

INTERPRETATION OF SCHIZOPHRENIA

Establishment of Relatedness

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Establishment of Relatedness

I Introduction

In this chapter and in the next four I shall describe psychotherapy of schizophrenic patients as I practice it. The following brief report on the origin and development of this therapeutic procedure will serve as an introduction and general orientation.

Four major roots have to be mentioned. One of them goes back to my work in Pilgrim State Hospital, at first as a resident and later as a staff psychiatrist from November 1941 to February 1946. During the period spent at that hospital I discovered that a few patients who resided in back buildings and had been considered hopeless would apparently recover or improve enough to be discharged, at times after many years of hospitalization. These were considered cases of “spontaneous recovery.” I was not satisfied with this explanation and looked more deeply into the matter. I soon discovered that these so-called spontaneous recoveries were not spontaneous at all but were

the result of a relationship that had been established between the patient and an attendant or nurse. I made these observations only in services of female patients, but I assumed that the same situation could take place in male services. The relationship went through two stages. In the first stage, by giving the patient special consideration and care, the nurse or the attendant had met some of her needs, no matter how primitive they were. The patient had improved somewhat and the nurse had developed attachment and deep involvement with her. The patient soon would become the pet of the nurse. In a second stage the patient had become able to help the nurse with the work on the ward. Those were war years with acute scarcity of personnel, and any help was very welcome. The patient would then be praised, and an exchange of approval, affection, and reliability was established. In this climate of exchange of warmth and concern the patient had improved to the point of being suitable for discharge. Much to my regret, however, I almost invariably observed that these formerly regressed patients would soon relapse and be readmitted to the hospital. Outside they were not able "to make it." Nevertheless I was impressed by the fact that even an advanced schizophrenic process had proved to be reversible or capable of being favorably influenced by a human

contact. I thought that perhaps methods could be devised by which we could help the patient maintain, increase, strengthen the achieved amelioration, even outside the hospital environment.

The second root has to be traced in my psychoanalytic training at the William Alanson White Institute. There I learned much more about the role of interpersonal relations in every psychiatric condition, including schizophrenia. There I had the good fortune of having as a teacher Frieda Fromm-Reichmann. She influenced and inspired me greatly. Although my therapeutic approach has developed its own basic features, it has retained some of Fromm-Reichmann's characteristics.

The relevance of thought disorders in schizophrenia has been one of my basic concerns from the beginning of my psychiatric studies. Actually the origin of such interest is much more remote in time than my reading of Eugen Bleuler's writings. It goes back to my studies of the eighteenth-century philosopher Giambattista Vico while I was in college. Vico's study of the cognitive ways in which the ancients, the primitives, children, and poets conceive the world and respond to it fascinated me. It focused my interest on the many possible ways by

which the mind faces, reconstructs, and experiences the universe. Vico's conceptions were among the best preparations for understanding the schizophrenic reality and the schizophrenic experience and constitute my third root. Also my discovery later of the writings of the psychologist Heinz Werner helped me to evaluate the full relevance of cognition and directed me toward a comparative developmental approach, for which Vico's writings had already prepared me.

The fourth root is to be found in the fact that either un verbalized preference, unconscious selection, chance, or other factors since I entered private practice led me to treat a large number of ambulatory schizophrenics. Office treatment of schizophrenia became my specialty at a time when even minor schizophrenic symptoms induced many therapists to hospitalize patients. Although my treatment has veered predominantly toward patients in office practice, it is applicable to hospitalized patients also, and I myself have applied it to them. There are other sources that I cannot mention, so large is their number. I cannot possibly enumerate, in distinct sequence, all I have learned from many authors and colleagues.

The reading of Parts Two and Three of this book is a prerequisite for a full understanding of the therapeutic approach that is now going to be presented. For didactical purposes my personal therapeutic approach can be considered as consisting of four aspects: (1) establishment of relatedness, which will be described in this chapter; (2) specific treatment of psychotic mechanisms (Chapter 37); (3) psychodynamic analysis: recognition of unconscious motivation and insight into the psychological components of the disorder (Chapter 38); and (4) general participation in patient's life, in some cases with the use of a therapeutic assistant or a psychiatric nurse (Chapter 39). Although these four aspects are described and discussed separately, they occur simultaneously in various degrees.

In Chapter 40 a detailed account of the treatment of two difficult cases will be presented, and in Chapter 41 the treatment of chronic schizophrenia will be examined.

II The Therapeutic Encounter

We must frankly acknowledge that, contrary to the other aspects of psychotherapy of schizophrenia, establishment of relatedness is still

at a prescientific level of development. Szalita (1955) wrote that in this endeavor the therapist must resort to a large extent to his own intuition. On the other hand, we should not be discouraged or exaggerate the difficulties of this part of the treatment. It is important to remember that even in the sickest patient the wish to rejoin the human community is seldom completely extinguished and may help us even in the most trying phases of the treatment. When we see the patient for the first time, he may have cut all human contacts or may retain only paranoid ties with the world. He feels unaccepted and unacceptable, afraid to communicate, and at times unable to communicate, having lost the usual ways by which people express themselves. Can we really accept him when he seems so unwilling to come to terms with the human race? Can we make him feel accepted without his developing the fear that he has to pay the price of remaining dependent, compliant, or driven to do things he cannot do or does not want to do?

According to Sullivan (1953a) therapy must offer the patients a “relationship of security beyond what they have ever had.” According to Fromm-Reichmann (1950) therapy must offer a “specific way by which they [patients] can trust the world and themselves.” But how

can we find this specific way? Whereas the neurotic patient in most cases wants to be helped and to be in contact with others (although in a neurotic contact), the schizophrenic seems to want to move away from the rest of mankind. He is in the process of more or less rapidly losing his grip on the world, and most attempts to establish contact with him increase his anxiety and make him disintegrate even more. How can he reestablish object relations?

The therapist's attitude must vary according to the condition of the patient. In patients who are in prepsychotic panic, or who have already entered the psychosis and are acutely decompensating, we must assume an attitude of active and intense intervention. A sincere, strong, and healthy person enters the life of the patient and conveys a feeling of basic trust. The strength of the therapist is welcomed by the patient who feels frightened and confused, but it may be also a motive for additional fear if it is not accompanied by a genuine message of concern and tenderness. The patient must be approached in very simple, at times even preverbal, ways.

As soon as he arrives on the scene, the therapist participates in the struggle that goes on; he does not listen passively to dissociated

ideas. With his facial expression, gestures, voice, attitude of informality, and general demeanor he must do whatever is in his power to remove the fear that is automatically aroused by the fact that a human being (the therapist) wants to establish contact. In the confused, unstable, or fluctuating world of the patient, the therapist establishes himself as a person who emerges as a clear and distinct entity, somebody on whom the patient can sustain himself. The therapist must clarify his identity as an unsophisticated, straightforward, simple person who has no facade to put on, a person who can accept a state of nonunderstanding, a person who has unconditional regard for the dignity of another human being, no matter what is his predicament. An atmosphere of reassurance is at least attempted, and the patient recognizes it. The therapist's appeal at this moment is not to the unconscious of the patient, but to the basic and genuine part of the patient's personality. To paraphrase the words of the poet Wordsworth, it is a communication with "the naked and native dignity of man." Clarifications are given immediately. The therapist enters the picture, not as an examiner who is going to dissect psychologically the patient, but as one who immediately participates in what seems an inaccessible situation. To a male patient in panic I

said, "You are afraid of me, of everybody, afraid stiff. I am not going to hurt you." To a woman who had given birth recently, I said, holding her hand, "You are going to be a good mother. I am here with you. I trust you." These are not just words of reassurance. These statements are "passing remarks" or "appropriate comments" (Semrad, 1952), but they are not detailed interpretations. They are formulations that the therapist makes at once during his first contacts with the patient. They must be given in short, incisive sentences. Their importance lies in conveying to the patient the feeling that somebody understands he is in trouble and feels with him. They should not be confused with deeper interpretations given later.

