CHAPTER XI

SCHIZOPHRENIA

Schizophrenia is a general term referring to a group of severe mental disorders marked by a splitting, or disintegration, of the personality. The most striking clinical features include general psychological disharmony, emotional impoverishment, dilapidation of thought processes, absence of social rapport, delusions, hallucinations, and peculiarities of conduct. In former years, when it was erroneously assumed that these disorders dated from the period of puberty and invariably terminated in chronic deterioration, they were classified under the heading of *dementia praecox*. This restricted and somewhat misleading category is gradually being supplanted by Bleuler's broader concept of schizophrenia, which includes chronic and recoverable cases occurring before and after, as well as during, puberty.

Incidence.—From the point of view of frequency, schizophrenia is the most important of all mental diseases. From 1 to 2 per cent of the general population of either sex develop this disorder. It accounts for 20 per cent of first admissions and over 25 per cent of readmissions to mental hospitals in this country. As compared with other mental patients, schizophrenics have relatively lower recovery and death rates, with the consequence that they gradually accumulate in mental hospitals. In long-established mental institutions they constitute over 50 per cent of the resident population. At the present time there are some 250,000 schizophrenic patients in mental institutions, and it may be conservatively estimated that an equal number are at large in the community.

Schizophrenia may occur at all ages from childhood to senility, but it is essentially a disease of early adulthood. At the time of first admission to a mental hospital, the average age of schizophrenic patients is between thirty and thirty-five. About 10 per cent are under twenty years of age, 65 per cent are between

twenty and forty, and 25 per cent are over forty. There is a tendency for the disease to occur at an earlier age in men than in women (19).

GENERAL SYMPTOMATOLOGY

Emotional Disorders.—Absence of normal affectivity is one of the most outstanding characteristics of schizophrenics. Apathy is the nucleus of their emotional pathology. Their emotional reactions are flat and anemic—so unnatural, in fact, that it is extremely difficult for normal people to establish friendly rapport with them. Events that deeply move healthy individuals fail to dent their protective wall of indifference. They are completely untouched by the tears of relatives, death of parents, and the success of their children. Love, sympathy, and feelings of tenderness are blunted.

The chief activity of schizophrenic patients consists in staring vacantly into space. Under pressure they will work, but their production is poor and erratic. As the disease progresses, they even become indifferent to their own delusions and hallucinations. When asked if they still hear voices, they either make no response or report that they no longer pay any attention to what the voices say. The decline in interest also embraces the simple physiological drives. Unless carefully supervised, many schizophrenics would starve or die of thirst and exposure.

Schizophrenics are markedly deficient in social feeling. They are solitary individuals who rarely associate or converse with others. A group of patients may share the same ward for years and never exchange a word with one another or learn the identity of their wardmates. Each is exclusively preoccupied with his own private world. The amenities of social intercourse cease to be observed, and if the disease is long continued, the most cultured gradually become slovenly and profane.

The unpredictable, incongruous, and ambivalent quality of the emotional reactions of schizophrenics puzzles normal people and prevents sympathetic understanding. Without apparent cause, patients may suddenly giggle, scream, become enraged, assault an innocent bystander, or dive through a window. Their

laughter is mirthless and their excitement is artificial. They not infrequently react to good news with indifference and appear pleased with some misfortune. If they should commit some brutal crime, they experience no pity or remorse. At times they exhibit a mixture of contrasting emotional states. Bleuler (3) has reported an interesting description of a woman who simultaneously wept in desperation with her eyes and laughed heartily with her mouth. The explanation for this *ambivalence* was that she had recently murdered her child, whom she loved dearly for being her own and hated for being the child of her unloved husband.

Delusions.—The delusions of the schizophrenic have been aptly compared with the dreams of normal people. While we are asleep, the most fantastic and improbable dream experiences are uncritically accepted as real. In our dreams we do not question or regard as odd the fact that we are pursued by relentless enemies, are physically dead but spiritually alive, are able to converse with animals or the deceased, are enormously wealthy, are able to destroy an army by a wave of the hand, or are transformed into a deity or some famous personage. So it is with the delusions of the schizophrenic. All ideas and beliefs, however false, illogical, fantastic, and out of keeping with the patient's cultural background, are taken for granted. Schizophrenic patients make no attempt to substantiate, defend, or criticize their delusions, and it is futile for others to try to remove these delusions by appeal to reason or logic. Like the dreaming state of a normal person, the schizophrenic mind is unhampered by rules of logic and probability; all things are possible. Some patients suffer from *ideas of influence* or *passivity*. They firmly believe that someone reads their thoughts and controls the movements of their limbs by means of hypnotic or telepathic waves. This influence is exercised without the patient's consent and usually against his wishes.

The following excerpts from case histories of schizophrenic patients give some indication of the nature and scope of their false beliefs.

