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 Frankfurter (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.

This collection is not exhaustive. The Clearinghouse routinely scans all mental health related literature, and its information system includes references to a great many articles of potential use to readers who are involved with research, training, or treatment in schizophrenia. Many of these references—notably reports of basic research—may not be published in the Bulletin, but are available from the Clearinghouse in other publications or through individually generated bibliographies. Because Psychopharmacology Abstracts publishes a comprehensive list of new articles on drug trials in schizophrenia monthly, only abstracts of those articles that review a number of psychopharmacological studies are published here. Mental health professionals or laypersons actively working in the mental health field who wish to request computer printouts of late references or comprehensive bibliographies on specific aspects of schizophrenia may write to the following address: Technical Information Section, National Clearinghouse for Mental Health Information, National Institute of Mental Health, Rm. 11A21, 5600 Fishers Lane, Rockville, MD 20857.


Chronic schizophrenics were studied in a three-factor design (motivating condition x task x sex) to determine the effect of competition on a perceptual motor task (letter canceling) and on a motor task (hole punching). Two control conditions were added to parcel out the effects of the instructional sets and rewards. The four motivating conditions were: competition, cooperation, neutral with reward, and neutral with no reward. Subjects of the same sex worked in pairs and performed all tasks under one of the four motivating conditions. Both competition and cooperation produced significantly better performances than the control condition with no reward (neutral nothing). This effect was most pronounced for the hole-punching task, although the trend was similar for the other two tasks. The cooperative and competitive conditions represented equivalent operational procedures. The competitive condition did not result in less output than the control conditions under any task situation.—Journal abstract, modified.


The speech of a 33-year-old female schizophrenic patient was analyzed using the Cloze procedure be-
fore medication, during treatment with phenothia-
zines, and after cure (but still under phenothia-
zines). In the Cloze procedure, every fourth or fifth word is removed from a discourse of some length (here, 300 words) and is replaced by a dash. The four raters then attempt to supply the missing word. As the patient improved, the percentage of correct completions of missing words rose from a median of 37 percent (where every fourth word was deleted) to 67 percent, as compared to a value of 64 percent for the normal control. When every fifth word was deleted, the percentage of correct completions for the patient rose from a median of 58 percent to 70 percent, compared with a median of 68 percent for the normal control. In addition, the redundancy in the patient's speech decreased as she improved clinically. The results suggest that the breakdown in the communication process in schizophrenia is due to a dilu-
tion of cues and a loss of information. (3 references)


Acute schizophrenics with either good or poor pre-
morbid histories were compared with control groups of undergraduates and sixth grade children on their sensitivity to syntactic structure in speech perception. Subjects listened to strings of unconnected words; to sentences with clicks embedded before, in, or after a clause break; and to a passage of con-
ected discourse that was interrupted at specific intervals after either a one- or a two-clause sentence. During designated test pauses, subjects wrote down as many words as they could recall and in-
dicated the location of the click in the sentences. The schizophrenics showed poor overall recall but did not differ from the control groups in the propor-
tion of recall attributable to syntactic structure. (33 references)—Author abstract.

2807. Daitzman, R.J., and Tumility, T.N. Support for an activation-regulation deficit in schizo-

The concept of optimal level of stimulation, excita-
tion, and activation is offered as a substitute for the unsatisfactory concept of drive reduction as a motiva-
tion for behavior. It is hypothesized that personal-
ity tests, administered to a fairly homogeneous clinical population, may indicate common central nervous system pathology and provide information relevant to the theory and management of the schizo-
phrenic syndrome. It is concluded that general psychopathology accounts for more variance than any other factor. The fact that stimulus regulation ac-
counted for the next greatest amount of variance is emphasized. Indirectly, via correlation and factor analysis, the data suggest that the abnormalities of thinking, perception, and behaviors in schizophrenic patients are causally related to a basic inability to attend, select, and modulate incoming stimulation. It is suggested that this central regulatory activation deficit resides in the reticular formation of the central brain stem. (8 references)

2808. Gebhardt, R., and Neumann, H. Die Intelli-
zeng in Abhangigkeit vom durchgefuhrten Intelli-
genztest und von Personlichkeitsmerkmalen. [Intelligence of psychiatric patients correlated with IQ test and personality characteristics.] *Psychotherapie—Medizinische Psychologie* (Stutt-

The Raven Progressive Matrices Test and the short form of the Wechsler Intelligence Test were as-
sessed and compared for usefulness and reliability in measuring the intelligence of different types of psychiatric patients. During a 2-year period 85 pa-
tients (56 males, 29 females), aged 17 to 58 years (average age 27.9), were routinely tested during re-
habilitation evaluation. The patients were divided into two groups: (1) chronic schizophrenics without acute psychotic symptoms and (2) depressive neu-
rotics. Results confirmed the following hypotheses: (1) the Raven Progressive Matrices Test does not correlate frequently with the Wechsler Intelligence Test verbal subtests; (2) Raven results are generally higher than those for the Wechsler because of fear of failure and of the time limitation; (3) chronic schizophrenics lack motivation and, contrasted with the entire group, achieve similar results in both the Wechsler and the Raven Tests; and (4) depressive patients respond well to verbal encouragement and achieve higher scores on the Wechsler than on the Raven. It is suggested that comparison be based on which test is more suitable for a given patient in a given situation, rather than on which most accurately measures the true level of intelligence. (20 ref-
ferences)

Verbal responses were obtained to two questions from the Wechsler Adult Intelligence Scale Comprehension subtest from three groups of subjects matched for age and verbal IQ: schizophrenic patients, nonschizophrenic psychiatric hospital patients, and normal controls. The responses were rated by 11 graduate clinical psychology students on 15 four-point scales, based mainly on adjectives used in the psychiatric literature to describe “schizophrenic language.” Varimax rotations of principal components analyses of the ratings revealed two main factors—a structural (syntactic) factor and a semantic factor—accounting for approximately 93 percent of the total variance for all ratings. The implications of this finding for diagnosis and for the clinical description of the language of schizophrenics are discussed. (12 references)—Author abstract, modified.


The relationship between digit symbol performance and measures derived from a visual choice reaction time task is explored in a group of 20 acute schizophrenics. Results suggest that ability to ignore irrelevant visual input on the basis of position may be important in schizophrenic performance on the digit symbol test. The test may reflect aspects of both mental and motor speed in schizophrenia, with the former being of greater importance. (9 references)—Author abstract.


The short-term perceptual memory of schizophrenics for random dot patterns was examined by a delayed comparison procedure. In experiment 1, 10 schizophrenics and 10 normals compared a fixed dot pattern (standard) with a variable dot pattern (comparison) appearing 2 or 8 seconds later. They then decided whether the comparison stimulus had “more” or “less” dots than the standard. Memory strength, indexed by the $d^1$ value of signal-detection theory, showed neither group difference nor decay over time. In experiment 2, the interstimulus interval was filled with an unjudged dot pattern (storage interference), and the standard stimulus followed the variable comparison stimulus (encoding difficulty). The memory strength of 17 schizophrenics and 17 normals was severely impaired, and their memory strength weakened over time. But, again, no group differences were found. In both experiments, the two groups showed a strong bias in underestimating the first (to be remembered) stimulus. It is concluded that schizophrenics’ short-term perceptual memory for nonverbal stimuli remains good. (30 references)—Author abstract.


The possibility that some aspects of schizophrenic behavior represent conformity to a mental patient role was investigated, along with the relative effects of varying the instructional set on such behavior. Subjects were assigned to either a role expectation group or an instruction group and were compared with normal controls on the Holtzman Inkblot Test (HIT) and the Schizophrenia and Paranoia scales of the Minnesota Multiphasic Personality Inventory (MMPI). Behavior ratings on the Inpatient Multidimensional Psychiatric Scale (IMPS) were obtained for patients in both experimental conditions. All groups gave responses containing significantly more pathognomic verbalization in their respective patient conditions than in their respective normal person (control) conditions. For the two patient groups, this was the only variable in which there was a significant difference between the two conditions. Since the MMPI scores and the more structural variables of the HIT remained unchanged for both groups, there may be an intrinsic cognitive deficit in schizophrenia that was not affected by the experimental manipulations. Also, since the pathognomonic verbalization score was affected, a limited aspect of schizophrenic test behavior may vary according to role set and expectations.—Journal abstract, modified.

2813. Oppenheimer, H. On the application of Karl Jaspers’ “verstehende” psychology to some forms of schizophrenic thought and language disorder.

In a phenomenological approach to the problem, the issue of incomprehensibility in schizophrenic communication is examined. It is shown how clinical material can be used to further a theoretical conceptualization of the schizophrenic syndrome. Jaspers' so-called "verstehende" psychology is cited, in which it is held that a psychopathological phenomenon is comprehensible if it can be understood and explained as a fitting or meaningfully related part of a larger whole. (11 references)


Ten homographs with nonemotional strong and weak meanings and 10 homographs with emotional strong and nonemotional weak meanings were used in constructing a 40-item interpretation test to analyze hypotheses about semantic response bias and emotional stimuli in process and reactive schizophrenics. Arousal level of schizophrenics was measured by spontaneous galvanic skin responses and heart rate autonomic lability scores. When emotional and nonemotional interpretation items were not considered separately in the analysis, process schizophrenics manifested a significantly greater strong meaning response bias than reactive and control subjects. The latter two groups did not differ on degree of strong meaning response bias. It was concluded that overinfluence of dominant meaning is a significant factor in the psychological deficit of process schizophrenics. The results therefore supported the Chapman, Chapman, and Miller (1964) theory of schizophrenic verbal behavior. The greater strong meaning response bias of higher aroused reactives found by Rice (1970), and the weak meaning response bias of chronic schizophrenics on emotional homographs found by Neuringer, Kaplan, and Goldstein (1974) were not confirmed. (3 references)—Journal abstract, modified.


The present study evaluated the ability of schizophrenics and normals to selectively choose hypotheses or strategies of concept identification (CI) solution, in addition to concomitantly filtering relevant and irrelevant information. A CI task designed for analysis of hypothesis behavior was administered to 100 chronic undifferentiated schizophrenic and nonpsychiatric control patients who were matched for age, IQ, and length of hospitalization. Major results were as follows: (1) controls were more efficient in using relevant information as stimulus complexity increased; (2) focusing was adopted by controls as compared to the random scanning strategy used by schizophrenics; (3) analysis of hypothesis behavior was based on 10 strategy characteristics utilized in CI which demonstrated a schizophrenic deficit in cognitive strategy. (14 references)—Author abstract, modified.


A methodology is presented which utilizes linguistic indices of pathology for examining schizophrenic behavior, thus allowing for a more rapid analysis of observational data than is possible through the use of conventional kinesic analysis. It is hypothesized that the difference between the language behavior of a schizophrenic and a normal individual is in pragmatic aspects of communication, e.g., inappropriate responses, bizarre choice of topics, and intimacy where none is indicated. Certain schizophrenic states are characterized by overt forms of language behavior which are described as errors in syntax or semantics or which fail with regard to communicational criteria, although grammatically correct. Two interviews between schizophrenic patients and a psychiatrist are analyzed diagnostically to illustrate two possible extremes of schizophrenic verbal behavior. The methodological/theoretical discussion centers on: constitution of schizophrenic language, formulation of pathological language indices, analysis of language behavior, characterization of schizophrenic language, atavistic aspects, and the relationship between language and thought.—Journal abstract, modified.

Effects of subliminal stimulation of a symbiotic fantasy and a self-focusing intervention on the pathology of relatively differentiated and relatively undifferentiated schizophrenics were investigated. Forty subjects (half differentiated) were administered subliminal presentation of a symbiotic stimulus together with self-focusing intervention, subliminal presentation of a neutral stimulus with self-focusing intervention, subliminal symbiotic stimulation and a vocabulary test intended as a control for self-focusing, or subliminal neutral stimulation and the vocabulary test. Following these interventions, there was a critical assessment of pathological thinking and nonverbal behavior for all groups. In addition, the adjective rating scale procedure and the figure-drawing test were administered. Results showed the subliminal symbiotic condition reduced pathology level in differentiated schizophrenics but not in undifferentiated schizophrenics. Addition of self-focusing intervention did not reduce pathology further. Peripheral issues and results discussed were: race of subjects, figure-drawing measures of differentiation, and correlations between measures of differentiation.—Journal abstract, modified.


To study the relationship of body-focused kinesic behavior to language construction in schizophrenic and depressed states, initial treatment interviews and therapy sessions with four chronic schizophrenics and four depressives were videotaped and kinesic behavior and language construction were assessed. Schizophrenic patients had a significantly higher incidence of finger/hand movements, while depressed patients revealed a significantly higher degree of body touching. Specific differences in language construction indicated that schizophrenics tended toward higher narrative language articulation. It is concluded that more or less articulated forms of self-stimulation coexist with different types of linguistic organization in schizophrenic and depressed patients. Clinical observations and psychoanalytical considerations are addressed, and narcissistic representational structures of schizophrenic and depressed patients are discussed. (22 references)


Twenty chronic, undifferentiated schizophrenics and 20 paranoid schizophrenic controls were given the release from proactive interference procedure, as developed by Wickens, in a study of encoding of taxonomic word categories by schizophrenics. Word triads representing eight conceptual categories constituted the stimuli to be remembered. Proactive interference release was clearly established for both schizophrenic subgroups, and the findings were interpreted to imply that chronic, undifferentiated schizophrenics, as well as paranoid schizophrenics, encode the attributes of conceptual word classes in memory. Previous demonstrations that chronic schizophrenics fail to benefit from categorized materials to be remembered in recall tests are probably not the result of an encoding deficiency. (22 references)—Author abstract, modified.


An attempt to show that differential task performance among schizophrenic subgroups is integrally related to specific task demands is presented. The subject sample comprised 40 schizophrenic patients divided into four equal subgroups based on length of hospitalization (acute/chronic) and presence of paranoid symptoms (paranoid/nonparanoid). The task consisted of 96 trials of a constant stimulus size estimation procedure in which subjects were required to discriminate between the size of a standard and one of seven sizes. Results revealed complex patterns of interactions, indicating that differential subgroup performance was dependent upon the specific task conditions of presence/nonpresence, size, and duration of the interpolated stimulus. How
ever, within these complex patterns, paranoid schizophrenics appeared to be more influenced by the size of the interpolated stimulus than nonparanoid schizophrenics. Signal detection analysis revealed the psychiatric aide control group to be the only subgroup to exhibit a marked conservative response bias. The presence of an interpolated stimulus, particularly a small interpolated stimulus, had a debilitating effect on the performance of nonparanoid schizophrenics. Results strongly support the contention that subgroup performance is integrally related to specific conditions of the task.—Journal abstract, modified.

biology


In a discussion conducted at the Totts Gap (Pa.) Colloquium on the Biology of Schizophrenia, May 1975, data were presented on the role of neurotransmitters and biochemical mechanisms, as well as the actions of psychotropic drugs, in schizophrenic behavior. Research data indicate that the phenothiazines block dopamine receptors; that amphetamines exacerbate schizophrenic symptoms and produce schizophrenia-like psychoses; and that antidepressant agents such as the tricycles produce side effects similar to amphetamine psychosis. The amphetamine actions are apparently dependent on catecholamines, especially dopamine (DA), and administration of the amino acid precursor of DA, L-dopa, worsens schizophrenic symptoms. More recent findings suggest that methylphenidate (Ritalin) acts preferentially on DA neurons as contrasted to amphetamines which act preferentially on norepinephrine (NE), and that the worsening of schizophrenic symptoms by amphetamine may be mediated by DA as opposed to NE. Current theories that phenothiazines primarily block at DA receptors and that the blockage correlates with their clinical effectiveness were reviewed, along with evidence of the therapeutic effectiveness of the butyrophenones and phenothiazines (including the sedative versus antipsychotic effects of the phenothiazines) in treating the various types of schizophrenia. Studies of platelet monoamine oxidase (MAO) versus brain MAO in schizophrenics, in which genetically determined differences in enzyme activity were demonstrated, were also discussed.


In a discussion conducted at the May 1975 Totts Gap (Pa.) Colloquium on the Biology of Schizophrenia, comment was made on the various participants' contributions to further understanding of the genetic, biochemical, physiological, and psychological characteristics of schizophrenia. It was concluded that despite conflicting opinions and testimony, useful material was presented on the distribution of schizophrenic manifestations and the intermediary neurochemical mechanisms and genetic influences that affect it. A parallel to diabetes was suggested. It was found that the chemical metabolic aberration responsible for the symptoms and findings may be induced by a variety of stimuli, including drugs and extreme situational stresses. At least in one cluster of manifestations, however, there is a strong genetic proclivity toward the chemical and metabolic aberrations of the schizophrenic process. If these data are combined, they may lead to a final common neurochemical pathway to definitively elucidate the etiology and developmental course of the disease.


A discussion conducted at the Totts Gap, Pa., Colloquium on the Biology of Schizophrenia, May 1975, concerning available research findings and tentative conclusions regarding the neurological substrates of schizophrenic syndromes is reviewed. It is contended that brain damage may be another variable in the etiology of the disorder, and that this possibility has generally been slighted by American psychiatrists. Although pneumoencephalograms and other studies of neuropathology and neurological signs are considered controversial, and the relationship of schizophrenia to antecedent known brain damage has not been definitively demonstrated, re-
sults from various studies strongly suggest that: (1) some schizophrenics have such deficits; (2) this may represent degenerative disease of the CNS which has been misdiagnosed or the damage may add an incremental disadvantage to persons with schizophrenic genes; (3) this damage will permit latent schizophrenia to become manifest and may convert a mild form of the disease into a severe form; (4) schizophrenic offspring are more likely to incur brain damage; (5) the schizophrenias may be neuropsychiatric diseases with a neuropathology that remains to be discovered. Supporting and conflicting opinions, as well as clinical and research evidence for these propositions, are offered.


