PSEUDONEUROTIC FORMS OF SCHIZOPHRENIA*

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For some time, the writers have been following a group of patients who, in their opinion, show a rather definite clinical symptomatology which, however, is little known or not sufficiently appreciated. These cases are very often diagnosed and treated as psychoneuroses. Often this error is made, not only after seeing the patient a few times, but often over a long period. Many of these patients have been analyzed for a considerable period of time; and the suspicion has never been raised that they were not psychoneurotic. Some psychiatrists concede that the clinical and psychodynamic structure of these cases differs from the neuroses—although retaining a great deal of resemblance to the neurotic disturbances—and call them "borderline cases." Again, others are struck by the similarity of the mental changes and personality structure to schizophrenia and will diagnose them as schizophrenies. The writers would like to emphasize that this group of patients is not small. They are, therefore, not advocating here a more refined classification and do not wish to indulge in diagnostic gymnastics, but do wish to emphasize that many patients in this category are admitted to mental hospitals, and that probably a much larger number are treated in the offices of private psychiatrists.

The actions of these patients, the prognoses of their cases and the therapy, as we shall see, differ markedly from those of the ordinary psychoneuroses. The writers feel justified in classifying these patients with the schizophrenic reactions because many of the basic mechanisms in these cases are very similar to those commonly known in schizophrenia. Particularly, if the disorder should show a progressive course, symptoms will often occur which will make the diagnosis of schizophrenia convincing even to the most skeptical. It is interesting that very little can be found in the psychiatric literature about the differential diagnosis between psychoneurosis and schizophrenia. Even Bleuler, who devoted a lifetime to studying this latter disease, only mentions the differentiation in a perfunctory way, calling attention to the fact that in neurasthenia, in hysteria, and in obsessive-compulsive neurosis es-

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especially, it is necessary to be alert to the problem of a schizophrenic development.

The concept of schizophrenia has undergone several evolutions. Originally dementia praecox was diagnosed only when deterioration was present, and some psychiatrists in connection with the cases to be presented here will call attention to the fact that they do not show typical schizophrenic regression and deterioration. This is true for a number of patients. In others, however, even this criterion of schizophrenia can be supplied because a fair number of the cases cited—followed up for years—showed deterioration, and certification was necessary.

Bleuler pointed out the fact that the clinical classification cannot be based solely on the final outcome of the disease and that clinical, and especially psychological, criteria of schizophrenia exist, on which the diagnosis can be based. He stressed especially his point of view that in schizophrenia there are basic symptoms and accessory symptoms. Disorder of associations, rigidity of affect, ambivalence and dereistic thinking were considered primary, whereas hallucinations and delusions, catatonic symptoms, etc., were considered secondary, and their presence for the diagnosis not a necessity. This concept was generally accepted and even applied, for instance in cases of simple schizophrenia. Nevertheless most psychiatrists felt comfortable with the diagnosis of schizophrenia only if delusions, hallucinations or gross regressive manifestations were present. It is furthermore important to emphasize that from the quantitative point of view even these symptoms had to be rather prominent before the diagnosis of schizophrenia was and is made. The final and more subtle emotional, intellectual and psychodynamic changes were rarely appraised properly—especially not in the types of cases here presented.

In establishing the diagnosis of the pseudoneurotic form of schizophrenia, it will be necessary to demonstrate the presence of the basic mechanisms of schizophrenia. These basic mechanisms differ qualitatively and quantitatively from mechanisms seen in the true psychoneuroses. None of the symptoms, which will be enumerated, is absolutely characteristic of schizophrenia. Such a symptom is significant only if manifest in a certain degree and only if several of the mentioned diagnostic criteria occur simultaneously. The diagnosis, therefore, rests on the constellative evaluation of a group of symptoms even though in any given case