Some nonverbal, meaningful actions, such as touching the patient, holding his hand, walking together, and so forth, may be useful in some cases. The therapist must keep in mind, however, that this procedure may be dangerous with some patients. For instance, a catatonic stupor may be transformed into a frightening catatonic excitement.

This attitude of active intervention is not only not indicated in some acutely disintegrating cases but can be harmful. It may be

experienced as an intrusion, and even more than that, as an attack. The patient may be scared and may withdraw, and disintegrate even more.

In these cases we have to resort to an approach similar to the one used with patients who are withdrawn or are barricaded behind autistic detachment. The therapist must be prepared to face negative attitudes and should not regard them as a rebuff. They are special ways of communicating, a special language by which the patient expresses what he experiences. For instance, the withdrawn patient finds it unbearable to look at the therapist's face. He may close his eyes or turn his face in the opposite direction. We have seen several times in this book how frightening the eyes of other people can be to the patient. The therapist should not interpret this behavior as rejection of the treatment or of himself, but as ways to reduce to a less intolerable degree the frightening aspect of the interpersonal contact. The therapist, of course, should persist in his aim of reaching the patient. Such perseverance should not be manifested by insisting that the patient talk or respond; instead, the therapist himself should make short statements that do not require answers. For instance, "I came to see you"; "I wanted to see you today and find out how you are. I know this is a hard time for you, but I am here to help you." A long dialogue

or monologue is not necessary, but the patient must experience the therapist as a concrete reality, must hear the sound of his voice, and must start to distinguish him from the nebulous surrounding world.

How does one conduct a session with a mute catatonic? No repeated attempt should be made to force him to talk, for such an attempt would make him withdraw even more. The therapist should take the initiative and talk to him. The talk should be a pleasant one and should consist of neutral topics, that is, of subjects that will not increase the anxiety of the patient. This may be difficult to do, and many mistakes are possible because the catatonic spreads or generalizes his anxiety to a large number of subjects. Another frequent mistake made with catatonic patients consists of touching too soon or inadvertently on psychodynamic subjects when the patient seems somewhat improved. I have seen several cases where the mere mention of mother, wife, or husband made recovering catatonics slip back into a catatonic stupor.

While the therapist talks to the patient about a neutral subject, the patient, even if disinterested in the neutral topic, must be made to feel that a benevolent, sincere effort is being made to reach him, with

no demands being made on him. At times even these one-way talks irritate the patient because he feels that they are just one-way talks or monologues and not real communications. The patient discloses his displeasure by withdrawing further. In these cases the therapist must be willing to respect the patient's desire for silence, without showing any discomfort or anxiety about it. A state of silence or of nonverbal communication will then be shared, interrupted from time to time by the firm and reassuring voice of the therapist, who will thus make his presence felt.

Equally difficult is the beginning of treatment with hebephrenics and paranoids, who are able but unwilling to verbalize. Here the tendency of the young therapist is to approach the patient with many questions in an attempt to make him talk. This attempt is understandable because there are many things that the therapist would like to know, and the therapist also tends to feel that if the patient is under pressure he will finally talk. However, from the point of view of therapy, this method should be discarded. Each question is experienced by the schizophrenic as an imposition or an intrusion into his private life and will increase his anxiety, his hostility, and his desire to desocialize. In certain respects the schizophrenic is like a young

child. When a stranger visits a family and greets their young child by asking him questions, he will not be accepted by the child because the child feels that the stranger wants something from him. But later on, when the stranger is not a stranger any longer, if he asks questions that the child is capable of answering, the response will be favorable; contact will be made. The schizophrenic, too, in a later stage will be glad to answer questions that do not require an effort.

In the beginning, however, no questions should be asked, because every question implies an effort. This technique seems easy but is actually very difficult to follow because the therapist feels compelled to ask questions. He feels that for diagnostic and legal purposes some questions must be asked. For example, in state hospitals, the physician must ask questions that, if necessary, will prove in court that the patient is psychotic and legally detained. Whatever the diagnostic and legal requirements are, this procedure is not indicated from a therapeutic standpoint. This is a paradoxical and distressing situation for many therapists: on one side there is so much that we need to know about the patient, and on the other side there is so much that we may lose or spoil if we try to obtain the information directly from the patient. The best procedure is to obtain as much information as

possible from the members of the family, friends, or the doctor who first saw the patient. If for legal reasons questions must be asked that will prove the diagnosis of psychosis or the necessity of certification, the therapist must delegate this procedure to another psychiatrist who will have just this specific function without participating in the treatment.

Some patients have reported that when they were pressured to talk or to answer, at the beginning of therapy, they felt coerced, accused, or on trial. These feelings promoted further alienation and withdrawal. At times the patient does talk somewhat and in such a way as to stimulate questions. If a patient with a tendency to withdraw says, "They are persecuting me," the psychiatrist has to refrain from asking this patient who the persecutors are. The patient often does not name them, but uses the pronoun *they*. Also, if he says he *knows* that *they* are persecuting him, that there is "something funny going on," the therapist has the urge to ask him how he knows that there is something funny going on and what this funny thing is. At the beginning of the treatment these questions may have an adverse effect. In many early cases the patient actually does not know the answers. He himself does not know who the persecutors are or what

the strange feeling is. What he experiences are only vague feelings, and questions of this type may actually help him crystallize into concrete images or persons feelings that as yet have not become well-defined delusions or ideas of reference. If the therapist has patience, later on he will understand where this feeling of persecution comes from and why the patient has the need to externalize with delusions a vague feeling of hostility that the patient feels has been directed toward him.

If we do not ask questions, then what do we do with a withdrawn patient? As was mentioned in relation to catatonics, in the beginning the therapist takes the initiative and talks in a pleasant manner about neutral subjects. Sometimes I look at an art book with the patient and take the initiative in discussing the pictures in plain language. These pictures should *not* lead easily to identification, as those of the Thematic Apperception Test do. They should not arouse anxiety. At the very beginning of treatment, when the patient's suspiciousness and distrust are very pronounced, he should leave the session with the feeling that he has been given something, not with the feeling that something, even diagnostic information, has been taken from him. When the patient has gained some security in contact with the therapist, he will talk more and more and eventually will even talk

about his problems and give the therapist some historical material. At times this material is collected only after an extremely long period because of the patient's distrust and difficulties in communicating. However, if the therapist is familiar with the dynamic factors of schizophrenia such as were discussed in Part Two of this book, he is prepared to expect certain things and is therefore aided in recognizing and interpreting these factors. The difficulties in understanding schizophrenic language and thought may also be overcome to a certain extent if the therapist is familiar with the mechanisms that were discussed in Part Three of this book.

In spite of his familiarity with the formal mechanisms described in Part Three, the therapist may find much material totally obscure in certain cases on account of the patient's extreme individuality and unpredictability. I am thinking especially of the productions of some paranoids and hebephrenics who are very talkative in spite of advanced regression. Their talk consists so much of word-salad that the therapist who attempts to treat them does not know how to start and is bound to feel discouraged.

The fact that the patient wants to talk is an encouraging sign;

even if his talk seems incomprehensible, he still has the need to communicate, and this need may facilitate the treatment. The therapist should listen patiently; he should not pretend that he understands, because the patient detects any pretension, but should maintain a benevolent attitude and manifest a desire to communicate even in a nonverbal manner. If the therapist is willing to listen to the patient for a long time, he will be surprised to find out that even the word-salad will become more comprehensible (see Chapter 16). The therapist will detect that some themes recur often and that the patient's talk follows certain patterns. Finally, some preoccupations of the patient with certain topics will become evident and will offer important clues. The therapist will grasp the general feeling tone of what the patient says even if he does not grasp the content. The general frame of reference or the "cosmology" of the patient will be indented.

