine indices were higher at baseline. Patients showed diminished free thyroxine binding sites, rather than increased ones. The causes of these alterations in thyroid dynamics are unidentified. (73 references)—Author abstract, modified.


The effects of neuroleptic drugs on dopamine receptors are discussed. All neuroleptic drugs block dopamine receptors. However, it is thought that some selectively block postsynaptic dopamine receptors and decrease dopamine activity; others selectively block presynaptic dopamine receptors and increase dopamine activity. The former are used in treating the productive symptoms of schizophrenia; the latter are used in treating the defective symptoms of schizophrenia.—Journal abstract, modified.


Pimozide serum levels were measured in three schizophrenic patients by radioreceptor assay (RRA) and correlated with double-blind clinical psychosis ratings. Interindividual and intraindividual differences in blood level were marked. The small sample size did not permit general conclusions on the relation of serum drug levels and clinical response, but results suggest that the RRA is a useful tool for studying this relationship. (13 references)—Author abstract, modified.


Based on the apparent existence of a second (choroid plexual) blood-brain barrier offering a new brain attack mechanism on the periventricular primary personality brain (Rudin 1980) and which may be breached to produce the schizophrenia and psychosis characteristic of systemic lupus erythematosus (Rudin 1981), evidence is assessed that viruses and exogenous peptides, especially the glutens of cereal grains, may be primary triggers for schizophrenia. Schizophrenia would then be supposed to result as one expression of a gene-determined combined transport organ dysfunction with underlying basal laminal immunopathology at the tissue level and, possibly, a prostaglandin disorder at the chemical and membrane level in turn finally disrupting neurotransmission in the periventricular limbic system. It is concluded that evidence warrants a testing of the hypothesis, including a clinical trial under national auspices which employs an elemental diet, plasmapheresis, and immunosuppression, together with an antiviral regimen. (95 references)—Author abstract.


A case report is presented of vomiting related to interactions of the antipsychotics, haloperidol and fluphenazine, and benztrapine in a male with a diagnosis of subacute disorganized schizophrenia. To examine the etiology of such vomiting, attempts were made to control some of the significant variables by appropriate placebo substitution, blind ratings, constant dose schedules, and analysis of plasma levels. Results fail to support rebound anticholinergic hypersensitivity or antipsychotic withdrawal as possible explanations of the vomiting. Evidence was found to suggest that the interactions of dopaminergic and cholinergic systems in the central nervous system may play a role in the cause of vomiting. (5 references)


Relationships among biochemical,
clinical, and pharmacokinetic variables in neuroleptic-treated schizophrenic patients are discussed. Concentrations of the major monoamine metabolites homovanillic acid, MOPEG, and 5-hydroxyindoleacetic acid, were determined by mass fragmentography in cerebrospinal fluid of schizophrenic patients before and after treatment with antipsychotic drugs. In addition to the acceleration of central dopamine metabolism, spectra of changes involving all three major monoamine metabolites were induced by different types of drugs. In chlorpromazine-treated patients, changes in central norepinephrine metabolism were better correlated to therapeutic response than the alteration of central dopamine metabolism. Changes with time of the drug concentration effect relationships in chlorpromazine-treated patients indicate that long-term inductive effects are produced by chlorpromazine treatment. Studies on the monoamine metabolite pattern in untreated schizophrenic patients indicate the existence of a specific subgroup of patients with a disturbed central serotonin metabolism and a family disposition of the disorder. (11 references)—Author abstract, modified.


The relative potency of amphetamine isomers in causing the serotonin behavioral syndrome in rat was investigated. Experiments on the mechanisms by which amphetamine evokes this behavioral syndrome reveal that the l-isomer, like the d-isomer, acts indirectly, i.e., by release of endogenous serotonin. Furthermore, when d-isomer and l-isomer are compared on the basis of potency in causing the serotonin behavioral syndrome, the d-isomer is between two and three times more potent than the l-isomer. This result is consistent with the greater potency of the d-isomer (approximately two to one) in exacerbating symptoms of paranoid psychosis in humans. The data indicate that the serotonin behavioral syndrome in rats caused by relatively high doses of amphetamine may be the experimental counterpart of the paranoid psychosis induced in man by high doses of amphetamine. (24 references)—Author abstract, modified.


A group of 16 chronic schizophrenic subjects were compared with 15agematched control subjects for interocular transfer of movement after-effects. Contrary to the hypothesis of a schizophrenic deficit on this measure, schizophrenic subjects showed increased transfer compared to the controls. This effect is not due to response perseveration and is not correlated with length of hospitalization, age, or dose of antipsychotic drugs. It is suggested that the effect reflects a deficit in inhibitory processes in schizophrenia. (7 references)—Author abstract.


The effects of long-term amphetamine administration (mean of 8.75 mg/kg twice daily for 10 days) on brain serotonin metabolism was examined in the cat. Long-term amphetamine administration produced large decreases (40 to 67 percent) in serotonin and its major metabolite, 5-hydroxyindoleacetic acid (5-HIAA), in all brain regions examined. Treatment also produced several behaviors that are dependent on depressed central serotonergic neurotransmission, and which normally are elicited exclusively by hallucinogenic drugs. Short-term amphetamine (15 mg/kg) administration did not produce these behaviors and resulted in small decreases in brain serotonin and no change in 5-HIAA. Data are discussed in terms of monoamine theories of schizophrenia. (43 references)—Author abstract, modified.


Evidence that virus infection might cause schizophrenia or other mental diseases is reviewed briefly. The idea that organic or systemic disorders may be schizophrenogenic has been current in the Soviet Union for years, and recent evidence shows that some forms of behavioral and mental disturbance, such as that seen in Creutzfeld-Jacob disease, are the result of slow infections. Additional research has shown a cytopathic effect in tissue cultures inoculated with cerebrospinal fluid from about a
third of the patients with schizophrenia. However, as no virus particles have been identified by electron microscopy, definite conclusions cannot yet be reached. Further research is needed in this area. (6 references)


The possible relationship of the opiate peptide neuronal systems to schizophrenia is discussed in light of attempts to alter schizophrenic symptoms with opiate antagonists, β-endorphin, and diazepam. It is hypothesized that if the opiate peptides are involved in schizophrenia, then their involvement with dopamine systems and/or with stress responses may be critical. (85 references)—Author abstract, modified.


The enlarged cerebral ventricles observed in chronic schizophrenic patients were examined for possible structural abnormalities in the cerebral cortex. The widths of the Sylvian fissures, interhemispheric fissure, and three cortical sulci were measured blindly in 75 chronic psychiatric patients and 62 asymptomatic volunteers, all less than 50 years of age. A total of 19 of the 60 patients with chronic schizophrenia had at least one abnormality. All 15 patients with other diagnoses were within the control range. No significant differences in age, length of illness or treatment, and length of hospitalization occurred with chronic schizophrenics with abnormalities and those without them. Two thirds of the former subjects had some cerebral structural abnormality. Ventricular enlargement did not correlate significantly with abnormalities, and it is concluded that more than one etiology accounts for the structural abnormalities found in chronic schizophrenics. (31 references)—Author abstract, modified.


In the hope that RBC lithium uptake ratios would aid in the discrimination of manics from schizophrenics, the ratios of 27 hospitalized manics, 12 hospitalized schizophrenics, and 15 normal controls were compared. The highest RBC lithium uptake ratios achieved by manics were significantly higher than those achieved by schizophrenics. It is concluded that there was considerable overlap between the two groups which made the diagnostic value of the test unreliable. (40 references)


The role of phenylethylamine (PEA) in chronic schizophrenia was examined. Plasma levels of phenylalanine, the precursor of PEA, were higher in schizophrenics than in controls following administration of 100 mg/kg phenylalanine. This increase did not appear to be due to low monoamine oxidase activity. PEA concentrations in urine were higher in schizophrenics. PEA concentrations in schizophrenics could be decreased by diet or drugs, but these decreases were not associated with behavioral improvement. (16 references)


The levels of magnesium, calcium, and phosphorus of 20 randomly selected chronic schizophrenic inpatients and 16 nonpsychotic mentally retarded inpatients were assessed. No significant differences were found between the two groups in calcium and phosphorus. However, the magnesium level was significantly lower in the schizophrenic group than in the mentally retarded group. This difference increased when chronic female schizophrenic patients were compared to the female mentally retarded group. It is noted that hospitalization, diet, and medication were excluded as possible etiological factors. (16 references)—Author abstract, modified.
Childhood Psychosis


A followup study was done of 222 patients with early childhood schizophrenia, including 102 with convulsive, slowly progressing schizophrenia. An analysis of the types of course which these illnesses took and the transformations of the psychopathologies in their initial, developed, and final states revealed that in 25.7 percent of the cases the schizophrenia had continued without interruption. The percentage was found to be much higher (71.6 percent) for those patients who had suffered from convulsive types of schizophrenia during childhood. Four types of disease course were identified, each marked by its own characteristic range of progressivity. The greatest variability in this regard was found in the slowly and moderately progressively convulsive varieties of schizophrenia.—Journal abstract, modified.


The main difficulties in differential diagnosis of slowly progressing schizophrenia and borderline personality states such as neuroses and residual organic states with pseudo-autistic traits are discussed, with particular reference to childhood and adolescence. The practical and prognostic importance of differentiating nonprocessual variants of the syndrome of early childhood autism from organic autism is emphasized. Nonprocessual autism is said to be characterized not by the child’s active rejection of reality but by fear of his surroundings and particularly of any changes in the surroundings whereas processual autism often can be identified by the tendency toward speech regression. The particular diagnostic problems that are presented by cases of decompensation of a nascent schizoid pathology at onset of puberty are given special attention. (15 references)—Journal abstract, modified.


A clinico-genetic investigation was conducted of 61 patients (aged 4 to 15) with attack-like childhood schizophrenia and 188 of their relatives, including 143 parents or siblings. It was found that among the parents, 16.5 percent suffered from schizophrenic psychoses, while an even larger number showed signs of being in a postprocess psychological state. Further investigation showed that the latter group contained many persons who had gone through psychotic episodes without visiting a psychiatrist or mental clinic. Of the patients’ siblings, 27.2 percent were found to manifest schizophrenic symptoms. It was concluded that persons who are first-degree relatives of schizophrenics are themselves at high risk for the illness. (7 references)—Journal abstract, modified.


