

INTERPRETATION OF SCHIZOPHRENIA

The Manifest Symptomatology

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e-Book 2016 International Psychotherapy Institute

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The Manifest Symptomatology

I General Remarks

The symptomatology of schizophrenia assumes a large number of clinical forms. Whereas the early psychiatric books dealt almost exclusively with the description of the various types, more recent ones have minimized the importance of the clinical picture. It has been repeated quite often that schizophrenia is like a dream, and in dreams what counts is the meaning, not the manifest content. But just as there is now a revival of interest in the manifest aspect of the dream, there is a renewed concern with the manifest symptomatology of schizophrenia. Psychiatrists realize more and more that it is not only the psychodynamic content and meaning themselves that count, but also how they appear in the clinical picture. On the other hand, in a book prepared in our times, it would be impractical to cover all the possible details of all the clinical varieties, including the most rare ones. Moreover, we know now that the historical climate of a particular era and specific sociocultural factors influence in multiple

ways even the manifest symptomatology.

In what follows I shall present first a general description of the disorder, and then shall discuss the various types.

II General Description of the Disorder

The patient, generally a young human being (from the time of puberty to his early thirties) but less commonly at any other age of life, starts to show unusual behavior. Some unconventional traits may have appeared even earlier, but they remained almost unnoticed. Now they have become conspicuous, although at times they still retain a plausible explanation. Some important decisions seem strange, although again in some cases justifiable. For instance, a college student may drop out of school suddenly. A worker may feel that the boss or the other workers are unfair to him, are not well disposed toward him, or are disrespectful: they want to get him in trouble, represent him in a bad light, or give him a difficult assignment, or they dislike him for some special reasons. In some cases the patient refuses to go to work or becomes preoccupied with seemingly unimportant matters. The anomalies eventually become striking, at times in a slow, insidious,

gradual way; at other times more acutely. As we shall study in greater detail in Part Two, the prepsychotic personality of the patient in some cases blended almost imperceptibly with the manifestation of the illness, so that it is impossible to determine with accuracy when the onset occurred.

In some cases the illness starts with a period of confusion, excitement, and agitation. The patient seems to be eager to make contacts, to reach all the people he knows, to reconnect himself with what seems to him an escaping world. He searches for something that he cannot find. But he does not even know that he searches. He wants to be active, manifests an intensified hunger for life, for experience, but his confusion is more prominent than his search. His excitement may become pronounced, his speech may lose coherence, and the abnormality becomes obvious.

In other cases the patient becomes concerned with hypochondriacal preoccupations or with some aspect of his physical appearance. Again, whereas his complaints at first seem to have some plausibility, soon they reveal themselves as somatic delusions.

In many cases the patient seems less interested in life than he used to be and seems to concentrate on some specific problems. He starts to think that certain things are related to him or have a special meaning (*ideas of reference*). For instance, if he met a particular person on the street, it was because that person had to spy on him. Events seem to occur not by chance or at random, but because they are preordained. Thus, if he happened to think about a certain subject and then he sees that particular subject mentioned in the newspaper, on television or radio, or in the movies, he does not consider this fact as a mere coincidence, but something to be looked upon with suspicion. Suspiciousness of others increases. They look at him in a peculiar way; they make fun of him and may even talk behind his back. He is under the influence of obscure external agencies. "They" make him experience peculiar sensations; "they" make him think in a way that is alien to his way of thinking; "they" make him act in a way over which he has no control. Finally the patient gives some definite interpretations to facts and things that are not supported by the observations made by other people. The house is wired; dictaphones are hidden to register the patient's thoughts; poison has been put in the food; telepathic or hypnotic experiments are done on him. These

are false beliefs, or *delusions*; they are generally of negative character, inasmuch as they seem to convince the patient that some people or outside forces want to persecute him, injure him, or at least watch him or plan some future disturbance. There is somebody who controls, or wants to control, his actions or thoughts. The patient receives special messages, often transmitted in secret codes. Words used by people acquire special meanings, appear to him to be puns or alliterations. Some patients discover puns all over; others give special interpretations to some gestures of people they come into contact with, and even to casual or accidental sounds. At a later stage, however, these delusions may become pleasant in content and even grandiose. The patient is a queen, a millionaire; a great actor is going to marry her. The patient may believe that he has made a great invention or has discovered the secret of the universe or a philosophical system that will explain the essence of life. It is he now who can control by telepathic or hypnotic means other people, the weather, the stock market, the population explosion.

The perceptual functions of the patient seem altered, too, as he sees or hears things in a distorted way. The world, or the environment, appears to him strange or at least unusual. Things and persons have a

different aspect and relate to him in a way that is different from the previous one. People may change dimensions and appear unusually large or small. Also, movements may be perceived differently; the rhythm of life has become too fast or too slow. At times things are misidentified (*illusions*). Persons are misidentified for others. Strange resemblances are observed. An old man on the street looked exactly like the patient's grandfather (maybe he is the grandfather's twin brother, whose existence was unknown to the patient).

As frequent as, and in some cases more frequent than, illusions are *hallucinations*, or perceptions occurring without any object or stimulus in the external environment being responsible for them. In many cases hallucinations are preceded by, or occur together with, the feeling that one's thoughts have become audible, that they can be heard by people standing nearby or even in distant places. In a very large number of cases the patient hears voices that accuse him of being a spy, a homosexual, or a murderer, and yet nobody is there to say these things. Hallucinations involve every sense, the auditory being as a rule the most common throughout the course of the disorder. In the early stages, however, especially in very acute cases, visual hallucinations may be as numerous as auditory ones. Hallucinations

involving smell, taste, and touch are much less frequent. Olfactory hallucinations, generally related to one's body, are relatively frequent in mild cases that do not require hospitalization.

In addition to this content of thought that is definitely psychotic in character, the patient may manifest other symptoms that seem neurotic, especially at the beginning of the illness: tiredness, insomnia, headache.

At times the general behavior of the patient seems normal and the only apparent symptoms are the abnormal ideas. In the majority of cases, however, the general behavior strikes the examiner as much as the content of thought. The patient may disclose mannerisms, grimaces, purposeless acts, stereotyped motions, and impulsive gestures. In addition, in the catatonic type there are particular symptoms to be described later.

In some cases the patient behaves in a way that is in striking contrast with his previous habits. Whereas before he was shy sexually, now he becomes daring and given to unconventional behavior. He may even make sexual advances in the most inappropriate and

unacceptable ways. Whereas before he was submissive or self-effacing, he may become querulous, antagonistic, even belligerent. Many patients are unable to pay attention when people address them. They repeat the same question as if they had not heard the answer already given.

The mood and the affective sphere in general are altered. The patient may appear angry, highly emotional, suspicious, cynical, and so forth, especially when he refers to his delusional complexes; as a whole he is somewhat inadequate emotionally. Often the emotional tone does not seem appropriate to the present situation. Often a blunting of affect, ranging from a relative coldness to complete apathy, can be detected.

A type of symptomatology that occurs frequently (although much less frequently than in previous decades) is that of the patient who has completely lost interest in his surroundings and seems to be withdrawn into himself. He is often described as being "in a shell," in his own world, as if he had lost not only his understanding of, but also his interest in, reality. When he presents this picture of withdrawal, he is generally underactive. His activities are reduced to a minimum and

are often performed in a routine, stereotyped manner. Often he has to be pushed to do things. He may be so unwilling to act that he may become neglectful of his personal appearance. A deterioration in his habits of living is more or less apparent.

The speech and language of many patients show peculiar characteristics, which will be examined in other chapters. If certain questions are asked, the patient seems *evasive* because he does not answer them directly. At times he seems to beat around the bush—he says something related to what was asked but not exactly what was requested. For instance, to the question “Who is the President of the United States?” he may reply, “White House.” At times he uses impressive, abstract words, but in an empty or inappropriate way. Often his speech is characterized by the intrusion of apparently extraneous elements. In advanced cases it may be difficult to understand what the patient tries to convey. His sentences consist of a sequence of words that seem unrelated to one another (*word-salad*). At times certain words are used repeatedly in a stereotyped manner (*perseveration*); the patient may use other words that do not appear in the dictionary, words that he has coined by condensing or putting together usual words (*neologisms*). In many cases the patient is unable

to talk (*mutism*), or able to do so only after overcoming a great resistance (*blocking*).

The sensorium and the intellectual functions are not seriously impaired. Orientation, memory, retention, attention, grasp of general information, calculation, and so forth, may seem disturbed in many cases. The disturbance is actually the result of the other symptoms described and may disappear once these symptoms disappear. What seems impaired from the beginning is only an ability for very abstract thought, as we shall study in subsequent chapters. Even this symptom, however, is reversible.

Insight, that is, realization of being in an abnormal condition, is absent except in mild or initial states.

The description so far given is only an approximation of what is observed in individual cases. In the midst of the multiform aspects, the characteristic that stands out in almost every case is the fact that the patient is not what he used to be. His whole relation with the world, himself, and others has undergone a drastic change. In some cases the change has been so gradual that people in daily contact with him have

not become aware or alarmed, but people who have not seen him for a long time or who do not know him realize at once that there is something unnatural in the way he relates to people and to himself. Almost every patient goes through an incipient or early stage, during which a change has occurred, but no disorganization of the personality has manifested itself to more than a minimal degree. In many cases the disorganization proceeds to advanced stages and may progress indefinitely.

III Taxonomy of Schizophrenia

The schizophrenic syndromes have been classified in various ways. Traditionally, four major types have been recognized: the paranoid, the hebephrenic, the catatonic, and the simple. The *Diagnostic and Statistical Manual of Mental Disorders* of the American Psychiatric Association (1968) differentiates other types and gives a number to each condition: the latent (295.5), the residual (295.6), the schizo-affective (295.7), the childhood (295.8), and the chronic undifferentiated type (295.99).

In this chapter we shall proceed with a brief description of the

traditional four major types. Then we shall describe the atypical forms. The childhood type will be studied in Chapter 44.

IV The Paranoid Type

Patients suffering from the paranoid type constitute the majority of cases diagnosed as schizophrenic. They are by far more numerous than the other types; but the percentage has varied according to geographical and historical contingencies and the prevailing diagnostic criteria of the local psychiatric profession.

The cases generally classified as paranoid present, fundamentally, the picture described in the previous section. They also present some characteristics of their own. First of all, in a larger percentage of cases the onset of the psychosis occurs later in life than in the other types. Although many cases of this type occur even as early as the time of puberty, they are found even in the fourth and fifth decade of life. The older the patient, the more difficult it will be to decide whether his symptomatology is a schizophrenic one or one that is better classified as paranoid state or paranoia (see Chapter 4).

Paranoid patients are as a rule more intelligent than the other schizophrenic patients, although all levels of I.Q. are found. From the beginning of the illness, patients may seem suspicious and bound to misinterpret things and events in a way derogatory to themselves. The underlying feeling about oneself is immediately lost and transformed into a symptomatology where *projection* occurs (that is, attributing to others a negative feeling about the patient). For instance, a patient may consider himself clumsy and ridiculously inadequate. He develops the impression that people are laughing at him. The impression soon becomes certainty. He is sure they think he is no good and inadequate. But to be no good and inadequate means to be homosexual. That is why they refer to him as a “she.” The patient, for instance, heard co-workers saying, “She is not doing her work as she should.” They used the word *she* because they think the patient is not a man.

The phenomenon of *spreading of meaning* is common. A particular meaning is given to many things, because reality or the environment is reinterpreted to fit the basic idea of the patient.

Not only does the patient claim that the others accuse him of the traits he himself does not like in himself, but he eventually ascribes to

others the characteristics he cannot accept in himself. Whereas he started by being suspicious, he soon becomes sure that other people plot or conspire against him. He sees or collects the alleged evidence. He may assume the bitter, angry, antagonistic, defiant attitude of the person who is unfairly victimized, or the attitude of the submissive person who wants to be helped, but does not know what to do because "strange things are happening."

The content of thought of these patients is characterized by ideas of reference and delusions, even more than in other types of schizophrenia. Although the delusions are unsystematized in the majority of cases, they are more systematized than in the hebephrenic type and may be quite well systematized at the beginning of the illness. In American patients, the delusions are almost always persecutory in content, especially at the beginning of the illness. Syndromes characterized by grandiose delusions from the onset of the illness were more common in the past.

Whereas at the beginning of the illness the patient presented many neurotic features, these traits soon do not retain the salient role. What emerges is the delusional content, as delusions invade

progressively the psyche of the patient. They may be persecutory, grandiose, hypochondriacal, ideas of being transformed, accused, influenced, hypnotized, controlled, or poisoned, or being made the victim of experiments, and so forth.

In a considerable number of cases the delusions become *systematized*; that is, the patient does not accept them as unrelated beliefs, but rationalizes them or explains them more or less logically in relation with the rest of his life or with what he observes in the world. A definite delusional system may be built around the idea that the patient is persecuted because of his ideology, philosophy, or religion. He may build a system of beliefs and then attempt to give this system an apparently plausible scientific, philosophical, or theological structure.

Delusions may have all types of content. It is impossible to enumerate all the facts and things they refer to. They reflect the patient's familial, cultural, and social conditions. At times this cultural influence is manifested in a paradoxical way. For instance, whereas religion as a whole has less influence in the life of people today than in previous eras, I have seen recently an increase in grandiose delusions

with religious content. The delusion of being Jesus Christ is common both in Christian patients and in Jewish patients living in predominantly Christian countries. The delusion of being Moses occurs in both male and female Jewish patients. The delusion of being Saint Paul, the Virgin Mary, Saint Peter, and so forth, is also fairly common. Contrary to what is written in popular books of psychiatry or common jokes, I have never seen a patient claiming to be Napoleon Bonaparte.

Delusions of jealousy (beliefs that the spouse is unfaithful) are also quite common, especially later in life. They are, however, more frequent in those conditions generally called paranoid states, involuntional paranoid states, and paranoia.

The paranoid type may present itself in a subtype called *monosymptomatic*. That is, at a manifest level, the illness is detected by the presence of only one delusion, generally of persecution, whereas the rest of the personality remains apparently intact. Many of these isolated delusions, like, for instance, the idea of being able to influence the weather, are harmless. Other, fortunately very rare, monosymptomatic delusions are dangerous and lead to the so-called

unmotivated crimes. They lead to murder of the father, mother, or even a series of unknown persons. As we shall see in Chapter 4, these delusions are difficult to recognize and the differential diagnosis from psychopathic personality may be doubtful in some instances.

Hallucinations, especially auditory ones, as a rule are common in the paranoid type of schizophrenia. They may be totally absent in cases in which the personality is fairly well preserved and the delusions well systematized.

The progression of the illness may be rapid and may lead to advanced regression in a short period of time; as a rule, however, the majority of paranoid patients regress less rapidly than the other types, and many of them remain indefinitely at a stage of illness that is not much advanced. Paranoid patients remain in better contact with the environment and may adjust better to hospital routine. Often their activities can be channeled into useful work. On the other hand, their suspiciousness, ideas of reference, and delusions may make them antagonistic, rebellious, and even violent. Escapes from hospitals and homicidal impulses, at times successful, are more common in this group. Detailed reports of clinical cases of the paranoid type of

schizophrenia will be presented in various chapters of this book. At this point we shall use a simple example, to be considered only from the point of the manifest symptomatology.

George is a 22-year-old male, the second of two siblings in a middle-class family. Although described as high-strung throughout his life, he never showed gross abnormalities of behavior. During college, however, he found the scholastic work increasingly hard. He finally decided to quit school and to accept a job as a salesman, but he found that this occupation too was not satisfactory. He appeared different to the members of his family, who thought he was probably worried about his working conditions. He appeared distressed and absent-minded and soon grew very peculiar. He became increasingly preoccupied with certain thoughts, which he revealed to his parents and sister. On hearing the word *home*, he understood *homo*; if he heard the word *fair*, he *felt* *fairy* was the word really meant. He became more and more convinced that people thought he was homosexual. When he saw groups of people in his neighborhood, he was sure that they were talking about him. He often “heard” them talking about him and making accusations. He became more and more preoccupied, upset, unable to attend to his work. He became somewhat neglectful of his appearance, oblivious of the many usual aspects of life, and more and more involved in thoughts of being accused, spied on, spoken of, ridiculed. In a few weeks it became impossible for him to hold his job, and he quit voluntarily. A few days later he became increasingly

restless and finally agitated. The psychiatrist who was consulted recommended hospitalization.

V

The Hebephrenic Type

The hebephrenic type of schizophrenia is often difficult to differentiate from the paranoid. The most striking difference consists of a more rapid disintegration. The symptoms start generally in adolescence or early youth insidiously and with a progressive course. The content of thought is characterized by many poorly systematized, poorly rationalized, and in many cases completely disorganized delusions. Grandiose delusions are more common than in the paranoid type. Also much more common are hypochondriacal ideas, preoccupations with the body image, and kinesthetic delusions. It is not rare to find a patient who thinks that he has lost his bowels or that his heart has changed place, his brain has melted, and so forth. Hallucinations are common and, more frequently than in the paranoid type, are pleasing in content.

The mood may be slightly depressed; more often it is one of apathy and detachment, interrupted now and then by an apparently

humorous or jocular attitude. The patient often smiles in situations that seem completely inappropriate. For instance, a question may evoke an incongruous smile instead of a verbal answer. Language disorders are prominent, especially in cases of rapid regression. Word-salad, clang associations, and neologisms are very common.

The dilapidation of personality is soon evident. The neglect of personal habits becomes more pronounced and the patient has to be taken care of. The patient often exhibits a childlike attitude and behavior, an infantilism that is not ingratiating, but rather grotesque or grossly incongruous.

We may distinguish two subtypes. In the first there is a progressive and lasting regressive behavior, with paucity of hallucinations and delusions and frequent occurrence of bizarre acts. In the second subtype, we have a relatively acute course, with many features similar to those of the paranoid type. The following case belongs to this second subtype.

Gladys was a 17-year-old white girl attending high school. Both her parents had psychotic depressions, from which they recovered with the help of shock treatment. Gladys's familial surrounding was characterized by parental

conflicts, usually bickering over money matters. Gladys was the third of three children. The other two never received any psychiatric treatment and were described as well adjusted.

Gladys had always done well in school; but, before consultation, she became apprehensive, her marks fell down, and she became afraid to do her homework. When she was seen in consultation, she was in a state of great excitement. She said that soon she would have to take the examinations, and she was not prepared. She did not know anything. She constantly repeated the same questions: "Should I go to school? Shall I pass the examinations?" but no reassurance would help her. She continued to ask the same questions incessantly. Apparently she seemed in good contact, because she seemed alert and emotionally alive; actually, nothing that the examiner said registered. No delusions or hallucinations were elicited.

During the night, however, Gladys became more excited, expressed suicidal ideas, and was hospitalized. At the time of her admission she was extremely confused, hyperactive, and resistive. At times, when she was asked a question, she seemed unable to speak spontaneously, but would occasionally utter small whimpering sounds, moving her lips as if to pronounce words, but being unable to do so.

The second day after her admission she began to masturbate in the presence of other patients and also to pick at the skin of her face. She was restless, agitated, and

screamed a great deal. At other times she sat on one chair in her room and stared vacantly out the window. She refused to eat and had to be tube fed. At other times she laughed in an incongruous way, was flighty, and talked in an apparently joyful mood, although what she was saying often was completely incoherent.

A few weeks later she occasionally expressed the idea that she was in a concentration camp where the Russians had allegedly put her. Later, when she was given electric shock, she misidentified one of the nurses who was leaving the room, believing that this nurse was her mother.

The members of the staff thought she was not suitable for psychotherapy. She was given a course of electric shock and then one of insulin, but there was no improvement in her condition. On the contrary, she seemed to regress rapidly. Later she was treated with large doses of Thorazine. She became more accessible and responsive to psychotherapy. She left the hospital six months after admission, apparently free of the serious symptoms. She remained, however, somewhat flighty and tended to joke in a rather inappropriate way. After her discharge she started long-term psychotherapy. A gradual, slow improvement followed.

VI The Catatonic Type

Catatonic schizophrenia, more than any other type, presents characteristics of its own.

After a certain period of excitement, which may even be absent in many cases and which is characterized by agitated, apparently aimless behavior, the patient slows down, reaching sooner or later a state at times of almost complete immobility. The patient may become so inactive as to be unable to move around and take care of his physical needs and must be confined in bed (*catatonic stupor*). The patient in this condition cannot dress or undress himself and does not have the initiative to feed himself or to talk in the presence of other people, even if questions are asked of him. He seems completely paralyzed. At other times the patient is not so intensely affected, but his activities are still reduced to a minimum. He is not really paralyzed. What is disturbed is his faculty to will. He cannot will and therefore cannot will to move. At times he is very obedient and suggestible, because he follows the will of someone else. For instance, if a patient is told, "Show me your tongue; I want to prick it with a pin," the patient may obligingly comply. The examiner may put the body of the patient in the most awkward positions, and the patient will remain in those positions for hours. This is the phenomenon of *flexibilitas cerea* ("waxy

flexibility”). At other times the patient puts himself in an awkward, uncomfortable, or statuesque position and remains in that position until he is put to bed and then resumes the same position the following day (see Figure 1). A phenomenon that seems opposite to this suggestibility but is instead related to it is *negativism*. Instead of doing what he is requested to do, the patient does the opposite. For instance, if he is told to show the tongue, he closes the mouth tightly or turns the face away. If he is told to stand, he assumes a reclining position, and so forth. In many cases a few activities remain, but they are carried out in a routine, stereotyped manner. Any spontaneous or new activity is abolished. There are striking exceptions, however. In contrast to the usual immobility, the patient repeatedly performs some actions that have a special meaning or purpose to him. Thus a patient interrupted occasionally his immobility when he initiated a suicidal attempt. Another patient, a 22-year-old girl, would periodically completely undress herself irrespective of the presence of patients and members of the staff of both sexes.

Delusions and hallucinations are present in many cases. They cannot be elicited, however, because, until he improves, the patient cannot communicate with the examiner. Often these delusions and

hallucinations are of a general and cosmic quality—"The world is being destroyed." Attempts to talk to the patient often elicit other symptoms. Echolalia is prominent—that is, instead of answering the questions, the patient repeats the questions. At other times the answers are monosyllabic; at still other times neologisms are numerous. The handwriting manifests a peculiarity of style that is even more pronounced than in other types of schizophrenia. The general behavior is characterized by mannerisms, grimaces, and bizarre acts.



Figure 1

A 43-year-old catatonic patient admitted to the hospital at the age of 18. After a short period of excitement, he assumed statuesque or awkward positions. Insulin, ECT, and drug therapy had no favorable results. He has maintained the position shown in the picture for several years and resists change. However, he allows the attendant to dress him daily and to accompany him for a walk in the hospital's park. On returning to the ward he disrobes himself and resumes this awkward position.

Anthony is a 24-year-old male who, in the past few weeks, had been brooding excessively about his life. He did not feel well, but did not know how to explain his malaise. No

hallucinations or delusions were elicited. There was an urge to make contact with people, while on the ward, but there was also a sense of disappointment. One morning a few days after his arrival, he was found in a statuesque position, with his legs contorted in an awkward position. Attempts to talk to him were of no avail. He acted as if he could not hear or see anything. His face was completely deprived of any mimic play and did not reveal any emotion. A few days later he could talk a little bit, but in an echolalic way. For instance, to the question "What is your name?" he would reply, "What is your name?" He had to be taken care of, and spoon feeding was necessary.

VII The Simple Type

Simple schizophrenia almost never occurs in an acute manner. The beginning is slow, insidious, and generally goes back to a time preceding puberty. The major changes, however, occur after puberty, when the family realizes that the patient is not up to par in spite of the expectations that at an earlier age he had evoked in people. The patient becomes quite inactive and limits his life as much as he can. He refuses to go out, to go to school or to work, and gradually his life becomes very restricted. When he talks, there is no looseness of ideas or illogical sequence of thought, as in other forms of schizophrenia, but

rather *poverty of thought*. The patient is able to talk only about a few concrete things, abstract notions being eliminated. Careful examination of thought processes reveals an impairment of abstract thinking.

Hallucinations, delusions, ideas of reference, and other obvious symptoms are absent. In spite of the absence of these obvious symptoms, the behavior of the patient remains odd, inappropriate, insufficient to the demands of life, and his affect is inadequate. Unless hospitalized or successfully treated, the patients remain a burden to their families. When no family is available, they run the risk of becoming hoboes or prostitutes or of being exploited by organized crime.

Mary is the older of two sisters. The father was an alcoholic who died when Mary was a child; the mother died when the two sisters were in their teens. Although Mary had never appeared very bright, her inadequacies became more evident after the death of her mother. At that time she became even more dependent on her sister. Mary had several jobs, but could not fulfill them adequately. She was repeatedly fired, or she herself left the job because she felt the work was "too much for her." She refused the few invitations to go out with young men and restricted her life to a minimum. Finally it was agreed that her sister would go

to work and she would attend to the care of the household. But even that became “too much for her.” She would remain idle for hours and hours and showed no interest in anything. Her conversation was reduced to a few words. She had to be told what to do, even in relation to her personal needs. Finally the sister decided to hospitalize her. At admission she appeared neat and tidy and able to take care of herself and accepted hospitalization without protest. On the contrary, it was a relief for her to be away from the world, where she had to make so many efforts. No hallucinations, delusions, or ideas of reference were elicited. During the interviews with the physician, her answers were literal, concrete, and not commensurate with her education. The patient’s life was reduced to a few stereotyped acts. The nurses and attendants could not persuade her to do more than a minimum amount of work on the ward. When her sister visited her in the hospital, she seemed to sink into a mild state of depression.

VIII

III-Defined or Controversial Types

In addition to the four classic types, which we have just described, and the atypical types, which we shall examine in the next sections, many psychiatrists acknowledge the existence of ill-defined types. Some of them have been included in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) of the American

Psychiatric Association; others appear in personal classifications.

