Schizophrenia: Chronic Diseases or Vulnerability

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I. INTRODUCTION

A. Problem faced in presenting this paper

1. Biased sample of patients in state hospitals
   a. Chronic residue of a cohort most of whom are no longer ill.
   b. Changes in Schizophrenia in the last 30 years:
      1. From schizophrenogenic mother of the 50's to biological mother of an adopted - away index case.
      2. From pure psychogenic or biogenic models of the 60's to the diathesis - stress or vulnerability model.
      3. From persistent chronic decline to episodic nature of the illness with tendency to improve.
      4. From non-specific ecological models to life event stressors and social networks.
      5. From disjointed empirical differences between schizophrenics and normals to systematic approaches via information processing and search for markers of vulnerability and of episodes.
      6. From blind search of peripheral body fluids to concentration on neurotransmitters.
      7. From blind search for anatomical anomalies to laterality and enlarged ventricles.
      8. From barbiturates and sodium amytal to neuroleptics and lithium.
      9. From incarceration to community living.
     10. From free wheeling interviews to semi structured.
     11. From free floating unanchored diagnosis to Research Diagnostic Criteria.

C. Purpose of this lecture is to show how these changes came about and what the future is likely to be.
II. WHAT IS SCHIZOPHRENIA

A. The Types of Psychoses:
   1. Organic
   2. Functional
      a. Affective Disorders
      b. Schizophrenia

B. Dimensions of the Schizophrenia
   1. Incidence: .7% of general population
   2. Prevalence: 3-4% of general population
   3. Lifetime prevalence or expectancy in a generation: 1-2%
   4. Cost: 14 billion cost of care and lost productivity — annually

C. Characteristics of Schizophrenia
   1. Universally present symptoms (WHO Study)
      Signs and symptoms recorded in schizophrenic patients
      world wide with percentage of schizophrenics characterized
      by them.
      (1) Lack of insight that patient is mentally ill 97%
      (2) Presence of auditory hallucinations 74%
      (3) Ideas of reference (everything has personal meaning) 67%
      (4) Suspiciousness 66%
      (5) Flatness of affect (mood) 65%
      (6) Voices speaking to patient 64%
      (7) Delusions of persecution 64%
      (8) Thoughts controlled by others 52%

D. Criteria for Diagnosis
   1. In the diagnosis of schizophrenia the following symptoms
      are considered although they are not always found in
      every patient:
      a. Thought disorders in both content (delusions) and
         form (loose associations)
      b. Perception (hallucination)
      c. Affect (blunting, flattening and inappropriate)
      d. Sense of self (loss)
      e. Volition (loss of freedom)
      f. Withdrawal
      g. Psychomotor behavior (rigidity, loss of spontaneity)
SLIDES

A. Definition of Schizophrenia - DSM-III
B. Symptomatic Criteria
C. Impairment Criteria
D. Duration Criteria
E. Drop in resident population in state hospitals, etc.
F. Where are they now

Schizophrenics: Where They Live

- With family: 500,000
- Alone: 200,000
- Nursing homes: 300,000
- Foster, group homes: 200,000
- Hospitals: 200,000
- Public shelters, streets: 150,000
- Jail: 26,000

Source: E. Fuller Torrey

G. Demographic Data and Slides
III. ETIOLOGY

A. How to determine the causes

1. Schizophrenia is a field in search of a definition like Pirandello's six actors in search of a play.

2. Number of definitions is endless - Ecclesiastes: Of the making of definitions there is no end and too many definitions are a weariness of the flesh. DSM-III - RDC - practical approaches - do not provide causal definitions.

3. Schizophrenia is now at the cross-roads - redefining it now would be useless - but guessing which way it will go might be of value from the point of view of research, if not from the point of view of treatment.

4. What are the roads along which schizophrenia can travel:
   (1) Biological - environmental minor
   (2) Environmental - biological minor
   (3) Interaction between the two (model slide)

5. Biological model
   Genetic - Rudin
   Internal environment - Kraepelin - toxic substance
   Neurophysiological - brain function - Griesinger
   Neuroanatomical - Nissel

6. Environmental
   Ecological field process - Emile Durkheim
   Developmental - stages - Freud, Piaget, Ericson
   Learning Model - Adolf Meyer

7. Elixir by squeezing all the models into a goblet - (vulnerability slide)
B. Contrasting the view of the establishment with the vulnerability hypothesis

1. The established point of view. (DSM III) SLIDE 1

   a. Presence of certain psychotic features during the active phase of illness - (positive symptoms)
      (Polythetic vs. Monothetic)

   b. Characteristic symptoms involving multiple psychological process.

   c. Deterioration from a previous level of function

   d. Onset before age 45

   e. Duration of at least 6 months

   f. Absence of affective disorders or organic mental disorder

   g. Presence of delusions, hallucination, thought disorder

   h. Essentially a deteriorating condition - at least from a previous level of functioning.

C. How true are these assumptions about schizophrenia?

   (a&b) Probably true

   (c) Deterioration from previous level not true in 30% of the probands in Bleuler, Ciompi and Huber studies

   (d) Onset after age 45 old age schizophrenia or paraphrenia, not different from earlier schizophrenia

   (e) Duration of at least 6 months - evidence that shorter duration may not differ from arbitrary 6 months duration

   (f) Long term outcome tends to be favorable rather than deteriorating
IV. WHY DID THESE ASSUMPTIONS ABOUT SCHIZOPHRENIA'S DIRE NATURE ARISE?

A. Biased sample

B. Degeneration theory (Morel)

V. VULNERABILITY

A. Parameters
   1. Life event stressors

PROBLEM WITH LIFE EVENTS

A. Not sufficiently frequent though the relationship exists when it does occur

B. Additional factors producing the kind of stress or disturbance which may trigger episode

"TOXIC ENVIRONMENT"
(1) cognitively confusing environment
(2) emotionally critical or intrusive
(3) threatening or demoralizing

2. Episodic nature - vs. chronic condition
3. Moderating variables (slides)
   social network
   ecological niche
   premorbid personality
   (story of Schlemiel)
   is it the problem of schizophrenia

B. Current work
   a. vulnerability markers
   b. recidivism
      - Daily Behavior Schedule

VI. SUMMARY

1. Parameters of vulnerability

2. Is schizophrenia an essentially sick person who has intervals of normality or vice versa?
   (Story of dedication -- patient's lucid moments)

3. Future -