But again we must add that what is asked of the therapist is much more than it seems. Many therapists, especially those who have almost exclusive experience with psychoneurotics, are unable to endure a talk that makes no sense to them for a long period of time. The terror of lack of communication may be experienced by the therapist much more than by the patient. The therapist may experience anxiety

throughout the interview, and this makes him wish to terminate the session. This menacing feeling is experienced in two disturbing ways, as threat of nothingness and threat of meaningfulness. It is experienced as threat of nothingness when the therapist finds himself inclined to accept temporarily the convenient idea that there is no content in what the patient says, that it is just nonsense. But this idea undermines his therapeutic intentions and revolts his feelings of human solidarity. Threat of meaningfulness is experienced by the therapist inasmuch as he senses that there is a meaning, a meaning that escapes him. When he finally feels that he grasps this meaning, he may not be able to repeat it. In fact, I myself and many therapists with whom I have worked, have at times felt that we had grasped the endoconceptual meaning of what the patient wanted to say, but we could not repeat it to ourselves with our language or communicate it to others in meetings or during supervisory hours. We felt that the report to the supervisor would be inaccurate and that the instructions received would therefore be erroneous.

This grasping of the ineffable meaning may be considered intuitional on the part of the therapist. I prefer to say that in these cases, in order to break the schizophrenic barrier and reach the

patient, the therapist has succeeded in sharing the state of desocialization and individualism of the patient. There has been no real intuition but only an unusual kind of communication at a nonverbal level or a primordial verbal communication. This may perhaps be compared to the empathic communication between the baby and the mother, to the esthetic communication that the artist establishes with the observer of his work of art, or something similar to the primordial effects that paleosymbols must have produced on people when they became social symbols (see Chapter 19). The inability to communicate the meaning to others is due to the fact that, in order to make contact with the patient, the therapist had to share his state of impaired communication and his incommunicable unique feeling. This, of course, happens in a minority of cases. Most of the time we are able to make an approximately accurate translation in our own language. At other times we go even further, and we are able to understand the patient's problems completely, as we shall see from examples given in Chapter 37.

The therapist may have several other feelings of doubt in treating the patient. Has the patient preserved the ability to understand our common language and does he understand the therapist? Does the

patient understand himself when he speaks in a word-salad? It seems to me that most schizophrenics retain the ability to understand us, at least potentially. If the nonverbal communication to which we have referred and the general feeling in the therapeutic situation are such as to put the patient in a receptive attitude, he is certainly capable of understanding us. This receptive attitude may not be established for a long time, but in certain cases it may be obtained even during the first interview. Let us remember that the schizophrenic maintains his potential capacity to resume higher levels of integration and therefore high levels of communication whenever these are not accompanied by anxiety. This is demonstrated by the following observation, which has been made by almost every therapist. A regressed hebephrenic may seem unable to understand the therapist at all during an unsuccessful session, even when the therapist speaks in the most concrete language. However, when the therapist tells the patient that the session is ended, the patient rises and goes away, thus showing that he understood the meaning of this sentence. It seems almost as if the patient had allowed himself to be touched verbally by what he understood as implying a decrease in anxiety (avoidance of the unpleasant session).

Often the problem is not at all one of understanding our common language, but of misunderstanding. In other words, the personal problems of the patients make them give special meanings to what we say. That is true in different degrees for all patients, from the preserved paranoid to the regressed hebephrenic.

This impairment in exchange of meanings, which is always more or less present although the patient retains a potential ability to resume understanding of our language, is partially compensated for by the fact that the patient has increased his sensitivity to nonverbal communication, that is, to the feeling tone or to the atmospheric quality of the session. The reader should notice that we stated that the patient has increased his *sensitivity* and not his understanding, because although it is true that he may sense or recognize this feeling tone much better than a normal person does, it is also true that in many instances he attaches to it an egocentric and grossly inappropriate meaning, even if this meaning contains a grain of truth.

As to the problem of whether the patient understands himself when he speaks in a very disconnected manner, as for instance, in word-salad, the matter is controversial. We have compared some of

his productions to a photographic film that has been exposed several times. The patient must be disturbed by this impairment as much as the listener is, just as the aphasic is disturbed by his own defect. The schizophrenic in a vague way is aware of what he wants to say, and he is also aware of the fact that he wishes to communicate. He experiences several feelings at the same time, as well as a desire to communicate several things at the same time, even if he is not able to formulate verbally these concomitant desires, either to himself or to the listener. The therapist may help him to understand his own productions.

Here again one is reminded of what happens in the field of art. Some modern painters have stated that when they paint they have only a dim awareness of their feelings and that they know only with a certain approximation what they are going to paint or express. At times, even when the painting is finished, they do not know what they wanted to represent. It is from the reactions that these paintings will evoke in people that the artists discover what they themselves felt and wanted to express. In the same way the schizophrenic patient may understand better his verbal productions if he is helped by the therapist, that is, when the latter is able verbally or nonverbally to

communicate to him that a specific meaning has been conveyed and a given reaction has been engendered.

It is important for the therapist to be aware of his anxiety about these difficulties in communication and to be able to cope with this problem if he wants to work with regressed schizophrenics. In fact, as we shall mention again later, the patient will perceive this anxiety immediately.

It is obvious that when the impairment in communication is very pronounced, the therapeutic sessions must be very frequent, at least one a day. Of course, the number of sessions varies according to the individual patient. Some will do well even with as little as three sessions a week.

We have so far discussed patients who are rapidly disintegrating, or withdrawn and in very poor contact. There are, however, other important categories of patients: those who, although actively psychotic, with many typical symptoms like hallucinations, delusions, and ideas of reference, have the bulk of their personality well preserved, and with whom, therefore, communication can be

established with less difficulty. We have also a large number of undoubtedly psychotic patients who retain a relatively intact personality and have a symptomatology that is not pronounced, consisting of a few sporadic ideas of reference and delusional trends. The more intact the bulk of the personality is, the more we can depart from the recommendations made for poorly communicating patients. We may even ask questions and direct the patient to explain his obscure experiences. In these cases, too, the dialogue between the therapist and the patient should not be diagnostic, or predominantly exploratory; the emphasis should be on giving and sharing. Free association, which was impossible with the poorly communicating patients, is also to be discouraged with these relatively integrated patients, because it can promote scattering of thoughts. Here, of course, our technique departs drastically from that of the Kleinian school. I use free association occasionally with patients who are only mildly psychotic, with no signs of regression or special areas of intense vulnerability. In these cases I believe that the tendency to repress important material is more alarming than the risk of provoking regressive features.

With verbose, well-systematized paranoids we often face a

different problem. These patients may speak exclusively about their delusional complexes. In these cases I feel that some pressure has to be exerted on them. They should be encouraged to talk about something else. An indirect attempt should be made to make them see that there is something else besides their persecutors in the world; in other words, an effort should be made to circumvent their delusions. This should be done, not in order to repress the complexes, which would be impossible, but rather to enable the patients to increase their ties in the world. At the beginning, the patients' peculiar contacts with the environment are established only through their delusions. If the therapist, with his general attitude, which will be discussed later, is able to make the patients enlarge their interests, a great victory will have been achieved. In many cases of well-systematized paranoiacs and paranoids this is impossible. They remain fanatically and exclusively interested in their complexes and refuse to talk about anything else. They want only to prove to the therapist, as though to a judge, that their suspicions are well founded. Of course, it is useless to enter into any arguments with the patients. It is also inadvisable to pretend to accept their delusions or hallucinations, with a few exceptions, to be mentioned later. Tower (1947), in a very interesting

paper, has emphasized the desirability that the therapist remain noninvolved in the delusions of the patients. Fromm-Reichmann (1952) recommends telling patients that the therapist does not hear or see what the patient hears or sees. They should investigate together the reasons for the difference in their experience. In many cases where the delusional material cannot be circumvented at all, ambulatory treatment is not useful or feasible, and hospitalization becomes necessary.