An epidemiological study of 5,039 institutionalized adult schizophrenics in three Moscow districts is presented. It was found that 31.3 percent of the subjects had become ill before age 18, and that the intensity of schizophrenia symptoms had been greatest during the onset of puberty. A comparison of the sex ratio at the onset of the disease, at different periods of childhood, and at puberty shows that the younger the males were, the higher their morbidity rate was. When the initial stage of the disease occurred before age 18, malignant forms of the illness prevailed three times more frequently than when the onset was after that age. It was concluded that the general morbidity rate depended upon the age of onset, while the form of the disease was more dependent upon sex than upon age. (30 references)—Journal abstract, modified.


Problems of a comparative age-associated approach to the study of schizophrenia in childhood and adolescence are discussed. The nosological unity of childhood and
adolescent schizophrenia with that of adults is emphasized. Age-associated modifications of the disease in young people are considered with respect to epidemiological data, differences in psychopathologies, and variations in the disease course. Special attention is given to the typical combination of symptoms of genuine schizophrenia defect in children plus signs of developmental disorders resulting from the schizophrenic process. Differential diagnostic criteria for childhood and adolescent schizophrenia are given, with reference to the age of onset and the type of disease course. (28 references) — Journal abstract, modified.

Cross-Cultural Studies


The relationship between schizophrenia and civilization is examined in a cross-cultural study. The data collected worldwide suggest that the most likely explanations for the epidemiological patterns of schizophrenia are biological, not psychosocial. The emerging clinical and laboratory data reveal that schizophrenia is a collection of brain diseases. Within the biological realm, viruses combined with familial or genetic factors explain the data best, although dietary factors and environmental contaminants must be kept in mind. Schizophrenia and civilization, then, are correlated, and the relationship is probably controlled by biological factors. (603 references)

Description


The psychopathological traits of paranoid delusions were studied in 65 patients with paranoid schizophrenia. Of these patients, 16 had hypochondriac delusions, 13 had delusions of jealousy, and 36 had delusions of persecution. All cases were studied from the standpoint of the structural and dynamic aspects of the development of systematized interpretative delusions. Results show that there are two variants of the development of such delusions, i.e., paranoid and mixed. The paranoid variant by its nature appears to be catathymic; but in a mixed variant, separate elements of sensorial and imaginative delusions were interspersed with a catathymic development of delusions. Results also show that there is a reciprocal transition of catathymic delusions, delusions of special significance in conjunction with the development of the morbid process. (10 references) — Journal abstract, modified.


The clinical independence of cenes-thiopathic schizophrenia was examined by studying 101 cases of schizophrenia with a prevalence of cenes-thiopathic disorders. The following three types of the cenes-thiopathic syndrome were distinguished: cenes-thiocalic, cenes-thiopathic, and cenes-thiocalic-enesthetic. Results show that the successive transition from one state to another is a clinical reflection of the progression of a pathological process, and that patients with cenes-thiopathic schizophrenia develop more profound negative changes in comparison to hypochondriacal schizophrenia. In 62 percent of the cases, these changes lead to invalidation, according to epidemiological data. The results show that cenes-thiopathic schizophrenia is an independent variant of the disease. (23 references) — Journal abstract, modified.


The practical importance of social networks research in the understanding and treatment of schizophrenia is discussed. The study of social networks is a rapidly growing field of social science, and has been the focus of inquiry for the fields of anthropology, sociology, and classical psychiatry. The role that networks play in the course of schizophrenia is discussed in terms of recent research and theory. The experience and phenomenology of schizophrenia are examined from a social network point of view and the implications for intervention through the provision of supportive social networks are discussed (28 references) — Author abstract, modified.


The disturbances in thinking, feeling, and relating of schizophrenia are explored by examining the symptoms, causes, treatment, family, hospitals, social agencies, and...
predictors of recovery. Topics discussed include: diagnosis, models of madness, personality traits, stress, diathesis/stress model, thought blocking, repetition, hallucinations, delusions, emotions, sexual identity, lack of commitment, depersonalization, emptiness, depression, causal patterns, genetics, epidemiology, genetic/environmental interaction, biochemistry, the dopamine hypothesis, information processing, patterns of childhood behavior, neurological and physiological factors, medication, electroconvulsive therapy, activities therapy, seeking help, fear aggression, suicide, accidental death, brief institutionalization, community-based agencies, societal barriers to recovery, social stigma, poor and good outcome cases, a developmental process, and process schizophrenia and reactive schizophrenia. It is argued that though researchers seek better predictors of schizophrenic outcome, they offer some assurance that the more competence, social supports, and human resources before psychosis, the better one’s chances after psychosis. (276 references).


A comparative and multidisciplinary approach to anthropology, psychiatry, and creativity, as reflected in the mentally disturbed patient, is presented. It is posited that the chronicity of the schizophrenic patient originates, for the most part, from an inability of the therapist to establish, stimulate, and enhance nonverbal communication when verbal channels are blocked, disturbed, or meaningless. The theory that the schizophrenic process is a regression to early stages of development in all functions of the mind, including communication and creativity, is endorsed. Clinical cases and the paintings of patients document the theories presented. Chapters are presented on the conception and the structure of space, cross-cultural diagnosis in psychiatry, New Guinea and its people, societal significance of tribal art, and on schizophrenic expression and New Guinea art.


Thirty-two adult chronic schizophrenic inpatients either interacted with an adult model who was noncontingently warm and rewarding, or were not initially exposed to a model. In the second phase, the model displayed task responses and novel behaviors incidental to the task, and subsequent patient imitation of the model under minimal demand conditions was recorded. In the third phase, the model again displayed the same behaviors, whereupon half of the patients in each group were subjected to moderate (explicit verbal request) or high (verbal request plus material rewards) incentives to imitate. Under stong incentive conditions, initial differences between groups in incidental imitation vanished, indicating that a previously positive relationship with a model facilitates imitative performance but not learning. (8 references)—Author abstract, modified.


The effects of paraphrasing (modeling with controlled disclosure of congruent feelings by an interviewer and cues on the verbalized expression of self-referent affect in chronic schizophrenic inpatients) were investigated. As predicted, modeling, both with and without cues, significantly increased self-referent affect expression over control group levels. Contrary to prediction, paraphrasing was ineffective and significantly inferior to modeling. Cues significantly enhanced the effects of paraphrasing and modeling, as predicted, and increased Base I period self-referent affect level. Maintaining the cue condition prevented extinction of self-referent affect following termination of experimental conditions. The effect of sex was nonsignificant. Relative superiority of modeling over paraphrasing in clinical interventions with chronic schizophrenics is discussed. (56 references)—Author abstract, modified.


The performance of different groups of psychiatric patients with respect to individual neurological soft signs was studied. The potential influence of psychotropic drugs on the significant findings was also analyzed. The
results show that specific individual neurological soft signs are significantly more frequently present in schizophrenics than in either controls or in other psychiatric groups. Additionally, there was no statistical evidence of psychotropic drug effects on the findings. (13 references)—Author abstract, modified.


The work of developing and analyzing a mathematical model of schizophrenia is summarized. A mathematical model which is based on R.R. Gjessing's work and which consists of a set of nonlinear ordinary differential equations is derived. The Danziger and Elmer-green model and improvements of their model are described. The models are analyzed qualitatively and the mathematical results are interpreted medically. The model suggests that since certain parameters are varied, various types of solutions and hence various patterns of symptoms are obtained. A definite program of research which could result in a model that would give a coherent account of a large group of medical observations is described. (28 references)—Author abstract, modified.


Forty-four first admission schizophrenic patients were studied during their hospital stay and were followed in the community for a minimum of 1 year. During this time, four cases went into an unequivocal depression. Phenomenological aspects of the depression are discussed. Socio-demographic variables were not found to be predictive of postpsychotic depression. A significant association is reported between the acute schizophrenic episode and subsequent development of postpsychotic depression. (10 references)—Author abstract, modified.


The association between marital discord and the following types of psychiatric disturbance are discussed: personality disorder, neurotic illness, schizophrenia, and affective disorders. Personality disorders include a variety of traits such as dependence, passiveness, aggression, immaturity, histrionicism, paranoia, and obsession. Separately or combined, these traits may impair relationships in a number of ways. Neuroticism has been associated with marital breakdown and poor marital adjustment; behavior in the spouse that is either unilaterally dominating or segregating is associated with marital tension. A study of 1,295 women, aged 16 to 49, who were suffering from schizophrenia and affective disorders revealed that schizophrenia had an adverse effect on marital stability and that affective disorders were not so conducive to marital breakdown as schizophrenia. Whether the causes of psychiatric morbidity after childbirth are primarily social, psychological, or physical, some of the depressive illnesses persist and are associated with chronic fatigue, irritability, loss of libido, and a general malaise, which corrode the marriage. It is suggested that the association between alcoholism and divorce may occur because women marry heavy drinkers or because marital or sexual problems lead to heavy drinking after marriage. (22 references)


The Rorschach inkblot test was administered to 200 psychiatric patients in the Indian army—100 schizophrenics and 100 neurotics—and compared to 100 normal subjects. The test was administered following Klopfer's method and protocols were scored for 45 indices. The chi-square test was used to estimate the significance of the indices. Thirty-one scoring variables discriminated among the three groups. The protocols were found to be constricted, and this constriction prevailed in all the scoring categories. (19 references)—Author abstract.


Monothematic catahyamic delusions in slowly progressive schizophrenia were studied in 16 female patients (16 to 58 years old) in whom eroticism was particularly evident. The psychopathology, clinical picture, and pathogenesis of sluggish forms of endogenous delusional psychoses
were examined. Results show that these cases differ from paranoiac variants of erotic delusional psychoses. It is suggested that the clinical manifestations of slowly progressive processes may be related to mechanisms of a cataclysmic interpretation, common in the pathogenesis of morbid signs during the whole period of the illness. The clinical similarity of erotic delusional symptomatology to the constitutional traits of the patients is one of the major clinico-pathogenetic factors to which the slowly progressive development of delusional psychoses may be related. (35 references)—Journal abstract, modified.