The genetics of the adenylate kinase system in manic-depressive patients and normal subjects was studied. The two co-dominant autosomal alleles of the adenylate kinase system, AK 1 and AK 2, give the phenotypes AK 1-1, AK 2-1, and AK 2-2. The AK types were determined in 108 manic-depressive patients—including 35 with bipolar illness and 73 with monopolar illness—and in 90 control subjects. The control subjects were divided into the following groups: 24 with neurotic reactions, 17 with alcoholism or drug abuse syndromes, 20 with organic psychoses, and 29 with schizophrenia. Of the 35 bipolar patients, 26 (74 percent) had AK 1 type and 9 (26 percent) had AK 2-1 type, while of the 73 monopolar patients, 71 (97 percent) had AK 1 type and 2 (3 percent) had AK 2-1 type. One of the two monopolar patients with AK 2-1 has had one hypomanic episode. All of the 90 controls had the AK 1 type. In a group of 407 unrelated subjects, 397 (93 percent) had AK 1 and 28 (7 percent) had AK 2-1. (15 references)


The relationship between schizophrenia, dreaming, and the hemispheres of the brain is explored. Freud's dichotomy of primary process and secondary process thought corresponds with basic differences in the function of the left and right sides of the brain. In most people, the left side of the brain appears to be more involved with language, logic, abstraction, and analysis. The right side is more nonverbal, perceptual, spatial, pictorial, and emotional. While we are awake, the left hemisphere usually dominates, but during the rapid eye movement (REM) stage of sleep, the right hemisphere becomes more active. It is then that most dreams occur, indicating that the right brain is responsible for dreaming. It is suggested that in schizophrenia the dream reality usually confined to REM sleep spills over into the waking state. Evidence of atypical brain mechanisms in schizophrenics supports the theory of hemispheric spill over. Research by Lauri V. Laitinen and F. L. Hartmann supports these findings. (3 references)


In a letter to the editor, the correspondent agrees with the view of Smythies (Lancet, July 17, 1976, p. 136) that a defect of serotonergic systems is involved with schizophrenia. However, the correspondent disagrees with the suggestion that the defect may be one of serotonergic underactivity and proposes that the defect is one of overactivity. Research performed by the correspondent indicates that while patients were controlled by chlorpromazine or other antipsychotic drugs, their brain serotonin synthesis was apparently normal. However, after withdrawal of the drugs, serotonin synthesis in the brain increased at about the same time as exacerbation of schizophrenic symptoms occurred. It is suggested that chlorpromazine and other antipsychotic drugs may exert their beneficial effects in schizophrenia by blockade of the serotonin receptors in the central nervous system. (6 references)


In a discussion conducted at the Totts Gap (Pa.) Colloquium on the Biology of Schizophrenia, May 1975, the possibility that a viral etiology could account for the genetic patterns seen in chronic forms of the dis-
order was considered. Results from animal models are cited, and it is contended that Koch's postulates need not be met literally to prove a viral etiology for certain human diseases. Criteria for acceptance would be the demonstration in more than one laboratory that the disease can be consistently transmitted to experimental animals or that a particular virus can be recovered consistently from the diseased cultures in vitro; that the disease can be serially transmitted to animals with ultrafiltered material from the diseased subject; and that the agent in question is not ubiquitous or being carried along as a passenger or contaminant. Three major lymphocyte cell populations involved in the pathogenesis of autoimmune mechanisms were identified, and results of immunological research with schizophrenics were presented in support of this view. Discussion centered around the effect of cortisone, megavitamins, other drugs in treating schizophrenia, and various animal models of schizophrenic behavior which have implications for therapeutic environmental manipulation and psychopharmacologic treatment.


Following a review of previous work concerning the relationship of platelet monoamine oxidase (MAO) activity to schizophrenia, a study testing the hypothesis of altered MAO activity in schizophrenia is reported. Thirty-three schizophrenic or manic-depressive patients (classed as either acute or chronic) were given probenecid over an 18-hour period. Metabolite values for various patient groups were compared and correlations were obtained between probenecid and metabolite values for each group. The lack of correlation between probenecid and metabolite values indicates that near maximum inhibition of the transport system exists and that group differences are primarily the result of differences in rates of metabolite formation. (27 references)


Gonadotropin hormone releasing hormone (GnRH) stimulation tests were performed in 15 adult male hebephrenic schizophrenics and 15 oligophrenic controls, matched for age and length of hospitalization. GnRH was given at three dosage levels to five subjects of each type, and levels of follicle stimulating hormone (FSH) and luteinizing hormone (LH) in the blood were assayed at intervals up to 90 minutes. The tests were performed twice in schizophrenics off therapy and after 10, 20, and 30 days of chlorpromazine therapy. Controls were not given chlorpromazine and were tested only twice. Schizophrenics showed relative increases in both FSH and LH that were greater than those of controls, and the response persisted longer. Chlorpromazine had no effect on the test. (30 references)—Author abstract, modified.


A letter to the editor corrects some misinterpretations of a review of the correspondent's research on the biochemistry of schizophrenia (Smythies, *Lancet*, July 17, 1976, p. 136). The review is cited as inaccurately reporting the following: (1) the heptafluorobutyrylimidazole (HFBI) derivatives were fluorescent, and this was significant in the gas chromatographic method; (2) the limits of sensitivity of detection of pure HFBI derivatives of the dimethyltryptamine and o-methylbufotenine, and the cerebrospinal fluid levels of dimethyltryptamine were incorrectly reported; and (3) schizophrenic patients do not have higher cerebrospinal fluid levels of the amines than controls. (2 references)


The correlation between observed antipsychotic actions and extrapyramidal side effects of neuroleptic drugs and their ability to block central dopaminergic transmission is discussed. It is contended that antipsychotic effects are more closely related to actions of these drugs on dopaminergic mechanisms in the mesolimbic dopamine system, while extrapyramidal reactions are linked with similar actions.
in the striatum. Although amphetamine psychosis closely resembles paranoid schizophrenia and may be related to excess dopamine release, findings in clinical, biochemical, and endocrine research suggest that dopaminergic overactivity is not a necessary concomitant of schizophrenia. It is suggested that the primary defect in schizophrenia does not lie in the dopamine neuron, and that the exact nature of this defect is unknown. Possible explanations advanced include that of supersensitivity of the mesolimbic dopamine receptors and that of a deficit in a system which is normally antagonistic to the mesolimbic dopamine system. (54 references)—Author abstract, modified.


Estimation of blood transit time in the neck and the extension of this measurement into the head was made by a method of electrical impedance, over a wide age range, in 159 healthy subjects, 160 schizophrenic patients, and 199 patients with organic brain disease. In each case, the distance between the electrocardiogram and the next succeeding pulse volume impedance wave was measured and averaged over 30 serial waveforms. Chronological age proved a significant variable, with transit times lengthening progressively with age. However, this proved true only for measurements extending into the head. Sex and hemispheric laterality played no significant role. With age held constant, mean transit times into the head were significantly prolonged in both groups of patients as compared with controls. No significant differences were found, however, between means of psychiatric and neurological patients. It is suggested that these results reinforce the organic etiology of schizophrenia. (29 references)—Author abstract.


Schizophrenia may be associated with increased prostaglandin synthesis in the upper brain stem and diencephalon. This hypothesis is based on findings that (1) injection of small doses of prostaglandin E1 into the cerebral ventricles of the cat produces a stuporous state in which the animal does not react to events; and that (2) stupor and catalepsy are associated with a high prostaglandin content of cisternal cerebrospinal fluid observed during fever produced by endotoxins or their toxic constituent, lipid A. It is pointed out that fever is a genuine sign, though not a frequent one, occurring in some schizophrenics. (51 references)—Author abstract, modified.


In this compendium of research findings, discussion of research, and speculation about future directions in the field of the biology of the major psychoses, focus is on nosological schemes and developments in the brain sciences. The limitations of classificatory systems are also discussed, and a triaxial system of evaluation (including symptomatology, social relations, and course of illness) is proposed. The distinctness of the various major psychoses is debated, and original formulations of both schizophrenia and affective disorders are proposed. The five major sections of the book are: clinical and genetic criteria, developmental factors and drug response; electrophysiologic measure; neuromuscular abnormalities; and neurochemical measures.


In a study of the effects of chronic d-amphetamine on social behavior of the rat, hooded rats in a social colony were given increasing daily doses of d-amphetamine up to 8 mg/kg. Time-lapse cinematographically recorded behavior was analyzed for the following: grooming, feeding, sexual behavior, sleeping, resting, stereotypy, agonistic behavior, muricidal activity, and the location and movement of each rat. Subordinate rats receiving d-amphetamine actively withdrew from social interactions by retreating to strategically defensible locations in the environment. They remained hypervigilant of other rats and overreacted to their approaches either by fleeing or by defensively rearing and boxing. On the
other hand, when the dominant rat received the maximum dose, it seemed totally oblivious to the other rats. The responses to drug treatment in subordinate rats may provide a model for the social behavior of frightened paranoid schizophrenics. (16 references)—Author abstract.


The effects of chronic administration of phenothiazines upon the responsiveness of the adrenal-pituitary axis were investigated. Subjects were 10 chronic schizophrenics who had been receiving high doses of phenothiazines for at least 2 months and 10 control subjects from the medical wards of a Veterans Administration Hospital. It was concluded that chronic treatment with phenothiazines does not reliably affect adrenal-pituitary function in man. The drug group did not differ significantly from the normal control group under any of the experimental conditions. Not only were baseline levels similar, but both groups reacted in an identical fashion when the adrenal-pituitary system was suppressed with dexamethasone or stimulated with adrenal corticotropic hormone. The only discrepancy occurred in response to dexamethasone, where two subjects in the drug group showed elevated cortisol levels. These results strongly suggest that these two subjects may not have received their oral dose of dexamethasone. (6 references)


In a letter to the editor, some of the findings in Dr. Johnstone’s article on cerebral atrophy in schizophrenia are challenged. It is agreed that cerebral atrophy is correlated with dementia, and that prefrontal leucotomy caused the greatest degree of ventricular enlargement among 17 schizophrenic patients who had spent from 20 to 42 years in a hospital. However, additional kinds of evidence are presented to suggest that ventricular enlargement is more likely to relate to the conditions of life and the treatment of these patients than to the putative neuropathology of schizophrenia. It is suggested that Dr. Johnstone and her colleagues match their findings in schizophrenic patients with more appropriate controls.


A polygraphic registration was made of the night sleep in a sample of 14 chronic schizophrenic patients who for several months (mean 8 months) had been on a stable, relatively low-maintenance dosage of neuroleptics which had been administered according to a drug-free weekend schedule (2 consecutive drug-free days at the weekend). During this treatment, the subjects’ only complaint was of sleep deterioration during the drug-free weekend nights, especially the second night. The polygraphic night sleep pattern of each patient was studied during 2 consecutive weeks. No difference was found between the adaptation night on medication and the consecutive night on medication during the first week, and between the adaptation and readaptation nights on medication during 2 consecutive weeks. There was no difference in any sleep parameters between the nights on medication and the first drug-free nights. There was a significant difference in the total sleep time between the nights on medication and the second drug-free nights. No difference was found in any other sleep parameters. The practical implication is that it is preferable to withdraw the medication on 2 nonconsecutive days in the week to avoid any change in nocturnal behavior. The evaluation of both daily and nocturnal behavior seems to be a useful tool in evaluating the first sign of the drug withdrawal syndrome. (20 references)—Author abstract, modified.


Current views on the mechanism of action of chlorpromazine (CPZ) are generally summarized. The fact that only 1 percent of the drug may be detected in its original form in the urine, the large number of metabolites that are formed, and the low level of CPZ typically found in the bloodstream—even shortly
after administration—causes many analytical difficulties. Although CPZ is used extensively and effectively in the treatment of schizophrenia, problems are caused by the fact that only a certain optimum blood level of CPZ produces signs of improvement and the dosage necessary to produce this level varies from patient to patient. It is believed that further research will establish the complete mechanism of action, the optimum dosage, and the side effects of CPZ. (31 references)


Serum enzyme levels were analyzed in a group of 55 schizophrenics (mostly paranoid) and 45 depressives (30 endogenous and 15 organic). The total group consisted of 62 women and 38 men between ages 18 and 58. The following drugs were administered: thiothixenes (Orloinamon, Navane), fluphenazine decanoate (Modliten-Depo), dibenzoazepine (Noveril-80 and Noveril-40), and doxepine (Sinequan). The levels of activity of the enzymes ChE, ALAT, AspAT, and AP were determined before treatment, during maximum dosage, and during sustained dosage. Results showed that psychotropic drugs sometimes cause an increase in the indicator enzyme's activities (especially ALAT), while the activities of ChE and AP do not deviate from the norm. These changes are more common with neuroleptics than with thymoleptics. (12 references)—Author abstract, modified.


A historical review was made of various researchers who have contributed to the understanding of the combined biopsychological or psychosomatic causes of such diseases as schizophrenia, depression, and neurosis since the 19th century. Important steps were taken in this area by W.B. Cannon and Kraepelin who realized the influence of hormones and biophysical nervous activity on the emotions of man. In these areas the subsequent work of such researchers as M. Boss, Jaspers, F. Alexander, V. Frankl, Bonhoeffer, and Binswanger is detailed to show the three aspects which affect mental health in man—biological, social, and psychological. It was concluded that while a full understanding of the interactions among the above three parameters has yet to be accomplished, investigation of their interrelationships holds the most promise for understanding the causes and cure for mental illness. (28 references)


A case of persistent paranoid schizophreniform psychosis occurring in temporal association with bromocriptine/sinemet treatment for idiopathic parkinsonism in a 47-year-old woman is reported. The patient had been treated with 4 g/day levodopa in conjunction with trihexyphenidyl and amantadine before substitution of 25 mg/g.t.d. of bromocriptine. Approximately 6 to 9 weeks into treatment, small amounts of levodopa were added to the drug regime to treat side effects, and sinemet was subsequently substituted for levodopa. The sinemet was ultimately used alone in large doses, and shortly thereafter the patient began to experience symptoms of paranoid delusions, somatic delusions, auditory and visual hallucinations, and inappropriate affect. Psychotic symptoms continued up to 1 year after onset. It is suggested that bromocriptine may act as a partial dopamine agonist, the discontinuation of which may be followed by dopamine receptor hypersensitivity which is similar to the dopaminergic overactivity implicated in the pathogenesis of schizophrenia. The persistence of the psychosis could not be explained, however. It is suggested that bromocriptine and sinemet be administered simultaneously, and only with great caution. (5 references)


The effects of d-amphetamine and haloperidol on the serum dopamine-beta-hydroxylase activity in groups of normals and of psychiatric patients was studied using a thin-layer radiochromatographic method. The percentage of patients with schizophrenic and depressive symptomatology was higher in the population with high enzyme activities. In addition, d-amphet-
amine given to normals caused an increase in the serum activity while haloperidol caused the opposite effect. The activity in serum is interpreted as a loss in the enzyme from the place it acts physiologically, with possible influence on the noradrenaline synthesis rate. (29 references)—Author abstract.


To explore the metabolism of biogenic monoamines in schizophrenics and its relationship to the type of schizophrenia, biogenic amine metabolism was studied in 30 patients (7 females and 23 males), 15 with continuous progressive schizophrenia and 15 with remissive forms. The patients' morning urine was analyzed for percentage distribution of dopamine, noradrenaline, and adrenaline; their correlation with the catecholamine system; and the distribution of tryptophan. The schizophrenics excreted normal levels of catecholamine during relapses and excreted higher levels when their mental condition improved. There was a noradrenaline deficit and also a drop in tryptophan metabolism toward the serotonin pathway. Continuous progressive forms of the disease were accompanied by a drop in dopamine synthesis levels, while recurrent forms were accompanied by an excess of dopamine. There is reason to conclude that disruption of the decarboxylase function in the metabolism of biogenic monoamines plays a pathogenic role in at least some patients with schizophrenic disorders. (32 references)


The relationship of glucose-6-phosphate dehydrogenase (G-6PD) deficiency to psychoses is examined. A case of a young woman who has G-6-PD deficiency and who suffered two very acute paranoid psychotic episodes with quick resolution is presented. It is concluded that the correlation between G-6-PD deficiency and schizophrenia is to be found in the form of an acute delirium. (4 references)


The use of the term "schizophrenia" as a wastebasket diagnosis for a heterogeneous group of patients is criticized, and it is argued that further biochemical research is needed to discover how to separate the schizophrenias and treat individual syndromes more logically. The biochemical leads now appear to be with the storage of histamine and the use of histamine as a neurotransmitter in the hippocampal region of the limbic system of the brain. Histamine is stored with zinc so the trace elements of zinc and its antagonist copper become important biochemical markers for diagnosis and treatment of the individual schizophrenias. A stress-induced factor, kryptopyrrole, robs the human body of zinc and vitamin B₆, so strange events occur in the brain, which is doubly deficient in zinc and B₆. Drugs act at the molecular level by modifying biochemical or biophysical functions of the body. Yet it is argued that most of the present research effort goes into testing similar antipsychotic drugs on nonhomogeneous groups of schizophrenics, while very little effort or money is spent on separating the various possible biochemical syndromes which must be present in the disorders often lumped together as schizophrenia. (1 reference)—Author abstract, modified.


Clinical and biochemical parameters were examined in 26 patients with a paranoid/hallucinatory syndrome who were treated with a fixed daily dose of haloperidol. Psychopathological symptoms and parkinsonism were studied before and during the treatment. Homovanillic acid (HVA) and 5-hydroxyindoleacetic acid (5-HIAA) concentrations in cerebrospinal fluid (CSF) were determined immediately before and after 5 or 15 days of treatment. After 5 days of treatment, a slight effect was observed on psychotic symptoms and on the extrapyramidal motor system, as well as an elevation of HVA and 5-HIAA concentrations in CSF. After 15 days of treatment, the extrapyramidal and antipsychotic effects were significant, but the rise of HVA was smaller than after 5 days of treat-
ment; 5-HIAA remained unchanged. These different time courses of the neuroleptic effects on psychopathological symptoms, on the extrapyramidal system, and on concentrations of monoamine metabolites in CSF are interpreted as a development of drug tolerance in relation to the biochemical parameters. (24 references)—Author abstract.


In a paper presented at the First International Conference on Brain Stimulation Reward, Beersel, Belgium, in April 1975, historical concepts pertinent to the development of psychiatry and principal features of the major psychopathologies are reviewed; the behavioral patterns correlated with intracranial self-stimulation (ICSS) of various brain areas are described; and psychiatric implications of brain stimulation reward are discussed. Specific research is reviewed which demonstrates that: (1) ICSS on pontine structures related to sleep activities yields behavioral patterns which are analogous with psychomotor activity, motivational behaviors, and cognitive behaviors observed in schizophrenics; (2) ICSS in the posterior lateral hypothalamus and ventromedial tegmentum of the mesencephalon causes behavioral patterns similar to those in manic patients; (3) conflictual or ambivalent (approach/flight) behavior which may be relevant to studying the neuroses can be elicited from the reticular mesencephalic formation and the locus ceruleus; and (4) ICSS may be obtained from cerebral anterior structures which have inhibitory effects on motor activity as well as from more posterior structures which have stimulatory effects. The organization within the brain of structures involved in exploratory behavior and flight behavior is described, and it is suggested that the latter may be relevant to understanding various types of phobic behavior, avoidance behavior, and possibly withdrawal. (49 references)—Author abstract.


