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BEHAVIORISM PROBLEMS AND DEMENTIA PRAECOX

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BEHAVIORISM PROBLEMS AND DEMENTIA PRAECOX

A movement has been abroad for the past few years, the object of which has been to clean up the wastebasket of psychiatry, namely, dementia praecox. When statistics are pursued it is evident to anyone that such a movement is most commendable. The amount of work to be done and the amount that will be done is hardly comprehensible to the ordinary mind when one considers the mental hygiene, psychiatry, family relationships and welfare, sociology and morality that is and will be involved.

Strecker and Ebaugh (1) state, "Each year, not less than 30,000 to 40,000 individuals (including all cases), soon after adolescence or in the first flush of manhood and womanhood fall victims to this dread disease. Annually,

75,000 new patients are admitted to state hospitals and at least one fourth are praecox."

These figures are the same as reported by Furbush (2) who says, "They (dementia praecox) outnumber patients with all other forms of mental disease combined. They are twice as numerous as persons in hospitals for the treatment of tuberculosis. They exceed the total population of all institutions for the feeble-minded and epileptics and state prisons."

Based on New York state figures, corrected because of New York's age, she makes the following deductions applicable to the nation: of the total institutional population 55 percent or 130,000 are dementia praecox, of the new admissions 13,000 or 27 percent are praecox. Also 27 percent or 8,600 of the discharged patients, but 33 percent or 4,500 of the readmissions are of this class. Only 21 percent or 6,000 of the deaths are praecox.

Thus it can be seen that 2,900 dementia praecox patients become permanent inhabitants of our state institutions each year.

who until a few years ago were thought to be hopelessly lost, in an effort to give untold relief to individuals and the nation.

I was led into a study of this problem because the cause for admission of patients to a behaviorism clinic so closely resembled a hospital case with which I am familiar.

This lad of twenty-one has been a patient at the Norfolk State Hospital most of the time since late in 1927. During these four years he has escaped twice and been paroled three or four times.

His early life history is made up of a series of misdemeanors in school ranging from teasing and abusing of younger children to the expulsion from two of the high schools of his home town.

He finally left high school before he had finished the second year and what subsequent time hasn't been spent in the institution has been spent "on the bum." His attempts at suicide have been frustrated by his calling the attendant when he started to bleed and

his surrender at a hospital after taking mercuric bichloride.

The search for a definition of dementia praecox is a long one. "Briefly it may be stated that there are three conceptions of this strange malady. There are those who regard it as an organic brain disease in the nature of a degeneration, a type of change akin to that seen in Friedreich's ataxia or Huntington's chorea. The second group regard the condition as the expression of a subtle but profound toxemia emanating from some disorder of the chemical processes of the body. The third hypothesis would view dementia praecox as a reaction on the part of the weak organism to stresses and difficulties of life, whether these be physical, emotional, or environmental, or all three combined". (3)

The pathological processes described as the cause of dementia praecox are many and varied. Among those citing brain pathology are, Nissel, H. Josephy, and Funfgeld with cortical changes. Marcuse described changes in the

thalmus, and Kitabayashie believes the pathology to be in the choroid plexus.

"Mott in England believes that there is a primary testicular or ovarian atrophy with attendant endocrine dysfunction and final brain pathology. ----focal infection in the teeth, tonsils, colon etc., is the somewhat naive belief of Cotton."(1) Holmes(4) has treated several cases, and with results, by colonic flushing.

Strecker and Ebaugh(1) dismiss pathology with reference to Dunlap who "does not find constant and specific cell changes and, in short, does not believe dementia praecox is a structural disease." Likewise, "Nevertheless, it has not been shown that focal infection is the etiologic factor in the functional psychoses," is a statement made by Kapeloff and Kirby.(5)

According to Bleuler(6) "Most of the symptoms described by Kraepelin, such as autism, delusions, illusions of memory, a part of the hallucinations, negativism, stereotypies, mannerisms and most of the catatonic signs,

are secondary signs." Is it not possible that the pathology, which is found at autopsy after a patient has resided in a state hospital for from five to forty years, is secondary in origin also.

Lately more and more of the writers are speaking of dementia praecox as being psychogenic in origin. Adolf Meyer started the wave in 1906 (7), and now mental hygienists and many psychiatrists are numbered among his followers.

I am unable to find a definition in Bleuler's text book and Clarke has said(8), "It is significant that as thorough an investigator as Kraepelin has never yet given an absolute definition of dementia praecox,---."

Strecker and Ebaugh(1) submit a definition that is suitable for my purpose. "Dementia praecox, often called schizophrenia, because it reveals a fundamental splitting between the emotional, the thought and motor processes, is a chronic psychosis which has its greatest incidence in the second life decade. It is

scarcely a clear-cut disease entity but a reaction type -- a maladaptation. In the vast majority of cases, the end state is one of deterioration which particularly involves the mood or affective responses."

In the rest of this paper I will try to show that dementia praecox is of psychogenic origin, that it is often manifested early in life, and that it is or should be curable.