Sodium amobarbital response during simulated catatonia was assessed in relation to the issue of volitional control in catatonia. Nine normal volunteers and one recovered catatonic schizophrenic subject were instructed in the simulation of catatonia, and tested during the simulation of catatonia following administration of sodium amobarbital. All subjects were able to simulate catatonic behaviors, suggesting that stuporous catatonia does not fit a model of volitionally controlled behavior. (11 references)


The house/tree/person (H/T/P) projective drawings of 69 adult male schizoid prison inmates, 59 adult male inmates with a nonschizoid personality disorder and below average intelligence, and 29 males attending college seminary were evaluated. Using half of each prison group, 8 of 94 variables were selected as significant in discriminating between the two groups; a cross-validation test on the remaining subjects produced a 67 percent correct grouping. The four IQ measures derived from Buck's scoring of the H/T/P drawings were found to be significantly different from IQ scores derived from intelligence tests. Additionally, the four IQ measures were found not to be significantly different within groups, thereby rejecting one of Buck's postulates that the four measures have different qualitative implications. Claims that the H/T/P drawings can be used as an objective, valid measure of intelligence were not substantiated. Since the factors of low intelligence or personality disorder have the ability to mask each other, the test's potential for revealing personality disorders is also questioned.—Journal abstract, modified.


The strategies used by 40 chronic schizophrenic outpatients with persistent auditory hallucinations to cope with the intrusive phenomena were explored. Frequent coping mechanisms included changes in activity, interpersonal contact, manipulations of physiological arousal, and attentional control. A high risk of suicide was noted. Coping behavior appeared somewhat independent of clinical and socio-demographic variables. Successful coping appeared to result from systematic application of widely used coping strategies. The implications for the clinical management of patients with persistent auditory hallucinations are discussed. (38 references)—Author abstract.


The incidence of dementia was examined in 17 schizophrenic patients with tardive dyskinesia (TD) and 33 schizophrenics without TD using psychological tests of intellectual function and EMI scans. The group as a whole was found to be demented, and 31 out of 45 had abnormalities on the scan. On a learning test, TD subjects performed significantly worse; and using a measured parameter of the scan (the ventricular index), the TD group had more abnormality. It is suggested that the higher incidence of pathology in the TD group may be related to chronic neuroleptic toxicity. (16 references)—Author abstract, modified.

variation in the chronicity of admission, with 20 percent of the psychotic symptoms before phrenic patients. There was wide American Journal of Psychiatry, admission schizophrenic patients. sample of 101 first-admission schizoidly evaluated in a representative patient’s first admission was system-
The course of schizophrenia before a psychotic symptoms in first-


The course of schizophrenia before a patient’s first admission was systematically evaluated in a representative sample of 101 first-admission schizophrenic patients. There was wide variation in the chronicity of psychotic symptoms before admission, with 20 percent of the patients having been symptomatic for more than 2 years, and 28 percent for less than 1 week. Delusions of grandeur, delusions of reference, and suspiciousness were more common in the more chronic than in the most acute patients; symptoms of withdrawal and retardation showed the opposite pattern. The implications of these findings for psychiatric prognosis, prevention, and theory are discussed. (33 references)—Author abstract, modified.


Possible predictors of change in the severity of the schizophrenic syndrome among schizophrenic patients with cessation and administration of phenothiazine chemotherapy were examined. The inter-correlations among content analysis scores of the speech of schizophrenics indicate that anxiety, overt hostility outward, and ambivalent hostility are associated with high social alienation/personal disorganization scores. It is suggested that these correlations signify that the sicker schizophrenics are more likely to manifest their disorder in open, destructive aggression, in paranoid ideation, or in higher anxiety. Furthermore, the verbal sample technique for assessing behavior appears to offer a fruitful method for following longitudinal changes in the magnitude of the schizophrenic syndrome and in finding predictors of trends with various types of therapy. (34 references)


Two books on psychosis are reviewed: (1) Paranoia: A Study in Diagnosis by Yehuda Fried and Joseph Agassi and (2) Schizophrenia: The Sacred Symbol of Psychiatry by Thomas Szasz (1976). Fried and Agassi focus on nosology and follow the medical model of paranoia as a mental illness. A definition is proposed which is assumed to distinguish paranoia from schizophrenia and to distinguish both from neuroses. Szasz critically analyzes the inner stronghold of institutional psychiatry and proposes that schizophrenia describes someone whom society wants to control while disguising its coercion as therapy. He examines the premises on which the modern concept of schizophrenia rests, the historical context from which it developed, and the sociopolitical purposes involved today. Szasz views schizophrenia not as a medical problem, but as a philosophical, moral, and legal problem. He claims that psychiatrists do not cure diseases but control deviance, and rejects both the economic model of the antipsychiatrists and the medical model of the psychiatrists.

5388. Hartmann, E.; Russ, D.; Van der Kolk, B.; Falke, R.; and Oldfield, M. (170 Morton Street, Boston, MA 02130) A preliminary study of the

Thirty-eight adults who reported experiencing at least one nightmare per week were studied through psychiatric interviews and psychological tests. Almost all of the subjects had a lifelong history of frequent nightmares. Four of the subjects met DSM-III criteria for schizophrenia, nine met the criteria for borderline personality, and six met the criteria for schizotypal personality. The others had no specific diagnosis, and none of the subjects had a diagnosis of typical neurosis. Many had mentally ill relatives. Most had artistic interests and talents. These nightmare sufferers may be seen as unusually vulnerable with a potential for mental illness, especially schizophrenia, as well as a potential for artistic achievement. (11 references)—Author abstract.


Parental symbolism and image formation were studied in 138 neurotics, 113 psychosomatics, 97 schizophrenics, and 107 healthy adults using Carroll and Chang’s INDSCAL program and the Semantic Differential Parental (SDP). The SDP is a unipolar 7-step scale item list designed to reflect the main aspects of maternal and paternal sex-role dimensions. Concepts offered for assessment include realistic and idealized parental images, and doctor and self-images. Three basic semantic components accounted for 40 to 50 percent of the total variance of the joint concepts in each group. Two of these components are integrative, while a third is a differential component of the paternal and the maternal. The characteristics of this differentiation validate and further explicate earlier research with the SDP. Differences among subject groups with relation to the assimilation processes of the maternal and paternal dimensions in image formation are discussed. (12 references)—Author abstract, modified.


The concept of selectivity and polarity of schizophrenic pathology is presented. Data were obtained from the clinical observations of a large group of schizophrenic patients. Factors related to the patient's attitude toward his environment, affective life, and activities are considered. It is suggested that the presence of schizophrenic symptoms is not a sufficient basis for describing the clinical picture of schizophrenia, which means that certain psychic disturbances are evident in particular situations. If selectivity is considered, the description of pathology is facilitated by use of the concept of bipolarity. (13 references)


The absorption and transformation of insights from literature and literary aesthetics into research on schizophrenia and the psychopathology of creativity are discussed against the background of the history of psychiatric research. Regarding contemporary research trends, special emphasis is placed on communication theory as presented by the Palo Alto group (double-bind theory), antipsychiatry (Cooper, Laing), French structuralism (Foucault, Lacan), and on schizoanalysis (Deleuze and Guattari). Traditional concepts of mental health and illness are questioned. (41 references)—Author abstract, modified.

5392. Leberman, D. M. (Faculty of Medicine, Memorial University of Newfoundland, St. John's, Newfoundland, Canada) Pituitary deficiency and paranoid psychosis. Psychiatric Journal of the University of Ottawa, 5(2):113–117, 1980.

Two cases of paranoid psychosis associated with hypopituitarism are described. It is suggested that such cases may be more common than published accounts indicate. Aspects of diagnosis and treatment are discussed. A brief review of published cases in the English language literature since 1960 is presented. (12 references)—Author abstract.


Distorted pictures of the human body drawn by neurotic and psychotic patients, particularly schizophrenics, are discussed in the light of psychoanalytic studies published on the subject. The first descriptions of destructuration of the body image
were given mainly within the framework of cerebrocardiac neuropathy, depersonalization, cenesthesiopathy, and personality disorders. The concept of depersonalization is analyzed, using examples given in the literature. It is concluded that there are no specific characteristics of imaginary forms which could lead to a differential diagnosis. In the case of psychotic or neurotic children, the essential elements of a drawn picture of the body can be both properly placed and also fragmented. (21 references)


The clinical traits of malignant schizophrenia were studied in 84 senile patients. These patients were divided into three categories: those with adolescent schizophrenia (with the onset of the disease before 24); those with schizophrenia in middle age (with the onset of the disease between the ages of 25 and 35 years); and those with late schizophrenia (with the onset of the disease from 40 to 61 years). Results show that the clinical- and age-associated differences between the groups are distinct only in the initial and manifest stages of the disease; and that, in the terminal period of the disease seen in senescence, there is a complete evening out of the specific traits of each group, which is due to the formation of a deep defect sometimes associated with pseudosenile traits. Results also show that not only does senescence affect the process of the disease, but the disease itself affects the process of mental aging. (16 references)—Journal abstract, modified.


Results of a survey of Swiss psychiatrists concerning the origins of schizophrenia show that the majority of respondents feel that it is impossible to establish priorities between the psychogenetic determinants and neurobiological components. A statistically significant correlation was noted between psychiatrists’ ages and their opinions of the origins of schizophrenia. Opinions were not influenced by the fact that a family member was schizophrenic. (14 references)—Journal abstract, modified.


The history of the use of transfusion and hemodialysis, and attendant theories of schizophrenia as intoxication or as caused by a single removable element in the blood, are reviewed and current reports of success with hemodialysis in treating chronic schizophrenia are called into question. It is argued that any effect which hemodialysis may have on chronic, as opposed to acute, catatonic schizophrenia is due entirely to the psychotherapeutic effect of the entire setting of dialysis.

It is claimed that due to the physical properties of the hemodialysis machine the claimed removal of endorphins cannot be considered. It is concluded that hemodialysis’ appeal to the general public must be based on other psychodynamics, perhaps a need to explain mental disease as the result of a single, tangible factor. (94 references)—Author abstract, modified.


Forty-two chronic schizophrenic patients were evaluated for extent of hedonic deficit and compared with a demographically matched sample of normals. Schizophrenics rated themselves as experiencing significantly less pleasure on 4 of 10 pleasure factors. When the schizophrenic sample was divided into depressed and nondepressed subgroups, the depressed subgroup was found to account for these differences in pleasure between schizophrenics and normals. Psychobiological implications of these results are discussed. (19 references)—Author abstract.