Blood platelet monoamine oxidase (MAO) activity was evaluated in 24 anergic, schizophrenic outpatients during a double-blind study comparing a chlorpromazine/imipramine combination to thiothixene placebo. Platelet MAO activity was determined on blood samples drawn over a 2-week, drug-free washout and once weekly over a 4-week, on-drug period. Schizophrenic patients could be classified according to their blood platelet MAO activity into either a low MAO or a high MAO group. In neither group of this population of schizophrenics did blood platelet MAO activity correlate with any of the primary or secondary symptoms of schizophrenia. Ten alcoholics and seven volunteer nonpatients could similarly be divided into low and high MAO groups. Mean blood platelet MAO activity for these groups was not significantly different from the mean values of the low and high MAO groups of the schizophrenics. These findings do not support published reports of low blood platelet activity as a genetic marker for schizophrenia. Discriminate function analysis of symptomatology ratings at baseline was used to characterize the low and high MAO schizophrenic patient groups. Individuals in the low MAO group were distinguished by hyperactivity, anergia, and sleep disturbance. (16 references)—Author abstract.


The manner in which drugs affect schizophrenic symptoms is discussed, stressing the role of dopamine. Research findings indicate that blockade of dopamine receptors correlates with the antischizophrenic activity of phenothiazines, and that phenothiazines exert their clinical actions by blocking dopamine receptors. While blocking dopamine receptors relieves schizophrenic symptoms, administration of amphetamine, which floods them with more dopamine, exacerbates schizophrenic symptoms. It also has been found that schizophrenic manifestations can be manipulated by titrating synaptic activities of dopamine, but this does not prove that dopamine is the causative germ of the disorder. The use of the amphetamine psychosis as a model is also viable, but not proven. Despite these reservations, it is concluded that research prompted by the relationship of drugs, dopamine, and schizophrenia has greatly ad-
vanced understanding of psychotropic drug action and may shed light on the cause of schizophrenia. (27 references)


Microelectrodes and inophoretic application of serotonin were utilized on the neurons of snails to test the hypothesis that the presence of anomalous indoleamines in the blood of schizophrenics can cause a change in neural reactions to serotonin during in vitro experiments. Tests with the blood serum of schizophrenic and healthy donors showed that this serum can strengthen or weaken neuron response to mediators, and that sera can be distinguished reliably only by observing the inhibitive response of snails' neurons to serotonin. In each case blood serum from the schizophrenics decreased inhibitive neuron response to serotonin. Many other structural analogs of serotonin can block the B and C receptors of a neuron. In conclusion, it can be supposed that inhibitive serotonin receptors of neurons possess antigenic properties. (17 references)


In a study of 19 schizophrenic patients, 7 nonschizophrenic patients, and 31 controls, significantly higher mean serum levels were found of: (1) immunoglobulin A in schizophrenic women than in control women and in schizophrenic blacks than in either schizophrenic whites or black controls; (2) immunoglobulin D in schizophrenic blacks than in schizophrenic whites; (3) immunoglobulin M in controls than in nonschizophrenic patients; and (4) immunoglobulin G (IgG) in schizophrenics whose urine was positive for phenothiazines than in schizophrenics whose urine was negative for phenothiazines. High serum levels of IgG were associated with no, or mild, hallucinations and low levels with moderate or severe hallucinations. Black female patients had significantly more severe hallucinations than white female patients. Possible implications of these findings are discussed. (26 references)—Author abstract.


To test the view that schizophrenics exhibit lowered skin reactivity to histamine, a histamine skin test was performed on 102 psychiatric patients before pharmacological therapy or during a drug-free period. The following diagnostic categories were included in the study: schizophrenia of recent origin; chronic schizophrenia; other psychoses; depression; and nonpsychotic disorders. A group of 42 healthy persons served as a control. Results showed that the reactivity of untreated patients with recent history of illness (including schizophrenia) is significantly higher than that of the control group, while reactivity of patients during pharmacological treatment was significantly lower. This indicates that psychotropic drugs significantly lower skin sensitivity to histamine, although some patients showed no decrease in histamine reactivity, even while receiving high doses of psychotropic drugs. Skin reactivity to histamine of chronic schizophrenics during the drug-free period did not differ significantly from that of healthy persons and short-term schizophrenics. (25 references)—Author abstract, modified.


In a study of over 10,000 blood samples examined in a search for subjects with erythrocytes deficient in ITP pyrophosphohydrolase (ITPase), a higher incidence of deficiency was found among a psychiatric population when compared to a nonpsychiatric group of subjects. Although the incidence was highest among schizophrenics, particularly those diagnosed as paranoid, the majority of the patients did not show such deficiency. The parallels between ITPase and hypoxanthine-guanine phosphoribosyl transferase deficiencies, both characterized by the lack of availability of inosine-5' monophosphate and correlated to behavioral disorders, suggest that irregularities of
hypoxanthine nucleotides may be implicated in abnormal mental processes. (11 references)—Author abstract, modified.


Studies using an indirect radioimmunofixation assay to investigate a tissue binding factor present in the serum of schizophrenic patients are reported. The existence of a serum factor, or factors, with the capacity to bind to human brain tissue, as well as to other human and mouse tissues, in the serum of schizophrenic patients has been demonstrated. This factor is detected in the serum of 50 percent to 60 percent of the patients studied, and in the serum of 10 percent or less of normal controls. The serum factor precipitates with 33 percent saturated ammonium sulfate, but does not appear to be immunoglobulin G. Whether this tissue-binding property of schizophrenic serum is an immunological reaction remains to be determined. (16 references)


A discussion conducted at the Totts Gap, Pa., Colloquium on the Biology of Schizophrenia (May 1975) is presented. The history of the evolution of the schizophrenic concept was traced, and evidence was presented for genetic transmission of at least one major form of schizophrenia. Studies of brain biochemistry, especially as reflected in pharmacologic data from psychotropic/therapeutic agents on the one hand and from pharmacologic stimulators of schizophrenia syndromes on the other, revealed information on the disorder. The role of life experience and environmental forces in the pathogenesis of schizophrenia was discussed, including controversial findings from monozygotic twins. Other potential factors in the disease included central nervous system involvement, such as birth trauma, minimal brain damage, infections, and other physiological stresses. Immunologic mechanisms and slow viruses were also suggested to explain the penetrance of a schizophrenic genetic trait.

childhood psychoses


Speech samples of five autistic children currently between 12 and 19 years were analyzed and compared to earlier (8 to 12 years ago) speech descriptions. The adolescents show patterns consisting of varying combinations of constraint in length of utterance, echoing, syntactic disturbance, semantic concreteness, context inappropriateness, and disorders of prosody. This spectrum of disorders was examined against a normal developmental schema to show that childhood psychosis is best viewed as a developmental disorder. Continuity in style of deviance was indicated by the ability of 10 psychiatrists to reliably match early descriptions of these children to later speech samples. (32 references)—Author abstract.


A case study is presented of a schizophrenic child who was institutionalized at age 8 with a diagnosis of infantile autism. Focus is on play therapy and communication techniques and the child’s relationship with his therapist/teacher. Teaching and play therapy were used to enhance the child’s ability for emotional and intellectual expression and his integration in his peer group. (11 references)—Author abstract, modified.

cross-cultural studies


A comparative study of Bantu and Colored racial groups inhabiting the Republic of South Africa is presented. With the premise that the Bantu cling to a
more traditional, tribal, conservative, and ritualistic way of life, and that the Colored are more assimilated into the European culture of South Africa, 30 Coloreds and 33 Bantu tribesmen were interviewed to determine the extent of any psychological disorders present. The survey demonstrated that due to their closely knit society the Bantu showed less destru-
turalization of the ego, unlike the more assimilated Colored who are lacking in any substantial form of community life. The Coloreds presented more cases of schizophrenia, while the Bantu showed a larger variety of psychiatric syndromes. (18 references)

**descriptive studies**

2860. Abramova, L.I. Bred samoopravdaniya, nev-
inovnosti, pomilovaniya i opravdaniya pri shizo-

A study was made of delusions of self-justification, innocence, appeal, and justification in schizophrenics. Delusions of self-justification to deny an imaginary guilt are characterized by delusional speech and behavior. A group of 46 patients with schizophrenia (27 females and 19 males, aged 21 to 74) were studied over periods of several months to 3 years. The patients admitted to an imagined or real fault or error, then attempted to justify their actions while their opinions and behavior were passive. The delusions encountered were depression with delusions, paranoid-depressive, hallucinatory-paranoid, acute delusional, and paraphrenic syndromes. Delusions of appeal and justification appeared in the paraphrenic stage of schizophrenia. These forms of delusion are subordinate to other psychopathological structures. Prior to morbidity the patients were convinced of their superiority and demonstrated other traits that may have influenced their delusions. (25 references)


A discussion conducted at the Totts Gap, Pa. Colloquium on the Biology of Schizophrenia, May 1975, examined the nature of the disorder, including its biological and behavioral characteristics, genetic aspects, developmental processes, diagnosis, treatment, and incidence. Although contradictory positions were noted on these issues, major theoretical and experimental points included: (1) the existence of the disorder as a psychosomatic orientation, with a biological defect expressed behaviorally in the individual who has been conditioned by early deleterious experiences; (2) the multiple etiology of schizophrenia, in both its latent and active forms, as a disorder which distorts mental and emotional behaviors and is characterized by dissociation and disorganization of adaptive responses; (3) the differences in schizophrenic and normal psychophysiological and metabolic responses to stress phenomena; (4) the significance of the label, schizophrenia, and its diagnostic considerations as compared to other mental disorders such as mental retardation; (5) the validity of viewing schizophrenic behavior as a normal variant, as suggested in Szasz's arguments regarding the undesirable social consequences of the term's use; (6) the importance of selecting the proper patient sample when studying new therapeutic approaches and distinguishing between acute schizophrenic reaction and schizophrenia with acute onset; (7) the reversibility of the schizophrenia syndrome with psychotropic drug treatment, particularly with chlorpromazine; (8) the continuing search for specific features by which to identify schizophrenia as a disease; (9) the nature of creativity among schizophrenics; (10) the epidemiological aspects of the disorder; and (11) the increasing productivity of community-residing schizophrenics.


In a discussion conducted at the Totts Gap, Pa. Colloquium on the Biology of Schizophrenia, May 1975, a newly developed nurses' rating scale for schizophrenic behavior was described, and results from its use with an etiologically homogeneous group of inpatients were presented. The scale covers a wide range of expressed psychopathology and, unlike the NOSIE, includes no items representing positive achievement so that staff cannot reward patients. Questions are more general than those on the NOSIE.
and have been rated more useful by day shift and night shift nurses who have used them. Behaviors which encompass a psychosis rating for each patient include loss of emotions, disorganized speech form, delusional statements, bizarre behavior, and hallucinations (statements and behaviors). The scale was applied to the experience of two patients who were treated with 5-hydroxytryptophol (5-HTP) and aqueous pineal extract protocols to demonstrate that progress in understanding and treating schizophrenic patients can only come from individual case study since the disorder is a syndrome with diverse etiologies. Data on the behavioral effects of the hypothalamic polypeptides and thyrotropin releasing hormone and their use in schizophrenia were also reviewed.


In a discussion conducted at the Totts Gap, Pa. Colloquium on the Biology of Schizophrenia, May 1975, the historical evolution of the concept, its medical diagnosis, and symptomatology was presented. The development of the concept, although rooted in ancient clinical observations, took form slowly and had its roots in the term dementia praecox. Early and mid-19th century authors described the syndrome of primary dementia as dictated by Pinel, Haslam, and their followers. The term hebephrenia was also used, as well as infantile dementia and references to a condition that may have been autism. Catatonia received its name late in the century and was sometimes called Kahlbaum's syndrome. Paranoia also became associated with the concept late at that time, and Kraepelin's classification system, in which he tried to unite the entire group of endogenous psychoses of the young by grouping them into dementia praecox, appeared. His choice of the term dementia praecox, because of the high incidence of mental deterioration, was probably ill advised, but the clinical descriptions and thoroughness were notable, and it is apparent that by the end of the century the schizophrenia concept, although yet unnamed, had a solid existence. Bleuler then took these observations and formulated the condition by name as one in which the most important basic psychologic process is dissociation.


Shands' paper, along with Meissner's and Richardson's evaluations of it, on consensus in mental illness diagnosis and the complexity of language processes is discussed. It is suggested that Shands' paper is an example of loose thinking. His emphasis on similarities between schizophrenic verbal associations and verbal associations expressed in many religious texts is felt to be misguided. (10 references)


Four hospitalized female schizophrenics performed self-ratings on a battery of variables for 60 consecutive days, and the data were examined to assess the replicability of factors from individual P-technique analyses. The variables were factored, separately for each subject, and the factors were then rotated to solutions which were maximally invariant from each other. Factor matching among subjects was then assessed by congruence coefficients. The factors which replicated over persons appeared to be broad, second-order dimensions identifiable as social desirability, extraversion, and anxiety. The results are discussed in relation to nomothetic versus idiographic systems of psychology and the study of intraindividual change by P-technique as a methodology of clinical interest. (21 references)—Author abstract, modified.


A selected collection of writings on schizophrenia is presented. Psychodynamics and psychotherapy of schizophrenia receive special attention. Topics covered include LSD intoxication, failure of ego functioning, the superego in schizophrenia, the haziness of drive development, disintegration and fragmentation of the ego, psychotherapy of the schizophrenic, psychogenesis of schizophrenia, and loss of ego boundaries. Psychodynamics becomes the link between the unknown biological cause and the descriptive psychotic syndrome.

Following a brief review of the literature of the psychopathology of expression of impressionistic art, the case of a 38-year-old female schizophrenic is examined. Psychopathology of expression is defined as the study of expressed artistic manifestations by the mentally ill, which are then observed and interpreted. The schizophrenic's colored drawings of angels, flowers, birds, and her own face were psychoanalytically interpreted after seven electroshock treatments and neuroleptic therapy. Since this patient had never painted before her hospitalization, a valid interpretation of her expression through art is difficult to make. Further, concluding statements suggest that caution should be exerted in making too serious a correlation between the artistic production presented here and the subject's psychoses. Suggestion is also made that a defect in personality was manifested by the abrupt change in the patient's behavior upon hospitalization and the fact that she had never painted before her illness. (16 references)


In an overview of work done on Capgras syndrome, cases of subjects who no longer recognize relatives, good friends and colleagues are cited. General characteristics of Capgras syndrome are as follows: (1) the subject does not recognize and misidentifies persons well known to him; (2) the subject begins to treat these persons with indifference, and sometimes hostility; (3) the syndrome is usually accompanied by paranoid schizophrenia, but no other schizophrenic manifestations are evidenced in the patient. Other research has indicated that Capgras syndrome is rare but, where identified, seems to exhibit the same general behavior patterns. The clinical case of a 50-year-old farmer is presented, demonstrating that in severe cases the patient loses all contact with his environment and society. (37 references)


True-false scales to measure anhedonia (the lowered ability to experience pleasure) were devised and tested on 371 college students, and the final version (with 40 items to measure physical anhedonia and 48 items to measure social anhedonia) was then given to 505 normal adults stratified by social class, age, and sex, and to 123 male schizophrenics. The potential artifacts of social desirability, acquiescence, and random responding were ruled out. Coefficient alpha values for physical anhedonia and for social anhedonia were .74 and .85 for male normal subjects on both physical and social anhedonia. The schizophrenics' scores on physical anhedonia appeared to fall into two clusters of scores, one cluster resembling the total distribution of the normal subjects, and a second cluster consisting of scores that were more anhedonic than those of the normal subjects. Anhedonics were more often poor premorbid and hedonics more often good premorbid. The physical anhedonia scale may be useful for testing the hypotheses, advanced by several theorists, that anhedonia is genetically transmitted and that nonpsychotic anhedonics are at high risk for schizophrenia. (25 references)—Author abstract.


The relationship between the depressive and cognitive component in the reintegration phase of acute schizophrenia was investigated in 30 moderately to severely depressed patients experiencing acute decompensation. The course of the depression was followed over an 8-week period while patients were treated with depot fluphenazines. A statistically significant reduction in depression closely paralleled the correction of the cognitive disorder. Problems in identifying and quantifying depression during acute schizophrenic decompensation are discussed, and the Hamilton Scale anxiety/depression factor and the Brief Psychiatric Rating Scale are suggested as useful diagnostic tools. (15 references)—Journal abstract, modified.

2871. Dubnitskiy, L.B. Pubertnaya dekompensatsiya v klinike shizoydnoy psikhopatii. [Pubertal decompensation in the clinical picture of schizoid
To investigate phenomena of adolescent behavior, a study was made of 30 patients exhibiting juvenile metaphysical intoxication—an adolescent variation of holding to overvalued ideas, hero worship, etc. Such traits also develop in schizophrenics. Following puberty the patients' personality basically retains these traits, but the adaptation to society is good. Criteria for differentiating this process from slowly progressive forms of schizophrenia are presented. It is concluded that observation is required over a period of many years for each specific case to prove the absence of the schizophrenic process. (31 references)


Conceived within the framework of Kelly's personal construct theory, the study tested the influence of social reinforcement on construct use by normal college students and subgroups of schizotypes and nonschizotypes as identified by the Sc scale of the Minnesota Multiphasic Personality Inventory (MMPI). In an adaptation of a procedure first used by Rehm, 40 subjects were contingently reinforced for attributing two typically related constructs (kind and sincere) to people in an atypical, inversely related manner (unkind and sincere or kind and insincere). Five groups of 20 photos were rated with the ostensible purpose of assessing subjects' ability to judge personality from photographs. Forty control subjects rated the photos without feedback. As predicted, subjects in the contingent reinforcement condition exhibited progressive loosening of the initial construct relation while the control group remained unchanged. The schizotypic subgroup showed significantly greater loosening under contingent reinforcement than the nonschizotypic subgroup. (14 references)—Author abstract.