In the DSM-1 a *latent type* is described as a category “for patients having clear symptoms of schizophrenia, but no history of a psychotic schizophrenic episode.” It is difficult to see how a syndrome showing “clear symptoms” could be considered *latent*. This term, originally used by Bleuler, was reserved for cases not presenting clear symptoms. As a matter of fact, the guide continues to characterize this category in this way: “Disorders sometimes designated as incipient, prepsychotic, pseudoneurotic, pseudopsychopathic, or borderline schizophrenia are categorized here.”

Many practitioners include in this category patients who seem to be *potential* schizophrenics. In other words, no definite symptoms are detected, but the clinician has the impression that the patient is so sick as to become psychotic in the near future. Thus, the diagnosis is in many cases impressionistic. As we shall see later on, many patients who seem to have all the requisites and potentials for schizophrenia never develop the disorder.

Probably in the latent category are to be included the cases that

Hoch and Polatin in 1949 called *pseudoneurotic schizophrenia*. Under this name these authors described a syndrome whose symptoms are not usually considered characteristic of schizophrenia. The diagnosis is made on the subjective evaluation of the constellation of symptoms. The patients present “pan-anxiety” and “panneurosis.” That is, “an all-pervading anxiety structure . . . does not leave any life-approach of the person free from tension.” By “pan-neurosis,” the authors meant that the patients do not have only one or two neurotic manifestations, but that “all symptoms known in neurotic illness are often present at the same time.” Gross hysterical mechanisms, vegetative dysfunctions such as poor sleep, anorexia, vomiting, and palpitations, phobias, obsessions, and compulsions may all be present. The neurotic manifestations shift constantly, but are never completely absent. “A considerable number of these patients have short psychotic episodes or later become frankly schizophrenic.”

Cantor (1968) suggests the term *occult schizophrenia* for all ill-defined forms of schizophrenia, including the pseudoneurotic. By occult he means “concealed, hidden, not immediately known, perceivable only by investigation, and ‘covert’ rather than overt.” Although Cantor is correct in stating that some symptoms are occult,

we must continue to regard them as part of the manifest symptomatology, that is, of the constellations of symptoms as they appear at first clinical approach and not in their symbolic or psychodynamic meaning.

The DSM-2 guide lists also the chronic undifferentiated type of schizophrenia (295.90), “for patients who show mixed schizophrenic symptoms and who present definite schizophrenic thought, affect, and behavior not classifiable under the other types of schizophrenia.” In my experience, many psychiatrists use this diagnosis in absence of definite delusions, hallucinations, or catatonic symptoms. At times it is a question of individual preference to use this diagnosis rather than the simple or hebephrenic type.

A classification that has been accepted by a considerable number of psychiatrists in the United States is one that divides schizophrenia into two major types: reactive schizophrenia and process schizophrenia (Kantor and Herron, 1966; Higgins, 1964, 1969). The reactive type is a relatively mild syndrome, in spite of an often acute and pronounced flourishing of symptoms. Anxiety is obvious, and precipitating factors are easily found. In the process type, precipitating

factors are not ascertainable; the onset is gradual or insidious, the prognosis poor.

The underlying assumption in this classification is that the reactive type is determined predominantly by psychological factors, whereas the process type is determined by organic ones. This apparently plausible distinction is generally made *post hoc*: patients who recover or who are understood psychodynamically are called reactive; those who do not are called process. The word *process* conceals either ignorance or therapeutic failure.

I have never accepted this distinction, which, moreover, is applicable only to a moderate percentage of cases, not to the many that seem to belong to a state intermediary between the reactive and the process. Higgins (1964) wrote a first article in which he accepted this classification. In a second article (1969), after reviewing the literature of 205 publications on the subject, he wrote: "The previous review [1964] concluded on the optimistic note that 'Although the evidence to date is far from unequivocal, it would seem . . . that process-reactive schizophrenia is a justifiable classificatory principle. . . .' At this date the writer is somewhat less certain of the future of the

concept. It sometimes seems that for every study supporting the efficacy of the concept two nonsupportive ones can be cited.”

Nevertheless, Higgins could not reject this classification because, “Despite the problems surrounding the concept, it continues to permit reduction of schizophrenic heterogeneity with sufficient frequency to ensure its continued and broadened application.” I cannot go along with the last remarks. Certainly “reduction of heterogeneity” is to be welcomed, but only when it is valid. I believe that the more intensely we study the cases of the so-called process type, the more evident becomes the effect of serious psychological factors. These factors did not affect the patient with an obvious impact, but were slow and hidden in their relentless and insidious course.

Classifications conceptually related to the process-reactive classifications are those of Langfeldt (1939, 1969), who separated the schizophrenic from the schizophreniform, and of Robins and Guze (1970), who distinguish two separate illnesses, one with good prognosis and the other with poor prognosis.

IX

Atypical Forms of Schizophrenia

Atypical and rare types of schizophrenia have also been recognized. *Childhood schizophrenia* (or schizophrenia, childhood type, 295.8) is perhaps the most important of these atypical forms, and yet it is even doubtful that this condition is related to adult schizophrenia. Because we devote a section of Chapter 44 to this disorder, no report of it will be made here. *Schizophrenia, schizo-affective type (2-95.7)* is characterized by recurring episodes that present a mixture of schizophrenic and manic-depressive symptomatology. For instance, the patient may present ideational content with delusions, ideas of reference, and hallucinations that seem typically schizophrenic, and yet at the same time show other symptoms, such as a mood of depression accompanied by ideas of guilt and selfaccusation or a mood of elation with a grandiose overtone. Until 1955, at least in the United States, the prevailing type of schizo-affective psychosis was characterized at the beginning of the illness by a predominance of manic-depressive traits. In the long run, however, the symptomatology assumed a typical schizophrenic aspect, indistinguishable from the classic types of schizophrenia. If the illness was characterized by several psychotic episodes, generally every successive attack was closer to typical schizophrenia and more distant from manic-

depressive psychosis. Since the late 1950s we have seen a reverse in the sequence of the symptoms. What was predominantly a schizophrenic syndrome assumes more and more the symptomatology of manic-depressive psychosis, especially of depression. Many authors (for instance, Roth, 1970; Miller and Sonnenberg, 1973) have reported the frequency of depression following or accompanying acute schizophrenic episodes (Spiegel, 1973).

For accuracy's sake we must add that the term *schizo-affective psychosis* was coined by Kasanin (1933) to connote acute psychoses characterized by "emotional turmoil with a distortion of the outside world." Later the nomenclature of the American Psychiatric Association included the schizo-affective psychoses as a subgroup of schizophrenia.

Schizophrenia in old age, at times called late schizophrenia, is a condition that is accepted by a few. Many psychiatrists exclude this condition, because they feel that a relatively young age is necessary for the occurrence of this psychosis. Young age, however, does not seem to be as important as Kraepelin and his contemporaries thought. Relatively frequently we encounter patients in old age who do not

show the organic symptoms characteristic of senile or arteriosclerotic psychoses, but rather a paranoid symptomatology characterized by delusions of persecution. (The patient is poisoned, robbed, deprived of his property, and so on.) If these patients were younger, there would be no doubt in classifying them as cases of the paranoid type of schizophrenia. However, many feel that old age is a very important factor in these cases. These patients were able to avoid the psychosis throughout their lives; their defenses were not broken until the changes due to old age occurred. Therefore, many psychiatrists prefer to diagnose these patients as suffering from "a paranoid type of senile psychosis." The problem is still debatable. If we study the history of these patients, we discover that many of them have made only a limited adjustment throughout their lives. Most of them have had suspicious, withdrawn personalities. A great many of them never married. Somehow they managed to escape an acute breakdown until old age. Old age presents new problems of adjustment, at the same time that it produces lesions in the nervous system that make the person less responsive to the new demands of adjustment. Deterioration and regression are much slower in these paranoid forms than in typical cases of senile psychosis. Impairment of orientation,

memory, recall, intelligence, and so forth, are much less marked, and in certain cases not appreciable.

In addition to these paranoid cases characterized by delusions of persecution, other cases present delusions of grandeur or delusions and hallucinations with very bizarre content that somehow bring comfort rather than grief to the patient. Thus I remember a black man almost 70 years old, not regressed or deteriorated, who imagined that a beautiful Chinese woman was visiting him every night. He had vivid visual hallucinations. A woman who became sick after the age of 65 had fantastic delusions of transformation into animals. She also felt that she was the queen of Hungary and that the hospital was her royal palace. These senile pictures generally resemble those found in the second stage of schizophrenia (see Chapter 23). I feel that for a very long time schizophrenia was a potentiality in these patients and became an actuality when old age occurred.

Generally the subject of schizophrenia in old age has interested the German authors more than those writing in English. Janzanik (1957) differentiates a late schizophrenia (*Spdtschizophrenien*), which occurs in the fifth and sixth decades of life, from old-age schizophrenia

(*Altersschizophrenien*), which occurs in the seventh and eight decades.

Most authors agree that old-age schizophrenia is a rare condition. Manfred Bleuler (1943), in a study of 126 cases of late schizophrenia, found five patients that developed the disorder after the age of 60. Giberti, De Carolis, and Rossi (1961) found only two patients who developed the illness after the age of 60 in a study of 362 adult schizophrenics of various ages. Schizophrenia in old age has been studied also by authors who were particularly concerned with the possible hereditary aspect of the problem (Kay and Roth, 1961; Bacciagaluppi and Serra, 1963).

Postpartum schizophrenia is a schizophrenic syndrome occurring in the mother after childbirth. The *Diagnostic and Statistical Manual of the American Psychiatric Association* discourages the diagnosis of psychosis with childbirth (294.4), stating that any type of psychosis may occur during pregnancy and the postpartum period. Although cases of all types of schizophrenia occur postpartum, they have a psychodynamic of their own, which we shall study in Chapter 13.

Schizophrenia accompanying other diseases presents diagnostic

problems. Not infrequently we see schizophrenic symptomatologies with patients presenting the serology of general paresis, or epilepsy, Huntington's chorea, postencephalitic conditions, multiple sclerosis, pernicious anemia with nervous complications, cerebellar atrophies, and so on. Although in some of these cases the crippling effects of the organic disease may have increased the anxiety of the patient and released a potential schizophrenia, most psychiatrists feel that in the majority of these cases an organic diagnosis should be preferred.

Propfschizophrenia is a form occurring in a small minority of mental defectives, generally at the moron or borderline level. It is characterized by paranoid episodes with delusions and hallucinations, which may be followed by slow regression.

X Changing Aspects of Schizophrenia

The symptomatology of schizophrenia does not remain the same in different eras, countries, and cultures. Although the variations are not such as to make recognition of the disorder impossible or difficult, they are noticeable, even during the span of the career of a psychiatrist. Perhaps the marked changes that have occurred in the

sociocultural environment in the last few decades have affected the symptomatology and made the changes more conspicuous than in other times.

During the thirty-three years of my experience with schizophrenics, I have seen the following changes. Whereas *withdrawal* used to be by far the predominant feature in most incipient cases of schizophrenia, the incidence of this characteristic has decreased. Many more patients now than in the past present an active restlessness, uncoordinated activity, or psychopathic traits. One of the most striking changes is in the sexual area. Whereas the schizophrenic used to be markedly inhibited in his sexual behavior, now he often has an active sex life or attempts to have one, even in conditions where such behavior is not expected or is grossly inappropriate. In previous times most patients inhibited or repressed their sex life to such an extent that they were considered by Rado and Daniel (1956) to be *unhedonic*; that is, they were considered unable to experience pleasure, sexual or otherwise. Now many of them tend to follow heterosexual, homosexual, or exhibitionistic impulses. Even in classes of people where such behavior was the least expected, striking examples occur. Thus, a young Protestant minister, previously well

balanced, at the onset of the disorder started to make homosexual advances in the most obvious manner. A previously well-mannered young man studying to be a rabbi started to touch or lean on girls who would pass by or sit next to him in buses or subways. Sexual exhibitionism and activity of all sorts that was previously a rare occurrence in psychiatric hospitals have now become much more common.

Another changing characteristic is the age of onset of the illness. Until 1955-1960 many psychiatrists were discovering that, contrary to earlier reports, schizophrenia was occurring at a more and more advanced age. This finding was to some extent due to the fact that many cases diagnosed in the past as paraphrenia, paranoid conditions, paranoia, paranoid type of involutional psychosis, alcoholic psychosis, and so forth, were recognized more and more as cases of schizophrenia. Since 1960 an opposite phenomenon has been observed: an increasing number of patients are becoming ill at a young age, especially in adolescence and early youth. As far as the intensity of the symptoms is concerned, many psychiatrists, especially those who are in private practice and do not work in psychiatric hospitals, report that they see many patients with symptomatology so mild as not to

require hospitalization or drug therapy. These are not latent cases in the sense described by Bleuler, but patients who are actively psychotic, although their symptoms are few and not pronounced. It is difficult to determine statistically whether this increase in mild cases is more apparent than real. The explanation that comes to mind is that today, with the greater understanding of psychiatry and with increased psychiatric facilities, many patients who, because of the relative nonseverity of their symptoms, would not have been recognized in the past, are easily diagnosed now. Whether the increase in these mild or *oligosymptomatic* cases is real or apparent, the fact remains that the psychiatrist in private practice today is bound to see a large number of them and therefore must be able to recognize them. Of course, we do not include in this group patients whose symptomatology has become less marked on account of drug therapy.

In addition to the change in the intensity of symptoms, there is also a quantitative change in the percentage of the various types of schizophrenia, a change that is apparent especially to psychiatrists who are associated with hospitals. Until a few decades ago there was not too marked a difference in the incidence of the hebephrenic, paranoid, and catatonic forms (with the simple type trailing); now

many admitting psychiatrists feel that the paranoid type is by far the most common among the four classic types. The psychiatrists who accept the varieties "latent" and "chronic undifferentiated" now classify with these terms a large number of seriously disturbed people who do not fit into other categories.

It is relatively easy to understand the decline in the number of hebephrenics, because possibly many cases previously diagnosed as hebephrenic were paranoid with rapid disintegration. Timely intervention would have arrested them at a paranoid level. More difficult to explain is the decline of full-fledged catatonic patients, who until twenty-five years ago were much more common. From colleagues working in small hospitals we hear that the admission of a catatonic patient with typical symptoms, such as stupor and waxy flexibility, has become almost a rarity.

I have described (Arieti, 1959) what I have called *oligosymptomatic*, or very mild, cases of schizophrenia, which are much more easily recognized since the early 1950s. It must be understood that when we refer to oligosymptomatic cases, we are not speaking about borderline cases. A borderline case, as we generally

use this term today, is that of a patient who, although presenting a symptomatology so serious as to be classified between the neuroses and the psychoses, generally is not psychotic, does not act as a psychotic, and most probably will never become fully psychotic. The mild cases that are going to be described are considered psychotic.

The Paranoid Type

No definite delusions or hallucinations are found in the oligosymptomatic form of the paranoid type. The patient, however, is suspicious and antagonistic, and a *paranoid flavor* characterizes his conversation. Often his parents, siblings, or in-laws are the object of his distortions in thinking. Allegedly, these relatives or other persons are trying to hurt the patient, to spoil his reputation, and so forth. Even what the therapist says to the patient is misinterpreted, as the patient often clearly gives it a special twist. This tendency to misinterpret, at first limited to dealings with relatives, later spreads to employers and co-workers, so that finally it becomes impossible for the patient to maintain his occupation. If the patient is not treated, full-fledged episodes, with definite delusions and hallucinations, may occur.

The Hebephrenic Type

In the oligosymptomatic form of the hebephrenic type, the patient complains a lot about physical ailments. Often he attributes the responsibility for his troubles to previous physicians who allegedly have treated him badly. At times there is an incongruous euphoria. Odd ideas, either of reference or semigrandiose, creep in. There is an apparent lack of anxiety.

The Catatonic Type

There are no motor disorders in the oligosymptomatic form of the catatonic type, but the activities of the patient are reduced to a minimum. The patient takes an enormous amount of time to do simple things. To get dressed or undressed may require two or three hours, and it becomes a real ordeal. The patient refuses to leave the house. When he goes out, he arrives at his destination extremely late. Occasionally, almost catatonic episodes occur. There is no catatonic immobility, but the patient is confined to bed for several days, refusing to get up in spite of absence of physical illness. The patient may improve completely, only to develop a full catatonic attack a few years later.

The Simple Type

The simple type is the most common among the oligosymptomatic forms. Contrary to the classic simple type, the prognosis is good if intensive psychodynamic therapy is instituted. The patient manifests anxiety much more frequently than in the classic type. At times a diagnostic difficulty consists in differentiating this type from the oligosymptomatic catatonic. Like the catatonic, the patient does not want to go out of the house or seek employment and tells you that he ‘ ‘cannot do it.” Activities are reduced to a minimum and are extremely slow. The sleep rhythm is altered. Often he sleeps during the day and stays up until very late at night or the early part of the morning. In quite a few cases he becomes overconcerned with his appearance or with his weight. He may go into periodic eating sprees that alternate with periods of almost total starvation. The differential diagnosis from anorexia nervosa is debatable in some cases.

It is often difficult to determine to which one of the classical types of schizophrenia these mild cases belong. Often one gets the impression that they are mixed or undifferentiated and that the effort made to recognize in them a particular type is mostly due to our desire

to adhere to the traditional terminology.

XI

The Course of Schizophrenia

A striking characteristic of schizophrenia is the great variability of its course. Some patients recover from an acute attack in only a few hours, days, or months, whereas others remain sick for the rest of their lives. Some undergo a cyclical course characterized by episodes occurring in a fundamentally vulnerable personality. Some recover from the acute attacks, but retain a residue or deficit. Those who remain permanently ill may show an arrest of the disorder at a certain stage, whereas others undergo a slow but progressive regression. Even the onset of the disorder presents various aspects, as we have already mentioned. Ey, Bernard, and Brisset (1967) distinguish four types of onset: (1) the insidious and progressive; (2) the acute; (3) the cyclic; and rarely (4) the monosymptomatic.

I have differentiated (1955) four different stages of regression in patients (fortunately now in sharply decreasing number) who undergo a complete course of the illness.

Most of the patients seen by psychiatrists in private practice belong to the first or initial stage. Even if the patients are undergoing a second or third attack, they generally belong in the first stage, because modern types of treatment prevent them from progressing further. After the third attack the patient tends to advance rapidly to subsequent stages. Statistics vary considerably as to the frequency of recurrences. The first stage of regression extends from the time the patient starts to lose contact with reality to the full formation of the characteristic symptoms of schizophrenia. The patient may retain great anxiety and restlessness. He seems either to fight his illness and want to return to reality or to fight the external world in an attempt to vindicate his symptoms. There is great variation of symptoms in this period, except in case of the catatonic patient, who may exhibit all the catatonic characteristics from the very beginning. Some catatonic patients, however, may change into a paranoid picture and vice versa.

Although a detailed description and interpretation of the four stages of schizophrenic development will be presented in Part Four, here is a summarization of the overt symptomatology.

The first stage is characterized by the presence of anxiety and

lack of a certain equilibrium, in spite of the presence of typical psychotic symptoms. This first stage can be divided into three phases:

1. A phase of *panic*—when the patient starts to perceive things in a different way, is frightened on account of it, appears confused, and does not know how to explain “the strange things that are happening.”
2. A phase of *psychotic insight*—when he succeeds in “putting things together.” By devising a pathological way of seeing reality, he is able to explain his abnormal experiences. The phenomenon is called “insight” because the patient finally sees meaning and relations in his experiences, but the insight is psychotic because it is founded on mental processes that occur only in a state of psychosis.
3. A phase of *multiplication of symptoms*—when symptoms become more and more numerous as the patient vainly attempts to use the symptoms to solve his conflicts and remove his anxiety.

The second, or advanced, stage is characterized by an apparent acceptance of the illness. All the classic symptoms are present, and they do not seem to bother the patient as much as before. Life has become more and more restricted and lacks spontaneity. Routine and

stereotyped behavior are outstanding.

In the third, or preterminal, stage many symptoms seem to have burned out, and, because all the types of schizophrenia resemble one another so closely, it is often difficult to distinguish a paranoid from a catatonic. At this stage, primitive habits such as hoarding useless objects and decorating oneself in a bizarre manner are conspicuous. This stage generally occurs from five to fifteen years after the beginning of the illness, but it may occur sooner or later.

In the fourth, or terminal, stage the behavior of the patient is even more impulsive and reflexlike. Primitive habits are replaced by even more primitive ones. Hoarding of objects is substituted by food grabbing, and later by ingestion of small objects, whether they are edible or not (*placing-into-mouth* reaction).

Later, during the fourth stage (although in some cases even at a much earlier stage), many patients present what appear to be perceptual alterations. They seem insensitive to pain, temperature, and taste, although they still react to olfactory stimuli. This anesthesia is the cause of many accidents (for instance, burning oneself by sitting

too close to a radiator).

Bibliography

- Abraham, K., 1908, "The Psycho-Sexual Differences between Hysteria and Dementia Praecox." In Abraham, K., *Selected Papers in Psychoanalysis*. New York: Basic Books, 1953.
- _____, 1912, "Notes on the Psycho-Analytical Investigation and Treatment of Manic-Depressive Insanity and Allied Conditions." In *Selected Papers*. New York: Basic Books, 1953.
- _____, 1913, "Restrictions and Transformations of Scopophilia in Psycho-neurotics." In *Selected Papers*. New York: Basic Books, 1953.
- _____, 1916, "The First Pregonal Stage of the Libido." In *Selected Papers*. New York: Basic Books, 1953.
- Abramson, D. I., 1944, *Vascular Responses in the Extremities of Man in Health and Disease*. Chicago: University of Chicago Press, 1944.
- Accomero, F., 1939, "L'istopatologia del sistema nervoso centrale nello shock insulinico." *Riv. di Pat. Nerv.*, 53:1.
- Ach, N., 1935, *Analyse des Willens*. Berlin. Quoted by Humphrey, G., *Thinking: An Introduction to Experimental Psychology*. London and New York: Methuen & Wiley, 1951.
- Ackerman, N. W., 1954, "Interpersonal Disturbances in the Family: Some Unsolved Problems in Psychotherapy." *Psychiatry*, 17:359-368.
- _____, 1958, *The Psychodynamics of Family Life*. New York: Basic Books.

- ____, 1960, "Family-Focused Therapy of Schizophrenia." In Sher, S. C., and Davis, H. R. (eds.), *The Out-Patient Treatment of Schizophrenia*. New York: Grune & Stratton.
- Adler, A., 1944, "Disintegration and Restoration of Optic Recognition in Visual Agnosia." *Archives of Neurology and Psychiatry*, 51:243-259.
- ____, 1950, "Course and Outcome of Visual Agnosia." *Journal of Nervous and Mental Disease*, 111:41-51.
- Akerfeldt, S., 1957, "Oxidation of N-N-dimethyl-p-phenylenediamine by Serum with Mental Disease." *Science*, 125:117.
- Alanen, Y. O., 1958, "The Mothers of Schizophrenic Patients." Supplement No. 124, *Acta Psychiatrica et Neurologica Scandinavica*, Helsinki.
- Allen, M. G., and Pollin, W., 1970, "Schizophrenia in Twins and the Diffuse Ego Boundary Hypothesis." *American Journal of Psychiatry*, 127:437-442.
- Alpert, H. S., Bigelow, N. J. T., and Bryan, L. L., 1947, "Central Arteriosclerosis in the Paranoid State," *Psychiatric Quarterly*, 21:305-313.
- Altshuler, K. Z., 1957, "Genetic Elements in Schizophrenia. A Review of the Literature and Resume of Unsolved Problems." *Eugenics Quarterly*, 4:92-98.
- Alzheimer, A., 1897, "Beitrage zur pathologischen Anatomie der Hirnrinde und zur anatomischen Grundlage einiger Psychosen." *Monatsschr. Psychiat. u. Neurol.*, 2:82.

- Appleton, W. S., 1967, "A Guide to the Use of Psychoactive Agents." *Diseases of the Nervous System*, 28:609-613.
- Arieti, S., 1941, "Histopathologic Changes in Experimental Metrazol Convulsions in Monkeys." *American Journal of Psychiatry*, 98:70.
- ____, 1944a, "The 'Placing-into-Mouth' and Coprophagic Habits." *Journal of Nervous and Mental Disease*, 99:959-964.
- ____, 1944b, "An Interpretation of the Divergent Outcome of Schizophrenia in Identical Twins." *Psychiatric Quarterly*, 18:587-599.
- ____, 1945a, "Primitive Habits and Perceptual Alterations in the Terminal Stage of Schizophrenia." *Archives of Neurology and Psychiatry*, 53:378-384.
- ____, 1945 b, "Primitive Habits in the Preterminal Stage of Schizophrenia." *Journal of Nervous and Mental Disease*, 102:367-375.
- ____, 1946, "Histopathologic Changes in Cerebral Malaria and Their Relation to Psychotic Sequels." *Archives of Neurology and Psychiatry*, 56:79-104.
- ____, 1947, "The Processes of Expectation and Anticipation. Their Genetic Development, Neural Basis and Role in Psychopathology." *Journal of Nervous and Mental Disease*, 100:471—481.
- ____, 1948, "Special Logic of Schizophrenia and Other Types of Autistic Thought." *Psychiatry*, 11:325-338.
- ____, 1950a, "Primitive Intellectual Mechanisms in Psychopathological

Conditions. Study of the Archaic Ego." *American Journal of Psychotherapy*, 4:4.

____, 1950b, "New Views on the Psychology and Psychopathology of Wit and of the Comic." *Psychiatry*, 13:43-62.

____, 1955, *Interpretation of Schizophrenia*. New York: Brunner.

____, 1956a, "The Possibility of Psychosomatic Involvement of the Central Nervous System in Schizophrenia." *Journal of Nervous and Mental Disease*, 123:324-333.

____, 1956b, "Some Basic Problems Common to Anthropology and Modern Psychiatry." *American Anthropologist*, 58:26-39.

____, 1957a, "The Two Aspects of Schizophrenia." *Psychiatric Quarterly*, 31:403-16.

____, 1957b, "What is Effective in the Therapeutic Process?" *Am. J. Psychoanalysis*, 17:30-33.

____, 1959, "Some Socio-Cultural Aspects of Manic-Depressive Psychosis and Schizophrenia." In Masserman, J., and Moreno, J. (eds.), *Progress in Psychotherapy*, vol. 4, pp. 140-152. New York: Grune & Stratton.

