Overview: The Heuristic Need for Subgroups of the Schizophrenic Syndrome

by Leopold Bellak and John S. Strauss

Abstract

This article is an editor's introduction to the theme of an issue of the Schizophrenia Bulletin devoted to subgroups of the schizophrenic syndrome. The issue includes articles on subtyping from various points of view: neurological, genetic, biochemical, and descriptive. It is hoped that the wide range of findings being applied in ongoing classificatory efforts will produce subgroups with etiologic, prognostic, and treatment validity.

The schizophrenic syndrome has tremendous human, scientific, economic, and social importance. There is the increasing belief that "schizophrenia" is a group of disorders, as Bleuler indicated, not just one disease. If that is true, what are the disorders which make up the group? How can each be identified, and what are the implications of the subtypes for etiology, prognosis, treatment, and research?

The whole question of subtyping, perhaps because it is potentially so important, has been discussed frequently in the past. Sometimes it has threatened to become a futile exercise in which a large group is split into more homogeneous small groups of no greater etiologic or treatment significance. Symptoms and signs may be useful in subtyping, but in some instances they have remained the major subtyping criteria when others, which appear to be more valid, have been ignored. Thus, even in the new diagnostic manual being prepared by the American Psychiatric Association, the approach of dividing schizophrenia into subtypes with poor and good premorbid history—one of the more valid classifications developed—has not been included. However, as more systematic, descriptive, genetic, biochemical, psychological, and social data that relate to etiology, treatment, and prognosis accumulate, it is to be hoped that they will be introduced into subtyping concepts and categories.

Research concerned with schizophrenia has greatly increased in sophistication, especially in the last 10 years. Nevertheless, a sense of frustration—stemming perhaps from the lack of definitive findings—still prevails. The sense of frustration is most especially related to the fact that excellent investigators, in seemingly well-controlled studies, find contradictory results. A splendid demonstration of that problem was recently given by Matthysse, who devoted nearly one half of a lecture to present data that support the dopamine hypothesis and the second part to data that invalidate the same hypothesis. He, too, then arrived at an opinion we have expressed in various ways at different times (Bellak 1958; Strauss and Carpenter 1974): The divergence of data may suggest that the manifest form of the schizophrenic syndrome is arrived at by different pathogenic pathways.

Even though the concept of subgroups has a considerable history, and even though evidence for such subgroups has been increasingly suggested (e.g., in various research reports in the Schizophrenia Bulletin).

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the research strategy used in studying the schizophrenic syndrome is still most uniformly that of looking for one factor in a relatively small sample. This tendency may be the main reason that no more satisfactory answers have been found to the riddle of schizophrenia (Bellak 1962, 1966).

We decided to serve as editors for this issue of the Bulletin in the hope that evidence for subgroups presented from different research approaches would encourage many workers in the field to plan their studies to do their hypotheses and themselves justice: that is, not to look for one factor that might hold true for all schizophrenics. We suggest, instead, that investigators approach their research designs with an allowance for subgroups and, as one of us suggests (Bellak 1958), for a rank order of combinations of factors that may contribute to the phenotype “schizophrenic syndrome.”

This issue of the Bulletin includes articles on subtyping written from various points of view: neurological, genetic, biochemical, and descriptive. Together, these articles suggest the wide range of findings that can now be applied to subtyping schizophrenia into valid groups which may be more truly homogeneous than the current diagnosis of schizophrenia or its traditional subtypes. We hope that new subtypes will have etiologic, prognostic, and treatment validity far beyond what has been possible previously.

References


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