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

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

Attention, Perception, and Cognition


The observation that paranoid people are more likely to jump to conclusions on the basis of limited data and to hold onto these conclusions tenaciously, being relatively inflexible and resistant to modification of their opinions, was tested. Forty-five male schizophrenic subjects divided into three diagnostic groups (passive paranoids, aggressive paranoids, and nonparanoids) and 15 nonpsychiatric correctional inmates were administered eight paper-and-pencil measures. Results of the tests of the major hypotheses of the study were predominantly nonsignificant. However, a number of unpredicted results were dramatically significant. Gestalt completion (a speed of closure test) differentiated between nonparanoid schizophrenics and all other groups. However, anagrams (a flexibility of closure test) differentiated between paranoid schizophrenics and normal control subjects. It is concluded that paranoid subjects are less flexible in their perceptions and conceptualizations than are their normal counterparts. These differences are most noticeable under certain conditions where dynamic issues relevant to the paranoid patient are addressed verbally.—Journal abstract, modified.


Incongruous behavior was investigated in schizophrenics discussing early relationships with their parents and leisure activities, and was compared with behavior of drug rehabilitation inpatients and undergraduates. Videotapes of these discussions were edited to produce a kinesic channel consisting of only the visual portion of the tape, a paralanguage channel consisting of the audio portion with certain frequencies removed to render speech content unintelligible, and a verbal channel consisting of written transcripts. All three channels were rated by three raters. Incongruity was defined as significant differences among the meanings communicated through different channels. Results indicate that of the nine adjective pairs rated reliably, schizophrenics were incongruent on five, the drug rehabilitation subjects were incongruent on...
three, and the normals were incongruent on only one. The hypothesis that schizophrenia would be more incongruent when discussing their parents than when discussing their hobbies received only negligible support. Findings reveal that incongruous communication patterns are more pervasive among schizophrenics than among drug rehabilitation patients, who also exhibit incongruity.—Journal abstract, modified.


The nature of the relationship between thought organization and primary process was explored in the parents of schizophrenics by correlating clinical indicators of thought disorder on the Rorschach Test and formal primary process mechanisms in the manifest dreams of the subjects. No significant relationships were found between mean scores of primary process within the dreams and thought disorder. Variability of both primary process categories and of primary process intensity were negatively correlated with thought disorder. Variability of primary process was not found to be an artifact of the length or frequency of the dreams. It is concluded that two levels of conscious thought—purposeful visualizing on the Rorschach Test and recall of the manifest dream—are accessible, measurable, and relational. The significant negative correlation is interpreted as an indicator of variability of psychic space at the level of the manifest dream that is inversely related to the amount of formal thought disorder. It is suggested that perceptual aberration in schizophrenia may be a distortion of internal space.—Journal abstract, modified.


Research issues surrounding the investigation of schizophrenic performance from the perspective of the experimental psychology of normal cognition are examined. Topics of subject selection, influence of medication on subjects’ performance, appropriateness of underlying models of performance developed with normal samples, and uniform measurement properties of dependent variables are discussed. Relevant items of rationale for this branch of study are presented and evaluated. Finally, the notion of critical deficit, whereby the importance of deterioration in a component of performance is judged according to the component’s role in negotiating environmental demand—rather than the component’s absolute magnitude of deterioration—is detailed. (77 references)—Author abstract.


The possibility of nonlinear relationships between a previously investigated measure of construct organization and schizophrenic thought disorder was investigated. The minimax problem states that optimal construct organization involves two limiting levels of too many and too few available construct dimensions for flexible, accurate discrimination of interpersonal events. Measures of thought disorder derived from personal construct theory, such as the Bannister-Fransella Grid, detect only too many constructs. It was hypothesized that subjects with the least and most number of functionally independent constructs (FICs) would evidence more thinking errors characteristic of schizophrenic thought disorders than would subjects between the minimum and maximum groups. A grid form of the Role Construct Repertory Technique and the Whitaker Index of Schizophrenic Thinking (WIST, forms A and B) were administered to 60 psychiatric inpatients. FIC scores were used to assign subjects to five levels of construct organization, and WIST scores served as the dependent variable. Two WIST scores confirmed the experimental hypothesis. Those patients with maximum levels of construct complexity demonstrated, in general, the greatest number of thinking errors indicative of thought disorder, while those with minimum levels evidenced the second greatest number of such thinking errors. (23 references)—Author abstract, modified.


The relationship of parietal lobe symptoms and attentional deficits in chronic schizophrenia was investigated using three groups of 15
subjects who were administered individual tests of active attention, passive attention, and a composite battery of classical parietal lobe tests from clinical neurology. Results indicate that both chronic and paranoid schizophrenics demonstrate equivalent frequencies of parietal disease symptoms, although both groups differ significantly from normals. Results from the attentional tests indicate that chronic schizophrenic patients demonstrate deficits in both active and passive attention in comparison with normals, whereas paranoid patients only demonstrate active attention deficits. It is found that both types of schizophrenics make significantly more right-sided than left-sided neurological errors in tactile perception. —Journal abstract, modified.


The view that schizophrenics are regressed in their thinking and the Chapman and Chapman theory that schizophrenics are deficient in evaluating the strengths of competing responses, both proposed to account for findings that nonparanoid schizophrenics' forced-choice word associations are more characteristic of children than of adults, were investigated. A four-alternative, forced-choice word-association task was constructed and validated with samples of undergraduates and children. This task and a free-association task requiring self-generation of response were then administered to nonparanoid and paranoid schizophrenics and normal controls. The results for the forced-choice task indicate that the associative hierarchy of nonparanoid schizophrenics approximated that of children, supporting the regression hypothesis, and contradicting the Chapman and Chapman theory. The findings with the free-association task were less clear, and the discrepancy in results for the two tasks is discussed. (20 references)—Author abstract, modified.


A battery of neuropsychological tests of language, memory, abstract thinking, rate of information processing, and visuospatial functions was administered to 77 chronic schizophrenic outpatients, the majority under the age of 50.

Chronic schizophrenics as a group were inferior to controls on tests of neuropsychological function. When divided into groups according to length of illness, they differed from each other primarily in tests of language. No other deficits in cognitive function progressed; the performance of patients on memory, visuospatial tasks, rate of information processing, and abstract thinking did not decline according to length of illness. The results indicate that chronic schizophrenia is characterized by a selective deterioration of language, which correlates with the notion that schizophrenia may be associated with left hemisphere dysfunction. (24 references)—Author abstract, modified.


Hemispheric asymmetry and style of information processing were examined in male schizophrenic patients assigned to two groups according to predominance of hallucinations or delusions and a matched group of nonpatient controls. Subjects were administered a same/different recognition task using words and pictures alternately. While hallucinating schizophrenic patients differed from delusional patients only in style of information processing and normal controls outperformed both clinical groups, the kind of hemispheric asymmetry observed was unexpected. Only hallucinating subjects showed significant asymmetry, and this asymmetry was such that the right hemisphere responded more quickly than the left and the left hemisphere was more accurate. Controls distinguished themselves through their ability to actively use referent stimuli in an anticipatory manner, while the performance of the schizophrenics was characterized by a "reactive" stance. Delusional subjects responded more quickly and accurately to word probes than to pictures, while hallucinating subjects responded more quickly to picture probes and more accurately to words. The results support a hemispheric disconnection hypothesis, rather than left hemisphere dysfunction, for hallucinating schizophrenics. The findings are discussed in terms of stimulus/noise ratio and Holzman's cognitive control principle of stimulus inhibition.—Journal abstract, modified.

6228. Watson, C.G.; Wold, J.; Anderson, R.; Schulte, D.; and Jacobs, L.I. (Research Service, VA Medical Center, St. Cloud, MN

A test was conducted of Broen and Storms’ behavioristic theory of cognitive deficit in schizophrenia. The theory holds that thought disorder results from schizophrenics’ having higher drive levels and lower response strength ceilings than nonschizophrenics. As a result, the strength of appropriate—usually strong—responses is rivaled by that of inappropriate, ordinarily weak responses. According to the Broen-Storns’ theory, this is the cause of disorganized schizophrenic behavior. Several hypotheses derived from the assumption that schizophrenics have higher drive and lower response strength ceilings than controls in a paired-associates learning study. No support was found for the hypotheses that schizophrenics would show better early trials learning than controls, that a presumably drive-inducing threat of pain would enhance early trials learning in schizophrenics or controls, that either threat of pain or schizophrenia would be associated with a low learning asymptote, or that either the positive or negative effects of pain would be accentuated in schizophrenics. The results do not support the theory. (13 references)—Author abstract, modified.

Biology


A human cytomegalovirus (CMV) deoxyribonucleic acid (DNA) probe was developed and hybridized to DNA extracted from brain tissue of six patients with schizophrenia and six control subjects. No CMV-related genetic information was detected in the DNA of these 12 subjects. The failure to detect viral DNA sequences of CMV in the hippocampus of six schizophrenic patients may indicate that there is no CMV present in schizophrenics’ brains and that the finding of an elevated cerebrospinal fluid/serum ratio of CMV antibodies is an epiphenomenon associated with altered immunological reactivity in these patients. Alternatively, this failure may indicate that the wrong part of the brain was examined, or that the present techniques are not sensitive enough to detect CMV. (18 references)—Author abstract, modified.


Platelet monoamine oxidase (MAO) levels were examined as a determinant of biological heterogeneity in schizophrenia in a sample of 19 male and 15 female chronic schizophrenics and 22 age-matched normal controls. MAO activity was significantly reduced in chronic schizophrenics with a family history of schizophrenia. The degree of reduction was related to the extent of the genetic load. Schizophrenics with no affected relatives did not differ from control subjects. These findings are consistent with the hypothesis of genetic heterogeneity in schizophrenia. Discrepancies among previously reported data sets can thus be explained by overrepresentation of nongenetic phenocopies with normal MAO levels. The implications for biological and genetic research in schizophrenia are discussed. (18 references)—Author abstract, modified.