____, 1960, "Recent Conceptions and Misconceptions of Schizophrenia." *American Journal of Psychotherapy*, 14:1-29.

____, 1961a, "Volition and Value: A Study Based on Catatonic Schizophrenia." *Comprehensive Psychiatry*, 2:74.

- ____, 19616, "Introductory Notes on the Psychoanalytic Therapy of Schizophrenia." In Burton, A. (ed.), *Psychotherapy of Psychoses*. New York: Basic Books.
- ____, 1962a, "Hallucinations, Delusions and Ideas of Reference Treated with Psychotherapy." *American Journal of Psychotherapy*, 16:52-60.
- ____, 19626, "Psychotherapy of Schizophrenia." *Archives of General Psychiatry*, 6:112-122.
- ____, 1962c, "The Microgeny of Thought and Perception," *Archives of General Psychiatry*, 6:454-468.
- ____, 1963a, "The Psychotherapy of Schizophrenia in Theory and Practice." American Psychiatric Association, *Psychiatric Research Report* 17.
- ____, 1963 6, "Studies of Thought Processes in Contemporary Psychiatry." *American Journal of Psychiatry*, 120:58-64.
- ____, 1963c, "Psychopathic Personality: Some Views on Its Psychopathology and Psychodynamics." *Comprehensive Psychiatry*, 4:301-312.
- ____, 1964, "The Rise of Creativity: From Primary to Tertiary Process." *Contemporary Psychoanalysis*, 1:51-68.
- ____, 1965a, "The Schizophrenic Patient in Office Treatment." In *Psychotherapy of Schizophrenia, 3rd Int. Symp., Lausanne, 1964*. Basel: Karger.
- ____, 1965b, "Conceptual and Cognitive Psychiatry." *American Journal of Psychiatry*, 122:361-366.

- ____, 1965c, "Contributions to Cognition from Psychoanalytic Theory." In Masserman, J. (ed.), *Science and Psychoanalysis*, vol. 8, pp. 16—37. New York: Grune & Stratton.
- ____, 1966a, "Creativity and Its Cultivation: Relation to Psychopathology and Mental Health." In Arieti, S. (ed.), *American Handbook of Psychiatry*, 1st ed., vol. 3, pp. 720—741. New York: Basic Books.
- ____, 1966b, "Transferencia e contra-transferencia no tratamento do paciente esquizofrênico." *Jornal Brasileiro de Psiquiatria*. 15:163-174.
- ____, 1967, *The Intrapsychic Self: Feeling, Cognition and Creativity in Health and Mental Illness*. New York: Basic Books.
- ____, 1968a, "The Psychodynamics of Schizophrenia: A Reconsideration." *American Journal of Psychotherapy*, 22:366-381.
- ____, 1968b, "The Meeting of the Inner and the External World: In Schizophrenia, Everyday Life and Creativity." *American Journal of Psychoanalysis*, 29:115-130.
- ____, 1968c, "New Views on the Psychodynamics of Schizophrenia." *American Journal of Psychiatry*, 124:453—458.
- ____, 1968d, "Some Memories and Personal Views." *Contemporary Psychoanalysis*, 5:85-89.
- ____, 1969, "Current Ideas on the Problem of Psychosis." *Excerpta Medica International Congress Series*, No. 194:3-21.

- ____, 1971a, "The Origins and Development of the Psychopathology of Schizophrenia." In Bleuler, M., and Angst, J. (eds.), *Die Entstehung der Schizophrenic*. Bern: Huber.
- ____, 1971b, "Psychodynamic Search of Common Values with the Schizophrenic." *Proceedings of IV International Symposium, Turku, Finland, 1971. Excerpta Medica International Congress Series*, No. 259:94-100. Amsterdam.
- ____, 1972 a, *The Will To Be Human*. New York: Quadrangle Books.
- ____, 1972 b, "Discussion of Otto Allen Will's Paper." *Contemporary Psychoanalysis*, 9:58-62.
- ____, 1972c, "The Therapeutic-Assistant in Treating the Psychotic." *International Journal of Psychiatry*, 10:7-11.
- ____, 1973, "Anxiety and Beyond in Schizophrenia and Depression." *American Journal of Psychotherapy*, 17:338-345
- ____, 1974, "Psychoses." In *Encyclopaedia Britannica*.
- Arieti, S., and Bemporad, J. R., 1974, "Rare, Unclassifiable, and Collective Psychiatric Syndromes." In Arieti, S. (ed.), *American Handbook of Psychiatry*. 2nd ed., vol. 3, pp. 710-722. New York: Basic Books.
- Arieti, S., and Meth, J., 1959, "Rare, Unclassifiable, Collective, Exotic Syndromes." In Arieti, S. (ed.), *American Handbook of Psychiatry*, 1st ed., vol. 1, pp. 546-563. New York: Basic Books.
- Arlow, J. A., 1958, "Report on Panel: The Psychoanalytic Theory of Thinking."

J. Am. Psychoanal Ass., 6:143.

Arlow, J. A., and Brenner, C., 1964, *Psychoanalytic Concepts and the Structural Theory*. New York: International Universities Press.

_____, 1969, "The Psychopathology of the Psychoses: A Proposed Revision." *The International Journal of Psychoanalysis*, 50:5-14.

Artiss, K. L., 1962, *Milieu Therapy in Schizophrenia*. New York: Grune & Stratton.

Astrachan, J. M., 1965, "Severe Psychological Disorders in Puerperium." *Obstetrics and Gynecology*, 25:13-25.

Astrup, C., and Odegaard, O., "Internal Migration and Mental Disease in Norway." *Psychiatric Quarterly*, 34:116-130.

Axel, M., 1959, "Treatment of Schizophrenia in a Day Hospital. Preliminary Observations on an Eclectic Approach." *International Journal of Social Psychiatry*, 5.

Ayd, F. J., 1961, "A Survey of Drug-Induced Extrapyramidal Reactions." *JAMA*, 175:1054-1060.

_____, 1963, "Chlorpromazine: Ten Years' Experience." *JAMA*, 184:173.

Ayllon, T., and Azrin, N. H., 1965, "The Measurement and Reinforcement of Behavior of Psychotics." *Journal of Exper. Anal. Behav.*, 8:357-383.

Bacciagaluppi, M., and Serra, A., 1963, "Sull'eredita' della schizofrenia tardiva." *Il Lavoro Neuropsichiatrico*, 33:1-7.

Balakian, A., 1970, *Surrealism: The Road to the Absolute*. New York: Dutton.

Baldessarini, R. J., 1966, "Factors Influencing Tissue Levels of the Major Methyl Donor in Mammalian Tissue." In Himwich, H. E., Kety, S. S., and Smythies, J. R. (eds.), *Amine Metabolism in Schizophrenia*. Oxford: Pergamon.

Baldwin, J. M., 1929. Quoted by Piaget, 1929.

Balken, E. R., 1943, "A Delineation of Schizophrenic Language and Thought in a Test of Imagination." *Journal of Psychology*, 16:239.

Bard, P., and Mountcastle, V. B., 1947, "Some Forebrain Mechanisms Involved in the Expression of Rage with Special Reference to Suppression of Angry Behavior." *Res. Pub. A. Nerv. e. Merit. Dis.*, 27:362.

Barison, F., 1934, "L'Astrazione formale del pensiero quale sintomo di schizofrenia." *Schizophrenie*, 3, 1934. Quoted by Piro, 1967.

_____, 1948, "Il Manierismo schizofrenico." *Riv. Neurol.* 18:1.

_____, 1949, "Dissociazione e incomprendibilita schizofreniche." *Riv. Neurol.*, 19:1.

Barr, M. L., and Bertram, E. C., 1949, "A Morphological Distinction between Neurons of the Male and Female, and the Behavior of the Nucleolar Satellite during Accelerated Nucleoprotein Synthesis." *Nature*, 163:676-677.

Barsa, K., and Kline, N. S., 1956, "Use of Reserpine in Disturbed Psychotic Patients." Quoted by Kline, 1956.

- Bartlet, J. E. A., 1957, "Chronic Psychosis following Epilepsy." *American Journal of Psychiatry*, 114:338-343.
- Bastide, R., 1965, *Sociologie des maladies mentales*. Paris: Flammarion.
- Bateson, G., Jackson, D. D., Haley, J., and Weakland, J., 1956, "Toward a Theory of Schizophrenia." *Behavioral Science*, 1:251.
- Baynes, H G., 1949, *Mythology of the Soul. A Research into the Unconscious from Schizophrenic Dreams and Drawings*. London: Methuen.
- Beard, A. W., and Slater, E., 1962, "The Schizophrenic-like Psychoses of Epilepsy." *Proceedings of the Royal Society of Medicine*, 55:311-316.
- Becker, E., 1962, "Toward a Theory of Schizophrenia. External Objects and the Creation of Meaning." *Archives of General Psychiatry*, 7:170-181.
- Beckett, P. G. S., and Gottlieb, J. S., 1970, "Advances in the Biology of Schizophrenia." In Arieti, S. (ed.), *The World Biennial of Psychiatry and Psychotherapy*, vol. 1, pp. 505-528. New York: Basic Books.
- Beliak, L., 1948, *Dementia Praecox. The Past Decade's Work and Present States: A Review and Evaluation*. New York: Grune.
- _____. 1957, *Schizophrenia: A Review of the Syndromes*, New York: Logos Press.
- Beliak, L., and Loeb, L., 1969, *The Schizophrenic Syndrome*. New York: Grune & Stratton.
- Beliak, L., and Willson, E., 1947, "On the Etiology of Dementia Praecox."

Journal of Nervous and Mental Disease, 105:1-24.

Belloni, L., 1956, "Dali' Elleboro alia reserpina." *Archivio di Psicologia, Neurologia e Psichiatria*, 17:115.

Bemporad, J. R., 1967, "Perceptual Disorders in Schizophrenia." *American Journal of Psychiatry*, 123:971-975.

Bemporad, J. R., and Dunton, H. D., 1972, "Catatonic Episodes in Childhood." *International Journal of Child Psychotherapy*, 1:19-44.

Bender, L., 1947, "Childhood Schizophrenia." *American Journal of Orthopsychiatry*, 17:40-56.

_____, 1953, "Childhood Schizophrenia." *Psychiatric Quarterly*, 27:663-687.

Bender, L., and Schilder, P., 1930, "Unconditioned and Conditioned Reactions to Pain in Schizophrenia." *American Journal of Psychiatry*, 10:365.

Bendi, S. B., Beckett, P. G. S., Caldwell, D. F., Grisell, J., and Gottlieb, J. S., 1969, "Nailfold Capillary Structure and Skin Temperature in Schizophrenia." *Clinical and Basic Science Correlations. Supplement to Diseases of the Nervous System*, 30:2.

Benedetti, G., 1955, "Il problema della coscienza nelle allucinazioni degli schizofrenici." *Archivio di Psicologia, Neurologia e Psichiatria*, 16:287.

_____, 1956, "Analisi dei processi di miglioramento e di guarigione nel corso della psicoterapia." *Archivio di Psicologia, Neurologia e Psichiatria*, 17:971.

____, 1971, "Ich-Strukturierung und Psychodynamik in der Schizophrenie." In Bleuler, M., and Angst, J. (eds.), *Die Entstehung der Schizophrenie*. Bern: Huber.

____, 1972, "Response to Frieda Fromm-Reichmann Award Presentation." Meeting of the American Academy of Psychoanalysis, May 1972.

Benedetti, G., Kind, H., and Mielke, F., 1957, "Forschungen zur Schizophrenielehre 1951 bis 1955." *Fortschritte Neur. Psychiatrie*, 25:101-179.

Benjamin, J. D., 1944, "A Method for Distinguishing and Evaluating Formal Thinking Disorders in Schizophrenia." In Kasanin (1944a), *Language and Thought in Schizophrenia: Collected Papers*. Berkeley: University of California Press.

Bennett, A. E., 1940, "Preventing Traumatic Complications in Convulsive Shock Therapy by Curare." *JAMA*, 114:322.

Berger, H., 1931, "Über das Elektroenzephalogramm des Menschen." *Arch. f. Psychiat.*, 94:16-60.

____, 1933, "Über das Elektroenzecephalogramm des Menschen." *Arch. f. Psychiat.*, 100:302-321.

Berk, N., 1950, "A Personality Study of Suicidal Schizophrenics." *Microfilm Abstracts*, 10:155.

Bernard, P., and Bobon, J., 1961, "Le 'Rinhauzhairrhauses' neomorphisme compensatoire chez un paraphrene debile." In *Premier Colloque International sur V Expression Plastique*. Brussels: Les Publications "Acta Medica Belgica."

- Best, C. H., and Taylor, N. B., 1939, *The Physiological Basis of Medical Practice*. Baltimore: Williams and Williams.
- Bettelheim, B., 1956, "Schizophrenia as a Reaction to Extreme Situations." *American Journal of Orthopsychiatry*, 26:507-518.
- _____, 1967, *The Empty Fortress: Infantile Autism and the Birth of the Self*. New York: Free Press.
- _____, 1969, *The Children of the Dream*. New York: Macmillan.
- _____, 1970, "Infantile Autism." In Arieti, S. (ed.), *The World Biennial of Psychiatry and Psychotherapy*, vol. 1, pp. 400-425. New York: Basic Books.
- Betz, B. J., 1947, "A Study of Tactics for Resolving the Autistic Barrier in the Psychotherapy of the Schizophrenic Personality." *American Journal of Psychiatry*, 104:267.
- _____, 1950, "Strategic Conditions in the Psychotherapy of Persons with Schizophrenia." *American Journal of Psychiatry*, 107:203.
- Bexton, W. H., Heron, W., and Scott, T. H., 1954, "Effects of Decreased Variation in the Sensory Environment." *Canadian Journal of Psychology*, 8:70-76.
- Bieber, I., 1958, "A Critique of the Libido Theory." *American Journal of Psychoanalysis*, 18:52-65.
- Bieber, I., et al., 1962, *Homosexuality: A Psychoanalytic Study*. New York: Basic Books.

- Billig, O., 1957, "Graphic Communication in Schizophrenia." *Congress Report 2*, Intern. Congress for Psychiatry, Zurich, Vol. 4.
- _____, 1968, "Spatial Structure in Schizophrenic Art." *Psychiatry and Art Proceedings IVth Int. Coll. Psychopathology of Expression* 1-16. Basel and New York: Karger.
- Binswanger, L., 1949, "Der Fall Lola Voss." *Schweizer Archiv für Neurologie und Psychiatrie*, 63:29.
- _____, 1957, *Le Cas Suzanne Urban, etude sur la schizophrenic*. Paris: Desclée de Brouwer.
- _____, 1958a, "The Case of Ellen West." In May, R., Angel, E., and Ellenberger, H. F. (eds.), *Existence*. New York: Basic Books.
- _____, 1958b, "Insanity as Life-Historical Phenomenon and as Mental Disease: The Case of Ilse." In May, R., Angel, E., and Ellenberger, H. F. (eds.), *Existence*. New York: Basic Books.
- Bion, W. R., 1954, "Notes on the Theory of Schizophrenia." In Bion, W. R., *Second Thoughts*. London: Heinemann.
- _____, 1956, "Development of Schizophrenic Thought." In Bion, *Second Thoughts*. London: Heinemann.
- _____, 1957, "Differentiation of the Psychotic from the Non-Psychotic Personalities." In Bion, W. R., *Second Thoughts*. London: Heinemann.
- Black, B. J., 1963, *Guides to Psychiatric Rehabilitation*. New York: Altro Health

and Rehabilitation Services.

Blacker, K. H., Jones, R. T., Stone, G. C., and Pfefferbaum, 1968, "Chronic Users of LSD: The 'Acidheads.'" *American Journal of Psychiatry*, 125:341-351.

Blanshard, B., 1967, "Internal Relations and Their Importance to Philosophy." *The Review of Metaphysics*, 21:227-236.

Blaschko, H., 1959, "The Development of Current Concepts of Catecholamine Formation." *Pharmacol. Rev.*, 11:307—316.

Bleuler, E., 1912a, *The Theory of Schizophrenic Negativism*. Nervous and Mental Disease Monograph Series No. 11. New York.

____, 1912b, *Affectivity, Suggestibility, Paranoia*. Utica, N.Y.: State Hospital Press.

____, 1913a, "Autistic Thinking." *American Journal of Insanity*, 69:873.

____, 1913b, "Kritik der Freudschen Theorien." *Allg. Z. Psychiatrie*, 70:665-718.

____, 1914, *Textbook of Psychiatry*. Translated by A. A. Brill. New York: Macmillan.

____, 1915, "Die Spatschizophrenen Krankheitsbilder." *Fortschr. Neur.*, 15:259.

____, 1916 (originally in German, 1911), *Dementia Praecox on the Group of Schizophrenias*. Translated by J. Zinkin. New York: International Universities Press.

- Bleuler, M., 1954, *Endokrinologische Psychiatrie*. Stuttgart: Thieme.
- _____, 1963, "Conception of Schizophrenia within the Last Fifty Years and Today." *Proceedings of the Royal Society of Medicine*, 56:945-952.
- _____, 1968, "A Twenty-Three-Year Longitudinal Study of 208 Schizophrenics and Impression in Regard to the Nature of Schizophrenia." In Rosenthal, D. and Kety, S.S. (eds) in *The Transmission of Schizophrenia*: London: Pergamon Press.
- Blondel, C., 1939, "Les Volitions." In Dumas, G. (ed.), *Nouveau Traite de Psychologie*. Paris: Alcan.
- Bloom, J. B., and Davis, N., 1970, "Changes in Liver Disturbance Associated with Long-term Tranquilizing Medication." *Diseases of the Nervous System*, 31:309-317.
- Blum, R. A., Livingston, P. B., Shader, R. I., 1969, "Changes in Cognition, Attention and Language in Acute Schizophrenia." *Diseases of the Nervous System*, 30:31-36.
- Boas, F., 1927, *Primitive Art*. Oslo: H. Aschehoug & Company.
- Bobon, J., 1955, "Psychopathologie de l'expression plastique (mimique et picturale). Note preliminaire sur les 'neomimismes' et les 'neomorphismes.'" *Acta Neurologica et Psychiatrica Belgica*, 11:923-929.
- _____, 1957, "Contribution a la psychopathologie de l'expression plastique, mimique et picturale: Les 'neomimismes' et les 'neomorphismes.'" *Acta Neurologica et Psychiatrica Belgica*, 12:1031-1067.

- Bobon, J., and Maccagnani, G., 1962, "Contributo alio studio della comunicazione nonverbale in psicopatologia: Il 'linguaggio' dell'espressione plastica." *Rivista Sperimentale di Freniatria*, 86:1097-1173.
- Boernstein, W. S., 1940a and b, "Cortical Representation of Taste in Man and Monkey." (a) Functional and Anatomical Relations of Taste, Olfaction and Somatic Sensibility. *Yale Journal of Biology and Medicine*, 12:719. (b) The Localization of the Cortical Taste Area in Man and a Method for Measuring Impairment of Taste in Man. *Yale Journal of Biology and Medicine*, 13:133.
- Bonfiglio, F., 1952, "Considerazioni sulla morbosita per malattie mentali in Italia nel triennio 1947-1948-1949." *Lavoro Neuropsichiat*, 10:22.
- Book, J. A., 1960, "Genetical Aspects of Schizophrenic Psychoses." In Jackson, D. D. (ed.), *The Etiology of Schizophrenia*. New York: Basic Books.
- Boss, M., 1963, *Psychoanalysis and Daseinanalysis*. New York: Basic Books.
- _____, 1973, "The Phenomenological Approach to Schizophrenia." In Arieti, S. (ed.), *The World Biennial of Psychiatry and Psychotherapy*, vol. 2, pp. 314—335.
- Bostroem, A., 1928, "Storungen der Wollens." In Bumke, O. (ed.), *Handbuch des Geisteskrankheiten*, vol. 11, pp. 1-90. Berlin: Springer.
- Bourdillon, R. E., Clarke, C. A., Ridges, A. P., Sheppam, P. M., Harper, P., and Leslie, S. A., 1965, " 'Pink Spot' in the Urine of Schizophrenics." *Nature*, 208:453-455.

- Boutonier, J., 1951, *Les Defaillances de la volonte*. Paris: Presses Universitaires de France.
- Bowers, M. K., 1961, "Theoretical Considerations in the Use of Hypnosis in the Treatment of Schizophrenia." *International Journal of Clinical and Experimental Hypnosis*, 9:39-46.
- Bowlby, J., 1951, *Maternal Care and Mental Health*. World Health Organization Monograph, Series n. 2.
- _____, 1960, "Grief and Mourning in Infancy." In *The Psychoanalytic Study of the Child*, vol. 15. New York: International Universities Press.
- Bowman, K. M., 1935, "Psychoses with Pernicious Anemia." *American Journal of Psychiatry*, 92:372.
- Boyd, D. A., 1942, "Mental Disorders Associated with Child Bearing." *American Journal of Obstetrics and Gynecology*, 43:148-163, 335-349.
- Braceland, F. J., 1966, "Rehabilitation." In Arieti, S. (ed.), *American Handbook of Psychiatry*, vol. 3, pp. 643-656. New York: Basic Books.
- Bradley, C., 1941, *Schizophrenia in Childhood*. New York: Macmillan.
- Breton, A., 1932, *Les Vases Communicants*. Paris: Cahiers Libres.
- _____, 1952, *La Cle des Champs*. Paris: Sagittaire.
- Breton, A., and Eluard, P., 1930, *L'Immaculee Conception*. Paris: Editions Surrealistes.

- Brickner, R. M., 1936, *The Intellectual Functions of the Frontal Lobes: A Study Based upon Observation of a Man Following Partial Bilateral Frontal Lobectomy*. New York: Macmillan.
- Brill, H., and Patton, R. E., 1957, "Analysis of 1955-1956 Population Fall in New York State Mental Hospitals in First Year of Large-Scale Use of Tranquillizing Drugs." ' ' *American Journal of Psychiatry*, 114:509.
- _____, 1964, "The Impact of Modern Chemotherapy on Hospital Organization, Psychiatric Care, and Public Health Policies: Its Scope and Its Limits." *Proceedings Third World Congress of Psychiatry*, vol. 3, pp. 433^37.
- Brill, N. G., 1969, "General Biological Studies." In Beliak, L., and Loeb, L. (eds.), *The Schizophrenic Syndrome*. New York: Grune & Stratton.
- Brody, M. W., 1959, *Observations on "Direct Analysis," The Therapeutic Technique of Dr. John N. Rosen*. New York: Vantage Press.
- Brooks, G. W., Deane, W. N., and Hugel, R. W., 1968, "Some Aspects of the Subjective Experience of Schizophrenia." In *Supplement to Diseases of the Nervous System*, vol. 29, pp. 78-82.
- Brown, J. W., 1972, *Aphasia, Apraxia and Agnosia*. Springfield, Ill.: Thomas.
- Bruch, H., 1957, *The Importance of Overweight*. New York: Norton.
- _____, 1962, "Perceptual and Conceptual Disturbances in Anorexia Nervosa." *Psychosomatic Medicine*, 24:187.
- Bruch, H., and Palombo, S., 1961, "Conceptual Problems in Schizophrenia. ' ' "

Journal of Nervous and Mental Disease, 132:114—117.

Bruetsch, W. L., 1940, "Chronic Rheumatic Brain Disease as a Possible Factor in the Causation of Some Cases of Dementia Praecox." *American Journal of Psychiatry*, 97:276.

Bruner, J. S., 1951, "Personality Dynamics and the Process of Perceiving." In Blake, R. R., and Ramsey, G. V. (eds.), *Perception, an Approach to Personality*. New York: Ronald Press.

Buber, M., 1953, *I and Thou*. Edinburgh: Clark.

Bullard, D. M., 1959, *Psychoanalysis and Psychotherapy. Selected Papers of Frieda Fromm-Reichmann*. Chicago: University of Chicago Press.

Bumke, O., 1924, *Lehrbuch der Geisteskrankheiten*, 2nd ed. Munich: Bergmann.

Burlingame, C. C., 1949, "Rehabilitation after Leucotomy." *Proceedings of the Royal Society of Medicine*, 42:31.

Burney, C., 1952, *Solitary Confinement*. New York: Coward-McCann.

Burton, A., and Adkins, J., 1961, "Perceived Size of Self-Image Body Parts in Schizophrenia." *Archives of General Psychiatry*, 5:131-140.

Burton, A., and Bird, J. W., 1963, "Family Constellation and Schizophrenia." *Journal of Psychology*. 55:329-336.

Buscaino, V. M., 1921, "Nuovi date sulla distribuzione e sulla genesi delle 'zolle di disintegrazione a grappolo' dei dementi precoci." *Riv. di Pat. Nerv.*, 26:57.