Thirty male psychiatric inpatients (depressed, schizophrenic, and alcoholic) inpatients were administered the Minnesota Multiphasic Personality Inventory,
the Beck Depression Inventory, and the Rotter Internal-External Scale. It was found that age and whether a subject was judged psychiatrically disabled or nondisabled did not differentiate between depressive, schizophrenic, and alcoholic subjects. Depressive subjects tended to score higher in the external locus of control range, while the alcoholic group scored within the internal locus of control range. Schizophrenic subjects' responses to Rotter's scale show considerable variability, but the mean indicates that they fall at the cutoff point for external locus of control. —Journal abstract, modified.


The understanding of catatonic and paranoid attitudes, which contribute to the psychopathology of delusions, is examined. The catatonic attitude maintains the closed delusion, without connection with the exterior, while the paranoid attitude is strongly articulated. For this reason the paranoid is always disposed to polemics and discussion, meeting the exterior world head on. This analysis suggests that caution is necessary in the existence of a delusion. In the catatonic patient, the delusions act as a form of contact between patient and exterior world. Perhaps, because the patient has established contact, a better prognosis is possible and the capability to communicate will remain open. It is concluded that without the contact of delusions, psychotherapy and rehabilitation are an impossible task. —Author abstract.


The autobiography of a young male schizophrenic who was having delusions is discussed. The text is constructed of two different chronicles. The first is autobiographical and briefly relates the principal episodes of the subject's life. The second chronicle stems from the memories of a traumatic and humiliating situation and demonstrates the depth of the schizophrenic's delusions. It is concluded that delusion is an attempt on the part of the schizophrenic to become someone else. —Journal abstract, modified.


The autobiography of a young man with schizophrenia who was having delusions is discussed. The text (through which the individual experiencing delusions views the world) deviates from the ordinary and logical roles of language, is pervaded by imagination, and is meaningful on the historical, fantastic, and delusional levels. The text covers family, culture, and belief; in this sense the text is historical. However, many of the symbols become distorted, changing to delusions. It is concluded that a delusional text fails in its attempt to recreate the world by failing to persuade its readers that it is a legitimate world. —Journal abstract, modified.


A study to determine whether constriction of handwriting is a reliable correlate of mild akinesia is reported. The study involved 24 schizophrenics who received treatment with an antipsychotic drug. It shows that the handwriting of a group of medicated schizophrenics tended to constrict when these patients became mildly akinetically. However, handwriting constricted just as much in a group of nonakinetically medicated schizophrenics and in a group of normal controls. It is concluded that micrographia is not a reliable correlate of mild akinesia. (8 references)


Possible sex and age trends in and prevalence of tardive dyskinesia (TD) were examined in 213 schizophrenic outpatients, using the Abnormal Involuntary Movement Scale (AIMS). Results indicated that increasing age was significantly associated with the presence of the disorder, while sex was not. Both sexes showed significant linear increases with increasing age. Although males did not evidence the statistically significant curvilinear trend previously reported in an inpatient study using the same methodology, they displayed an attenuated effect at the older age levels. A comparison of prevalence values between the outpatient sample
and a previously studied inpatient sample indicated no greater prevalence of TD in the outpatients. However, an examination of differences in AIMS total scores between these samples suggested the presence of many more marginal and mild movements in the outpatients. Reasons for differences between the inpatient and outpatient studies are discussed. (25 references)—Author abstract, modified.


The independence of slowly progressive forms of schizophrenia is discussed. The developmental stereotype of slowly progressive schizophrenia is determined by a long subclinical course (latent period), a protracted stage of psychopathological signs (active period), and an eventual stabilizaton seen in the late phases of the disease. It is concluded that the clinical picture of the active period and the defect structure is characterized by axial symptoms—the typology of which is the basis of the following schema of slowly progressive schizophrenia: latent schizophrenia; slowly progressive schizophrenia with obsessions; slowly progressive schizophrenia with hysterical symptoms; slowly progressive schizophrenia with depersonalization; hypochondriacal schizophrenia (nondelusional hypochondria); slowly progressive delusional schizophrenia; slowly progressive schizophrenia with a prevalence of affective disturbances; and schizophrenia with poor symptoms. (78 references)—Journal abstract.


Human object representations produced in Rorschach protocols and in manifest dream recall were examined with regard to their capacity to differentiate dynamically and diagnostically among a sample of 55 young, severely disturbed hospital patients. Subjects were grouped into three categories: hysterical/impulsive borderline disorders, obsessive/paranoid borderline disorders, and nonparanoid undifferentiated schizophrenic disorders. It was predicted that the hysterical/impulsive borderlines would present affectively more advanced percepts than either of the other two groups and that the obsessive/paranoid borderlines would present structurally more advanced percepts. Results confirm both that the theoretical differentiation among the three groups reflects substantive differences in their capacity for object representations and that both the scales and methodology under consideration are useful measures for exploring these differences.—Journal abstract, modified.


Nine young borderline schizophrenics who developed an acute paradoxical behavioral toxicity as a reaction to the initiation of antipsychotic medication are described. The dynamics, the psychological issues, and some possible psychopharmacological interactions are discussed. It is concluded that the risk of behavioral toxicity should not be underestimated and the occurrence of this reaction must be carefully differentiated from other drug-induced reactions. (31 references)—Author abstract, modified.


Results of three separate studies comparing schizophrenic and other psychiatric patients and controls were analyzed for evidence of parental death. Combined subjects and groups for all three studies were: controls, schizophrenics, depressives, neurotics, and other disorders. Results suggest that early parental death may be a contributing factor in the etiology of schizophrenia. This finding was not associated with a genetically linked tendency toward suicide in parents. Parental death was found to occur earlier among schizophrenics than among other groups, and to be most frequent among schizophrenics with predominantly paranoid symptoms. (27 references)—Author abstract, modified.

Diagnosis

5408. Akiskal, H.S., and Puzantian, V.R. (Mood Clinic and Affective Disorders Program, Department of Psychiatry, University of Tennessee, 42 N. Dunlap, Memphis, TN 38103)

Psychotic forms of depression and mania are described in support of the contention that affective psychoses have distinctive phenomenology which is different from that of schizophrenia. Research data on schizophrenic features in psychotic affective disorders are reviewed and the question of mood congruent hallucinations and delusions is examined. It is concluded that the delusional and hallucinatory experiences in a pure affective illness can usually be explained by pathological mood and associated disturbances. Treatment should include antidepressant drugs or lithium salts. Symptoms which mimic schizophrenic behavior are most often caused by underlying or superimposed conditions, and the occasional and fleeting presence of Schneiderian symptoms or Bleulerian signs does not necessarily suggest reclassification of the disorder under a schizoaffective or schizophrenic label. (66 references)


Interrater reliability is calculated for 48 patients (25 depressives and 23 schizophrenics) who were interviewed by two raters and judged according to symptoms, syndromes, and diagnoses. Diagnoses were registered on the AMP system. Additionally each rater made an ICD diagnosis. With ICD numbers of 3 digits, interrater reliability amounted to Kappa = 0.84; with ICD numbers of 4 digits it amounted to Kappa = 0.65. According to the degree of accuracy, numerical agreement with the AMP syndromes lies between Kappa = 0.61 and 0.85. Single symptoms had the lowest reliability. Reasons for these differences and possibilities for improvement are discussed. (32 references)—Journal abstract.


The current status of schizoaffective states is discussed in support of the view that past clinical practice has used the diagnosis for many patients who today are believed to have bipolar manic-depressive illness. Two appropriate models for the disorder are pertinent: the dichotomous model and a model which proposes three illnesses. The latter would enable development of a classification system based on data rather than on intuition and proposes that: (1) patients with chronic unremitting psychosis would be diagnosed as schizophrenic while (2) those with episodic or remitting disorders who have psychosis and affective symptoms would be diagnosed as bipolar or unipolar depressives. (27 references)


On the basis of the concepts of selectivity and polarity in schizophrenic pathology, an attempt is made to divide schizophrenia into two subtypes. The subtypes are primary schizophrenia and superficial schizophrenia. The characteristics of these subtypes are delineated. Other classification systems are discussed and essential differences are identified. The suitability of the classification for facilitating accurate diagnosis and improving the rapport between a psychiatrist and patient, and between a patient and his family, is considered. (17 references)—Author abstract, modified.


The validity of the Hoffer-Osmond Diagnostic Test (HOD) was tested among 12 schizophrenics. The subjects were administered both the HOD and the visual figural after-effect test (VFA). The results show that subjects in the low scoring HOD group have similar scores on the VAF, which differ from the VAF scores of the high scoring HOD group. These results confirm that high and low HOD scorers have different perceptual styles. These perceptual styles are to some extent genetically determined and may require different therapies. Thus, instead of regarding low HOD scores found in a minority of schizophrenic patients as a weakness of the test, the present study may be regarded as enhancing the validity and usefulness of the HOD test. (24 references)

5413. Purisch, A.D.; Golden, C.J.; and Hammeke, T.A. (Golden: Nebraska Psychiatric Institute, University of Nebraska Medical Center, Omaha, NE 68105) Discrim-

The ability of a standardized battery of tests (suggested by the extensive work of A.R. Luria) to discriminate between brain-injured and schizophrenic patients was tested. The battery was administered to 100 schizophrenic and brain-injured patients. Chronicity was 121 months for the schizophrenic group and 56 months for the neurological patients. Of the 282 items in the battery, schizophrenics showed significantly better performance on 72 items. A discriminant analysis using 60 items demonstrated 100 percent accuracy. Schizophrenics performed better on 10 of 14 summary measures. A discriminant analysis using the 14 summary measures achieved 88 percent diagnostic accuracy. The accuracy shown by the battery was as high as the results obtained using other tests in a comparable chronic schizophrenic sample. The usefulness of the battery in schizophrenic and brain-injured patients is discussed. (28 references)—Author abstract, modified.


The term schizophrenic is used to describe a particular type of illness and also as a label for the person suffering from this illness. Concentration on the illness conceptualization indicates that its definition and nature vary somewhat from one proponent to another. Added to this is the problem that the major conceptions of schizophrenia are based on disjunctive concepts. It is argued that while all clinical conceptions of schizophrenia have assumed the existence of a disease entity syndrome, no attempt has ever been made to test its logical alternative: namely, the random symptom model. Some data compatible with this alternative are presented, and some of the theoretical implications delineated. (17 references)—Author abstract, modified.


