Bibliography and Abstracts on Schizophrenia

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 abstracts are not available from either the Clearinghouse or the Center for Studies of Schizophrenia.

Attention, Perception, and Cognition


Measures of selective attention and speed which have been employed in the study of disturbances of cognitive functioning in schizophrenia were used in a study of 20 monozygotic (MZ) and 20 dizygotic (DZ) normal twin pairs. The results indicate that genetic factors may contribute to the variance in performance on tasks employed in the assessment of disturbances of cognitive functioning in schizophrenia. This is particularly true of the speed measures, in which intraclass correlations of scores from members of MZ pairs are nearly all significant and some very high. Scores of DZ pairs are also positively correlated for the most part, but to a lesser extent. The multivariate analyses carried out on the speed scores clearly support this conclusion. The findings concerning the distractibility measures are less clear-cut. The current findings lend support to the utility of speed measures in high-risk research. (12 references)—Author abstract, modified.


Abstraction in a sample of chronic schizophrenic individuals was assessed by the subjects' performance on a memory task denoting the kind of semantic information that demonstrates savings. Premorbid social adjustment and idiosyncratic thinking were also assessed. The results showed a fairly even and relatively low incidence of savings for both associative and conceptual hierarchical information. Premorbid social adjustment indicated a lack of long-term intimate interpersonal relationships. It is suggested that impairment in abstraction may be one of the many possible forms of disordered thinking, perhaps representing different modes of perceiving and processing the environment.—Journal abstract, modified.

5797. Braff, D.L., and Saccuzzo, D.P. (Dept. of Psychiatry, M-003, School of Medicine, University of California, La Jolla, CA 92139) Information processing dysfunction in paranoid schizophrenia: A two-

Information processing in schizophrenia was investigated in a study of 30 paranoid schizophrenic patients and 30 depressed inpatients. The basic methodology relied on tachistoscopic presentation of stimuli. First, the critical stimulus duration needed for identification of a target stimulus was determined. Second, when the target stimulus was followed by a masking stimulus, a measure of speed of information processing was obtained. The schizophrenic patients were impaired on input factors and speed of processing. It is thought unlikely that these results were due to medication effect or gross psychopathology. Discussion centers on how this two-factor deficit in information processing may result in cognitive disruption, and how this study relates to other investigations. (34 references)—Author abstract, modified.


Schizophrenic and depressed patients and normal elderly volunteers were compared on tasks involving identification of briefly exposed masked and unmasked stimuli. Critical stimulus duration (CSD) was first obtained for each subject. The target stimulus was followed by a pattern mask in the second phase, and masking functions were estimated at three levels of exposure duration, including the subject's CSD. At each exposure duration, the mask followed at four interstimulus intervals and performance at each exposure duration was evaluated when no mask was presented. The elderly required longer exposure durations for criterion identification of unmasked stimuli than schizophrenic or depressed psychiatric inpatients. For masked stimuli, however, they did not differ from depressed subjects and both groups exceeded schizophrenics when the test stimulus was exposed at the subject's CSD. The results indicate that when the initial availability of input information is controlled, schizophrenics show a mask-induced deficit relative to depressed inpatients, but the elderly do not. (19 references)—Author abstract, modified.


The role of trait anxiety and induced arousal in a two-flash threshold (TFT) was studied with schizophrenics and normals. Two situations were employed: aroused in which a white noise of 70 dB 1,000 Hz was presented through earphones during estimation of TFT, and nonaroused in which no sound was presented during threshold estimation. The 10 schizophrenics (22 to 30 years old) differed from the 10 normal controls in the estimation of TFT in both the experimental conditions. The difference was attributed to the higher arousal of the patients. (12 references)—Author abstract, modified.


Two experiments were performed to test Broen's (1968) theory that chronic schizophrenics show increased sensitivity of the inhibitory mechanisms assumed to follow cardiovascular baroreceptor stimulation. Subjects were chronic schizophrenics and normals matched for age and education. In Experiment 1, reaction times, vertex potentials, and loudness judgments to single tones presented during systole and diastole were analyzed. Contrary to expectation, schizophrenics more often judged tones presented during systole to be louder than tones presented during diastole; the opposite was true for normals. A similar pattern was found in Experiment 2, where pairs of tones were presented instead of single tones. No influence of cardiac cycles on reaction time or evoked potentials emerged. Results do not support Broen's assumption. (24 references)—Author abstract.


A review of studies on disturbances of cognitive function in the pathomechanism of schizophrenia is presented. The differences between apparent biological processes and disturbances in the ability to function are discussed. The role of stimulation
and signals flowing from the environment as a means for initiating activation of the organism is examined. It is suggested that the regulating forces in an individual's decision-making process are related to the selection, interpretation, and integration of information according to the individual's emotional state, knowledge, attitudes, and concept of self-worth, and that in schizophrenia it is this process that is disturbed, thus creating a loss of cognitive function. In addition, the motor reflexes and semantic abilities are also disturbed. An evaluation of these theoretical hypotheses suggests that the cognitive process is dependent to a large extent on the system of values and concept of self-worth ingrained in the individual during his process of individual and social growth. (16 references)—Journal abstract, modified.


Elements of associative thought processes were studied in 30 schizophrenics and a matched sample of 30 nonschizophrenics. Elements studied included level of cognitive functioning, degree of orientation to a stimulus word, and quality of logical thinking. The standard word associative technique was found to be inadequate to account for schizophrenic word disorder, as a majority of pathological responses became meaningful in the context of sentences created by subjects to explain their associations. Differences in cognitive performance were found between schizophrenics and nonschizophrenics and between paranoid and nonparanoid schizophrenics in the degree to which they remained oriented to a stimulus word telling a story. However, no significant differences were found between diagnostic groups in quality of logical thinking. The results are consistent with views suggesting that disordered associative thinking is not unique to schizophrenia but on a continuum with normal thinking, and with research citing differences in level of cognitive functioning among schizophrenic subtypes.—Journal abstract, modified.


The hypothesis that psychiatric patients with a history of auditory hallucinations would show impaired recognition of their own thoughts relative to nonhallucinating patients was tested. The reasoning underlying this proposal was that given the need to discriminate between one's own lexical thought and a voice from another source, the person less familiar with the properties of his or her thinking would more likely mislabel the source. Twelve hallucinators and eight nonhallucinators were asked to identify lexical, semantic, and syntactic properties of their own thoughts expressed a week earlier, and, as hypothesized, hallucinators were less capable of doing so. Control measures of verbal memory, opinion stability, and communication skill showed no differences between these groups. Analysis of process and reactive premorbid status revealed possible links of impaired thought recognition to excessive internal and external deployment of attention. (23 references)—Author abstract, modified.


Performance on tasks intended to separate the effects of response competition and stimulus complexity was compared for 12 paranoid schizophrenics, 12 nonparanoid schizophrenics, and 12 nonpsychiatric patients, all hospitalized and male. The data tend to provide consistent support for stimulus complexity explanations of performance deficits among schizophrenics, rather than explanations based upon response competition. These findings were particularly true for the chronic nonparanoid schizophrenic subjects, who were unable to process effectively the progressively increased quantity of stimuli presented in the three task conditions. Factors limiting the generalizability of the results are discussed. (18 references)—Author abstract, modified.


Differences in prose recall of hospitalized medicated schizophrenics, hospitalized nonschizophrenics, and normal controls were examined. Results indicate different semantic information processing styles among the three groups. The schizophrenic subjects did not seem to benefit from the implicit rhetorical relationships embedded within the lower levels of the passage content structures.—Journal abstract, modified.
The reactions of schizophrenic subjects to structurally complex stimuli and situationally complex stimuli were examined. Results indicate that schizophrenics and normal controls do judge tone pattern complexity in a similar manner. Normal subjects were more accurate than nonhallucinatory process schizophrenics with structurally complex stimuli. Normals are more sensitive than schizophrenics to patterns of structure embedded in noise. Discriminating structural and situational complexity is of use in understanding the environmental stresses on subjects.—Journal abstract, modified.

Four groups of subjects were tested in a stimulus generalization paradigm under three levels of dynamometer induced muscle tension to assess the predictive validity of Broen's theory of schizophrenia. Schizophrenic and depressed subjects were compared with two control groups of college students, one group of which had nonelevated Minnesota Multiphasic Personality Inventory (MMPI) profiles while the other consisted of subjects with an elevated scale 8 MMPI profile. During stimulus generalization testing, three performance measures were obtained from each subject for each of the 192 stimulus trials: accuracy of generalization performance (number correct), response time to the generalization stimuli, and accuracy of dynamometer performance (dynamometer error time). Results of the accuracy measure failed to provide support for Broen's theory. The affective psychiatric group performed less accurately than the scale 8 group, and a trend existed for the affective group to be less accurate than the schizophrenic group regardless of the level of induced muscle tension. Schizophrenics and affective subjects had slower response times related to normal controls. Results may indicate a behavioral deficit associated with primary motor dysfunction in schizophrenia.—Journal abstract, modified.

The conceptual integrity of schizophrenics was examined early in the sequence of information processing by examining spontaneous conceptual activity during the encoding stage. It was hypothesized that schizophrenic subjects would show excessive reliance on the affective and physical attributes of stimuli at the expense of the semantic properties which differentiate conceptual categories. Analyses indicate that schizophrenics can be differentiated from controls by their lack of preference for conceptual over either affective or physical cues as a basis for encoding. Their trace formation seems strongly influenced by the salience rather than semantic relevance of a cue. Schizophrenics seem to suffer a fundamental conceptual impairment associated with deficient encoding of conceptual attributes.—Journal abstract, modified.

Saccades to target displacements of 2 and 24 degrees were executed by schizophrenic and manic-depressive patients. The latencies, velocities, and accuracy of their saccadic eye movements were normal, although...
patients' saccadic latencies increased more than the controls did for stimulus displacements greater than 10 degrees. In contrast to their normal saccadic latencies, patients had significantly slower than normal finger press latencies. The results have implications for the significance of motoric and attentional deficits in the major psychoses. (45 references)—Author abstract.


Sixteen schizophrenic patients, 16 manic-depressive patients, and 14 nonpatient control subjects were tested for horizontal and vertical smooth pursuit eye movements (SPEM) and the oculocephalic reflex. All patients with impaired horizontal pursuit also displayed disrupted vertical pursuit, suggesting that a common mechanism underlies these abnormalities. The oculocephalic reflex was intact in 96 percent of the subjects whether or not pursuit was disrupted, suggesting that the locus of the eye movement disorder in psychosis may be cortical. For horizontal pursuit, there were significant differences between schizophrenics and nonpatient controls, and between manic-depressives and nonpatient controls, but not between schizophrenics and manic-depressives. It is suggested that the SPEM disruption occurs with significant prevalence in major functional psychoses and not only in schizophrenia. (26 references)—Author abstract.


The hypothesis that thought-disordered schizophrenics would show a deficiency in the ability to use the predictabilities provided by a contextual constraint to improve recall of hard language passages was tested in a comparison of 17 schizophrenics, 10 normal controls, and 12 psychiatric controls evaluated by standardized psychiatric interview and diagnosed according to research criteria. As predicted, thought-disordered schizophrenics were less able to profit from contextual restraints in the semantic recall task than were nonthought-disordered schizophrenics. The latter did not significantly differ from either the normal or the psychiatric controls. This pattern of results parallels previous findings that the presence of thought disorder in schizophrenics is associated with the production of language utterances that are less predictable than those of nonthought-disordered schizophrenics or normal controls. Failure to classify schizophrenic subjects on the basis of thought disorder may result in misleading comparisons of general samples of schizophrenics with controls on tasks requiring language perception and production. (17 references)—Author abstract, modified.


Two experiments were performed to determine if the dysfunction in mnemonic organization often found in schizophrenic free recall performance is simply the result of an organizational deficit in short-term memory processing. In Experiment 1, categorical cues (letters and digits) were introduced into a Sternberg item recognition task. Schizophrenics used the categorical cue to reduce their latencies for search and retrieval as well as both normals and nonschizophrenic psychiatric patients used the cue. In Experiment 2, in which a Sternberg context/recall task was used, subject latencies for both forward and backward sequential retrieval were measured. Schizophrenics again performed as well as controls. Data analyses also suggested that the retrieval strategies adopted by schizophrenics were comparable to those of controls in both experiments. It is concluded that schizophrenics' short-term memory processes for categorical and sequential materials are adequate, and, therefore, are not responsible for the organizational dysfunction in their free recall performance. (38 references)—Author abstract, modified.


Excessive yielding to normal biases was examined by administering a word meaning test to groups of schizophrenics, manics, and controls. It was hypothesized that in sentences
calling for the nonpreferred or nondominant meaning of words, schizophrenics would err more in the direction of choosing the preferred meaning. Manics and controls were not expected to make such errors. It was found that both manics and schizophrenics yielded excessively to normal biases. The findings question the specificity of the phenomenon to schizophrenics. (15 references)—Author abstract, modified.


A specific, testable model of the cognitive processes underlying schizophrenics' words is presented. To test the validity of the model, the time course of activation effects for context appropriate and context inappropriate meaning to ambiguous words, presented in sentences, was determined for chronic schizophrenics, matched clinical controls, and normal subjects. In the specific situation where the sentential context specified the secondary meaning of an ambiguity, the predicted deficit in suppression for activation to the contextually inappropriate meaning was observed. The suppression deficit observed is suggested to represent a relatively central cognitive dysfunction which underlies both language and other more general cognitive processing in this population.—Journal abstract, modified.


