Psychotherapeutic Approaches to Schizophrenic Psychoses: Past, Present and Future is an extremely useful book and one that represents a growing interest in psychological and social approaches to improving the lives of individuals living with, and recovering from, the most severe and misunderstood of the serious mental illnesses—namely, schizophrenia. Like most things associated with the concept of schizophrenia, though, this book paints a complicated picture of the terrain.

The picture need not have been quite as complicated had the editors viewed their only task as introducing the reader to the history of attempts to treat schizophrenia through psychoanalytic and psychodynamic therapies, as they do in the first of three sections in the book. As the title indicates, however, the editors review both past (Section 1) and present (Section 2) psychotherapeutic efforts to treat schizophrenia, mainly as background for
making the argument for their further development into the future (Section 3). As they state on the last page of the text, they offer this book in the hope of stimulating the development of “a more integrated—and more humanistic—age in schizophrenia research and therapy” (p. 374). As an encyclopedia of previous and current attempts to intervene in social and psychological ways in schizophrenia, *Psychotherapeutic Approaches to Schizophrenic Psychoses* is unparalleled. But the editors’ eyes are primarily on the future.

**A Renaissance as a Reawakening of the Past**

While I found their argument for a more integrated and humanistic approach to research and care for persons with schizophrenia compelling and most welcome—it is an argument with which I profoundly agree—I found their vision for this coming age to be of concern, even if only by virtue of its narrow focus. The editors have provided an important service in reminding, or perhaps educating, the reader about the valuable insights and promising practices developed by psychoanalytically oriented practitioners in the past. Their discussions, ranging from the early work of Freud, Jung, Bleuler, and Federn, to the American applications of Sullivan and Fromm-Reichmann, suggest that schizophrenia offers a rich and variegated landscape for psychological and interpersonal exploration.

This picture offers a striking contrast to the withdrawn, “empty shell” depiction of people with schizophrenia promoted by neurobiology and unfortunately adopted in the past by some policy makers. As such, this historical review is useful in calling attention to the various ways in which people with schizophrenia remain interesting and active people, refusing to be confined within the rigid, robotic boundaries assumed by many descriptive psychopathologists and generated in part by the antipsychotic medications they and their colleagues have prescribed.

What is somewhat disappointing, and surprising, about this volume is that the editors do not appear to have liberated themselves as fully from these same boundaries as have the patients themselves. Despite insisting that patients with schizophrenia be treated first and foremost as the people they were and remain, the editors limit themselves to describing and conceptualizing these same people solely as patients. This is what I was referring to above when I described the editors’ focus as narrow.

What is conspicuously absent in this book is any substantive mention of what people with schizophrenia have been doing for themselves, and for others with the same condition, over the last 100 years, the same period covered in the first two sections of the book. By virtue of this omission, the editors appear to be perpetuating the myth that the only person who matters in the treatment of schizophrenia is the psychotherapist, perhaps at times with the assistance, as suggested in the one chapter contributed by Harding and McCrory, of a psychiatric rehabilitation practitioner.
But if the editors are to help bring about an era of a more integrated and humanistic approach to schizophrenia, their humanism has to extend beyond that of humanizing the role of the practitioner to humanizing the person with schizophrenia as well. It is here that the editors’ “renaissance” of psychoanalytic and psychodynamic approaches falls short of offering a usable blueprint for the future.

**In This Case, a Renaissance Is Not Enough**

What is missing in this volume is any description of what people with schizophrenia have described as being useful to them in recovering from the disorder and any description of the approaches that they have themselves developed for living with the disorder when it refuses to go away. Perhaps the editors will respond to this criticism by pointing out that the topic of the book is psychotherapy and that therefore there is no need to review the history of accomplishments of the mental health consumer/survivor/user movement, as it lies outside of this scope.

But outside of Harding and McCrory’s chapter, there is very little mention made even of those aspects of life that people with schizophrenia have told us are most important to them: aspects such as housing, employment, education, intimacy, friendship, identity, and transportation. These also happen to be those aspects of life that most pertain to people with schizophrenia being people as opposed merely to being patients.