In a paper presented before the 128th Annual Meeting of the American Psychiatric Association, Anaheim, Calif., May 5-9, 1975, the role of social class in the etiology of schizophrenia was examined. Epidemiological evidence clearly indicates an especially high rate of schizophrenia at the lowest social class levels of urban populations. It is suggested that this relationship between class and schizophrenia exists because the conditions of life experienced by people of lower social class position foster conceptions of social reality that are so limited and rigid as to impair their ability to deal resourcefully with the problematic and the stressful. Such impairment does not in itself result in schizophrenia; however, in conjunction with genetic vulnerability and great stress, it could be disabling. (6 references)—Author abstract.


A case history of the suicide of a grandmother and granddaughter is presented. Two years before the suicides, the grandmother had begun to complain about intestinal parasites. Her daughter and granddaughter began to suffer from similar problems shortly thereafter. Medical examinations revealed no physiological bases for their complaints; the problem was diagnosed as psychological. All three women refused psychiatric help. They continued to maintain that the problem was physiological, but incurable. Eventually they decided to commit joint suicide, but only the grandmother and the granddaughter were successful. The daughter remained alive and was subsequently successfully treated for involutional paranoia.


Psychological effects of long-term lithium treatment are discussed. Questions are raised concerning the psychological effect of biochemical normalization due to lithium, the placebo effect of lithium on the patient,
and the effect of lithium on the quality of mental functions. A study was done of 30 patients, 20 of whom showed manic-depressive psychosis, and 10 dysthmic schizophrenia. They were asked: (1) if they felt normal since beginning lithium treatment; (2) if they considered themselves cured; (3) if the treatment should be continued; and (4) why they continued with lithium if they considered it useless. Results of long-term treatment with lithium and its action on the body are still inconclusive due to the patient's conviction of his dependency on it.


Shands' paper on consensus in mental illness diagnoses is examined, and it is noted that the reflection on the connection between mythic belief systems and forms of psychopathology derives from the hypothesis of linguistic relativity associated with Sapir and Whorf. An inherent risk in this approach is that the level of verbal behavior is mistaken for the thought product that stands behind, yet is closely involved with and related to the patterns of verbal expression. Omissions and misinterpretations from this theory are noted, and the notion that schizophrenic thought disorders are no more absurd or irrational than religious belief systems is criticized. The range of study possible in the relationship between human cognitive processes and human personality functioning is briefly considered along with the significance of such research. (4 references)


Autoeviration in a 50-year-old male schizophrenic is described. The subject had been institutionalized continuously since 1960, had suffered from epileptic psychosis, and had been a sometimes violent problem drinker since returning from a 16-month sojourn in Germany during World War II. The subject attempted self-castration, an act which was interpreted as being more masochistic than schizophrenic. Before committing the act, the patient had shown signs of delirium and persecution and reported hearing voices that told him they wanted him to die. He began to fill notebooks with numbers, scrabbles, and graphs. It was concluded that the subject was an epileptic with serious personality disorders who had shown, above all, aggressive tendencies toward himself and others. (35 references)


The case of a 56-year-old male schizophrenic suffering from depression, persecution complex, and severe jealousy is described to show the relationship between different types of jealousy coupled with schizophrenic tendencies. Different levels of jealousy are associated with impassionate behavior, delirium, paranoia, and schizophrenia. The patient, who was hospitalized three times within a 30-year period (the last from 1972 to 1975), demonstrated passionate jealousy of his wife, and was an alcoholic as well. After having attacked and beaten his wife several times because of alleged infidelity, the subject was hospitalized on medical and legal grounds. It is suggested that schizophrenics of this kind must be judged according to the illness, the state of consciousness when performing a criminal act, and whether they were coherent and in possession of their mental faculties. (31 references)


Results of a study of all the female inpatients of a provincial psychiatric hospital in Messina, Italy, are presented. The group included 170 females who came from very poor socioeconomic and cultural backgrounds. Patients were suffering from psychoses, schizophrenia, neuroses, and neurotic and psychopathic personality disorders. It was found that females from 10 to 60 years of age were being treated in the same facility, although the average age of first admission was 21 to 30 years. Results showed that all 170 patients could be released from the hospital, but were not released because adequate outpatient care was unavailable. It also was indicated that some of these patients had not been released due to the social attitude in southern Italy toward institutionalized mental patients. It was concluded that health and social justice must be considered in any evalua-

The case of a 29-year-old male epileptic who committed suicide by fire is reported. The patient's case history and postmortem findings are discussed. The evidence suggests grounds for believing that the patient was suffering from one of the schizophrenic-like psychoses of epilepsy described by Slater and Beard (1963), characterized by paranoid delusions, affective disturbance, and catatonic phenomena. Reference is made to Topp (1973), who noted a frequent association between suicide by fire and epilepsy. The patient described, who had an abnormal personality of the schizoid type and who suffered from temporal lobe epilepsy, developed a frank psychotic episode. He ultimately took his life as a protest against the Common Market, which he saw as a new and unknown form of competition.


Observations and effect of behavior analysis treatment of a 70-year-old female schizophrenic are presented. The patient, who had been under care for 1 year, had been a beggar for 30 years and, when first encountered, had been institutionalized for 10 years. The patient was observed for several hours every 2 days. She had no human contact in this psychiatric environment, sought no contact, and was allowed to stay by herself all day. Her past personal life as a beggar and her behavior while in residence at the institution are analyzed. It is concluded that although the subject was a schizophrenic, she was also suffering from mysophobia and autism, and it was because of the psychiatrist’s personal contact with the patient that her situation actually ameliorated after 1 year.


A description of a schizophrenic youth’s case history, implicating parental neglect during his first year, is presented. Early symptoms of damaged ego function appeared despite his removal at 1 year from his parents. Considered learning disabled as a child, he quit school in the 11th grade and began experimenting with drugs. Aggressive and antisocial behavior and auditory hallucinations brought him to the attention of police and subsequently to the social services. He was diagnosed as schizophrenic/paranoid type. It is concluded that early community mental health intervention and family counseling might have averted this youth's development of mental illness.


A case of water intoxication in a 53-year-old woman with chronic simple schizophrenia and poorly controlled diabetes is reported. Other reported occurrences of this phenomenon among schizophrenics are cited. It is noted that for several years, the woman in the case observed had had a compulsive habit of drinking excessive amounts of water. Coma, fever, convulsions, and other neurological signs appeared suddenly, and severe hyponatremia was observed. Her condition improved rapidly when the electrolyte abnormality was corrected. (9 references)—Journal abstract, modified.


The actions and motivations of Eichmann are examined. He is seen as a schizophrenic who presented a facade of seemingly normal ego operations, but who never came to terms with his perverse impulses and the grotesqueness of his fantasies. His family history is described along with his professional career. It is shown that the megalomaniacal needs of the libidinally shallow schizophrenic demand excessive sexual prowess, which must be substituted by violence. It is suggested that his pleasure in the kill was scopophile. (10 references)

Shands' paper on consensus regarding diagnosis of mental illness is examined, and his report of the language system of a diagnosed schizophrenic is assessed. The validity of Shands' remarks is noted, and it is suggested that they force mental health professionals to deal with various issues confronting them by highlighting the fundamental importance of attending to the structure of language in dealing with the problems of the human psyche. Certain European schools of psychoanalysis, such as that of Lacan in France, are believed to have much to contribute in this area.


The function of consensus, especially regarding the diagnosis and treatment of schizophrenia, is examined. It is noted that the basic shape of language use is that of a reciprocity in which each statement complements the preceding one and leads on to a succeeding one. The resulting fallibility of language is discussed. An interchange involved in a clinical interview with a highly intelligent young man universally diagnosed as schizophrenic is presented, and the point is made of the similarity of his thinking to that found in various myth systems of the human universe. It is emphasized that the man's "system" is in many ways no more absurd or irrational than the central belief systems of many of the great religions of the world and the myriad of local belief systems closely related to the particular ideologies of preliterate tribes.


The close resemblance of amphetamine psychosis to paranoid schizophrenia is discussed; however, it is felt that delineating the differences between them is important. It is suggested that important clues regarding the biological mechanisms of schizophrenia may be found in investigation of amphetamine psychosis. A case of amphetamine psychosis with the type of thought impairment known as paralogic (Paleologic), of which there are no known reports in the literature, is presented. Specific symptoms in this particular case include paranoid ideation of grandiose and persecutory nature, stereotyped behavior, and pseudoscientific preoccupations, which appeared only after the patient began using amphetamines. The question is raised as to whether the delusional ideas of the patient, specifically the Paleologic mechanisms underlying these ideas, are a direct amphetamine effect or whether they represent an awakening by the drug of a latent schizophrenic condition. The pathogenesis of amphetamine psychosis is not known. Possible underlying pharmacological mechanisms of amphetamine psychosis are discussed, and it is hypothesized that amphetamines seem to cause a state of affective (limbic) hyperarousal. It is thought that if affects (drives, fears, wishes) "take over" in schizophrenia to lead to faulty evaluations and perceptions of reality, amphetamine psychosis might as well be conceptualized as a pharmacologically induced "affective (limbic) takeover," leading to the same type of miscalculations of reality. It is felt that the case reported suggests similarities between schizophrenia and amphetamine psychosis which have not been previously explored. (11 references)


A May 1976 article in Medical World News titled "Borderline Schizophrenia" is discussed. One criticism made is the lack of attention paid to the mother's mental state and emotional situation during pregnancy or to the circumstances of birth. Borderline schizophrenia was linked by the study to heredity, not environment. In rebuttal, two cases are cited where it was possible to trace the onset of symptoms to feelings developed in the latter months of pregnancy in utero as well as to the trauma of the birth process. One of these suffered from paranoid schizophrenia.


The self-concept of 25 schizophrenic female patients (average age 57, average term of inpatient treatment 19 years) and their concept of typical mentally
ill women were surveyed. This self-concept was compared with the self-concept of a random survey of 25 women from Herborn, West Germany, and of 25 student nurses (average age, 16) and their concept of a typical mentally ill woman. The concept of a typical mentally ill woman was also surveyed among a group of registered nurses with at least 5 years' service treating chronic schizophrenic patients (n = 19, average age 35, average term of service 13 years). Results showed that the self-concept of chronic schizophrenic women consisted almost entirely of positive, socially desirable characteristics and corresponded favorably with the self-concept of normal women. Patients ascribed significantly more socially undesirable characteristics to the typically mentally ill woman than to themselves, though they judged mentally ill women somewhat more positively than the normal women did. The nursing students were much more negative in their judgment of mentally ill women than were the experienced nurses. (9 references)


A study in which art productions by psychotic patients were used to evaluate the varied hypotheses suggesting that specific graphic characteristics distinguish among various major diagnostic groups is presented. Art sessions were held with 104 patients hospitalized for affective psychoses and with 62 patients hospitalized for acute schizophrenia at the National Institutes of Health's Clinical Center. Comparing these drawings across diagnostic groups revealed, contrary to extant hypotheses, considerable variability within diagnostic groups and overlap between groups. There were, however, some trends in the hypothesized directions which disappeared when comparisons were made on a subsample of age-matched patients. The discrepancy between this research and expectations based on the literature is discussed. It was concluded that the pictorial characteristics of the individual patient's art productions and the patient's associations to the pictures are of great value in arriving at a dynamic understanding of the patient, regardless of diagnosis. (26 references)—Author abstract, modified.


Systematic collection of art products from 55 schizophrenic patients provided unexpected documentation of the impact of television on delusion formation. Patients' drawings and descriptions demonstrate the ease with which they incorporate TV program material in their psychotic experience. It is suggested that clinicians consider television viewing a relevant variable in the design of treatment programs. (10 references)—Author abstract.

Diagnosis


A study evaluates the use of the Lowenfeld Mosaic Test (LMT) for diagnosis of organic brain damage in outpatient VA hospital samples. It was hypothesized that the criteria would discriminate between a non-organic group (outpatient schizophrenics) and two organic groups of varying involvement (idiopathic epilepsy and chronic brain syndrome). It was further hypothesized that the criteria would discriminate between the two organic groups, but that there would be more false positive results among the focally damaged epileptic group. Testing procedures and reliability measures are outlined. The hypothesis that the criteria would discriminate the schizophrenic from either of the organic groups was partially supported. The criteria clearly differentiated the organic from the schizophrenic groups for all comparisons but never discriminated between the epileptic and the schizophrenic groups. The differences between the two groups approached significance in both V and CV samples, and there were enough false positives for the epileptic group that the differences between that group and the schizophrenic group were not significant. It is concluded that the results do support the use of the LMT in outpatient populations. (10 references)

2893. Baumann, U.; Schneidewind, G.; Angst, J.; Helmchen, H.; and Hippius, H. Untersuchung zum

Symptoms of 1,830 psychiatric patients from Berlin and 783 psychiatric patients from Zurich were assessed using the AMP (symptom rating scale of the German Swiss Society for Methodology and Documentation Psychiatry). The Berlin group was 57 percent male, 12 to 99 years old, average age 33 years; and the Zurich group was 44 percent male, 15 to 91 years old, average age 48 years. Diagnoses in the Berlin group were: organic psychoses (9 percent); schizophrenia (23 percent); affective psychoses (13 percent); neuroses (25 percent); and other (30 percent). Diagnoses in the Zurich group were: organic psychoses (14 percent); schizophrenia (46 percent); affective psychoses (28 percent); neuroses (6 percent); and other (6 percent). Symptoms in the AMP System were classified as: rarely occurring and unspecific, rarely occurring and specific, frequently occurring and unspecific, and frequently occurring and specific. Symptoms occurring less than 5 percent of the time were classified as rarely occurring and the remainder as frequently occurring. The frequently occurring unspecific symptoms were factor analyzed into three domains: depressive syndrome; disturbances of attention, memory, and thought; and hostility syndrome. (12 references)


To test the validity of the de Renzi and Vignolo token test in discriminating between aphasic and nonaphasic patients, the test performance of aphasic patients with both fluent and nonfluent speech patterns was compared with that of the following groups: brain-damaged patients without aphasia; chronic schizophrenics; and both neurologically and mentally healthy persons. The error scores of the aphasics and other recognized values were determined with factor analysis. The token test proved exceptionally suitable for distinguishing aphasic from nonaphasic patients. It contains a general factor of verbal communication ability which is indifferent to other usual pattern changes caused by sensory or motor disorders. Although the exact method by which the token test is able to measure aphasic symptoms is still a matter of scientific discussion, it appears to test an analytic ability dependent on the functional capabilities of the left hemisphere of the brain. The analytic process tested is the ability to conceptually isolate and categorically register certain aspects of the given situation which are not specially determinable on the basis of daily experience or the structuring of the test materials and which are presented with little verbal redundancy and thus require speedy information processing. (28 references)—Author abstract, modified.


The Rosenhan pseudopatient study, in which presumably sane persons were admitted to mental hospitals with a diagnosis of schizophrenia (in 11 of 12 cases) after appearing for admission and reporting hearing voices, is discussed. It is suggested that psychodiagnosis is neither inherently weak nor poorly performed, but rather that the central problem for the diagnostician is likely to be the selection of appropriate base rates. The Bayes' theorem probability of schizophrenia given hallucination varies from below 1 percent to over 50 percent, depending on whether a nonpatient or hospitalized psychotic group is taken as the reference population. The hospital diagnosticians sampled behaved as if they used already admitted patients as a reference population, and given this assumption, schizophrenia was the most probable condition. The improvement of diagnostic accuracy requires application of condition rates among persons appearing for diagnostic interviews, and these data should be a priority research target. (19 references)—Author abstract.


The degree of relationship between results of a dimensional investigation of personality differences in various psychiatric populations and the categorical diagnostic judgments made by psychiatrists of the members of this same population was studied. The new Eysenck Personality Questionnaire was administered to 441 male and 441 female subjects,
63 in each of seven groups (normal, criminal, schizophrenic, endogenous depressive, personality disorder, anxiety state, reactive depression). Means and standard deviations were reported for the groups, and a discriminant function analysis was performed to estimate the relative positions of the groups in three-dimensional space. The groups were significantly separated along: (1) a dimension ranging from normality to abnormality; (2) a dimension ranging from neurotic to psychotic; and (3) a dimension ranging from antisocial behavior to socialized behavior. It was concluded that personality traits characterize psychiatric groups in a manner not dissimilar to that in which they are characterized by "signs and symptoms," suggesting that dimensional description of psychiatric abnormality may be superior to categorical nosology. (26 references)—Author abstract, modified.


The Halstead Neuropsychology Test Battery was studied and found to be effective in discriminating between the diagnostic categories of schizophrenia and brain damage. The effect of the chronicity variable among younger schizophrenic subjects upon the discriminability of the Halstead battery was investigated. Results suggest that the chronicity variable is less critical when associated with youth. (5 references)


The extent to which various pharmacological agents can be used to differentiate diagnostic states in psychiatry by their interactions on the various entities and disease substrates is discussed. A review of research into the actions of imipramine, L-dopa, amphetamines, methylphenidate, MAO inhibitors, lithium, and acetylcholine on the mental states and behaviors of normal individuals and on those with various psychiatric disorders is presented. Organophosphorus insecticides produce a change in the direction of depression in manic-depressives and activate psychopathology in schizophrenics. The amphetamines, L-dopa and related agents, and imipramine appear to induce a threshold response pattern in manic-depressives and schizophrenics at about one half the dose given to nonpsychotics. Therapeutic responses to lithium and cholinergic activation also suggest a specific drug interaction with diagnosis. It is concluded that these data may support a concept of disease and diagnosis specificity. (63 references)


The schizoaffective states are examined in terms of symptomatology, response to lithium carbonate therapy, and data from family history, followup, and genetic studies. It is hypothesized that while the term schizoaffective, as commonly used, describes a heterogeneous group of psychoses, a subgroup exists which represents a true mixture of schizophrenia and affective disorder. Based on the data reviewed, it is concluded that such a subgroup does exist, but that the majority of cases could be categorized according to two major pathologic states—one related to schizophrenia, and the other to a variant of affective disorder. (127 references)—Author abstract, modified.