In a controlled study of the dopaminergic receptor hypersensitivity hypothesis in schizophrenia, 31 schizophrenic patients were assigned to one of three treatment groups: 12 received L-dopa-carbidopa (maximum dosage 1500 mg/day); 9 received haloperidol (maximum 20 mg/day); and 10 received placebo. The group receiving L-dopa-carbidopa went through the three phases: (1) deterioration for 45 days; (2) adaptation for a month; and (3) improvement for 45 days in 5 of 10 clinical cases. Greatest improvement was found for the haloperidol group. Results suggest that deterioration of the clinical state after several weeks of high dosage L-dopa-carbidopa was less than would be predicted by the dopaminergic hypersensitivity hypothesis. Initial clinical deterioration produced by L-dopa appears to be owing more to a diffuse psychotoxic effect than to worsening of the schizophrenic symptomatology. (29 references)—Author abstract, modified.
The level of glycoconjugates excreted in the urine of five schizophrenic patients was compared to that excreted by six controls. Urinary samples were fractionated via gel filtration and anion exchange chromatography to yield: (1) fraction I consisting of basic, neutral, or slightly acidic glycopeptides and/or oligosaccharides; (2) fraction II consisting of acidic glycopeptides and/or oligosaccharides; and (3) fraction III consisting of glycosaminoglycans (acidic mucopolysaccharides). The hexose levels of fraction II and uronate levels of fraction III were significantly reduced in schizophrenics. The ratio of galactose/mannose in the glycoconjugates of fraction II was lower than normal in the urine from schizophrenics. Significantly lower levels of rhamnose and higher levels of fucose were found in the glycoconjugates of fraction I from schizophrenic patients. No evidence was found for the presence of an abnormally elevated rhamnose containing glycoprotein or glycoconjugate in fraction II. It is concluded that the pattern of metabolism of glycoproteins and glycosaminoglycans in schizophrenics deviates from the normal. (16 references)—Author abstract.


Research strategies for studies of neurotransmitter receptor function sensitivity in humans and the role of receptors in schizophrenia and manic-depressive illness are reviewed. Studies of apomorphine and hypothermia, melatonin and α-adrenergic receptors, β-adrenergic receptors in lymphocytes, rapid eye movement sleep and arecholine, pupil size and α-adrenergic and muscarinic cholinergic receptor sensitivity, and amphetamine and psychosis are suggested. The roles of dopamine receptor supersensitivity in schizophrenia and of catecholamine receptor supersensitivity in the onset of mania are considered. The effects of lithium carbonate on dopamine, α-adrenergic, β-adrenergic, and serotonergic receptors are discussed. (70 references)


The catecholamine and indoleamine metabolism of 14 patients with paranoid schizophrenia, 11 patients with simple schizophrenia, and 12 normal subjects was studied. The content of neuromediators, such as biogenic amines and their metabolites, in the blood and urine was determined by spectrofluorometric methods. Both the initial levels of the neuromediators and the levels obtained 3 hours after oral intake of 0.5 g of L-dopa were determined. Blood levels of dopamine (DA), its metabolites, homovanillic acid (HVA) and serotonin, and urine levels of DA, noradrenalin, and 5-hydroxyindoleacetic acid were examined. Results show that the patients differed substantially from the normal subjects in a number of the biochemical indices of biogenic amine metabolism. The most stable distinctive feature was the lowering of the HVA/DA ratio (in 17 of the 25 patients), due probably to the functional inadequacy of the enzymes of DA catabolism as well as to such clinical peculiarities of the disease as its continuous, progressive course and the presence of negative symptoms. (16 references)—Journal abstract, modified.


The effect of luteinizing releasing hormone (LRH) and thyrotropin releasing hormone (TRH) on growth hormone (HGH) response was studied in 10 adolescent schizophrenic boys and 9 controls matched for age. Before antipsychotic treatment, LRH and TRH induced a marked rise in HGH in 8 of 10 patients and 4 of 6 patients, respectively. No effect on HGH was observed in controls. After 3 months of treatment with chlorpromazine, thioridazine, or haloperidol, LRH failed to induce a rise in HGH in five of six patients, but TRH induced a significant rise in HGH in three of four patients. It is concluded that adolescent schizophrenic boys have neuroendocrine abnormalities involving a dysfunction in the mechanism regulating HGH
secretion. (25 references)—Author abstract, modified.


The brainstem was examined in 27 autopsy cases with diagnoses of schizophrenia or primary affective disorder, organic brain syndrome, or the apparent absence of both—the control group—for a possible association of microscopic changes and primary psychiatric disorder. Seven cases were found to have brainstem microglial nodules or perivascular infiltrates in association with a range of central nervous system pathological conditions. One of eight schizophrenic and none of four primary affective-disorder patients showed brainstem pathology. The results show that brainstem microscopic changes do not appear related to primary psychiatric disorder. (23 references) —Author abstract, modified.


Evidence which challenges the unitary dopamine theory of schizophrenia and a theory of dopamine as a possible neuromodulator are presented. One study in the development of biochemical tests which would help to identify patients with schizophrenia is reviewed. The study is a small-scale replication of Stevens' (1972) study of the possibility that the genetic defect in schizophrenia might involve the plasma membrane and thus affect transport systems. The patients were selected on the basis of meeting the Feighner research diagnostic criteria, and the controls were normal hospital employees. The preliminary results suggest that phospholipid distribution may indeed be a marker for schizophrenia. These studies reflect the need for a more complete understanding of the integrative features of the mammalian central nervous system before attempts are made to delineate the neurobiological features of a complex disorder such as schizophrenia. (37 references)—Author abstract, modified.


Drug concentrations in plasma from patients treated with different neuroleptics were measured by fluorometric and gas liquid chromatographic (GLC) methods and compared with neuroleptic activity as measured by radioreceptor assay (RRA). After treatment with therapeutic doses of thioridazine, the results obtained by spectrofluorometric assay and RRA correlated highly ($r = .95$, $p < .001$). The butaperazine levels measured by GLC correlated significantly with RRA values ($p < .05$), although the correlation was only fair ($r = .64$). The similar values obtained by two methods (RRA/GLC ratio = 1.3) would suggest that butaperazine probably does not have many active metabolites. Similarly, there was a significant correlation ($r = .62$, $p < .01$) for haloperidol levels in plasma, and the RRA/GLC ratio was 1.4. On the other hand, neuroleptic activity in plasma after treatment with fluphenazine and trifluoperazine was seven to eight times greater than the drug levels measured by GLC. The correlation between the two methods for fluphenazine was highly significant ($r = .85$, $p < .001$), although there was no correlation for trifluoperazine. These results suggest that simultaneous use of GLC and RRA may be useful in studies of neuroleptics and their pharmacologically active metabolites. (14 references)—Author abstract.


The $\alpha$-adrenergic function was studied in platelets from normal subjects and patients with chronic schizophrenia or hypertension. Platelets from normal male subjects had 30 percent more $\alpha$-receptors and made 70 percent more prostaglandin-E$_1$ (PGE$_1$)-stimulated cyclic adenosine monophosphate (AMP) than platelets from normal female subjects. PGE$_1$-stimulated cyclic AMP production was reduced in platelets from schizophrenics, compared to their sex-matched controls. Basal adenylate cyclase activity did not differ between schizophrenics and controls, but stimulated adenylate cyclase activity was reduced in platelet lysates from schizophrenics. PGE$_1$-stimulated cyclic AMP
production was decreased in platelets from men with essential hypertension, but not in hypertensive women; α-adrenergic receptor binding was elevated in platelets from female hypertensives, but not in males. It is suggested that early stress may leave a residue of diminished cyclic AMP production that plays a role in the etiology of schizophrenia or hypertension. (39 references)


Platelet α-adrenergic receptor function was assessed by correlating the number of α-receptors measured by specific binding of an α-receptor antagonist, (3H)dihydroergocryptine ([3H]DHE) with an intracellular biological response, the inhibition of cyclic adenosine-3′, 5′-monophosphate (cAMP) production by an α-receptor agonist, norepinephrine (NE). α-Receptor function was compared in control subjects of both sexes, chronic schizophrenics, and affective-disordered patients; platelet α-receptor function of the patient groups was compared with that of subjects with some neurological disorders (hypertension, orthostatic hypotension, Parkinson’s disease) and with a group of 6- to 15-year-old male controls. Relative to controls, the number of platelet α-receptors was increased in schizophrenics, affectives, and subjects with idiopathic orthostatic hypotension (IOH), but not in subjects with sympathetic OH (SOH), multiple system atrophy (MSA), or Parkinson’s disease. Prostaglandin E1 stimulated cAMP production in platelets was decreased in subjects with schizophrenia, hypertension, and MSA, but unchanged in subjects with affective disorders, IOH, SOH, and Parkinson’s disease, and was similar in adult female and young male controls. The activity of the enzyme adenylate cyclase was decreased in platelet lysates from schizophrenics. This decrease may be a major cause of decreased cAMP production in intact platelets from these neurons, an increased number of α-receptors may play a role in the etiology of affective illness, while both an increase in number of α-receptors and a decrease in cAMP production may play a part in the pathophysiology of schizophrenia. (21 references)—Author abstract, modified.