The response bias theory of Chapman and the response disorganization theory of schizophrenic thought disorder of Broen and Storms were compared in a combined experimental format. Hospitalized schizophrenic (n = 26) and normal subjects (n = 26), equivalent in age, education, and scores from the vocabulary task of the Wechsler Adult Intelligence Scale, were administered the modified version of the vocabulary sorting task of Roberts and Schuhams (1974). Subjects chose a word conceptually similar to a referent from correct, moderate or strong distractor, and irrelevant responses. Half of the participants performed under induced muscular tension—squeezing a hand dynamometer. Results indicate that congruent with the theory of Broen and Storms, heightened arousal increased frequency of nondominant, strong distractor errors in normals, but did not affect moderate distractor selection. No significant arousal effects emerged in schizophrenics. The patient group essentially performed according to Chapman's theory, making significantly more strong than moderate distractor errors under both conditions. Rank orders of normal and schizophrenic errors did not differ significantly. Thus, both theories are capable of explaining a portion of results. Strengths and limitations of both in contributing to an understanding of deviant associative behavior are discussed. (28 references)—Author abstract, modified.


Auditory short-term recognition memory for words and for consonant/vowel/consonant trigrams was measured in normal control adolescents and adolescents at high risk for schizophrenia. Differences in performance between the two groups are attributed to a lower initial memory strength on the part of the high-risk subjects, with trigrams showing larger differences than words. A subgroup of the high-risk subjects characterized by clinical deviancy showed, in addition, a nonsignificant increase in the rate of information loss from memory for trigrams. It is suggested that high-risk subjects have a processing difficulty in auditory recognition memory that is due to some input dysfunction. (32 references)—Author abstract, modified.


Studies on the performance of schizophrenics in short-term verbal learning tasks were reviewed, and the number of errors made by a group of 30 schizophrenics on a verbal test of word pairs was compared to the number of errors made by a group of neurotics. Results show that within an equal number of total errors, omissions and confusions were more frequent in the neurotic group, whereas the schizophrenics introduced new words not offered previously as stimuli. Neurotic patients made more errors in associations involving words with emotional
content, and the schizophrenics made more errors in associations with neutral words. The peculiarity in the schizophrenic population may be a consequence of a deficiency in the conceptual categorization of speech during the semantic codification stage of learning. This deficient conceptualization may be a manifestation of overinclusive thinking. (38 references)—Journal abstract, modified.


A series of experiments was conducted to examine the hypothesis that subjects scoring high on measures of physical anhedonia or perceptual aberration differ from normal control subjects and that such differences are consistent with a similarity between these subjects and diagnosed schizophrenics. Subjects were assessed on orienting and habituation to both nonsignal and meaningful auditory stimuli, a constant foreperiod reaction-time task, a meaningful auditory stimuli task, a classical aversive conditioning procedure, and smooth pursuit eye tracking of a computer-generated, horizontally moving display. Anhedonic subjects were hyporesponsive to simple nonsignal auditory stimuli, were electrodermally underresponsive when meaningful stimuli were presented in an orienting context, and produced the well-documented schizophrenic P300 deficit in the average evoked potential recorded during the signalled reaction-time task. Subtle cortical slow-wave differences were noted between anhedonic and control subjects. Perceptual aberration subjects rather consistently differed from normal controls on measures of heart rate activity. It is concluded that the two groups may represent independent subsets of a heterogeneous schizophrenic population.—Journal abstract, modified.


Disrupted latent inhibition in the rat with chronic amphetamine or haloperidol-induced supersensitivity was assessed in terms of its relationship to schizophrenic attention disorder. Latent inhibition (LI) is an attentional process by which animals learn to ignore a stimulus that is repeatedly presented without reinforcement. This ability to tune out a motivationally irrelevant stimulus is disrupted by pharmacological manipulations producing hyperdopaminergic states. In Experiment 1, LI was disrupted following five daily administrations of 4 mg/kg d-amphetamine. In Experiment 2, the disruptive effects of d-amphetamine were eliminated by concomitant administration of chlorpromazine. Experiment 3 showed that LI could also be disrupted with 1 mg/kg d-amphetamine coupled with dopamine receptor supersensitivity produced by prolonged pretreatment with haloperidol. Results indicate that pharmacological disruption of LI may provide an animal analogue of the defective stimulus filtering thought to characterize at least some forms of schizophrenia. (57 references)—Author abstract, modified.


A group of 32 psychiatric inpatients was tested with a modification of Eriksen and Collins' visual pattern integration test. Schizophrenic and nonschizophrenic groups were compared with control groups of hospital staff and college students. The visual pattern integration functions of schizophrenics were different from those of college students, but no other group differences were found. Among the inpatients, no correlations occurred between visual pattern integration and premorbid adjustment, symptomatology, or various clinical/demographic factors. The one group difference was the result of nonclinical variables such as age and task motivation. It is concluded that icon processing abnormalities, as represented by visual pattern integration deficits, cannot account for posticonic abnormalities found in schizophrenics. (27 references)—Author abstract, modified.

5822. Sullivan, H.S.; Acosta, F.X.; and Storms, L.H. (Residential Division, San Fernando Valley Child Guidance Clinic, 9650 Zelzah Avenue, Northridge, CA 91325) Modification of chronic schizophrenics' abstractions through enriched stimuli and social censure.
The effects of enriched stimuli and response contingent social censure on the abstracting abilities of good and poor premorbid chronic schizophrenics were examined in two groups of 16 subjects each, matched for education, IQ, and age. Subjects were presented with single and multiple sets of proverbs in two sessions and were asked to give the meanings of the proverbs. Half of each group received immediate negative verbal feedback when their performance fell below criteria. Both groups showed significant improvement in the multiple proverb condition. There was also a significant group by censure interaction, with poor premorbid subjects scoring much higher with censure under both proverb conditions. It is suggested that good premorbid may suffer more from interference in processing stimuli, while poor premorbid may suffer more from interference in response selection or from a motivational deficit. (21 references)—Author abstract, modified.

Biology


The symptom scores on the Schedule for Affective Disorders and Schizophrenia (SADS) of 21 unipolar and 12 bipolar depressive patients diagnosed with Research Diagnostic Criteria were correlated with the monoamine metabolites homovanillic acid (HVA), 3-methoxy-4-hydroxyphenylglycol (MHPG), and 5-hydroxyindoleacetic acid (5HIAA) in the cerebrospinal fluid (CSF). For the unipolar group, multiple regression analyses revealed strong multiple correlations to the effect that high and low HVA, high and low MHPG, and high and low 5HIAA syndromes, respectively, could be isolated. The bipolar group was too few for the same analyses to work well, but evidence is reported for the high and low monoamine syndromes to be characterized by differential symptomatology in bipolar and unipolar patients. Through the comparison of monoamine metabolite values predicted from a total of 18 SADS symptom items with the true CSF values, a computer program was able to classify 20 of the 21 unipolars and all the bipolar correctly. The results are consistent with a hypothesis of the pathoplastic role of individually set (perhaps genetically determined) brain monoamine homeostases in shaping the profile of an affective episode. (20 references)—Author abstract.


Apomorphine emesis threshold, psychopathology response to amphetamine, and clinical response to neuroleptics were determined in 18 schizophrenic patients, and apomorphine emesis threshold was compared in 10 nonschizophrenic control subjects. A lack of difference between the sensitivity of schizophrenics and controls to the emetic effects of apomorphine was found which suggests that if responsiveness of the chemoreceptor trigger zone represents sensitivity to dopamine receptors elsewhere in the brain, then receptor supersensitivity is unlikely to be a primary causal factor in schizophrenic psychopathology. Findings in regard to the relationships between changes in psychopathology after amphetamine and neuroleptics indicate that worsening on amphetamine predicted improvement on neuroleptics in seven patients.
while five neither worsened on amphetamine nor improved on neuroleptics and two patients had slight changes on both drugs consistent with this pattern. It is suggested that clinical implications of these findings may be relevant to attempts to minimize tardive dyskinesia.—Journal abstract, modified.


Skin conductance (SC), finger pulse volume (FPV) and electroencephalogram (EEG) orienting responses (ORs) were examined to repeated tones of either 60 dB or 90 dB intensity in chronic schizophrenics, nonschizophrenic psychiatric patients, and normals. SCOR reaffirmed previous findings with schizophrenic patients displaying more frequent nonresponsiveness to 60 dB tones, and fast habituation among patients who did respond. Increased stimulus intensity decreased the incidence of nonresponsiveness to the level of controls, but did not alter the rapid habituation of schizophrenic patients. These results generalized fully to the FPV-OR, but did not generalize to EEG response. There were no significant differences between schizophrenic patients and controls in EEG reactivity. Schizophrenic patients displayed the same degree of bilateral asymmetry as controls in both SCOR and EEG.

Schizophrenic patients nonresponsive in either SCOR or FPV-OR showed greater conceptual disorganization and emotional withdrawal and less excitement than responders in blind clinical ratings. None of the findings could be attributed to the effect of neuroleptics. (77 references)—Author abstract, modified.


Thyroid function (T₃, T₄, and thyroid-stimulating hormone) was estimated in 31 depressive, 31 manic, and 31 schizophrenic outpatients. These values were compared with corresponding values estimated in a normal control group of identical age, sex, and socioeconomic status. The depressive and schizophrenic patients showed subclinical or clinical hypothyroidism; this was more marked in the depressive patients, especially females. Manics showed slightly higher values for T₃ and T₄ relative to normal controls. Results are discussed with reference to homeostatic mechanisms within the neuroendocrine system and previous research into the role of thyroid function in potentiation or inhibition of psychopharmacological effects. (13 references)—Author abstract, modified.


Diseases which have symptoms in common with schizophrenia were analyzed in an effort to discern common sites of pathology. The symptoms of schizophrenia which were employed include: apathy, dementia, attentional deficits, confusion, auditory hallucinations, jargon speech aphasia, and catatonia. Twenty-two diseases with at least one symptom in common with schizophrenia and with known areas of neural damage were identified. It is noted that the symptoms of apathy and dementia were sufficient to identify all 22 diseases. Twenty-seven diseases with no symptoms in common with schizophrenia were employed for comparison. The basal ganglia were found to have an unusual degree of involvement with such diseases. (11 references)—Author abstract, modified.


Sex chromosome aberrations were investigated in an Indian population in 287 male schizophrenic patients before drug treatment and in a matched control sample of 233 healthy persons. Nuclear sexing and karyotype were performed for all chromosomes positive subjects in both the patient and control sample and in 10 percent of normal XY individuals in the patient (n = 28) and in the control (n = 23) samples. Photographic was done for the positive slides; and patients showing a chromatin positive XXY pattern were studied further clinically and with the Rorschach test and the Bhatia battery. Schizophrenics showed a greater prevalence of chromatin positive than controls. Clinical evaluation of the four schizophrenics
with an XXY pattern and the one mosaic with an XXY/XY revealed a paranoid schizophrenic pattern in the majority, paranoid features in all Rorschachs, somewhat below average IQ, and no evidence of testicular atrophy or hypogonadism. Results are discussed with reference to chromosome abnormalities found in mental retardation and social maladjustment. (24 references)—Author abstract, modified.


The excretion of N,N-dimethyltryptamine (DMT) was measured in longitudinal studies of five patients with schizophrenic illness and in four patients with rapidly or slowly cycling manic-depressive illness. The excretion of DMT was frequently elevated in patients during the psychotic stage, but was usually normal after they recovered. However, rapid changes in the severity of illness or sudden switches from one mood state to another were not accompanied by changes in the excretion of DMT. These findings contrast with the immediate hallucinogenic effects of an injection of DMT, and suggest that the extra-cerebral production of DMT (as measured by its urinary excretion) does not provoke the experience of hallucinations in psychotic patients. (10 references)—Author abstract.


The effects of regular and irregular presentation of an auditory tone on the electrodermal (GSR) and heart rate (HR) responses of normal and process schizophrenic subjects were examined. The regularity did not affect GSR. Normal subjects developed HR acceleration following the initial deceleration to the zone. Schizophrenics never developed this HR acceleration. However, schizophrenic subjects can show sudden and dramatic changes in their responses.—Journal abstract, modified.


In an attempt to develop an animal model consistent with findings of elevated levels of catecholamines in limbic forebrain structures of postmortem brain specimens of patients suffering from schizophrenia, a technique that produces hyperinnervation of critical limbic structures by catecholaminergic afferents was employed. Administration of methylazoxymethanol acetate to pregnant rats at 15 days of gestation caused a degeneration of fetal cerebral cortical neurons resulting in cortical atrophy in adulthood. Although the concentration of presynaptic markers for cortical GABAergic neurons was not remarkably affected, the concentration of the markers for cortical noradrenergic terminals was increased by over twofold. The increased cortical concentration of the norepinephrine metabolite 3-methoxy-4-hydroxyphenylglycol sulfate with decreased β receptors suggests that the noradrenergic hyperinnervation is functionally significant. It is suggested that these neurochemical abnormalities mimic alterations found in the brains of schizophrenics (10 references).