The Diagnostic Interview for Borderlines (DIB) was used in a comparison of 36 borderline patients with 31 schizophrenic and 27 depressed patients. The DIB is a new assessment which evaluates social adaptation, impulse-action patterns, affects, psychosis, and interpersonal relations. In contrast to controls, borderlines were characterized by patterns of impulsive, self-destructive behavior, angry and depressive mood states, brief psychotic episodes, and unstable interpersonal relationships. These findings provide a data base for future tests of concurrent and construct validity of the diagnostic criteria for borderline disorders. (19 references)—Author abstract, modified.

Epidemiology


Schizophrenia prevalence and demographic variables in all 50 states of the United States were examined in a multiple regression analysis with demographic, climate, and food consumption as independent variables. Population density proved to be the best predictor of schizophrenia. This was discussed in terms of Torrey’s conceptualization of schizophrenia as a disease-like entity. (9 references)—Author abstract, modified.

The Family


A general systems approach to clinical evaluation of the family of the schizophrenic patient is presented. The problems and abnormalities that are typically found in the family environment of schizophrenic patients are summarized. The need for therapeutic work and evaluation of the family at the moment of hospitalization of a family member is emphasized. Illustrative case vignettes are given. Historical and transactional dimensions are considered through which treatment indications can be formulated and therapeutic focus planned. (41 references)

5418. Juni, S. (Dept. of Counselor Education, New York University, 400 East Building, New York, NY 10003) The stigma of mental illness as a

A case study is described of a schizophrenic youth in an Orthodox Jewish family. Some of the cultural dynamics intrinsic and unique in this family are discussed. Attitudes toward the family, children, marriage, illness, and family interrelationships are analyzed. The major difficulties in intervention within such family units are cultural relativism and incompatibility. Prescriptions for modifying the family unit should involve the unfocusing of guilt from the mother and its distribution throughout the family. However, if the cultural mores of the Orthodox Jewish system are to be respected, then the position must be adopted that it is the mother who is responsible for the occurrence of illness in the family and she must accept her guilt. Ethical and methodological conflicts in these two views that the therapist must face are considered. (15 references)


The development, measurement, and current use of the concept of expressed emotion are discussed. Expressed emotion refers to emotional aspects of speech for which ratings have been derived. In the relatives of discharged schizophrenic patients, these ratings are predictive of outcome, suggesting the importance of social and family factors on the prognosis of schizophrenics living with their families. It is reported that over the 20 years encompassed by the research reviewed, the concept of expressed emotion has become a highly specific measure of the number of critical remarks and the level of involvement, spontaneously expressed by the relative in the course of a factual interview. (19 references)—Author abstract, modified.


A decrease in the proportion of family therapy literature dealing with schizophrenia is discussed in terms of a model for the rise and fall of panacea therapies. It is suggested that family therapy has not been found useful in all schizophrenia, while it has proved applicable to other disorders. Specific issues for the treatment of families of schizophrenic patients discussed in terms of findings since the 1950s include: (1) whether there is any evidence that families cause schizophrenia; (2) whether it is useful to consider the family as a system; (3) the aims of family therapy; (4) whether family therapy works for any kind of family; and (5) whether family therapy works for families of schizophrenic patients. It is concluded that systems theory can only be applied successfully to some families when the patient suffers from certain conditions. (55 references)—Author abstract, modified.


The current knowledge concerning family treatment of schizophrenia is considered in terms of the following fundamental issues: (1) Is there any evidence that families cause schizophrenia? (2) Is it useful to conceive of the family as a system? (3) What is the aim of the family therapy? (4) Does family therapy work for all types of families? (5) Does family therapy work for families of schizophrenics? It is suggested that working with the family as a whole can successfully modify deviant behavior when the client is a disturbed child. Precautions concerning working with families containing psychiatrically disturbed adults are also discussed. (55 references)


Parental identification was examined in a group of 40 schizophrenics (20 males, 20 females) and in a group of 40 neurotics (20 males, 20 females). The Interpersonal Checklist was used to obtain the perception of the patient's self as well as his perception of each of his parents. The results indicate significant differences between the two groups. A certain percentage of the schizophrenic group found it difficult to identify with either parent. Also, a certain percentage of schizophrenics identified with their fathers while there was no single neurotic who did so. In certain schizophrenics there was an identification with the parent of the same sex by males as well as females whereas there was total absence of father identification by male neurotics. (17 references)—Author abstract, modified.
Psychiatric abnormalities, intellectual level, neuroticism, and overinclusion in thought processes were investigated in the parents of schizophrenic patients. An object sorting test and a proverb test revealed no evidence of overinclusion in the studied group of parents. Almost 10 percent of the parents evidenced schizophrenia. The intellectual capacity of the majority of these parents was at the lower end of the average range, with the IQ of the fathers being slightly higher than that of the mothers. The question of whether psychiatric illness in the parents might be a cause or a result of the schizophrenia of their children is raised. (32 references)

Genetics

Plasma dopamine-b-hydroxylase activity was significantly reduced in schizophrenics with a family history of schizophrenia, compared to schizophrenics with unaffected relatives and normal controls. This finding is consistent with the concept of genetic and biologic heterogeneity, whereby biochemically normal phenocopies constitute a significant portion of the ill population. The use of genetic principles in defining biologically homogeneous subgroups of schizophrenia is discussed. (20 references)—Author abstract.


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The reaction time crossover (redundancy associated deficit) scores of 28 process schizophrenics, selected for the presence of crossover, were correlated with the crossover scores of 53 of their first-degree relatives—one to five relatives for each patient. The resulting product moment correlation coefficient was .27 (p < .05), thus lending support to the notion of a familial factor in reaction time crossover. (1 reference)—Author abstract.

Plasma dopamine-b-hydroxylase activity was significantly reduced in schizophrenics with a family history of schizophrenia, compared to schizophrenics with unaffected relatives and normal controls. This finding is consistent with the concept of genetic and biologic heterogeneity, whereby biochemically normal phenocopies constitute a significant portion of the ill population. The use of genetic principles in defining biologically homogeneous subgroups of schizophrenia is discussed. (20 references)—Author abstract.

Using two solutions to the single major locus (SML) and a single multifactorial polygenic (MFP) genetic model, thresholds for two milder spectrum phenotypes, borderline schizophrenia and schizoid personality, were incorporated; and the recurrence risks predicted by these models were computed for several hypothetical pedigrees. Results demonstrated that: (1) recurrence risks for schizophrenia are frequently model dependent even when those models fit the available data equally well; (2) when a schizophrenia spectrum is assumed, it is extremely important to make precise diagnoses in relatives close to the individual at risk; and (3) collection of a more complete family history may appreciably alter computed recurrence risks. These findings illustrate the inadequacies of current empirical data for genetic counseling for schizophrenia. (19 references)—Author abstract, modified.

Studies on the question of heredity or environment as the cause of schizophrenia are reviewed. Areas covered include: (1) twin studies; (2) some selected models of the mode of genetic transmission in schizophrenia (Kallmann, Slater, Falconer and Gottesman-Shields analysis, and Matthysse and Kidd); (3) a conceptual framework for the grouping of theories on the etiology of schizophrenia (monogenic biochemical theories, diathesis-stress theories, and life-experience theories); and (4) chromosomal anomalies in schizophrenia. (54 references)

High-Risk Studies

Using two solutions to the single major locus (SML) and a single multifactorial polygenic (MFP) genetic model, thresholds for two milder spectrum phenotypes, borderline schizophrenia and schizoid personality, were incorporated; and the recurrence risks predicted by these models were computed for several hypothetical pedigrees. Results demonstrated that: (1) recurrence risks for schizophrenia are frequently model dependent even when those models fit the available data equally well; (2) when a schizophrenia spectrum is assumed, it is extremely important to make precise diagnoses in relatives close to the individual at risk; and (3) collection of a more complete family history may appreciably alter computed recurrence risks. These findings illustrate the inadequacies of current empirical data for genetic counseling for schizophrenia. (19 references)—Author abstract, modified.

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Creative products of a group of schizophrenic and matched nonschizophrenic mothers and their school-aged children were evaluated by graduate school judges to determine whether there was a basis for discriminating between the two groups of mothers and/or their children. Tasks for subjects included several drawings a day for each of 4 days including a drawing of a person, a drawing of self, a drawing of the family, a free drawing, and a free media choice creation. Judgments of pathology were not significant beyond chance expectation on any item or group of products. It is concluded that formal measures applied to the art products of children of schizophrenic mothers are unlikely to distinguish particular pathologies in this high-risk group. It is suggested that the use of unstructured expressive interviews should be tried in conjunction with the more structured standardized measures. (37 references)


The range of nervous system disorders that can affect the offspring of schizophrenics is described, and the current possibilities for prevention are reviewed. The problems considered include: the mortality rate of infants born of schizophrenic mothers; the types and severity of birth defects; and abnormalities in neurological and psychological functions in such children. A number of studies and experiments are cited, including several morphological studies of the brain tissue of children with schizophrenic mothers. The question is raised whether it is ethical to refer to congenital schizophrenia in the light of the data indicating high morbidity for children of schizophrenics. (87 references)


A group of apparently healthy subjects who were at genetic risk for schizophrenia and a control group were examined to determine whether attentional deficit can promote schizophrenia. Relatives were found to have poorer scores on a vigilance test and on a choice reaction time test. This deficit points to one of the primary symptoms of schizophrenia. It is suggested that studying the relatives of schizophrenics, as opposed to studying people who will later develop the illness, makes it possible to continue collecting data to develop and refine hypotheses about the nature of the illness. (9 references)—Author abstract, modified.

Prognosis


Results of followup studies of the course and 5-year outcome of schizophrenic psychoses in Helsinki in 1950 to 1970 were examined. Four groups of patients admitted to the hospital for the first time with schizophrenia or paranoid psychosis were studied. The 5-year outcome findings showed that the clinical prognosis of schizophrenia had not altered to any notable degree. There had been some change for the better because the number who were still in need of hospital treatment had decreased. This finding suggests that outpatient services could increasingly be relied on in the treatment of schizophrenia, thus reserving hospital beds for the most serious cases. (11 references)—Author abstract, modified.