To study the relationship between three animal models of schizophrenia (i.e., genetically determined akinetik catatonia, stereotypes induced by amphetamine-like psychostimulators, and behavioral changes in chronic intoxication with such stimulants), the frequency of different types of reactions to a functional amphetamine analogue, methylphenidate, was studied in wild Norway rats, nonselected Wistar rats, and Wistar rats bred for a predisposition to akinetic catatonia. A positive relationship between the predisposition to catatonia and the level of stereotypies in a single methylphenidate administration was found in wild rats, but not in Wistar rats bred for catatonia—the latter differed from nonselected rats in a higher frequency of hyperactive reactions. A closer study of catatonia in laboratory rats permitted subdivision into several types, occurring in selected and nonselected rats, both naturally and as a result of chronic intoxication with amphetamines. It was found, in nonselected Wistar rats, that there is a positive relationship between some of these types and an increased stereotypy level in repeated methylphenidate administration. It is concluded that the natural akinetic catatonia and the chronic intoxication with amphetamines are two homologous varieties of the same model of schizophrenia, while the stereotypes are characteristic of this model. Studies of monoamine oxidase activity imply a cortical component in the predisposition to akinetic catatonia. (14 references)—Author abstract.


The T-lymphocyte subpopulation of the peripheral blood was studied in 25 schizophrenic patients and 21 normal donors. The reaction of lymphocytes to concanavalin-A and phytohemaglutinin, and the combined action of these two T-mitogens in the peripheral blood, were examined. Results show that the lymphocyte subpopulation capable of responding to both of these mitogens is four times less prevalent in schizophrenics than in normal
B-lymphocytes in the peripheral blood of 30 schizophrenic patients and 21 normal donors were studied using the complementary rosette method. Results show that the content of B-lymphocytes in the peripheral blood of the schizophrenic patients was greater than that in the normal subjects; the patients' lymphocyte populations had twice as many cells as normal, with increased density of immunoglobulin receptors on the superficial membrane; and the pathogenetic significance of B-cell superfcial receptors was greater in the acute period of the schizophrenic process. These results indicate that there is an increase in the functional activity of B-lymphocytes. (8 references)—Journal abstract, modified.

Platelet monoamine oxidase (MAO) activity was studied in three subpopulations of density-fractionated platelets in chronic paranoid schizophrenics. Psychopharmacology, 74(4):344-348, 1981.

The relationship between plasma concentrations of haloperidol and ratings of psychopathology was studied in 16 outpatients and 1 inpatient with diagnoses of schizophrenia in exacerbation. Doses were kept constant for 3 to 12 weeks for 15 subjects. Improvement in schizophrenic symptoms, as measured by the Brief Psychiatric Rating Scale, was significantly greater in patients who had mean haloperidol serum concentrations in the range of 8 to 18 ng/ml than in patients whose mean haloperidol serum concentration fell above or below this range. The methodological problem of noncompliance among outpatient subjects is briefly discussed. (7 references)—Author abstract, modified.

Two bodies of literature relevant to current research on biological factors in schizophrenia are reviewed. The first involves a substantial amount of early clinical psychoendocrine research reported between 1910 and 1950. This work represents a rich source of leads and guidelines on the role of hormones in the pathophysiology of schizophrenia. However, it has been neglected in recent years and has not been reexamined with modern experimental methods. The second body of literature involves more recent basic psychoendocrine research which has provided another source of guiding principles and concepts that also appear to have considerable relevance for research and schizophrenia. A general outline is presented of ways in which principles derived from these two bodies of research can be applied in innovative biological approaches to the study of schizophrenia, including the investigation of biological differences in $V_{\text{max}}$, the rate constant ($K_m$), between schizophrenics and controls, but showed that the higher platelet MAO activity reported in females compared to males is due to a significantly greater $V_{\text{max}}$ rather than altered $K_m$. It is suggested that conflicting results reported in the literature regarding platelet MAO in schizophrenia are not related to the platelet subpopulations studied, but are largely due to the selected patient population. (30 references)—Author abstract, modified.
correlates of course and outcomes of illness, biological vulnerability or risk factors, and biological differentiation of patient subgroups. Particular strategic importance is attached to the need to consider stage of illness variables in developing improved criteria for reducing the heterogeneity of schizophrenic patient populations which has probably been a confounding factor in this field of research. (32 references)—Author abstract, modified.


In a paper presented at a workshop on long-term neuroleptic treatment held in Copenhagen, September 1979, research on neurotransmitter receptors in brain in schizophrenia is reported. The binding of the dopamine agonist amino-dihydroxytetrahydrophthalene (ADTN) and of ligands for the serotonin, muscarinic cholinergic, y-aminobutyric acid, and benzodiazepine receptors was studied in 18 schizophrenic and 19 control brains. By contrast with the previously reported increase in binding of the dopamine antagonist spiperone, ADTN binding was not increased, and there was no consistent change in binding of ligands for receptors of substances other than dopamine. The findings suggest that the increase in dopamine receptors (assessed by spiperone binding) in schizophrenia is related to the disease process rather than to previous neuroleptic medication and may be limited to the type of dopamine receptors that bind butyrophenones. (23 references)


The hypothesis that nerve growth factor (NGF) activity in human serum might be related to schizophrenia is evaluated in the light of current knowledge about measurements of NGF activity and/or protein. The results of a study which were conclusive in showing a relative decrease in NGF-like activity and protein in schizophrenics when compared to sex-matched controls are presented. The finding that the depression in NGF-like biological activity is greater than that observed for NGF-like proteins would suggest that the structure of NGF molecules in schizophrenics is not unique to the schizophrenic condition. Similar suggestions have been made for familial dysautonomia and neurofibromatosis, in which fluctuations in NGF levels also have been reported. These findings argue that a better knowledge of the role of NGF in central nervous system maintenance and development coupled to precise measurements of absolute levels of circulating human NGF-like molecules is likely to provide suggestions as to organic events associated with schizophrenia. (42 references)—Author abstract, modified.


The neurobiology of psychogenic reactions is discussed. Psychogenic reaction is defined as the onset of a psychopathological disturbance resulting from an external event and coinciding with it in terms of chronology. The psychopathology is considered an exaggeration of the normal reaction. Two cases are presented where the reaction symptoms are of the schizophrenic type. The neurobiological effects of acute or chronic emotional crisis are studied. The balance of neuronal systems within the central nervous system is seen as essential to normal behavioral functioning. The tolerance limits in these systems are exceeded in psychogenic reactions, much as they are exceeded in schizophrenic cases. Dopaminergic processes and other neurotransmitter systems are described. (12 references)


Recent research connecting the human immune systems and schizophrenia is outlined. Studies that established the genetic element in the etiology of schizophrenia are reviewed briefly, and the search in the past decade for the mechanism by which the genetic error is implemented is discussed. Research in immunogenetics has included
humoral immune responses and cellular immune responses. Associations have been found among schizophrenia and both the B-blood group and a number of human leukocyte antigen (HLA) subtypes. The HLA gene complex controls inner and outer structures of cellular membranes, and a number of studies have addressed possible disturbances in permeability, receptor properties, and antigenicity conditions. A 1978 Russian study is described briefly which embraces both humoral and cellular immunity mechanisms, and which suggests that factors exist in the serum of schizophrenics that somehow change the physiological and functional state of the peripheral blood lymphocytes. (88 references)


A sensitive radioreceptor assay was used to study the relationship between serum neuroleptic concentrations and clinical response in schizophrenic patients. Neuroleptic serum level was positively correlated with drug dose and with plasma prolactin level. Neuroleptic serum concentrations were elevated in elderly patients—despite treatment with relatively low doses—but were reduced in patients treated conjointly with antiparkinsonian medication. The onset of extrapyramidal side effects was associated with relatively low serum neuroleptic concentrations, but patients with tardive dyskinesia had higher serum neuroleptic concentrations than age- and dose-matched control patients. Serum neuroleptic concentration was negatively correlated with anxiety/depression and with thought disorder cluster ratings on the Brief Psychiatric Rating Scale, but only in patients treated with neuroleptics for at least 14 days. (61 references)


Psychiatric disorder in relation to Klinefelter's syndrome is reviewed. A well-documented case report of a schizophreniform illness in a patient with Klinefelter's syndrome is presented. Klinefelter's syndrome is a genetically determined endocrinological disorder characterized by a complement of 44 autosomes with an XXY sex chromosome complex. The patients often exhibit disturbances of personality and behavior from early childhood. There is evidence of an elevated incidence of adult psychiatric disorder that includes: personality disorder, sexual disorder, and neurosis. It has been suggested that there is an association between schizophrenia and the X chromosome abnormalities. (24 references)—Author abstract, modified.


In order to test the dopamine hypothesis of schizophrenia, the neuroleptic/dopamine receptors in three dopamine-rich regions of 53 post-mortem normal human brains and 42 schizophrenic brains were measured with \(^3\)H-haloperidol and \(^3\)H-spiperone. The binding of 2 nM \(^3\)H-haloperidol was significantly elevated in the caudate nucleus and the putamen from schizophrenic brains. The binding of 1 nM \(^3\)H-spiperone was also elevated in schizophrenic caudate and in the putamen. The nucleus accumbens from schizophrenic brains revealed an enhanced binding of 110 to 115 percent. In those schizophrenic patients who had no history of being treated with neuroleptic drugs, the brain regions also exhibited significantly higher binding of the \(^3\)H-neuroleptics. The results are compatible with the hypothesis that schizophrenia may be associated with an overactivity of postsynaptic dopamine receptors. (50 references)—Author abstract, modified.


Computer tomography of the brain was carried out in 49 schizophrenic patients and 38 controls in order to study the organic characteristics of the brain in schizophrenia. Between the schizophrenic and control groups, aged 21 to 40 years, there was no marked difference in ventricular size or cortical atrophy. In the groups
aged 41 to 60 years, however, enlargement of the ventricular system and cortical atrophy were highly significant in the schizophrenic group. Positive correlation was observed (p < .05) between enlargement of the third ventricle and duration of illness. There was a high frequency of cortical atrophy in the frontal and temporal lobes in the schizophrenic group. (22 references)—Author abstract.


