Epilogue: Subtypes of the Schizophrenic Syndrome—Their Current Status

by John S. Strauss and Leopold Bellak

Abstract

The expectation that important subtypes exist in dementia praecox (schizophrenia) was built into the earliest conceptualizations of this disorder by Kraepelin and Bleuler. Although the traditional subtypes are still used, more recent biological, psychological, and descriptive-clinical data suggest that quite different approaches to subtyping and subtyping categories may be more valid. No definitive answers to the subtyping problem have yet been reached, but the solution may well involve a complex consideration of biologic, psychologic, and social variables.

The way in which schizophrenia (or dementia praecox) was first conceptualized assured that subtypes would be of central importance. Kraepelin (1896) combined three somewhat disparate syndromes previously considered to be separate diseases in defining dementia praecox. These three syndromes representing built-in subtypes were grouped together because of certain similarities in the syndromes themselves, in the age of their onset, and their course. Since that time, and the redefinition of dementia praecox as “the group of schizophrenias” by Bleuler (1950), the idea that certain clinical pictures with these characteristics represented somewhat similar processes has gained wide acceptance. There has been considerable controversy, however, about the range of disorders to be included, the core characteristics that make them similar, and how the various subtypes should be defined and identified.

The articles in this issue of the Schizophrenia Bulletin explore the nature and validity of schizophrenic subtypes from genetic, biochemical, neurological, early environmental, and descriptive viewpoints. As a group, they demonstrate the amount of effort that has been spent on exploring the issue of subtypes in schizophrenia and the importance with which it is considered throughout the world. Although each article presents its own conclusions, the following statements are an attempt to summarize those that are most generally accepted:

1. There are no definitive answers yet about which subtyping scheme for schizophrenia will ultimately prove to be the most valid. However, some clinical, administrative, and research needs can be met by using current subtypes suggested in the American Psychiatric Association’s (in preparation) forthcoming diagnostic and statistical manual, DSM-III. These subtypes represent an interpretation at the descriptive level, which might lend itself to improving interrater reliability without, however, having definitive implications for construct validity.

2. Since the DSM-III subtypes may not reflect what will ultimately be demonstrated as the most valid approach to subclassification of schizophrenia, it is important that they be treated somewhat tentatively when clinical or research judgment suggests that other factors or subclasses might be more accurate.

3. In recent years, there has been a tremendous increase in the amount of genetic, biochemical, psychophysiological, family environment, and descriptive information relevant to subtyping. These findings have raised questions about certain older beliefs sometimes considered as de-
finitive, and have suggested directions such as those reported in the series of articles published here that need to be pursued for more adequate resolution of the issue of subtyping.

4. Although it is possible that a simple answer will be found to the problem of subtyping in schizophrenia, the emergence of such an uncomplicated solution is by no means certain. In other branches of medicine, the sorting, defining, and regrouping of syndromes has often changed radically as new information became available. The generalized swelling known as dropsy was, over the years, found actually to represent several different disorders primarily involving entirely different organ systems. Certain blood dyscrasias, such as anemia, have been found actually to reflect an extremely large number of diverse disorders with a variety of different complex mechanisms. Considering the history of medicine in general, it is clearly still too early to be certain that understanding and defining the subtypes of schizophrenia will result in a simple resolution to the problem.

References
American Psychiatric Association. 


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