

Psychotherapeutic Approaches to Schizophrenic Psychoses: Past, Present, and Future

edited by Yrjö Alanen, Manuel González de Chávez, Anne-Louise Silver, and Brian Martindale

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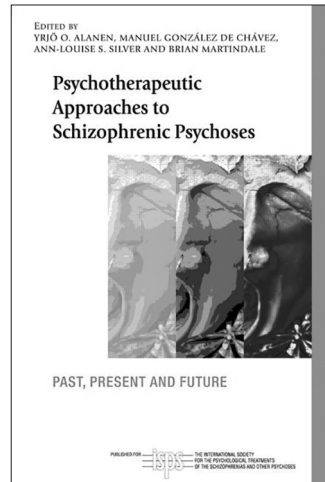
This book is an excellent historical overview of the rise, fall, and possible future re-emergence of psychodynamic approaches in the management and rehabilitation of schizophrenic conditions. It is divided into three parts: the pioneers of psychotherapeutic approaches, world developments from the 1940s to the present, and future dynamic treatments and interventions.

In the first chapter, Alanen describes the split between the “understanding” and the “explanatory” approaches to research and clinical work. A deep division in the philosophical approach to management of schizophrenic conditions has conse-

quently arisen, with dialectical shifts over time influencing systems of care between reductionist biological—“explanatory,” and humane, psychosocial—“understanding” approaches. The bias in this anthology of articles is definitely in favour of psychosocial rehabilitative approaches to treatment and signals a disturbing ascendance of the biological, medical model that targets the disease, and the decline of the humanistic model that works with an impaired individual’s recovery.

The psychosocial approach has a long history dating back to the moral therapy of the Quakers in the York Retreat in the early 1800s. The same principles of treatment still apply in today’s version of psychosocial rehabilitation: treating patients as individuals, putting them to work, tolerance for their psychotic symptoms, and developing an understanding of their inner turmoil.

In his study of Schreber’s memoirs, Freud was the first to propose a psychoanalytic theory explaining psychosis. A short list of others who followed Freud’s lead were: in Germany and Switzerland: Bleuler, Jung, Speilrein, Binswanger, and Abraham; in England: Federn; in the United States, Puttnam, Mayer, White, and Jelliffe. These early pioneers all had important roles in introducing psychoanalytic theory and technique into work with psychotic patients in psychiatric centres and institutions.



Chapters 1–6 summarize briefly the work of these early pioneers that formed the basis for the work of the next generation of analysts working in psychiatric hospitals. The insights of these early pioneers are particularly enlightening and still relevant to clinicians today.

Part 2 summarizes the highlights of contributions by the next generation from the 1940s to the present. In the United States, Sullivan, Fromme-Reichman, Meninger, Searles, Arieti, Pao, Spotnitz, and Semrad all worked in psychiatric facilities and influenced the work of a generation of clinicians treating psychotic patients. In England, Klein and her followers, Segal, Rosenfeld, Bion, Meltzer, Winnicott, Feldman, Rey provided important contributions to our understanding of the psychotic patient's thinking and experience. The paranoid-schizoid position, the depressive position, splitting, projective identification, and idealization/devaluation are concepts that were developed out of observation of the material in the analysis of regressed children and adults. They are especially useful for clinicians working with psychotic patients.

Although psychoanalysts have no presence in the treatment of psychotic patients in the American National Health Service, they do have significant influence on the delivery of mental health services through psychoanalytic teaching and supervision of mental health workers who work for the NHS in delivering care to psychotic patients. The experience in European countries has been the same as in the United States and Great Britain: there has been a postwar flourishing of psychoanalytic work with psychotic patients resulting in a rich literature of innovative theories of etiology, thinking, rehabilitation, and recovery. In the past 20 years, however, the movement to consider schizophrenia as a brain disorder has resulted in mental health services turning towards a reductionist medical model that treats disordered neural pathways in the forlorn hope of curing schizophrenic patients of their stigmatizing condition, and turning away from engaging with the patient's mind in working towards psychosocial recovery.

Part 2 of this book represents a rich catalogue of programs in rehabilitation, early intervention, art therapy, family psycho-education, and dynamic intervention that effectively promote stabilization and recovery throughout the United States and Europe. The Scandinavian countries, in particular, have led in developing early intervention and an integrated approach, with an emphasis on dynamic training of mental health workers delivering service to psychotic patients.

Part 3 is a collection of papers reviewing the state of the art in treatment of psychosis, its limitations, and recommendations for future directions.

Koehler and Silver outline in detail the struggles that the International Society for Psychological Treatments of the Schizophrenias and Psychosis—United States Branch has had with a predominantly reductionist psychiatric community who endorse biological, psycho-pharmacological treatment as the mainstay in the management of schizophrenia and the psychoses. They cite several authoritative studies not just in the fields of psychology and psychiatry, but also in science, sociology, and anthropology—as well as the World Health Organization—collectively expressing concern about the lack of integration between biological and psychosocial approaches in managing patients with schizophrenia. They report that using only the biological approach represents a failed treatment, given the lack of improvement of prognosis, morbidity, and mortality since the 1960s, when antipsychotic medication was seen as the “cure” for schizophrenia and de-institutionalization became a governmental policy. Koehler and Silver cite studies suggesting that psychosocial environmental factors have an epigenetic effect on gene expression, either facilitating or inhibiting genes that are linked to the manifestation of psychotic symptoms or their inhibition. An integrated approach, including psychosocial rehabilitation, family psycho-education, group therapy, CBT, and dynamically oriented therapies, can lead to stabilization of psychosis and improved prognosis. The remaining chapters of part 3 review various psychosocial and dynamic programs and offer recommendations for an integrated approach in the final chapter.

