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EDITORIAL

Schizo-affective Disorder : An Exclusive Waste Basket or a Specific Cross-road Devolutionary Phase

A Psychopathological Stand Point

After considering schizo-affective disorder as an independent category by the DSM-III (APA, 1980) it seems logic to revise its use as a waste basket declaring our failure to diagnose neither "pure" schizophrenia nor "pure" major affective disorder in a single case.

I would like to show first what such term **should not** mean rather than what it can indicate :

1 – It is not simply atypical schizophrenia where depressive symptoms or attitude seem to colour the verbal complaint of a schizophrenic patient in a nihilistic 'no object' despair.

2 – It is not atypical depression where declared depression lacks its genuinity, periodicity or vividness and where the apathy is acted out through nagging stickiness and occasional cruelty; a variety I have previously (1979) called the nagging sticky parasitic depression.

3 – It is not simple association of regressive manic-like behaviour that may be responsible for apparent pseudointegration at a lower level.

4 – Lastly, it is not simply an indication that a certain degree of emo-

tional reactivity (particularly reactive depression) and insight, are preserved in a schizophrenic patient.

Then, what can a schizoaffective disorder be ?

In evolutionary-rhythmic language (Rakhawy, 1980), almost all life phenomena are rhythmic. Periodicity in health and disease is some behavioural manifestation of such rhythmicity. The non-periodic presentation of certain psychiatric disorders (e.g. chronic neuroses, personality disorders and chronic schizophrenia) are but some lasting complication (malorganization rather than active disorganization) of failing. or aborted periodicity.

Schizoaffective disorder is to be approached and conceptualized as a specific periodic pathological presentation which is but a complicated growth crisis.

This disorder usually refers psychopathologically to :

1 – A definite periodic tendency to disorganize.

2 – A simultaneous trial to hold back such tendency (by depression) or to undermine it (by mania through dissociative active "acting out" or "regression").

As such, both schizophrenic (disorganising and disorganised) symptoms and affective ones are not mere associations or secondary to one another.

In healthy growth crises de-organization of the old pattern of existence (with its corresponding neuronal and molecular organizations) is an indispensible step in the way to establish reorganization at a higher level. This is usually established along with alternation of psychic pain and adaptive regression (sometimes known as ARISE : adaptive regression in the service of the ego). Under unfavourable conditions the deorganization becomes disorganization, the psychic pain depression and the regression mania. In other words, using the evolutionary rhy-

thmic language, schizoaffective disorder is "the genuine pathological unfolding". It represents three dimensions :

(a) partial arrest at the schizoid organization,

(b) manifestations of failure of preexisting normal organization, and

(c) reactivation of both (or either) manic and depressive organizations.

This reorientation may open the door for considering schizoaffective disorder as the mother cross-road psychopathological phase of most psychiatric syndromes (the so-called functional).

The possible alternative roads are not simply either schizophrenic or major affective but any other one. The periodicity of the schizoaffective manifestations as such, with the least residual deficit during remissions declares the failure to pursue a deteriorated course, or otherwise an affective periodicity. In other words, it indicates a periodically reactivated equivalent compromise between partially integrated personality and a handicapped, still insisting to grow, human organism.

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