In view of conflicting reports, cholinomimetic-induced changes in schizophrenic symptoms following physostigmine infusions were studied in subgroups of patients with schizophrenia-like illness. These subgroups were defined by the presence or absence of antipsychotic response during a 2-week trial of lithium alone after physostigmine infusion. Patients who showed significant but temporary improvement in their thinking disturbance on serial Brief Psychiatric Rating Scale scores following physostigmine infusions subsequently responded to lithium; patients who failed to improve following physostigmine also failed to respond to lithium. It is suggested that some schizophrenia-like illnesses may be biologically similar to mania both with respect to physostigmine and lithium-induced changes in symptomatology. (25 references)—Author abstract, modified.
The use of a biological marker to distinguish mania from schizophrenia is reported. The magnitude of the release of thyroid-stimulating hormone (TSH) from the pituitary after infusion of thyrotropin-releasing hormone (TRH) was investigated in manic, schizophrenic, and personality-disordered patients. It was found that manic patients showed a decreased TSH response to TRH compared with psychotic schizophrenic patients. The TSH response to TRH of patients with schizophrenic psychosis is reported to have been distinguishable from that of the control patients by the TRH test. (10 references)

Distractibility in schizophrenia is discussed in neurophysiological terms. A review of the literature strongly suggests that schizophrenics may be abnormally distractible—i.e., show an increased tendency to react to irrelevant stimuli. The neuro-anatomical structures most clearly implicated in signs of distractibility by neurophysiological and behavioral evidence are the prefrontal (orbital) cortex, the nonspecific thalamocortical projection system, and inhibitory regions of the reticular formation. It is suggested that the disturbed functioning of these structures could come about as a result of a lowered tasks-related activation, primarily of the prefrontal cortices. Apparently, dopaminergic activity could influence the regions involved, suggesting a dopaminergic component in distractibility in schizophrenics. The regions in question may also be influenced by other biochemical systems, such as the serotonergic and noradrenergic systems. (57 references)—Author abstract, modified.

The human leukocyte antigens (HLA) system in a homogeneous German population under administration of strict diagnostic criteria for schizophrenia was studied. The phenotype frequencies of HLA specificities were investigated in 100 schizophrenic patients and 472 controls. The frequency of HLA B27 was significantly increased in the patient group as a whole and in the subgroups of paranoid patients, chronic schizophrenics, patients with poor prognosis, and patients with onset of the disease before the age of 20. In the latter three groups, an elevated incidence of HLA A9 was also found. Support was found for the possibility of using HLA typing in genetic studies of schizophrenia, as well as in differential diagnosis and prognosis. (14 references)—Author abstract, modified.

Density values of the right and left hemispheres were determined by computerized tomography (CT scan) in 22 normal controls and 21 chronic schizophrenic patients. The data indicate that the chronic schizophrenic patients had less dense brains in both hemispheres than did the control subjects. The results also found consistent density differences between the right and left hemispheres in both groups. Tentative support is seen for the developmental explanation which suggests that the schizophrenic brain has never shown normal density through lack of normal development. (8 references)—Author abstract, modified.
A followup study to previous research on the psychophysiological response characteristics of maximum security patients was conducted. In accordance with hypotheses, patients rated as disoriented by nurses and diagnosed as schizophrenic tended to have increased spontaneous electrodermal fluctuations and reduced orienting response recovery time relative to nondisoriented persons diagnosed as psychopaths. Low-rate spontaneous fluctuation in skin resistance plus long skin resistance orienting response t/2 also differentiated high-public-risk psychopaths from low-risk domestic offenders. (47 references)—Author abstract, modified.

The relationship between biological rhythms and psychopathological processes was examined in two studies. A group of 180 patients with epilepsy, traumatic psychoses, manic-depressive psychoses, and recurrent schizophrenia was studied using clinical and followup methods. The rhythms of the cycles for each group were found to be similar. The temporal dynamics of hypertonic crises in 120 patients, of diencephalic crises in 30 patients, and of pseudo-migraine attacks in eight patients were studied. Results show that those principles of periodic repetition or rhythm which were established in stereotypes of normal life are equally characteristic of morbid conditions, both in somatic pathology and in psychopathology. (21 references)

Cerebrospinal fluid (CSF) levels of cortisol were compared in patients with depression, schizophrenia, and personality disorder. The CSF cortisol concentrations were found not to differ for the three patient groups. Cortisol values tend to be higher in the three schizoaffective patients than in the other 11 schizophrenic patients. Suggestions are made for future research. (10 references)

α-Adrenergic function in platelets from normal individuals and schizophrenic patients was characterized by correlating the binding of the α-adrenergic antagonist ([H]-dihydroergocryptine with a biological response, the inhibition of cyclic 3',5'-adenosine monophosphate (AMP) production of α-adrenergic agonists. α-Receptor function was compared in platelets from three groups of chronic schizophrenic patients and a group of normal control subjects. Platelets from some schizophrenic patients were found to have more α-receptors. The mean prostaglandin E1-stimulated cyclic AMP production in platelets from schizophrenic patients was found to be decreased. The mean activity of the enzyme adenylate cyclase, which catalyzes the conversion of adenosine 5'-triphosphate to cyclic AMP, is decreased in platelets of schizophrenic patients and may be a major cause of the decreased cyclic AMP production. The changes observed in platelets may also occur in the neurons of schizophrenic patients where they may play a role in the etiology of schizophrenia. (6 references)

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Radioimmunoassay of substance P (SP)-like reactivity, using Nα-tyrosyl-SP, was performed in plasma of psychotic patients. Schizophrenic patients taking neuroleptic medication for more than 1 year, and patients with organic brain disease showed a significant increase in immunoreactivity. The immunoreactivity in unmedicated schizophrenic patients just before treatment and in depressed patients, both bipolar and major, did not differ significantly from that of controls. The immuno-
reactivity in unmedicated schizophrenic patients was followed after they had taken medication for a maximum of 5 months. The reactivity decreased in five cases and increased in three cases. No definite pattern could be discerned between changes in immunoreactivity, the type of medication administered, and the resultant response to therapy. Chlorpromazine injection caused no definite acute effect on the plasma level of SP-like immunoreactivity for 120 minutes. Electroconvulsive therapy increased the plasma level of SP-like immunoreactivity for 90 minutes in one male schizophrenic patient. (19 references)—Author abstract, modified.


The biochemical and clinical correlates of sodium valproate (dipropylacetic acid, DPA) in doses of 750 to 3,000 mg daily were investigated in eight chronic schizophrenic patients. DPA induced clinical deterioration in five of eight subjects, generally characterized by the development of irritability, motor activation, and disorganized agitation. Signs began at doses of 1.5 to 2 g/day and were dose related thereafter. Cerebrospinal fluid showed no significant change in \( \gamma \)-aminobutyric acid or 3-methoxy-4-hydroxyphenylglycol, but homovanillic acid increased nonsignificantly in five patients. Findings are discussed with reference to previous research in humans and animals, and the implications of the findings are considered. (23 references)—Author abstract, modified.


Mean density values of the brain in four quadrants were determined for a sample of 16 chronic schizophrenic patients who had received between 0 and 3,000 grams of lifetime neuroleptics. Significant correlations were found between the measures of density in the posterior quadrants of both hemispheres and total lifetime medication usage. Correlations for age and current severity of the disorder—as measured by the Brief Psychiatric Rating Scale—did not alter the significant finding. Possible explanations for the results are discussed, as well as their possible implications. (9 references)—Author abstract.


The blood and urine levels of biogenic amines and their metabolites were examined in 37 male patients suffering from depressive conditions, mainly of a schizophrenic nature. The content of almost all catecholamines in the urine, as well as the level of serotonin in the blood, was found to be lowered; however, the excretion of 5-hydroxyindoleacetic acid with the urine remained unchanged. A rise in the noradrenalin blood level and a rise in the homovanillic acid dopamine ratio were noted. In patients with agitated depression, the noradrenalin content in the urine was higher than in patients with melancholic depression. A positive therapeutic effect and, even to a greater extent, egress from the depression were accompanied by a rise in the urine levels of almost all the agents examined. (29 references)—Journal abstract, modified.


Over an 8-month period, 84 male patients with schizophrenia were tested for handedness. Results indicate an increased frequency of left-handedness and mixed handedness among schizophrenic patients relative to a control group of hospital employees. Results support the view that there is impaired left hemisphere lateralization for motoric function in schizophrenia. (8 references)—Author abstract, modified.

5848. Newlin, D.B.; Carpenter, B.N.; and Golden, C.J. (Golden: Nebraska Psychiatric Institute, University of Nebraska Medical Center, Omaha, NE 68105) Hemispheric asymmetries in schizophrenia. Biological Psychiatry, 16(6):561-582, 1981.
Literature on hemispheric asymmetries in schizophrenic populations is reviewed. Studies of lateral asymmetries in schizophrenics are discussed which have employed a wide range of methodologies, including assessment of motor, sensory, electrophysiological, neuropsychological, and structural abnormalities. This literature is discussed in relation to two theoretical viewpoints, one emphasizing impaired functioning of the corpus callosum, and the other positing left hemisphere overactivation and dysfunction in schizophrenic populations. It is concluded that the hypothesis of impaired callosal function has not been adequately tested because of methodological problems—the most serious of which is the failure to show differential deficit. The hypothesis of left hemisphere abnormality has gained consistent support, although methodological problems are noted. A structural locus for schizophrenic pathology is suggested which is consistent with the symptomatology of the disorder, and provides avenues for further research. (93 references)—Author abstract. Modified.


Four patients with an intermittent psychosis closely resembling hallucinogenic drug-induced states were suspected of having a porphyric disease and were investigated for a possible relationship between the metabolic dysfunctions of porphyria and the psychotic syndrome.

Theoretically, the link could be in a disturbance of serine and glycine metabolism. This theory was supported by disturbances in serine and glycine excretion found in all patients during psychotic episodes. In addition, loading with one low oral dose of serine produced psychotic symptoms 5 hours later which lasted 3 to 6 hours. One patient reacted to glycine in the same way. These findings suggest that disturbed serine-glycine metabolism may have a key role in certain schizophreniform psychotic syndromes. (14 references)—Author abstract. Modified.


With the use of a highly specific mass fragmentographic method for the assay of urinary phenylethylamine (PEA), the concentration of PEA in the urine of 23 normal subjects and 24 chronic schizophrenics was compared. The 11 paranoid chronic schizophrenics’ mean excretion of PEA was significantly higher than that of the controls. When the major metabolite of PEA, phenylacetic acid (PAA), was examined, it was found that the 24-hour PAA urinary excretion for normals was significantly higher than for the schizophrenics. Reasons for the decreased PAA excretion are considered. It is suggested that PEA may be an endogenous amphetamine; however, further research on this question is recommended. (10 references)—Journal abstract, modified.


Endorphin levels were measured in cerebrospinal fluid samples obtained from 11 acute schizophrenics, seven reentry schizophrenics, and nine chronic schizophrenics. At least two samples were obtained from each patient, at day 0 with no medication and at days 30 and 60 after medication with fluphenazine under standardized conditions. At day 0, six acute cases, four reentry cases, and two chronic cases had endorphin levels above the range of healthy volunteers. The levels in chronic cases were significantly lower than those in acute cases. Treatment with neuroleptics significantly lowered the endorphin levels in acute cases. These results confirm and extend previous findings. (17 references)—Author abstract, modified.


Following a brief review of skeletal muscle fiber abnormalities previously reported in biopsy specimens from psychotic patients, a case of a paranoid schizophrenic, a 24-year-old black male whose skeletal muscle fibers showed virtually the whole range of morphological abnormalities, is reported. In addition to the morphological abnormalities, an increased branching of subterminal motor nerves with enlarged endplates and chronic elevations of serum...
creatinine phosphokinase activity were also noted. However, the patient had minimal clinical evidence of neuromuscular dysfunction. The variety and types of neuromuscular dysfunctions found in this patient suggest that their etiology may be related. (50 references)—Author abstract, modified.


Prostaglandin (PG) response in platelets pulse labeled with 3H-adenine was assessed as an index of receptor sensitivity and of PG function. Prostaglandin E1-simulated 3H-adenosine-3'5'-cyclic monophosphate (3H-cAMP) accumulation in platelets from schizophrenics was significantly reduced compared with control subjects. Platelet incorporation of 3H-adenine and basal 3H-cAMP levels did not differ between groups. Psychotropic drugs added in vitro generally did not alter basal or PGE1-stimulated 3H-cAMP accumulation. Results are discussed in terms of the possible role of PGs in the etiopathology of schizophrenia and implications for treatment. (65 references)—Author abstract, modified.


Twenty-one serum samples from 11 schizophrenic patients receiving long-term haloperidol therapy were analyzed for haloperidol concentrations by two different radioimmunoassays (RIAs) and gas chromatography (GC). There was a good correspondence between the RIA and GC methods overestimated haloperidol concentrations, reflecting differences in the specificities of the two RIA antibodies. One of the RIA methods had the requisite specificity for application to patients treated with long-term haloperidol therapy, although further methodological refinement will be required for its general clinical application. Haloperidol values determined by GC and RIA analyses correlated highly with prolactin concentrations in the same samples, suggesting that the usefulness of prolactin measurement as an in vivo bioassay for circulating levels of haloperidol should be further explored. (43 references)—Author abstract.


Prolactin response to beta-endorphin was studied among schizophrenics. Beta-Endorphin was administered intravenously to six medication-free schizophrenic patients under placebo-controlled conditions. Serum prolactin and growth hormone concentrations were measured for 90 minutes after infusion. Prolactin was significantly increased following beta-endorphin infusion compared to placebo infusions. Growth hormone levels were not affected by beta-endorphin. The implications of the prolactin response in schizophrenic patients are discussed. (39 references)—Author abstract, modified.


Acute schizophrenics, affective psychotics, nonpsychotic psychiatric patients, and normals (10 per group) participated in a simple reaction-time task with heartbeat monitoring. All groups showed triphasic cardiac waveforms in the foreperiod. The only indication of differential cardiac response by schizophrenics was a marginally significant trend of failure to habituate heartbeat activity across trials. This result is interpreted as a need for continued physiological effort among schizophrenics after other groups have grown more efficient. Schizophrenics alone showed deteriorated reaction-time performance across time. Major findings support distraction theories of schizophrenic attentional deficit.—Journal abstract, modified.