Electrodermal activity was measured bilaterally at rest and during stimulation in 22 schizophrenic patients, 11 depressed patients, 12 anxiety-state patients, and 32 normal volunteers. No group showed a distinctive pattern of lateral asymmetry. The frequency of spontaneous fluctuations in electrodermal activity was greater in the anxiety-state and schizophrenic groups and in those patients who reported auditory hallucinations during recording. Few schizophrenic subjects failed to respond to visual stimulation, but a substantial minority failed to habituate. The results and those of previous studies are discussed with regard to the problems involved in comparing schizophrenics who are acute and unmedicated with those who are chronic and on long-term medication. (67 references)—Author abstract, modified.

Case Studies


A case of intraclass antipsychotic nonresponsiveness is discussed. A 50-year-old female chronic schizophrenic was admitted to a hospital following a relapse of her psychosis. She had previously responded well to treatment with trifluoperazine; but because of her history of medication noncompliance, a trial of fluphenazine enanthate was instituted. Despite the close chemical similarity between trifluoperazine and fluphenazine, the patient failed to respond to the latter in either its oral or depot intramuscular form. Although it is not unusual for a patient to respond to one antipsychotic and not to another, this case of intraclass nonresponsiveness is considered rare and is not readily explained. (10 references)—Journal abstract, modified.


A schizophrenic patient is described whose whispers were increased to an intelligible level by the use of auditory feedback during what were suspected to be, on the basis of clinical observations, auditory hallucinations. Although auditory hallucinations in schizophrenic patients are usually thought to be private events, several early writers observed vocalizations concurrent with hallucinations. The content of such voices corresponded to what the voices were reported to have said. Implications for self-control of hallucinations and for neurological theories of verbal hallucinations are discussed. (20 references)—Author abstract, modified.

Cross-Cultural Studies


Schizophrenia as a chronic illness is discussed. The cause of schizophrenia is still unknown. Some studies suggest the operation of genetic factors in its causation. Developmental and psychophysiological studies indicate that because of basic deficits in ego functioning, schizophrenic persons are unable to handle their personal conflicts and to cope with their environment. Sociological studies have linked schizophrenia with urbanization, industrialization, migration, acculturation, and economic changes or crisis. There may be more than 2 million new cases of schizophrenia in the world every year and the total world schizophrenic population now numbers close to 10 million. The maximum cases occur in males between the ages of 15 and 24 and in females between the ages of 35 and 44. Single persons suffer significantly more than married people. Types of schizophrenia include: paranoid type, catatonic type, hebephrenic, and simple type. The World Health Organization's International Pilot Study of Schizophrenia is discussed. Results indicate that culture has an important effect on the course and outcome of schizophrenia. The more acute the onset of an attack, the better the chances for a good remission or complete recovery. The younger a patient is at the onset, the
worse is the prognosis. Suitable and timely treatment should be provided to a schizophrenic patient lest the illness become chronic.


A general outline of underlying concepts, design, and instrumentation of a World Health Organization (WHO) collaborative study on impairments and disabilities associated with schizophrenic disorders is presented. It is contended that rational selection of effective approaches to disability prevention and reduction is hampered by the absence of: (1) agreed concepts and criteria of psychiatric impairments and disabilities; (2) standardized methods for assessment; and (3) knowledge about the predictors and precursors of specific impairments and disabilities in patients suffering from mental disorders. In the first phase of the WHO study, instruments for the assessment of psychological impairments and specific disabilities in patients suffering from schizophrenic psychoses have been drafted. In the second phase, the instruments have been applied to assess series of 70 patients each selected in seven catchment areas on the basis of specified screening criteria. In the third phase, followup examinations are scheduled at 1- and 2-year intervals. (17 references)—Author abstract.


The Wechsler Adult Intelligence Scale (WAIS) was used to study a sample of patients with affective disorder (n = 52), schizophrenia (n = 17), and organic brain disease (n = 8). Schizophrenic patients had lower verbal, performance, and fullscale intelligence quotients than patients with affective disorder, but were no different from those with organic brain disease. An individual WAIS subscale analysis shows that, compared with those with affective disorder, schizophrenic subjects had relatively poorer performance in language than nonlanguage tasks. These differences were independent of age, sex, handedness, educational levels, or drug administration, and are consistent with a variety of studies demonstrating significant cerebral dysfunction in carefully diagnosed schizophrenic patients. (18 references)—Author abstract.


A case history and psychodynamic interpretation of Joseph Kallinger, a paranoid schizophrenic who committed three murders and planned to massacre mankind, is presented. Kallinger's background, crimes, arrest, and incarceration are detailed based on interviews with the subject and his family, neighbors, victims, lawyers, and hospital and prison personnel; and summaries of two psychiatric examinations of Kallinger are provided. (17 references)


The applicability of two disease models to manic-depressive illness is discussed. It is contended that research and therapy in mania have usually been based on a concept of mania as a pathologic process that defines a disease entity, and that considerable effort is expended at clinical meetings focusing on whether a particular patient is a manic-depressive or a schizophrenic patient. The anemia model emphasizes that different anemic illnesses have overlapping symptomatology, but different underlying pathogenesis and prognosis, and its application to the problem of mania suggests that mania and schizophrenia are separate disease entities. The second model is that of the collagen vascular or rheumatoid illnesses which offers a gradient in symptomatology, with a gradient in prognosis, treatment response, and genetic factors such that the diseases form a symptom cluster. It is argued that the ambiguity of both models must be tolerated in current research, since both have implications for studies of
lithium therapy and neuroleptic drug therapy in schizoaffective disorders. Further research is recommended to investigate the biochemical etiologies of the psychoses and biochemical genetic markers for psychoses. (31 references)


Certain aspects of social class, social mobility, immigration, education, and language in a group of schizophrenics were studied. The subjects were first admitted and diagnosed in 1963 and were followed up 14 years later. Results indicate that most schizophrenics come from a lower social class, do not tend to drift from a higher social class to a lower one before the onset of the illness, and come from lower-class families. Subjects often work in lower-grade occupations than their fathers. More subjects live in urban areas, although a number were originally from rural areas. In general, immigrants were not overrepresented, but certain groups of immigrants were. The profile of the high-risk immigrant is: single, recently arrived from Eastern Europe, not English-speaking, poorly educated, and of a lower grade occupation than his father. (27 references)—Author abstract, modified.


The notion that nostalgia and potential for regression are related and would differentiate reactive schizophrenics from process schizophrenics was examined. It was predicted that more reactive than process schizophrenics would tell nostalgic stories on the Thematic Apperception Test (TAT) and would evaluate autistic Rorschach percepts positively and realistic Rorschach percepts negatively. The TAT and Rorschach responses of 36 reactive schizophrenics and 18 process schizophrenics were compared. The results are consistent with the hypothesized relationships between nostalgia, regression, and the process/reactive dichotomy.—Journal abstract, modified.


The hypothesis that chronic schizophrenics may be biologically resistant to lung cancer was examined by testing for a lower incidence of lung cancer among chronic schizophrenics. The number of lung cancer deaths was compared in schizophrenic and nonschizophrenic males, and exposure of individual lung cancer victims to occupational hazards and moderate to heavy smoking was investigated. Data were secured from medical records of two Veterans Administration medical centers. No statistically significant differences were found between the subject and control groups in incidence of lung cancer or cancer of all types. Data on the relationship between subject and high-risk variables were inconclusive. It is suggested that the method of diagnosing and reporting deaths in some psychiatric hospitals may have contributed to a belief in a lower cancer rate among schizophrenics.—Journal abstract, modified.

6266. Denicola, J.A.; Stone, A.; and Anker, J. (Psychology Service (116 B), Palo Alto VA Medical Center, 3801 Miranda Avenue, Palo Alto, CA 94306) Acquisition of living skills by chronic patients as a function type of reinforcement. Psychological Reports, 49(1):239–245, 1981.

The impact of praise and censure contingencies in a simulated job interview was examined. It is noted that current skills training programs designed to enhance appropriate social behavior of schizophrenics almost exclusively employ positive social reinforcement. Previous research has demonstrated that mildly aversive consequences influence schizophrenic patients more than positive social reinforcement. It was found that observing a model receive censure for inappropriate behavior, and not praise, produced gains in performance for chronic psychiatric inpatients, 22 men and 18 women. It is suggested that praise combined with censure may be the most efficient method for training these patients. (15 references)—Author abstract, modified.


The tolerance of mentally ill patients by the mentally normal is discussed. It has been observed that relatively few mental patients admitted to hospitals manifest assaultive behavior toward their environment. Indeed, they seem to adapt to mental
hospital conditions more easily than do general hospital patients. Schizophrenic patients who engage in bizarre symbolic/magic creativity which awakens disapproval rather than interest in their environment often behave in a way that in mentally normal subjects would be described as tolerant. It is suggested that the tolerance manifested for the healthy by the mentally ill—particularly by schizophrenics—should not be interpreted as caused mainly by affective disorders, but rather as a peculiar attitude of these patients toward the world.—Journal abstract, modified.


Patients conforming to the Feighner criteria for schizophrenia were traced 5 to 9 years after hospitalization. They were assessed in terms of mental state and cognitive, behavioral, and neurological functioning, and the results of these assessments were related to information obtained from case notes. The findings of this study of 120 discharged patients were compared with those of an earlier study of 510 inpatients with schizophrenia. When factors of age and duration of illness were taken into account, there was no difference between the two groups in terms of positive or negative schizophrenic features of behavioral performance, although the inpatients performed less well on cognitive tests. This study indicates that the deficits of schizophrenia are an integral feature of the disease process, and that any effects of institutionalization are relatively small. (24 references)—Author abstract.


Indices of the fertility and sexual behavior of 1,113 females with schizophrenia and of 275 female patients with chronic alcoholism were studied. All the subjects were of fertile age. Correlation of these indices with similar indices in normal females show that the level of reproducitivy of schizophrenic females is lower than that of normal females and chronic alcoholic females. The feasibility of using hygienic measures in marital and extramarital sexual relations of patients with schizophrenia and chronic alcoholism is discussed. (9 references)—Journal abstract, modified.