- ____, 1952, "Extraneural Pathology of Schizophrenia (Liver, Digestive Tract, Reticulo-Endothelial System). In *Proceedings of the First International Congress of Neuropathology*. Turin: Rosenberg & Sellier.
- ____, 1970, "Biologia e terapia della schizofrenia." *Acta Neurologica*, 25:1-58.
- Bychowski, G., 1943, "Physiology of Schizophrenic Thinking." *Journal of Nervous and Mental Disease*, 98:368—386.
- ____, 1952, *Psychotherapy of Psychosis*. New York: Grune & Stratton.
- Byrd, R. E., 1938, *Alone*. New York: Putnam.
- Cade, J. F., and Krupinski, J., 1962, "Incidence of Psychiatric Disorders in Victoria in Relation to Country of Birth." *Medical Journal of Australia*, 49:400-404.
- Cairns, H., Oldfield, R. C., Pennybacker, J. B., and Whitteridge, D., 1941, "Akinetic Mutism with an Epidermoid Cyst of the Third Ventricle." *Brain*, 64:273.
- Callieri, B., 1954, "Contributo alio studio psicopatologico dell' esperienza schizofrenica della fine del mondo." *Archivio Psicologia, Neurologia e Psichiatria*, 16:379.
- Cameron, D. C., and Jellinek, E. M., 1939, "Physiological Studies in Insuline Treatment of Acute Schizophrenia: Pulse Rate and Blood Pressure." *Endocrinology*, 25:100.
- Cameron, N., 1938, "Reasoning, Regression and Communication in

- Schizophrenics." *Psychological Monograph*, 50:1.
- ____, 1939, "Deterioration and Regression in Schizophrenic Thinking." *Journal of Abnormal and Social Psychology*, 34:265.
- ____, 1947, *The Psychology of Behavior Disorders. A Biosocial Interpretation*. Cambridge, Mass.: Mifflin Co.
- Cameron, N., and Margaret, A., 1951, *Behavior Pathology*. Cambridge, Mass.: Mifflin Co.
- Cancro, R., 1971, 1972, *The Schizophrenic Syndrome*, vols. 1, 2. New York: Brunner-Mazel.
- Cantor, M. B., 1968, "Problems in Diagnosing and Prognosing with Occult Schizophrenic Patients." *American Journal of Psychoanalysis*, 39:36-47.
- Capgras, J., and Carrette, P., 1924, "L'illusion des sosies et complexe d'Oedipe." *Ann. med.-psych.*, 82:48.
- Capgras, J., Lucettini, P., and Schiff, P., 1925, "Du Sentiment d'étrangeté a l'illusion des sosies." *Ann. med.-psych.*, 83:93.
- Capgras, J., and Reboul-LaChaux, J., 1923, "L'illusion des sosies dans un delire systematise chronique." *Soc. Clin. Med. Psych.*, 81:186.
- Caplan, G., 1964, *Principles of Preventive Psychiatry*. New York: Basic Books.
- Cargnello, D., 1964, "Fenomenologia del corpo." *Annali di Freniatria e Scienze Affini*, 77:365-379.

- Cagnello, D., and Della Beffa, A.A., 1955, "L'illusione del Sosia." *Archivio di Psicologia, Neurologia e Psichiatria*, 16:173.
- Carothers, J. C., 1947, "A Study of Mental Derangement in Africans." *Journal of Ment. Sci.*, 93, No. 392:548-597.
- _____, 1951, "Frontal Lobe Function and the African." *J. Ment. Sci.*, 97, n. 406, pp. 12—48.
- Cassirer, E., 1946, *Language and Myth*. New York: Harper and Brothers.
- _____, 1953, *The Philosophy of Symbolic Forms*, vol. 1. New Haven: Yale University Press.
- _____, 1955, *The Philosophy of Symbolic Forms*, vol. 2. New Haven: Yale University Press.
- _____, 1957, *The Philosophy of Symbolic Forms*, vol. 3. New Haven: Yale University Press.
- Cerletti, U., and Bini, L., 1938, "L'Electroshock." *Arch. Gen. di Neurol., Psichiat., e Psicoanal.*, 19:266.
- _____, 1940, "Le alterazioni istopatologiche del sistema nervoso nell' electroshock." *Rivista Sperimentale di Freniatria*, 64:2.
- Chapman, J., 1966, "The Early Diagnosis of Schizophrenia." *British Journal of Psychiatry*, 112:225-238.
- Chapman, L. J., 1958, "Intrusion of Associative Responses into Schizophrenic Conceptual Performance." *Journal of Abnormal Social Psychology*,

56:374-379.

____, 1960, "Confusion of Figurative and Literal Usages of Words by Schizophrenics and Brain-Damaged Patients." *Journal of Abnormal Social Psychology*, 60:412-416.

____, 1961, "A Re-interpretation of Some Pathological Disturbances in Conceptual Breadth." *Journal of Abnormal Social Psychology*, 62:514-519.

Chapman, L. J., and Chapman, J. P.____, 1965, "The Interpretation of Words in Schizophrenia." *Journal of Personality and Social Psychology*, 1:135-146.

Chapman, L. J., Chapman, J. P., and Miller, G. A., 1964, "A Theory of Verbal Behavior in Schizophrenia." In Maher, B., *Progress in Experimental Personality Research*, vol. 1, pp. 49-77. New York: Academic Press.

Chertok, L., 1969, *Motherhood and Personality. Psychosomatic Aspects of Childbirth*. London: Tavistock. Originally published in French, 1966.

Chrzanowski, G., 1943, "Contrasting Responses to Electric Shock Therapy in Clinically Similar Catatonics." *Psychiatric Quarterly*, 17:282.

Clark, L. P., 1933, "Treatment of Narcissistic Neuroses and Psychoses." *Psychoanalytic Quarterly*, 20:304-326.

Clements, S. D., 1966, *Minimal Brain Dysfunction in Children*. NINDB Monograph No. 3, Washington, D.C.: U. S. Public Health Service.

- Cole, E., Fisher, G., Cole, S. S., 1968, "Women Who Kill. A Sociopsychological Study." *Archives of General Psychiatry*, 19:1-8.
- Colony, H. S., and Willis, S. E., 1956, "Electroencephalographic Studies of 100 Schizophrenic Patients." *American Journal of Psychiatry*, 113:163.
- Conant, J. B., 1952, *Modern Science and Modern Man*. New York: Columbia University Press.
- Courbon, P., and Fail, J., 1927, "Syndrome de Fregoli et schizophrénic." *Soc. Clin. Med. Ment*.
- Courbon, P., and Tusques, J., 1932, "Illusion d'intermetamorphose et de charme." *Ann. Med.-Psych.*, 90:401.
- Courtauld, A., 1932, "Living Alone under Polar Conditions." Cambridge: *The Polar Record*, No.4.
- Crahay, S., and Bobon, J., 1961, "De la representation naturaliste a l'abstraction morbide des formes." In *Premier Colloque International sur VExpression Plastique*. Brussels: Les Publications "Acta Medica Belgica."
- Critchley, M., 1953, *The Parietal Lobes*. London: Arnold.
- Croce, B. 1947, *La Filosofia di Giambattista Vico*. Laterza: Bari.
- Dahl, M., 1958, "A Singular Distortion of Temporal Orientation." *American Journal of Psychiatry*, 115:146-149.
- Dali, S., 1930, *La Femme visible*. Paris: Editions Surrealistes.

- ____, 1935, *Conquest of the Irrational*. New York: Julian Levy.
- ____, 1942, *The Secret Life of Salvador Dali*. New York: Dial Press.
- Dally, P., 1967, *Chemotherapy of Psychiatric Disorders*. New York: Plenum Press. London: Logos Press.
- Dastur, D. K., 1959, "The Pathology of Schizophrenia." *A.M. A. Archives of Neurology & Psychiatry*, 81:601-614.
- Davidson, G. M., 1936, "Concerning Schizophrenia and Manic-Depressive Psychosis Associated with Pregnancy and Childbirth." *American Journal of Psychiatry*, 92:1331.
- ____, 1941, "The Syndrome of Capgras." *Psychiatric Quarterly*, 15:513.
- Davis, P. A., 1940, "Evaluation of the Electroencephalograms of Schizophrenic Patients." *American Journal of Psychiatry*, 96:850.
- ____, 1942, "Comparative Study of the EEG's of Schizophrenic and Manic-Depressive Patients." *American Journal of Psychiatry*, 99:210.
- Dawson, J. G., and Burke, G. W., 1958, "*Folie a Deux* in Husband and Wife." *Journal of Psychology*, 46:141-148.
- Dax, E. C., 1953, *Experimental Studies in Psychiatric Art*. Philadelphia: Lippincott.
- DeJong, H., 1922, "Ueber Bulbocapninkatalepsie." *Klinische Wochenschi*, 1:684.
- DeJong, H., and Baruk, H., 1930a, "Pathogenie du syndrome catatonique."

Encephale, 25:97.

____, 1930b, *La Catatonie experimental par la bulbo-capnine; Etude physiologique et clinique.*

Paris: Masson,

Delgado, H., 1922, *El Dibujo des los psicopatos.* Lima.

Delay, J., and Deniker, P., 1952a, "Le traitement des psychoses par une methode neurolytique derivee de l'hibemotherapie (le 4560 RP utilise seul en cure prolongee et continue). L. eme Cong, des Alien, et Neurol, de Langue Frangaise, Luxemburg, 21-27 July." *Comptes-Rendus du Congres*, 497-502. Paris: Masson.

____, 1952b, "38 Cas de psychoses traitees par la cure prolongee et continue de 4560 RP. L. eme Cong, des Alien et Neurol, de Langue Francaise, Luxemburg, 21-27 July. *Comptes-Rendus du Congres*, 503-513. Paris: Masson.

____, 1961, *Methodes Chimiotherapiques en Psychiatrie.* Paris: Masson.

Delong, S. L., 1967, "Chlorpromazine-induced Eye Changes." Quoted by Kalinowsky and Hippus, 1969.

De Martino, E., 1964, "Apocalissi culturali ed apocalissi psicopatologiche." *Nuovi Argomenti.* Quoted by De Martis, 1967.

De Martis, D., 1964, "LaCorporeitanellaschizofrenia." *Rassegnadi Studi Psichiatrici*, 53:412-428.

- ____, 1965, "Reflexions sur les delires de negation et de fin du monde."
L'Evolution Psychiatrique, 1:111.
- ____, 1967, "Note sui deliri di negazione." *Rivista Sperimentale di Freniatria*,
91:1119-1143.
- De Martis, D., and Petrella, F., 1964, "Le Stereotipie. Studio psicopatologico e
clinico (con particolare riferimento alia stereotipia schizofrenica)."
Rivista Sperimentale di Freniatria, 88:946-1005.
- De Martis, D., Petrella, F., and Petrella, A. M., 1967, "Ricerche sull' evoluzione
dell' esperienza di esordio della malattia nella schizofrenia
cronica." *Psichiatria Generale e dell' Eta Evolutiva*, 5:1-17.
- De Martis, D., and Porta, A., 1965, "Ricerche sulla qualita della percezione del
proprio corpo in un gruppo di soggetti psicotici." *Rivista
Sperimentale di Freniatria*, 89:779-810.
- Denber, H. C. B., and Teller, D. N., 1963, "A Biochemical Genetic Theory
Concerning the Nature of Schizophrenia." *Dis. Nerv. Syst.*, 29:106-
114.
- Denny-Brown, D., 1960, "Motor Mechanisms. Introduction: The General
Principles of Motor Integration." In Field, J. (ed.), *Handbook of
Physiology*, vol. 2, p. 781. Washington: American Physiological
Society.
- De Sanctis, S., 1925, *Neuropsichiatria infantile. Patologia e diagnostica*. Turin:
Lattes.
- Despert, L., 1941, "Thinking and Motility Disorder in a Schizophrenic Child."

Psychiatric Quarterly, 15:522-536.

____, 1968, *Schizophrenia in Children*. New York: Brunner.

Deutsch, H., 1945, *Psychology of Women*, vol. 1, 2. New York: Grune & Stratton.

Dewhurst, K. E., El Kabir, D. J., Harris, G. W., and Mandelbrote, B. M., 1969, "Observations on the Blood Concentration of Thyrotrophic Hormone (T.S.H.) in Schizophrenia and Affective States." *The British Journal of Psychiatry*, 115:1003-1011.

Diamond, S., Balvin, R. S., and Diamond, F. R., 1963, *Inhibition and Choice: Neurobehavioral Approach to Problems of Plasticity in Behavior*. New York: Harper and Row.

Diem, 1903, "Die einfach demente." *Form der Dp. A.*, 37:111. Quoted by Bleuler, 1950.

Doust, J. W. L., 1955, "The Capillary System in Patients with Psychiatric Disorder: The Ontogenetic Structural Determination of the Nailfold Capillaries as Observed by Photomicroscopy." *Journal of Nervous and Mental Disease*, 121:516-526.

Drelich, M., 1974, "The Theory of the Neuroses." In Arieti, S., (ed.) *American Handbook of Psychiatry*, vol. 1. New York: Basic Books.

Dunlap, C. B., 1928, "The Pathology of the Brain in Schizophrenia." *Association for Research in Nervous and Mental Disease, Proceedings*, 5:371. New York: Hoeber.

Easson, W. M., 1966, "Myxedema with Psychosis." *Arch. Gen. Psychiat.*, 14:277-

283.

Eaton, J. W., and Weil, R. J., 1955a, *Culture and Mental Disorders*. Glencoe, Ill.: Free Press.

_____, 1955b, "The Mental Health of the Hutterites." In Rose, A. M., *Mental Health and Mental Disorder*. New York: Norton.

Eisenberg, L., and Kanner, L., 1957, "Early Infantile Autism." *American Journal of Orthopsychiatry*, 26:550-566.

Eissler, K. R., 1951, "Remarks on the Psycho-analysis of Schizophrenia." *Int. J. Psycho-Anal.*, 32:139.

_____, 1952, "Remarks on the Psychoanalysis of Schizophrenia." In Brody and Redlick, *Psychotherapy with Schizophrenics*. New York: International Universities Press.

Eitinger, L., 1959, "The incidence of mental disease among refugees in Norway." *Journal Ment. Sci.*, 105:326-338.

Ellinwood, E. H., 1967, "Amphetamine Psychosis: Description of the Individuals and Process." *J. Nervous Ment. Disease*, 144:273-283.

English, O. S., Hampe, W. W., Bacon, C. L., and Settlege, C. F., 1961, *Direct Analysis and Schizophrenia. Clinical Observations and Evaluations*. New York: Grune & Stratton.

Ephron, H. S., 1969, "Dreams of Schizophrenics and 'Normals': Do They Differ?" Paper presented at a Dream Symposium under the auspices of the Comprehensive Course in Psychoanalysis, New

York Medical College, November 1, 1969.

Erikson, E. H., 1940, "Problems of Infancy and Early Childhood." In *Cyclopedia of Medicine, Surgery, and Specialties*. Philadelphia: F. A. Davis, Co.

_____, 1953, "Growth and Crises of the Healthy Personality." In Kluckhohn, C., Murray, H. A., and Schneider, D. M. (eds.), *Personality in Nature, Society and Culture*. New York: Knopf.

Erlenmeyer-Kimling, L., Ranier, J. D., and Kallman, F. J., 1966, "Current Reproductive Trends in Schizophrenia." In Hoch, P. H., and Zubin, J. (eds.), *The Psychopathology of Schizophrenia*. New York: Grune & Stratton.

Erlenmeyer-Kimling, L., Van Den Bosch, E., and Denham, B., 1969, "The Problem of Birth Order and Schizophrenia: A Negative Conclusion." *British Journal of Psychiatry*, 115:659-678.

Ervin, F., Epstein, A. W., and King, H. E., 1955, "Behavior of Epileptic and Nonepileptic Patients with 'Temporal Spikes.'" *A.M.A. Archives of Neurology and Psychiatry*, 75:548.

Ey, H., 1948, "La Psychiatrie devant le surrealisme." *Evolution Psychiatrie*, 3:3-52.

Ey, H., Bernard, P., and Brisset, C., 1967, *Manuel de psychiatrie*. Paris: Masson.

Fairbairn, R., 1952, *Object-Relations Theory of the Personality*. New York: Basic Books.

Fairweather, G. W. (ed.), 1964, *Social Psychology in Treating Mental Illness: An*

Experimental Approach. New York: Wiley.

Farber, L., 1966, *The Ways of the Will: Essays Toward a Psychology and Psychopathology of the Will*. New York: Basic Books.

Farina, A., Garmezy, N., and Barry, H., 1963, "Relationship of Marital Status to Incidence and Prognosis of Schizophrenia." *Journal of Abnormal Social Psychology*, 67:624—630.

Faris, R. E. L., 1955, *Social Disorganization*. New York: Ronald Press.

Faris, R. E. L., and Dunham, H. W., 1939, *Mental Disorders in Urban Areas. An Ecological Study of Schizophrenia and Other Psychoses*. Chicago: University of Chicago Press.

Farrell, M. J., and Vassaf, F., 1940, "Observations on the Effect of Insulin Shock Therapy in Schizophrenia." *Arch. Neurol. Psychiat.*, 43:784.

Faure, H., 1971, *Les Appartenances du delirant*. 3rd ed. Paris: Presses Universitaires de France.

Federn, P., 1943, "Psychoanalysis of Psychoses. I. Errors and How to Avoid Them. II. Transference." *Psychiatric Quarterly*, 17:3, 17, 246. Reprinted in Federn, 1952.

_____, 1947, "Discussion of Rosen's Paper." *Psychiatric Quarterly*, 21:23-26.

_____, 1952, *Ego Psychology and the Psychoses*. New York: Basic Books.

Feigenbaum, D., 1930, "Analysis of a Case of Paranoia Persecutoria. Structure and Cure." *Psychoanalytic Review*, 17:159.

- Feinberg, I., Koresko, R. L., and Gottlieb, F., 1965, "Further Observations on Electrophysiological Sleep Patterns in Schizophrenia." *Compr. Psychiat.*, 6:21-24.
- Feinberg, I., Koresko, R. L., Gottlieb, F., and Wender, P. H., 1964, "Sleep Electroencephalographic and Eye-Movement Patterns in Schizophrenic Patients." *Compr. Psychiat.*, 5:44-53.
- Fenichel, O., 1945, *The Psychoanalytic Theory of Neurosis*. New York: Norton.
- Ferenczi, S., 1950, "Some Clinical Observations on Paranoia and Paraphrenia." In Ferenczi, S., *Sex in Psychoanalysis*. New York: Basic Books.
- Ferraro, A., 1954, "Discussion at the Session of Histopathology of Schizophrenia." In *Proceedings of First International Congress of Neuropathology*. Turin: Rosenberg & Sellier.
- Ferraro, A., Arieti, S., and English, W. H., 1945, "Cerebral Changes in the Course of Pernicious Anemia and Their Relationship to Psychic Symptoms." *J. of Neuropath, and Experim. Neur.*, 4:217-239.
- Ferraro, A., and Barrera, S. E., 1932, *Experimental Catalepsy*. Utica, N.Y.: State Hospital Press.
- Ferraro, A., and Jarvis, G., 1936, "Pick's Disease. Clinico-pathologic Study with Report of Two Cases." *Archives of Neurology and Psychiatry*, 36:739.
- ____, 1939, "Brain Pathology in Four Cases of Schizophrenia Treated with Insulin." *Psychiatric Quarterly*, 13:419.

- Ferreira, A. J., 1959, "Psychotherapy with Severely Regressed Schizophrenics." *Psychiatric Quarterly*, 33:664-682.
- ____, 1963, "Family Myth and Homeostasis." *Archives of General Psychiatry*, 9:457.
- ____, 1967, "Psychosis and Family Myth." *American Journal of Psychotherapy*, 21:186-197.
- Fessel, W. J., 1962, "Blood Proteins in Functional Psychoses: A Review of the Literature and Unifying Hypothesis." *Archives of General Psychiatry*, 6:132-148.
- Festinger, L., 1957, *A Theory of Cognitive Dissonance*. Stanford, Calif.: Stanford University Press.
- Fiamberti, A. M., 1947, "Indicazioni e tecnica della leucotomia prefrontale transorbitaria." *Rassegne di Neuropsichiatria*, 1:3.
- Fink, M., Simeon, J., Hague, W., and Itil, I., 1966, "Prolonged Adverse Reactions to LSD in Psychotic Subjects." *Archives of General Psychiatry*, 15:450-454.
- Finkelman, I., and Haffron, D., 1937, "Observations on Circulating Blood Volume in Schizophrenia, Manic-Depressive Psychosis, Epilepsy, Involutional Psychosis and Mental Deficiency." *Am. J. Psychiatry*, 93:917.
- Fisher, C., 1954, "Dream and Perception. The Role of Preconscious and Primary Modes of Perception in Dream Formation." *Journal of the American Psychoanalytic Association*, 2:380-445.

- ____, 1960, "Subliminal and Supraliminal Influences on Dreams." *American Journal of Psychiatry*, 116:1009-1017.
- Fisher, C., and Dement, W., 1963, "Studies on the Psychopathology of Sleep and Dreams." *American Journal of Psychiatry*, 119:1160.
- Fisher, C., and Paul, I. H., 1959, "The Effect of Subliminal Visual Stimulation on Images and Dreams: A Validation Study." *Journal of the American Psychoanalytic Association*, 7:35-83.
- Fleck, S., 1960, "Family Dynamics and Origin in Schizophrenia." *Psychosomatic Medicine*, 22:333-344.
- Forrest, D. V., 1965, "Poiesis and the Language of Schizophrenia." *Psychiatry*, 28:1-18.
- ____, 1968, "The Patient's Sense of the Poem: Affinities and Ambiguities." In Leed (ed.), *Poetry Therapy*. Philadelphia: Lippincott.
- ____, 1969, "New Words and Neologisms with a Thesaurus of Coinages by a Schizophrenic Savant." *Psychiatry*, 32:44-73.
- Foudraine, J., 1961, "Schizophrenia and the Family, a Survey of the Literature 1956-1960 on the Etiology of Schizophrenia." *Acta Psychotherapeutica*, 9:82-110.
- Freeman, H., Hoskins, R. G., and Sleeper, F. H., 1932, "Blood Pressure in Schizophrenia." *Archives of Neurology and Psychiatry*, 27:333.
- Freeman, T., 1951, "Pregnancy as a Precipitant of Mental Illness in Men." *British Journal of Med. Psychol.*, 24:49-54.

- Freeman, T. (ed.), 1966, *Studies in Psychosis*. New York: International Universities Press.
- Freeman, W., 1949, "Transorbital Leucotomy: The Deep Frontal Cut." In *Proceedings of the Royal Society of Medicine*, 47:8.
- Freeman, W., and Watts, J. W., 1942, *Psychosurgery*. Springfield, 111.: Thomas.
- Freud, S., 1894, "The Defence Neuro-Psychoses." *Neurologisches Zentralblatt*, vols. 10, 11. Reprinted in *Collected Papers*, vol. 1, pp. 59-75.
- _____, 1896, "Further Remarks on the Defence Neuro-Psychoses." *Neurologisches Zentralblatt*, October 1896, No. 10. Reprinted in *Collected Papers*, vol. 1, pp. 155-182.
- _____, 1901, *The Interpretation of Dreams*. New York: Basic Books, 1960.
- _____, 1904, "On Psychotherapy." *Collected Papers*, vol. 1. London: Hogarth Press, 1946.
- _____, 1911, "Psycho-Analytic Notes upon an Autobiographical Account of a Case of Paranoia (Dementia Paranoides)." *Jahrbuch für psychoanalytische und psychopathologische Forschungen*, vol. 3, 1911. Reprinted in *Collected Papers*, vol. 3, pp. 387—470.
- _____, 1914. "On Narcissism: An Introduction." *Jahrbuch*, vol. 4, 1914. Reprinted in *Collected Papers*, vol. 4, pp. 30-59.
- _____, 1923, *The Ego and the Id. Standard Edition*, vol. 19, pp. 12-63. London: Hogarth. New York: Macmillan. First published as *Das Ich und das Es*.

- ____, 1924a, "Neurosis and Psychosis." *Zeitschrift*, vol. 4. Reprinted in *Collected Papers*, vol. 2, pp. 250-254.
- ____, 1924b, "The Loss of Reality in Neurosis and Psychosis." In *Collected Papers*, vol. 2, pp. 277-282.
- ____, 1931, "Female Sexuality." In *Collected Papers*, vol. 5, pp. 252-272. New York: Basic Books, 1959.
- ____, 1937, "Constructions in Analysis." Reprinted in *Collected Papers*, vol. 5, p. 358. London: Hogarth.
- ____, 1938a, "Psychopathology of Everyday Life." In Brill, A. A. (ed.), *The Basic Writings of Sigmund Freud*, pp. 33-178. New York: modern Library.
- ____, 1938b, *A General Introduction to Psychoanalysis*. New York: Garden City Publishing Co.
- ____, 1940, "An Outline of Psychoanalysis." *Standard Edition*, vol. 23, pp. 141-208. London: Hogarth. New York: Macmillan. First published as "Abriss der Psychoanalyse."
- ____, 1946, *Collected Papers*, vols. 1-5. New York, London, Vienna: The International Psychoanalytical Press.
- Friedhoff, A. J., and Van Winkle, E., 1967, "New Developments in the Investigation of the Relationship of 3,4-dimethoxyphenylethylamine to Schizophrenia." In Himwich, H. E., Kety, S. S., and Smythies, J. R. (eds.), *Amines and Schizophrenia*. Oxford: Pergamon Press.

- Frohman, C. E., and Gottlieb, J. S., 1974, "The Biochemistry of Schizophrenia." In Arieti, S. (ed.), *American Handbook of Psychiatry*, (2nd ed.), vol. 3. New York: Basic Books.
- Fromm-Reichmann, F., 1939, "Transference Problems in Schizophrenia." *The Psychoanalytic Quarterly*, 8:412.
- _____, 1942, "A Preliminary Note on the Emotional Significance of Stereotypes in Schizophrenics." *Bulletin of the Forest Sanitarium*, 1:17-21. Reprinted in Bullard, 1959.
- _____, 1948, "Notes on the Development of Treatment of Schizophrenia by Psychoanalytic Psychotherapy." *Psychiatry*, 11:263-273.
- _____, 1950, *Principles of Intensive Psychotherapy*. Chicago: University of Chicago Press.
- _____, 1952, "Some Aspects of Psychoanalytic Psychotherapy with Schizophrenics." In Brody, E. B., and Redlich, R. C., *Psychotherapy with Schizophrenics*. New York: International Universities Press.
- _____, 1954, "Psychotherapy of Schizophrenia." *American Journal of Psychiatry*, 111:410.
- _____, 1958, "Basic Problems in the Psychotherapy of Schizophrenia." *Psychiatry*, 21:1.
- Frosch, J., 1964, "The Psychotic Character." *Psychiatric Quarterly*, 38:81-96.
- Fulton, J. F., 1951, *Frontal Lobotomy and Affective Behavior*. New York: Norton.

Gabel, J., 1948, "Symbolisme et Schizophrenie," *Revue Suisse de Psychologie et de psychologie applique*, 7:268.