The role of defects in transmethyl reaction in schizophrenia is
noted, and an etiological role for brain protein carboxymethylases in schizophrenia is proposed. It is claimed that the missing link between abnormal biochemical reactions in schizophrenia and the abnormal behavior characteristic of the disease may be mediated through the defective S-adenosylmethionine (SAMe)-dependent protein carboxymethylases in the brain. These enzymes may play a role in human brain analogous to their role in E. coli, namely, habituation of adaptation to extraneous stimuli. This particular malfunction might account for some of the symptoms seen in schizophrenia. Other symptoms might be due to the same basic defective SAMe systems affecting some of the other macromolecular transmethylation systems of the brain. The potential testability of the hypothesis is noted. (12 references)

The apparent and absolute levels of dopamine-beta-hydroxylase (DBH) were investigated in 62 psychiatric patients and 20 healthy controls. No significant differences could be detected between control subjects and patients diagnosed as schizophrenic, unipolar depressive, and bipolar depressive. In the absence of these anti-inhibitors, however, the levels of plasma DBH (i.e., apparent DBH activity). In the absence of these anti-inhibitors, however, the levels of plasma DBH (i.e., apparent DBH activity) were considerably reduced in all cases, with the schizophrenic group also being significantly reduced in comparison with the control group. A higher level of the endogenous inhibitors of DBH was found in some psychiatric patients when compared with control subjects. It is suggested that the regulation of catecholamines and other amine levels may, in part, be controlled by the effect of these endogenous inhibitors on enzyme activity. (34 references)—Author abstract, modified.

The etiopathogenesis of schizophrenia is discussed. The autointoxication theory is based on the existence of biological fluids of a biologically active factor capable of damaging various test objects. The autoimmune theory is based on the existence in the blood of cerebral antigens, anticerebral antibodies, and sensitized lymphocytes in schizophrenic patients. The antibodies or sensitized lymphocytes disturb the work of the cerebral nerve cells. It is concluded that certain impurities are formed during the pathogenesis of schizophrenia which are foreign to the cerebral nerve cells and which have a cytopathogenic effect. These impurities are similar to the impurities with presumably viral characteristics which are known to play an important role in the etiopathogenesis of schizophrenia. (14 references)

Case Studies

A case of cannibalism and vampirism in a paranoid schizophrenic, born in
an area of rural France where witchcraft is still practiced, is reported.
The patient showed his first overt psychotic episode in 1969, at age 29, when he attempted to strangle a neighbor. By 1975, he was floridly psychotic and made several journeys on religious missions at the request of God. In 1978 he attempted to strangle another neighbor, and in 1979 he was thwarted in an attempted rape and vampire attack on a child. However, he murdered an elderly man that same evening, devoured large pieces of the victim's thigh, and attempted to suck his blood. The following day he murdered a farmer and nearly killed a maid. Following his arrest, he admitted to the murder of his wife in 1978. During psychiatric evaluations, the patient was calm, relaxed, oriented, and spoke without reticence or feelings of guilt. He attributed the multiple murders to commands from God, and the cannibalism/vampirism to religious motives. (9 references)—Author abstract, modified.


The phenomenon of not having dreamed for a long time is examined using a history of a 25-year-old male schizophrenic. After psychoanalysis, however, the man began reporting dreams. It is suggested that analytical listening is similar to the capacity of the mother to receive and elaborate early psychological communications from the child. As the patient becomes more confident of the analyst's ability to elaborate his projections, he has less need to suppress his internal world and feelings or to project them, so they now emerge in dreams. (25 references)—Journal abstract, modified.


Two cases are presented of transcultural schizophrenic breakdown emphasizing the importance of family and other social structures in reconciling a patient with members of his own culture and thereby helping to reestablish his identity. In both cases, the immigrants were particularly protective of their resident alien cards which were seen as part of their identity. It is argued that sociocultural factors play a contributory role in the presentation, symptomatology, and treatment of affective illness. The physician must have information available to him about the total environment of the individual patient and about that person's family, alien community, and cultural background in order to make family and social supports available. This phenomenon may become increasingly important and pronounced in a world of high mobility: Immigrants, especially illegal aliens, will frequently suffer paranoia due to their backgrounds. (13 references)—Author abstract, modified.


Morality in 20 schizophrenic adolescents was investigated by exploring cognitive, affective, and behavioral aspects of conscience. Twenty normal male adolescents of dull normal intelligence from lower socioeconomic backgrounds were used as controls, and all subjects were tested on the Kohlberg Moral Judgment Interview, Allinsmith and Grinder's story completion technique, and the Arnold Self-Report of Delinquent Behavior. In addition, three teachers rated each subject's moral behavior. The schizophrenics scored lower than the normals on all measures, although the differences were significant only on the cognitive and teacher report measures. The data suggest that the morality of schizophrenic adolescents differs both qualitatively and quantitatively from that of normal adolescents. (10 references)—Author abstract, modified.


The dynamics of a typical disturbance of affectivity in adolescent schizophrenia are considered, and three clinical cases are described. The disturbance is characterized by a quality of affective communication in which the patient relates to the people around him in a superficial, socially acceptable, receptionist-like manner which induces in the observer the impression that the individual's genuine feelings are not prominent. This affective state is designated as airline hostess affectivity. It is suggested that the disturbance is not exclusive to adolescent schizophrenics, but can also be observed in young adults before a phase of chronic adaptation to the schizophrenic process. (51 references)
Cross-Cultural Studies


The World Health Organization (WHO) International Pilot Study of Schizophrenia is described, and the implications of the study and its results for multidisciplinary research efforts are presented. The unknown compatibility of research findings obtained from different studies in different settings is identified as a major barrier to the cumulative growth of scientific knowledge about the nature of schizophrenia, and the rationale for the WHO study, a transcultural psychiatric investigation of 1,202 patients in nine countries, is described. Other topics discussed include: the symptoms and diagnosis of schizophrenia across cultures; the course and outcome of schizophrenia in the different study centers; limitations to the interpretations of the study findings; and the translation of the findings of the WHO study into testable, multidisciplinary, research hypotheses. (7 references)

Description


The extent and effects of alcohol abuse in 101 hospitalized schizophrenic patients with a secondary diagnosis of alcoholism were examined. Findings indicate that problem drinking was occurring in about half of the patients. A variety of drinking-related effects were found to interfere with routine patient treatment and management. The short- and long-term physical consequences of alcohol abuse and its potential adverse interactions with prescribed medications should be considered among the treatment complications posed by this population. (8 references)—Author abstract, modified.


Behavioral changes during psycho-pathological remission of paranoid schizophrenia under medication were studied, and results were evaluated with Overall’s Brief Psychiatric Rating Scale and Honigfeld’s Nurses’ Observation Scale for Inpatient Evaluation-30. Ten women patients with a median age of 47 years and a psychiatric history of more than 7 years were studied. The medication was a combination of 30 mg butyrophenone and 300 mg of levopromazine with small individual variations. Results show that during remission social interest increases greatly. The schizophrenic patients’ blocking out of language dissolves and permits the sociopsychological interaction fundamental to personal development. Both scales show a similar evolution of behavior. (10 references)—Journal abstract, modified.


The course and outcome of the posthospitalization crisis and the sequential accommodations used in response to crisis were examined in the first 6 weeks of posthospital experience of 10 first-admission schizophrenic inpatients. Findings highlighted the importance of the abrupt transition from patient to ex-patient, the direct and indirect interactions, and the dynamics of their experience for acceptors and rejectors of psychiatric ideology. Acceptors perceived themselves as mentally ill, in need of hospital treatment, willing to accept community treatment, and identified with the sick role; rejectors perceived themselves as different or troubled, opposed hospital treatment, rejected community treatment, and rejected the sick role, feeling a need to be independent and to prove themselves in a socially acceptable manner. Both acceptors and rejectors experienced a crisis following discharge: the former felt a loss marked by depression, lethargy, confusion, and interest in rehospitalization; the latter experienced return to the community as a threat which generated anxiety, confusion, tension, and agitation. The sequence and themes of accommodation of these two groups are delineated; and implications for inpatient and community treatment and for societal reentry programs are discussed.—Journal abstract, modified.

5870. Carpenter, W.T., Jr.; Rey,
The use of negation in young schizophrenics was compared to that in a control group. Twenty-seven schizophrenic patients and 33 students were given a 20-item multiple choice test in which they were asked to select possible responses included negation of the main or subordinate phrase, negation of part of the subordinate or the object, or a lexical transformation. Results show that it is difficult for the schizophrenic to place himself as the subject verbally (polemic negations), and he resorts to various tricks to protect his statements from disqualification—partialization, modalization. (16 references)—Journal abstract, modified.


The use of negation in young schizophrenics was compared to that in a control group. Twenty-seven schizophrenic patients and 33 students were given a 20-item multiple choice test in which they were asked to select the response that most completely contradicted the example given. Possible responses included negation of the main or subordinate phrase, negation of part of the subordinate or the object, or a lexical transformation. Results show that it is difficult for the schizophrenic to place himself as the subject verbally (polemic negations), and he resorts to various tricks to protect his statements from disqualification—partialization, modalization. (16 references)—Journal abstract, modified.


The relationship between community mental health ideology and the evaluation of community adjustment for 54 formerly hospitalized individuals diagnosed as schizophrenics was assessed. The results suggest that, while chronic patients discharged into the community have the capacity to adhere to community mental health ideology, such beliefs are significantly and positively related to their evaluation of posthospital adjustment. Moreover, how a client felt about this adaptation accounted for 39.4 percent of the variance. A significant (r = .29) but weak relation was found between community health ideology scores of the clients and their therapists. (11 references)—Author abstract.


The relationship between the outcome of delusions and the mode of onset and the variables affecting both were examined in schizophrenics and paranoid psychotics in an Arab community Qatar.

Involution of delusions may be effected through their disappearance into the system of socially shared delusory cultural beliefs or their metamorphosis into less sinister symptoms such as dreams and fantasies. Patients who experienced subjective suffering fared best, and these patients had an overrepresentation of those living in extended families. The culturally shared belief system provides a container for delusions that lose their pathological quality and consent. (7 references)—Author abstract, modified.


A therapeutic dwelling community (TDC), which has been in existence for more than 3 years, is described with emphasis on its history and development outside existing psychiatric institutions or facilities. Because of the often unsatisfactory followup care of schizophrenic patients, the initiators of TDC developed a concept, striking a balance between care and activation of self-assistance, to promote mental stability and autonomy in the former patients. The structure, dynamics, and results of the group activities within the TDC are described, and an attempt is made to indicate both individual and group referred limits of self-regulation among the members and also the limits of therapeutic intervention. It is suggested that overstepping these limits endangers individual management of crises and also the external social orientation of the TDC. (12 references)—Journal abstract, modified.

In an attempt to resolve the discussion of the nosological status of Kretschmer's syndrome of sensitive delusions of reference, 147 consecutive patients who had been diagnosed as schizophrenic were reviewed. Thirteen patients met specified criteria for Kretschmer's syndrome, and these patients were compared with the remainder in a variety of ways. The patients with the syndrome of sensitive delusions of reference differed from the remainder in their antecedents (family history and premorbid personality), their electroencephalogram, stresses at time of onset, and response to treatment. The evidence points to the separateness of Kretschmer's syndrome from other schizophrenic illnesses. (11 references)—Author abstract, modified.


Endogenous depression (ED) syndromes in different stages of schizophrenia are described on the basis of the long-term course of the 502 schizophrenic patients in the Bonn study. Psychopathological ED syndromes independent of pharmacological treatment were observed in 18.7 percent during the first psychotic episode and in later remanifestations. Furthermore, 7.8 percent showed depressive outpost syndromes and 8.2 percent showed ED prodromes. Thus, 12 percent of patients who initially had only schizophrenic syndromes showed ED relapses in later course. The transformation of depressive into schizophrenic types showed a similar incidence. In this initially schizophrenic type, a number of cases were found of patients who showed schizophrenic remanifestations in later course, although they had initially shown only ED relapse. Early occurrence of ED syndromes was correlated with a significantly favorable long-term prognosis. The majority (58.6 percent) of schizophrenic patients with complete remissions showed asthenic depressive syndromes which receded after an average of 14 months. (24 references)—Journal abstract, modified.


The Thematic Apperception Test and Templer's Death Anxiety Scale were administered to 30 inpatient schizophrenics and 30 normals in a study of differences in extremes of death fear, concepts of death, and catastrophic death fears of the two groups. Analysis of the data resulted in nonsignificant differences in both fear of personal and catastrophic death on both levels of consciousness. Social pressure to conform to such views appeared to have affected subjects' answers, thus obscuring their more authentic feelings and attitudes toward death. The theoretical assumption that schizophrenia may be a defense to avoid the inevitability of death was not statistically substantiated by the data, nor was it denied.—Journal abstract, modified.


The role of helplessness and hopelessness in the recovery process for hospitalized psychiatric patients was examined with data on beliefs about personal control, and motivational and behavioral consequences. A major unexpected finding was the emergence of differential predictor outcome relationships for schizophrenics and nonschizophrenics. Schizophrenics rated themselves higher on both expectancy of goal attainment and perceived control. Although there is less evidence for a direct relationship between low perceived control and the motivational and behavioral deficits that impede the recovery process, there is some suggestion that low perceived control that is attributed to global or internal factors might result in less adequate coping.—Journal abstract, modified.