A questionnaire based on British research on the rehabilitation of chronic schizophrenics was presented to 105 of 151 treated patients in a psychiatric day clinic in Heidelberg 2 years following their release. The rehabilitation results were based on the measuring of regular activity of the subjects at the time of the followup study. Results indicate that 69 patients had either partially or completely improved. In the group of 40 schizophrenic patients, 19 were found to be in partial or complete remission. The importance of regular activity for the chronically ill as a preventive measure for reducing the number of relapses is pointed out. (16 references)

5433. Watt, D.C., and Szulecka, T.K. (St. John's Hospital, Stone, Aylesbury, Bucks, England) The effect of sex, marriage and age at first admission on the hospitalization of schizophrenics during 2 years following discharge. Psychological
The effect of sex, marriage, and age at first admission on the hospitalization of 282 schizophrenics 2 years after discharge from a mental hospital was ascertained. It was found that a higher proportion of males than of females was readmitted; that the proportion of single persons among male schizophrenics was higher than among comparable age groups in the general population; that single males were more frequently admitted than single females; that the peak age of first admission for males was 10 years earlier than for females; and that men whose age at first admission was below the median were more frequently readmitted than those whose age at first admission was above it. The hypothesis that marriage has a protective effect in schizophrenia was not supported. (57 references)—Author abstract, modified.

Psychological Theory


The concept of suicide committed by a schizophrenic is discussed. The nature of a suicidal act cannot be determined by the violence of the act, the choice of the instrument used, and even less by the result. A schizophrenic patient can fail in his attempt to commit suicide. In cases of schizophrenia, the body is fragmented as in the case of hysteria. In the case of hysteria, the body image can be compared to that of a beautiful statue made of porcelain, in which the fractures are clear. A psychotic body is split, pulverized, like that of a formless, exploded statue made of plaster. It is concluded that this is the way to approach the question of suicide committed by a schizophrenic, just as it is used to approach suicide in patients with the Cotard syndrome—the syndrome of body negation.


The dynamic mechanisms which sustain the acute phase of schizophrenic psychosis are analyzed. A nonsatisfactory object relation, sustained from envy and hatred, causes the introjection of aggression. The introjection of aggression causes depersonalization and mechanisms of megalomaniac defense. The necessity of object relation seems to be an essential condition to schizophrenic psychosis. The object relation, founded on envy and hatred, is introjected to bear panic, fear, distress, and disorganization of the somatic ego’s function. (12 references)—Journal abstract, modified.


Schizophrenic delusion, considered as a delusion type idea or a conjunction of such ideas, and its role in the development of the unconscious are discussed. Delusion can be conceptualized as a process which alters thought rationality. Jung questioned the appearance of universal semantics in schizophrenic delusions. According to Freud, a withdrawal of the libido in a human is present in schizophrenia, and the psychotic ego authorizes the satisfaction of impulses normally prohibited. The unconscious contents which are manifested in delusions include: Oedipal contents, destructive fantasies, collective contents, and the representation of internalized family relationships. It is concluded that schizophrenic delusion is similar to an anthropologic epiphany, because it offers a means of structuring reality and ordering it in a human sense.

Treatment

5437. Adler, D.A.; Astrachan, B.M.; and Levinson, D.J. (Dept. of Psychiatry, Tufts University School of Medicine, 171 Harrison Avenue, Box 1007, Boston, MA 02111) A framework for the analysis of theoretical and therapeutic approaches to schizophrenia. Psychiatry, 44(1):1-12, 1981.

Four tasks that are within the legitimate domain of psychiatry are used as a framework for the analysis of the many approaches that have been taken in relation to understanding and treating schizophrenia. Each task is defined in terms of a problematic condition to be controlled or eliminated: illness, defect, deviance, and impeded growth. These four domains are further delimited as follows: (1) diagnosing, curing, and limiting illness (medical perspective); (2) reducing defect, and enabling those with defect to live more normal lives (rehabilitative perspective); (3) controlling socially deviant behavior (societal/legal perspective); and (4) fostering growth and competence (educative/developmental perspective). (48 references)—Author abstract, modified.

5438. Bernstein, J.G. (Dept. of Psychiatry, Harvard Medical School,
such as tardive dyskinesia should be discussed. Results of tests show that irreversible unwanted side effects due to the drug and any family antecedents involving the use of the drug. Symptoms, age, behavior, medical complications, and possible side effects must be considered. The best drug is often found through a process of trial and error. Dosage may vary radically from patient to patient. Most patients cooperate best when they are told to take only one dosage daily. The use of drugs has made the treatment of psychotic patients within the community more common than lengthy periods of hospitalization.

The validity of prolonged use of neuroleptics for schizophrenics is reviewed. Early treatments, the first scientific treatments of the 1920s and 1930s, the psychopharmacologic era beginning in the 1950s, and current treatments such as family therapy, group experiences, individual therapy, megavitamins, acupuncture, electroconvulsive therapy, and nonmedical management are described. Concepts and theories of schizophrenia are discussed, including genetic and environmental factors. Clinical implications for primary prevention and treatment are presented. (25 references)


Fifty-one individually designed treatment programs during a 22-month period on a token ward for 12 female chronic schizophrenic patients were analyzed. Level of withdrawal was critical to patients' response, both in terms of the rate and extent of improvement during the treatment stage and presence or absence of deterioration during weaning and followup. No differences in response between type of behavioral problem and methods of treatment or weaning were found. (18 references)—Author abstract.


The concept of the defeating process in psychotherapy is discussed, particularly in regard to the treatment of schizophrenics. In this process the patient attempts to defeat the therapist by defeating the therapy. This process may and often does work. Dealing with it effectively requires at least being aware of it, with the distinctive clue being the therapist's subjective sensation. In addition, the trap of the power struggle must be avoided or nipped early. It is suggested that the goal of the therapist is to become unimportant to the patient as the result of being effective; not extraneous, another lost hope, as the result of being ineffective. (2 references)


The validity of prolonged use of neuroleptics for schizophrenics is discussed. Results of tests show that unwanted side effects due to the prolonged administration of neuroleptics are not adequately known and therefore cannot be properly controlled. Patients taking neuroleptics should be monitored carefully. Withdrawal of the drug for short periods and the careful assessment of irreversible unwanted side effects such as tardive dyskinesia should be routine practices. (19 references)—Journal abstract, modified.


A preliminary study of the effects of aminoptine on hebephrenics and addicts was conducted. Nine addicts and 20 hebephrenics received an average of 200 mg/day of aminoptine. Evaluation was made on the basis of clinical interviews and evaluation scales, self-evaluations, evidence of dependency, and side effects. Results show improvement in six of the addicts and eight of the
hebephenics. It is concluded that aminoptine is effective in treating syndromes marked by apragmatism, motor loss, and lack of interest. In addition, pre-existing delirious ideas in schizophrenics are not reactivated, and there seems to be no risk of drug dependency in addicts. (12 references)

A case history is reported describing the effects of a series of group therapy sessions on a drug addict/chronic schizophrenic resident of a drug addicts' halfway house. A number of different techniques were used in these sessions: encounter, psychodrama, primal, therapeutic double binds, and the genuine feeling of others. All of the techniques had one focus: to make the person aware of his decisions, their payoffs and alternatives, and to press him for new decisions. The advantages of therapy groups with a mixture of personality types are indicated. (1 reference)

To investigate the hypothesis that the chemically abnormal endorphin leucine-beta-endorphin might represent the psychogenic material responsible for the schizophrenic process, therapeutic trials with hemodialysis were performed in three cases of chronic drug-resistant schizophrenia. No improvement was noted as a consequence of 12 (11 in one case) hemodialysis treatments (rather, some deterioration occurred in two of the patients). This finding is not in accordance with previous results, and it is concluded that further studies are necessary to render a final conclusion. (16 references)—Author abstract, modified.

Basic factors in the etiology of the major psychoses in general, and the schizophrenic spectrum in particular, are reviewed and the intensive therapeutic treatment of these conditions is examined. The symptoms of all these conditions can be focused on one common factor: immature and archaic features implying incompleteness of the maturation process, a primitiveness of the ego organization with excessive narcissism, and a remarkable deficit in altruism. Treatment techniques are discussed with the objective of supporting and nurturing the underdeveloped ego and allowing it to grow. The role of family dynamics in this process is considered.

An opiate antagonist, naloxone, and placebo were administered in a double-blind, crossover design to 13 schizophrenic patients with auditory hallucinations. The results of the study revealed that naloxone was found to be no different from placebo in its effect. (12 references)—Author abstract, modified.

The treatment of therapeutically resistant paranoid schizophrenic patients with fluphenazine depot, with other psychotropic drugs and with clozapine was instituted in 251 patients (78 women and 173 men ranging in age from 16 to 50 years). The results of treatment with these drugs were compared. Findings indicate that a comprehensive treatment may be applied successfully to some paranoid schizophrenics resistant to fluphenazine depot and other neuroleptic drugs or their combinations. Comprehensive treatment appears to be more effective in cases of systematized delusions, psychic automatism syndromes, and in crude emotional volitional defect. Treatment with clozapine is more efficacious in emotionally saturated nonsystematized delusions, pronouncedly disordered behavior, and mild manifestations of deterioration. (18 references)—Journal abstract, modified.

5449. Goldberg, S.C.; Shenoy, R.S.;

The effects of a 6-week drug holiday on relapse, symptom status, and tardive dyskinesia in a group of chronically medicated schizophrenic patients were investigated. For 2 years before the study, the 30 patients had been treated with fluphenazine decanoate, reporting to the clinic every 3 weeks for an injection. Before the 2 years on fluphenazine decanoate, they had been treated with a variety of other neuroleptics for varying periods of time—average duration of illness was about 13 years. Results indicate that the 6-week drug holiday is safe in that no patient relapsed; nor was there significant clinical worsening under the holiday treatment. On the contrary, there was a general improvement in global severity of illness over time. The initial low level of tardive dyskinesia among this sample did not change. (2 references)—Author abstract, modified.


The relationship of a single, oral dose of a phenothiazine derivative, thioridazine, to the resulting drug blood levels and clinical responses in acute schizophrenics was examined. Following the single dose of thioridazine, a significant average decrease was noted within 24 hours in the social alienation/personal disorganization scores. The manifestations of the schizophrenic syndrome showing significant improvement included thought disorder, conceptual disorganization, apathy, anxiety, and depression. Significant correlations were found between indices of plasma thioridazine levels and favorable clinical responses on certain behavioral and psychological features of the schizophrenic syndrome. (28 references)—Author abstract, modified.