_____, 1962, *La Fausse conscience*. Paris: Les Editions de Minuit.

Gallant, D. M., and Steele, C. A., 1966, "DPN (NAD-oxidized form): A Preliminary Evaluation in Chronic Schizophrenic Patients." *Curr. Ther. Res.*, 8:542.

Galli, P., 1963, "The Psychotherapist and the Psychotic Family." Unpublished lecture.

Gelb, A., and Goldstein, K., 1920, *Psychologische Analysen hirnpathologischer Falle*. Leipzig: Barth.

Gentili, C., Muscatello, C. F., Ballerini, A., and Agresti, E., 1965, "Psicopatologia del vissuto corporeo nella schizofrenia: studio clinico e fenomenologico dei deliri a tema somatico." *Rivista Sperimentale di Freniatria*, 89:1077-1139.

Gibbs, F. A., and Gibbs, E. L., 1963, "The Mitten Pattern. An Electroencephalographic Abnormality Correlating with Psychosis." *Journal of Neuropsychiatry*, 5:6-13.

Giberti, F., De Carolis, V., and Rossi, R., 1961, "La Schizofrenia tardiva." *Sistema Nervoso*, 480-499.

Glaser, G. H., 1964, "The Problem of Psychosis in Psychomotor Temporal Lobe Epileptics." *Epilepsia*, 5:271-278.

Globus, J. H., Harreveld, A. Van, and Wiersma, C. A. G., 1943, "The Influence of

Electric Current Application on the Structure of the Brain of Dogs.”
J. Neuropath. & Exper. Neurol., 2:263.

Goffman, E., 1961, *Asylums. Essays on the Social Situation of Mental Patients and Other Inmates*. Garden City, N.Y.: Doubleday.

Goldberg, E. M. and Morrison. ST L., 1963, “Schizophrenia and Social Class.”
Brit. J. Psychiat., 109:785-802.

Goldfarb, W., 1961, *Childhood Schizophrenia*. Cambridge, Mass.:
Commonwealth Fund-Harvard University Press.

Goldman, A. E., 1960, “Symbolic Representation in Schizophrenia.” *Journal of Personality*, 28:293-316.

Goldstein, K., 1939, *The Organism*. New York: American Book.

____, 1943a, “The Significance of Psychological Research in Schizophrenia.”
Journal of Nervous and Mental Disease, 97:261-279.

____, 1943b, “Some Remarks on Russel Brain’s Articles Concerning Visual
Object Agnosia.” *Journal of Nervous and Mental Disease*, 98:148-
153.

____, 1959, “The Organismic Approach.” In Arieti, S. (ed.), *American Handbook
of Psychiatry*, vol. 2, pp. 1333-1347. New York: Basic Books.

Goldstein, K., and Gelb, A., 1920, *Psychologische Analyse hirnpathologischer
Falle*, vol. 1, pp. 1-43. Leipzig: Barth.

Gondor, L., 1963, “The Fantasy of Utopia.” *American Journal of Psychotherapy*,

17:606-618.

Gordon, H. L., 1948, "Fifty Shock Therapy Theories." *The Military Surgeon*, 103:397-401.

Gomall, A. G., Eglitis, B., Miller, A., Stokes, A. B., and Dewan, J. G., 1953, "Long-Term Clinical and Metabolic Observations in Periodic Catatonia. An Application of the Kinetic Method of Research in Three Schizophrenic Patients." *American Journal of Psychiatry*, 109:584-594.

Gottesman, I. I., and Shields, J., 1966, "Contributions of Twin Studies to Perspectives on Schizophrenia." In Maher, B. A. (ed.), *Progress in Experimental Personality Research 3*. New York: Academy Press.

Gottlieb, J. S., 1936, "Relationship of the Systolic to the Diastolic Blood Pressure in Schizophrenia. The Effect of Environmental Temperature." *Archives of Neurology and Psychiatry*, 35:1256.

Graetz, B., Reiss, M., and Waldon, G., 1954, "Benzoic Acid Detoxication in Schizophrenic Patients." *J. Ment. Science*, 100:145-148.

Gralnick, A., 1942, "Folie a Deux. The Psychosis of Association." *Psychiatric Quarterly*, 16:230-263, 16:491-520.

_____, 1962, "Family Psychotherapy: General and Specific Considerations." *American J. of Orthopsychiatry*, 32:515-526.

_____, 1969, *The Psychiatric Hospital as a Therapeutic Instrument*. New York: Brunner-Mazel.

- Gralnick, A., and Schween, P. H., 1966, "Family Therapy." *Psychiatric Research Report*, No. 20:212-217.
- Grassi, B., 1961, "Un contributo alio studio della poesia schizofrenica." *Rassegne di Neuropsichiatria*, 15:107-119.
- Green, H. W., 1939, *Persons Admitted to the Cleveland State Hospital, 1928-1937*. Cleveland: Cleveland Health Council.
- Greenblatt, M., and Solomon, H. C., 1953, *Frontal Lobes and Schizophrenia*. New York: Springer.
- Greene, M. A., 1962, "The Stormy Personality." *Psychoanalysis and Psychoanalytic Review*, 49:55-67.
- Greenson, R., 1974, "The Theory of Psychoanalytic Technique." In Arieti, S. (ed.), *American Handbook of Psychiatry*, 2nd ed., vol. 1. New York: Basic Books.
- Greiner, A. C., and Berry, K., 1964, "Skin Pigmentation and Comeal Lens Opacities with Prolonged Chlorpromazine Therapy." *Canadian Medical Association Journal*, 90:663-664.
- Grinspoon, L., Ewalt, J., and Shader, R., 1967, "Long-Term Treatment of Chronic Schizophrenia." *International Journal of Psychiatry*, 4:116-128.
- Grosz, H. J., and Miller, I., 1958, "Siblings Patterns in Schizophrenia." *Science*, 128:30.
- Guntrip, H., 1961, *Personality Structure and Human Interaction*. New York:

International Universities Press.

____, 1966, "The Object-Relations Theory of W. R. D. Fairbairn." In Arieti, S. (ed.), *American Handbook of Psychiatry*, vol. 3., pp. 230-235. York: Basic Books.

____, 1968, *Schizoid Phenomena, Object Relations and the Self*. New York: International Universities Press.

____, 1973, "Science, Psychodynamic Reality and Autistic Thinking." *Journal of the American Academy of Psychoanalysis*, 1:3-22.

Gutheil, E. A., 1951, *The Handbook of Dream Analysis*. New York: Liveright.

Guttmacher, M. S., 1960, *The Mind of the Murderer*. New York: Farrar, Straus and Cudahy.

Guze, S. B., Goodwin, D. W., and Crane, J. B., 1969, "Criminality and Psychiatric Disorders." *Archives of General Psychiatry*, 20:583-591.

Haley, J., 1959, "The Family of the Schizophrenic. A Model System." *Journal of Nervous and Mental Disease*, 129:357-374.

Halevi, H. S., 1963, "Frequency of Mental Illness among Jews in Israel." *Int. J. Soc. Psychiat.*, 9:268-282.

Hamilton, G. V., 1911, "A Study of Trial and Error Reactions in Mammals." *Journal of Animal Behavior*, 1:33.

Hamilton, J. A., 1962, *Postpartum Psychiatric Problems*. St. Louis: Mosby.

- Hanfmann, E., and Kasanin, J., 1942, *Conceptual Thinking in Schizophrenia*. Nervous and Mental Disease Monographs Series No. 67. New York.
- Hare, E. H., and Price, J. S., 1968, "Mental Disorder and Season of Birth: Comparison of Psychoses with Neurosis." *British Journal of Psychiatry*, 115:533-540.
- Harlow, H. F., Wehling, H., and Maslow, A. H., 1932, "Comparative Behavior of Primates: Delayed Reaction Tests on Primates." *J. Comp. Psychol.*, 13:13.
- Harrow, M., Tucker, G. J., and Bromet, E., 1969, "Short-Term Prognosis of Schizophrenic Patients." *Archives of General Psychiatry*, 21:195-202.
- Hartmann, H., 1950a, "Psychoanalysis and Development Psychology." In *The Psychoanalytic Study of the child*, vol. 5. New York: International Universities Press.
- _____, 1950b, "Comments on the Psychoanalytic Theory of the Ego." In *The Psychoanalytic Study of the Child*, vol. 5. New York: International Universities Press.
- _____, 1953, "Contribution to the Metapsychology of Schizophrenia." In *The Psychoanalytic Study of the Child*, vol. 8, pp. 177-198. New York: International Universities Press.
- _____, 1956, "Notes on the Reality Principle." In *The Psychoanalytic Study of the Child*, vol. 11, p. 31. New York: International Universities Press.
- _____, 1964, *Essays on Ego Psychology*. New York: International Universities

Press.

Hartmann, H., Kris, E., and Loewenstein, R. M., 1945, "Comments on the Formation of Psychic Structure." In *The Psychoanalytic Study of the Child*, vol. 2, p. 11. New York: International Universities Press.

Hauptmann, A., and Myerson, A., 1948, "Studies of Finger Capillaries in Schizophrenic and Manic-Depressive Psychoses." *Journal of Nervous and Mental Disease*, 108:91-108.

Head, H., 1920, *Studies in Neurology*. London: Oxford.

_____, 1926, *Aphasia and Kindred Disorders of Speech*. New York: Macmillan.

Heath, R. G., 1957, "Effect on Behavior in Humans with the Administration of Taraxein." *Am. J. Psychiatry*, 114:14-24.

_____, 1963, *Serological Fractions in Schizophrenia*. New York: Hoeber.

Heath, R. G., and Krupp, I. M., 1967, "Schizophrenia as an Immunologic Disorder." *Archives of General Psychiatry*, 16:1-33.

Heath, R. G., Martens, S., Leach, B. E., Cohen, M., and Feigley, C. A., 1958, "Behavioral Changes in Nonpsychotic Volunteers following the Administration of Taraxein, the Substance Obtained from the Serum of Schizophrenic Patients." *American Journal of Psychiatry*, 114:917-920.

Hebb, D. O., 1954, "The Problems of Consciousness and Introspection." In Delafresnaye, J. F. (ed.), *Brain Mechanisms and Consciousness*. Springfield, Ill.: Thomas.

- Hemphill, R. E., 1944. "Significance of Atrophy of Testis in Schizophrenia."/. *Ment. Sci.*, 90:696.
- _____, 1951, "A Case of Genital Self-Mutilation." *British Journal of Med. Psychol.*, 24:291.
- Hemphill, R. E., Reiss, M., and Taylor, A. L., 1944, "A Study of the Histology of the Testis in Schizophrenia and Other Mental Disorders." *J. Ment. Sci.*, 90:681.
- Henderson, D. K., and Gillespie, R. D., 1941, *A Text-Book of Psychiatry*. 5th ed. New York: Oxford University Press.
- Henderson, J. L., and Wheelwright, J. B., 1974, "Analytical Psy." In Arieti, S. (ed.), *American Handbook of Psychiatry*, (2nd ed.), vol. 1. New York: Basic Books.
- Henle, M., 1962, "On the Relation between Logic and Thinking." *Psychological Review*, 69:366-378.
- Heron, W., Bexton, W. H., and Hebb, D. O., 1953, "Cognitive Effects of Decreased Variation in the Sensory Environment." *Amer. Psychol.*, 8:366.
- Heron, W., Doane, B. K., and Scott, T. H., 1956, "Visual Disturbances after Prolonged Isolation." *Canadian Journal of Psychology*, 10:13.
- Higgins, J., 1964, "The Concept of Process-reactive Schizophrenia: Criteria and Related Research." *J. Nerv. Ment. Dis.*, 138:9025.
- _____, 1969, "Process-Reactive Schizophrenia." *Journal of Nervous and Mental*

Disease, 149:350-472.

Hill, D., 1957, "Electroencephalogram in Schizophrenia." In Richter, D., *Schizophrenia*. New York: Macmillan.

Hill, L. B., *Psychotherapeutic Intervention in Schizophrenia*. Chicago: University of Chicago Press, 1955.

Himwich, H. E., Kety, S. S., and Smythies, J. R. (eds.), 1966, *Amine Metabolism in Schizophrenia*. Oxford: Pergamon.

Hinsie, L. E., 1930, *The Treatment of Schizophrenia*. Baltimore: Williams and Wilkins.

Hinsie, L. E., and Campbell, R. J., 1960, *Psychiatric Dictionary*. New York: Oxford University Press.

Hinsie, L. E., and Shatzky, J., 1950, *Psychiatric Dictionary*. New York: Oxford University Press.

Hoch, P., 1955, "The Effect of Chlorpromazine on Moderate and Mild Mental Emotional Disturbance." In *Chlorpromazine and Mental Health*. New York: Lea Febiger.

Hoch, P., and Polatin, P., 1949, "Pseudoneurotic Forms of Schizophrenia." *Psychiatric Quarterly*, 23:248-276.

Hoch, P., and Zubin, J., 1966, *Psychopathology of Schizophrenia*. New York: Grune & Stratton.

Hoedemaker, F. S., 1970, "Psychotic Episodes and Postpsychotic Depression

in Young Adults." *American Journal of Psychiatry*, 127:606-610.

Hoffer, A., 1966, "The Effects of Nicotinic Acid on the Frequency and Duration of Re-Hospitalization of Schizophrenic Patients; A Controlled Comparison Study." *International Journal of Neuropsychiatry*, 2:334.

____, 1971, "Megavitamin B3 Therapy for Schizophrenia." *Canadian Psychiatric Association Journal*, 16:499.

Hoffer, A., and Osmond, H., 1964, "Treatment of Schizophrenic with Nicotinic Acid. A Ten-Year Follow-Up." *Acta Psychiat. Scand.*, 40:171.

Hoffer, A., Osmond, H., Callbeck. M. J., and Kahan, I., 1957, "Treatment of Schizophrenia with Nicotinic Acid and Nicotinamide." *J. Clin. Exp. Psychopathol.*, 18:131-158.

Hoffer, A., Osmond, H., and Smythies, J., 1954, "Schizophrenia: A New Approach." *J. Ment. Sci.*, 100:29-54.

Hollingshead, A. B., and Redlich, F. C., 1954, "Schizophrenia and Social Structure." *American Journal of Psychiatry*, 110:695-701.

____, 1958, *Social Class and Mental Illness*. New York: Wiley.

Hollister, L. E., 1968, *Chemical Psychoses LSD and Related Drugs*. Springfield, Ill.: Thomas.

Horney, K., 1937, *The Neurotic Personality of Our Time*. New York: Norton.

____, 1945, *Our Inner Conflicts*. New York: Norton.

____, 1950, *Neurosis and Human Growth*. New York: Norton.

Horwitt, M. K., 1956, "Fact and Artifact in the Biology of Schizophrenia." *Science*, 124:429.

Horwitz, W. A., Polatin, P. Kolb, L. C., and Hoch, P. H., 1958, "A Study of Cases of Schizophrenia Treated by 'Direct Analysis.' " *Am. J. Psychiat.*, 114:780.

Hoskins, R. G., 1932, "Oxygen Consumption (Basal Metabolic Rate) in Schizophrenia. II. Distributions in Two Hundred and Fourteen Cases." *Archives of Neurology and Psychiatry*, 28:1346.

____, 1937, "Oxygen Metabolism in Schizophrenia." *Archives of Neurology and Psychiatry*, 38:1261.

____, 1946, *The Biology of Schizophrenia*. New York: Norton.

Huizinga, J., 1924, *The Waning of the Middle Ages*. Garden City, N.Y.: Doubleday, 1956.

Hunt, R. C., 1958, "Ingredient of a Rehabilitation Program." In *An Approach to the Prevention of Disability from Chronic Psychoses*. New York: Milbank Memorial Fund.

Hunter, W. S., 1913, "The Delayed Reaction in Animals and Children." *Behavior Monographs*, 2:86.

Igert, C., and Lairy, G. C., 1962, "Prognostic Value of EEG in the Development of Schizophrenics." *Electroenceph. Clin. Neurophysiol.*, 14:183-190.

- Itil, T. M., 1973, "Drug Treatment of Therapy-Resistant Schizophrenic Patients." In Arieti, S. (ed.), *The World Biennial of Psychiatry and Psychotherapy*, vol. 2, pp. 246-264. New York: Basic Books.
- Ivanov-Smolenskij, A., 1934, "The Various Forms and the Neurodynamics of Catatonic Stupor." *Archives of Biological Sciences*, 36:85-106. Originally published in Russian.
- Jackson, A. P. Comments in Whitaker, C. A., *Psychotherapy of Chronic Schizophrenic Patients*. Boston: Little, Brown, 1958.
- Jackson, D. D., 1960, *The Etiology of Schizophrenia*. New York: Basic Books.
- _____, 1967a, "The Transactional Viewpoint." *International Journal of Psychiatry*, 4:453.
- _____, 1967b, "Schizophrenia. The Nosological Nexus." In Romano, J., *The Origins of Schizophrenia*. Amsterdam: Excerpta Medica Foundation, 1968.
- Jackson, J. H., 1932, *Selected Writings*. London: Hodder and Stoughton. Reprinted by Basic Books, New York, 1958.
- Jacobi, J., 1943, *The Psychology of Jung*. New Haven, Conn.: Yale University Press.
- Jacobson, E., 1967, *Psychotic Conflict and Reality*. New York: International Universities Press.
- James, W., 1950, *Principles of Psychology*. New York: Dover Publications, Inc.

- Jamieson, G. R., 1936, "Suicide and Mental Disease." *Archives of Neurology and Psychiatry*, 36:1.
- Janzarik, W., 1957, "Zur Problematik Schizophrener Psychosen im Hoheren Lebensalter." *Nervenarzt*, 28:535.
- Jaspers, K., 1946, *General Psychopathology*. Reprinted in English by University of Chicago Press, Chicago, 1964.
- Johanson, E., 1964, "Mild Paranoia. Description and Analysis of Fifty-Two In-Patients from an Open Department for Mental Diseases." *Acta Psychiatrica Scandinavica Supplement 177*, pp. 1-100.
- Johnson, A. M., Giffin, M. E., Watson, E. J., and Beckett, P. G. S., 1956, "Studies in Schizophrenia at the Mayo Clinic. II. Observations on Ego Functions in Schizophrenia." *Psychiatry*, 19:143-148.
- Jones, E., 1938, *Papers on Psycho-Analysis*. Baltimore: Wood.
- Jones, J., 1953, *The Therapeutic Community: A New Treatment Method in Psychiatry*. New York: Basic Books.
- Josephy, H., 1930, "Dementia Praecox (Schizophrenic)." In Bumke, O., *Handbuch der Geisteskrankheiten*. Berlin: Springer.
- Jung, C. G., 1910, "The Association Method." *American Journal of Psychology*, 21:219-269.
- _____, 1917, "The Content of the Psychoses." In *Collected Papers on Analytical Psychology*. London: Tindall & Cox, 1917.

- ____, 1918, *Studies in Word Association*. London: Heinemann.
- ____, 1920, "A Contribution to the Study of Psychological Types." In *Collected Papers on Analytical Psychology*. London: Bailliere, Tindall & Cox.
- ____, 1921, *Psychology of the Unconscious*. Translated by B. M. Hinkle. New York: Moffat, Yard.
- ____, 1933, *Psychological Types*. New York: Harcourt, Brace.
- ____, 1936 (originally 1903), *The Psychology of Dementia Praecox*. Nervous and Mental Disease Monograph Series No. 3. New York.
- ____, 1939, "On the Psychogenesis of Schizophrenia." Lecture given at the Section of Psychiatry of the Royal Society of Medicine, London, 1939. *Journal of Mental Science*.
- ____, 1959, "The Archetypes and the Collective Unconscious." In Jung, C. G., *Collected Works*. New York: Pantheon.
- Jung, R., and Carmichael, E. A., 1937, "Über Vasomotorische Reaktionen und Warmerregulation im Katatonischen Stupor." *Arch. f. Psychiat.*, 107:330.
- Kagan, J., 1972, "Do Infants Think?" *Scientific American*, 226(3):74-83.
- Kahlbaum, K. L., 1863, *Gruppierung der Psychischen Krankheiten*. Danzig: Kafemann.
- ____, 1874, *Die Katatonie oder das Spannungsirresein*. Berlin: Hirschwald.

Kalinowsky, L. B., 1945, "Organic Psychotic Syndromes Occurring During Electric Convulsive Therapy." *Archives of Neurology and Psychiatry*, 53:269.

Kalinowsky, L. B., and Hippus, H., 1969, *Pharmacological, Convulsive and Other Somatic Treatments in Psychiatry*. New York: Grune & Stratton.

Kallmann, F. J., 1938, *The Genetics of Schizophrenia*. Locust Valley, N.Y.: August.

____, 1953, *Heredity in Health and Mental Disorder*. New York: Norton.

____, 1959, "The Genetics of Mental Illness." In Arieti, S. (ed.), *American Handbook of Psychiatry*, vol. 1, pp. 175-196. New York: Basic Books.

Kallmann, F. J., and Barrera, E., 1941, "The Heredo-Constitutional Mechanisms of Predisposition and Resistance to Schizophrenia." *American Journal of Psychiatry*, 98:544.

Kanner, L., 1942, *Child Psychiatry*. Springfield: Thomas.

____, 1944, "Early Infantile Autism." *J. Pediat.*, 25:211.

____, 1946, "Irrelevant and Metaphorical Language in Early Infantile Autism." *Am. J. Psychiat.*, 103:242.

____, 1965, "Infantile Autism and the Schizophrenias." *Behavioral Science*, 10:412-420.

Kantor, D., and Gelineau, V. A., 1969, "Making Chronic Schizophrenics." *Mental*

Hygiene, 53:54-66.

Kantor, R. E., and Herron, W. G., 1966, *Reactive and Process Schizophrenia*. Palo Alto, Calif.: Science and Behavior Books.

Kaplan, A. R., 1972, *Genetic Factors in "Schizophrenia."* Springfield, Ill.: Thomas.

Kaplan, A. R., and Cotton, J. E., 1968, "Chromosomal Abnormalities in Female Schizophrenics." *Journal of Mental and Nervous Disease*, 147:402-117.

Kaplan, E. H., and Blackman, L. H., 1969, "The Husband's Role in Psychiatric Illness Associated with Childbearing." *Psychiatric Quarterly*, 43:396-409.

Karlsson, J. L., 1966, *The Biologic Basis of Schizophrenia*. Springfield, Ill.: Thomas.

Karpov, P. I., 1926. Quoted by Volmat, 1955.

Kasanin, J. S., 1933, "The Acute Schizoaffective Psychosis." *American Journal of Psychiatry*, 90:97-126.

____(ed.), 1944 a, *Language and Thought in Schizophrenia: Collected Papers*. Berkeley: University of California Press.

____, 1944b, "The Disturbance of Conceptual Thinking in Schizophrenia." In Kasanin, J. S. (ed.), *Language and Thought in Schizophrenia: Collected Papers*, pp. 41-49. Berkeley: University of California Press.

- ____, 1945, "Developmental Roots of Schizophrenia." *American Journal of Psychiatry*, 101:770.
- Kay, D. W. K., and Roth, M., 1961, "Environmental and Hereditary Factors in the Schizophrenia of Old Age (Late Paraphrenia) and Their Bearing on the General Problem of Causation in Schizophrenia." *Journal Ment. Sci.*, 107:649-686.
- Keller, H., 1951, *The Story of My Life*. New York: Doubleday.
- Kellogg, W. N., and Kellogg, L. A., 1933, *The Ape and the Child*. New York: McGraw-Hill. Quoted by Langer (1942), *Philosophy in a New Key*. Cambridge, Mass.: Harvard University Press.
- Kelman, H., 1973, "Chronic Analysts and Chronic Patients: The Therapist's Person as Instrument." *Journal of the American Academy of Psychoanalysis*, 1:193-207.
- Kelsen, H., 1943, *Society and Nature: A Sociological Inquiry*. Chicago: University of Chicago Press.
- Kety, S. S., 1959, "Biochemical Theories of Schizophrenia. A Two-Part Critical Review of Current Theories and of the Evidence Used to Support Them." *Science*, 129:1528-1532, 1590-1596.
- ____, 1966, "Current Biochemical Research in Schizophrenia." In Hoch, P. H., and Zubin, J., *Psychopathology of Schizophrenia*. New York: Grune & Stratton.
- ____, 1969, "Biochemical Hypotheses and Studies." In Beliak, L., and Loeb, L. (eds.), *The Schizophrenic Syndrome*. New York: Grune & Stratton.

- _____, 1972, "Progress in the Psychobiology of Schizophrenia: Implications for Treatment." Paper presented at a Symposium on "Treatment of Schizophrenia. Progress and Prospects," March 18, 1972. The Neuropsychiatric Institute, UCLA.
- Kiev, A., 1961, "Spirit Possession in Haiti." *American Journal of Psychiatry*, 118:133-141.
- _____, 1969, "Transcultural Psychiatry: Research Problems and Perspectives." In Plog, S. C., and Edgerton, R. B. (eds.), *Changing Perspectives in Mental Illness*. New York: Holt, Rinehart & Winston.
- Kimmins, C. W., 1937, *Children's Dreams*. London: Allen and Unwin.
- Kinsboume, M., and Warrington, E., 1963, "Jargon Aphasia." *Neuropsychologia*, 1:27-37.
- Klein, H. R., and Horwitz, W. A., 1949, "Psychosexual Factors in the Paranoid Phenomena." *American Journal of Psychiatry*, 105:697.
- Klein, M., 1948, *Contributions to Psycho-Analysis*. London: Hogarth.
- Kline, N. A., 1956, "Clinical Applications of Reserpine." In Kline, N. S., *Psychopharmacology*, No. 42 of the American Association for the Advancement of Science, Washington, D. C.
- Kline, N. S., and Tenney, A. M., 1950, "Constitutional Factors in the Prognosis of Schizophrenia." 107:434.
- Klippel, R., and Lhermitte, J., 1906, "Ruckenmarkslasion bei Dementia Praecox." *Neurolog. Zentralbl.*, 25:735.

Klüver, H., 1933, *Behavior Mechanisms in Monkeys*. Chicago: University of Chicago Press.