There is a relatively large group of schizophrenic patients, especially those who had had a stormy prepsychotic personality, with whom it is very easy to establish some relatedness. They are hungry for contacts of any kind; they ask questions repeatedly and cling tenaciously to the therapist. The contacts, however, are superficial and few. They make anxious, superficial, and self-contradictory statements. The therapist should try not to expose to a breaking point the tenuousness of these contacts; he should realize that this type of communication is all the patient is capable of at this stage. The therapist should focus only on a few elements of what was said by the patient, and through them establish communication. Contrasting with the brittleness of the world, the therapist will appear clear and

distinct.

One of the reasons why some therapists have difficulty in establishing relatedness with psychotics is their adherence to some notions they have learned and professional habits that they have acquired. The therapist may need to unlearn older models of examination and treatment that otherwise almost inadvertently would creep in. Among them are: (1) the old-fashioned routine mental-status examination, purely diagnostic in aim and consisting of questions similar to those that might be asked by a district attorney; (2) strict adherence to the orthodox psychoanalytic technique, which was originally devised for the treatment of psychoneuroses. We have already mentioned in this regard that, with the exception of some well-preserved patients, the method of free association of classic psychoanalysis should be used very seldom. The same could be repeated for the use of the couch, which would interfere with the patient's need for physical closeness. Although, as we have mentioned, many schizophrenics do not want to look at the therapist's face or eyes, they do need to see him. If they do not see him, a tendency toward archaic ways of thinking may make them feel that the therapist is not present. Some patients with whom the couch was tried felt that

the therapist was not there; nobody was there, or only a disembodied voice. Sechehaye (1951a) reported that her patient had the need to see her; when the patient could not see the therapist, she felt the therapist was not there. This feeling is reminiscent of children who close their eyes when they want to make things disappear (Fenichel, 1945).

III Transference

What we have described in the previous section of this chapter demonstrates that we can indeed talk of transference and countertransference in the treatment of schizophrenics, but not in the same sense as in classic psychoanalysis. We must look again at these major interpersonal phenomena within the therapeutic situation before we examine them together in that more complex interpersonal exchange that we call relatedness. This section is devoted to the transferential situation of the psychotic.

As we have seen in Chapter 5, the patient never sufficiently developed a sense of basic trust; and after his break with reality, any trust is almost totally extinguished. The mistrust, unrelatedness, and hostility that he shows toward the therapist when he first meets him is

no different from the way the patient feels toward the whole universe. It may appear to be directed more toward the therapist, because the therapist attempts closeness, and the patient is afraid of this closeness and is consequently suspicious and paranoid. Whenever an attempt is made by the patient to reenter social life, he perceives it as something that exerts pressure on him. The others are seen as forces, as powers that impinge on him to the point that he may lose his own existence. He finds himself in a world where the ferocious imprinting of early life and the resurgence of the primary process give monstrous shapes to whatever he experiences. At this point the therapist is also part of this world of hostility, persecution, deformity, and desolation, a world where it is better to have nothing, not even hope or some positive feeling for any other human being, because if you love them, you are bound to lose them.

Some existentialistic psychiatrists see this schizophrenic way of being-in-the-world as an unchangeable way, which ineluctably leads to disaster, as in the cases of Ellen West and Suzanne Urban reported by Binswanger (1957, 1958a, *b*). On the other hand, the psychodynamic therapist does not want to fit into this world of unrelatedness, autism, distrust, suspiciousness, no matter how much the patient tries to place

him there. It is by not fitting into this world but by escaping from the category of malevolent forces that the therapist will open a window from which other vistas are seen and into and out of which the flow of society's symbolism will come and go. If such a window is opened, the whole pathological world of isolation and distrust is more likely to collapse. To a certain extent the therapist must do what Miss Sullivan did in the case of Helen Keller (1951). The therapist must have his ways with the methods outlined in the previous section and with those that we shall describe and discuss in Chapters 37, 38, and 39. The patient may change rapidly and acquire some very warm feelings for the therapist; at times he changes very slowly, at times so slowly as to make the changes almost imperceptible, especially to the members of the family of the patient. These quasistatic patients seem to live in an almost magically timeless world. Therapy makes time reenter into their life. But at first the therapist's (and the patient's) time is not society's time. It is a slower-moving time where months and in some cases years are permitted to pass by without despair, but with the vigilant and sensitive perception of what is almost imperceptible, and where the little, almost unappreciable changes are the clues that life goes on, that hope is to be retained.

After accepting the therapist, the patient generally accepts the therapeutic assistant, a nurse, or some other person. His milieu and realm of action become more diversified; the interchange less stereotyped. There is less rigidity in the psychological structure, and the patterns of behavior are less repetitive.

When relatedness is well established, the patient seems to flourish again, at times rising to unexpected heights. The period of withdrawal or incommunicability may have lasted only a few weeks, or even several years. At times a change is realized by patient and therapist with the intensity of drama. This satisfactory turn of events, which is the result not only of what we have described in this chapter but also of what we are going to illustrate in Chapters 37, 38, and 39, may have propitious effect throughout the rest of the treatment.

One fundamental point is that at the stage of treatment in which the establishment of relatedness is of primary concern, relatedness in its transference and countertransference components, has to be *lived* as a new experience in the patient's life; it should not be taken into consideration only as something to be psychodynamically interpreted. Transference and countertransference are obviously very important

as objects of interpretation, but their interpretation must take place later when positive relatedness has been established.

Unfortunately, in a considerable number of cases several complications, almost opposite from each other, may arise to jeopardize the relatedness. We shall examine individually each of the most common complications, although in some cases they occur simultaneously or in mixed forms. These complications may necessitate an otherwise premature psychodynamic interpretation of the transference situation.

In a large number of cases in which the patient tends to have a paranoid vision of the world, he will feel very uncomfortable in the new bond of warmth developed with the therapist. The patient cannot stand too much closeness; he anticipates rejection and fears that rejection after so much closeness will be more painful, and he wants to be the one who rejects and hurts. These feelings are not fully conscious or faced by him. He does not know, of course, that he wants to go again inside the hermetic paranoid structure and put the therapist too in the system of delusions. He will try to test the therapist, to show that he too is at fault, that he too does not trust the

patient, that he too has a bad intention, and so on. The mistrust may cover any aspect of the relatedness. Manifestations of warmth, interest, participation, and sharing may be viewed by the patient as having ulterior motives, as proof of the therapist's intent to exploit the patient for heterosexual or homosexual gratifications or for purposes of experimentation or in order to make a profit of some kind. The patient's way of thinking and feeling undergoes what Sullivan calls a malevolent transformation. The malevolent transformation is not just hostility, freely expressed; the whole way of relating is to a greater or lesser degree structured in accordance with a paranoid model.

Whenever tendencies of this type develop, they have to be corrected immediately, before they acquire a degree of strength which may jeopardize the treatment.

Hostility is to be found sooner or later in every schizophrenic patient, but it is disguised in several forms. As Bychowski (1952) points out, it may assume the form of extreme passivity, because every act is a potential act of hostility of which the patient himself is afraid. It may assume the usual form of projection: "He hates me" instead of "I hate him." In this symbolic representation, the patient experiences the

feeling “he hates me”; he seems aware now of the hostility that once was really directed toward him. However, this hostility now comes, not from the original person who was ill-disposed toward the patient, but from an imaginary substitute. Also the hostility that the patient sees in this substitute is not a reproduction of the original hostility or lack of tenderness, but a distortion of them. Whenever possible, one should explain to the patient that the hostility is misdirected and that he is acting as if situations that have long since disappeared were still in existence. We must remember that hostile manifestations are often only tests that the patient uses to probe the therapist. If the feeling of trust is maintained, the hostility will decrease, but it is very difficult to maintain this trust, because the patient is extremely suspicious and sensitive and sees signs of rejection at any moment. Fromm-Reichmann mentions a patient who went into a catatonic stupor twice when the hour of her appointment was changed. A patient of mine, also a catatonic, went into a tantrum because I answered the telephone during a session.