The use of sultopride in the treatment of psychotic patients is discussed. Sultopride (Barnetil C), a neuroleptic of the anisamide group of compounds, is a highly effective antipsychotic agent, especially for the treatment of acute psychoses such as mania and acute schizoaffective psychosis. Favorable results were observed in chronic paranoid, withdrawn schizophrenic patients who were administered low doses of the medication. Neurologic and electrogenic tolerance was good. The only contraindication reported was anxious agitation in depressed and neurotic patients. (43 references)—Journal abstract, modified.


Evaluation studies of individual psychotherapy for schizophrenics are examined with emphasis on procedures and problems involved. Contradictory results from controlled research, case reports, and uncontrolled studies are reviewed. The problems of defining successful outcome and other limitations of research methodology are considered. Some issues related to selection of patients, patient-therapist matching, the variety of process variables, and the assessment of outcome are reviewed. The controversy over the usefulness of individual psychotherapy for schizophrenics is addressed. (37 references)


A total, humane, caring therapeutic approach to short-term hospital treatment of the acute schizophrenic episode is described. The importance of a calm, but rapid and organized admission procedure is emphasized. The therapeutic approach revolves around the use of family therapy, individual psychotherapy, the necessary pharmacological intervention, group therapy, and all the activities therapies, plus the preparation for proper aftercare, followed by individual psychotherapy, proper adjustment of medication, a constructive living environment, and continuing family therapy. It is suggested that this approach can often preclude the need...
for rehospitalization for another acute schizophrenic episode.


The use of natural and therapeutic environmental indicators of maintenance dosages appropriate for pharmacological aftercare in schizophrenia is reviewed. The lack of precise data to guide maintenance therapeutic dosages is emphasized, and the need to consider the environmental demands upon the patient in adjusting dosage is examined. It is suggested that in benign environments medication requirements appear less than in stressful psychosocial environments. It is predicted that dosages might eventually be titrated, depending upon measures of personal and environmental vulnerability, by concurrent application of human engineering principles. (12 references)—Author abstract, modified.


The thesis is presented that schizophrenia should be handled in much the same way as any chronic, not yet fully understood disease. The patient should be informed of the diagnosis, told of the limitations such a disease will place on his or her lifestyle, and taught to live in a manner that will minimize the odds that the disease will become acute. The treatment of schizophrenia lies, to a great extent, in the sphere of the patient and his family. It is suggested that schizophrenia can be controlled by a healthy lifestyle. A commonsense approach for schizophrenics and their families, which includes a daily routine for all stages of the disease from diagnosis to rehabilitation, is outlined. Areas covered include: treatment, medication, diet and nutrition, exercise, food and other allergies, home environment, how to avoid and deal with family problems, psychiatric counseling, and the stigma of schizophrenia.


The clinical and social outcome for two cohorts of patients who had a first admission for schizophrenia 4 years earlier was compared. One cohort was treated in a psychiatric unit attached to a teaching district general hospital (DGH-T), while the other was treated at an area mental hospital (AMH) with modern rehabilitation facilities. The clinical outcome for the two cohorts was broadly similar, but the DGH-T imposed less of a strain on relatives, and was associated with less unmet need. The DGH-T unit tended to have significantly shorter durations of stay for its patients so that its total hospital costs were less than those for the AMH despite higher unit costs. The DGH-T unit was economically superior to the AMH despite the fact that it supports a large teaching staff. (31 references)—Author abstract, modified.


The withdrawal and/or reduction of hypnotic medications in a sample of 23 chronic schizophrenic inpatients is described, and practices concerning the use of hypnotics in chronic schizophrenia are evaluated. Of 23 hospitalized chronic schizophrenic patients, all under neuroleptic medication, hypnotics taken previously for a long time could be totally withdrawn in 16 cases, and in 7 cases, the dosage was diminished by 30 percent without any sleep impairment. The gradual reduction of hypnotics was accompanied by a shift of neuroleptic dosage to the evening and bedtime, with reduction of the morning and middy dose, without change of the total daily dose. A significant improvement in the psychic state was observed in 16 patients after withdrawal of the hypnotic; seven patients showed a slight improvement after reduction of the hypnotic. It is contended that monthly or bimonthly reassessment of insomnia in the hospitalized population of chronic schizophrenics is indispensable to avoid the deleterious effects and abuse of hypnotic drugs. (7 references)—Author abstract, modified.


Theoretical aspects of multiple personality or dissocation are
discussed and a practical application of the theory is noted in connection to a case of dual personality. Following a separation from her father when the subject was 5 years old, the subject developed a secondary personality. Therapy provided a place for the subject to acknowledge her secondary personality. The use of internal dialogue at home facilitated the integration of the two personalities. Encouragement to make connections with the external world reduced the client's isolation which had reinforced her need for the secondary personality. (7 references)—Author abstract, modified.


An ideal therapeutic approach and treatment for the schizophrenic patient is presented and contrasted with what is currently being provided by the tax-supported systems. Public care is being compared to private care of schizophrenics. The impediments to more effective action by those who administer the large public programs and who advocate for the schizophrenic are discussed. It is suggested that if the majority of schizophrenic patients are to have a decent chance of treatment, unity of purpose must develop between the diverse deliverers of mental health services.


Aspects of countertransference that interfere with the psychotherapeutic process undertaken with schizophrenic patients are examined. Three different issues are considered, each involving a different level of conceptualization of countertransference as an unconscious process: (1) who undertakes the psychotherapeutic treatment of schizophrenia and why; (2) hospital treatment of schizophrenia that is aimed at psychological uncovering; and (3) intensive psychoanalytic psychotherapy of psychotic patients, with special emphasis on countertransference aspects of the inappropriate or untimely use of psychotropic agents. The possibility that the therapist's unconscious may interfere with effective treatment is explored and clinical examples are given. (5 references)


Behavioral methods in unstructured and structured group therapy are discussed; and the effects of reinforcement and task structure on the amount of rational speech in four paranoid schizophrenic patients from Camarillo State Hospital were explored. Subjects were tested for 6 months in tasks of verbal acknowledgment of discussion during various phases: baseline, social reinforcement, social reinforcement plus structured conversation, a table game of questions read from cards specially prepared for use with institutionalized patients, token reinforcement for rational talk, and token reinforcement with group contingency. Results show that during baseline conditions, the discussion was more delusional than rational. The first two interventions, social reinforcement with and without structured conversation, yielded no different responses from the group's baseline performance. The more highly structured format of the game resulted in higher ranges of rational response. Rational time segments and mean percentage of rational time segments are shown in tabular form. It is argued that the behavioral approach to group therapy, consistently applied, is a fast and effective means of modifying maladaptive behavior in groups. (27 references)


Schizophrenic patients referred for day treatment at discharge from 10 hospitals were randomly assigned to receive treatment with drugs or to receive drugs alone. Pretreatment assessments and tests at 6, 12, 18, and 24 months were made on social functioning, symptoms, and attitudes. Community tenure and costs were also measured. Some centers were effective and others were not, although all improved the patients' social functioning. Six centers significantly delayed relapse, reduced symptoms, and changed some attitudes; costs were not significantly different from those for the group receiving only drugs. More professional staff hours, group therapy, and a high patient turnover
treatment philosophy were associated with ineffective centers, while more occupational therapy and a sustained nonthreatening environment characterized successful ones. (43 references)—Author abstract, modified.


The effects of naloxone on behavioral manifestations of schizophrenic patients were investigated. Virtually no effects of naloxone were found in the nine schizophrenic subjects. Clinical state was assessed before injection and 15 and 75 minutes afterwards by the Brief Psychiatric Rating Scale, the Continuous Performance Test, and the Digit Symbol Substitution Test. It is concluded that a major acute effect of naloxone on general psychopathology in schizophrenia seems unlikely. (6 references)


The effects of high and standard doses of flupenthixol decanoate on 23 female drug resistant chronic schizophrenic inpatients were examined in a double-blind trial for 13 weeks. Plasma flupenthixol levels showed a five-fold interindividual variation, but were consistently higher with the high dose. Analysis showed no statistically significant differences between groups with regard to mental state, ward behavior, and extrapyramidal side effects. When compared with pretrial scores, the extrapyramidal side effects worsened in the high dose patients and social withdrawal decreased in the standard dose patients. It is concluded that the mental state of a subgroup of patients, possibly drug resistant for pharmacokinetic reasons, improved significantly on the high dose over the 13 weeks. (15 references)—Author abstract, modified.


The administration of neuroleptics in high dosages to schizophrenic patients is discussed. High doses of these drugs represent an alternative for the treatment of chronic schizophrenics resistant to conventional therapeutic measures. The most frequent side effects experienced with high doses are lethargy and sleepiness; extrapyramidal effects are more frequent with conventional doses. Although high doses have not been found to be superior to the conventional doses until now, it is known that haloperidol in high doses is efficient in the management of psychomotor agitation. (14 references)—Journal abstract, modified.


(Des-Tyr1)-gamma-endorphin was used in a pilot study over a period of 12 days for the treatment of 11 schizophrenics, and the assessments were carried out using standardized rating scales. Only two patients showed a significant improvement in nonspecific subscors (depression, anxiety, and retardation) of the Manchester Scale, and the total and neurotic subscores of the Present State Examination. Euphoria and excitement were observed in three patients. The findings are discussed in contrast to the earlier reports of a dramatic improvement with the compound. (13 references)—Author abstract.


The theoretical and operative bases for a comprehensive program for secondary and tertiary prevention of schizophrenia are presented. During the initial period of schizophrenia, there is a predominance of psychotic reality over normal reality. In the consolidation period, the two realities coexist, and in the residual period, normal reality dominates. The initial stages are treated by drugs, and the residual stages are treated by behavioral reinforcement. Secondary prevention includes the diagnosis and early treatment of patients, and tertiary prevention is the rehabilitation of those patients in whom the disease is already established. The five staff levels include: psychiatrists and psychologists, nurses and social workers, nurses aides, family, and patients themselves. Each level in the pyramid has specific functions. During 1 year, this program has
reduced acute schizophrenia from 72 percent to 6 percent and also has reduced the hospitalization rate. (10 references)—Journal abstract, modified.