Drawings of encephalopods produced by a schizophrenic patient are analyzed. These drawings are compared with those of other patients, as well as with encephalopod figures known from the history of art and culture. It is argued that the comparison will enable a better understanding of the subject known in schizophrenic patients as the regression phenomenon, which until recently has not been well interpreted. (34 references)—Journal abstract, modified.


Direct interaction patterns were compared between families high in communication deviance (CD) and families with offspring diagnosed as schizophrenic. Three parameters are examined: (1) focus of communication; (2) role structure; and (3) nonverbal affective attitude. The data base was a 5-minute face-to-face videotaped interaction between parents and their disturbed, nonpsychotic adolescents in 47 families. Only families with high CD parents failed to focus communication on the discussion topic and to share topic-related feelings. High CD families were more likely to exhibit role structures in which the mother was active, either alone or in combination with the father. Low CD families were characterized by father activity. High CD parents showed avoidance and rigidity in their nonverbal affective attitude to the child; low CD parents were nonavoidant and relaxed. The relationships among the measures of CD, type of adolescent symptomatology, interactive measures, and risk for schizophrenia are discussed. (17 references)—Author abstract, modified.

6272. Livesay, J.R. (Mental Health Services Center, 208 Tazewell Street,
The hypothesis that thought-disordered schizophrenics are more inconsistent in their judgment of significant others according to psychological or affective dimensions than nonthought-disordered individuals is examined. Thirteen thought-disordered schizophrenic and 13 nonthought-disordered psychiatric outpatients were administered the Interpersonal Judgment Scale on a test/retest basis to attain an index of interpersonal judgment consistency. Results show that the schizophrenic subjects were significantly less consistent in their assignment of ratings on the Interpersonal Judgment Scale retest than the nonschizophrenic subjects. The relationship between inconsistent interpersonal judgment and the clinical concept of loosened construing is discussed. (10 references)—Author abstract, modified.

Clinical aspects of the initial manifestations of slowly progressing schizophrenia were studied in 200 patients. The initial psychopathological disturbances appeared in most cases before age 20, while distinct progress of the disease appeared only between age 30 and age 50. In 35.1% of the subjects, the initial disorders were autochthonous, while in 68.6% percent they were provoked mainly by psychogenic and environmental factors. The autochthonous and provoked initial disturbances were represented by affective and obsessive/phobic disorders which could be detected long before the appearance of the clinical manifestations of the process. Clinical aspects of the initial disorders, their time course, and the relation to the symptoms of subsequent, more advanced stages of the disease are analyzed. (18 references)—Journal abstract, modified.

The clinical course of the late stages of slowly progressive schizophrenia was studied for several years in 190 patients, ages 60 to 89, and in 158 patients of the same age with remissions of more than 20 years. Results show that in old age there is a tendency toward alleviation of most productive symptoms, a certain enlivening of the emotional and volitional sphere, and exaggeration of the signs of personality disturbances. These results also show that some of the subjects had a prevalence of intellectual and volitional impairments (prognostically less favorable), and that others had a prevalence of affective changes (prognostically more favorable). Comparative results of the study of the time course of personality postprocess changes in 158 ambulatory patients of the same age also are discussed. (10 references)—Journal abstract, modified.

Some variants of process stabilization in the last stages of malignant schizophrenia were studied in 94 patients suffering from the disease for 20 years and longer who showed signs of process stabilization. Results show that 76 of the subjects exhibited residual positive disturbances—isolated, gradually subsiding hallucinatory manifestations unaccompanied by any delusional interpretations. In the remaining 18 subjects, the clinical picture was characterized by personality changes reflecting...
either monotonous activity or apathetic debility. These results indicate the prolonged absence of positive disturbances and exacerbations in the subjects, and they suggest that the morbid process had become stabilized. This type of schizophrenic outcome is observed relatively infrequently. (22 references)—Journal abstract, modified.


The patterns of self-reported symptoms in 103 chronic psychiatric patients were examined using the Delusions-Symptoms-Sign Inventory. The subjects were all those able to cooperate, drawn from the total population of psychiatric patients in Leicestershire, who had been in continuous inpatient or day patient care for over 1 year. Of the 103 patients, 88 had received a diagnosis of schizophrenia. A majority reported dysthymic symptoms and some sort of delusions. Three-quarters produced patterns of response predicted by the hierarchy hypothesis of Foulds. (6 references)—Author abstract, modified.


Naturalistic observations were conducted on 19 acutely ill psychiatric patients in the hospital ward milieu. Patients were observed on an individual basis with time-sampling techniques. In total, 16 pathological behaviors were coded and the most frequent—postural deviance, pace, agitation, hyperactivity, withdrawal, foot shake/body sway, leg swing—were selected in order to determine variation in frequency of these behaviors as a function of the following variables: area within hospital, week of hospitalization, distance between the focal subject and his nearest neighbor, number of people in an area, and time of day. Results showed differential changes in pathological behavior as a function of week of hospitalization, number of people in a given area, and distance from the focal subject’s nearest neighbor. There was no significant change in the frequency of pathological behaviors as a function of area within hospital or time of day. Most pathological behaviors decreased significantly when patients were engaged in the sending or receiving of verbal behavior. Cluster analyses revealed varying degrees of dissociation between pathological behaviors and social interaction behaviors. (28 references)—Author abstract, modified.


The efficacy of the Self-Consciousness Scale in differentiating short- and long-term schizophrenics from sociopaths and psychiatric aides was assessed. Three groups of 10 state hospital residents were selected on the basis of evidence of schizophrenia or antisocial personality using both interview and psychometric measures. A comparison group of 10 randomly chosen psychiatric aides was included. Although no significant differential group effects were noted, all groups scored in the upper half of the scale’s range. The potential lack of sensitivity of this scale at its upper limits, the relationship of self-consciousness to disordered behavior, and the comparison of obtained scores with college norms are discussed. (7 references)—Author abstract.


Objectively defined, publicly observable behaviors were time sampled for hospitalized psychiatric patients and normal controls in three distinct environmental contexts: lunch time, free time, and gym time. The behaviors sampled included body activity, extremity activity, proximity, social interactions, participation, visual scanning, laughing/smiling, and idiosyncratic behavior. Patient behaviors were recorded during both a drug-free baseline period and a subsequent medication period. The data suggest that consistent and reliable differences between patients and normals in most behaviors can be observed and that environmental context is an important determinant of these differences. Results are discussed in terms of their implications for assessment procedures and treatment decisions. (42 references)—Author abstract.

6281. Sverdlow, L.S. (Leningradsky naucho-issledovatel’skly psikhone-
The development of therapeutic remissions was studied in 42 patients with acute schizophrenic episodes who were undergoing psychopharmacological treatment. There were two types of therapeutic remission—critical and lytic—each having harmonious and dysharmonious variants. These results show that the process of the formation of a therapeutic remission in the harmonious variant of lytic remission has a regular sequence of stages involving polymorphic disturbances, with eventual destruction and transformation of the disturbances at the neurotic level. The characteristics of each stage of the remission depend on the level of the patient's self-awareness. The role played by neuroses and psychological defense mechanisms in the formation of therapeutic remission in patients experiencing acute schizophrenic episodes is discussed. (24 references)—Journal abstract, modified.


The use of verbal and nonverbal channels of communication and the relationship between these channels were investigated with 10 schizophrenics, 10 alcoholics, 10 neurotics, and 10 controls, all males. Fifty judges were presented with taped subject interviews in one of five modes: full channel, video only, audio only, filtered audio, or transcript. Judges rated subjects on a variety of communicative behaviors. No differences were found between groups in interchannel congruence. Neurotics and controls were rated significantly higher in modes with verbal content than in nonverbal modes. All subjects except alcoholics rated themselves similarly to the way the judges rated them. The results do not support the contention that psychiatric subgroups can be distinguished from each other on the basis of amount of congruence between verbal and nonverbal modes of expression. However, neurotics and controls were more similar to each other than to alcoholics or psychotics in verbal expression.—Journal abstract, modified.


This study in abstract form analyzed 126 paintings and drawings by schizophrenic patients who were divided into 2 groups—professional artists (12 patients) and amateur painters (19, including 8 juveniles). The professional and artistic activity of the two groups and the subject and form of their artistic expression were compared. Psychiatric analysis focused on the histories of the patients, their actual mental state, and the effect of the illness leading to the suppression of artistic creativity of the professional painters, or the awakening of the creativity of amateurs. Analysis from the artistic point of view focused on the number of works created during the course of the illness, the means of expression used by the patients, pathographization and pathologization, the artistic value of their works, and ultimately their similarity to the works of art of known artists and primitive art. It was found that deep pathologization is only rarely found in the works of either of the two groups. In the final stage of their artistic creativity, schizophrenic professional artists often produce symbolic or pathological self-portraits. Pathograms found in the paintings or drawings by schizophrenic children are often forerunners of other morbid symptoms and may therefore serve as warning signals. It is suggested that art therapy conducted in an outpatient clinic is of diagnostic and prognostic value and contributes to a better rapport between patients and therapists. (20 references)—Journal abstract, modified.


Ages of first hospitalization were compared among 64 Veterans Administration (VA) hospital male, 60 state hospital male, and 60 state hospital female schizophrenic patients. Those who were diagnosed as paranoid were found to be approximately 8 years older than the nonparanoid patients on age of first admission. In both diagnostic categories men were hospitalized about 5 years earlier than women. An analysis of the relation between work status and diagnosis for the female groups revealed that working women with a diagnosis of paranoia were hospitalized approximately 10 years later than the paranoid women.
who remained at home and the nonparanoid women of either employment status. State hospital males were younger on first admission than VA hospital males. The ages of the two diagnostic groups in the VA were comparable, whereas in the state hospital the nonparanoid group was younger than the paranoid group by about 8 years. Possible explanations for these findings are discussed, particularly in terms of the role of the individual's developmental level in premorbid functioning, diagnosis, and course of psychiatric illness. The need to pay greater attention to the differences between schizophrenic males and females and to scrutinize more closely differences between state and VA hospital patients is emphasized. (48 references)—Author abstract.