An unattractive young man was arrested and sent to a mental hospital for writing threatening letters to Mrs. G, the socially prominent

mother of a much-photographed debutante daughter. When interviewed, the patient claimed that Mrs. G's daughter was in love with him but Mrs. G opposed their marriage and kept her from seeing him. As proof of the daughter's love for him, the patient exhibited a rotogravure picture of the girl smiling—presumably only at him.

An unmarried female patient tied a string around a small bundle of rags and called the product her baby. She claimed that the ward physician was the father, and whenever he entered the ward she would rush up to him and present him with the baby. No one was permitted to touch the baby, and each night the mother took the baby to bed with her.

At the time the Lindbergh kidnaping case was in the headlines, a 200-pound woman was admitted to a mental hospital. She calmly stated that she was the Lindbergh baby.

Hallucinations.—Hallucinatory phenomena consisting of the perception of nonexistent external stimuli are more common in schizophrenia than in any other mental disease. Auditory hallucinations in the form of voices vilifying, threatening, or flattering the patient predominate. The voices may be identified as those of relatives, friends, or God. They may be clear or they may be so indistinct as to be unrecognizable. The messages are more often unpleasant than pleasant, and it is not unusual to observe patients on disturbed wards angrily contradicting or fighting against the voices. Some patients automatically obey the voices and on command may take off their clothes, attack other patients, or injure themselves. The more fortunate who receive agreeable messages encourage reception by withdrawing to quiet corners, where they may be observed listening with amused or beatific expressions.

Visual hallucinations are prevalent but not persistent They occur sporadically for short periods. Celestial visions are frequently reported. God sometimes appears in person. On other occasions his presence or message is expressed by a flash of light or some unusual configuration of the heavenly bodies. Departed relatives are occasionally seen. Kinesthetic hallucinations are

especially noted in suspicious patients, who generally claim that their enemies shoot them with electricity or inject them with mysterious drugs while they are asleep. Olfactory and gustatory hallucinations center about offensive or poisonous odors and taste sensations.

Speech Disorders.—Many schizophrenics are mute or barely communicative. In some instances the paucity of speech results from their self-absorption and lack of interest in social intercourse. They do not talk because they have nothing to say to the outside world. Others refrain from speaking because the voices order them to be silent or because they imagine that they are dead. A few dare not open their mouth for fear of the consequences of their potent words or the poisonous quality of their breath. On the other hand, many schizophrenics are overtalkative, but much of their speech is incoherent, repetitive, disconnected, and irrelevant. Some egocentric meaning may lurk behind the bewildering welter of words, but to the listener it sounds like nonsense.

The following is the spontaneous production of a young hebephrenic female patient. Note the disconnected mental trend, the word-salad type of speech, and the bizarre ideas expressed.

Elation, elevation, multiplication . . . it's too high up here, in fact it's too hot, in fact it's too cold. I must say, I might say. . . . Wait a minute, can I use that? I'll ruin it, daddy. You don't know how to use it. If you can use that, I ought to be able to, you're my father. Maybe I will sacrifice. . . . The old test will start over again. In fact, it's glorifying. I can wear my hair any way. . . . Strike one, strike two. . . . Wait a minute, will you, please? I don't like this, it kind of chokes me; will you please undo it, daddy? I like nature. Are you still a cracker? I like lively humor; I'm afraid I'm losing. I like to watch baseball games. If you get cold nothing can affect it, it won't rust. . . . Hair, it might be robin redbreast. Who is grandpa. . . . Oh, I recovered, let me try and use those, you can do it. How did you do that? Oh, I just performed an operation. Electricity wasn't invented. . . . I like my conscience, though. They have tried it in every generation. . . . I love you . . . ivory complexions. Gold and pure and purple and white, darling. . . . Whisky, darling—

That wasn't whisky that calmed me, but the milk; that was the only thing that saved me. I like whiteness, I never cover my face with powder, I don't need any powder. You don't wear rust in the winter, you wear blue. I brought 10 eggs. . . . I'm afraid, I am, they did everything they could. Summer is passing, so far we have gone, summer and after all . . . if you want to. If God said I want to make the world perfect then they will have to do it themselves. There isn't any hole in my head. . . . Joan of Arc, was she your daughter too? Was she your daughter? No, it's a heart, it is. I wouldn't take that silver streak out of her hair for anything . . . maybe every time she thought aloud. In 15 minutes they performed perfect oratory but I skipped the jobs. I let the other kids hold the ropes. I was running against a country tree. . . . I was thinking. I like gingerbread but I like milk too. You hurt that nerve, didn't you? You're a dentist, give me some candy, that ought to boil you too. You don't want me to show, you want my chin to quiver. They hold my feet. . . . Oxygen, will you please give me that? I'm going to stop your heart with it. I happen to know that much. Chop the arteries off and your heart stops. A snake can't swallow but it can climb up the family tree if they have the trees they want, but I'm afraid, daddy. I'd take a vase, daddy, please take me out of this.