Aderhold reviews Soteria, who presented an integrated treatment model and a reform movement in psychiatry. Started as a federally funded research demonstration project by Loren Mosher during his tenure as director of the Schizophrenia Branch of the NIMH, and continued by Luc Ciompi in Berne, similar models of integrated treatment programs have taken root in many European countries, although the original Soteria project in California lost its funding in the early 1980s. The emphasis in the project is on dynamically oriented therapists with an acutely psychotic patient in a safe environment, attempting to understand the meaning of the patient’s psychotic experience. This implies unconditional acceptance of the patient’s experience, be it delusional beliefs or hallucinations, and attempting to make sense of them from the context of the patient’s lived experience. Other aspects of the program included restitution of the fragmented personality in a protected context, and orientation to the outside world. Minimal medications, or none at all, were used during their stay.

Luc Ciompi in Berne elaborates his theory of the efficacy of Soteria, which he called affect logic, based on systems theory and chaos theory. He considers psychosis to be a disintegration of rational functioning of cognitive,

affective, and relational systems due to an excess of affect, resulting in delusional cognitive, affective, and behavioural reactions. Consequently, remission of this state is contingent on therapists behaving like a good mother who is able to calm emotional dysregulation in a child experiencing a temper tantrum. This chapter reviews in detail a program that has enjoyed success in managing acutely psychotic patients using dynamic principles and minimal or no medications. The program illustrates the anti-psychotic effect of therapeutic relationships and a calming environment on neurobiological systems in dysregulation. These observations bring into question the use of pharmaceutical products exclusively in the treatment of psychosis and suggest that the psychosocial treatments are the primary effective modality, leading to calming the psychosis and the patient's recovery to optimal social and vocational functioning—although minimal doses of calming medications, as an initial step in treatment, are usually considered necessary by Chiompi.

In the final chapter, the editors offer their view of future development in the integrated treatment of schizophrenia. Since the brain's development and functioning depend on the individual's interaction with the environment, psychosocial treatments, including dynamic therapies, should be considered the primary treatment intervention in the treatment of psychoses, with the use of biological treatments when necessary. This ideal integrated approach, which has taken root in several European countries, has had limited success in the United States, due to the strong pharmaceutical lobby, the emphasis on the *DSM* phenomenological approach to treatment, and the insistence on evidence-based random controlled trial-proven efficacy of treatments as the requirement for government funded programs. Despite the failure of the utilization of the biological approach only, in the treatment of psychosis, psychosocial programs remain underfunded.

The editors and authors strongly recommend that aspects of programs like Soteria should ideally be developed in an integrated approach, including early intervention and prevention, the development of specialized small treatment centres, individual dynamic therapy and CBT, family psycho-education, vocational and social rehabilitation, group therapy and group activities, and the training and supervision of staff working with psychotic patients. The book ends on an optimistic note, suggesting future inroads for psychotherapeutic pursuits in the conservative, medical model-oriented psychiatric approach.

A key ingredient to a successful impact on multidisciplinary teams treating patients with schizophrenia is the provision of dynamically informed training and supervision in individual, group, and family interventions.

This is a grassroots strategy that would result in enhancing the skills of front-line mental health workers in various dimensions: developing listening skills, creating a low-stimulus holding environment, encouraging the individual's personality growth and independence, and encouraging reflection and understanding, instead of reaction and suppression. Psychoanalytically informed therapists have removed themselves from this field or have been removed politically, leaving a void in humanistic approaches to treatment of regressed patients. This book argues for a return to such humanistic psychosocial approaches in the integrated treatment of psychoses.

Psychotherapeutic Approaches to Schizophrenic Psychoses is an excellent reference text cataloging psychological programs of treatment for schizophrenic patients around the world, as well as a historical survey of clinicians who have contributed important insights into the psychodynamics of schizophrenia and psychoses in general. The editors describe the development of effective treatment programs aimed at enhancing individual ego strengths, psychosocial rehabilitation, improved self-esteem, and diminishing stigma. The format of dividing the papers into three parts, each representing theoretical and technical discussions in different time frames, adds a longitudinal historical context to the material and helps the reader to appreciate the development of psychological understanding and the early approaches to treatment of the schizophrenias, giving scope to the current status of the contemporary integrated model, of which Soteria is the prototype, endorsed by the editors.

While the book's strength is its use as a reference text of psychological therapies of schizophrenia, it is also its weakness. As any reference text does, it summarizes the concepts and treatments, giving the historical context. However, the papers do not go into depth examining original ideas or treatments in detail, leaving the reader with a superficial appreciation of the contributions of Freud, Federn, Speilrein, Jung, Binswanger, Fromme-Reichman, Sullivan, Arieti, Klein, Bion, Rosenfeld, Meltzer, and many others. Nevertheless, it leaves this reader wanting to learn more about dynamic theories of schizophrenia and psychoanalytic approaches to treatment.

The authors end on an optimistic note, stating that a pendular swing towards understanding and integrated approaches to treatment is imminent. In the future, psychoanalysts may once again be called upon to take on more active roles in an integrated treatment of schizophrenia.

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