Diagnosis


Issues of diagnosis, family, and followup studies of manic psychosis are addressed, and it is emphasized that a useful diagnosis allows prediction of short- and long-term outcome, including response to various treatment interventions. Two models of mania, one which views it as an independent disease and the other as part of a continuum including schizophrenia, are identified, along with variables which affect their diagnostic reliability. Followup studies of patients with both affective and schizophrenic symptoms are also cited to illustrate the nosological confusion which still persists. The lack of diagnostic stability of the two models is also addressed, along with data from family history studies which strongly suggest an association with affective disorder rather than with schizophrenia. It is concluded that there is inadequate support for either the continuum or the discrete entity concept, but that cases for the existence of a third psychosis are also problematic. These cases include proposed diagnoses of cycloid psychoses and atypical schizophrenia; the category of undiagnosed disorders is seen as equally inadequate. (56 references)


A study designed to see if the Hand Test could successfully sort out schizophrenics into aggressive and nonaggressive groups is presented. Patients were schizophrenics hospitalized in the adult psychiatric unit of a county hospital. The criteria for inclusion in the aggressive or nonaggressive groups were based on the clinical case history. Placement into groups on the basis of the Hand Test was not significantly different from chance. It is concluded that the Hand Test is not ready to be used along with the Rorschach and other projective techniques in the clinical battery. (4 references)


The records of 1,015 schizophrenic patients receiving treatment in two large psychiatric hospitals were studied to identify the factors which are responsible for the erroneous diagnosis of simple schizophrenia and for the rather widespread classification of simple schizophrenia as a form of psychosis. After analysis of the clinical material and the diagnoses, the following criteria for a diagnosis of simple schizophrenia were established: decrease in general activity and initiative, gradual loss of interests, autism, withdrawal from contacts with the environment, thinking disorders, specific disorders of affect, and inability to consider oneself mentally ill. These criteria were used to isolate four patient groups. It was found that the pattern of the illness had remained unchanged for 5 to 10 years only in three of the 17 patients in whom a diagnosis of simple schizophrenia had been made. In the light of these studies, simple schizophrenia has been proven to be a very rare clinical form of schizophrenia (1.7 percent of the material investigated), for the most part constituting merely a stage in the development of other forms of schizophrenic psychosis. It was also found that patients with the diagnosis of simple schizophrenia showed little sensitivity to biological therapy, and their prognosis was usually unfavorable. (26 references) —Journal abstract, modified.

The Schedule of Affective Disorders and Schizophrenia (SADS) is described, including its potential applicability to insanity evaluations. A small sample of evaluations (28) is examined with significant differences observed between sane and insane groups on overall psychopathology, delusions, and hallucinations. Hallucinations and delusions contributed most to differences between sane and insane groups. The relative infrequency of affective disorders in evaluations of criminal responsibility is noted. The results suggest that SADS is potentially useful in differentiating sane and insane patients on severity of overall psychopathology and in specific areas of hallucinations and delusions. (10 references)—Author abstract, modified.


The possibility of using cohesion analyses of disordered speech in clinical diagnosis was investigated. Transcripts of 12 patients showing disordered speech were presented to nine psychiatrists who were asked to make a forced diagnostic choice between mania and schizophrenia and to indicate their level of confidence in the choice. In a second trial, the psychiatrists were given some instruction in the characteristics of disordered speech to look for in the text. Correct choices for mania and schizophrenia were 63 percent and 46 percent, respectively, on the first trial and 81 percent and 46 percent, respectively, on the second trial. Although correct mania choices increased significantly, there was no corresponding increase in confidence level. (9 references)—Author abstract, modified.

Epidemiology


The characteristics of schizophrenia were studied comparatively from a clinical and demographic point of view in 1,438 patients living in urban and rural areas in the Ukraine. Certain forms of schizophrenia were encountered more frequently in urban areas, while other forms were more prevalent in rural areas, apparently because of problems of health-care delivery. Results show that the urban and rural groups did not differ substantially in age at the onset of the disease and were similar in the distribution of the disease onset age in regard to sex and the disease pattern—earlier onset of the disease in males, and prevalence of early onset of the slowly progressive and malignant forms. The implications for psychiatric services in Soviet towns and rural districts are discussed. (23 references)—Journal abstract, modified.


Clinical data are reported from a psychiatric service on 41 native Canadian patients, mainly Cree Indians. Alcoholism is rarely found as the primary diagnosis, but 37 percent used alcohol to excess. Reasons are given for the belief that schizophrenia has been overdiagnosed in native populations in the past. The patients usually hold their parents in high regard despite often reporting that they were alcoholic. Tentative inquiries into feelings about their native identity show that only 5 percent of the patients indicate a preference for another identity, but this figure is considered to give a minimum estimate of the possible dissatisfaction with being native in Canada today. (11 references)—Author abstract, modified.

The Family


Measures of parental affective style of communication, based on direct family discussions, were obtained for a sample of 52 families of disturbed but nonpsychotic adolescents. When the variations of both parents on the measure for two different measurement contexts were combined, an accurate prediction of subsequent psychiatric status at followup occurred. Adolescents with at least one parent who consistently
displayed a pathological affective style of communication in both a dyadic and triadic discussion developed schizophrenia spectrum disorders as young adults. Conversely, adolescents with at least one parent who was consistently benign in affective style had healthier outcomes. Finally, more serious young adult psychopathology was noted where both parents were inconsistent in their affective style from dyadic to triadic interaction. Methodological implications for family interaction research are discussed. (19 references)—Author abstract.


A family behavioral pattern is described in which relatives of schizophrenic patients were excessively involved in persuading the patients to take part in a research study of the effects of hemodialysis on schizophrenia. Informed consent and careful diagnostic assessment were particularly emphasized during subject selection because of the controversial and invasive nature of the research. It was noted that of 27 patient referrals meeting diagnostic criteria for schizophrenia only one contact was initiated by the patient. The rest were initiated by family members. In more than half of the family-initiated contacts, relatives attempted to become excessively involved in the patient's decision-making. Such a pattern of family control that discounts the patient's wishes in the decision-making process is consistent with previous reports of family members compromising the autonomy of schizophrenic patients and is also relevant to the process of scapegoating within families. It is recommended that researchers testing earlier claims that may have stimulated premature hopes of improvement take special caution in selecting subjects. (13 references)—Author abstract, modified.


The conceptual framework of family studies is examined, the contributions of various areas of science in this field are analyzed, and structuralist methods and general systems theory are discussed. It is important to view mental illness as an expression of the pathological interchange of the familial system. The psychosocial dynamics of the family can be evaluated on the basis of two concepts: the psychological identity of its members and the stability of their behavior. Familial structures with healthy interaction can be differentiated from those without this interaction on the basis of four areas: type of conflict, dominance, affection, and communication. Recent attention has focused on the interpersonal familial relationships in a family in which one of the members is schizophrenic, although there is no clear cause and effect relationship. Most studies have focused on the influence of mothers on schizophrenics. An etiological model of schizophrenia is presented which takes into account genetic and environmental factors. (37 references)—Journal abstract, modified.


Parents of schizophrenics were compared with parents of nonschizophrenic hospitalized patients and parents of normals on the degree of symbiotic enmeshment and confirmation of individuality in the parental relationship. Symbiosis was divided into six component variables: differentiation, dependency, intervention, disapproval of other relationships, separation difficulty, and injunctions. Confirmation was bifurcated into acknowledgment and accommodation. Projective tests and interviews were used to measure both variables. The results suggest that mothers of schizophrenics tend to be symbiotically attached to their husbands and to view their husbands as forming the same type of attachment to them. Fathers of schizophrenics do not tend to be symbiotically involved with their wives, but fail to confirm this attitude. The implications of the results for the family system of the schizophrenic patient are discussed. (13 references)—Author abstract modified.


The organization and evolution of educational support groups for the families and friends of schizophrenic patients are outlined. The organization involves three phases of expanding services to this target
population. It has been found that relatives experience stage-specific reactions to the fact of schizophrenia in the family; topic areas for discussion tend to be the same in different groups; as total attendance grows, individual attendance rate drops; the groups tend to evolve into self-led committees; and the maximum benefit from the groups, as reported by the participants, is the opportunity to share common, painful experiences. Future goals lie in the encouragement of family-run community organizations for schizophrenia and the clarification of the role of families in the development and course of the illness. (28 references)—Author abstract, modified.

Genetics


Family, dual mating, and twin studies relevant to the differential diagnosis of mania as an affective or schizophrenic disorder are reviewed. These studies suggest involvement of a genetic component, but do not indicate how it is involved and what is actually inherited. It is suggested that whatever is genetically transmitted, it is one entity in schizophrenia and another in affective psychosis. Two Danish twin pair studies are appended as possible examples of mania and schizophrenia in a single monozygotic twinship, but these are not considered typical cases of the variant illnesses. It is concluded that the schizoaffective psychosis presents a special diagnostic problem and that existing evidence indicates that this syndrome may cover at least three different disease entities with varying etiologic factors. (31 references)


The dichotomy of functional psychoses into schizophrenia and affective disorders was investigated from a genetic standpoint using data from 269 index cases and 1,577 first-degree relatives. Family genetic data confirmed the dichotomy. The classical schizophrenic subtypes exhibited a significant tendency toward homotypia among their secondary cases. The genetic evidence did not support the monopolar/bipolar subdivision of affective disorder. Schizoaffective disorders impinged on the clearcut schizophrenic and affective psychotic disorders, and there was no homotypic tendency among the relatives of index cases with this diagnosis. (18 references)—Author abstract, modified.