When it has proved to be impossible to handle the hostility, the therapist may allow another person to be present at the interview. The patient will not resent this person as an intruder if he understands

that this is being done to protect him too from the expression of his own hostility. At times the patient's hostility is not obvious. The patient tries to isolate the therapist from the rest of his experiences, which are connected with hostility. The patient tries again to make the therapist an inhabitant of a planet other than the one in which the patient lives. Although this situation of nonparticipation may seem advantageous, because otherwise the transference would become a turbulent one, the consequent distant relatedness must eventually be followed by involvement.

I must repeat here what I said about the patient who becomes openly hostile. The patient who becomes again detached from the therapist does not feel strong enough to endure the new way of feeling with human beings. Seeing himself as a perennial outsider, he thinks that he is occasionally let in in order to be ousted later. More frequently, however, the patient who cuts off the affective bond that had been established in therapy feels that were he to continue social intimacy with the therapist, he would eventually have to give himself up as an individual. Even to do things or to do what others do or would like him to do is experienced as giving up his own individuality. These experiences are distortions of original situations in life and are

experienced subjectively, often without the capacity to express them in words. They remain endocepts. Again I have to repeat here that in these cases of uncertain relationship the therapist must be able to be, according to the circumstances, close or distant; but always close to give, distant enough not to scare. What seems skillful navigation between two dangerous possibilities actually becomes an intuitive way of feeling one's way through the current difficulties of the patient.

Some patients, once established in some kind of elementary relatedness, develop an attitude of total dependency on the therapist. They act like babies. Lidz and Lidz (1952), who in a concise, excellent paper have discussed this aspect of therapy, felt that these patients had mothers who had an intense need to sustain in their children a parasitical attitude. A symbiotic relationship between mother and child was thus developed. The child did not live in his own right but as an appendage of mother. The reader will remember that similar problems were discussed in detail in Part Two of this book. In my opinion a decrease in self-esteem that is due to the patient's realization that he always does what mother considers wrong accompanies in several cases the belief that mother always does everything right. She must be omniscient and omnipotent, as the

patient thought she was when he was a baby. He should not do things but should let her do them. As a matter of fact, that is what mother desires. The patient tends to establish not a symbiotic relation but a parasitic one, one reminiscent of the fetus completely taken care of by the mother. But here, in some cases, restitution phenomena determine those feelings of altered relatedness so well described by Lidz and Lidz. The patient feels not that he is a parasite but that he is in a symbiotic relation. In simple words, he feels that he is extremely important to mother; mother could not live without him. In addition, he believes that if mother does not allow him to do things, it is not because she is bad, but because she is good. He makes efforts to preserve the good image of the mother and to repress her bad image. Certain attitudes of the mother that are reassuring are magnified; and others that are anxiety arousing are completely obliterated (see Chapter 5).

In the therapeutic relationship, the patient may tend to resume this symbiotic attitude. This tendency may appear useful at the very beginning of treatment, when every means is exploited to make contact with the patient, but it will be harmful later if it is not combated. As Lidz and Lidz indicate, the patient must soon realize that

the relationship with the therapist is not just a repetition of the symbiotic bond but a new type of close relationship: this other person can *care* for him, rather than just *take care* of him. The patient must feel and recognize that the therapist is motivated by an interest in helping him for his own sake, and not for some personal ulterior motive. Again this feeling and recognition, I believe, must come as felt experience, and not as an interpretation offered to him.

Lidz and Lidz feel that this symbiotic need may be so strong as to require a change of therapist. In my opinion this change seldom will be necessary if strong efforts have been made to combat it from a relatively early stage of therapy. If the treatment is successful, the patient comes to the realization that the therapist is not a restricting parent but permits a gradual expansion of the patient's personality as a separate entity.

The strong need to maintain the stultifying dependency will appear in different forms, but this need should always be explored. For instance, the patient may be afraid of his own improvement. When the patient looks at this progress with a feeling of achievement, he may be afraid that he will not be able to remain so independent, and at the

same time he may long for the old dependent (symbiotic) attitude. The dangerous fascination that the old dependent attitude has for him should eventually be explained.

There is an additional type of transference that the patient may develop that also reveals a psychotic structure or understructure. The patient may develop a “positive” feeling for the therapist that is so profound and intense that it assumes unrealistically grandiose proportions and characteristics. The therapist becomes omniscient, omnipotent, a genius, a prophet, a benefactor of the highest rank, a superb lover, and so on. This type of relatedness is an exaggeration or psychotic distortion of what some psychoneurotic patients experience. At times it reaches comic proportions: the therapist is literally considered an angel or a divinity.

The inexperienced therapist may at times, especially if the distortions are not obviously psychotic, tolerate this relation and in some cases even enjoy it, for it may satisfy some of his narcissism. It is not difficult to understand how this apotheosis of the therapist is possible or even plausible. The therapist is the only person with whom the patient relates: he comes to represent the interpersonal world or

the only person who counts in the life of the patient. If the therapist is of the opposite sex, a romantic element often enters, and this makes the relation even more intense. The patient becomes extremely dependent on this “superb human being” who becomes as necessary as “the air the patient breathes, the food he eats.” The relation is obviously abnormal. Primary process cognition distorts the images that the patient had once conceived of the good mother and good lover and makes of them a grandiose and distorted mixed image that he identifies with the person of the therapist. If the relation is allowed to become so intense, severe depression or reexacerbation of the illness may occur when attempts are made to break it or decrease its intensity. This type of relation may become as difficult to handle as the hostile paranoid one. I have seen several cases in which the therapist could not handle any more the patient whose feeling had become intensely positive and had to refer the psychotic patient to another therapist, at times with serious consequences. I have even seen therapists who were considering moving to other cities in order to escape from psychotic or quasi-psychotic patients who had become so demanding in a loving way.

The proper procedure consists of correcting any tendency of this

type from the very beginning. Certainly the therapist is important in the life of the patient. In some respects, especially at the beginning of the treatment, he may be as important as a good parent; but even a good parent is not the representative of the whole universe, nor has he or she the characteristics that the patient attributes to the therapist. One of my patients, during the tenth month of her treatment, told me, "The most tragic day for me will be the day when I discover that you make a mistake. My parents, my husband, every human being, I expect to make mistakes, but not you." I immediately tried to dislodge this belief by assuring her that I make mistakes, that I make them every day, and that often I catch myself in the process of making them. I also told her that I had made mistakes even in her treatment, and that yet she had improved. She began then to accept me on a more realistic plane. She did not continue to think that her recovery was based on my extraordinary powers. I suppose a patient may at times be almost hypnotized into a state of remission by believing in the magical powers of the analyst, but I wonder whether such a remission would last.

These fantasies of the patient are also pathological ways to regain self-esteem. At the beginning of therapy, the patient I have just

mentioned felt that because I had such superhuman ability, I was the only person who knew that she was a good girl and, therefore, the only person who could appreciate her.

Even in fairy tales, the person who is helped by the magic supernatural being is a person who believes he deserves to be helped, a person, therefore, who has not lost his self-esteem. When the patient is made to feel that he is accepted by the therapist, in spite of the fact that the latter has no magical powers, real progress is made.