Occasionally a schizophrenic utterance appears to be pregnant with profound but elusive wisdom. On closer examination, however, the high-sounding phrases turn out to be empty platitudes or chance word associations. Some illustrations are "a bonfire of delight" and "the attainment of ethereal bliss through polytechnical science and soul exploration."

Neologisms, or the coining of new words, are a common schizophrenic characteristic (4). Like the neologisms of normal people, the new words are often constructed by condensing two or more words into one; but many schizophrenic neologisms are of unknown origin and their meanings, if any, are apparent only to the patient. In some cases it is doubtful whether the neologisms of the schizophrenic are meaningful words or nonsense syllables blended together. A number of neologisms coined by normal and by schizophrenic persons are listed below. It will be noted that the main difference between the two lists is that the new words created by normal individuals are logically derived and their meaning is obvious, whereas the roots of the neologisms of

schizophrenics are obscure and their meaning is usually undecipherable.

Neologism	*Meaning or Definition*
Normal:	
reminuisances	long-winded reminiscences
sinema	naughty cinema
reno-vation	divorce
brunch	combined breakfast and lunch
Schizophrenic:	
jackpen	jackknife *plus* penknife
bedrudgers	persecutors
poive	pleasant sayings
iava	supper
gruesor	gruesome *plus* sorrowful

Writing Peculiarities.—Some schizophrenics never touch a pencil; others are prolific writers. The same general types of abnormalities observed in their speech also occur in their writing. The style is usually repetitive, stilted, and uneven. The trend of thought is disconnected and incomprehensible. Symbols, lines, drawings, numbers, and words are combined in hodgepodge fashion. Rules of punctuation and grammar are usually ignored. Parts of words are often omitted and strange letters are added. In a letter to her husband, a schizophrenic wrote, "I's the 'tame—always—'tumin, any mo, ta ever 'te me. tum time." The husband translated this to mean, "You don't come in any more to see me. Come see me."

Thinking Disorders.—The above language peculiarities point to severe thinking impairment. The train of thought of the schizophrenic lacks unity, organization, and specificity of object. Secondary ideas, which are usually suppressed in normal thinking, flow uninhibited into the main stream of thought. The patient rambles from one incompleted idea to the next, jumping from one key word to another, with the consequence that the final product appears incoherent, disjointed, and inconsequential. Several theories have been advanced to explain this defect. Bleuler (3) attributes it to the weakening of associative links. Storch (30) and White (31) see in the language and thought processes of schizophrenics a regression to archaic and primitive forms of thought.

One argument in favor of the latter hypothesis is the fact that many schizophrenics tend to think in terms of concrete images rather than abstract ideas. In giving the meaning of words, for example, a concrete illustration is often given instead of a general definition. Thus one patient defined "peculiarity" as "having big ears," "priceless" as "gold," and "scorch" as "fire." Other manifestations of archaic thought in schizophrenia include ideas of wish fulfillment through magic and delusions of cosmic identification, metamorphoses, and rebirth. Some experimental studies indicate that schizophrenic patients do very poorly on test situations involving abstract behavior, concept formation, and generalizing ability. However, there are great individual differences among schizophrenics in these performances and some investigators claim that when adequate rapport and cooperation have been obtained, even disorganized schizophrenics can be led to generalize, to group related objects, and to solve abstract problems (15).

Impairment of Intelligence.—As is indicated by their early school records, schizophrenics, as a group, are endowed with average intelligence. The disease process, however, interferes with maximum mental efficiency, so that, on tests of intelligence administered after the onset of the disease, their performance level in terms of mental age is from one to two years below the average for the general population (18). The decline of various mental functions is not uniform. Tests of vocabulary show less impairment than tests of learning, memory, motor ability, and abstract thinking (15). The intellectual loss is not permanent. With improvement in mental health there is a corresponding recovery in the intellectual sphere.

Other Mental Symptoms.—Deteriorated and emotionally disturbed cases frequently give the impression of being completely disoriented; but when allowances are made for their inaccessibility and delusions, it is found that the average schizophrenic is fairly well oriented. He is aware of his identity, knows where he is, recognizes people, and can give the approximate date. Memory is usually well retained for early experiences but is spotty for events occurring subsequent to the onset of the disease. This is largely due to poor attention, lack of interest,

and faulty learning. Judgment is grossly defective and insight is lacking. The patient has little or no understanding of his mental condition and is incapable of critically evaluating and controlling his actions and thoughts in accordance with accepted social standards.

Physical Symptoms.—Especially in the early stages, the physical health of schizophrenic patients is poor. Because of lack of exercise, inadequate nutrition, and sleep disturbances, they are frequently weak and emaciated. Body temperature regulation is often defective.