The relationship of neurologic examination, tests of auditory visual integration, and diagnoses was studied for 350 schizophrenic and character-disordered patients to assess the hypothesis that these two patient groups have an increased number of neurologic soft signs, indicating central nervous system damage as an etiologic factor. Schizophrenics with premorbid asociality (SPA) and individuals with emotionally unstable character disorders (EUCD) were examined. The EUCD and SPA groups had increased evidence of neurologic soft signs. Differences in patterns of IQ scores also suggest that different forms of brain damage may be present in these two groups. When the two groups were removed from the larger
patient sample, those patients with other types of schizophrenia and character disorder did not exhibit evidence of neurologic impairment. This study of neurologic soft signs appears to add to the validity of considering SPA and EUCD as separate diagnostic entities (19 references) — Author abstract, modified.


It has recently been suggested that patients with mania are often misdiagnosed as having schizophrenia. A favorable clinical response to lithium carbonate is reported in a father and son with an apparent schizoaffective disorder. It is concluded that some patients with schizoaffective syndromes may respond favorably to lithium but that a favorable response in such cases does not absolutely confirm a diagnosis of mania. (15 references) — Author abstract.


In a group of 100 women with postnatal psychosis, 76 showed schizophrenia. Of these, 42 patients had the recurrent form of the disease, and 34 the attack-like progressive form. Most had shown forms of mental illness previously. In the recurrent type, the following basic syndromes were observed: affective in 10; affective delusional in 16; paraphrenic-oneroidic in 6; catatono-oneroidic in 7; and febrile catatonic in 3. In the attack-like progressive form, 23 patients resembled recurrent schizophrenics and 11 manifested a paranoid syndrome. No connection was found to exist between somatic complications and psychotic phenomena. Criteria are presented for differentiating recurrent schizophrenia from somatogenic and infectious psychoses. (15 references) — Author abstract.


Problems of accurately diagnosing narcolepsy (“sleep attacks”) in patients who manifest auxiliary symptoms of this disorder (cataplexy, hypnagogic hallucinations, and sleep paralysis—all of which suggest a psychiatric diagnosis) are discussed. A clinical vignette of a patient initially diagnosed as schizophrenic illustrates potential pitfalls in the diagnosis and treatment of the narcoleptic patient. It is stated that misdiagnosis of narcolepsy can be avoided if clinicians are aware that this illness can simulate a psychiatric disorder. Careful attention must be given to the history of the patient’s illness. (19 references) — Journal abstract, modified.


A chart review to examine the use of the diagnosis of schizophrenia (schizoaffective type) in clinical practice was undertaken. Of 27 patients given this diagnosis over a 3-year period, 13 were found to have evidence of bipolar course in their illnesses. For both the bipolar and unipolar groups, the most striking finding in first degree relatives was the prominence of affective conditions. The bipolar group had a statistically significant earlier age for first psychiatric treatment and previous number of hospitalizations. Symptoms noted on admission were mostly affective, and the schizophrenic symptoms reported were considered overinclusive or unreliable by many clinicians. Both groups received treatment with antipsychotic and antidepressant medication. Six of 13 bipolar patients, and no unipolar patients, were treated with lithium carbonate. Five bipolar patients met criteria for probable primary affective illness and another met the criteria for probable schizoaffective illness. It was concluded that the diagnosis of schizoaffective illness, as used in day-to-day clinical practice, neither identifies a group of schizophrenic patients nor a homogenous patient group. Thus when both affective and schizophrenic features appear in a patient with a bipolar illness, the diagnosis of manic-depressive illness, not schizophrenia, should be given first consideration. (20 references) — Author abstract.

2905. Steinmeyer, E.M., and Hartwich, P. Zur Informationsmenge bei der diagnostisch-therapeu-
A study was made of the systematic work on how information regarding psychiatric cases should best be presented to facilitate important medical decisions. Four different cases are discussed for each of three groups of diseases—(a) schizophrenic reaction, paranoid; (b) manic-depressive, depressed; and (c) anxiety neurosis—thus systematically varying both quantitatively and qualitatively the information in each description. Categorical judgment was given by 15 psychiatrists on a nine-step rating scale with regard to the three dimensions. In order to investigate the constancy of the judgments, the method of scaled pair comparisons was used according to the law of comparative judgment. After examination of the adequacy of the scaling models, it was determined that the discrimination of the two cases of psychoses was highly significant and that of the anxiety neurosis was not significant. (18 references)—Journal abstract, modified.


The initial clinical symptoms of 25 consecutive cases of cannabis psychosis of the paranoid type and 25 consecutive cases of paranoid schizophrenia were studied and compared in order to delineate differentiating features. It was observed that the patients with cannabis psychosis substantially differed in their behavioral manifestations. Most of these patients were violent and panicky and demonstrated bizarre behavior, but they possessed some insight into the nature of their illness. Schizophrenic patients manifested these disturbances and characteristics less frequently. Subjects with cannabis psychosis showed rapid ideation and flight of ideas, whereas the characteristic schizophrenic thought disorder was found mostly in schizophrenic patients. (27 references)—Author abstract.


Three cases of herpes simplex encephalitis are described, and diagnostic difficulties associated with this illness are discussed. Each case was characterized by abrupt onset of bizarre psychological disturbance in the absence of gross neurologic dysfunction. Each patient was initially diagnosed as schizophrenic, but later became critically ill and recovered only after a long and chaotic hospital course. Psychiatrists and staff on psychiatric inpatient units are warned against mistakenly diagnosing cases of early encephalitis as functional psychoses. (21 references)—Author abstract.


The number of patients institutionalized at the Piacenza, Italy, psychiatric unit and their place of birth within the region were evaluated. The research covered 276 patients, 123 of whom were schizophrenics. No significant differences were found in locality of residence, although schizophrenics were identified as coming mainly from geographic regions of highest elevation. Statistical charts are included. (11 references)


An epidemiological study was undertaken to determine the average number of attacks suffered by schizophrenics and criteria for prognosis in relation to the frequency of attacks. Two areas of Moscow, with a combined population of 445,372, were surveyed. The survey revealed 915 schizophrenics with a duration of the disorder of no less than 15 years. Clinical and endogenous factors of this group (age at manifestation, clinical picture of the first two attacks, and form of the disorder) served to determine criteria for prognosis of the attacks. In most cases the frequency of attacks was low (one to four). Mani-
festation at a young age (regardless of the duration of the disorder), an affinity to the periodic form of the disorder, and subsequent manic attacks were correlated with a high frequency of attacks. (31 references)

2910. Shmanova, L.M.; Liberman, Y.I.; Panicheva, Y.V.; and Rotshteyn, V.G. Formirovaniye sem′yi u bol′nykh shizofreniyey i maniakal′no-depresivnym psikhozom po dannym epidemiologicheskogo obsledovaniya (rozhdayemost′). [Family formation in schizophrenic and manic-depressive patients according to data of an epidemiological study (natality).] Zhurnal Nevropatologii i Psikhhiatrii imeni S.S. Korsakova (Moskva), 76(5):754-759, 1976.

A group of 901 women with schizophrenia and 230 with manic-depressive psychosis were examined in Moscow, and it was shown that the birth rate among patients with endogenous psychoses is an index of the degree of their social adaptation. Infertility among schizophrenic and manic-depressive women is substantially greater than among healthy women. Manic-depressives adapted better than schizophrenics, although some patients with all disorders except for malignant schizophrenia were able to adapt completely. Birth rate was found to be a better criterion of social adaptation than marriage statistics, while the diagnosis of the clinical form of schizophrenia was insufficient for a prognosis of social adaptability.

family


In a study of group dynamics common to families of schizophrenics, information on psychopathological aspects of family life was sought during home visits in the company of schizophrenic patients. Functions assigned to the visitor by relatives were expected to disclose structural arrangements within the family. Four typical scenarios were encountered: (1) the visitor was used as buffer against the catatonic son; (2) in a ceremonial lifestyle, the paranoid son was treated as court jester, and the visiting therapist became the applauding public; (3) the patient with schizophrenia simplex played the role of Cinderella, and the therapist was expected to reenact the fairy tale as prince; and (4) a thoroughly embittered family saw in the hebephrenic son a black sheep and tried to demonstrate to the visitor his therapeutic impotence. (24 references)


Difficulties encountered by psychotherapists in group therapy of parents of schizophrenic patients are detailed. Parents of schizophrenics are found to show a tendency toward functioning within a close, nuclear, and isolated system, and reject activities outside the family circle. In group therapy they tend to digress in discussions about problems of family relations, come separately to group meetings, ask to make contact with the therapist only in case of crisis or to procure hospitalization of their child, scotomize their perception of the illness, negate affective problems in the family, demand pseudoreciprocity, and exhibit a mystery-enshrouded attitude of great neglect of reality. (11 references)—Journal abstract, modified.


The interaction between relations and patient as the partial cause of some forms of schizophrenic disorder is discussed. The idea that relatives can be stigmatized as schizophrenogenic is criticized, and an attempt is made to understand schizophrenia in the context of social processes such as extreme alienation, mapping, double binding, pseudomutuality, and transmitted irrationality in schismatic and skewed families. The argument is made that although relatives do not cause schizophrenic disorders, they do get caught up in them as precipitators. (15 references)—Journal abstract, modified.

2914. Roff, J.D. Adolescent development and family characteristics associated with a diagnosis of
The heterogeneity of schizophrenia in the United States indicates a need for more homogeneous entities within the larger group. Separation into good and poor prognostic subgroups has been the most productive approach to the problem, with emphasis on assessment of premorbid functioning. To supplement the prognostic distinction, different patterns of development, particularly during adolescence, were investigated. A long-term followup of adolescent psychiatric patients provided a sample of 65 subjects who had been at some time diagnosed as schizophrenic. Patients with an adolescent hospital diagnosis of schizophrenia were divided into poor and favorable adult outcome groups. Cases with subsequent adult onset of schizophrenia were classified according to prior clinical history. Three adult onset groups with neurotic, acting-out, and manic-depressive components were indicated. It was concluded that comparisons among groups suggested a most purely schizophrenic group (relative absence of non-schizophrenic psychopathology), including both patients and families, in the poor outcome adolescent onset cases. The group with acting out in adolescence and a schizophrenic diagnosis as adults emerged as most distinct from the others. Family comparisons indicated a more mixed clinical picture for this group, with a combination of psychosis, mental deficiency, acting out, alcoholism, broken homes, and parental neglect. This pattern was not typical for the other groups. Different developmental patterns and family characteristics indicated within-sample differences that suggest more homogeneous subgroups that go beyond common prognostic discriminations. (10 references)—Author abstract, modified.


The usefulness of the social network model was determined by utilizing it in the study of stress, support, and coping. The social network model is borrowed from sociology and anthropology and is used to describe and quantify not only an individual's immediate family but also all of those with whom the individual has regular contact. By comparing the networks of a sample of 10 normal and 10 schizophrenic males, it was possible to identify differences in their relationships to their social networks, in the makeup of the networks themselves, and in their coping styles and recent histories. The results suggest that the network model can be used to investigate the larger social system with which individuals interact and that it may be a valuable approach to the expansion of family research. (29 references)—Author abstract, modified.


Lack of communication among the schizophrenic, his family, and the therapist, and between the schizophrenic and the family is examined. Both theoretical and practical aspects of kinds of communication among the interested parties dealing with a schizophrenic are investigated. The study showed that one of the biggest hurdles to overcome is that of talking to each other in order to help the schizophrenic become a meaningful member of society again. Since the family is often unwilling to be helped by psychotherapy, and since the therapist is incredulous about the value of therapy, valid and meaningful communication cannot be established. This slows the process of potential recovery for the schizophrenic member of the family. It is concluded that families which allow themselves to be helped by psychotherapy accelerate the therapeutic process for the schizophrenic. (18 references)


The role that genetics plays in psychiatric disorders is reviewed. Various studies that have attempted to determine the genetic factor are briefly cited, indicating that the incidence of schizophrenia and manic-depressive psychosis seems to run in families. (9 references)

2918. Altschule, M.D.; Bigelow, L.B.; Bliss, E.L.; Cancro, R.; Cohen, G.; Kety, S.; Lipton, M.; Sny-

In a discussion conducted at the Totts Gap, Pa. Colloquium on the Biology of Schizophrenia, May 1975, increasing evidence of a genetic factor in the development of the disorder was presented, based on data obtained from studies of schizophrenic relatives and studies of twins concordant for schizophrenia. Research postulates that the genetic defect is coded in DNA, although more conclusive work is difficult since there is no animal model for schizophrenia and since the brains of human patients are not readily available for enzymatic analyses. Findings from an NIMH-sponsored study of adopted twins in Scandinavian countries, which included 500 biological and adoptive relatives, supported this genetic view, although the influence of environmental factors was also noted from data obtained on deaths (including suicide among schizophrenics) and psychiatric patterns among relatives. Findings from another study of infants adopted by foster parents who have had schizophrenia further supported the genetic hypothesis, in that only people genetically related to schizophrenics developed the disease regardless of the presence or absence of psychosis in the rearing family. Some qualified agreement was voiced, however, with the possible contribution of parental behavior in furthering the development of schizophrenic behavior and for the influence of brain injury in genetically predisposed individuals.


A pedigree study of oculocutaneous albinism associated with schizophrenia or schizophreniform psychosis is presented. It is concluded that the evidence of an association between the two traits is strong and the evidence for genetic linkage is suggestive. The pineal hormone melatonin and the melanocyte stimulating hormone inhibitory factor may be etiologic determinants of psychosis associated with albinism. (27 references)—Journal abstract, modified.


The relationship between visibility of the nailfold plexus and heredity is investigated as a possible aid to diagnosis and prognosis of schizophrenia. The patients—37 normal healthy teenagers selected on the basis of nailfold capillary patterns (16 low-plexus children and 21 high-plexus children)—were examined by capillary microscopy and rated “blindly” for plexus visualization scores (PVS). The hypothesis that the high PVS is a hereditary trait transmitted as a monogenic autosomal dominant is supported by these data. The additional hypothesis that the high PVS may be associated with a higher social class is also confirmed. The transmission of high PVS in schizophrenics, where it is frequently observed in association with more serious features of this disease, appears to follow the same mode of inheritance as in normal subjects. The importance of detecting a biological hereditary characteristic which may have a modifying effect on the schizophrenic process is emphasized. (29 references)—Author abstract.


A study of 70 schizophrenic patients investigated the relationship between schizophrenia and two loci of the chromosomal region known as the major histocompatibility complex (MHC). Results seemed to indicate the existence of a locus in the MHC region that is correlated to schizophrenic illness and strictly linked to the loci HL-A and MLR. The associations found between these last loci and the disease can probably be explained by a linkage disequilibrium or a selective pressure between the alleles of the loci. Results also indicate that the genetic systems investigated may be useful diagnostically as a genetic marker for schizophrenia. However, the real meaning of their relationship to the illness requires further investigation. (9 references)—Author abstract, modified.

high risk studies

2922. Dahl, V. A follow-up study of a child psychiatric clientele with special regard to the diag-

A 20-year followup of a child psychiatric clientele of 322 patients demonstrated that nearly one-third had been admitted to psychiatric departments or mental hospitals in adulthood. Ten percent belonged to the group with psychoses either as a child or an adult. While the incidence of manic-depressive psychosis did not differ from a normal population of the same sex and age, the child psychiatric clientele is over-represented by psychotic patients later diagnosed as schizophrenic. The outcome of infantile psychosis was chronic psychosis in half of the cases, while 5 of 10 psychosis protoinfantilis patients were diagnosed as schizophrenic in adulthood. This result is not in accordance with the modern view that psychosis protoinfantilis is a special disease with no clinical connection to schizophrenia. The clinical entity of infantile psychosis and borderline psychosis seems to be affirmed by a common clinical and diagnostic course into borderline psychosis or schizoid character disorders. Nine patients with psychosis in adulthood did not belong to the group having psychosis in childhood. It is emphasized that long-term followup studies of child psychiatric patients are still needed.

(4 references)—Author abstract, modified.


A group of 207 subjects with severely schizophrenic mothers and a matched group of 104 subjects without known mental illness in the parents or grandparents have been followed since 1962 in a prospective study based on Mednick's learning theory of schizophrenia. The present paper describes an analysis of the clinical outcome based on a followup examination in 1972-1974. The examination consisted of a 3.5—hour clinical interview using three approaches—two with computer-derived diagnoses and one based on traditional clinical interview techniques. One hundred seventy-three high risk and 91 low risk subjects were fully reassessed clinically. At the time of the assessment they were between 18 and 30 years old. The diagnostic distribution showed marked differences between the two groups with regard to type and degree of psychopathology. The results are discussed in relation to the methods used, and with regard to the case and noncase status of the subjects. (22 references)—Author abstract.

prognosis


The development of the Onset of Symptomatology Scale, a predictor of long-term outcome for adolescents treated in a psychiatric hospital, is described. Previously established prognostic variables are defined and used in the scale. Three variables concern the patients themselves (severity of psychopathology, process versus reactive onset of symptomatology, and intelligence); two correlate to the nature of hospital treatment (presence of a specialized adolescent program and completion of treatment); and the third variable relates to aftercare. Pre-adult characteristics of the patients are suggested to differentiate process from reactive types of psychopathology as an additional aid to prognosis. Materials and procedures for use of the scale developed are described. Application of the scale in a patient setting demonstrates significant validity for use in prognosis. Use of the scale also may be helpful in diagnosis and evaluation of patients. The Symptomatology Scale is presented in an appendix for reference. (32 references)


British diagnostic practices regarding schizophrenic patients are described in detail, and the work done in Great Britain on the outpatient management and rehabilitation of chronic schizophrenia is reviewed. It is suggested that, internationally, psychiatrists seem to have the same stereotype of schizophrenia and learn to diagnose by learning to match the abnormalities they perceive in individuals with the stereotype. A different way of categorizing morbid behavior is described which is based on extensive research and leads to a rational form of treatment. It begins with an appreciation of the specific dis-
abilities and vulnerabilities of schizophrenic patients and the factors which affect them. Three categories are identified: premorbid, primary, and secondary handicaps. Methods of managing each are discussed. (34 references)


Four variables in the 2- to 3-year outcomes of 30 schizophrenics were investigated; the acute/chronic dichotomy; the presence of a postpsychotic regressive state; the quality of the convalescent environment; and the formation of a therapeutic relationship. The presence of a postpsychotic regressive state was not associated with either good or poor short-term outcome. The diagnosis of acute schizophrenia was almost always followed by good outcome, but a diagnosis of chronic schizophrenia had little predictive value. A variable convalescent environment and a therapeutic relationship were significantly associated with good outcome. The contribution of a good therapeutic relationship to good outcome was more striking in chronic schizophrenics. (34 references)


A review of reformulation of the postpsychotic depression syndrome in schizophrenia is presented. The clinical picture usually resembles that of a retarded depression, with strong neurasthenic and schizoid components. It frequently emerges after a patient has been discharged from the hospital and may often go unnoticed. When manifest, the syndrome is usually stable phenomenologically, is often lengthy, and may be resistant to all modalities of treatment. Postpsychotic depression is a relatively neglected clinical area despite the risk of suicide and prolonged suffering. Therapeutic perseverance purportedly can improve the patient's long-term prognosis, and the phenomenon itself may be a favorable prognostic sign. (62 references)—Author abstract, modified.


