The Decline of Hebephrenic Schizophrenia

Donald I. Templer, Ph. D. and David M. Veleber, Ph. D.

Abstract

The percentage of schizophrenics diagnosed hebephrenic declined in the first eight decades of this century. The sharpest decline was in the first three decades. However, hebephrenic schizophrenia could probably not currently be described as "rare" as is sometimes contended.

The purpose of the present research was to determine the change in percentage of schizophrenics diagnosed hebephrenic type from 1900 to 1979. Templer and Vele-ber (1981) reported a general, although irregular, percentage of schizophrenics diagnosed catatonic over this period, and they regarded this decline as consistent with clinical impression reported in the literature. A decrease in hebephrenic schizophrenia was also considered possible in view of stated clinical opinion to that effect and because of common characteristics of hebephrenic and catatonic schizophrenia. In regard to the former, White and Watt (1973) stated "This is the least clearly defined and increasingly the rarest type of schizophrenia, in part because the principal defining symptoms are various forms of regression that can now be prevented by drugs and improved hospital management" (p. 432). Hebephrenic and catatonic schizophrenia are collectively referred to as "nuclear" or "kernel" schizophrenia, with both involving severe personality and behavioral deterioration, an early onset, a poor prognosis, and a larger percentage of schizophrenic relatives than other types (Winokur, Morrison, Clancy, Crowe, 1974; Larson and Nyman, 1973; Kallmann, 1939). Nevertheless, systematic empirical support for the contention of a decline in hebephrenic schizophrenia has apparently not been reported in the literature.

The present study was designed to determine and quantify a year to year perspective over an 80 year period of the proportion of schizophrenics with a hebephrenic diagnosis. The present analysis was based upon tabulations for unduplicated admissions of 54,839 schizophrenics, including 1,557 hebephrenics, from 1900 to 1979 supplied by the Missouri Department of Mental Health.
Figure 1 presents the percentage of schizophrenic first admissions that are hebephrenic as a function of five year periods. The product-moment correlation coefficient between proportion of hebephrenics and number of years since 1900 for all 80 years is -.79 (p< .001). However, as is apparent from Figure 1, the decrease in percentage of hebephrenics was principally in the first three decades of the century. The product-moment correlation coefficient between proportion of hebephrenics and number of years since 1900, for 1900 to 1929, is -.92 (p<.001).

It is possible that the decline in percentage of hebephrenics could be a function of changing patterns of diagnostic usage rather than an actual shift in psychopathology. Bemporad and Pinsker stated "In Bleuler's time, almost any schizophrenic patient who was not catatonic and not paranoid was likely to be called hebephrenic."

Figure 1 provided quite limited support for the above stated contention of White and Watt that hebephrenic schizophrenia is becoming rare because of drug treatment and improved hospital management. One or two percent of first admissions only marginally justifies the word rare. And, the decrease in hebephrenic first admissions since the introduction of the antipsychotic drugs and associated treatment changes in the 1950's could not be described as dramatic.

In conclusion, the percentage of schizophrenics diagnosed hebephrenic decreased greatly over the first eight decades of this century, but most of this decrease took place in the first three decades. Hebephrenic schizophrenia could probably be currently described as an uncommon but not rare condition.
References