Reactive depressions were studied in 70 patients, mostly females, with slowly progressive schizophrenia. Three types of reactive states were distinguished: simple depression
following the line of psychogenically provoked endogenous phases; hysterical depression; and reactive depression with a polymorphous picture approaching a schizophrenic reaction. The latter state is essentially a psychogenically provoked schizophrenic episode. Results show that psychogenic forms of depression, arising during the activation period of the process and during an uninterrupted course, become prolonged. These psychogenic forms of depression are accompanied by fixation of the psychogenic complex; thus, their mechanisms resemble those of reactive development. When psychogenic processes coincide with the exacerbation of attack-like schizophrenia, the dynamics of psychogenic depression are confined to the limits of the episodes. (20 references)


Several viewpoints concerning the paintings and drawings by patients with mental disorders are expressed. Two schools of thought are presented: The first view is primarily concerned with the use of this artwork for diagnostic purposes, and the second view is concerned with the creative and artistic aspects. Art produced by schizophrenics is marked by a preponderance of primary input which is found in the subconscious. Secondary input or input of conscious thought into the creative process is markedly absent. The schizophrenic ego's lack of control may be the cause of a schizophrenic's voluminous creative output. However, the lack of ego control causes drawings and paintings by schizophrenics to be creative, yet not artistic. (50 references)—Journal abstract, modified.


The clinical aspects and course of outpatient schizophrenia beginning between ages 10 and 20 were studied, using clinical and followup methods in 66 patients (all of the patients from three districts who were first examined between 1962 and 1965, and for whom the necessary records were available locally). Results show that there is a juvenile outpatient form of schizophrenia which has the same characteristics and stereotype of development as the slowly progressive inpatient form. These results show that the outpatient form of juvenile schizophrenia is a mild variety of the inpatient form. (20 references)


Poems written by 29 patients (25 men and 4 women) with schizophrenic defect were studied from the point of view of psychopathology. The subjects were suffering from an uninterrupted progressive form of schizophrenia. Results show that in poems written by patients with schizophrenic defect, there are pathological signs caused by disturbances in thinking, such as bizarre, lack of form, absence of key points, and inconsistency of plot. These characteristics sometimes can be used as differential diagnostic criteria in distinguishing defective conditions. (13 references)


An attempt was made to determine development mechanisms of schizophrenic symptoms, particularly hallucinations and delusions. Thirty schizophrenics who showed low blood pressure and low voltage fast electroencephalographic (EEG) activity at the onset of the disease and a control group of 50 schizophrenics without any abnormal blood pressure and EEG readings were examined. The experimental group showed a remarkable improvement after using haloperidol and ethylephedrine. It is speculated that the symptoms of schizophrenia in the experimental group were closely related to the dysfunction of the diencephalon and lower brain, and that this dysfunction might cause a disharmony between the function of neocortex and the lower brain. (20 references)—Author abstract, modified.

A case of psychogenic oligodipsia with hypernatremia in a 58-year-old chronic undifferentiated schizophrenic male is reported. No medical conditions were found to account for the patient's drastic reduction of fluid intake; it was, however, associated with a recurring psychological conflict. While dehydration is a common problem in catatonic patients, this patient was alert, ambulatory, and had no eating problems. In view of the possibility of morbidity and mortality associated with hypernatremia and hyponatremia, monitoring of serum sodium levels in all psychotic patients is recommended to identify those patients who may have oligodipsia or polydipsia. (5 references)


The seasonality of births was examined for 4,855 schizophrenic patients born in Ireland between 1921 and 1955 and first admitted to Irish mental hospitals between 1972 and 1975, inclusive. All general births for the same years were used as controls. Schizophrenic births were found to be significantly elevated in the second quarter of the year—significant at p < .001. Peak months for schizophrenic births probably include March, April, May, and June. A 9 percent deficit of schizophrenic births was found for the final quarter of the year. The excess of schizophrenic births was 11 percent higher than for any European country examined to date (with the exception of a small area in northern Sweden where an excess of 17 percent for June was found by Dalen). Genetic, climatic, environmental, nutritional, infectious, and sociocultural explanations for seasonality in schizophrenic births should encompass the patterns and the magnitude of the seasonality found in the present study. (27 references)—Author abstract, modified.


The prevailing assumption that deinstitutionalization of chronic schizophrenics failed primarily because public agencies lacked money and manpower is critically examined. Two alternative reasons for the failure are suggested: (1) professionals and members of the general public negatively label such patients, find it difficult to accept their educational, social, and vocational failures, and are also reminded of their own vulnerability; and (2) there is a significant deficit of knowledge and treatment skills for effectively treating the psychotic process and enabling patients to achieve and maintain normal stability and alertness. Suggestions for providing more appropriate assistance include the need to recognize the chronicity of schizophrenia and to shift from a psychiatric to a rehabilitative perspective.


The use of seclusion in a general hospital psychiatric inpatient unit was studied. The charts of 46 patients who had been secluded were compared with 46 other patients who served as controls. There were no statistically significant differences between the secluded patients and the controls on the variables of age, sex, race, and marital and financial status. There was, however, a significant preponderance of involuntary admissions, and the diagnoses of schizophrenia and character disorders among those who had undergone seclusion. Depressed patients were secluded less often. Data on circumstances surrounding seclusion revealed that a majority had been secluded only once during their hospitalization. Most seclusions took place within 48 hours of the patient's admission. The most common indication for seclusion was
uncontrollable agitation. (16 references)


The course of uninterrupted paranoid schizophrenia was studied clinicostatistically in 412 patients (156 men and 256 women, constituting 8.1 percent of all schizophrenic patients living in one area). The fundamental endogenous mechanisms of the disease were examined. Results show that the fact which reflects the essential characteristics of the pathogenetic mechanism of this clinical form is the degree of probability of transition of the process to the next stage during the course of a certain unit of time. This factor is a measure of the progression of the process. These results show that this factor can be used to differentiate between patients with individual variants of paranoid schizophrenia. (22 references)


The possible relationship between body weight (and weight loss) and presence and severity of tardive dyskinesia (TD) was examined in 168 schizophrenic inpatients in a 2-year followup study. Weight at time of the initial TD evaluation, predicted weight, and weight at followup were examined. Despite methodological limitations of the study, analyses of variance (by sex and age group) failed to demonstrate any characteristic and persistent weight changes associated with TD of sufficient magnitude to offset other factors that influence body weight. Weight loss was not typical even in patients with severe gross body movements. Results also suggest that weight loss in Huntington's chorea may not be secondary to the chronic movement as has been commonly assumed. The possibility that a more central mechanism might be involved—e.g., a general dopaminergic hyperactivity—is discussed. (10 references)


Twenty-one cases of self-induced water intoxication are reported and 25 others are cited in the literature. Three of the patients demonstrated at least temporary inappopriate antidiuretic hormone secretion, three were receiving a diuretic, and the other 15 appeared to have pure water intoxication. Fifteen patients were receiving a psychotropic medication. Self-induced water intoxication appears to be more common in schizophrenia patients than is generally realized and should be suspected in any schizophrenic patient who develops convulsions or coma. Hyperdopaminergic central nervous system activity may be involved, and a possible mechanism similar to that for tardive dyskinesia is suggested. (29 references)—Author abstract.
schizophrenics and their siblings in terms of their parental relationships were examined by use of projective tests and questionnaires. Results indicate that schizophrenics are differentiated from their siblings in their tendencies to see themselves as symbiotically attached to their mothers and failing to be accommodated to by their fathers. Schizophrenics tend to be aligned with the same-sex parent. These findings may help explain the psychosexual identification difficulties of schizophrenics. (16 references)—Author abstract.


Reanalysis of the data of a previous study which investigated the relationship between temperature and the conception and birth of schizophrenics is described. The Templer et al. (1978) method of comparing rankings was applied to the Torrey et al. data—specifically, the 228 schizophrenic/general population birth ratios for the 19 states and 12 months. In general, data from the reanalysis give reassurance about the methodological uncertainties of both studies. Thus, there is even stronger evidence of a negative relationship between number of schizophrenic births and temperature of month, and a positive relationship between number of schizophrenic conceptions and temperature of month. (3 references)


The hypothesis that schizophrenic patients can be differentiated from nonschizophrenics on the basis of impressions about personality characteristics conveyed by voice quality was tested with 10 schizophrenics and 10 nonschizophrenics. The schizophrenic patients were seen as more inefficient, despondent, and moody. Information conveyed by speakers' voices was explored by a factor analysis technique. Four factors, general disintegration, dysphoria, social distance, and agitation, were identified. (31 references)—Author abstract, modified.

5896. Tsuang, M.T.; Woolson, R.F.; and Fleming, J.A. (Dept. of Psychiatry, University of Iowa College of Medicine, 500 Newton Road, Iowa City, IA 52242) Premature deaths in schizophrenia and affective disorders: An analysis of survival curves and variables affecting the shortened survival. Archives of General Psychiatry, 37(9):979-983, 1980.

The risk of premature death in schizophrenia and affective disorders was analyzed. Shortened survival was found in 200 schizophrenics, 100 manic, and 225 depressives by comparing them with the Iowa general population. Variables affecting shortened survival were diagnostic group, sex, age at admission, and pay status at admission. Excess causes of death were suicides, accidents, and infective and circulatory system diseases. The absolute mortality for deaths due to neoplasm in the sample was not significantly different from that in the Iowa general population. However, the proportional mortality from the same data showed a deficiency in deaths due to neoplasm in schizophrenia and affective disorders. It is suggested that well-designed epidemiological studies are needed to see if there is a real deficiency in deaths due to cancer in the major psychoses. (25 references)—Author abstract, modified.


The most important nonpsychotic psychiatric conditions (neuroses, schizophrenic borderline states, and mild cases of atypical endogenous depression) are reviewed. In the diagnosis of neurosis, the importance of the presence of a secondary gain is emphasized. The different character neuroses are described, and modifications of commonly held views concerning psychodynamic theory are proposed. In the diagnosis of schizophrenic borderline states, the absence of secondary gain is suggested, and it is argued that there are no transitional forms between neurosis and endogenous depression, since patients in the latter category can never obtain a true (unconscious) neurotic secondary gain and thus should be labeled pseudoneurotic.

5898. Wrede, G.; Mednick, S.A.; Huttunen, M.O.; and Nilsson, C.G. (Swedish School of Social Work and Local Administration, Topeliusgatan 16, SF-00250 Helsinki 25, Finland) Pregnancy and delivery complications in the births of an unselected series of Finnish children with schizo-
Pregnancy, delivery, and postpartum condition were coded from Helsinki Well Mother-Baby Clinics and for a birth cohort of Helsinki schizophrenic women. Greater difficulty was observed at all perinatal stages for the chronic and mild schizophrenic groups than for controls. These differences were heightened in the case of winter births. No correspondence between socioeconomic status and obstetrical variables was found. It is hypothesized that perinatal complications are more common and more severe in the births of individuals later diagnosed schizophrenic than among those not so diagnosed. They may be considered among possible etiological factors in schizophrenia. The influence of these factors may result from some neurological damage to the fetus or through some form of overstimulation of some endocrine function which produces lasting effects. (7 references)—Author abstract, modified.

Diagnosis

The frequent misdiagnosis of manic-depressive black patients as chronic undifferentiated schizophrenics is discussed with reference to institutional dynamics responsible for this form of iatrogenic morbidity in three case reports. In three cases, black women were erroneously diagnosed as schizophrenia/schizoaffective type, schizophrenia/paranoid type, and schizophrenic reaction, respectively, and treated with major tranquilizers, when lithium should have been the treatment of choice. Factors leading to misdiagnosis included difficulty in obtaining a history because of the cognitive disorganization of the patients, language barriers between patient and physician (many of whom are foreign medical graduates unfamiliar with cultural aspects of the language and behavior of the black race), the schizophreniform appearance of manic-depressive illness, the influence of the initial diagnosis on outpatient treatments and rediagnosis on subsequent hospitalizations, and the mistaken belief that manic-depressive illness is clustered in patients of higher socioeconomic status. (14 references)


A group of 115 hospitalized psychiatric patients completed Form A or B of the Whitaker Index of Schizophrenic Thinking (WIST), along with the Black Depression Inventory, State Anxiety Inventory, and the Minnesota Multiphasic Personality Inventory. The results support the convergent and discriminant validity of Form A where significant correlations are found with measures of thought disorder, but not with indices of other symptomatology, such as depression and anxiety. Form B did not show such validity, with only one significant correlation with other measures. Both WIST forms correctly identified nonschizophrenics more often than schizophrenics. Form A was negatively related to years of education. Suggestions for further research on the influence of intelligence and social class variables on WIST scores are made. Overall, Form A emerged as the most valid WIST form, and suggestions for its clinical use are offered. (6 references)—Author abstract, modified.
The concepts of fluid and rigid representational boundaries were assessed in an improvisational role-playing task in an attempt to differentiate paranoid and nonparanoid schizophrenics—paranoid, nonparanoid, and intermediate schizophrenics. The resulting scenes were analyzed by fluid boundary (FB) and rigid boundary (RB) scales, which were developed on the basis of specific aspects of the physical and verbal representations of characters, objects, and settings. The hypothesis that variations in the disruption or emphasis of representational boundaries differentiate paranoid and nonparanoid symptomatology received support. Paranoid schizophrenics scored higher on the RB scale, i.e., erecting and/or exaggerating physical and interpersonal boundaries; and nonparanoid schizophrenics scored higher on the FB scale, showing fused and fluid representations of characters, objects, and settings. Improvisational role-playing seems to hold promise as a medium with diagnostic value. (34 references)—Author abstract, modified.