Schizophrenic patients who improved during a 30-day drug-free trial were compared to those who did not improve, to evaluate clinical differences between them. Eight of 22 subjects improved substantially and differed from the nonimproved subjects in: later age of onset, briefer psychotic episodes, shorter hospitalizations, and better prognostic scores on the Phillips Scale, Strauss-Carpenter Modified Prognostic Scale, and the Vaillant Scale. After drug withdrawal, drug-free improvers frequently demonstrated further improvement when treated with doses of neuroleptic drugs that were substantially lower than the clinically recommended doses. A question is raised as to whether the improved subjects may represent a subgroup of schizophrenics who are being overtreated by standard neuroleptic practice. (30 references)—Journal abstract, modified.


The effect of withdrawal from prolonged prophylactic treatment with lithium was studied in two groups of patients, each consisting of 35 people (9 men and 26 women). One of these groups was used as a control group. In each group studied there were 15 cases of manic-depressive psychoses and 20 cases of attack-like schizophrenia. The development of these illnesses was monitored in one group following withdrawal from a prolonged and successful prophylactic intake of lithium drugs and compared to that in the control group, where the administration of lithium salts was not suspended. Results demonstrate a statistically significant increase of phase-like attacks as well as an increased number of hospitalizations due to lithium withdrawal. It is concluded that prolonged and continuous lithium prophylaxis is necessary even following complete remissions. (8 references)—Journal abstract, modified.


The literature concerned with the use of lithium carbonate in the treatment of schizophrenia and schizoaffective disorder is reviewed. Conclusions are often contradictory, methodologies confusing, and well-designed studies few in number. An attempt is made to extract common denominators that may prove of value in delineating those symptoms which predict therapeutic response to lithium carbonate. It is suggested that, although the literature is diverse and confusing, it is consistent with and generally supportive of the view that psychomotor acceleration and periodicity represent meaningful indications for the use of lithium carbonate in the treatment of functional psychoses. (27 references)—Author abstract, modified.


The results of using lithium in the treatment of schizophrenic and schizoaffective disorders are discussed. Three prevailing opinions regarding its efficacy are available: (1) it is effective against pathological excitement in schizoaffective illness, but has no effect on schizophrenia behavior; (2) lithium is effective with both affective and schizophrenic behavior; and (3) it is ineffective in treating those two types of behavior. A major problem in interpreting lithium studies in schizoaffective illness is the scarcity of controlled trials comparing lithium with placebo and neuroleptic drugs. Another problem affecting interpretation of therapeutic studies in schizoaffective illness is that at the time they were done, there was no standardized system for classifying the disorder. (30 references)


Some obstacles to initiating
psychotherapy with schizophrenic patients are examined and solutions suggested. Obstacles external to the patient are discussed including: orientation of the treating institution, economic and political factors, patient/therapist matching, symbiotic aspects of the therapist's counter-transference, and attitudes of the staff or treatment team as a whole. Internal obstacles include: regression, aggression, fragility, chronicity, withdrawal and confusion, and various types of resistance. Solutions are proposed from clinical experiences. (10 references)


The use of continuous ambulatory peritoneal dialysis in the treatment of chronic schizophrenia was examined. Recent research has linked endorphins to the origin of schizophrenia. Endorphins with a molecular weight of 3,300 were found in the dialysate of hemodialyzed schizophrenics. Continuous ambulatory peritoneal dialysis is more efficient than hemodialysis in removing substances whose molecular weight is between 1,500 and 5,000. This technique was used with three chronic schizophrenics whose disease developed between 6 to 17 years of age and in whom all previous treatments had failed. The duration of continuous ambulatory peritoneal dialysis was 3 to 6 months. The only complication was one episode of inflammation of the peritoneum during 14 months of dialysis. Two of the patients experienced improvement followed by a relapse. The third patient made a clinical recovery after 17 months. Analysis of met-enkephalin and beta-endorphin by radioimmunoassay in the drained dialysate did not show any differences between schizophrenics and the reference chronic renal patient. (37 references)—Journal abstract, modified.


The clinical literature concerning the pharmacological treatment of schizoaffective disorder/depressed patients is reviewed. Studies employing tricyclic antidepressants alone, antipsychotic drugs alone, and antidepressants plus antipsychotics are evaluated. It is concluded that the literature dealing with the pharmacological treatment of schizoaffective disorder/depressed persons is sparse and inconclusive. It is recommended that a good narrative history be taken, with particular emphasis on the chronology of symptoms. (12 references)—Author abstract, modified.


A group treatment method, designed primarily for more chronically ill mental patients (those who have undergone a schizophrenic reaction), is described. Logistics of group treatment, expectations, necessity for group treatment, and phases in development of the group are discussed. Throughout treatment, the patient has moved from isolation through dependence on a single source of life and threat; to a much reduced dependence on the single source; to increased levels of peer relatedness with concomitant increase in the ability to communicate, in social skills, and in vocational and academic success. (30 references)


The development of a comprehensive treatment of schizophrenia with all its characteristic complexities is discussed. The use of the new diagnostic system, DSM-III, with its multiaxial format may help professionals deal with the complexities of schizophrenia by focusing attention on the characteristics of greatest importance in each case. Each of the various diagnostic axes, symptoms, personality characteristics, physical illnesses, psychosocial stressors, social competences, and their treatment implications are reviewed briefly. The importance of one clinician playing a central role in the treatment of the patient and, at times, his family, is emphasized. (4 references)


The status of research concerning the value of using hemodialysis for treating schizophrenia patients is reviewed. Robert Cade and Herbert Wagemaker have reported remarkable results from hemodialysis...
recognizing both positive and negative aspects of assertion training, particularly with regard to schizophrenic inpatients. With this population, negative assertion techniques may encourage further isolation from others while positive assertion training has beneficial results. A combined approach leads to an increase in social interaction scores and a decrease in depression scores—Journal abstract, modified.


Individual music therapy is described in a case report of a schizophrenic woman. The subject’s early childhood was so marked by destructiveness, rejection, and deprivation that she recoiled from all contact. Since age 17, the patient had been hospitalized 20 times. While music therapy played an adjunctive role, problems of denial, splitting, withdrawal, and overwhelming guilt were dealt with as they arose in music therapy sessions. As music-related events were uncovered in connection with repressed traumatic experiences, the patient’s musical and expressive capabilities improved, as did her contact with reality. Both interpersonal and music therapy approaches took place at the level of the preverbal pre-oedipal primary relationship, and took into account the sequential development of the personality and the role of unconscious factors influencing it. (9 references)—Author abstract, modified.

5480. Van Kammen, D.P., and Bunney, W.E., Jr. (Biological Psychiatry Branch, NIMH, Bethesda, MD 20014) Heterogeneity in response to amphetamine in schizophrenia:

Effects of placebo, chronic pimozide and pimozide withdrawal.

A 20 mg i.v. dose of d-amphetamine induced increases in activation, guilt feelings, unusual thought content, mannerisms, posturing, and elation in schizophrenics; suggesting these behaviors are mediated by catecholamines, particularly dopamine. However, 14 of the patients improved acutely in psychosis, 18 briefly got worse, and 14 showed no change in psychosis after d-amphetamine. Chronic pretreatment with pimozide had only slight effects on the response to d-amphetamine, and withdrawal from pimozide had no effect. (15 references)—Author abstract, modified.


Task Oriented Communities, a nontransitional residential community for chronic mental patients, is described and results of a 2-year followup evaluation are reported. Subjects were 43 primarily schizophrenic males and females residing in two residences. Residences provide dining, sleeping, and recreational facilities for 12 residents in a cooperative milieu. The program incorporates work, responsibility, and social interaction. Daily group meetings provide a forum for working together and adapting to stresses of life outside the hospital.
Results of evaluation indicate that residents made initial gains on nine measures of status and functioning. However, a regression was noted on five measures over time, with improvement being sustained only on withdrawal, community adjustment, depression, and socially expected activities measures. (13 references)


Sixteen stabilized chronic schizophrenics treated with conventional long-acting neuroleptics were transferred to the long-acting neuroleptic fluspirilene. The antipsychotic activity of fluspirilene was at least equal to that of the previously administered conventional long-acting neuroleptics. In the majority of the patients the drug had a pronounced psychoreactivating effect. It is concluded that a high dose of fluspirilene can be administered biweekly without any loss of activity even at the end of the second week of trial administration. Clinical results are confirmed by plasma levels of fluspirilene. (12 references)—Author abstract, modified.


A case history of a man diagnosed as paranoid schizophrenic who responded well to lithium therapy is reported. The question of how many patients diagnosed as schizophrenic fall in the classification of affective disorders and are lithium responders is raised. Trying lithium on patients who present with affective components such as depression, mania, or hostility is recommended. Conjoint use of lithium and neuroleptics is described. (4 references)

5484. Weizman, R.; Weizman, A.; Tyano, S.; Wijsenbeek, H.; and Ben-David, M. (Geha Psychiatric Hospital, Beilinson Medical Center, Petah Tiqva, Sackler School of Medicine, Tel Aviv University, Tel Aviv, Israel) The biphasic effect of gradually increased doses of diazepam on prolactin secretion in acute schizophrenic patients. Israel Annals of Psychiatry and Related Disciplines, 17(3):233-240, 1979.

The clinical antipsychotic activity of diazepam in schizophrenic patients was evaluated. Seven acute schizophrenic patients were treated with diazepam in gradually increased doses. The effects on serum prolactin levels and on the clinical improvement of these patients, evaluated by the Brief Psychiatric Rating Scale, were studied. During the entire period no clinical improvement was observed as measured by the scale. However, it is possible that initial doses of diazepam, maintained for a minimum trial period of 2 weeks, might result in some significant improvement. (16 references)—Author abstract, modified.


The effectiveness and clinical properties of six neuroleptics were studied using 118 male and 117 female schizophrenic patients from five psychiatric hospitals. The changes in their mental condition were evaluated by using the Brief Psychiatric Rating Scale. It was found that in cases of chronic schizophrenia the condition of at least 70 percent of the patients improved substantially. The best results were obtained by using chlorpromazine, methotrimeprazine, trifluoperazin, and clozapine. Differences between the neuroleptics in terms of strength were statistically insignificant. These drugs were found to be somewhat more effective than pimozide and sulpiride. Chlorpromazine and clozapine are more effective in cases of motor disorders and psychosis. Pimozide and sulpiride are indicated for patients suffering from motor disorders accompanied by axial schizophrenic symptoms. Methotrimeprazine is most effective in patients suffering from restlessness accompanied by depression. It is concluded that trifluoperazine has the most balanced clinical profile. (29 references)