In a study of children A.T. Childers makes this statement, "It should not be understood from what follows in this paper that the writer has been able to discern any sharp line of demarcation between mental symptoms in children and those in adults. In fact when one sees problem children of all ages, one is impressed with the fact that the maladjustments of the youth and the adult develop from conditions of faulty mental hygiene in the child."(9)

Harry Stack Sullivan has found that the disorder is late in a long series of adjustive disorders and "that cultural distortions provided by the home are of prime importance. Inter-

personal factors seem to be the effective elements in the psychiatry of schizophrenia. Psychopathic maladjustment is a product of the preadolescent phase of personality development." Of these children, "Schizophrenia is much more likely as an outcome than in those who have more coherently integrated the experience of infancy, childhood, and the juvenile period."(10)

Lazell (11) is "convinced that the potential dementia praecox patient contains all of the essential elements of his later psychoses."

Out of nine patients reported, in which the early history was available, Gibbs(12) and his aids classed six of them as praecox. It was observed that there was a definite change in behavior and personality at puberty. He has found "that many individuals who develop dementia praecox give a history of previous peculiarities of behavior."

From Bleuler's "Text Book of Psychiatry",(6)
"In probably three-fourths of the cases the personal disposition already expresses itself during youth in an dereistic character inclined

to seclusion, then in other peculiarities and deviations from normal thinking. A small percent of the pronounced diseases themselves go back into childhood."

Psychologists tell us, in speaking of normal children, "Going hand in hand with curiosity and play is imitation,---. During the succeeding three years (2 to 5 years of age) he imitates and experiences subjectively everything that he perceives. Nothing in his environment escapes him;---. Hence upon the copy set in the home and school for the child voluntarily to imitate will depend to a great degree his future conduct, whether it be socially acceptable or otherwise."(13)

Not only is dementia praecox a disease that has its beginning early in life but at times the full blown psychosis may present itself in a child. M.D.Clayton(14) states, "In dementia praecox we have a disease that occurs as early as five years." He is backed in this statement by Bleuler in his textbook.

The potential dementia praecox may be

recognized by the following signs, "---(a) a universal fear and hatred of the world which results in a bolshevistic attitude toward society and a withdrawal from it; (b) a profound feeling of inferiority; (c) a hopelessness of being able to adjust socially, economically, industrially, or personally; (d) intolerance of restraint which (despite his often apparent submissiveness) drives the patient still farther from social intercourse with his kind; and (e) some form of psycho-sexual impotence."(11)

Kasanin and Kaufman(15) and Free(16) believe heredity to be an important factor and Free and Gibbs(12) believe the advent of puberty is of importance.

It is natural that environment should play a part for it is normal for a child to imitate, as mentioned before. Glueck(17) summes it up in the statement, "--the apple does not fall far from the tree, and to the troubles of lack of understanding are usually added those of bad example from the side of the parent." Environment played a definite part

in the etiology of the cases studied by Kasanin and Kaufman.(15)

All of medicine is individualistic, but no part is more so than psychiatry. Neither are all children having bad heredity or environment or any of the other signs mentioned potential dementia praecoxes. "Not infrequently we found, however, that brothers or sisters of the girl referred for examination were or had been in the same school, but, though subjected to similar home conditions, had never been regarded as problems. This comparative group illustrates the widely differing personalities to be found even in the same family and emphasizes the need for individualizing both at home and in school.(18)

Glueck(17) says, "---, but thorough-going open mindedness obliges one to pay due attention to the well-known fact that some of the etiologic moments specially stressed in the explanations of the development of a psychoneurosis operate in countless boys and girls without ever leading to a psychoneurosis."

The balancing of cause and effect and the patient's elasticity before making a diagnosis is advocated by Adolf Meyer. (7)

Mental Hygiene seems, at the present time, to offer most in the treatment of these cases. Bingham(18) has been getting excellent results in treating the maladjustments of high school girls. All of the cases of which she treats are seriously ill in their relation to the world as represented by the school.

Free(16) reports two typical cases which were cured in their incipiency. He states, without figures, that he has a number of patients in whom the results were gratifying.

According to him, "The first requisite in the treatment of the predementia praecox patient is absolute and complete mental and physical rest,---" This involves three to six weeks general hospital care followed by occupational therapy. The patient does not assume his normal activities until six to eight months after the onset of his illness.

Hinsie(19) is an advocate of the psycho-

analytical method. His patients were selected from state hospital wards but the method could be applied in part to potential dementia praecox patients.

"Watchful expectancy is not the method of choice in the difficulties of youth, and the provision of useful experience is the only hope for insuring such patients against trouble.(10)

If a little of Lasell's mental reeducation(11) were added to Free's rest cure the results should be most satisfactory. Such a procedure would combine two desirable characteristics i.e. individualism and experience. Depending on the case a certain amount of psychoanalysis might be of value.

Conclusions

Evidence that dementia praecox is psychogenic in origin is of greater volume and more convincing than that it is functional.

Certain forms of treatment are of value.

Recent literature concerning dementia praecox has been surveyed. Particular attention has been paid to etiology, treatment,

and the relationship between the group and environment and heredity.

More stress is being laid on environment than heretofore as an etiological factor.

Heredity is only a slight factor in the final diagnosis. Its absence is not of as much value as its presence.

Active treatment, even nonspecific such as occupational therapy with individual attention, is of great value. Every child with a behavior problem should be given the benefit of the doubt and treated as a potential dementia praecox. Even in psychiatry, prevention is better than cure.

Psychoanalysis will be used more and more on cases that have developed the psychosis.

Omaha, Nebraska
April 22, 1931

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