____, 1936, "The Study of Personality and the Method of Equivalent and Non-Equivalent Stimuli." *Character and Personality*, 5:91-112.

Klüver, H., and Bucy, P. C., 1937, " 'Psychic Blindness' and Other Symptoms Following Bilateral Temporal Lobectomy in Rhesus Monkeys." *American Journal of Physiology*, 119:352.

____, 1938, "An Analysis of Certain Effects of Bilateral Temporal Lobectomy in the Rhesus Monkey with Special Reference to 'Psychic Blindness.'" *Journal of Psychology*, 5:33.

____, 1939, "Preliminary Analysis of Functions of the Temporal Lobes in Monkeys." *Archives of Neurology and Psychiatry*, 42:972.

Kohler, W., 1925, *The Mentality of Apes*. New York: Harcourt, Brace.

Kolb, L. C., 1959a, "Disturbances of the Body-Image." In Arieti, S. (ed.), *American Handbook of Psychiatry*, vol. 1, pp. 749-769. New York: Basic Books.

____, 1959b, "The Body Image in the Schizophrenic Reaction." In Auerback, A. (ed.), *Schizophrenia. An Integrated Approach*. New York: Ronald Press.

____, 1968, *Noyes' Modern Clinical Psychiatry*. 7th ed. Philadelphia: Saunders.

Koller, S., 1957. Quoted by Roth, M., "Interaction of Genetic and Environmental Factors in Causation of Schizophrenia." In Richter,

- D. (ed.), *Schizophrenia: Somatic Aspects*. New York: Macmillan.
- Kopeloff, L. M., and Fischel, E., 1963, "Serum Levels of Bactericidin and Globulin in Schizophrenia." *Archives of General Psychiatry*, 9:524-528.
- Korzybski, A., 1933, *Science and Sanity: An Introduction to Non-Aristotelian Systems and General Semantics*. International Nonaristotelian Library Publishing Co.
- Kraepelin, E., 1919, *Dementia Praecox and Paraphrenia*. From 8th German ed. Edinburgh: Livingston.
- Kraft, A. M., 1966, "The Therapeutic Community." In Arieti, S. (ed.), *American Handbook of Psychiatry*, First Ed., vol. 3, pp. 542-551. New York: Basic Books.
- Kraft, D. P., and Babigian, H. M., 1972, "Somatic Delusion or Self-Mutilation in a Schizophrenic Woman: A Psychiatric Emergency Room Case Report." *American Journal of Psychiatry*, 128:893-895.
- Kramer, B., 1962, *Day Hospital*. New York: Grune & Stratton.
- Kretschmer, E., 1925, *Physique and Character*. New York: Harcourt, Brace.
- _____, 1934, *A Text-Book of Medical Psychology*. London: Oxford University Press.
- Kreig, W. J. S., 1947, *Functional Neuroanatomy*. Philadelphia: Blakiston.
- Kringlen, E., 1967, *Heredity and Environment in the Functional Psychoses: An*

Epidemiological-Clinical Twin Study. London: Heinemann.

____, 1968, "An Epidemiological-Clinical Twin Study on Schizophrenia." In Rosenthal, S., and Kety, S. S., 1968. *The Transmission of Schizophrenia*. New York: Pergamon Press.

Kris, E. B., and Carmichael, D. M., 1957, "Follow-up Study on Thorazine Treated Patients." *American Journal of Psychiatry*, 114:449.

____, 1970, "New Studies on the Genetics of Schizophrenia. In Arieti, S. (si.), *The World Biennial of Psychiatry and Psychotherapy*, vol. 1, pp. 476-504. New York: Basic Books.

Kubie, L. S., 1971, "Multiple Fallacies in the Concept of Schizophrenia." *Journal of Nervous and Mental Disease*, 153:331-342.

Laing, R. D., 1960, *The Divided Self*. London: Tavistock.

____, 1967, *The Politics of Experience*. New York: Pantheon Books.

Laing, R. D., and Esterson, A., *Sanity, Madness and the Family*. Vol. 1, *Families of Schizophrenics*. New York: Basic Books, 1965.

Landis, C., and Page, J. D., 1938, *Society and Mental Disease*. New York: Rinehart.

Landolt, H., 1957, "Elektroenzephalografische Untersuchungen bei nicht Katatonen Schizophrenen. Eine Vorläufige Mitteilung." *Schweiz. Z. Psychol.*, 16:26-30.

Langer, S. K., 1942, *Philosophy in a New Key*. Cambridge, Mass.: Harvard

University Press.

____, 1949, "On Cassirer's Theory of Language and Myth." In *The Philosophy of Ernst Cassirer*. Evanston, Ill.: Library of Living Philosophers.

Langfeldt, G., 1939, *The Schizophreniform States*. London: Oxford University Press.

____, 1969, "Schizophrenia: Diagnosis and Prognosis." *Behavioral Science*, 14.

Laqueur, H. P., and La Burt, H. A., 1960, "Coma Therapy with Multiple Insuline Doses." *Journal of Neuropsychiatry*, 1:135.

Laubscher, B. J. F., 1937, *Sex, Custom and Psychopathology*. London: Routledge.

Layman, W. A., and Cohen, L., 1957, "Modern Concept of Folie a Deux." *Journal of Nervous and Mental Disease*, 125:412-19.

Lefebure, P., Atkins, J., Duckman, J., and Galnick, A., 1958, "The Role of the Relative in a Psychotherapeutic Program: Anxiety Problems and Defensive Reactions Encountered." *Canadian Psychiatric Association Journal*, 3:110-118.

Lehmann, H. E., 1965, "Drug Treatment of Schizophrenia." In Kline, N. S., and Lehmann, H. E. (eds.), *Psychopharmacology*. International Psychiatric Clinics, Vol. 2, No. 4, October 1965. Boston: Little, Brown.

____, 1974, "Physical Therapies of Schizophrenia." In Arieti, S. (ed.), *American Handbook of Psychiatry*, Second Edition, vol. 3. New York: Basic Books.

- Lehmann, H. E., and Knight, D. A., 1958, "Psychophysiologic Testing with a New Phrenotropic Drug." In *Trifluoperazine*. Philadelphia: Lea and Febiger.
- Lehrman, N. S., 1961, "Do Our Hospitals Help Make Acute Schizophrenia Chronic?" *Diseases of the Nervous System*, 22:1-5.
- Lelut, 1846, *L'Amulette de Pascal; pour servir a l'histoire des hallucinations*.
Quoted by Morgue, 1932.
- Lemere, F., 1936, "The Significance of Individual Differences in the Berger Rhythm." *Brain*, 59:366-375.
- Lemkau, P. V., and Crocetti, G. M., 1957, "Vital Statistics of Schizophrenia." In Beliak, L., *Schizophrenia, A Review of the Syndrome*. New York: Logos Press.
- Levin, M., 1932, "Auditory Hallucinations in 'Non-Psychotic' Children." *American Journal of Psychiatry*, 11:1119-1152.
- _____, 1938a, "Misunderstanding of the Pathogenesis of Schizophrenia, Arising from the Concept of 'Splitting,' " *American Journal of Psychiatry*, 94:877.
- _____, 1938b, "On the Causation of Mental Symptoms." *Journal Ment. Sci.*, 82.
- Levy, S., 1966, "The Hyperkinetic Child—A Forgotten Entity. Its Diagnosis and Treatment." *International Journal of Neuropsychiatry*, 2:330-336.
- Levy-Bruhl, L., 1910, *Les Fonctions mentales dans les societes inferieures*. Paris: Alcan.

____, 1922, *La Mentalite primitive*. Paris: Alcan.

Lewis, N. D. C., 1923, *The Constitutional Factors in Dementia Praecox*. New York and Washington: Nervous and Mental Disease Publishing Company.

____, 1925, "The Practical Value of Graphic Art in Personality Studies. 1) An Introductory Presentation of the Possibilities." *Psychoanalytic Review*, 12:316-322.

____, 1928, "Graphic Art Productions in Schizophrenia." *Proc. A. Research Nerv. & Ment. Dis.*, 5:344-368.

____, 1933, 1934, "Studies on Suicide." *Psychoanalytic Review*, 20:241, 21:146.

____, 1936, *Research in Dementia Praecox*. New York: The National Committee for Mental Hygiene.

____, 1944. Unpublished lecture, Inter-State Hospital Meeting, October 1944, New York.

Lidz, T., 1952, "Some Remarks Concerning the Differentiation of Organic from So-called 'Functional' Psychoses." In *The Biology of Mental Health and Disease*. New York: Hoeber.

____, 1969, "The Influence of Family Studies on the Treatment of Schizophrenia." *Psychiatry*, 32:237-251.

____, 1973, *The Origin and Treatment of Schizophrenic Disorders*. New York: Basic Books.

Lidz, T., Comelison, A. R., Fleck, S., and Tenry, D., 1957a, "The Intrafamilial Environment of Schizophrenic Patients: II. Marital Schism and Marital Skew." *American Journal of Psychiatry*, 114:241.

_____, 1957b, "The Intrafamilial Environment of the Schizophrenic Patient: The Father." *Psychiatry*, 20:329.

Lidz, T., Comelison, A., Terry, D., and Fleck, S., 1958, "Intrafamilial Environment of the Schizophrenic Patient: The Transmission of Irrationality." *A.M.A. Archives of Neurology and Psychiatry*, 79:305.

Lidz, T., and Fleck, S., 1964, "Family Studies and a Theory of Schizophrenia." Paper presented at 1964 Annual Meeting of American Psychiatric Association. Reprinted in Lidz, Fleck, and Comelison, 1965.

Lidz, T., Fleck, S., and Comelison, A. R., 1965, *Schizophrenia and the Family*, New York: International Universities Press.

Lidz, R. W., and Lidz, T., 1952, "Therapeutic Considerations Arising from the Intense Symbiotic Needs of Schizophrenic Patients." In Brody and Redlick, *Psychotherapy with Schizophrenics*. New York: International Universities Press.

Lidz, T., Parker, B., and Comelison, A. R., "The Role of the Father in the Family Environment of the Schizophrenic Patient." *American Journal of Psychiatry*, 113:126.

Liebert, R. S., Wapner, S., and Werner, H., 1957, "Studies in the Effects of Lysergic Acid Diethylamide (LSD-25). Visual Perception of Verticality in Schizophrenic and Normal Adults." *Arch. Neurol. Psychiat.*, 77:193-201.

- Lief, A., 1948, *The Commonsense Psychiatry of Dr. Adolf Meyer. Fifty-Two Selected Papers*. New York: McGraw-Hill.
- Lief, H. I., 1957, "The Effects of Taraxein on a Patient in Analysis." *Archives of Neurology and Psychiatry*, 78:624-627.
- Lilly, J. C., 1956, "Mental Effects of Reduction of Ordinary Levels of Physical Stimuli on Intact, Healthy Persons." *Psychiat. Res. Rep.*, 5:1-28.
- Limentani, D., 1956, "Symbiotic Identification in Schizophrenia." *Psychiatry*, 19:231-236.
- Lindgarde, B., 1953, *Variations in Human Body Build*. Copenhagen: Ejnar Munksgard.
- Lindstrom, P. A., 1954, "Prefrontal Ultrasonic Irradiation—A Substitute for Lobotomy." *Archives of Neurology and Psychiatry*, 72:399.
- Linn, L., 1955, *A Handbook of Hospital Psychiatry*. New York: International Universities Press.
- _____, 1959, "Hospital Psychiatry." In Arieti, S. (ed.), *American Handbook of Psychiatry*, vol. 2, pp. 1829-1839. New York: Basic Books.
- _____(ed.), 1961, *Frontiers in General Hospital Psychiatry*. New York: International Universities Press.
- Livingston, P. B., and Blum, R. A., 1968, "Attention and Speech in Acute Schizophrenia." *Archives of General Psychiatry*, 18:373-381.
- Livingston, R. B., 1955, "Some Brain Stem Mechanisms Relating to

Psychosomatic Medicine." *Psychosomatic Medicine*, 17:347.

____, 1962, "How Man Looks at His Own Brain: An Adventure Shared by Psychology and Neurophysiology." In Koch, S. (ed.), *Psychology: A Study of a Science*. Study II, vol. 4, pp. 51-99. New York: McGraw-Hill.

Locke, B. Z., Kramer, M., and Pasamanick, B., 1960, "Immigration and Insanity." *Public Health Report*, 75:301-306.

Loeb, C., and Giberti, F., 1957, "Considerazioni cliniche ed elettroencefalografiche a proposito di sindromi psicosiche in soggetti epilettici." *Sist. Nerv.*, 9:219-229.

Lombroso, C., 1880, "On the Art of the Insane." Later (1888) included as Chapter 2 of *The Man of Genius*. English edition, London: Scott, 1895.

Lorraine, S., 1972, "The Therapeutic Assistant in Treating the Psychotic Case Report." *International Journal of Psychiatry*, 10:11—22.

Lovegrove, T. D., and Nicholls, D. M., 1965, "Haptoglobin Subtypes in a Schizophrenic and Control Population." *Journal of Nervous and Mental Disease*, 141:195.

Lu, Y., 1961, "Mother-Child Role Relations in Schizophrenia." *Psychiatry*, 24:133-142.

Ludwig, A. M., 1968, "The Influence of Nonspecific Healing Techniques with Chronic Schizophrenics." *American Journal of Psychotherapy*, 22:382-404.

- ____, 1970, "Chronic Schizophrenia: Clinical and Therapeutic Issues." *American Journal of Psychotherapy*, 24:380-399.
- ____, 1973, "New Treatment Methods for Chronic Schizophrenics." In Arieti, S. (ed.), *The World Biennial of Psychiatry and Psychotherapy*, vol. 2, pp. 232-245. New York: Basic Books.
- Ludwig, A. M., and Farrelly, F., 1966, "The Code of Chronicity." *Archives of General Psychiatry*, 15:562-568.
- Ludwig, A. M., and Marx, A. J., 1968, "Influencing Techniques on Chronic Schizophrenics." *Archives of General Psychiatry*, 18:681-688.
- ____, 1969, "The Buddy Treatment Model for Chronic Schizophrenics." *Journal of Nervous and Mental Disease*, 148:528-541.
- Ludwig, A. M., Marx, A. J., Hill, P. A., and Hermsmeier, G. I. 1967, "Forced Small Group Responsibility in the Treatment of Chronic Schizophrenics." *Psychiatric Quarterly Supplement*, 41:262-280.
- Lukianowicz, N., 1958, "Autoscopic Phenomena." *A.M.A. Arch. Neurol. & Psychiatry*, 80:199.
- ____, 1967, "Body Image Disturbances in Psychiatric Disorders." *British Journal of Psychiatry*, 113:31-47.
- Lystad, M. H., 1957, "Social Mobility among Selected Groups of Schizophrenic Patients." *American Sociological Review*, 22:288-292.
- Maccagnani, G., 1958, "L'Arte psicopatologica." *Rivista Sperimentale di Freniatria*, vol. 82, supplement to No. 2:3-126.

- MacCurdy, G. G., 1926, *Human Origins. A Manual of Prehistory*. New York: Appleton.
- Mackay, R. P., 1954, "Toward a Neurology of Behavior." *Neurology*, 4:894.
- MacLean, P. D., 1949, "Psychosomatic Disease and the 'Visceral Brain.' Recent Developments Bearing on the Papez Theory of Emotion." *Psychosomatic Medicine*, 11:338.
- Macmillan, D., 1958, "Hospital-Community Relationships." In *An Approach to the Prevention of Disability from Chronic Psychoses*. New York: Milbank Memorial Fund.
- MacNab, F. A., 1966, *Estrangement and Relationship. Experience with Schizophrenics*. Bloomington, Ind.: University Press.
- Mahler, M. S., 1952, "On Child Psychosis and Schizophrenia: Autistic and Symbiotic Infantile Psychoses." In *The Psychoanalytic Study of the Child*, vol. 7, pp. 286-305. New York: International Universities Press.
- _____, 1958, "Autism and Symbiosis: Two Extreme Disturbances of Identity." *International Journal of Psycho-Analysis*, 39:77-83.
- _____, 1968, *On Human Symbiosis and the Vicissitudes of Individuation. Vol. I, Infantile Psychosis*. New York: International Universities Press.
- Mahler, M. S., Furer, M., and Settlage, C. F., 1959, "Severe Emotional Disturbances in Childhood: Psychosis." In Arieti, S. (ed.), *American Handbook of Psychiatry*, vol. 1, pp. 816-839. New York: Basic Books.

- Mahler, M., Ross, J. R., Jr., De Fries, Z., 1949, "Clinical Studies in Benign and Malignant Cases of Childhood Psychosis (Schizophrenic-like)." *American Journal of Orthopsychiatry*, 19:295-305.
- Malmo, R. B., 1942, "Interference Factors in Delayed Response in Monkeys after Removal of Frontal Lobes." *Journal of Neurophysiology*, 5:295.
- Malzberg, B., 1940, *Social and Biological Aspects of Mental Disease*. Utica, N.Y. State Hospitals Press.
- ____, 1956, "Mental Disease Among Puerto Ricans in New York City." *Journal of Nervous and Mental Disease*, 123:262-269.
- ____, 1959a, "Statistical Data for the Study of Mental Disease among Negroes in New York State." Albany Research Foundation for Mental Hygiene and New York State Department of Mental Hygiene.
- ____, 1959b, "Important Statistical Data About Mental Illness." In Arieti, S. (ed.), *American Handbook of Psychiatry*, First Edition, vol. 1, pp. 161-174. New York: Basic Books.
- ____, 1962, "Migration and Mental Disease among the White Population of New York State: 1949-1951." *Hum. Bio.*, 34:89-98.
- Mann, J., Menzer, D., Standish, C., 1950, "Psychotherapy of Psychoses: Some Attitudes in the Therapist Influencing the Course of Treatment." *Psychiatry*, 13:17-23.
- Maricq, H. R., 1963, "Familial Schizophrenia as Defined by Nailfold Capillary Pattern and Selected Psychiatric Traits." *Journal of Nervous and Mental Disease*, 136:216-226.

- ____, 1966, "Capillary Morphology and the Course of Illness in Schizophrenic Patients." *Journal of Nervous and Mental Disease*, 142:63-71.
- Marram, G. D., 1970, "Problems in the After Care Management of the Schizophrenic Patient." *Journal of Psychiatric Nursing*, 8:13-16.
- Mars, L., 1955, *Im Crise de possession*. Port-au-Prince: Imprimerie de L'Etat.
- Masserman, J., 1943, "Experimental Neuroses and Psychotherapy." *Archives of Neurology and Psychiatry*, 49:43-48.
- Matte-Blanco, I., 1959, "Expression in Symbolic Logic of the Characteristics of the System UCS." *International Journal of Psychoanalysis*, 40:1-5.
- ____, 1965, "A Study of Schizophrenic Thinking: Its Expression in Terms of Symbolic Logic and Its Representation in Terms of Multi-dimensional Space." *International Journal of Psychiatry*, 1:19-26.
- May, M. R. A., 1968, *Treatment of Schizophrenia. A Comparative Study of Five Treatment Methods*. New York: Science House.
- May, R., 1969, *Love and Will*. New York: Norton.
- Mayer-Gross, W., 1950, "Psychopathology of Delusions. History, Classification and Present State of the Problem from the Clinical Point of View." In Morel, *Psychopathologie des Delires*. Paris: Hermann.
- McFarland, R. A., 1932, "The Psychological Effects of Oxygen Deprivation (Anoxemia) on Human Behavior." *Arch. Psychol.*, Monograph 145.
- McFarland, R. A., and Goldstein, H., 1938, "Biochemistry: Review." *American*

Journal of Psychiatry, 95:509.

McGeer, P. L., McNair, F. E., McGeer, E. G., and Gibson, W. C., 1957, "Aromatic Metabolism in Schizophrenia. 1) Statistical Evidence for Aromaturia. 2) Bidimensional Urinary Chromatograms." *Journal of Nervous and Mental Disease*, 125:166.

McGhie, A., 1966, "Psychological Studies of Schizophrenia." In Freeman, T. (ed.), *Studies in Psychosis*. New York: International Universities Press.

_____, 1972, "Attention and Perception in Schizophrenia." In Cancro, R. (ed.), *Annual Review of the Schizophrenic Syndrome*, vol. 2, pp. 99-134. New York: Brunner-Mazel.

McGhie, A., and Chapman, J., 1961, "Disorder of Attention and Perception in Early Schizophrenia." *British Journal of Medical Psychology*, 34:103-116.

Mead, G. H., 1934, *Mind, Self and Society*. Chicago: University of Chicago Press.

Mead, M., 1958, "Cultural Determinants of Behavior." In Roe, A., and Simpson, G. G. (eds.), *Behavior and Evolution*. New Haven, Conn.: Yale University Press.

Mednick, S. A., 1958, "A Learning Theory Approach to Research in Schizophrenia." *Psychological Bulletin*, 55:316-327.

Mednick, S. A., and Freedman, J. L., 1960, "Stimulus Generalization." *Psychological Bulletin*, 57:169-200.

- Meehl, P. E., 1962, "Schizotaxia, Schizotypy, Schizophrenia." *American Psychologist*, 17:827-828.
- Meerloo, J. A., 1954, *The Two Faces of Man*. New York: International Universities Press.
- Menninger, K., and Mayman, M., 1956, "Episodic Dyscontrol: A Third Order of Stress Adaptation." *Bulletin of the Menninger Clinic*, 20:153.
- Menninger, K. (with Mayman, M., and Pruyser, P.), 1963, *The Vital Balance: The Life Process in Mental Health and Illness*. New York: Viking Press.
- Meth, J. M., 1974, "Exotic Syndromes." In Arieti, S. (ed.), *American Handbook of Psychiatry*, vol. 3. New York: Basic Books.
- Mettler, F. A., 1952, *Psychosurgical Problems*. Philadelphia: Blakiston.
- _____, 1955, "Perceptual Capacity, Functions of Corpus Striatum and Schizophrenia." *Psychiatric Quarterly*, 29:89-111.
- Meyer, A., 1906, "Fundamental Conceptions of Dementia Praecox." *British Medical Journal*, 2:757. Reprinted in Lief, 1948.
- _____, 1910, "The Dynamic Interpretation of Dementia Praecox." *American Journal of Psychology*, 21:385 (July 1910). Reprinted in Lief, 1948.
- _____, 1912a, *The Role of Habit-Disorganizations*. Paper read before the New York Psychiatric Society, Jan. 3, 1905; Nervous and Mental Disease Monograph Series No. 9. New York. Reprinted in Lief, 1948.

- ____, 1912b, *Substitutive Activity and Reaction-Types*. Nervous and Mental Disease Monograph Series No. 9. New York. Reprinted in Lief, 1948.
- Meyer, A., Jelliffe, S. E., and Hoch, A., 1911, *Dementia Praecox, A Monograph*. Boston: Badger.
- Meyer, Alfred, 1954, "Critical Evaluation of Histopathological Findings in Schizophrenia." In *Proceedings of the First International Congress of Neuropathology*. Turin: Rosenberg & Sellier.
- Meyer, J. E., and Feldman, H. (eds.), 1965, *Anorexia Nervosa*. Stuttgart: Thieme.
- Miller, J. B., and Sonnenberg, S. S., 1973, "Depression Following Psychotic Episodes: A Response to the Challenge or Change?" *Journal of the American Academy of Psychoanalysis*, 1:253-270.
- Minkowski, E., 1933, *Le Temps vecu*. Paris: d'Artrey.
- ____, 1953, *La Schizophrenic*. Paris: Desclée de Brouwer.
- ____, 1958, "Findings in a Case of Schizophrenic Depression." In May, R., Angel, E., and Ellenberger, H. F., *Existence*. New York: Basic Books.
- ____, 1966, *Traite de psychopathologie*. Paris: Presses Universitaires de France.
- Minski, L., 1937, "Note on Some Vasomotor Disturbances in Schizophrenia." *J. Ment. Sci.*, 83:434.
- Mishler, E., and Waxier, N. (eds.), 1968, *Family Processes and Schizophrenia*.

New York: Science House.

Mitscherlich, A., 1969, *Society without the Father. A Contribution to Social Psychology*. London: Tavistock.

Mitscherlich, M., and Mitscherlich, A., 1973, "Fathers and Fatherhood in Our Time." In Arieti, S. (ed.), *The World Biennial of Psychiatry and Psychotherapy*. New York: Basic Books.

Mohr, F., 1906-1907, "Über Zeichnungen von Geisteskranken und ihre Diagnostische Verwertbarkeit." *J. f. Psychol, u. Neurol.*, 8:99-140.

Money, J., and Hirsch, S. R., 1963, "Chromosome Anomalies, Mental Deficiency, and Schizophrenia." *Archives of General Psychiatry*, 8:242-251.

Moniz, E., 1936a, "Les Possibilities de le Chirurgie Dans le traitement de certaines psychoses." *Lisboa Med.*, 13:141.

_____, 1936b, *Tentatives Operations Dans le Traitement De Certaines Psychoses*. Paris: Masson.

Morgan, C. T., 1943, *Physiological Psychology*. New York and London: McGraw-Hill.

Morgenthaler, W., 1921, "Ein Geisteskranker als Kiinstler." *Arbeit, angew Psychiat.*, 1:1-126.

Morselli, G. E., 1955, "Ce qui Demeure et ce qui est perime dans la 'Schizophrenic' de Bleuler." *L' Evolution Psychiatrique*, 645-651.

Mott, F. W., 1919, "Normal and Morbid Conditions of the Testes from Birth to

Old Age in One Hundred Asylum and Hospital Cases." *British Medical Journal*, November 22, 29, and December 6.

Mourgue, R., 1932, *Neurobiologie de l'hallucination*. Brussels: Lamertin.

Mowrer, O. H., 1946, "An Experimental Analogue of 'Regression' with Incidental Observations of 'Reaction Formations.'" *Journal of Abnormal and Social Psychology*, 35:56.

Mullahy, P., 1948, *Oedipus. Myth and Complex*. New York: Hermitage Press.