Another patient of mine was very disturbed when he heard from me that I had to take a few days off because I had to undergo a tonsillectomy. He was particularly disturbed by the fact that I needed another doctor to treat me and operate on me. In his fantasies about me I appeared self-curative. How could it be that I needed another doctor? If a physical illness were to strike the patient, would I be able to cure him? For two or three days he woke up at night with anxiety feelings, thinking that I would not be able to take care of him if something happened to him. Eventually the patient was reassured when he saw that I resumed his treatment as before, after I myself had been treated by other doctors.

Another belief that the schizophrenic often holds (and also the neurotic at times) is that the doctor knows all the answers to the problems discussed but withholds them from the patient, either capriciously or because he feels that the patient, in a certain sense, has not grown up sufficiently. This too is a resurgence of a belief that little children have about the surrounding adults, who at times are really too secretive about certain matters. When the child grows up in a normal environment, he sooner or later accepts the fact that the parents cannot answer all the questions, all the “whys,” because they themselves do not know the answers. The schizophrenic, however, embraces again the belief in the omniscience of the only adult who counts. Again, the therapist must eventually convey to the patient the fact that an inability to answer all questions is a characteristic of human nature and not necessarily a handicap. In the process of improving, the patient himself will be able to answer many of his own questions; others he will answer in cooperation with the therapist; some he will never answer, and yet he will not feel less human.

Another attitude that the schizophrenic holds much more often than the neurotic is that he is the unique interest of the therapist. The therapist cannot possibly be as interested in the other patients as he is

in him. I suggested a raise in the fee of a schizophrenic patient who was able to secure a remunerative employment after I had been treating him for a long time at a reduced fee. The patient was furiously insulted and almost interrupted the treatment. His faith in me was vacillating; I was treating him for money and not because I had any interest in him. Eventually he understood me when I explained to him that by intending to raise the fee, I was acknowledging his growth and the fact that he no longer required special conditions.

Another practical problem that presents itself in connection with this strong symbiotic need of the patient is how to prepare him for the vacation time of the therapist. Especially if the vacation time occurs just a few months after the beginning of treatment, the patient may experience a strong feeling of panic at the idea of being left alone. If he is a catatonic, he may actually relapse into a stupor. The situation may reactivate the patient's strong feelings of being rejected, and direct attempts to convince him that this is not the case are futile. In many instances, the therapist may avoid these complications by preparing the patient far in advance for this brief separation. He should be told a few months previously that the physician has made plans for a vacation, and that he should expect a few weeks interruption in

treatment. In many cases, especially if the treatment is still at a preliminary stage, some ties have to be maintained even during the vacation time. The patient should be told that he may write to the therapist, or that if an emergency arises, he may even telephone him. In my experience, I have found that patients very seldom avail themselves of these concessions; on the other hand, they feel reassured. In the cases where the help of a therapeutic assistant is needed, this difficulty is partially removed by arranging different vacation times for the therapist and for the therapeutic assistant (see Chapter 39).

I resort to an additional technique with a minority of very anxious patients. I tape-record some salient points of sessions, during which situations that are likely to trigger anxiety and psychotic symptoms are discussed and interpreted. During the therapist's absence the patient finds reassurance in listening to the tape and hearing again the ways by which he can face and fight the symptoms. Hearing the therapist's voice promotes the feeling that the therapist is almost present and that on his return will be as involved with the patient as he was before he left.

IV Countertransference

We have so far discussed mainly the part of the relatedness that is usually referred to as transference. We must now discuss the countertransference, which plays a very important role in the psychotherapy of the schizophrenic. Countertransference is no longer considered a negative phenomenon to be combated, as it used to be considered in early psychoanalytic conceptions in reference to the psychoneuroses. It seems obvious that the attitude of the schizophrenic patient is such as to discourage any therapist who is motivated only by the usual therapeutic feelings, or only by the desire to help, and is not moved by an unusual countertransference. Again, if by countertransference we mean, as some authors do, identifying the patient with a figure of the analyst's past life or with the analyst himself as he was in his early life, then we must admit that these identifications are important but not inclusive of all that the analyst can experience for the patient. Perhaps Eissler (1951, 1952) and Rosen (1953) referred especially to these identifications. Eissler felt that his childhood fantasy of wanting to rescue people was reactivated when he tried to save schizophrenics from the shock treatment, which

he considered “a great danger” (1952). Eissler thought that the therapist must be moved and stirred; therapeutic failure must be unacceptable to him, “the whole gamut of emotionality must be at his quick command ... he should believe in his own omnipotence.” What Eissler meant probably is that the therapist should almost have that vigor, motivation, and determination that a person who believes in his own extraordinary power has. Rosen wrote that in the treatment of schizophrenics the countertransference must be similar to the feelings that a good parent would have for a highly disturbed child. Rosen expressed the idea extremely well when he said that the therapist must identify with the unhappy patient, as the good parent identifies with the unhappy child, and be so disturbed by the unhappiness of the patient that he himself cannot rest until the patient is at peace.

In Rosen’s conceptions, the intensified feeling of the analyst would be a compensation for the original defective mother-child relationship. Fromm-Reichmann, however, warned that no real compensation can occur for the early uncanny experiences unless the surviving adult part of the patient is eventually summoned to help.

One of the first concerns of the therapist when he has just started

treatment should be the analysis of his own feeling for the patient. If he experiences a strong feeling of empathy and interest, the chances are that he will be able to make significant contact with the patient. If, instead, he has the feeling that he is bored, or irritated, or that his patience is strained, for example, when the patient is evasive, a therapeutically significant contact will be difficult to make. Efforts of the therapist to combat or to conceal these feelings are generally of no value, because the patient will sense them anyhow. The schizophrenic personality and the schizophrenic symptomatology are such as to arouse hostility very easily in people, and, of course, in the therapist also. If at the beginning of the treatment the therapist has a feeling of hostility, or even a feeling of nonacceptance for the patient, he must try to analyze it and to solve it if treatment is to be continued successfully. The treatment will be much easier if the therapist has a positive feeling of empathy for the patient. As Eissler (1952) has emphasized, these feelings are generally experienced at the first contact with the patient.

The kind of feeling, positive or negative, that the therapist will have for the patient will depend not only on the patient's personality and psychological problems, but also on the therapist's personality

and problems. If the therapist has been psychoanalyzed, he is in a better position to determine what the characteristics are in certain patients that make him react in a negative way. If the analysis has not been successful in removing these tendencies, he should avoid treating patients who have the problems to which he reacts negatively. On the other hand, some very individualistic attitudes of the therapist, which are based on the therapist's own psychological problems, may be not at all harmful but beneficial to the treatment. We have already mentioned some of them, as reported by Eissler.

If the therapist, because of his own problems, succeeds in identifying with the patient or even in seeing in the patient a psychotic transformation of his own problems, he may not necessarily be handicapped but, on the contrary, helped in his therapeutic efforts.

No matter what the origin of his feelings is, the therapist must have a sense of total commitment toward the recovery of the schizophrenic. Such a feeling of commitment is generally sensed and appreciated even by the regressed schizophrenic. The patient derives from the general attitude of the therapist the feeling that the therapist is sincere in his attempts and therefore trustworthy. The therapist

should never pretend to offer love or friendship to the patient when in reality he feels differently toward him. One is reminded of the patient quoted by Fromm-Reichmann who said to the young analyst who had professed friendship during the first interview, “How can you say we are friends? We hardly know each other” (1952). However, no matter whether the analyst is overtly warm or reserved, he must be consistent, convincing, and intensely interested and, as Betz (1947, 1950) writes, must communicate to the patient his strength, his fairness, and his kindness.

Also the therapist should not refrain from giving to the patient what some therapists are reluctant to give: simple reassurance and companionship. Although we have already discussed these points in the first section of this chapter, some additional clarifications are necessary.