Bannister and Fransella’s Grid Test of Schizophrenic Thought Disorder and a brief level of distress rating scale were used to examine the relationship between subjective stress and structural thought disorder on a sample of 38 schizophrenic inpatients. Based on initial intensity and consistency scores, all patients were assigned to one of the following three groups: thought disordered, intermediate, and not thought disordered. After 8 weeks, the patients were again administered the grid test and distress rating scale. Patients in the thought-disordered group who reported the most distress were functioning under the greatest conceptual disorganization. No relationship was evidenced, however, between the intermediate and not thought-disordered group’s distress ratings and grid test scores. Theoretical implications of the results are discussed. (11 references)—Author abstract, modified.

Patients meeting widely accepted criteria for the diagnosis of schizophrenia, manic type, were compared with patients meeting rigorous criteria for manic disorder and schizophrenia, using three methods of validation: family history, short-term treatment response, and long-term outcome. No significant differences were found between patients with manic disorder and schizoaffective disorder. However, consistent and often highly significant differences separated patients with schizophrenia from those with manic disorder and schizoaffective disorder. The findings suggest that schizoaffective disorder, as currently defined, is not a valid
and independent entity. It is suggested that psychotic disorders not diagnosable as manic-depressive illness or schizophrenia and without apparent organic basis would best be called "undiagnosed" or "atypical" psychosis. (17 references)—Author abstract, modified.


The predictive validity of the diagnosis of childhood schizoid personality was examined in a 10-year followup study of 22 boys diagnosed with the disorder and a matched control group with other diagnoses who had been referred to the same child psychiatry department. Clinical diagnosis at followup indicated that 18 probands and one control were diagnosed as definitely schizoid, two probands and one control as equivocal, and two probands and 20 controls as schizoid personality definitely absent. Core concepts of an operational definition of schizoid personality found to distinguish the two groups included solitariness, impairment of empathy, communication style (particularly over-talkativeness), current psychiatric disturbance, and mystical/psychotic experiences. Sensitivity and rigidity as defined in this study did not differentiate the groups. (51 references)—Author abstract, modified.

Epidemiology


A simple formal model of the selection of schizophrenics into social classes is developed, based on stochastic models of the process of occupational mobility. The model is estimated with data from England. Two predictions of the model are tested with data: The magnitude of the class differential in rate of schizophrenia at equilibrium, and the pattern of rates for classes in advantaged and disadvantaged ethnic groups. The model approximates the data in both tests. The major conclusion is that selection and drift together form a sufficient explanation for the class differential in rate of schizophrenia. (22 references)—Author abstract, modified.

The Family


Verbal and nonverbal communication of affect was examined in schizophrenic and control families using audiotapes and transcripts of family interactions. In study 1, data were available for parents interacting with their schizophrenic child (index session) or with a well child (well-sibling session), and for two parent-child sessions in normal families. In study 2, data consisted of index sessions only with schizophrenic, nonschizophrenic psychiatric, and normal families. Audiotapes were electronically filtered and ratings were obtained on nonverbal (filtered) and verbal (transcript) samples. The double-bind hypotheses of different nonverbal expression of affect and greater verbal/nonverbal discrepancy in schizophrenic as compared to normal families were not supported. In both studies, no overall differences were found between diagnostic groups in terms of nonverbal ratings, indicating that clinical perceptions of inappropriate and conflicted affect in schizophrenic families are not based on spontaneously produced, simultaneous discrepancies between verbal and nonverbal channels of communication. (22 references)—Author abstract.


Methodological issues in the evaluation of research into schizophrenia and family psychopathology are reviewed. Sampling issues include the representativeness and identifiability of the sample; methodological issues include those stemming from interference and bias effects surrounding researcher and staff interactions with subjects, and those related to establishing a causal link. Criteria for establishing such a link relate to time sequence, consistency on replication, strength of association, specificity of association, and coherence of explanation. The importance of well-defined diagnostic criteria, random sampling, blind techniques, and adherence to the five criteria for causality in research attempting to establish an etiological link between family psychopathology

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and schizophrenia is emphasized. (27 references)


The National Schizophrenia Fellowship (NSF), a British self-help group for parents and relatives of schizophrenic patients, is described. In 1980, the NSF had 140 branches in the United Kingdom and a total membership of 3,300 families. The major self-help activity is the monthly branch meeting which either features a guest speaker followed by discussion or is devoted to a discussion of the personal problems of members. Members are predominantly parents of schizophrenic patients, mainly middle-aged, middle-class females, who remain members for about 4 years. The emphasis in group interaction is on mutual support, cognitive analysis of problems, and practical advice-giving. (4 references)—Author abstract, modified.


The effects of an instructional educational adjunct to typical community mental health center treatment upon the interaction patterns within families with a schizophrenic member were examined with 35 families. The results indicate that additional treatment may improve family members’ feelings toward self and reduce negative feelings toward other family members. The treatment may confuse the participants on factual information related to the disorder of schizophrenia.—Journal abstract, modified.


The pathological parent image held by the schizophrenic patient is discussed. Four kinds of parent images are identified. The first type is one in which the patient persistently refuses to believe that his parents are in fact his parents. The second type is where the patient first denies his parents, but later accepts them with his pathological image and identifies himself with them. In the third type, the patient fails to recognize the generation differences and sees the parent as a sexual object. Finally, in the fourth type, the patient views his parents in the same fashion he views his spouse, again failing to recognize the generation difference. It is concluded that knowledge of the patient’s parent image is a necessary tool for understanding the dynamics and growth of the family. (7 references)—Author abstract, modified.


Following the phenomenological approach to interaction in psychiatrically disturbed families, a personality questionnaire (Giessen Test) was used to assess the views of three family members of themselves and of each other. Comparisons were made between families in which a son had been hospitalized with schizophrenia and those in which a son had been hospitalized for surgery. The psychiatric patients did not give distorted personality descriptions. In the index, however, the relationship between father and son was characterized differently from that of control families. This suggests a relationship between the father and the deviant behavior of the son, who did not conform with his male sex-role expectations. The father thus could not identify with his son, and the responses of mother confirm this conclusion. The findings also suggest that the needs of the fathers for reciprocal consideration are not met by their wives. (31 references)—Author abstract, modified.


Problems in India facing the chronic schizophrenic living in the community and his family, as well as the interventions to manage such problems, were intensively studied in 30 schizophrenics treated at an outpatient psychiatric clinic. Results indicate the following areas to be a source of community adjustment problems: (1) high levels of expectation; (2) excessive emotional
involvement including familial over-protectiveness or critical attitudes toward the patient; (3) problems related to long-term treatment including patient refusal of oral medication, lack of understanding of the illness, fear of social stigma, and geographic distance from the clinic; (4) problems related to marriage, particularly regarding performance of the expected husband or wife role; and (5) occupational problems. The techniques employed in management, in addition to long-acting phenothiazines, were regular home visits, family and marital counseling, financial counseling, patient and family education about the illness and its management, and contact with social welfare agencies. (7 references)—Author abstract, modified.

Genetics


Platelet monoamine oxidase (MAO) activity was assessed in 17 chronic male schizophrenics (10 of whom had a family history of schizophrenia) and 12 age- and sex-matched normal controls. Platelet MAO activity was found to be significantly lower for genetically loaded schizophrenics compared to chronic schizophrenics with no family histories and controls. The mean value for schizophrenics with a family history of the disorder was 56 percent of that of controls. These results are consistent with the concept of biologic and genetic heterogeneity in schizophrenia, and suggest that the lack of uniformity across previous MAO studies of schizophrenia may be explained in part by the presence of biochemically normal phenocopies. (14 references)—Author abstract, modified.

Discordance and variability of the clinical aspects of schizophrenia were studied from the point of view of the evolution and phylogensis of the disease in 421 patients from 200 hereditarily loaded families. All the patients were first-degree relatives, including 264 parent/child subjects and 157 brother/sister subjects. Results show that in the subsequent generation, some of the variants of catatonic and simple forms of schizophrenia are transformed into paranoid forms and that there is a balance of types of course because of the discordance of clinically similar course variants. Results of the study of discordance in terms of duration of the initial period and duration of the first remission show an approximately equal probability of a directly proportional and inversely proportional relationship between the duration of these characteristics in the subsequent generation. Results of the study of the remaining characteristics of the disease show that discordance is equal to the change value. The findings are discussed in relation to the evolutionary/genetic hypothesis of schizophrenia. (15 references)


A critique is presented of the Rosenthal, Kety, and Wender et al. Danish-American studies of adopted offspring of schizophrenic parents. The studies were undertaken in an attempt to differentiate genetic and intrafamilial environmental influences in schizophrenia, and have been widely accepted as providing
conclusive evidence of a genetic factor in the etiology of schizophrenia. The findings have had a great impact in psychiatry, including effects on the direction and support of research. An examination of these studies, however, controverts their conclusions. It is demonstrated that without the inclusion of parents with manic-depressive and indefinite diagnoses in the index group, there is no statistically significant difference between the number of offspring with and without the inclusion of parents with schizophrenia-related disorders; however, they do not support the contribution of the childhood environmental stress factors measured in the study in the development of schizophrenic disorders.—Journal abstract, modified.


The interactive influence of genetic vulnerability to schizophrenia or schizophrenia-related disorders and the effects of adverse environmental circumstances encountered from birth through puberty in the development of schizophrenic disorders in adults was investigated. The sample was composed of 146 Danish adult adoptees, all of whom were adopted away in infancy to nonfamilial adoptive parents who had no history of psychiatric disorder at the time of adoption. Of these adult adoptees, approximately half were born of one parent who became schizophrenic an average of 11.7 years after the subject was born and had been adopted away, while the remainder were born of parents who had never presented for any kind of psychiatric treatment. Significant differences were found in terms of schizophrenia or a schizophrenia-related illness when genotype was considered.

Levels of childhood stress did not reach the level of significance and, therefore, did not differentiate between groups of disordered subjects with and without a predisposition to schizophrenia. Findings support the hypothesized role of genetic factors in the development of schizophrenia and schizophrenia-related disorders; however, they do not support the contribution of the childhood environmental stress factors measured in the study in the development of schizophrenic disorders.—Journal abstract, modified.


The clinical and electroencephalographic (EEG) characteristics of schizophrenia in twin patients were studied in relation to the sex factor in 43 pairs of twins (15 monozygotic and 28 dizygotic), in which one or both partners suffered from schizophrenia. Results show that hereditary factors, linked with the criteria of homozygosity and heterozygosity, affect the formation of the phenotypical characteristics of twins. These results indicate that there is a tendency toward greater intrapair variation in both the clinical and EEG characteristics in female twins than in male twins—both monozygotic and dizygotic. (11 references)


The prevalence of antisocial personality in the biological relatives of adopted schizophrenics and of matched nonschizophrenic adoptees was examined with 67 subjects in Denmark. Of biological relatives of schizophrenics, 7.3 percent received a diagnosis of antisocial personality or sociopathy. The same diagnosis was made in 3.6 percent of the biological relatives of controls. It was found that in some cases interview information provides inadequate information in order to differentiate between sociopathy and antisocial personality, and between alcoholism and sociopathy. It appears likely that sample and methodological biases might be reasonable explanations for previous reports of increased sociopathy in the relatives of schizophrenics. (15 references)

High-Risk Studies


The possible existence of atypical lateral asymmetries in schizophrenia characteristic of left hemisphere impairment was investigated using high-risk groups who scored deviantly on scales designed to measure characteristics of preschizophrenics. In the first experiment, 11 perceptual aberration, 7 physical anhedonia, 7 nonconformity, and 9 control subjects, all right handed, were tested on a verbal tachis-
Overview


An overview of recent research and theory in the functional psychoses, schizophrenia and affective disorders is presented. The history of attempts to conceptualize schizophrenia, the complexities of diagnosis, and the utility of a multiaxial diagnostic system are reviewed. Social and family factors in schizophrenia and current investigations into etiology, treatment, and diagnostic and prognostic indicators are reviewed; and psychopharmacological treatment is considered. Brief hospitalization, outpatient treatment, and a broad overview of rehabilitation techniques are also covered. In the affective disorders, the classification debate is examined. The biological basis of affective disorders, the use of antidepressants, and the various diagnostic problems and their relation to treatment—particularly with lithium—are described. The role of drugs, electroconvulsive therapy, and psychotherapy in the treatment of depression is also discussed.


Major current theories of schizophrenia are reviewed, and a general organizing principle is proposed to integrate the hard laboratory data and soft clinical data. The major models include genetic and constitutional theories, biochemical theories, neurophysiological theories, psychological theories, psychoanalytic theories, family theories, social and cultural theories, and high-risk theories. The proposed integrating principle suggests that cognitive and social/emotional development cannot be separated, because they are dependent upon each other. The goal of physical, cognitive, and emotional development is seen as individual and species survival through increasingly adaptive behavior from birth through adulthood. Schizophrenia is viewed as the failure to achieve such adaptation. Implications for prevention and early intervention are discussed, and critical aspects of normal development are identified. Implications for treatment are discussed as they relate to milieu, group, occupational and rehabilitational, dance and art, and family therapies and to individual psychotherapy, behavioral modification, and psychopharmacology. (442 references)

Prognosis


The relationship between the value of the discrimination delayed auditory feedback (DAF) and social adaptation of schizophrenic patients 2 to 5 years after discharge from a mental hospital is examined. One hundred and nine schizophrenic patients were examined by the DAF method and evaluated according to their social status and number of readmissions. A positive correlation was found between the value of the DAF function and social adaptation status. (2 references)


The files of a narrowly defined group of 22 male and 21 female schizophrenic patients, admitted to the hospital for the first time in 1963 and representative of cases from a large unselected population, were examined for Schneider's first rank symptoms. Multiple correlation techniques were also used to examine the value of first rank symptoms in predicting psychiatric, social, and economic outcomes 14 years later. Using stepwise regression, it was found that Schneider's first rank symptoms explained from 17 percent to 26 percent of the variance on four outcome measures (including total outcome). The presence of some first rank symptoms correlated positively and some negatively with outcome
measures, while some correlated differentially across the outcome measures. Thus, assessment of only the presence, absence, or number of first rank symptoms is unlikely to relate to outcome. (14 references)—Author abstract, modified.