A group of 193 paranoid schizophrenics—evaluated on the basis of duration and changes in occupational, family, and social situations—was studied to establish whether pigmentation is correlated to remission. The first and third remissions of those with dark pigmentation and those with mixed pigmentation (light eyes with dark hair) were compared. Analysis showed that those with mixed pigmentation tended to have better remission on all counts than those with dark pigmentation. Irrespective of pigmentation, males tended to show better social adaptation during remission than females. (10 references)


A detailed clinical study was made of 131 patients (41 males and 90 females), aged 60 to 89, with deep and long-term remitting schizophrenia. None of the patients had been previously hospitalized, at least during the preceding 20 years. The patients studied had similar premorbid traits, became ill at approximately the same age, and had similar courses of the disease. Of these, 78 percent were distinguished by relatively high levels of mental activity before the condition with autistic tendencies during stress. Only 22 percent demonstrated asthenic traits in the premorbid personality. Eighty percent had become ill between the ages of 25 and 45, and 48 percent of these demonstrated manifest psychoses at the onset of the condition. Final remission generally began around age 50 and the condition stabilized 6 to 10 years after the start of remission. Personality changes resembled latent schizophrenia or schizoid psychopathy with elements of monotonous activity. The development of the disease was marked by prevalently affective delusional attacks and intensified phasic disorders in the involutional period, and a subsequent regressive development of the disease in all cases of senescence. (9 references)

Nonregressive schizophrenia is discussed in terms of how the patient reports his symptoms and how treatment outcome is affected by the therapist's insight and attitude toward the patient. Symptoms may be classified as: (1) perceptual dishabituation of various modalities of mind, including the experience of sensory inflow from stimuli; (2) affective symptoms (anhedonia); (3) anxiety; and (4) hypochondriasis. Investigations concerning the social prognosis in two series of first admission patients during 1964-67 have shown strong similarities between nonregressive admissions and those admitted with fully developed schizophrenic psychoses. In addition, the effects of neuroleptics on the two types support the theory of a nosological relationship between regressive and nonregressive schizophrenia. (11 references)


The extent to which the attitudes and expectations of a patient and those of his relatives interact in predicting hospital readmission was studied in 112 patients. The results show that schizophrenics who evidence greater congruity between their attitudes and expectations and those of a close family member about posthospital life are more likely to avoid rehospitalization. Acceptance of the former patient by his family and his harmonious interaction with them should facilitate his readjustment to the community. Evidence indicates that negative expressed emotion directed toward a patient by his relatives is related to relapse after discharge. The behavior of the patient's relatives can act as a stressor, leading to rehospitalization. Disagreement between a patient and a close family member about the patient's attitude toward the value of regular medication after his release is also related to the readmission of the patient to the hospital. This disagreement was reflected in the patient's behavior in the actual taking of medication while living in the community. (9 references)


Empirical studies of the relation between premorbid social competence and paranoid/nonparanoid status in schizophrenia are reviewed. The inconsistent findings in this area of research are noted, and positive versus negative findings are discussed in terms of methodological differences and difficulties, particularly the problem of heterogeneity in the diagnostic categories investigated. The explanation is advanced that good premorbid competence and the symptoms leading to a diagnosis of paranoid schizophrenia are both reflections of a higher developmental maturity level. Theoretical considerations concerning the paranoid/nonparanoid distinction in schizophrenia, the premorbid social competence construct, and the importance of the relation between these two concepts are presented. (39 references)—Author abstract.

### psychiatry and the law


The decision by the Court of Special Appeals of Maryland in the State v. Burton, which upheld the petition for redetermination of whether the petitioner was a defective delinquent, is reported. The Court held that where the testimony of the State's psychiatrist established that the petitioner was suffering from schizophrenia, a recognized mental illness, he was not a "defective delinquent" within the meaning of the statutory definition of such. The Court chose to deal with the issue of whether a person who has been adjudged a defective delinquent, and while in confinement becomes psychotic, can still be a defective delinquent after being cured of the psychosis. The Court noted that the State proved appellee to be insane within the scope of the Maryland Code, but the record does not disclose that he was cured, nor that he remained a defective delinquent.

2934. Heinz, G., and Tolle, R. Zur Beurteilung der Fahreignung nach abgelaufener endogener Psy-
chose. [Fitness evaluation for driver's license after an endogenous psychosis.] *Nervenarzt* (Berlin), 46(7):355-360, 1975.

The controversy over issuing a driver's license to former mental patients is discussed in terms of drawing up guidelines for doctors in granting medical approval. Relevant passages of German law and court decisions are cited. Approval should generally be granted for all types of patients, including schizophrenics, manic-depressives, and depressives, but it is necessary to judge each case individually, weighing such external factors as the patient's character, reliability, judgment, accident proneness, and the history of the disease. The court finding of mental incompetence, negative public opinion, and the generally superior driving abilities of schizophrenics are discussed, and it is suggested that primary controls be improved by educating and motivating family members and near relatives. The influence of neuroleptics, thymoleptics, and tranquilizers on driving ability is evaluated. (30 references)


A 1975 decision by the Supreme Court of Mississippi is reviewed, in which the Court upheld denial of discharge from a State hospital to which the plaintiff had been committed for treatment for a paranoid schizophrenic reaction. It was also found that he was in need of treatment, supervision, and control at the time of commitment and was likely to become dangerous if discharged. Although allowed to return home occasionally on trial visits, he had been continuously confined for 9 years and had not responded to shock treatment. The Court ruled that he could not be trusted to give himself medication, without which there was little or no hope for improvement or cure; that he could not be cared for out of the hospital; and that he was therefore not entitled to release.

psychological theory


A review of the literature in German-speaking countries on the relationship between artistic creativity and schizophrenic imagery is presented. The works of Morgenthaler, Prinzhorn, Navratil, Fischer, and Muller-Suur are discussed. The creative act is explored through the imagery produced by the schizophrenic. Object representation in schizophrenic imagery is compared to the imagery of children, primitive artists, and dreams. The schizophrenic searches to represent his inner world, the self, and ignores the naturalistic world surrounding him. Three creative schizophrenic tendencies, formalism, symbolism, and physiognomic expression, are examined. Theories concerning ergotropic stimulation and the role of the right hemisphere of the brain in relation to imagination and hallucination are discussed. Both the artist and the schizophrenic find their imagery in an enchanted fantasy world. However, the artist can enter and leave this world, whereas the schizophrenic remains locked in. (55 references)


Integral to the first part of the case report on the “Three Faces of Eve” is the background and chronology of one of Eve’s multiple personalities, Gina Rinaldi. Her intelligence and cooperation made psychogenetic material easy to obtain, and access to one of her subselves, Mary Sunshine, was a significant breakthrough in successful testing and treatment of the three major ego states. The emergence of Evelyn, the final integrated ego state, is described. (4 references)


In part of the case report on the “Three Faces of Eve,” the participating psychotherapist discusses his working relationship with the multiple personalities and subpersonalities in this case. The complementarity of intimate clinical experience and remote objective interpretation of tests such as the semantic differential is emphasized. (5 references)

In part of the case report on "The Faces of Eve," a multiple strategy for validation was devised after the blind analysis was completed. Steps included: (1) to ask the ex-patient about life facts as she recalled them via correspondence with Robert Jeans, and (2) to ask Jeans to react explicitly to questions about specifics in the previous interpretation of the semantic/differential/blind analysis. Speculation hinges on whether an exaggerated form of role playing is involved in all cases of multiple personality. The two cases studied do suggest one real personality that is aware of all its roles which are internally congruent to the dominant personality. (1 reference)


Freud's two-phase (decathexis and recathexis) libido economy theory of the origin of psychotic schizophrenia is reexamined and modified in the light of recent experimental and clinical studies. A sensory deprivation experiment conducted with 36 healthy subjects and 37 acutely schizophrenic patients showed statistically significant results in contradiction to results expected on the basis of Freud's theory. In cases of hypercathexis (recathexis) and hypocathexis (decathexis), which are the basis of psychoses, the libido enters a state of increased viscosity, which is made apparent in the symbiotic inflexibility of the patient's partner relationships and corresponds to ego regulatory disturbances. A primary hypercathexis of objects in the external world leads to a hypocathexis in the psychosis-prone ego. (19 references)—Journal abstract, modified.


Research background to the widely popularized case of triple personality known as "The Three Faces of Eve" is summarized. Three articles presenting test findings using analytical techniques not applied previously to this case and reactions to the results for each of the three personalities are introduced. The final article is a postscript on the final personality resolution, Evelyn, and includes further analyses of the research methods, along with a discussion of life history and sexual identification issues.


In order to develop confidence in the potential of the semantic differential as a clinical tool in understanding multiple personality, a new form designed for a specific person is reported. This part of the case report on the "Three Faces of Eve" presents results of the blind analysis. The quantitative data include interpersonality distances in concept meanings, factor structures, distance matrices and models, scale-checking characteristics, and changes in conceptual structure across personalities. From these data, a broad characterization is made of the three major personalities. Prognosis for the successful resolution of Gina and Mary into a lasting and successfully integrated personality, Evelyn, is considered good. (5 references)


A study of schizophrenia with Oedipal manifestations inspired by formulations of the French psychoanalyst Gerard Mendel is presented. Four case studies are presented, including three adult males and two females in whom the Oedipal complex causes aggression and incestuous desires toward the father. Questions concerning the culpability of the mother or father in such cases are raised. Ego developmental stages as proposed by Gerard Mendel are listed and described as: (1) anobjective oral ego; (2) preobjective ego; (3) ambivalent objectal oral ego; (4) anal and motiveego; (5) phallic Oedipal ego; and (6) genital post-Oedipal ego. It is stated that sexual drive, not incestuous desire, is innate to children. Circumstances of the family environment are described as causing incestuous behavior. The father's role is a
neutralizing agent in the potentially dangerous mother-child relationship. (13 references)


The organization of delirium and the artistic expression of those suffering from delirium are discussed. Freud’s classification of delirium, which has up until now dominated psychopathology, is considered insufficient. The clinical methods of Janet, Freud, and Binswanger are also discussed, and it is concluded that not enough cases were analyzed before each of these men came to their conclusions. Presymbolic thought and mythical existence of schizophrenia and the pluralist conception of the terminal states of schizophrenia are examined. Delirium is described as a unitary response to the plurality of psychic disintegration. Psychopathological art is not art for art’s sake but is an expression of inner disorders and a form of expression common to all suffering from schizophrenic delirium. Application of mythologematic analysis to the artistic expression of delirium is discussed. (5 references)


In a discussion of the theory of neurosis, schizoidism is treated as a preview of schizophrenia or as arrested schizophrenic development. Disturbances in the perception of reality, absence of emotional contacts, affective neutrality, and unpredictable shifts in mood are characteristic of schizoidism. As is the case with schizophrenia, there is no consensus regarding the constitutional or experiential etiology of schizoidism. H. Schultz-Hencke characterized schizoid neurosis as psychogenic, due to the blockage of instinctive needs, wishes, and impulses. From infancy, the human being strives to organize his world by being indiscriminately open to sensory experience. Inhibition of data collection by an unfeeling mother or by traumatic events produces a pale world of chronic alienation, or desperate clinging to a love object. According to F. Riemann, the schizoid character has made self-development and self-reliance into an absolute pursuit. Emotional surrender and social conventions are prescribed. The schizoid personality appears distant, cold, inaccessible, and abrupt. Riemann classifies schizophrenic manifestations as extreme forms of schizoidism. The therapist must encourage contact, but must guard against the patient’s self-fulfilling prophecies. Such qualities as independence, objectivity, skepticism, and resistance to dogma and sentimentality must be evaluated positively.


A thematic study on the content of the dreams of schizophrenic, psychotic, and normal female subjects (N = 42), using the method of Hall and Van de Castle, was made. Results indicate that: (1) normal subjects dream more often and have longer dreams than the pathological groups; (2) schizophrenics and psychotics externalize aggressivity more frequently than normal subjects; (3) in normal subjects the author of the aggressive act is the subject himself whereas in schizophrenics and psychotics, another character is the active agent; (4) fear within the dream is experienced more often by schizophrenics and psychotics than by normal subjects; and (5) the father is a more frequent character in the dreams of schizophrenics and psychotics than in the dreams of normal individuals. (7 references)

treatment


A case study is described in which electrical aversion therapy eliminated auditory hallucinations and modified the associated delusional system in a chronic paranoid schizophrenic. Previously, hallucinations had been temporarily stopped by conversation and distraction. A 1-year followup of the patient revealed no evidence of recurrence. (14 references)—Author abstract, modified.

In a discussion conducted at the Totts Gap, Pa., Colloquium on the Biology of Schizophrenia, May 1975, considerations in treating the disorder with neuroleptics and data on the relative potency of neuroleptics in schizophrenia and affective disorders were presented. It appears that antischizophrenic drugs are effective in treating depression as well, but additional analyses suggest that neuroleptics such as the phenothiazines and related drugs do not have the desired systemic effects of the tricyclics in retarding endogenous depression. Studies of the effects of lithium therapy in schizophrenia indicate that it may be beneficial in some cases but that effects vary. Some of the similarities in psychotropic treatment effects in schizophrenia and depression are attributed to affective features of the former disorder which have been of historical interest to theorists and practitioners. Although the subject is controversial, the possibility exists that there is a single psychosis which is alternately called schizophrenia and depression, and most clinical research at least suggests that schizophrenia is a very complex phenomenon in both its biological and psychological entities.


Forced hospitalization of mental patients in Japan and the dangers of such a system are discussed. Psychosurgery is often performed for unnecessary reasons. It is suggested that a misunderstanding of schizophrenia leads to an impression that forced hospitalization is necessary. There is no proof that mental disorders are important causes for crimes. Rather, the problem lies with a social system which suppresses and discriminates against mental patients. Forceful and discriminatory milieu therapy at the Karasuyama Hospital is cited. The draft of the criminal law amendment would make a person unable to carry out responsibilities subject to hospitalization. A reconsideration of the concept of forced hospitalization is urged. (7 references)


A clinical and statistical evaluation of Sulpiride and Perphenazine was carried out through a double-blind study of 82 schizophrenic patients of both sexes aged 20 to 56 years old. All were chronic patients with a symptomatic profile of apathy and lack of initiative but with personality relatively well preserved in 56 patients. The daily dosage varied from 300 to 1,200 mg Sulpiride orally and 12 to 48 mg Perphenazine. The therapeutic effects were compared both individually and globally at different times over a 10-week period. Using Armitage's restricted sequential design, no significant difference between the therapeutic effects of these two neuroleptics was noted. However, Sulpiride appeared more beneficial during the fourth and eighth weeks of treatment.—Author abstract, modified.


Social skills training was administered to three (one male and two female) chronic schizophrenic patients in a Partial Hospitalization Service. Treatment consisted of instructions, feedback, and modeling, and was administered in 25, 26, and 31 sessions, respectively, for the three patients. Target behaviors were identified for each patient based on the patient's responses to role-played interactions involving male and female partners in situations requiring commendatory or hostile assertion. Five to seven target behaviors were selected for each subject and were treated sequentially in a multiple baseline format. Skills training was highly successful for the two female patients but was only partially effective for the male patient. Two forms of generalization measures...
were included, indicating that the effects of training generalized from trained to untrained, and trained to novel role-played interactions. Followup assessments for the two female patients indicated that most of the effects persisted over 8- to 10-week post-treatment periods. (18 references)—Author abstract.


Individual psychotherapy as a treatment for functional psychosis and schizophrenia is discussed. Differences in psychodynamic mechanisms and methods of treatment between neurotic and schizophrenic patients are also examined. Early communication problems leading to a schizophrenic identity deformation and depersonalization are studied from a psychostructural point of view. Therapeutic identification difficulties, due to schizophrenic autism and the lack of transference ability, might be overcome by using the schizophrenic patient's symptoms as communication channels. Differences in negative and positive transference and therapeutic use of psychoanalysis between neurotic and schizophrenic patients also are analyzed.


A new intermediate-stay unit in a small ward at Leverndale Hospital, South Glasgow, is described. In an attempt to create a therapeutic milieu, the staff developed mandatory group activities, encouraged patient/staff involvement, and directed patients toward rehabilitation in the general community. Because it was felt that the custodial psychiatric care to which long-term patients were traditionally assigned significantly reduced the prospect of recovery, patients who had failed to respond in the admission wards were concentrated in the intermediate-stay unit. From March 1972 to March 1974, no patient with schizophrenia progressed to long-term care; and of the 19 patients referred from the admissions ward, only two became long term, indicating that the secondary handicaps of hospitalization had been minimized, and that this approach was of therapeutic value. (6 references)


Effects of operant reinforcement on the attending and verbalizing behavior of chronic schizophrenics were studied on the token economy of the behavior modification program. Results support the contentions that positive reinforcement procedures, including tokens and social praise, effectively changed attending behavior and appropriate verbal behavior during ward government meetings. It was found that the schedule of reinforcement could be decreased while the behavioral rate remained the same.—Author abstract, modified.


A unique experiment in psychotherapy, involving a 24-year-old female schizophrenic, two co-therapists, and several orderlies is reported. The two co-therapists, physician and nurse, decided to carry out a psychotherapeutic experiment with this schizophrenic without informing any of the orderlies in her ward about their intentions. The co-therapists met with the patient in the local coffee shop, her room, the lounge, and other places entirely at random and without a formalized schedule. This type of activity caused misgivings and disorder among other patients and the orderlies themselves until it was pointed out to the orderlies that the entire thrust of the therapy was to counteract the patient's unusual, erratic, and fetish-filled behavior with some irregular psychotherapy. Some frequent meetings between the orderlies and co-therapists convinced the orderlies to assist the co-therapists and ameliorate the condition of the schizophrenic patient. The hostile attitude and jealousy of the orderlies, especially toward the nurse, turned to effective assistance once it was explained that all involved in this experiment could ably assist the patient.