High-Risk Studies


The 1962 Copenhagen high-risk study suggested that specific autonomic variables might be useful in early detection of schizophrenia; these variables were used in a population assessment of 1,800 3-year-old children. Autonomically defined high-risk children were identified and were placed in specially established nursery schools. The chief effect of the nursery school
on the autonomically deviant children was to increase their engagement in positive social interactions. The data show that: (1) the psychophysiological selection criteria are correlated with specific characteristic behaviors before the influence of the nursery school; (2) the nursery school experience affects the social and play behavior of the children; and (3) the nursery school affects behavior in the children differentially as a function of the psychophysiological characteristics used in selection.


The results of a research study which combined prospective longitudinal interventive methods in a 15-year followup of children with schizophrenic mothers are presented. The presence of schizophrenia in high-risk women is related negatively to the age of onset of their mothers' illness. The factors of early parental separation, autonomic nervous system (ANS) recovery and responsiveness, and perinatal complications did not relate significantly to the development of schizophrenia in the high-risk boys. Perinatal complications in male high-risk children relate to their later development of schizophrenia. This apparently occurs because the perinatal complications seem to produce ANS fast recovery/responsiveness effects in the high-risk children. In high-risk boys, the ANS deviance is reliably related to the later development of schizophrenia. The data suggest that the form which schizophrenia takes in men and women may be different along the withdrawal/activity dimension. These differences may be related to the hypothesized role of ANS factors in the learning of avoidance/withdrawal.—Author abstract, modified.


Longitudinal data on 207 Danish children of schizophrenic mothers considered at high risk for schizophrenia were examined to assess the direct and indirect effects of parental absence and institutionalization on the development of schizophrenic symptomatology. Information on the amount of parental absence and institutional childcare during years 1–10 was collected in 1962. A psychiatric evaluation, consisting of a standardized interview and two questionnaires (Present State Examination, Current and Past Psychopathology Scales), was administered to the subjects in 1972. Factors were constructed relating to eight clinical syndromes as the dependent variables. The analyses show both direct effects of parental absence and indirect effects mediated by institutionalization. For males, the absence of a schizophrenic mother was related to decreased symptomatology, but only when it did not result in institutionalization. Institutionalization was related to increased symptoms in males but not females. These results are discussed in light of previous research, and explanations are offered for the differential effects by sex. (67 references)—Author abstract.

Historical


The history of the term graft schizophrenia or graft psychosis is discussed. The word was first used by Kraepelin in 1896 in connection with his prognosis of idiocy, and later in 1899 and 1904 in connection with hebephrenia and dementia praecox, respectively. A difference was made by Kraepelin between idiots and their tendency to make catatonic movements, and imbeciles with their marked mental retardation combined with retrogressive mental development. It was his desire to classify the huge amount of psychiatric disorders into a limited number of disease units. His still valuable triadic system of psychiatry is representative of the platonic-orientated rational tradition. A dubious citation appeared in a psychiatric textbook in 1916, which led to the use of the word graft schizophrenia to designate a combination of imbecility and schizophrenia. Subsequently, the term was used for various uncertain psychotic states. Examples from the
literature are given; it is pointed out that there is hardly a comment on graft schizophrenia which has not been contradicted. It is concluded that genuine child psychiatry, which borrows its nosological ideas partly from the world of adults, should not regress but should concentrate on the psychodynamic dimensions of diseases. (20 references)

Prognosis


The outcomes of 51 episodes of psychiatric illness in 47 women were examined. Results indicate that outcome is related to earlier features of the illness and to personal and historical features. Social impairment and continuing psychopathology exist in many cases. The only factor which significantly related to poor outcome was an initial diagnosis of schizophrenia. Findings indicate that puerperal psychiatric illness may be very serious and is often associated with lasting impairment of function. (22 references)—Author abstract, modified.


In a paper presented at a workshop on long-term neuroleptic treatment held in Copenhagen in September 1979, the literature concerning the need for continuing treatment of schizophrenia is reviewed. The purpose is to elucidate the prognosis for patients with schizophrenia and to determine how many patients will be chronically hospitalized and how many will make a social recovery. Results show that about 10 percent to 15 percent of schizophrenic patients are still hospitalized 5 to 15 years after onset, and more than 50 percent show some psychopathology and are still unable to work. It is suggested that the possibility of a permanent recovery from schizophrenia is probably greater today than it was half a century ago, when 50 percent to 60 percent of these patients were chronically hospitalized. Difficulty in making comparisons between countries and over time due to differences and changes in diagnostic criteria is noted. It is concluded that schizophrenia is, in some patients, a chronic disease, and that the risk of being permanently incapacitated in some way—unable to work—is still 50 percent or more. (25 references)

Psychological Theory


To investigate formal thought disorder in schizophrenia, tendencies toward asociality and disorganization of cognition and affect were examined in a sample of thought-disordered and nonthought-disordered schizophrenic patients and matched normals. A constructs version rating form of the repertory grid test was used in conjunction with rating scales which elicited subjects’ affective evaluations of the constructs and figures. The Twenty Statements Test and Spielberger’s State Anxiety Scale measured social content of subjects’ self-conception and level of anxiety. Nurses assessed patients’ level of social interest on the wards. Results show that thought-disordered schizophrenics manifested a relative lack of balance in the cognitive organization of affect in their personal constructions systems, accompanied by little or no felt tension or anxiety. Partial support was given to the hypothesis that thought-disordered schizophrenics would show evidence of a lack of social anchorage in their conceptions of self and asociality in the form of social withdrawal in their behavior. It is suggested that the development of schizophrenic thought disorder and its stabilization over time involves a complex interaction of cognitive, affective, and behavioral components.—Journal abstract, modified.


The psychotic thought process observed in schizophrenic patients is discussed, and it is hypothesized that the disappearance of an idea—blocking—is due to the occurrence of deideation and that this phenomenon results from the explosion of the patient’s idea. The explosion is seen as caused by the action of a great amount of hostility in these patients. It is contended that this affect, always present in the therapeutic relationship, is at times exacerbated and acts as a detonator to presentations brought to the patient’s consciousness during
therapy. Drugs do not alleviate this syndrome easily and the condition of the patient is termed psychotic conversion. A clinical vignette from an ongoing intensive psychotherapy with a young schizophrenic is included to illustrate these phenomena, and implications for understanding the behavior and treatment of severe psychotics are discussed. (12 references)—Author abstract, modified.


Delusions in schizophrenia are discussed as the cognitive result of the primary delusional experience. The schizophrenic patient's vulnerability to the genesis and persistence of delusions resides in his extremely low tolerance for uncertainty and ambiguities. His identity dysphoria, social isolation, controlling assumptions trapping him in a close dyadic and symbiotic relationship, and inability to metathink render his need to know inexorable when the transitional event triggers perceptual distortions and an agonizing perplexity. Knowing precedes thinking in the primary delusional experience, and reestablishes a cognitive equilibrium in which thinking becomes the handmaiden of the delusional knowing. Implications for therapy are described. In view of the above, schizophrenia may be more accurately described as a knowing disorder rather than as a thinking disorder. (12 references)—Author abstract, modified.

6309. Kimura, B. (Dept. of Psychiatry, Nagoya City University School of Medicine, Nagoya-Mizuho, Japan) Phenomenology of the inbetween—On the basic disturbance in schizophrenia. Zeitschrift fur Klinische Psychologie und Psychotherapie, 28(1):34-42, 1980.

The theories and importance of psychiatric phenomenology in schizophrenia are discussed. There is a principal difference between phenomenology as a philosophy and phenomenology within the framework of psychiatry. According to Binswanger and Minkowski, it is the emotional diagnosis and experiences gained intuitively with schizophrenic subjects that will get at the root of the basic disorder. The praecox feeling described by Rumke is one of emptiness that hinders every approach used by the therapist. The question whether the therapist feels this phenomenon alone or whether it is felt by the patient also is considered. In Japanese culture and language, subtle nuances of nonverbal communication and interaction as a modification of cosmic atmospheric elements are called Ki. Ki is the place where people find themselves, in which they assert themselves, and in which they come back to life condensed in their subjectivity. The case is reported of a 21-year-old schizophrenic Japanese girl who experienced Ki as a silence, or curtailment of atmospheric exchange, resulting in uncomfortable feelings or anxiety. It is concluded that Ki, or the “in-between”—the self and transcendence—are interchangeable words in the phenomenology of schizophrenia. (11 references)—Journal abstract, modified.


The ameliorative effects of stimulating symbiotic fantasies on manifest psychopathology were investigated in 54 adult male schizophrenic patients, seen individually for three experimental sessions. In each session, exposure to a neutral subliminal stimulus was followed by baseline assessment of thought disorder and behavioral pathology. This was followed by exposure to a neutral control stimulus, a symbiotic stimulus (“mommy and I are one”), and a stimulus designed to test the specificity of the oneness fantasy in producing symptomatic improvement (“mommy and I are two”). Each subject was exposed to the three critical stimuli in counterbalanced order and postexposure assessments were conducted after each one. Subliminal symbiotic exposure produced improvement on one measure of pathology, replicating previous findings; the “mommy and I are two” stimulus led to pathology reduction on both measures, and proved significantly more ameliorative than the oneness stimulus. Associations obtained from subjects on a post hoc basis, the relationship between responses of individual subjects to the two stimuli, and the way in which order of presentation of stimuli affect results support the view that the twoness message also gratified symbiotic wishes, while simultaneously providing reassurance against dangers associated with boundary loss. A revision of the formulation previously advanced to account for the effects of the oneness stimulus is presented. (42
tenders are also described—Journal abstract, modified.


In a paper presented at a workshop on long-term neuroleptic treatment held in Copenhagen in September 1979, an integrated program for patients with psychoses and hospitalization syndromes is described. Most of the patients were schizophrenics with many years of hospital care. Neuroleptics were used in conventional doses and, since 1971, flupenthixol decanoate was the drug of choice. The residual states are analyzed from a medical and social psychological point of view. Psychotherapy, social training—both inside and outside the hospital—and behavior therapy were employed. Forty-two patients could be discharged to live in an apartment setting. Results show that patients suffering from chronic mental diseases are improved with a treatment including medical, social, and psychological components. (9 references)—Author abstract, modified.