Reassurance has become a bad word in the field of psychoanalysis and psychotherapy in general. If by reassurance we mean patting the patient on the back or telling him, “Don’t worry; everything will be all right,” then, of course, we have to agree that reassurance may not be therapeutic. Our reassurance is not merely a

verbal expression. It is corroborated by our actions, our devotion, participation, or, as I have already said, by our total commitment.

Is reassurance enough? Of course not. Reassurance fails even to reassure, but it has a positive effect nevertheless. Only patients with whom no positive relatedness whatsoever can be established are untouched by reassurance. The others are, to various degrees. For instance, I have received numerous telephone calls, at times in the middle of the night, from patients at an early stage of treatment who felt they were persecuted and needed protection. I always considered it a healthy sign that they called me rather than the police. Although I could not remove the delusions by telephonic magic, I was able to transmit the feeling that nothing bad was about to happen and could suggest that no action had to be taken then. Although the delusions persisted, at times even for a few years, a stronger bond with the therapist was established. The patient felt that an oasis of human contact existed and that it could be reached by telephone. As to companionship, I meant the sharing of experiences in the act of living. Many therapists have done so; some have gone shopping with their patients, some have gone to dinner to their homes, some have lived in the same household.

A group of patients very badly in need of reassurance are women in a state of prepsychotic panic after childbirth or at the beginning of a postpartum psychosis. They are overwhelmed by anxiety and not yet in a position to face in psychotherapy the clarification of the psychodynamic mechanisms described in Chapter 13. In these cases, reassurance must not be of a general type but specifically related to the birth of the baby. In many cases, I have told the patient that she is in great distress because she rejects the baby, she feels guilty about it and believes that the baby is going to suffer. I have reassured the patient by telling her that she must accept the fact that she rejects the baby and that the baby will not suffer. Adequate provisions are being made for him. We shall eventually discover why she feels this way and her feelings will change. In the meantime, she cannot feel guilty because she can't help rejecting the baby. I have found that even very disturbed women understand these explanations, partially or totally, and are relieved by them.

Wexler (1952) advocated the adoption of a general attitude for the therapist of schizophrenic patients that is different from the one suggested by me. Wexler views the schizophrenic disorganization as the result of a primitive, archaic, and devastatingly punitive superego,

in the presence of urgent instinctual demands. According to him, this archaic superego is nothing more than the internalized parental figures, “the ghosts of the past.” This dynamic interpretation of schizophrenia corresponds to the points of view of several other authors, as described in Part Two of this book. Wexler, however, feels that his dynamic interpretation indicates that the therapist should assume superego roles. He feels that the therapist should be harsh and strict, should forbid sexual thoughts and feelings, and should have a generally repressing attitude. He found support in Nunberg (1948), who attributed his patient’s improvement to his submission to the strong, authoritarian analyst and to his belief in the analyst’s magical power. I do not deny that Wexler and Nunberg obtained success with the patients they reported, but I am not sure that the good results were due to the reasons mentioned by those authors. By submitting to an authoritarian and harsh therapist, Wexler’s patient apparently was able to reestablish her self-esteem and to improve. She was confident that by submitting she would obtain approval and affection from the analyst. Wexler succeeded in conveying to the patient the feeling that she could trust him, even if he was tyrannical and strict. In my opinion that was the fundamental point. In his case, in order to convey this

feeling of being trusted, Wexler had to resort to assuming a strict authoritarian role. It could be that the therapists who successfully assume this strict superego role have a type of personality that conveys this feeling of trust, especially in the adoption of that role. If a therapist is successful in adopting the superego role, he does not have to contend with the guilt feelings that a permissive attitude may engender in the patient at the beginning of treatment.

Wexler and other authors stress the point that the therapeutic situation must be very similar to the old genetic situation. It seems to me that most of the improvement is due to the differences in the two situations, not to the similarities. The apparent similarity perhaps helps the treatment in the beginning, but the patient must sense the difference in the underlying feeling in order to improve. I have found it useful to interpret this difference to the patient also at an advanced stage of treatment. The same is true for the neurotic. I agree with Rioch (1943) that the therapeutic transference must expand, not repeat, the original experience and must open new vistas, which will permit the growth of the patient. As a matter of fact, it is one of the constant aims of therapy to help the patients lose distortions arising from the tendency to repeat the old situation.

Mann, Menzer, and Standish (1950) have made an interesting study of the attitudes in the therapist that have led to the deterioration of the therapeutic relationship in the psychotherapy of functional psychoses. They found that the therapist is not directed by conscious motivation in the choice of patients. The therapist tends to choose patients with problems similar to his own. Contrary to Eissler and myself, these authors see this fact as having negative results. The therapist's conflicts may be reactivated so that he may respond with "emotional flight" or with retaliation. By "emotional flight" the authors mean an unrealistic attitude of the therapist that will not permit the patient to discuss feelings related to the therapist's conflict. This unrealistic attitude of the therapist was generally brought about by the excessive demands of the patients, demands that the therapist could not or did not want to fulfill. The demands that were made on the therapist were usually either sexual or involved permission to go home.

In my own experience, I have found that one demand of the patient that may disturb the feelings of the therapist is the request that the therapist accept the delusional system, or a delusional idea of the patient. Especially well-preserved, fanatic paranoids like to put the

therapist on the spot with this type of demand. In my opinion, it is better not to yield to this pressure of the patient. Rosen (1953) reports instead that in treating certain patients the therapist must accept their psychotic reality; he must act as if he accepts the fact that they are Moses, Christ, Napoleon, or some other person. We must remember, however, that there is always a part of the patient, no matter how little it is, that does not accept the psychosis. In treatment we have to rely on that part. As has been mentioned several times, we must deserve the trust of the patient at any cost, and sooner or later he will realize whether or not the therapist means what he says or not. He will develop contempt for the therapist if he acts as if he believes what even a part of the patient himself does not believe. I do not doubt, however, that if the therapist is able to identify with the patient to such a point as to share his psychotic experiences emotionally with him, this technique may be useful. This identification, however, is very difficult to accomplish. I have used the technique of allegedly accepting the patient's psychotic reality very rarely, very reluctantly, and only for reasons of expediency, when there was no other way to avoid violence or to make preparations for hospitalization. A therapist who is inclined to feel guilty if he does not fulfill the delusional demands of

the patient, or one who lets himself be intimidated easily by the aggressive tendencies of the patient, should not treat defiant paranoids.

Semrad and co-workers (1952) made another study of the doctor-patient relationship in the psychotherapy of psychotic patients. They found that the libidinal and aggressive tendencies of the patients were “so intense as to mobilize immediate anxiety through the reawakening of the doctor’s repressed infantile aggressive and libidinal problems.” The reawakening of these problems in the doctor led to interference with the psychotherapeutic task.

There is no doubt that one of the greatest difficulties encountered in treating psychotics is the required intensity of the relationship with the therapist. This intensity is apt to bring the therapist’s problems to the surface, at times with unexpected violence. As White (1952) wrote, in discussing the above-mentioned paper of Semrad and his co-workers, the psychotic gives the physician a prolonged opportunity to learn about himself. The countertransference may mobilize the anxiety of the therapist when nothing he does seems to diminish the extreme withdrawal of the patient, when he feels exasperated by the

manifestations of hostility or overwhelmed by the profusion of love. The therapist's anxiety will be harmful only if excessive. A moderate amount of anxiety may even mobilize his inner resources and intuitions.

Several of my psychotic patients have been able to detect in me certain feelings and moods, at times when even I was not aware of them. This has been observed by practically everybody who has practiced psychotherapy with psychotics.

If the patients detect an unpleasant mood in the therapist, the latter should not deny it, but admit it, together with the information that such a mood has nothing to do with them. Thompson (1952b) reported that disturbances in the analyst's life that are revealed to the patient may have a favorable effect on the analysis.

