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Arguments against the cognitive dysmetria hypothesis of schizophrenia

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Recently, the "cognitive dysmetria" theory for schizophrenia has been formulated. According to this theory, a primary neurocognitive dysfunction is the core of schizophrenia and is responsible for symptom formation. The suggested perceptual fragmentation of external stimuli and the inability to connect such perceptions with internal schemata is suggested to lead to positive symptoms, while defensive self-restriction and the exhaustion of the mental aparatus leads to negative symptomatology. Objections to this theory include observations (i) that patients with dominant positive symptoms (e.g. delusions, hallucinations) manifest better neurocognitive function, and (ii) that typical antipsychotics significantly reduce positive symptoms and thus improve both the clinical picture and the functioning (to the extend it is reduced because of positive symptoms) of the patients, yet have little or no effect on negative (e.g. loss of volition, emotional blunting) and neurocognitive (e.g. attentional and memory deficit) symptomatology. The literature suggests that neurocognitive symptoms group independently from the rest symptomatology. It is suggested that there is currently more evidence against than in favor of the "cognitive dysmetria" theory.