5927. Marsh, A.; Glick, M.; and Zigler, E. (Zigler: Dept. of Psychology, Yale University, Yale Station, P.O. Box 11A, New Haven, CT 06520) Premorbid social competence and the revolving door phenomenon in psychiatric hospitalization. Journal of Nervous and Mental Disease, 169(5):315-319, 1981.

The relation between premorbid social competence and length of initial hospitalization was examined in 381 male state hospital patients in four diagnostic categories: schizophrenic, affective reaction, psycho-neurotic, and personality disorder. A significant relation was discovered between diagnosis and outcome, with schizophrenic patients having the longest and personality disorder patients the shortest lengths of initial hospitalization. Premorbid social competence was related to outcome, as assessed both by length of initial hospitalization, and by whether the patient was rehospitalized. These two outcome measures were found to be positively related, thus supporting the developmental formulation that premorbid social competence is indicative generally of prognosis. The findings were employed to generate the inference that patients at differing levels of premorbid social competence require different treatment modalities. (29 references)—Author abstract.


Residual and defective conditions in schizophrenia are discussed in relation to clinical, social, and work prognoses. These conditions are characterized by: residual symptoms of the active process, e.g., hallucinations syndromes peculiar to the particular defect, e.g., asthenic and asthenoaffective, and premorbid personality traits which are preserved, e.g., work habits. The clinical, social, and work prognoses depend on the rate of progression and stage of the illness, environmental conditions, rehabilitative measures, and biological and social personality traits which are preserved. (64 references)


The relationship between premorbid adjustment and affective symptomatology was examined in 45 schizophrenics who were interviewed and rated on standardized and reliable measures of affective symptomatology and premorbid adjustment. The results indicated that schizophrenics with concurrent affective syndromes did not differ from nonaffective schizophrenics on several indices of premorbid adjustment. In addition, out of 22 affective signs and symptoms, only depression was significantly related to premorbid adjustment. These findings suggest that the good/poor premorbid dimension and the schizoaffective/schizophrenic distinction are largely independent and that future prognostic studies should include measures of both variables in order to determine their relative and pooled predictive power. (35 references)—Author abstract, modified.


The effects of date of first hospitalization and marital status on the 3-year clinical course of 538 chronic schizophrenic patients were investigated. Married patients spent less time in the hospital during their first hospitalization, spent more time in the community after discharge, were rehospitalized fewer times, and spent fewer days rehospitalized than did never married patients. Patients first hospitalized before January 1, 1970, spent significantly more days in the hospital during their first admission than patients first admitted after that date, but no consistent postdischarge results were found. The implications of these results with regard to the "revolving door" phenomenon, as well as the need for more extensive community-based social and vocational rehabilitative programs, are discussed and related to the experiences of and the methods used in Scandinavian and Eastern European countries.—Journal abstract, modified.

5931. Sweeney, S., and Zamecnik, K. (Dept. of Psychosocial Nursing, University of Washington, Seattle, WA 98195) Predictors of self-mutilation in patients with schizo-

Possible predictors of self-mutilation in schizophrenic patients were investigated in data for 268 schizophrenic patients. Of these patients, nine were identified as self-mutilators. Factors related to demographic profile, developmental and psychiatric history, social and environmental circumstances preceding hospitalization, mental status, and the nature of the act itself were identified as possible predictors. It was found that a self-imposed change in physical appearance during the acute phase before hospitalization and a previous act of self-mutilation differentiated self-mutilators from control subjects. Anticipated object loss and living with others were factors of clinical importance but did not reach statistical significance. (20 references)—Author abstract, modified.


Course variations and prognosis criteria in paranoid schizophrenia were studied with the use of followup methods in 725 patients who became ill between ages 11 and 20, and who were hospitalized initially during that period at one psychiatric institution between 1962 and 1966. Results show that in arriving at a probabilistic prognosis of the progression of paranoid schizophrenia, the following can be used as reliable factors: evaluation of premorbid traits, level and duration of negative changes and of the degree of social work maladjustment in the initial stage, and the syndromic characteristics of the manifest psychosis. (23 references)

**Psychological Theory**


The human potential for spirituality, as revealed by phobias, and for creativity, as revealed by schizophrenia, is discussed. Spirituality is defined as any motive which transcends defense or protection of the self. Phobias are viewed as the shift of anxiety from its human source to a nonhuman source which allows the patient to continue to interact with humans as if they were not threatening. Creativity is defined as a transformation of reality and, while the schizophrenic's transformations are purely defensive, they do indicate the range of transformations available to the creative person. It is concluded that altruistic spirituality and creativity are related to the mechanisms of phobias and schizophrenia, respectively. (15 references)


The development of the concept of schizophrenia is reviewed with particular reference to alterations since 1960 and changes that can be expected in the future. The diagnostic criteria of Eugen Bleuler, Schneider, and Meyer-Gross are cited as traditional. Since 1960 developments have led to less frequent diagnosis of schizophrenia and a division along criteria which differentiate between poor and favorable prognosis. Some cases formerly diagnosed as schizophrenic are now referred to as cyclothymic axial syndrome. It is suggested that in the future speech products may provide the basis for a better operationalization of the thought disorders. (39 references)


The research literature on schizophrenia from the point of view of personal construct theory is reviewed. This research concentrates on the structure and content of thinking. It was found that the results of such research are meager and reliability is poor. This is attributed to methodological shortcomings and poor integration of schizophrenia research from other schools of thought which stagnate the accumulation of knowledge in the field. (40 references)—Journal abstract, modified.

Case materials from the early stages of the long-term psychotherapeutic hospital treatment of a severely ill chronic schizophrenic young woman are presented. During this time, the patient entered a profoundly regressed assaultive state that necessitated the use of cold wet sheet pack restraint for her therapy hours. An attempt is made to demonstrate how the process of the primitive transference/countertransference relatedness can be elucidated by the concepts of transitional relatedness derived from Winnicott, and containment derived from Bion. Discussion focuses on three topics: (1) the relationship between transitional relatedness and containment; (2) the relationship between beginning object constancy and self-control; and (3) the importance of concrete expressions of caretaking in the holding environment of the schizophrenic. Finally, the significance of the cold wet sheet pack, which became the focus of the destructive persecutory relatedness, as a transitional object is discussed. (13 references)—Author abstract, modified.


A follow-up study of discharged schizophrenic and borderline patients from Chestnut Lodge, a psychiatric facility in Rockville, MD, is presented. Recent developments in design and operation at the facility are highlighted, and a description of the phenomenology of outcome in three cases of schizophrenia is provided. Recovery is seen as a process of gradual ego accrual resulting in greater and greater inhibition and disavowal of the psychotic personality. Cases of cure result from its effective repression and/or isolation from the more adult organization of id, ego, and superego that derives from oedipal and post-oedipal levels of development. The process by which the psychotherapist facilitates this recovery is described. (9 references)


The so-called basic disturbances in schizophrenia and the way in which these disturbances have been interpreted by psychologists are discussed. Schizophrenia has been characterized mainly as a biological disturbance, and its psychopathological and psychodynamic implications have been ignored. When interactional (normal) social reality escapes the grasp of the schizophrenic through the dissolution of attentiveness to reality and is replaced by intense inner complexes of feelings, the relationship between ego and environment is disturbed. However, this occurs not only in schizophrenia, but also in other psychoses. (35 references)—Journal abstract, modified.


Psychoanalytic concepts observed in one of Freud’s five major case histories, the Schreber case, are examined. The analysis involved a paranoid judge whose condition was traced to an eccentric father and homosexual fantasies in childhood. Topics include: (1) the childhood determinants of schizophrenia; (2) the influence of homosexuality in the psychosis; (3) Schreber’s relationship with his father and the impact of an introjected paternal image and the distortion of oedipal drives by pre-oedipal influences; (4) the manner in which the Freud case history was fitted into a modern psychoanalytic first-year curriculum; (5) deficiencies of Freud’s early libido therapy and the economic aspects of ego regression; (6) aggressive and hostile features of Schreber’s pathology as well as superego factors; and (7) a structural approach to paranoia.
Treatment


The use of benzodiazepines in the treatment of psychiatric inpatients is reviewed. It is noted that various anxiety states and states of panic are the classical indications for the use of benzodiazepines in hospital treatment, but that the clinician must distinguish the cases where a depressive or schizophrenic symptom formation underlies the panic or anxiety. Although adequate alternatives to benzodiazepines now exist for treatment of delirium tremens, benzodiazepines must be considered one of the most efficient and best forms of drug therapy in delirium tremens. Benzodiazepines may be used as hypnotics in cases where the patient's ability to sleep is considered important for his treatment. Short-acting preparations of the benzodiazepine group can usually be recommended, unless particular reasons indicate the use of long-acting ones. The possibilities and limitations of combining benzodiazepines with neuroleptics and antidepressants in the treatment of schizophrenic and depressive patients are discussed. (27 references)—Author abstract, modified.


A treatment program for chronic schizophrenics developed in the last few years, which is based on experimental psychology rather than phenomenological analysis, is described. This program includes five training development parts for: (1) cognitive differentiation, (2) social perception, (3) communication skills, (4) social behavior, and (5) behavioral group therapy. These aspects of the therapy are described, and their strengths and weaknesses are evaluated. Three therapy groups with 8 to 11 patients have been formed; however, scientifically valid results are not yet available. It is concluded that the first therapy group, as opposed to a control group, showed significant improvement on several tests. (22 references)—Author abstract, modified.


The effects of chlorpromazine (CPZ) on rat discrimination learning were studied in a variation of Migler's (1975) procedure, and the role of stimulus efficacy in the neuroleptic management of schizophrenic symptoms is discussed. In the experimental procedure, the stimulus efficacy was varied in terms of both proximity to reinforcement and amount of reinforcement. The behavioral effects of CPZ were found to be significantly modulated by stimulus efficacy, and increases in efficacy attenuated drug effect. The relevance of this finding to various conjectures about the deficits seen in schizophrenia is discussed. (12 references)—Author abstract, modified.


A double-blind hemodialysis protocol, consisting of hemodialysis or sham dialysis twice weekly for 10 weeks, was designed and used to evaluate dialysis treatment of schizophrenia. Four patients were carefully selected and evaluated clinically on the Clinical Global Impression Scale. Three did not show any signs of improvement, and one patient demonstrated questionable improvement but decompensated after 12 additional weeks of hemodialysis. This preliminary study does not confirm the hypothesis that hemodialysis is effective in controlling psychotic symptoms. Other possible beneficial treatments for schizophrenia are considered. (6 references)—Author abstract.


Psychoanalytic psychotherapy as a modality of treatment with schizophrenic patients is explored and a case history presented. The history of the treatment of schizophrenia, current methods of treatment, the effectiveness of psychotherapy with medication, and contemporary theories are discussed. Suggestions for new research in the psycho-
analytic treatment of schizophrenic patients include: focusing on the aggressive drive, the ego of the preverbal stage, and early mother-child interaction.—Journal abstract, modified.


Forty inpatient volunteers with diagnoses of schizophrenia were randomly assigned to treatment either with trebenzomine or thioridazine in a double-blind study of clinical antipsychotic efficacy following a 1-week placebo treatment. Psychopathology was rated using the Brief Psychiatric Rating Scale and the Clinical Global Impression. There was a significant difference in therapeutic response to the two drugs in that psychopathology decreased significantly for the thioridazine group, but not for the trebenzomine group. Serum prolactin elevated during treatment with the thioridazine group. These results fail to confirm previous reports of clinical antipsychotic efficacy for trebenzomine. (7 references)—Author abstract, modified.


The efficacy of thermal biofeedback and relaxation as adjunctive treatments to antipsychotic medication for reduction of anxiety was investigated in 40 hospitalized schizophrenics. Subjects were randomly assigned to four groups: biofeedback, relaxation, biofeedback and relaxation, and minimal treatment control. Significant reduction in anxiety followed treatment, but there were no differences between groups. One-year followup and post hoc analyses are reported to indicate a subgroup of anxious schizophrenics, who showed substantial reduction in anxiety following treatment with biofeedback and relaxation. (20 references)—Author abstract, modified.


The efficacy of hemodialysis as a possible treatment for schizophrenia was examined with four patients in an attempt to verify the findings of Wagemaker and Cade (1977). A lower improvement rate—one partial and one apparent remission—was observed than was found by Wagemaker and Cade, as well as an absence of β-Leu5-endorphin. Possible reasons for this include sex of patients and the use of a membrane other than cuprophane on three patients. The results are sufficiently encouraging for hemodialysis to be examined further as a possible treatment for schizophrenia. (9 references)


The hypothesis was tested that rapid improvement would occur in direct confrontation psychotherapy with schizophrenics when a symbiotic relationship occurred in early treatment sessions. Videotape films of initial and final 12½-minute segments of direct confrontation psychotherapy between one therapist and individual schizophrenic patients were reviewed and rated by trained raters. It was found that patients who verbalized a therapeutic alliance (and thus joined the symbiotic
relationship) improved in global functioning. Following the alliance, the subjects' psychotic behaviors reduced, behavior patterns changed, and patients behaved more alike. It is suggested that these changes occurred because the symbiotic personality (including that of the therapist) controlled their behavior. It is reported that the magnitude of therapeutic improvement exceeded that reported elsewhere for comparable groups treated with phenothiazines for 6 months.—Journal abstract, modified.