The use of behavior therapy in a woman exhibiting intractable schizophrenic symptomatology is reviewed. Before the initiation of behavior therapy, insulin coma treatment, electroconvulsive therapy, and tranquilizers had been tried to no avail. The behavioral therapy involved encouraging positive behaviors and ignoring negative behaviors. The selection of target positive behaviors and reinforcers is described. Behavior therapy had a marked positive effect on the patient as demonstrated by a reduced need for emergency medication. Some nurses object to behavioral programs because it changes their role from that of care giver to that of therapist. While the behavioral approach does threaten such traditional views, it allows the nurse a more involved role as an active and responsible therapist, and it offers renewed hope for many chronic patients who have not improved or changed with other methods of treatment and for whom hope is very slight. (3 references)


The production of three group murals by patients and staff at a psychiatric day-care center during the several weeks before its sudden closing is described. The patients were generally between 25 and 35 years old, and most had histories of short-term hospitalizations, with the majority having been diagnosed schizophrenic. A detailed description of the accomplishment of the murals and group interaction during the painting is given. All murals showed some expressions of anger, attacks, attempts at defense, and feelings of dependency and support versus lack of support. In the last mural, support feelings were subordinated, and expressions of anger at the therapist were fully expressed. It is believed that the murals served to work through much of the anger felt by many of the patients.


Communicative disturbances of schizophrenics were studied in group therapeutic settings. Schizophrenic patients were found to be marked by ambivalence in their interpersonal relations. Their desire to establish contact was as great as their fear of involvement. Concerns about the form and content of communication led to paralysis of exchange media. Three case studies demonstrate the tendency of schizophrenics to avoid defining their relationships with others. Relations were often frustrated by double-bind situations. Efforts to “drive others crazy” were also noted. It is concluded that group therapy can complement other forms of treatment by creating an atmosphere of emotional continuity. The therapist can support communication between group members and negate contact avoidance by active intervention. It is suggested that symbiotic claims on the therapist be discouraged. (11 references)


The results of a newly developed method of rage-reduction therapy conducted in a series of six treatments are described, as observed in a 15-year-old schizophrenic girl with many autistic features. Effects of the treatment were assessed by daily ratings made by attendants in the ward setting and by a recreation therapist. Short-term improvement was noted in the ward ratings on dimensions assessed: eye contact when requested; eye contact, spontaneous; speech quality; expression of feelings; interaction with peers; frequency of autistic behaviors; and interaction with adults. In recreation therapy (using fewer observations), short-term improvements were noted in all except two of the dimensions: eye contact, spontaneous; and interaction with peers. Long-term (pretreatment versus posttreatment) gains were evident in the ward ratings on all areas except expression of feelings. In the recreation therapy setting, only frequency of autistic behavior showed a stable improvement. The therapist working with the patient also noticed more global changes, and suggested that rating such dimensions as depth of self-disclosure and willingness to confront important issues in verbal psycho-
therapy would also show interesting results. Methodological weakness of the study are mentioned, and guidelines for future work on this problem are suggested. (7 references)—Author abstract, modified.


The music therapy staff of a large State mental hospital used rate-contingent guitar rental plus feedback to decelerate head/face touching of a 40-year-old male schizophrenic. The subject earned tokens during guitar lessons for decreasing rates of the target behavior. He could exchange these tokens for the use of a guitar for a specified time period on the ward where he lived. The program successfully reduced the rate of head/face touching to criterion after 21 sessions. After 2.5 years, the rate was still below baseline, with generalization to other music therapy activities and to the ward. (8 references)—Author abstract.


The clinical inequivalence of generic versus trade name psychotropic drugs and the methodological, sociological, and economic aspects of the evaluation of clinical equivalence of generic versus trade name drugs, particularly in light of the recent expiration of patents on some psychotropic drugs, are discussed. Methodology is emphasized in this report of a double-blind study of the efficacy of chlorpromazine and Thorazine in the treatment of 54 acute schizophrenic patients. An analysis designed to infer the maximum possible advantages of Thorazine over generic chlorpromazine indicated that differences between the two were clinically insignificant. (15 references)—Author abstract, modified.


Penfluridol, a long-acting neuroleptic that can be administered orally once a week, was compared with chlorpromazine in the treatment of 33 newly admitted schizophrenic patients in a brief therapy unit. Patients receiving either drug improved enough to be discharged in 3 weeks. Penfluridol-treated patients experienced less drowsiness than those treated with chlorpromazine, but the severity of extrapyramidal symptoms appeared to be greater with penfluridol. (9 references)—Author abstract.


A double-blind comparison was made of HF-1854 and haloperidol in two groups of 20 schizophrenic patients each. The antipsychotic and the modular effects of HF-1854 were demonstrated. It had more rapid action, was better tolerated, and produced more constant resocialization than haloperidol. There were no significant statistical differences between the pretherapeutic and posttherapeutic scores of patients treated with the two drugs. When no extrapyramidal phenomena are noted, HF-1854 can also be given to outpatients or semiconfined patients with the prospect of amelioration of behavior and lasting social and professional reintegration. (8 references)


Data derived from reviewing double-blind controlled studies that used a flexible dosage schedule of neuroleptics in treating schizophrenics are applied to the development of a table listing the equivalent dosage and comparative cost of the various antipsychotic drugs, converted to 100 mg chlorpromazine equivalents. This empirically derived dosage comparability table is compared with a similar table derived from the opinions of experts. In absolute amounts, the cost differences between drugs appear
small. However, for any drug, large savings accrue when the largest possible capsule or tablet to achieve the desired dose is prescribed. (64 references)—Author abstract, modified.


An aversive technique was used to modify habitual excessive cigarette smoking in a schizophrenic psychiatric outpatient who reportedly smoked an average of eight packs a day. Treatment consisted of rapid smoking with occasional exposure to warm smoky air and the handling of cigarette litter. A fairly rapid decrease in smoking occurred during the first 3 weeks of treatment, followed by a slight increase in the fifth week and a decrease in the sixth week. Posttreatment followup indicated an initial increase followed by a slight decrease during the first 3 months. Six- and 9-month followups showed an apparent stabilization of the subject's smoking rate at approximately 2½ packs a day, with treatment considered a qualified success. (6 references)


Lithium ion determination in red blood cells and in serum is discussed as a possible prophylactic in endogenous phasic psychoses. Lithium levels were determined in erythrocytes and serum of two groups of patients. One group of 16 patients, average age 43 years, had been on lithium for 4 weeks. Their serum lithium level was .77mEq/l, and the erythrocyte lithium level was .30mEq/l, giving an erythrocyte/serum ratio of .39. Another group of 42 patients, average age 45 years, had been on lithium at least 1 year, average 3.3 years. Their serum lithium level was .81mEq/l, and their erythrocyte lithium level was .40mEq/l, giving an erythrocyte/serum ratio of .49. In 30 percent of the patients, the erythrocyte lithium level was a more reliable indicator of clinical response and risk of toxicity than was the serum lithium level. Erythrocyte/serum lithium ratios do not differ among unipolar, bipolar, and schizo-affective patients. Low lithium erythrocyte/plasma ratios correspond with low monoamine oxidase activity in platelets. (9 references)


At the symposium entitled “Systematic Studies with Psychoactive Drugs,” held in Montreal in November 1974, clinical and psychometric findings of a 24-week study in which penfluridol was administered to 50 chronic schizophrenic patients were reported. During the uncontrolled phase of the clinical trial, only the psychometric performance tests (Ideational Recall, Track Tracer Time, Stroop Color Word Test Time, and Errors of the Verdun Psychometric Test Battery (VPTB)), and the Cancellation Test of the Tartu Psychometric Test Batteries (TPTB) revealed the beneficial effects of the investigated drug. Similarly, during the placebo-controlled phase of the study, only the results of the psychometric performance tests (Stroop Color Word Test Time, Errors of the VPTB, and Learning and Motor Reflex Tests of the TPTB) showed that penfluridol has a beneficial therapeutic effect in chronic schizophrenia.—Author abstract, modified.


The questions of the safety and efficacy of high-dose neuroleptic therapy in human subjects resisting standard dose therapy or requiring rapid symptom remission are reviewed. This regimen seems indicated in some patients when the added risk of dose-related adverse effects are weighed against the potential merit of treatment. By providing symptom remission, neuroleptic agents of various types allow physicians in the community to treat schizophrenic patients in all phases of illness. However, little definitive research in acute ambulatory patients is available. The physician is cautioned against applying efficacy and safety studies with chronic inpatients because of methodologic shortcomings of such studies, primarily that this patient subgroup may not be representative due to biologi-
The withdrawal of antiparkinson medication in 53 schizophrenics receiving major tranquilizers was studied. The 24 males and 29 females ranged in age from 20 to 79 years; 51 took 2 to 10 mg/day biperiden, and two received 10 mg/day trihexyphenidyl. Ten patients had received antiparkinson medication for 3 to 11 months, and the remaining 43 had received it longer than 12 months. The control group of 38 schizophrenics was continued on antiparkinsonian medication throughout the study. Four female patients showed a deterioration following withdrawal of antiparkinsonian medication, and the medication had to be reinstituted. The dose of major tranquilizer had to be increased in seven patients, and two of these showed an aggravation in parkinsonian symptoms. (5 references)


In a letter to the editor, a case history of a schizophrenic-like reaction to diethylpropion is presented. A housewife and secretary, aged 30, who began a course of diethylpropion as "Tenuate Dospan" in a dose of 75 mg daily in the summer of 1975, stopped the drug suddenly after 1 month. One week later she began to believe that deep spiritual forces were at work, testing her in various ways. Despite her florid symptoms, there was very little disturbance and it was possible to treat her on an outpatient basis with intramuscular fluphenazine. Within a fortnight, much of her conversation was normal, and within 2 months, all features of mental illness had disappeared. At that time, the story of the course with diethylpropion was revealed. As of the date of this report, the woman had been well for 1 year, and medication had been discontinued for 9 months.


At the symposium entitled "Systematic Studies with Psychoactive Drugs," held in Montreal in November 1974, two methods for assessing the therapeutic effectiveness of clomacran in schizophrenic patients were compared. In an uncontrolled clinical trial, clomacran, the chlorpromazine analogue of the acridane series, was therapeutically effective in the treatment of newly admitted schizophrenic patients. No difference was noted between the sensitivity of the Brief Psychiatric Rating Scale (BPRS) and the Psychopathological Assessment Form (PAF) for therapeutic changes with clomacran. However, the fact that significant therapeutic changes were seen in 67 psychopathological symptoms with the PAF, and in only 16 psychopathological symptoms with the BPRS, indicates that the PAF is more sensitive than the BPRS for the description of a schizophrenic patient population.—Author abstract, modified.


The occurrence of acute dystonic reactions was studied relative to drug pharmacokinetic parameters, including torticollis, retrocollis, ophiathonus, and oculogyrous, following a single dose of the phenothiazine, butaperazine. Dystonias occurred more than one half-life from peak butaperazine levels, 23 to 56 hours after drug administration. The appearance of dystonias on falling plasma concentrations may be due to disruption of dopaminergic/cholinergic balance caused by differential anticholinergic and anticholinergic potencies of the drug. The regular occurrence of dystonic reactions, which appear many hours after peak levels and on falling plasma and presumably brain concentrations of drug, may be the result of a temporary disruption of cholinergic/dopaminergic balance in the direction of cholinergic dominance. There is as yet no direct evidence to favor this hypothesis over alternate hypotheses concerning, for example, temporary overshooting by compensatory mechanisms following dopaminergic blockade. However, a period of tem-
Temporary cholinergic dominance accompanied by a display of extrapyramidal symptoms on falling drug concentrations might be predicted from knowledge of relative antidopaminergic and anticholinergic potencies of this group of neuroleptics. (6 references)—Author abstract, modified.


A group of hospitalized chronic schizophrenic patients was treated with EMD-16139—a benzochinolizin derivative—for 4 weeks in a placebo-controlled trial. Changes of behavior were measured using a rating scale. The results suggest an increase of activity and initiative during treatment. Problems concerning some neuroleptic effects are discussed. (4 references)—Author abstract.


A multidisciplinary approach to understanding schizophrenic phenomena and therapeutic results, which utilizes data from genetics, biochemistry, sociology, physiology, psychology, and psychosocial analysis, is described. This systems view leads to the adoption of a plurality of therapeutic interventions and provides an open channel for the recruitment of additional information needed for a clearer understanding of the schizophrenias. The role of metapsychology in clinical psychology and psychoanalysis is discussed. (37 references)


A controlled trial was conducted of penfluridol (a diphenylbutylpiperidine derivative chemically related to pimozide and fluspirilene) and thiothixene (a thioxanthene derivative with a piperazine side chain) as maintenance drugs in patients with chronic schizophrenic syndromes. Some improvement over previous neuroleptics was seen with both drugs, mainly in variables concerned with participation in social activities as assessed with the S-scale and byward behavior. Drug dosages necessary were very low and produced few and easily manageable side effects. There was no significant difference between the two drugs, but penfluridol has the practical advantage of being the only long-acting drug for oral administration so far available. (15 references)—Author abstract, modified.


Some of the premises of the treatment approach to schizophrenia are outlined, and, through clinical examples, the way in which the therapeutic community at Kings County (New York) Hospital Center functions is demonstrated. It is concluded that the treatment of acute schizophrenic patients in a short-term therapeutic community setting remains a valid and valuable modality. (19 references)—Author abstract, modified.


The prevalence of tardive dyskinesia in relation to the neuroleptic and antiparkinsonian drug treatment applied since the first hospitalization of 332 chronic schizophrenic patients was studied. The prevalence of tardive dyskinesia was found to be significantly higher in patients whose mean age was higher at the beginning of treatment with sedative or incisive neuroleptics, their combinations, and added antiparkinsonian drugs. Age is the most important factor in the prevalence of tardive dyskinesia. The mean longer duration of “incisive” free intervals significantly decreases the prevalence of tardive dyskinesia. Other factors analyzed do not play a significant role in the prevalence of tardive dyskinesia, especially the total amount of neuroleptics administered, the type of neuroleptics, and the
302

mean duration of neuroleptic treatment. (19 references)—Author abstract, modified.


The theories of several researchers regarding the possibilities and the methods of schizophrenia prevention are reviewed. Prevention is defined (cf. Caplan) as reducing the incidence of and the severity of schizophrenia. Methods outlined generally fall under the categories of individual mental hygiene or comprehensive community care. Caplan’s approach included implementing care and therapy at the local community level; basing theoretical frameworks on the crisis theory; and emphasizing primary prevention (prevention of first outbreak). These measures are accomplished by maintaining an extensive liaison with local organizations. Possibilities for this are discussed in relation to genetic theories for schizophrenia and techniques for secondary prevention (prevention of relapse), and tertiary prevention (rehabilitation). Local community delivery systems for prevention of schizophrenia are seen as holding the most promise for success. (45 references)


Twenty-three chronic schizophrenic inpatients participated in an open-label study of molindone hydrochloride and six patients were in an open-label control group. The duration of the study ranged from 6 to 19 months, with a median of 13.1 months. The side effects, results of physical examinations, electrocardiograms, and changes on laboratory investigations did not differ substantially from those of other antipsychotic drugs, except that there was a tendency for patients to lose weight. The drug appeared to be less sedating than other antipsychotic drugs. The response to molindone was, on the whole, similar to that found with the patients’ previous and subsequent antipsychotic medications; however, a few patients appeared to be less well controlled, and two patients improved decidedly more than while taking their previous drugs. In view of the weight loss, molindone appears to be suitable for psychotic patients who are overweight. (8 references)—Author abstract.


An explanation is given of reasons leading to abandonment of bifocal group therapy with young schizophrenics, based on R. Schindler’s model. During the 15-year history of bifocal therapy at Zurich, patients and parents were treated in independently working groups. The isolation of resident patients from their parents proved impossible to enforce. The group as substitute family did not function well, partly because its composition changed too frequently. The attending physician did not act as the patients’ group therapist, a situation not conducive to transference. A passive analytical stance could not be maintained by the group leader in view of the patients’ need to talk effusively. Other activities, such as industrial work therapy, competed for the members’ time. Groups could not be preserved after discharge due to jurisdictional problems. Parent groups were also difficult to manage. Parents were classified as suspicious/paranoid, cooly objective, overly solicitous, or domineering/moralizing. Since the termination of bifocal therapy, patients have received individual psychotherapy complemented by other activities. Parents are scheduled for analytic group therapy without regard to the hospitalization of their schizophrenic offspring. (19 references)


A local affiliate of the American Schizophrenia Association is considered in relation to the national organization. Problems of goal maintenance, leadership, membership, and organizational structure are examined. Sustained personal leadership by founders of the Association is found to be a more important factor in the maintenance of original goals than is the structure of the organization. The possibility of actually attaining the goal of biochemical control of schizophrenia is seen as being lessened by the opposition of organizations favoring the status quo in the social and cultural environment. (14 references)—Author abstract.

The effects of penfluridol and carpipramine were compared in a double-blind study on 86 schizophrenic patients (44 for carpipramine and 42 for penfluridol) on a fixed flexible schedule. The antiparkinson drug promethazine was administered in addition to either of the above. Overall improvement for the patients was 66.7 percent for penfluridol, and 34.1 percent for carpipramine. Penfluridol was superior in reducing excessive or abnormal movement and speech, reducing abnormalities in human relationships, improving attitudes toward others, and in work and recreational improvements. No difference in the side effects could be noticed between the drugs. Among the side effects noted were anxiety and sensations of heat; however, these seemed to be less prevalent than for other tranquilizers. (5 references)


The value and advantages of pimozide (Orap) for the outpatient care of schizophrenic psychoses are discussed. Clinical treatment with Orap-Janssen and Orap-Richter from 1968 to 1974 is reported. Excellent tolerance makes Orap particularly suitable for long-term maintenance therapy in schizophrenia. The evaluation is based on observations in 91 patients. (22 references)—Journal abstract, modified.


Baclofen (Lioresal) was given to 24 severely chronic schizophrenics in doses of up to 75 mg/day. Of these patients, 4 improved, 12 were unchanged, and 4 deteriorated. Patients who responded well had had acute symptoms or a history of depression, while some of those who deteriorated had catatonic symptoms. This new class of drugs merits further evaluation of psychopharmacological activity.