_____, 1949, *A Study of Interpersonal Relations*. New York: Hermitage Press.

_____(ed.), 1952, *The Contributions of Harry Stack Sullivan*. New York: Hermitage House.

_____, 1967, "Harry Stack Sullivan's Theory of Schizophrenia." *International Journal of Psychiatry*, vol. 4, pp. 492-521.

_____, 1968, *Psychoanalysis and Interpersonal Psychiatry*. New York: Science House.

Muller, C., 1962. Personal communication.

_____, 1963, "Psychotherapy of Schizophrenic Patients." Lecture presented to Department of Psychiatry, New York Medical College.

Muller, J. M., Schlittler, E., and Bein, H. J., 1952, "Reserpine, der sedative Wirkstoff aus *Rauwolfia serpentina* Benth." *Experientia*, 8:338.

Murphy, H. B. M., Wittkower, E. D., Fried, J., and Ellenberger, 1963, "A Cross-

cultural Survey of Schizophrenic Symptomatology." *International Journal of Social Psychiatry*, 9:237-249.

Naumburg, M., 1950, *Schizophrenic Art: Its Meaning in Psychotherapy*. New York: Grune & Stratton.

Neale, J. M., and Cromwell, R. L., 1972, "Attention and Schizophrenia." In Cancro, R. (ed.), *Annual Review of the Schizophrenic Syndrome*, vol. 2, pp. 68-98. New York: Brunner-Mazel.

Nielsen, J. M., 1946, *Agnosia, Apraxia, Aphasia. Their Value in Cerebral Localization*. New York: Hoeber.

Niskanen, P., and Achte, K. A., 1971, "Prognosis in Schizophrenia. A Comparative Follow-up Study of First Admissions for Schizophrenic and Paranoid Psychoses in Helsinki in 1950, 1960, and 1965," *Psychiatria Fennica. Year Book 1971*, pp. 117-126.

Nivoli, G., 1973, *Le Schizophrene Meurtrier*. (In preparation. Private communication.)

Noble, D., 1951, "A Study of Dreams in Schizophrenia and Allied States." *American Journal of Psychiatry*, 107:612-616.

Noiris, V., 1959, *Mental Illness in London*. New York: Oxford University Press.

Nunberg, H., 1948, "The Course of the Libidinal Conflict in a Case of Schizophrenia." In *Practice and Theory of Psychoanalysis*, Nervous and Mental Disease Monograph Series No. 74. New York.

Ogden, C. K., and Richards, I. A., 1947, *The Meaning of Meaning*. New York:

Harcourt, Brace.

Orton, S. T., 1929, "The Three Levels of Cortical Elaboration in Relation to Certain Psychiatric Symptoms." *American Journal of Psychiatry*, 8:647.

Osmond, H., and Smythies, J., 1952, "Schizophrenia: A New Approach." *J. Ment. Sci.*, 98:309-315.

Pace, R. E., 1957, "Situational Therapy." *Journal of Personality*, 25:578-588.

Papez, J. W., 1937, "A Proposed Mechanism of Emotion." *Archives of Neurology and Psychiatry*, 38:725-743.

____, 1948, "Inclusion Bodies Associated with Destruction of Nerve Cells in Scrub Typhus, Psychoses and Multiple Sclerosis." *Journal of Nervous and Mental Disease*, 108:431.

Parsons, E. H., Gildea, E. F., Ronzoni, E., and Hulbert, S. Z., 1949, "Comparative Lymphocytic and Biochemical Responses of Patients with Schizophrenia and Affective Disorders to Electroshock, Insulin Shock, and Epinephrine." *American Journal of Psychiatry*, 105:573-580.

Pasamanick, B., 1962, "A Survey of Mental Disease in an Urban Population. VIII. An Approach to Total Prevalence by Race." *American Journal of Psychiatry*, 119:299-305.

____, 1964, "Myths regarding Prevalence of Mental Disease in the American Negro: A Century of Misuse of Mental Hospital Data and Some New Findings." *Journal Nat. Med. Assoc.*, 56:6-17.

- Pasamanick, B., Scarpitti, F. R., and Dinitz, S., 1967, *Schizophrenics in the Community*. New York: Appleton-Century-Crofts.
- Pastore, N., 1949, "Genetics of Schizophrenia: A Special Review." *Psychological Bulletin*, 46:285-302.
- Pavicevic, M. B., 1966, "Psychoses in Ethiopia." Addis Ababa, typescript, 6 pp. Reported in *Transcultural Psychiatric Research*, 3:152.
- Pavlov, I. P., 1919, "Psychiatry as Auxiliary Science of Physiology." *Russian Journal of Physiology*, 2:257. Printed in Russian.
- _____, 1930, "Digression of a Physiologist in the Field of Psychiatry." *Izvestija*, 122 (3969), May 5. Printed in Russian.
- _____, 1933a, "The 'Sentiments d'Emprise' and the Ultraparadoxal Phase." Open letter to Professor Pierre Janet. Last Communications on the Physiology and Pathology of the Superior Nervous Activity, 2:5-11. Leningrad. Printed in Russian.
- _____, 1933b, "Tentative of a Physiological Explanation of Obsessive Neuroses and Paranoia." Last Communications on the Physiology and Pathology of the Superior Nervous Activity, 2:13-24. Leningrad. Printed in Russian and reprinted in English, *Journal of Mental Science*, 80:187-197 (1934).
- Payne, R. W., 1958, "Some Aspects of Perception and Thought Disorder in Schizophrenic Subjects." *Swiss Rev. Psychol. Its Applic.*, 17:300.
- _____, 1961, "Cognitive Abnormalities." In Eysenck, H. J. (eA.), *Handbook of Abnormal Psychology*. New York: Basic Books.

- ____, 1962, "An Object Classification Test As a Measure of Overinclusive Thinking in Schizophrenic Patients." *British Journal Soc. Clin. Psychol.*, 1:213.
- Payne, R. W., Mattussek, P., and George, E. I., 1959, "An Experimental Study of Schizophrenic Thought Disorder." *Journal of Mental Science*, 105:627.
- Penfield, W., and Rasmussen, T., 1952, *The Cerebral Cortex of Man*. New York: Macmillan.
- Peplau, H. E., 1952, *Interpersonal Relations in Nursing*. New York: Putnam.
- ____, 1959, "Principles of Psychiatric Nursing." In Arieti, S. (ed.), *American Handbook of Psychiatry*, First Edition, vol. 2, pp. 1840-1856. New York: Basic Books.
- Persky, H., Gamm, S. R., and Grinker, R. R., 1952, "Correlation between Fluctuation of Free Anxiety and Quantity of Hippuric Acid Excretion." *Psychosomatic Medicine*, 14:34-40.
- Petiziol, A., and Sanmartino, L., 1969, *Iconografia ed espressivita' degli stati psicopatologici*. Milan: Feltrinelli.
- Petrella, F., 1968, "Implicazioni psico e sociodinamiche di una particolare condotta istituzionale: La Tendenza ad accumulare oggetti." *Rassegna di Studi Psichiatrici*, 57:767-785.
- Pfeifer, R. A., 1925, *Der Geisteskranke und sein Werk: Eine Studie iiber Schizophrene Kunst*. Leipzig: Kroner.

Pfister, O., 1923, *Expressionism in Art: Its Psychological and Biological Basis*. Translated by B. Low and M. A. Miigge. New York: Dutton.

Phillips, R. H., and Alkan, M., 1961a, "Some Aspects of Self-Mutilation in the General Population of a Large Psychiatric Hospital." *Psychiatric Quarterly*, 35:421-423.

_____, 1961b, "Recurrent Self-Mutilation." *Psychiatric Quarterly*, 35:424-431.

Piaget, J., 1929, *The Child's Conception of the World*. New York: Harcourt, Brace.

_____, 1930, *The Child's Conception of Physical Causality*. New York: Harcourt, Brace.

_____, 1948, *The Language and Thought of the Child*. London: Routledge & Kegan Paul.

_____, 1952, *The Origins of Intelligence in Children*. New York: International Universities Press.

Pincus, G., and Hoagland, H., 1950, "Adrenal Cortical Responses to Stress in Normal Men and in Those with Personality Disorders. Part I. Some Stress Responses in Normal and Psychotic Subjects. Part II. Analysis of the Pituitary-Adrenal Mechanism in Man." *American Journal of Psychiatry*, 106:641.

Piro, S., 1967, *Il Linguaggio schizofrenico*. Milan: Feltrinelli.

Plokker, J. H., 1964, *Art from the Mentally Disturbed*. London: Mouton.

- Polyakov, V. F., 1969, "The Experimental Investigation of Cognitive Functioning in Schizophrenia." In Cole, M., and Maltzman, I. (eds.), *A Handbook of Contemporary Soviet Psychology*. New York: Basic Books.
- Pollin, W., Allen, M. G., Hoffer, A., Stabenau, J. R., and Hrubec, Z., 1969, "Psychopathology in 15,909 Pairs of Veteran Twins: Evidence for a Genetic Factor in the Pathogenesis of Schizophrenia and Its Relative Absence in Psychoneurosis." *American Journal of Psychiatry*, 126:597-610.
- Popov, E., 1957, "Some General Problems in the Pathogenesis of Schizophrenia." In *Actual Problems of Neurology and Psychiatry*, 150-157. Printed in Russian.
- Potter, H. W., 1933, "Schizophrenia in Children." *American Journal of Psychiatry*, 12:1253-1270.
- Potzl, O., 1971, "Experimentell erregte Traumbilder in ihren Beziehungen zum indirekten Sehen." *Ztschr. f. Neurol, e Psychiat.*, 37:278-349.
- Potzl, O., Allers, R., and Teler, J., 1960, *Preconscious Stimulation in Dreams, Associations, and Images*. Psychological Issues, 11 (3). New York: International Universities Press.
- Powdermaker, F., 1952, "Concepts Found Useful in Treatment of Schizoid and Ambulatory Schizophrenic Patients." *Psychiatry*, 15:61.
- Prinzhom, F., 1922, *Bildneri der Geisteskranken*. Berlin: Springer.
- Pritchard, R. M., 1961, "Stabilized Images on the Retina." *Scientific American*,

204:72-78.

Pritchard, R. M., Heron, W., and Hebb, D. O., 1960, "Visual Perception Approached by the Method of Stabilized Images." *Canadian Journal of Psychology*, 14:67-77.

Protheroe, C., 1969, "Puerperal Psychoses: A Long-Term Study 1927-1961." *British Journal of Psychiatry*, 115:9-30.

Protopopov, V., 1938, "Physiopathologic Characteristics of the Activity of the Central Nervous System in Schizophrenia." *Works of Central Psychoneurologic Institute*, vol. 10, pp. 14-26. Printed in Russian.

Queen, S. A., 1940, "The Ecological Study of Mental Disorder." *American Sociological Review*, 5:201.

Rabiner, E. L., Molinsky, H., and Gralnick, A., 1962, "Conjoint Family Therapy in the Inpatient Setting." *American Journal of Psychotherapy*, 16:618-631.

Racamier, P. C., 1959, "Psychoanalytic Therapy of the Psychoses." In Nacht, S. (ed.), *Psychoanalysis Today*. New York: Grune & Stratton.

Rado, S., Buchenholz, B., Dunton, H, Karlen, S. H., and Senescu, R., 1956, "Schizotypal Organization. Preliminary Report on a Clinical Study of Schizophrenia." In Rado, S., and Daniel, G. E., 1956.

Rado, S., and Daniel, G. E., 1956, *Changing Concepts of Psychoanalytic Medicine*. New York: Grune.

Rainer, J. D., 1966, "New Topics in Psychiatric Genetics." In Arieti, S., (ed.),

American Handbook of Psychiatry, 1st ed., vol. 3. New York: Basic Books.

Rao,S., 1964, "Birth Order and Schizophrenia." *Journal of Nervous and Mental Disease*, 138:87-89.

Rapaport, D., 1951, *Organization and Pathology of Thought*. New York: Columbia University Press.

____, 1958, "The Theory of Ego Autonomy: A Generalization." *Bulletin of the Menninger Clinic*, 22:13.

____, 1960, *The Structure of Psychoanalytic Theory*. New York: International Universities Press.

Raphael, T., and Raphael, L. G., 1962, "Fingerprints in Schizophrenia." *American Medical Association Journal*, 180:215-219.

Raphael, T., and Shaw, M. W., 1963, "Chromosome Studies in Schizophrenia." *American Medical Association Journal*, 183:1022-1028.

Rausch,H.L., 1952, "Perceptual Constancy in Schizophrenia." *Journal of Personality*, 21:176-187.

____, 1956, "Object Constancy in Schizophrenia: The Enhancement of Symbolic Objects and Conceptual Stability." *Journal of Abnormal Social Psychology*, 52:231-234.

Rechtschaffen, A., Schulsinger, F., and Mednick, S. A., 1964, "Schizophrenia and Physiological Indices of Dreaming." *Archives of General Psychiatry*, 10:89-93.

- Reed, J. L., 1970, "Schizophrenic Thought Disorder: A Review and Hypothesis." *Comprehensive Psychiatry*, 11:403-432.
- Rees, L., 1957, "Physical Characteristics of the Schizophrenic Patient." In Richter, D., *Schizophrenia: Somatic Aspects*. New York: Macmillan.
- Reichard, S., and Tillman, C., 1950a, "Patterns of Parent-Child Relationships in Schizophrenia." *Psychiatry*, 13:247-257.
- _____, 1950b, "Murder and Suicide as Defenses against Schizophrenic Psychosis." *Journal of Clinical Psychopathology*, 11:149-163.
- Reitman, F., 1951, *Psychotic Art. A Study of the Art Products of the Mentally III*. New York: International Universities Press.
- _____, 1954, *Insanity, Art, and Culture*. New York: Philosophical Library.
- Relfer, M. I., and D'Autremont, C. C., 1971, "Catatonia-like Symptomatology." *Archives of General Psychiatry*, 24:119-120.
- Rennie, T. A. C., 1941, "Analysis of One Hundred Cases of Schizophrenia with Recovery." *Archives of Neurology and Psychiatry*, 46:197.
- Revitch, E., 1954, "The Problem of Conjugal Paranoia." *Diseases of the Nervous System*, 15:2-8.
- Revitch, E., and Hayden, J. W., 1960, "The Paranoid Marital Partner: Counselor's Client, Psychiatrist's Problem." *Rutgers Law Review*, 9:512-527.
- Rheingold, J. C., 1939, "Autonomic Integration in Schizophrenia; Autonomic

Status Determined Statistically, Thyroid Factor, and Possible Thyroid-hypothalamus Mechanisms." *Psychosomatic Medicine*, 1:397.

Ribot, T., 1899, *Les Maladies de la volonte*. Paris: Alcan.

Richardson, G. A., and Moore, R. A., 1963, "On the Manifest Dream in Schizophrenia." *Journal of the American Psychoanalytic Association*, 11:281-302.

Richter, D. (ed.), 1957, *Schizophrenia: Somatic Aspects*. New York: Macmillan.

Riesen, A. H., 1947, "The Development of Visual Perception in Man and Chimpanzee." *Science*, 106:107-108.

Riesman, D., Glaser, N., and Denney, R., 1950, *The Lonely Crowd*. New Haven: Yale University Press.

Rimland, B., 1964, *Infantile Autism*. New York: Appleton-Century-Crofts.

Rioch, D. McK., and Stanton, A. H., 1953, "Milieu Therapy." *Psychiatry*, 16:65-72.

Rioch, J., 1943, "The Transference Phenomenon in Psychoanalytic Therapy." *Psychiatry*, 6:147.

Ripley, H. A., and Papanicolaou, G. N., 1942, "Menstrual Cycle with Vaginal Smear Studies in Schizophrenia." *American Journal of Psychiatry*, 98:567-573.

Ritter, C., 1954, *A Woman in the Polar Night*. New York: Dutton.

- Robins, E., and Guze, S. B., 1970, "Establishment of Diagnostic Validity in Psychiatric Illness: Its Application to Schizophrenia." *American Journal of Psychiatry*, 126:983-987.
- Robins, E., Smith, K., and Lowe, I. P., 1957. In Abramson, H. A. (ed.), *Neuropharmacology*, pp. 123-136. Transactions of the Fourth Conference. New York: Josiah Macy, Jr., Foundation.
- Robinson, E. S., 1932, *Association Theory Today*. New York: Century.
- Rochlin, L., 1969, "La Concezione pavloviana della schizofrenia." In Pavlov, I. P., *Psicopatologia e Psichiatria*, edited by E. Popov and L. Rochlin. Rome: Editori Riuniti.
- Roi, G., 1953, "Analisi fenomenologica dell' assurdo schizofrenico nei rapporti col surreale dell' arte." *Archivio di Psicologia, Neurologia e Psichiatria*, 5:605-625.
- Roizin, L., 1938, "Organi di senso quali generatori di riflessi neuro-endocrino-vegetativi della regione diencefalo-ipofisaria." *Rassegna di Neurologia Vegetativa*, 1:338.
- _____, 1952, "Histopathology of Schizophrenia." In *Proceedings of the First International Congress of Neuropathology*. Turin: Rosenberg & Sellier.
- Rosanoff, A. J., Handy, L. M., Plesset, I. R., and Brush, S., 1934, "The Etiology of So-called Schizophrenic Psychoses with Special Reference to Their Occurrence in Twins." *American Journal of Psychiatry*, 91:247-286.
- Rosanoff, A. J., and Orr, I., 1911, "A Study of Heredity in Insanity in the Light of

Mendelian Theory." *American Journal of Insanity*, 63:221-261.

Rosanoff, A. J., and Rosanoff, I. A., 1931, "A Study of Mental Disorders in Twins." *J. Juv. Res.*, 15:268-270.

Rosen, J. N., 1947, "The Treatment of Schizophrenic Psychosis by Direct Analytic Therapy." *Psychiatric Quarterly*, 2:3.

_____, 1953, *Direct Analysis: Selected Papers*. New York: Grune & Stratton.

_____, 1962, *Direct Psychoanalytic Psychiatry*. New York: Grune & Stratton.

_____, 1963, "The Concept of Early Maternal Environment in Direct Psychoanalysis." Doylestown, Pa.: The Doylestown Foundation.

_____, 1964, "The Study of Direct Psychoanalysis." In Solomon, P., and Glueck, B. C. (eds.), *Recent Research on Schizophrenia*. Report 19, Psychiatric Research Reports of the American Psychiatric Association.

Rosenfeld, H. A., 1947, "Analysis of a Schizophrenic State with Depersonalization." *International Journal of Psycho-Analysis*, 28:130-139.

_____, 1952a, "Notes on the Psychoanalysis of the Superego Conflict of an Acute Schizophrenic Patient." *International Journal of Psycho-Analysis*, 33:111-131.

_____, 1952b, "Transference-phenomena and Transference-analysis in an Acute Catatonic Schizophrenic Patient." *International Journal of Psycho-Analysis*, 33:457-464.

____, 1954, "Considerations Regarding the Psycho-analytic Approach to Acute and Chronic Schizophrenia." In Rosenfeld, 1965.

____, 1965, *Psychotic States: A Psychoanalytic Approach*. New York: International Universities Press.

____, 1969a, "Contribution to the Psychopathology of Psychotic States: The Importance of Projective Identification in the Ego Structure and the Object Relations of the Psychotic Patient." In Doucet, P., and Laurin, C. (eds.), *Problematique de la Psychose*, vol. 1. Amsterdam: Excerpta Medica Foundation.

____, 1969 b, "On the Treatment of Psychotic States by Psychoanalysis: An Historical Approach." *International Journal of Psycho-Analysis*, 50:615-631.

Rosenthal, D., 1963, *The Genain Quadruplets*. New York: Basic Books.

____, 1974, "The Genetics of Schizophrenia." In Arieti, S. (ed.), *American Handbook of Psychiatry*, Second Edition, vol. 3. New York: Basic Books.

Roth, S., 1970, "The Seemingly Ubiquitous Depression Following Acute Schizophrenic Episodes, A Neglected Area of Clinical Discussion." *American Journal of Psychiatry*, 127:51-58.

Rubino, A., and Piro, S., 1959, "Il Mutamento pauroso e la schizofrenia." *II Pisani*, 83:527.

Riidin, E., 1961, *Zur Vererbung urtd Neuentehung der Dementia Praecox*. Berlin: Springer.

- Russell, B., 1919, *Introduction to Mathematical Philosophy*. London:
- Sakel, M., 1936, "Zur Methodik der hypoglykamiebehandlung von psychosen." *Wien. Klin. Wchnschr.*, 49:1278.
- Sakurai, T., Shirafuji, Y., Nishizono, M., Hasuzawa, T., Kusuhara, G., Yoshinaga, G., and Hirohashi, S., 1964, "Changing Clinical Picture of Schizophrenia." *Seishin Igaku*, 6:369-373. Reported in *Transcultural Psychiatric Research*, 2:97-98, 1965.
- Sanders, R., Smith, R. S., Weinman, B. S., 1967, *Chronic Psychoses and Recovery*. San Francisco: Jossey-Bass.
- Sanders, R. Weinman, B., Smith, R. S., Smith, A., Kenny, J., and Fitzgerald, B. J., 1962, "Social Treatment of the Male Chronic Mental Patient." *Journal of Nervous and Mental Disease*, 134:244-255.
- Sankar, Siva D. V., 1969, *Schizophrenia. Current Concepts and Research*. Hicksville, N.Y.: PJD Publications.
- Sankar, Siva D. V., and Saladino, C. F., 1969, "Chromosome Studies in Childhood Schizophrenia." *Schizophrenia*, 1:260-270.
- Sanseigne, A., and Desrosiers, M., 1961, "The Evaluation of Psychopharmaceuticals in an Underdeveloped Country." In Kline, N. S. (ed.), *Psychiatry in the Underdeveloped Countries*. Washington: American Psychiatric Association.
- Sanua, V. D., 1962, "Comparison of Jewish and Protestant Paranoid and Catatonic Patients." *Diseases of the Nervous System*, 26:1.

- Sartre, J.-P., 1969, *Being and Nothingness*. New York: Citadel Press.
- Sato, S., Daly, R., and Peters, H., 1971, "Reserpine Therapy of Phenothiazine-Induced Dyskinesia." *Diseases of the Nervous System*, 32:680-685.
- Schachtel, E. G., 1954, "The Development of Focal Attention and the Emergence of Reality." *Psychiatry*, 17:309.
- _____, 1959, *Metamorphosis*. New York: Basic Books.
- Schachter, F., 1962, "A Study of Psychoses in Female Immigrants." *Med. J. Australia*, 49(2):458—461.
- Schefflen, A. E., 1961, *A Psychotherapy of Schizophrenia: Direct Analysis*. Springfield, Ill.: Thomas.
- Schilder, P., 1918, *Wahn und Erkenntnis: eine psychologische Studie*. N. 15 Monog. Ges. Neurol. Psychiat. 1-115.
- _____, 1931, *Brain and Personality*. New York and Washington: Nervous and Mental Diseases Publication Company.
- _____, 1935, *The Image and the Appearance of the Human Body. Studies in the Constructive Energies of the Psyche*. London: Kegan Paul.
- _____, 1953, *Medical Psychology*. New York: International Universities Press.
- Schipkowensky, N., 1938, *Schizophrenic und Mord*. Berlin: Springer.
- _____, 1967, "Les Champs de force des homicides schizophréniques. " *L'Evolution Psychiatrique*, pp. 89-113.

- Schniewind, H. E., Day, M., and Semrad, E. V., 1969, "Group Psychotherapy of Schizophrenics." In Beliak, L., and Loeb, L., *The Schizophrenic Syndrome*. New York: Grune & Stratton.
- Schooler, C., 1961, "Birth Order and Schizophrenia." *Archives of General Psychiatry*, 4:91-97.
- Schroeder, C. W., 1942, "Mental Disorders in Cities." *American Journal of Sociology*, 48:40.
- Schwing, F., 1954, *A Way to the Soul of the Mentally III*. New York: International Universities Press.
- Scott, R. D., and Ashworth, P. L., 1969, "The Shadow of the Ancestor: A Historical Factor in the Transmission of Schizophrenia." *British Journal of Medical Psychology*, 42:13-32.
- Scoville, W. B., 1949, "Selective Cortical Undercutting." *Proceedings of the Royal Society of Medicine*, 47:3.
- Searles, H., 1958, "Positive Feelings in the Relationship Between the Schizophrenic and His Mother." *International Journal of Psychoanalysis*, 39:569-586.
- _____, 1959, "The Effort to Drive the Other Person Crazy—An Element in the Aetiology and Psychotherapy of Schizophrenia." *British Journal of Medical Psychology*, 32:1-18.
- _____, 1960, *The Nonhuman Environment in Normal Development and in Schizophrenia*. New York: International Universities Press.

- ____, 1962, "The Differentiation between Concrete and Metaphorical Thinking in the Recovering Schizophrenic." *J. American Psychoanal. Ass.*, 10:22-49.
- ____, 1965, *Collected Papers on Schizophrenia and Related Subjects*. New York: International Universities Press.
- Sechehaye, M. A., 1951a, *Symbolic Realization*. New York: International Universities Press.
- ____, 1951b, *Autobiography of a Schizophrenic Girl*. New York: Grune & Stratton.
- ____, 1956, *A New Psychotherapy in Schizophrenia*. New York: Grune & Stratton.
- Segal, H., 1950, "Some Aspects of the Analysis of a Schizophrenic." *International Journal of Psycho-Analysis*, 31:268-278.
- Seitz, P. F. D., 1951, "A Dynamic Factor Correlated with the Prognosis in Paranoid Schizophrenia." *Archives of Neurology and Psychiatry*, 65:604-606.
- Seitz, P. F. D., and Molholm, H. B., 1947, "Relations of Mental Imagery to Hallucinations." *Archives of Neurology and Psychiatry*, 57:469-480.
- Selvini Palazzoli, M., 1963, *L'Anoressia Mentale*. Milan: Feltrinelli.
- ____, 1970, "Anorexia Nervosa." In Arieti, S. (ed.), *The World Biennial of Psychiatry and Psychotherapy*, vol. 1, pp. 197-218. New York: Basic Books.