An experiment is described in which 10 schizophrenic patients with a long history of the disease were given blood transfusions for at least a 6-month period. A single treatment lasted for 3 hours and was carried out once or twice per week. Three subjects ended the treatment prematurely. Four subjects showed continued outbreaks of schizophrenic symptoms. Two subjects showed marked improvement. The condition of one subject remained unchanged. The results of the study are inconclusive, partially because the success rate of 20 percent is extremely close to the 16 percent rate of spontaneous remission to be expected in cases of chronic psychoses. It is suggested that this kind of therapy could be useful for some subgroups of schizophrenics. (21 references)—Author abstract, modified.


The records of 10 patients who had experienced acute loxapine overdose were reviewed. The most frequent medical complications were central nervous system depression, sinus tachycardia, hypertension, and hypothermia; six patients had had generalized major motor seizures, one had had recurrent paroxysmal atrial tachycardia, and two had had transient renal insufficiency from rhabdomyolysis and myoglobinuria. Other clinical effects of loxapine overdose were predominantly anticholinergic. It is recommended that loxapine overdose patients receive electrocardiogram monitoring and treatment of medical complications in an intensive care unit. (9 references)—Author abstract, modified.


Lifelong records of schizophrenic illnesses were examined to compare the occurrence and characteristics of depressive syndrome in the prephenothiazine era and with neuroleptic treatments. It was found that a depressive syndrome similar to endogenous depressive psychosis develops spontaneously and independently of neuroleptic medication. The relationship of this endogenous syndrome to the postpsychotic depression or other origin is discussed. (17 references)—Author abstract.


The prediction of response to chlorpromazine treatment in 37 schizophrenics was evaluated in a blind, controlled study on the basis of actual outcomes. Before the initiation of treatment, blood samples were taken 3 hours after a dose of 50 mg of chlorpromazine for the analyses of the drug and its metabolites. The chlorpromazine therapy was then begun and continued for 3 months. The results agree with previous conclusions that patients who show high levels of metabolites after a single dose of chlorpromazine tend to have poor clinical improvement with chlorpromazine and that the responders show the opposite pattern. The predictability of response to chlorpromazine therapy is significantly high in patients with very low or high levels of the metabolites; however, this is useful at best in 46 percent of the subjects studied. (28 references)—Author abstract, modified.


The efficacy of electroconvulsive therapy (ECT) in the treatment of schizophrenia is examined. It is noted that most of the studies in the English literature on the use of ECT
in the treatment of schizophrenia are unacceptable according to contemporary criteria. The question, therefore, of ECT versus neuroleptic drugs remains unanswered. In the few acceptable published studies, clinical response to ECT was inversely proportional to duration of schizophrenia symptoms. Schizophrenic patients with affective and catatonic symptoms responded best; those with chronic symptoms rarely responded. The findings indicate that ECT does not alter the fundamental psychopathology of schizophrenia. (100 references)—Author abstract, modified.

Aspects of group psychotherapy in the conjoint treatment of schizophrenic and neurotic patients, based on experiences of a 2-year program involving seven groups of schizophrenics and other patients, are discussed. Although schizophrenics were cautious participants initially and neurotics dominated the group, over time they were able to cooperate with the other patients and both groups profited from the interaction. Contrary to general opinions that schizophrenics cannot be treated with group analytic therapy, these patients usually felt integrated and were always emotionally involved in the group process. After 6 to 8 months, a process of psychotic decompensation was seen in the schizophrenics; however, this is viewed as a productive crisis. In combined treatment, the therapist must avoid engaging in individual therapy with schizophrenics in the group, reactions of family members and important others must be monitored, and caution involving borderline patients in conjoint therapy is suggested. Combined treatment of these two patient groups mitigated breakdowns, diminished dropping out, and stabilized the continuity of therapy. (33 references)—Author abstract, modified.


The efficacy of immobilization therapy was investigated with six disturbed, language-deficient male schizophrenic subjects, aged 21 to 25. All six subjects received the passive approach while four randomly selected from the six subjects received the intensive approach in addition. Seventeen significant outcomes were found among the six subjects, 11 of
which were in anticipated directions, i.e., increase in social competence, social interest, and personal neatness. In the majority, there was no exacerbation of pathology; however, four of the six subjects showed some increase in irritability, manifest psychosis, and retardation. This activity was not viewed as deleterious, but was understood as an indication of therapeutic effect. Further investigation with a younger and less impaired population is suggested.—Journal abstract, modified.


Issues in the current controversy regarding the use of psychotherapy in the treatment of schizophrenic patients are examined. Topics include: (1) psychoanalytic and family perspectives, along with social factors in therapy; (2) the nature, value, and rationale of psychotherapy with schizophrenics; (3) research in aftercare and the nature of the psychotic experience; (4) problems in the study of psychotherapy of psychoses and the role of insight and self-observation in analyzing the etiology of illness; (5) new alternatives in psychosocial treatment and paradoxical interventions; (6) new guidelines in psychotherapy, medication, and psychotherapy in vulnerable outpatients; and (7) the role of psychodynamic psychiatry in treating patients, and quality of outcome in the treatment process.


The β-lipoprotein fragment, des-tyrosine-γ-endorphin (DTyE), which has been reported to have antipsychotic properties, was administered without other psychoactive drugs to a subpopulation of five schizophrenic subjects—three paranoid, two undifferentiated. Male patients with chronic psychotic illness and previous long-term neuroleptic therapy were given DTyE at a dose and duration of treatment that have been reported to be effective. No improvement in psychotic symptoms occurred; plasma prolactin level, a parameter characteristically altered by neuroleptic treatment, did not change. The beneficial effects of DTyE in schizophrenia may be specific to a diagnostic category, may be dependent on past pharmacological treatment, or may only occur in combination with other drugs. (9 references)—Author abstract, modified.


A number of gender-related issues of special concern to chronically mentally ill (particularly schizophrenic) women are outlined. It is suggested that attention to these areas will assist in understanding these disorders and enhance the quality of life of these persons. The term "chronically mentally ill" refers to those individuals who by reason of severe and persistent mental disorder are seriously limited in their functioning relative to aspects of daily living (e.g., personal relations, living arrangements, and employment). The literature regarding sex differences in the course of the illness and the treatment of the chronic mental patient is reviewed. The lives of chronically mentally ill women are described in relation to marital and family roles, other instrumental roles, social and sexual roles, rape and sexual exploitation, and physical health. Chronically mentally ill women are often poor, unemployed, battered, abused, old, lonely, unskilled, and unwell. Suggestions for alleviating the current plight of these women, including directions for research and the provision of services necessary to maintain the mentally ill woman in the community setting, are made. (31 references)—Author abstract, modified.


The effects of lithium treatment in postpsychotic depression were examined with 11 schizophrenic patients. Six patients showed a significant decrease in their depressive symptomatology during a double-blind placebo substitution lithium trial. Traditional indicators of prognosis did not predict lithium response in this sample; the schizophrenic patients tolerated the lithium well. Lithium should be studied further in a larger patient sample as an adjunct in the treatment of...
postpsychotic depression, which frequently is treatment resistant. (37 references)—Author abstract, modified.


Newly admitted schizophrenic patients (n = 63) were given a test dose of thiothixene and their subjective response was recorded by a technician blind to clinical ratings. All patients were then treated with thiothixene in an active milieu setting. Patients varied widely in their subjective responses. An initial dysphoric response was a powerful predictor of both immediate and eventual drug refusal. Before treatment, dysphoric responders tended to be less symptomatic and did significantly better on the Continuous Performance Test. Dysphoric responders experienced significantly more extrapyramidal symptoms following the test dose. Some dysphoric responders did have a good outcome when treated with very low doses. It is recommended that patients with a history of dysphoric response be given a very low dose initially. (17 references)—Author abstract.


Symptoms, illness course, and drug history of schizophrenic patients were assessed to determine whether response to γ-type endorphin (des-Tyr β-γ-endorphin) is dependent on these characteristics. The duration of neuroleptic treatment and the dosage used for 6 weeks before the trial were also examined. It was found that not all types of schizophrenics react similarly to treatment with γ-type endorphins. The responses varied from no effect to complete remission of psychotic symptoms. It is suggested that a beneficial effect of γ-type endorphins may occur in patients whose most recent psychotic episode was short, and who are not on drugs or are taking only low doses of neuroleptic drugs. (10 references)


A program on a rehabilitation ward for 32 chronic schizophrenic patients to prepare the patients for independent living is described and assessed. The duration of the hospitalization of the patients ranged from 2 to 20 years. The program, graded into eight steps, included the establishment of open rehabilitation wards, minimum dosage of drugs whenever possible, group meetings, development of a system of graded privileges, group activities in the occupational therapy department, daytime employment in the local community, final vocational planning, and work on the transitional perspective of the patients. The rehabilitation team consisted of a psychiatrist, psychologist, psychiatric social worker, psychiatric nurses, and ward aides. Most of the patients showed improvement; many of the patients engaged in a regular work activity; several patients were released to their families in the outside community: 10 patients were improved but still needed rehabilitation, and two patients, though improved, escaped. (2 references)


The possible activating effect of maprotiline, a relatively specific noradrenaline-reuptake inhibitor, was investigated in a double-blind crossover study of 17 inactive and emotionally withdrawn schizophrenics under long-term neuroleptic treatment. No significant differences with respect to either the level of activity or schizophrenic symptoms were found between maprotiline (mean dose 138 mg/day) and placebo. Maprotiline provoked a slight psychotic exacerbation in one patient and sedation in another, four patients developed orthostatic hypotension, and two had an epileptic seizure. In the light of this and other studies, it is concluded that antidepressant drugs do not represent any therapeutic advance in the treatment of inactive schizophrenic patients receiving neuroleptics. (24 references)—Author abstract.


The value of giving a lithium trial to
patients with chronic mental illness is examined. It is argued that lithium responders may have less personality deterioration than nonresponders. If this is true, then some chronic psychiatric patients have a chance for a normal life. It is suggested that chronic patients be routinely tried on lithium after they are out of the acute phase of their illness. Once the patient is stabilized, lithium should be the only drug used for 3 to 4 months: this will test its effectiveness. After this time, if the patient still shows the affect, thinking, behavior, or personality deterioration of the chronic schizophrenic, neuroleptics may be indicated. It is noted that the effectiveness of lithium and the decision about long-term lithium use are different for each patient. (18 references)


The use and difficulty of assessing the effectiveness of pharmacological compounds in the treatment of schizophrenia is discussed with emphasis on uncertainties in the diagnosis of schizophrenia, methodological difficulties, methodological limits, and recommendations for the future. The difficulties in diagnosis have to do with clinical recognition of the syndrome, the determination of the state of illness at the time of treatment, demographic factors influencing treatment, nonbiological factors, and the use of psychotherapy and sociotherapy. Methodological problems take into account such aspects as difficulties in classification, the determination of which pharmacological compound is to be tested, at what dose, the use of placebo, previous therapy, interaction of drugs, evaluations of results, biological methods, and data processing of results. Methodological limits focus on legal restrictions, ethical restrictions, criteria for the selection of patients to be tested and the number that will provide a representative sample, blind studies, personnel needed during time of testing, and cost of testing procedures. Recommendations include the need to work out a more systematic method of evaluation, stricter legal controls, and a greater familiarity with test results among psychiatrists and clinicians. (37 references)—Journal abstract, modified.


Concentrations of chlorpromazine and two of its active metabolites in plasma and cerebrospinal fluid (CSF) of schizophrenic patients treated with fixed drug doses were investigated. There was a significant correlation between the area under curve (AUC) for chlorpromazine (CPZ) in serum during 24-hour treatment and serum concentration at different fixed times of the day. The half-life for CPZ was found to be 8 to 33 hours. Both 7-OH-CPZ and norl-CPZ disappeared at about the same rate as the parent compound. The concentration of both metabolites was less than 10 ng/ml after 36 hours. The level of CPZ and metabolites presented a weak positive correlation to daily dose, but not to dose calculated by mg/kg body weight. Older patients tend to have higher CPZ and metabolite levels. The dose effects are very similar in plasma and CSF, and there is a significant correlation between CPZ levels in serum and CSF. CSF/plasma ratio for CPZ seems to be an individual factor possibly related to variations in protein binding in plasma and CSF. (28 references)—Author abstract, modified.


Clinical and biochemical effects of withdrawal from long-term neuroleptic treatment were studied in 17 chronic schizophrenic patients under neuroleptic treatment for 13 years. A 30-day drug withdrawal resulted in early relapse of four patients, slight deterioration of five patients, and slight amelioration in eight patients. No incidents of neuroleptic symptoms such as tardive dyskinesia occurred. Prolactin in plasma and cerebrospinal fluid (CSF), not being elevated under chronic treatment, decreased significantly after 30 days of withdrawal. Homovanillic acid and 3-methoxy-4-hydroxyphenylglycol in CSF ranged normally and did not change during withdrawal. In contrast, plasma noradrenalin was elevated and decreased after drug discontinuation. No unequivocal relationship between biochemical and psychopathological features was found. (42 references)—Author abstract, modified.