Evidence is presented in support of the effectiveness of long-term neuroleptic medication in schizophrenia, with emphasis on the great variability of course and outcome beyond the 3-year followup. Although some anamnestic and clinical progress was noted, it is contended that a reliable individual prognosis is not possible at disease onset. Initial phasic courses with complete remission of early psychotic features are seen as possibly leading to residual syndromes, while chronic persistent psychoses can demonstrate permanent remission. Observations are made on the favorable outcome following long-term treatment in some cases of catastrophic schizophrenia, significantly less favorable outcome for patients with onset before the era of psychopharmacological drugs, and the more frequent occurrence of complete remission in patients with preacute and acute onsets of psychosis who received early treatment during the prodromal stage. The finding of a higher rate of patients with mixed residual states (at the expense of residual states) with long-term neurolepsy is seen as suggesting that long-term medication is responsible for the partially pharmacogenic change in symptomatology of schizophrenia, insofar as it causes or favors a shift from the typical syndromes to the mixed residual states brought about by potential reduction in symptoms. (29 references)—Journal abstract, modified.


The effects of a vigorous exercise program for a group of ambulatory adult schizophrenics were assessed. All subjects began with a 10-minute series of warmup exercises; control subjects then walked leisurely for 40 minutes while experimental subjects attempted to maintain a pulse rate of 75 percent cardiovascular capacity for 15 minutes. The resting heartrate of 17 of the 29 experimental subjects was lowered. No significant statistical difference was found for the group means on the Nurses' Observation Scale for Inpatient Evaluation scores, but a Wilcoxon matched pairs signed ranks test of the pretest and posttest scores showed significant
differences at the .002 level. Although these gains could not be attributed to an improved level of fitness, the data are suggestive that the level of exercise of the experimental group contributed to the alleviation of depressive symptoms.—Journal abstract, modified.


In a paper presented at a workshop on long-term neuroleptic treatment held in Copenhagen in September 1979, the use of oral and depot medication in schizophrenia is compared. The advantages of depot injections for long-term maintenance therapy are outlined. It is argued that the most dramatic, testable, and generally accepted advantages of the depot injection lie in the administrative considerations. Since it provides a measure of control over medication prescribed and a check on patient compliance. Thus, depot medication is seen as representing an organized management of the patient, the illness, and the treatment beyond the simple administration of a drug.—Author abstract, modified.


In a paper presented at a workshop on long-term neuroleptic treatment held in Copenhagen in September 1979, neurological findings and other disabilities of schizophrenic patients receiving long-term inpatient care were investigated. The nature of these disabilities, their frequency in a large population, and the extent to which they were a feature of the illness itself or a result of other factors were examined. The abnormalities of this population were assessed in terms of cognitive functioning, neurological signs, features of the mental state, and behavioral performance. Of 456 patients, 101 showed no neurological abnormality; of the 355 patients with some abnormality, 327 showed extra-pyramidal signs. Historical information had little bearing upon patients’ current abnormalities; the significant associations were few and mainly concerned factors related to time and to the features of the illness at its worst. Movement disorders of the face were more common in neuroleptic-treated patients who had not received leucotomy, electroconvulsive therapy, and insulin coma than in neuroleptic-treated patients who had received these treatments. The lack of relationship between physical treatments and the development of movement disorders is taken to suggest that these are to some extent a feature of the disease process itself rather than its treatment. (4 references)—Author abstract, modified.


Sixteen of 19 patients suffering from chronic anergic schizophrenia completed a placebo-controlled, crossover study with lysine-8-vasopressin (LVP), following a schedule of 1 week of placebo, 3 weeks of LVP, starting with 22.5 IU/day, gradually increased to 67.5 IU/day, and finally 4 weeks of placebo. Psychic state was evaluated with the Brief Psychiatric Rating Scale (BPRS), during weekly live interviews, and following videotaped
BPRS interviews at the beginning and end of the LVP period, and at the end of the final placebo period. Results of the live interviews show a significant decrease in the BPRS anergic factor after 2 and 3 weeks of LVP treatment, but there were no changes in any single item, other BPRS factors, or the BPRS total score. Results of the videotape evaluations show that the BPRS thinking disorder factor was significantly decreased after 3 weeks of LVP, whereas the total BPRS score was unchanged. No consistent changes in parkinsonism or tardive dyskinesia were found. Although side effects were few, six patients became agitated or aggressive during the LVP treatment. (27 references)—Author abstract, modified.


Prophylaxis of rehospitalization of patients with lingering schizophrenia was studied in 183 patients undergoing industrial rehabilitation during the course of 2 years. Results show that prophylaxis of rehospitalization is effective if the organizational structure of the industrial rehabilitation is well designed and that the most important aspects of this prophylaxis are observation of the patients and correct evaluation of various types of remission, the effects of the environment, and the process of the patients' adaptation to the environment. The methods used to prevent rehospitalization made possible a twofold reduction in hospital readmissions. (20 references)—Journal abstract, modified.


In a paper presented at a workshop on long-term neuroleptic treatment held in Copenhagen in September 1979, a general introduction is given on the risks of long-term neuroleptic treatment. It is noted that risks can include anything from life-threatening complications to any kind of side effect. A table of the side effects of neuroleptic drugs is provided. The problem of determining the risk/benefit ratio in any particular patient, and difficulties in determining proper dosage or when to make a dosage change in light of risks and benefits are discussed. Research is cited that suggests that in neuroleptics generally used at present for long-term treatment, carcinogenic and teratogenic effects are not likely.


Therapeutic and adverse effects of three dosages (1, 20, and 100 mg daily) of flutroline, a new γ-carboline with a preclinical pharmacological profile similar to active neuroleptic agents, were compared in a double-blind clinical trial in 25 newly admitted schizophrenic patients. Therapeutic effects and extrapyramidal signs were seen at the 20 and 100 mg daily dosages, but not at the 1 mg dosage. Serum prolactin levels were significantly elevated only at the 100 mg daily dosage. It is noted that for some patients the therapeutic dosage of flutroline may lie above 20 mg daily. While patients who developed elevation of serum prolactin level were significantly more likely to develop extrapyramidal signs, neither the occurrence of elevations of serum prolactin level nor the occurrence of extrapyramidal signs were significantly related to therapeutic response. (5 references)—Author abstract, modified.


A double-blind study of 100 chronic schizophrenic patients was performed to examine the effects of withdrawal of antiparkinson medication. Results show that 44 percent of the 75 patients who constituted the placebo group (versus none of the patients on active antiparkinson medication) complained strongly of debilitating extrapyramidal symptoms. Another 22.6 percent (versus 8.7 percent of the patients on active antiparkinson medication) displayed disturbing psychotic symptomatology related to extrapyramidal symptoms. Findings are discussed in relation to the widely held view that antiparkinson medication may be safely withdrawn from chronic schizophrenics. (10 references)—Author abstract, modified.

6331. Nigl, A.J.; Macsheain, B.; and Murphy, G. (18060 Harvest Lane, Brookfield, WI 53005) Effectiveness of electromyograph biofeedback

To determine the effectiveness of biofeedback treatment with a severely disturbed population, 20 patients with a diagnosis of acute schizophrenia were randomly placed in one of two groups: electromyograph (EMG) biofeedback or attention placebo. The EMG group received six biofeedback training sessions involving feedback from the extensor and frontalis muscles. Placebo subjects only received taped instrumental music as a stimulus, but their extensor and frontalis muscle activity was also monitored. It was found that the EMG subjects had significantly lower extensor activity following treatment than controls, but that the groups did not differ significantly with respect to frontalis activity. The EMG subjects also demonstrated significant improvement in psychometric scores, while the controls did not reduce their scores significantly. The results generally support the view that EMG biofeedback may be valuable as an adjunct to treatment, although caution in application of biofeedback to severely disturbed psychiatric patients is urged. It is suggested that the possibility of psychotic delusions or other severe reactions must always be considered. (13 references)—Author abstract, modified.


The use of either/or thinking by mental health professionals in the treatment of schizophrenia is discussed. Ambivalence and ambiguity inherent in working with schizophrenics are often avoided by jumping to conclusions and offering simplistic solutions to complex problems. One example is the belief that schizophrenics cannot be cured and are continuously psychotic. The use of antipsychotic medication does not always help, but it also does not always hinder the recovery process. It is not always possible to treat schizophrenia with psychotherapy. Heredity has been found to be an important factor in the origin of schizophrenia. Views of schizophrenia as biosocial in origin have important implications for treatment. The inherent heterogeneity of schizophrenia suggests that multiple therapeutic approaches are in order and that any single, exclusive approach must be suspect. The situation is further compounded by the intra-individual variability seen in the syndrome. Schizophrenic patients need to be approached in a more integrated and therapeutic manner. (8 references).


In a paper presented at a workshop on long-term neuroleptic treatment held in Copenhagen in September 1979, particular difficulties with akathisia and akinesia as side effects of neuroleptics are discussed. It is noted that most extrapyramidal side effects of neuroleptics are easily recognized and cause little problem in diagnosis and treatment. The exceptions are those which mimic psychopathology: akinesia is similar to depression, residual schizophrenia, and demoralization; akathisia resembles anxiety. Differential diagnosis may require interruption of the neuroleptic. The need for research to determine whether neuroleptics can cause depression not associated with akinesia is noted. It is not known whether one neuroleptic is more likely to cause akinesia than another. It is suggested that the clinician’s first obligation is to be sure the depressive symptoms are not concomitants of akinesia, before testing with antidepressants which may be inappropriate. (7 references)—Author abstract, modified.