- Selye, H., 1950, "Stress (The Physiology and Pathology of Exposure to Systemic Stress)." Montreal: *Acta Med. Publ.*
- _____, 1952, "The Story of the Adaptation Syndrome," Montreal: *Acta Med. Publ.*
- Semrad, E. J., 1952, "Discussion of Dr. Frank's Paper." In Brody, E. B., and Redlich, F. C. (eds.), *Psychotherapy with Schizophrenics*. New York: International Universities Press.
- Semrad, E. J., Menzer, D., Mann, J., and Standish, C., 1952, "A Study of the Doctor-Patient Relationship in Psychotherapy of Psychotic Patients." *Psychiatry*, 15:377.
- Serieux and Capgras, J. Quoted by Mayer-Gross, 1950.
- Shainberg, D., 1973, *The Transforming Self. New Dimensions in Psychoanalytic Process*. New York: Intercontinental Medical Book Corporation.
- Shainess, N., 1966, "Psychological Problems Associated with Motherhood." In Arieti, S. (ed.), *American Handbook of Psychiatry*, vol. 3, p. 47. New York: Basic Books.
- Shakow, D., 1963, "Psychological Deficit in Schizophrenia." *Behavioral Science*, 8:275.
- Shattock, M. F., 1950, "The Somatic Manifestations of Schizophrenia. A Clinical Study of Their Significance." *Journal of Mental Science*, 96:32-142.
- Sheldon, W. H., Stevens, S. S., and Tucker, W. B., 1940, *The Varieties of Human Physique*. New York: Harper.

- Shenkin, H. A., and Lewey, F. H., 1944, "Taste Aura Preceding Convulsions in a Lesion of the Parietal Operculum." *Journal of Nervous and Mental Disease*, 100:352.
- Shulman, B. H., 1968, *Essays in Schizophrenia*. Baltimore: Williams and Wilkins.
- Siddiqui, S. S., and Siddiqui, R. H., 1931,7. *Ind. Chem. Soc.*, 8:667. Quoted by Muller, Schlitter, and Bein, 1952.
- Siirala, M., 1961, *Die Schizophrenie-des Einzelnen und der Allgemeinheit*. Gottingen: Vandenhoeck & Ruprecht.
- _____, 1963, "Schizophrenia: A Human Situation." *American Journal of Psychoanalysis*, 23:39.
- Silberer, H., 1909, "Report on a Method of Eliciting and Observing Certain Symbolic Hallucination-Phenomena." Reprinted in Rapaport, D. (ed.), *Organization and Pathology of Thought*. New York: Columbia University Press, 1951.
- _____, 1912, "On Symbol-Formation." Reprinted in Rapaport, D. (ed.), *Organization and Pathology of Thought*. New York: Columbia University Press, 1951.
- Silverman, J., 1964, "The Problem of Attention in Research and Theory in Schizophrenia." *Psychol. Rev.*, 71:352-379.
- _____, 1967, "Variations in Cognitive Control and Psychophysiological Defense in the Schizophrenias." *Psychosomatic Medicine*, 29:225-251.

- Simon, M., 1876, "L'Imagination dans la folie: fetude sur les dessins, plans, descriptions, et costumes des alienes." *Ann. Med.-Psychol.*, 16:358-390
- _____, 1888, "Les Ecrits et les Dessins des Alienés." *Arch. Anthropol. Crim.*, 3:318-355.
- Simpson, G. M., Cranswick, E. H., and Blair, J. H., 1963, "Thyroid Indices in Chronic Schizophrenia." *Journal of Nervous and Mental Disease*, 137:582-590.
- Singer, M. T., and Wynne, L. L., 1965, "Thought Disorder and Family Relations of Schizophrenics." *Archives of General Psychiatry*, 12:187-212.
- Slater, E., 1951, *An Investigation into Psychotic and Neurotic Twins*. London: University of London Press.
- _____, 1968, "A Review of Earlier Evidence on Genetic Factors in Schizophrenia." In Rosenthal, D., and Kety, S. S. (eds.), *The Transmission of Schizophrenia*. London: Pergamon Press.
- Slocum, J., 1901, *Sailing Alone Around the World*. New York: Dover, 1956.
- Small, J. G., and Small, I. F., 1965, "Reevaluation of Clinical EEG Findings in Schizophrenia." *Dis. Nerv. System*, 26:345-349.
- Smith, R. B., 1878, *The Aborigines of Victoria*. Quoted by Werner, 1957.
- Smith, S., 1954, "Problems of Liver Function in Schizophrenia." *Journal of Nervous and Mental Diseases*, 120:245-252.

- Smith, C. M., and McIntyre, S., 1963, "Family Size, Birth Rank, and Ordinal Position in Psychiatric Illness." *Canadian Psychiatric Association Journal*, 8:244-248.
- Smith, K., and Sines, J. O., 1960, "Demonstration of a Peculiar Odor in the Sweat of Schizophrenic Patients." *Archives of General Psychiatry*, 2:184-188.
- Soby, J. I., 1946, *Salvador Dali*. The Museum of Modern Art. Distributed by Simon and Schuster, New York.
- Spiegel, R., 1973, "Gray Areas Between the Schizophrenias and the Depressions." *Journal of the American Academy of Psychoanalysis*, 1:179-192.
- Spielmeier, W., 1931, "The Problem of the Anatomy of Schizophrenia." *Proceedings of the Association for Research in Nervous and Mental Disease*, 10:105. Baltimore: Williams and Wilkins.
- Spitz, R., 1945, "Diacritic and Coenesthetic Organization." *Psychoanal. Rev.*, 32:146.
- Stabenau, J. R., Pullin, W., Moshe, R. L. R., Froman, C., Friedhoff, A. J., and Turner, W., 1969, "Study of Monozygotic Twins Discordant for Schizophrenia. Some Biologic Variables." *Archives of General Psychiatry*, 20:145-158.
- Staercke, A., 1920, "The Reversal of the Libido Sign in Delusions of Persecutions." *International Journal of Psychoanalysis*, 1:120.
- Stanton, A. H., and Schwartz, M. S., 1949a, "The Management of a Type of

- Institutional Participation in Mental Illness." *Psychiatry*, 12:13.
- ____, 1949, "Observations on Dissociation as Social Participation." *Psychiatry*, 12:339.
- ____, 1954, *The Mental Hospital*. New York: Basic Books.
- Stein, W. J., 1967, "The Sense of Becoming Psychotic." *Psychiatry*, 30:262-275.
- Steinen, K., 1894, *Unter den Naturvdkern Zentral-Brasiliens*. Quoted by Werner, 1957.
- Stern, E. S., 1937, "Acrocyanosis." *Journal of Mental Science*, 83:408.
- Stem, K., and MacNaughton, D., 1945, "Capgras Syndrome, a Peculiar Illusionary Phenomenon, Considered with Special Reference to the Rorschach Findings." *Psychiatric Quarterly*, 19:139.
- Stierlin, H., 1956, *Der gewalttdtige Patient*. Basel: Karger.
- ____, 1965, "Bleuler's Concept of Schizophrenia in the Light of Our Present Experience." In *International Symposium on the Psychotherapy of Schizophrenia*, pp. 42-55. New York and Basel: Karger.
- ____, 1967, "Bleuler's Concept of Schizophrenia: A Confusing Heritage." *American Journal of Psychiatry*, 123:996-1001.
- Storch, A., 1924, *The Primitive Archaic Forms of Inner Experiences and Thought in Schizophrenics*. New York and Washington: Nervous and Mental Disease Publication Company.

- Stransky, 1903, "Zur Kenntniss gewisser erworbener Blodsinnformen." *Jahrb. f. Psych.*, 24:1.
- Strauss, H., 1959, "Epileptic Disorders." In Arieti, S. (ed.), *American Handbook of Psychiatry*, 1st ed. vol. 2, pp. 1109-1143. New York: Basic Books.
- Strecker, E. A., and Ebaugh, F., 1926, "Psychoses Occurring during the Puerperium." *Archives of Neurology and Psychiatry*, 15:239.
- Stromgren, E., 1950, *Statistical and Genetical Population Studies with Psychiatry. Methods and Principal Results*, vol. 6. Paris: Hermann. Quoted by Kallmann, 1959.
- Sturm, I. E., 1965, "Overinclusion and Concreteness Among Pathological Groups." *Journal of Consulting Psychology*, 29:9-18.
- Sullivan, H. S., 1924, "Schizophrenia: Its Conservative and Malignant Factors." *American Journal of Psychiatry*, 81:77-91.
- _____, 1925, "Peculiarity of Thought in Schizophrenia" *American Journal of Psychiatry*, 5:21-86.
- _____, 1929, "Research in Schizophrenia." *American Journal of Psychiatry*, 9:553-567.
- _____, 1931, "The Modified Psychoanalytic Treatment of Schizophrenia." *American Journal of Psychiatry*, 11:519.
- _____, 1953a, *Conceptions of Modern Psychiatry*. New York: Norton.
- _____, 1953b, *The Interpersonal Theory of Psychiatry*. New York: Norton.

____, 1956, *Clinical Studies in Psychiatry*. New York: Norton.

____, 1962, *Schizophrenia As a Human Process*. New York: Norton.

____, 1964, *The Fusion of Psychiatry and Social Science*. New York: Norton.

Suttie, I. E., 1952, *The Origins of Love and Hate*. New York: Julian Press.

Suwa, N., and Yamashita, I., 1972, *Psychophysiological Studies of Emotion and Mental Disorders*. Sapporo, Japan: Hokkaido University.

Swanson, D. W., Brown, E. M., and Beuret, L. J., 1969, "A Family with Five Schizophrenic Children." *Diseases of the Nervous System*, 30:189-193.

Szalita, A. B., 1955, "The 'Intuitive Process' and Its Relation to Work with Schizophrenics." *Journal of the American Psychoanalytic Association*, 3:7.

____, 1958, "Regression and Perception in Psychotic States." *Psychiatry*, 21:53-63.

Szasz, T., 1957a, *Pain and Pleasure*. New York: Basic Books.

____, 1957b, "The Psychology of Bodily Feelings in Schizophrenia." *Psychosomatic Medicine*, 19:11-16.

____, 1957c, "A Contribution to the Psychology of Schizophrenia." *A.M.A. Archives of Neurology and Psychiatry*, 77:420-436.

____, 1957d, "The Problem of Psychiatric Nosology: A Contribution to a

Situational Analysis of Psychiatric Operations." *Am. J. Psychiatry*, 114:405.

____. 1961, *The Myth of Mental Illness*. New York: Harper and Row.

Szurek, S. A., and Berlin, I. N. (eds.), 1973, *Clinical Studies in Childhood Psychoses*. New York: Brunner-Mazel.

Tanzi, E., 1909, *A Text-Book of Mental Diseases*. New York: Rebman.

Tedeschi, G., 1957, "Psicosi epilettica o schizofrenia in epilettico?" *Lav. Neuropsichiat.*, 21:35—48.

____, 1969, "Analytical Psychotherapy with Schizophrenic Patients." *Journal of Analytical Psychology*, 14:152-162.

Terzuolo, C. A., and Adey, W. R., 1960, "Sensorimotor Cortical Activities." In Field, J. (ed.), *Handbook of Physiology: Section I, Neurophysiology*, vol. 2, pp. 797-835. Washington: American Physiological Society.

Thom'a, H., 1967, *Anorexia Nervosa*. New York: International Universities Press.

Thompson, C., 1938, "Development of Awareness of Transference in a Markedly Detached Personality." *International Journal of Psychoanalysis*, 19:299.

____, 1941, "The Role of Women in This Culture." *Psychiatry*, 4:1.

____, 1942, "Cultural Pressures in the Psychology of Women." *Psychiatry*, 5:331.

- ____, 1950, *Psychoanalysis, Evolution and Development*. New York: Hermitage House.
- ____, 1952a, "Sullivan and Psychoanalysis." In Mullahy, P., *The Contributions of Harry Stack Sullivan*. New York: Hermitage House.
- ____, 1952b, "Counter-Transference." *Samiksa*, 6:205.
- Tienari, P., 1968, "Schizophrenia in Monozygotic Male Twins." In Rosenthal, D., and Kety, S., *The Transmission of Schizophrenia*, 1968. London: Pergammon Press.
- Tilney, F., 1928, *The Brain from Ape to Man*. New York: Hoeber.
- Tinbergen, N., 1951, *The Study of Instinct*. Oxford: Oxford University Press.
- Tjio, H., and Levan, A., 1956, "The Chromosome Number of Man." *Hereditas*, 42:1-6.
- Todd, J., 1957, "The Syndrome of Capgras." *Psychiatric Quarterly*, 31:250.
- Tolentino, I., 1957a, "Diario di un paranoico considerazioni psicopatologiche e psicodinamiche. 1) Il Diario." *Rassegna di Studi Psichiatrici*, 46:681-715.
- Tolentino, I., 1957b, "Diario di un Paranoico (1) Considerazioni, Psicopatologiche e Psicodinamiche (2) Considerazioni Psicopatologiche e Psicodinamiche." *Rassegna di Studi Psichiatrici*, 46:716-730.
- Tooth, G., 1950, *Studies in Mental Illness in the Gold Coast*. Research

Publication No. 6. London: H.M.S.O.

Tower, S. S., 1947, "Management of Paranoid Trends in Treatment of a Post-Psychotic Obsessional Condition." *Psychiatry*, 10:157.

Tyhurst, J. S., 1957, "Paranoid Patterns." In Leighton, A. H., Clausen, J. A., and Wilson, R. N., (eds.), *Explorations in Social Psychiatry*. New York: Basic Books.

Ungerleider, J. T., Fisher, D. D., Goldsmith, S. R., Fuller, M., and Forgy, E., 1968, "A Statistical Survey of Adverse Reactions to LSD in Los Angeles County." *American Journal of Psychiatry*, 125:352-357.

Vaillant, G. E., 1967, "The Prediction of Recovery in Schizophrenia." In *Current Issues in Psychiatry*, vol. 2. New York: Science House.

Vetter, H. J., 1968, "New-Word Coinage in the Psychopathological Context." *Psychiatric Quarterly*, 42:298-312.

Vico, G., 1725, *Principi di Una Scienza Nuova*. Naples.

Vinchon, J., 1926, "Essai d'analyse des tendances de l'art chez les fous." *L'Amour de l'Art*, 7:246-248.

_____, 1950, *L'Art et la Folie*. Paris: Stock.

Vogt, C., and Vogt, O., 1954, "Alterations anatomiques de la schizophrénie et d'autres psychoses dites fonctionnelles." In *Proceedings of the First International Congress of Neuropathology*. Turin: Rosenberg & Sellier.

- Volmat, R., 1955, *L'Art Psychopathologique*. Paris: Presses Universitaires de France.
- Von Domarus, E., 1925, "Über die Beziehung des Normalen zum Schizophrenen Denken." *Arch. Psychiat.*, 74:641.
- _____, 1944, "The Specific Laws of Logic in Schizophrenia." In Kasanin, J. S. (ed.), *Language and Thought in Schizophrenia: Collected Papers*, pp. 104-114. Berkeley: University of California Press.
- Von Meduna, L., 1937, *Die Konvulsionstherapie der Schizophrenie*. Halle: Marhold.
- Von Monakow, C. V., 1914, *Die Lokalisation in Grosshirn und der Abbau der Functionen durch Korticale*. Wiesbaden, Herde: Bergmann.
- Von Monakow, C. V., and Mourgue, R., 1928, *Introduction biologique a Vetude de la neurologie et de la psychopathologie*. Paris: Alcan.
- Von Senden, M., 1960, *Space and Sight. The Perception of Space and Shape in Congenitally Blind Patients Before and After Operation*. London: Methuen.
- Vygotsky, L. S., 1934, "Thought in Schizophrenia. " *Archives of Neurology and Psychiatry*, 31:1036.
- _____, 1962, *Thought and Language*. Cambridge, Mass.: M.I.T. Press.
- Waelder, R., 1925, "The Psychoses: Their Mechanisms and Accessibility to Influence." *International Journal of Psychoanalysis*, 6:259-281.

- Wainwright, W. H., 1966, "Fatherhood as a Precipitant of Mental Illness." *American Journal of Psychiatry*, 123:40-44.
- Wallace, M., 1956, "Future Time Perspective in Schizophrenia." *Journal of Abnormal Social Psychology*, 52:240-245.
- Walter, W. G., 1942, "Electro-Encephalography in Cases of Mental Disorder." *Journal of Mental Science*, 88:110.
- Waring, M., and Ricks, D., 1965, "Family Patterns of Children Who Became Adult Schizophrenics." *Journal of Nervous and Mental Disease*, 140:351-364.
- Wames, H., 1968, "Suicide in Schizophrenics." In *Toward a Definition of Schizophrenia*, Supplement to Diseases of the Nervous System, 29 (5).
- Watzlawick, P., 1963, "A Review of the Double Bind Theory." *Family Process*, 2:132-153.
- Weckowicz, T. E., 1957, "Size Constancy in Schizophrenic Patients." *Journal of Mental Science*, 103:432.
- _____, 1960, "Perception of Hidden Pictures by Schizophrenic Patients." *Archives of General Psychiatry*, 2:521-527.
- Weckowicz, T. E., and Blewett, D. B., 1959, "Size Constancy and Abstract Thinking in Schizophrenic Patients," *Journal of Mental Science*, 105:909.
- Weckowicz, T. E., and Sommer, R., 1960, "Body Image and Self-Concept in

Schizophrenia." *Journal of Mental Science*, 106:17-39.

Weckowicz, T. E., Sommer, R., and Hall, R., 1958, "Distance Constancy in Schizophrenic Patients." *Journal of Mental Science*, 104:436.

Weil-Malherbe, H., and Szara, S. I., 1971, *The Biochemistry of Functional and Experimental Psychoses*. Springfield, 111.: Thomas.

Weil, A., Liebert, E., and Heilbrunn, G., 1938, "Histopathologic Changes in the Brain in Experimental Hyperinsulinism." *Archives of Neurology and Psychiatry*, 39:467.

Weiner, I. B., 1966, *Psychodiagnosis in Schizophrenia*. New York: Wiley.

Weinstein, M. R., 1954, "Histopathological Changes in the Brain in Schizophrenia." *Archives of Neurology and Psychiatry*, 71:539-553.

Werner, H., 1956, "Microgenesis and Aphasia." *Journal of Abnormal Social Psychology*, 52:347-353.

____, 1957, *Comparative Psychology of Mental Development*. New York: International Universities Press.

Werner, H., and Kaplan, B., 1963, *Symbol Formation: An Organismic-Developmental Approach to Language and the Expression of Thought*. New York: Wiley.

Werry, J. S., 1968, "Studies on the Hyperactive Child. An Empirical Analysis of the Minimal Brain Dysfunction Syndrome." *Archives of General Psychiatry*, 19:9—16.

- Wertham, F., 1937, "The Catathymic Crisis." *Archives of Neurology and Psychiatry*, 37:974.
- Wertheimer, N., and Wertheimer, M., 1955, "Capillary Structure: Its Relation to Psychiatric Diagnosis and Morphology." *Journal of Nervous and Mental Disease*, 122:14-27.
- West, L. J. (ed.), 1962a, *Hallucinations*. New York: Grune & Stratton.
- _____, 1962b, "A General Theory of Hallucinations and Dreams." In West, 1962a.
- Wexler, M., 1952, "The Structural Problem in Schizophrenia: The Role of the Internal Object." In Brody, M. W., and Redlich, F. C., *Psychotherapy with Schizophrenics*. New York: International Universities Press.
- Weygandt, W. 1902, *Atlas und Grundriss der Psychiatrie*. Lehmanns Atlantin. Quoted by Bleuler, 1950.
- White, M. J., 1952, "Discussion of Paper by Semrad, Menzer, Mann, and Standish." *Psychiatry*, 15:384-385.
- Will, O. A., 1967, "Schizophrenia: Psychological Treatment." In Freedman, A. M., and Kaplan, H. I., *Comprehensive Textbook of Psychiatry*. Baltimore: Williams and Wilkins.
- _____, 1970, "The Psychotherapeutic Center and Schizophrenia." In Cancro, B. (ed.), *The Schizophrenic Reactions*. New York: Brunner-Mazel.
- _____. 1972, "Catatonic Behavior in Schizophrenia." *Contemporary Psychoanalysis*, 9:29-58.

- Wilson, G. C., 1968, "Suicide in Psychiatric Patients Who Have Received Hospital Treatment." *American Journal of Psychiatry*, 125:752-757.
- Wing, J. K., 1967, "Social Treatment, Rehabilitation and Management." In Copper, A., and Wall, A., *Recent Developments in Schizophrenia*. Ashford: Headley.
- Wing, J. K., and Brown, G. W., 1961, "Social Treatment of Chronic Schizophrenia: A Comparative Survey of Three Mental Hospitals." *The Journal of Mental Science*, 107:847-861.
- Winkelman, N. W., 1952, "Histopathology of Mental Disease." In *The Biology of Mental Health and Disease*. New York: Hoeber.
- Winkelman, N. W., and Moore, M. T., 1944, "Neurohistological Findings in Experimental Electric Shock Treatment." *Journal of Neuropathology and Experimental Neurology*, 3:199.
- Winnicott, D. W., 1945, "Primitive Emotional Development." In Winnicott, D. W., *Collected Papers*. London: Tavistock, 1958.
- Witenberg, E. G., 1974, "The Interpersonal and Cultural Approaches." In Arieti, S. (ed.), *American Handbook of Psychiatry*, Second Edition, vol. 1. New York: Basic Books.
- Witte, F., 1922, "Über Anatomische Untersuchungen der Schilddrüse bei der Dementia Praecox." *Ztschr.f. d. ges. Neurol, u. Psychiat.*, 80:1901.
- Wolf, A., and Cowen, D., 1952, "Histopathology of Schizophrenia and Other Psychoses of Unknown Origin." In *The Biology of Mental Health and Disease*. New York: Hoeber.

- Wolman, B. B., 1966, *Vectoriasis Praecox or the Group of Schizophrenia*. Springfield, Ill.: Thomas.
- Woolley, D. W., and Shaw, E., 1954, "A Biochemical and Pharmacological Suggestion about Certain Mental Disorders." *Science*, 119:587-588.
- Wynne, L. C., Ryckoff, I. M., Day, J., and Hirsch, S., 1958, "Pseudomutuality in the Family Relations of Schizophrenics." *Psychiatry*, 21:205-220.
- Wynne, L. C., and Singer, M. T., 1963, "Thought Disorder and Family Relations of Schizophrenics. A Research Strategy. II. A Classification of Forms of Thinking." *Archives of General Psychiatry*, 9:191-206.
- Yap, P. M., 1952, "The Latah Reaction: Its Pathodynamics and Nosological Position." *Journal of Mental Science*, 98:515.
- Yerkes, R. M., 1934, "Modes of Behavioral Adaptation in Chimpanzees to Multiple Choice Problems." *Comp. Psychol. Mono.*, 10.
- Yerkes, R. M., 1943, *Chimpanzees. A Laboratory Colony*. New Haven, Conn.: Yale University Press.
- Yolles, S. F., and Kramer, M., 1969, "Vital Statistics." In Beliak, L., and Loeb, L., *The Schizophrenic Syndrome*. New York: Grune & Stratton.
- Zee, N. R., 1965, "Pseudoschizophrenic Syndrome." *Psychiat. et Neurol.*, 149:197-209.
- Zeigamik, B., 1965, *The Pathology of Thinking*. New York: Consultants Bureau Enterprises.

- Ziferstein, I., 1967, "Psychological Habituation to War: A Sociopsychological Case Study." *American Journal of Orthopsychiatry*, April.
- Zilboorg, G., 1928, "Malignant Psychoses Related to Childbirth." *American Journal of Obstetrics and Gynecology*, 15:145—158.
- _____, 1929, "The Dynamics of Schizophrenic Reactions Related to Pregnancy and Childbirth." *American Journal of Psychiatry*, 8:733-767.
- _____, 1941, *A History of Medical Psychology*. New York: Norton.
- Zwerling, I., 1966, "The Psychiatric Day Hospital." In Arieti, S. (ed.), *American Handbook of Psychiatry*, 1st ed., vol. 3, pp. 563-576. New York: Basic Books.

Acknowledgments

I wish to express my indebtedness to the publishers who have permitted the reproduction in this volume of long excerpts and/or illustrations from the following articles of mine:

“Special Logic of Schizophrenic and Other Types of Autistic Thought.”
Psychiatry, Vol. 11, 1948, pp. 325-338.

“The ‘Placing into Mouth’ and Coprophagic Habits.” *Journal of Nervous and Mental Disease*. Vol. 99, 1944, pp. 959-964.

“Primitive Habits in the Preterminal Stage of Schizophrenia.” *Journal of Nervous and Mental Disease*. Vol. 102, 1945, pp. 367-375.

“The Processes of Expectation and Anticipation.” *Journal of Nervous and Mental Disease*. Vol. 106, 1947, pp. 471-481.

“Autistic Thought. Its Formal Mechanisms and Its Relationship to Schizophrenia.” *Journal of Nervous and Mental Disease*. Vol. III, 1950, pp. 288-303.

“The Possibility of Psychosomatic Involvement of the Central Nervous System in Schizophrenia.” *Journal of Nervous and Mental Disease*, Vol. 123, 1956, pp. 324-333.

“Volition and Value: A Study Based on Catatonic Schizophrenia.”

Comprehensive Psychiatry, Vol. 2, 1961, pp. 74-82.

"Schizophrenic Thought." *American Journal of Psychotherapy*, Vol. XIII, 1959, pp. 537-552.

"Hallucinations, Delusions, and Ideas of Reference." *American Journal of Psychotherapy*, Vol. 16, 1962, pp. 52-60.

"The Schizophrenic Patient in Office Treatment." *Psychother. Schizophrenia*, 3rd International Symposium, Lausanne, Switzerland, 1964, pp. 7-23. (Karger)

"Schizophrenic Art and Its Relationship to Modern Art," *Journal of the American Academy of Psychoanalysis*, Vol. 1, pp. 333-365. © 1973 by John Wiley & Sons.

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