Feigenbaum (1930) reported that during a session with a paranoid, he received by telephone the news that a close friend had suddenly died. His reaction to the sad news brought about a human response from the patient, whose analysis from that time on took a turn for the better. Thompson (1938) reported the reaction of a

schizophrenic patient at the grief over the death of her analyst and teacher, Ferenczi. Her sorrow convinced the patient more than anything else that she was not a cold person as the rest of the world had been.

If the therapist does not reveal these unhappy feelings to the patients, patients may misinterpret them. They tend to react as young children do when they see their parents worried or unhappy. An egocentric distortion makes them feel that the unpleasant feeling is related to them. They react in accordance with this interpretation, that is, with a feeling of being rejected or with detachment.

In what we have just mentioned, we have another illustration of that perplexing and mixed picture that the schizophrenic presents: on the one hand, he is very sensitive and is capable of seeing through a situation and perceiving the truth even more so than a normal person; on the other hand, what he does with what he sees is so distorted that it will increase, rather than decrease, his difficulties. In some psychiatric circles, the amazement produced by the discovery of the increased power of “seeing through” of the schizophrenic has made enthusiastic therapists forget the negative side of this quality. This

enthusiasm is obviously a reaction to previous psychiatric attitudes, which were pessimistic and descriptive. The fact remains that the schizophrenic cannot be considered indeed only a person of great feeling and understanding; he is much more complicated. He adds a great deal of misunderstanding to what he keenly understands. What he understands or misunderstands in relation to the therapist's countertransference is particularly important.

Incidentally, in my experience I have found that this ability to see through a situation is present not only in full-fledged schizophrenics but also in some prepsychotic stormy personalities. Schizoid personalities, on the other hand, do not manifest this characteristic prior to their break with reality.

V Relatedness

Now that we have examined separately the two interpersonal feelings within the therapeutic situation (transference and countertransference), we must examine them together in simultaneous occurrence, in their influencing each other, merging in what is called relatedness. The feelings that the patient has for the

therapist and the feelings that the therapist has for the patient elicit the feelings about each other's feelings in a self-perpetuating reciprocity. Although relatedness includes the classic psychoanalytic concept of object relationship, it views such relationship not only as a centrifugal force emanating from each of the two partners in the therapeutic situation, but as an interrelation between at least two persons, more as an I-Thou relationship in Buber's sense (1953), as an entity whose intrapsychic and interpersonal parts could not exist without the other.

At a theoretical level the ideal of any psychotherapy would be to establish among human beings a state of communion, but this state is in most cases almost impossible to achieve even among normal persons (see Chapter 5). We must be content with a state where there is an exchange of trust, warmth, and desire to share and help.

Relatedness goes through several stages, which generally succeed one another gradually, at other times abruptly. From a state of autistic alienation the patient may pass to a state of genuine relatedness. This "breaking through" may be an extremely important episode, experienced at times with dramatic intensity. In some instances it is

remembered by the patient with great emotional display reminiscent of the Freudian abreaction. However, “breaking through” in this context does not have the usual psychoanalytic meaning. It does not mean the breaking of resistances and repressive forces, so that abreaction is possible and what was repressed is now remembered. It means only breaking the barrier of autism, the incommunicability and the desocialization. A human bond between two persons, important to each other, is reestablished. Geraldine, a patient whose case is reported at great length in Chapter 40, told me that during her two psychotic episodes she met at least three persons who broke through to her. The first was a nurse, who, unfortunately, was transferred to another ward; the second was a psychiatrist who was too busy with too many patients; the third was myself.

When Geraldine was far advanced in the treatment I asked her to give me more details about the “breaking through” effectuated by the nurse. She said:

There was a reading room on the ward, with a piano and magazines. I went there and I looked at the cover of a magazine. A nurse stepped in. I had never seen her before. She started a conversation with me as if I were a normal person. I told her with tremendous emotion, “You are the

first person who has broken through to me.” She was not on guard. I was not on guard. She was an ordinary girl. She made me feel communication with people was worthwhile. Before that nothing was worthwhile. People were hateful.

At this point the patient burst into tears, as never before during the whole course of treatment. A little later she continued, “With most of the nurses the illness is a fault; it was not with her. I felt that the other people were on to me. She was not.”

In the treatment with me during her second breakdown, this “breaking through” was not as dramatic as it was the first time with the nurse. Again, on one occasion, Geraldine expressed herself in this way: “With you I felt as confident as with the nurse. I feel it was so because you are always so relaxed and not intellectual, just as the nurse was.” These words of Geraldine aroused a state of perplexity in me. I always so relaxed? That’s not what my family thinks of me. I, nonintellectual? But my friends do not hesitate to tell me that I often make too much use of intellectuality in conversing with them.

To the best of my self-evaluating knowledge, I do not assume an artificially therapeutic attitude of relaxation and nonintellectuality. But my roles are different in different situations. I stress this point to

indicate that although spontaneous and sincere, the therapeutic attitude cannot be the therapist's usual attitude toward life but requires the acquisition of a special role. When I am with my wife the accumulated tension of the problems of the day may find easy manifestations. With my friends I am a peer, and because intellectuality is a part of me, it soon comes to the surface. With the schizophrenic patient who is in the early stage of treatment, I am not yet a peer. My role is nutritional and maternal. Although there is an exchange between the patient and myself, I want to give more than I take. I do not burden him with my own anxiety, if I can help it; and intellectuality does not enter the immediacy of our relatedness. Incidentally, I considered Geraldine an intellectual, too, but the needs she wanted to satisfy in her relation with me were not intellectual ones. Perhaps what I am trying to describe here is the same attitude of motherliness that Schwing (1954) advocates in the treatment of schizophrenia. This motherliness, or immediate relatedness, need not be offered exclusively by a therapist or a nurse, or by a person in a maternal role. At times the encounter even with a layman in the role of a paternal or authoritarian figure has great therapeutic effect.

When the breakthrough has occurred, the patient-therapist

relationship becomes a special-object relationship. Although the therapist must avoid the mistakes the parent made, the relationship must at first bear some resemblance to the parent-child relationship. Although the therapist, like a parent, is willing to give much more than he receives, an exchange takes place in attention, affection, and care. The relationship will always be threatened by the distortion of the patients. We have seen in this chapter that projective mechanisms or paranoid tendencies of all kinds, states of panic or of sudden distrust, deification or amorous tendencies toward the therapist, longing for renewal or withdrawal, will put the relatedness to hard test. But, therapeutic relatedness will be maintained if it is based on basic trust, the psychological entity that has been defective especially in the early life of the patient and after the outbreak of the psychosis. Basic trust implies trust in each other, accepting the other and hoping in each other's future and in the stability of the relatedness. The therapist is experienced as a human being who believes in the potentialities of the patient and who, with his trust, understanding, and devotion, facilitates the unfolding of such potentialities.

We have mentioned that relatedness must at first resemble a good parental situation. This similarity may engender some jealousy

and resentment toward the therapist on the part of the patient's parents. However, as we shall see in Chapter 38, the recovering patient will eventually reaccept his parents and will remove the therapist from the authoritarian aspect of the parental role. The therapist eventually descends from a pedestal if he was ever put there. The two persons involved in the therapeutic situation become more and more like peers. The two persons discover that the patient's limitations decrease with his improvement, and the therapist's limitations will increase with the patient's improvement, because he is seen more in his natural dimensions. We must specify that what we call a peer relationship between therapist and patient is not a replica of a relationship between young schoolmates. We mean the peer relationship that good parents have with their children who have become adults. They are now all adults together, and they respect one another and care for one another.

Other equally important aspects of the peer relationship with the therapist will be discussed in Chapter 39.

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. Aschehøng e 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. 433-437.
- 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 Franjaise, 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., Garnezy, 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 Naturvdlkern 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 epiletica o schizofrenia in epiletico?" *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 Schildrüse 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.

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“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)

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