The clinical course of five acute schizophrenic in-patients, arbitrarily selected for treatment with a predetermined regimen of intramuscularly administered fluphenazine HCl (Prolixin HCl, non-depot), were retrospectively studied for speed and completeness of remission. The results of the review suggest this regimen to be a highly efficacious one, aiding in the production of a mean time to complete remission of psychotic signs and symptoms of 8.2 days from inception of treatment. (33 references)—Author abstract.


A double-blind controlled study compared three neuroleptic drugs: fluphenazine HCl; thiothixene; and haloperidol. The drugs were intramuscularly administered in predetermined and equipotent dosages and evaluated for rate and speed of remission in acute schizophrenics. The results of the study demonstrated this clinical approach to be extremely efficacious, producing a median time to remission of 9 days and an average remission rate of 83 percent. The lack of a statistically significant intergroup difference suggests that the efficacy of these regimens is more related to the route of administration than the innate properties of the parenteral drug form. (18 references)—Author abstract.


A review of the results of controlled studies of various chemotherapeutic approaches to schizophrenia indicates the impact of various antipsychotic drugs. Although research evidence strongly supports the
efficacy of pharmacotherapy, it is felt that not all schizophrenic patients should receive antipsychotic drugs and/or other forms of treatment. Caution against doctrinaire attitudes is advised, and advocacy of adjustment of goals and methods to meet various patient and situational needs is offered. (17 references)—Journal abstract.


A description is given of a test dose procedure which offers promise as a practical approach to selecting the most appropriate antipsychotic drug and dosage for a particular patient, as well as for tailoring blood concentrations to the needs of the individual case. Preliminary findings indicate that the test dose procedure is feasible; that detectable changes occur after a single test dose; and that measurements made during the test dose period may predict eventual outcome. These findings are only a report of a preliminary pilot experiment, subject to important caveats about small number of cases, interpretation of large numbers of correlation coefficients, and need for cross-validation. Nevertheless, they are encouraging and suggest that the test dose approach has considerable potential for further research. (25 references)—Author abstract, modified.


Literature relating to the use of activities in the treatment of chronic schizophrenia is reviewed. Several programs that combine activities and psychotherapy to produce effective modes of treatment are cited, and a program which used collage making to help a group of schizophrenic women to improve interpersonal relationships, reality testing, self-image, and self-expression is described. The women were given the materials for the collages and in some instances were given topics as well, such as hospital, home, self, or how patients would like to be. Patients also combined their efforts to make one large collage. The activity period lasted about 30 minutes, and afterward each patient was asked to tell the group what her collage meant to her. Other patients also expressed their reactions. Discussion lasted for an hour, with the last few minutes devoted to tying together various themes expressed during the session and applying them to problems in daily living. The therapeutic focus was directive, supportive, didactic, and reality oriented. (15 references)—Author abstract, modified.


Results are presented for experimental animal studies and clinical work that relate to the mechanism of action of psychopharmacological agents on behavior. The problem of aggressiveness and abnormal social behavior is discussed from an anatomical, a behavioral, and a biochemical point of view. The behavioral effects of amphetamines and neuroleptics on rats and several other laboratory animals are investigated. Clozapine, a new neuroleptic drug, is discussed as a strong antipsychotic with potential usefulness against psychotic aggressive behavior. The psychosis induced by amphetamines in man offers a model of schizophrenia that may unlock the key to the mystery of what causes schizophrenia and other psychoses. (34 references)


The effectiveness of a ward-wide token economy program for improving the self-care skills of neurologically impaired patients was examined. The 3-month program focused on bedmaking, putting pajamas away, dressing, shaving, and toothbrushing. In addition, the performance of the brain-damaged group was compared with that of schizophrenic subjects who participated in the same program. The performance of the 20 subjects (7 with organic brain damage and 13 with schizophrenia) was analyzed using a least squares analysis of variance. It was found that regardless of disability, the token program was a significantly effective method of improving self-care skills on four of the five tasks. (10 references)—Author abstract, modified.

The effects of videotape modeling procedures were assessed in chronic schizophrenics. Actual patients were used as models since they demonstrated behavior more commensurate with other patients' potential ability than that of normal models. The effects of good and poor peer models on the task performance of 45 chronic schizophrenic males were investigated. The findings reveal that patients who viewed a good peer model did significantly better on a subsequent task than patients who viewed either a poor model or no model. The use of peer models in the treatment of chronic schizophrenics is suggested. (2 references)—Author abstract, modified.


The present state of psychoanalytic therapy, particularly for schizophrenics in Japan, is discussed. Historically, this treatment began with Furusawa (1932-55). Many of his findings are detailed. After Furusawa, the historical contributions to schizophrenic psychoanalysis of such men as Freud, Federn, Schwing, Jung, and Sullivan are treated. Results and applicable theories for treating schizophrenia are presented. Recent trends in Europe and America in schizophrenic psychoanalysis are discussed with reference to their effect on Japanese psychotherapy. A topical discussion of some concrete aspects of psychoanalysis (analytical attitudes, inpatient and outpatient treatment) is provided. A case history explores some of the connections between theory and clinical treatment. (81 references)


The efficacy of intramuscular fluphenazine decanoate was assessed by comparing the amount of time spent in hospital predrug and postdrug treatment by 43 schizophrenic patients. Before fluphenazine decanoate was begun, there was little difference between treated and dropout (oral medication) groups in the number of admissions, but those who dropped out had spent less time in psychiatric wards. After the intramuscular drug regime started, the differences became very marked, the number of admissions being significantly greater and longer for those on oral medication. There was a highly significant decrease in the number of admissions, and far fewer days were spent in the hospital compared with the predrug period for those who remained on fluphenazine decanoate. Those on oral medication did not change in the number of admissions, actually spent more days in the hospital, and generally deteriorated. (8 references)


A 4-week double-blind evaluation of loxapine, haloperidol, and placebo was conducted in 75 adolescent patients with a diagnosis of schizophrenia, either acute or chronic with acute exacerbation. Side effects were relatively nonsignificant except for the incidence of extrapyramidal phenomena and somnolence. Both of the active antipsychotic agents showed clear superiority to placebo in relation to some of the important psychological test items associated with schizophrenic symptomatology. Loxitane (loxapine) is concluded to be a relatively safe and efficacious compound for the treatment of adolescent schizophrenia as well as for acutely ill and chronically ill adult schizophrenic patients. (3 references)—Author abstract.


The use of group role playing for social learning in the mentally handicapped in Germany is described. Groups of 6 to 10 chronic schizophrenics participated in modified assertiveness training programs. Weekly sessions of 60 minutes' duration were conducted. Patients were trained in the application of behavioral models to situations they might encounter outside the hospital. One group chose “job interviews” and “preparation for a journey” as typical situations in which the need to communicate might produce anx-
At the symposium entitled "Systematic Studies With Psychoactive Drugs," held in Montreal in November 1974, a standard controlled crossover study with thiothixene and chlorpromazine, was reported. No significant changes or differences between the two drugs were found in 10 hospitalized schizophrenic patients on any of the clinical measures, although chlorpromazine produced a somewhat higher incidence of adverse effects. The latencies of the verbal responses in both the Verbal Response Test and the Verbal Autonomic Response Test decreased with thiothixene but increased with chlorpromazine. These latter findings, although not significant, are in keeping with a possible activating effect of thiothixene in chronic schizophrenics.—Author abstract, modified.


The case history of a 28-year-old woman who presented hyperkinetic and delusional symptomatology 10 days postpartum is offered as a provisional case of puerperal psychosis. Her family and social history, medical and premorbid personality profile, delivery of a well baby, and her postpartum admission to the hospital are cited. Treatment consisted of phenothiazines (chlorpromazine, nitrazepam, trifluoperazine, and orphenadrine); prognosis after 3 months of hospitalization was fairly good, but guarded in the event of additional pregnancies and puerperiums.


Factors which facilitate optimal progress in group psychoanalysis with medication patients (acute and chronic schizophrenics who are considered unsuitable candidates for psychotherapy) are examined. Since individual therapy with such patients is usually unsuccessful (because of the strong negative countertransference feelings evoked in the therapist), the group setting provides the opportunity to bring the patients' passivity and isolation to the field of interpretive attention. Members may initially expect the session to be a series of semipublic doctor-patient examinations, but leaders can make it clear that group interaction is expected. After the group has cohered, it then becomes possible to point out to isolated patients their responsibility for their exclusion and to investigate reasons for abstinence from social intercourse. In this situation they are stripped of the rationalization of passivity provided by the format of the medical model used in individual therapy. Countertransference problems on the part of the therapist are eased because the group structure offers optimal use of his time, prevents demoralization caused by individual patient absenteeism, and provides a better opportunity for interpersonal learning in patients. Group cohesiveness is considered a principal curative factor in such treatment, and some techniques to achieve it are noted.


Trends in the treatment of psychoses are discussed on the basis of practical experience in Austria with a long-acting neuroleptic (Dapotum D: fluphenazine decanoate). Intensive therapy with neuroleptics has permitted a considerable reduction in the inpatient treatment period. A program of treatment is outlined which permits release from the hospital within 3 weeks, the legally required period for elimination of incompetent behavior. In this way, major responsibility for the management of psychiatric treatment and improvement of social crises is shifted to the followup therapy phase, which still is somewhat neglected and depends mainly on nonspecialist physicians. Progress in the area of long-acting neuroleptics has enabled strict control of aftercare procedures, but this places total responsibility on the physician. Forced stabilization of a psychosis with chemotherapy is achieved at the cost of a certain amount of social adaptation that might be brought about through psychotherapeutic assistance. To counteract a possible unilateral bias on the part of the physician, a schizophrenia therapy program is...
presented which strives for an optimal balance of pharmacotherapeutic and psychotherapeutic phases of treatment on the basis of insight into the personality deviation. (22 references)


Fewer than one half (238) of a cohort of 489 psychiatric patients who had stayed in the hospital more that 1 year (long-stay) were still hospitalized 3 years later. One third (170) of these long-stay patients were discharged and resettled, while 81 elderly patients died. During the same 3 years, a further 108 patients became long-stay. Of these, 57 remained at the end of the study. The discharged patients were not readmitted unduly often, and they did not become destitute. (27 references)—Author abstract.


The long-term efficacy and safety of loxapine succinate were assessed in 31 chronic psychotic patients treated with the drug for 1 to 2 years. Loxapine succinate was found to be an effective treatment for chronic schizophrenia over a period of at least 2 years. Improvement, which occurred during the first 6 months of treatment, was maintained over the following 1.5 years. Unwanted effects were most frequent in the early months of treatment and decreased as the 2-year trial progressed. No specifically long-term side effects were observed. The most frequent side effects were mild to moderate extrapyramidal signs. Blood pressure decreased and pulse rate increased but returned to normal or near normal levels during the second year of treatment. Weight increased steadily during the 2 years and dropped markedly during the 4-week postdrug period. No drug-related abnormal laboratory findings were observed. It is concluded that loxapine succinate is a safe and effective maintenance treatment for chronic schizophrenia. (11 references)—Author abstract.


In a study of the effect of lithium on tardive dyskinesia, two tests were performed. A single-blind pilot study of 10 chronic patients, with tardive dyskinesia resulting from long-term neuroleptic therapy failed to show any beneficial effects of lithium administration. Because regular neuroleptic medication had been continued throughout this study, a double-blind trial of lithium and placebo with suspension of regular neuroleptic therapy was done in 10, primarily schizophrenic patients, 57 to 82 years of age (mean age 72 years) who had been hospitalized from 9 to 43 years (mean hospitalization 30 years). Results showed essentially no change in the dyskinetic symptoms over the trial period. The severity of the symptoms fluctuated from week to week, but this was not related to the treatment. The results of both studies were negative, but it is suggested that the patients' failure to benefit from lithium treatment may have been due to the severity and chronicity of their tardive symptoms. This may account for reported successes in early onset of tardive symptoms. (11 references)


The adverse reactions of 13 schizophrenic patients to neuroleptics are described. In three cases there was a marked increase in psychopathology, which was treated by decreasing or discontinuing the neuroleptics. There was no response to anticholinergic drugs nor to an increase in dosage; rather, this treatment seemed to exacerbate the situation. Ten of the patients showed catatonic excitement or inhibition, and several developed hallucinatory episodes. All of these exacerbations were terminated by anticholinergic injections. (20 references)—Author abstract, modified.


Ten chronic hospitalized schizophrenic patients were given EX 11-582A in dosages from 10 to 200 mg daily for 12 weeks. The patients' clinical condition
deteriorated during the initial placebo baseline and although the global means increased somewhat during EX 11-582A administration, this reflected more of a holding effect than real improvement, except in two patients who showed improvement in psychotic symptoms. In the group as a whole, psychotic symptoms (hallucinations, unusual thought content, and blunted affect) worsened significantly over the trial. Side effects consisted of moderate to severe sedation to which the patients did not accommodate, and mild tremor and tachycardia. There was no evidence of extrapyramidal signs. EX 11-582A produced a small increase in pulse rate; a slight increase in blood pressures; and no EKG, eye, or laboratory abnormalities. Tardive dyskinesia symptoms decreased with EX 11-582A administration and increased during the postdrug phase. In conclusion, EX 11-582A had little antipsychotic activity, though in one or two individuals activity was certainly present. The upsurge in psychotic behavior and tardive dyskinesia on withdrawal of the drug was noteworthy. (5 references)—Author abstract.


Diazepam was found effective in controlling tardive dyskinesia that developed in three schizophrenic patients undergoing neuroleptic treatment, mostly with haloperidol. Existential problems and emotional upset seemed contributory to the dyskinesia. Therapeutic effect did not appear related to sedation. The results suggest that tardive dyskinesia is probably not due to the anticholinergic effects of some neuroleptics, and that limbic mechanisms may be involved since diazepam acts mostly on limbic structures. (4 references)—Author abstract, modified.


Factors which facilitate optimal progress in group psychoanalysis with schizophrenic patients are discussed. Because of the multiple transference reactions, enforced closeness, satisfaction of psychological needs, and presence of the magical authority of the therapist, the successful group must become a quasi-family. The behavior of members is determined by the psychological organization of each participant, which is derived from past real family experience and which is grafted onto other social groups and from the task or activity-oriented assignments of the therapist. In this way, the ability to tolerate anxiety is balanced by creation of anxiety secondary to closeness, and it is hoped that interpersonal contact will become less threatening. The primary focus of the psychoanalytic therapist is on personal history and recapitulation of personal past via transference to allow conflict resolution, unlearning of faulty adaptive techniques, and occurrence of a corrective experience. The skills involved in communication, emotional control, assumption of social roles, and vocation are taught directly. The manner in which the total program is achieved with schizophrenics is described, including group size, the developmental sequence of group interaction, and emergence of the quasi-family phase. The overall intent is to recreate part of a normative sociofamilial milieu in which teaching of social skills can be achieved in less threatening circumstances than the everyday life of individual patients. (14 references)


The relative effectiveness with chronic regressed schizophrenic patients of a brief series of sessions of standard remotivation technique, psycho-drama-based role retraining, and no treatment control was evaluated by judges in an interview using an Inpatient Interview Presentableness Scale. Results indicated that none of the interview presentableness items reflected change for any of the three groups in terms of improvement, worsening, or no change. Reasons for the negative results are discussed. (5 references)—Author abstract, modified.


Operant conditioning and its use in rehabilitation and therapy for institutionalized chronic psychotics is examined to demonstrate how behavior modification can be helpful to subjects suffering from chronic
schizophrenia. A critical survey of both clinical and experimental operant experiences is presented, with particular emphasis on the schizophrenic’s problems in disorganized thinking, apathy, social withdrawal, and bizarre verbalization. The use of token economy as backup reinforcement or as reinforcement and how effective it is with the schizophrenic’s therapy and rehabilitation are also discussed. It is concluded that operant conditioning has proven to be useful in modifying behavior in long-term institutionalized schizophrenics and should continue to be used. (34 references)


The use of mineralocorticoids and sympathomimetic amines to treat postural hypotension was studied in 13 hospitalized patients who were receiving major tranquilizers in moderate or large doses. The six males and seven females ranged in age from 21 to 62 years, with mean age 33.6 years. One patient had endogenous depression and the other 12 were schizophrenic. Circulation was measured by the Schellong Test. Patients were treated in double-blind fashion with 9, alpha-fluorohydrocortisone (.15 mg b.i.d. the first week, followed by .1 mg b.i.d. thereafter), norphenylephrine (15 mg b.i.d.), or placebo (1 tablet b.i.d.). After 2 weeks, 9, alpha-fluorohydrocortisone was significantly better than either norphenylephrine or placebo, as measured by the Schellong Test. Norphenylephrine was better than placebo, but the difference was not significant. No treatment group experienced side effects. (15 references)


Based on a symposium sponsored by UCLA, the major therapeutic approaches to schizophrenia by researchers and therapists are discussed. A comprehensive review of the varieties, combinations, and sequences of treatment techniques indicated for the various types of patients in the several phases of schizophrenic illness is provided. The approaches described in various chapters need not be considered mutually exclusive or competitive; the complexity of schizophrenia both justifies and demands an extensive array of tactics available within the clinician’s overall strategy for treatment of each individual schizophrenic patient with his individual symptoms, handicaps, and resources.


Seventeen acute psychotic patients were studied in the course of chlorpromazine (CPZ) treatment. Blood samples were taken weekly both before and 2 hours after the morning CPZ dose. Plasma levels of CPZ, CPZ sulphoxide (CPZ SO), monodesmethylated CPZ, and 7-hydroxy CPZ were estimated by gas chromatography. Plasma prolactin, luteinizing hormone, testosterone, and estrogens were measured by radioimmunoassay. Six of the seven patients who showed no clinical improvement had plasma CPZ levels equal to or higher than those of patients who improved. Nonresponders had a greater proportion of CPZ SO in predosage samples. The occurrence of parkinsonian side effects was associated with a mean plasma CPZ greater than 50 ng/ml and a mean plasma prolactin greater than 30 ng/ml 2 hours after dosage. The elevation of prolactin preceded the onset of parkinsonian symptoms by 1 to 2 weeks. There was a significant positive correlation between mean plasma prolactin and mean plasma CPZ levels. The prolactin response may prove to be a useful index of the central antidopaminergic effect of neuroleptic drugs. (24 references)—Author abstract.