It is not enough to claim that these aspects of everyday life are too obvious to require our attention and/or that these are precisely those aspects of life that are restored to people following their successful treatment at the hands of a skilled psychotherapist. What the user movement has insisted, and what existing laws support, is that the vast majority of people with schizophrenia retain their rights to these aspects of community living even while they may remain disabled.

What the user movement has also insisted, and has demonstrated by its very existence, is that it is the person with schizophrenia who plays the most central, and most active, role in living with and recovering from the disorder. As one mental health consumer advocate recently stated at a meeting I attended with 40 clinical psychiatrists, “I can get recovery without you, but you wouldn’t have a job without me.”

By neglecting these historical, political, and conceptual developments, the editors risk returning to a not-so-glorious past, thereby rendering themselves marginal, if not irrelevant, to future developments in psychological and social approaches to the care of persons with schizophrenia. Their statement, for example, that “for many first admitted young schizophrenic patients a sufficiently long inpatient period is a necessary precondition for the establishment of a lasting therapeutic relationship” (p. 366) ignores the fact that most young people want to resume their lives as quickly as possible following a psychotic episode and,
when offered the choice, will reject the artificial and restrictive environment of the hospital in favor of pursuing their lives among family and friends in natural, community settings. In addition to the exorbitant cost of hospitalization, there are no data to justify putting one’s life on hold for an extended time in order to develop a trusting relationship with a psychotherapist, especially when it has been shown to be more effective to do so on an outpatient basis.

The editors’ anticipated response that it is not possible to do so on an outpatient basis with many people due to their denial of illness or lack of insight into the need for treatment brings us to a second example of the problematic nature of the assumptions underlying this book. In the first chapter—written by senior editor Yrjö Alanen and titled “Can We Approach Schizophrenic Patients From a Psychological Basis?”—we find the statement “psychoanalytic investigators have concluded that severe frustrations of gratifying experiences within the early mother–child relationship are the deep-lying source of schizophrenic psychoses” (p. 6). In other chapters, we find similar references to the “deep-rooted problems” (p. 371) of what are described as “severely regressed” patients who need to “re-establish” (p. 368) or “renew a developmental process of” (p. 360) their personalities.

Such is the view of people with schizophrenia espoused—if not created—by psychoanalysis almost 100 years ago, and such is the view of schizophrenia that accounts, to a considerable degree, for people denying, or lacking awareness, that they have this disorder. Who would be willing to accept being “severely regressed” with “deep-rooted” problems stemming from one’s early mother–child interactions? And which mothers would not be offended by being told that this was the cause of their child’s psychosis? For psychotherapists to garner broader support for their approach, and for them to play a more central role in future developments in clinical psychiatry, they will have to find less dehumanizing, demeaning, and offensive ways to describe the people they want to be entrusted to care for.

### Beyond Moralistic Treatment

It is crucial to find respectful and strength-based ways to describe people with psychosis and their families, not only because of the need to garner political support but also because of the effects that negative labeling has had on people with schizophrenia and their families in the past and, most important, because these conclusions are not justified by the data. In fact, the origins of these conclusions were not in psychoanalytic observations at all but in the moralistic doctrine that emanated from the works of the Tukes in England and from their successors in America. It was the Tukes who first described psychosis as a manifestation of the “wayward propensities” and “perversions” of reason in people who lacked “self-control” or “self-restraint” (Tuke, 1813, pp. 133–134).
After the idea of moral treatment was brought to America, its proponents came to speak increasingly of the role of superintendent as that of a benevolent but firm parent and the role of patient as that of the wayward child needing correction and the instillation of discipline. This led to conceptualizing the difficulties of these patients as stemming from their childhood, as this apparently was where they had remained developmentally. According to Bockoven (1956), a historian of moral treatment, it was the superintendents of these hospitals who first became increasingly “impressed with the importance of child rearing to mental health” (p. 175).

When Freud wasn’t viewing psychosis as having an organic basis, he adopted this view and elaborated, with his colleagues, the nature of this developmental process and its disruption. But people with schizophrenia are not developmentally immature, fixated, or stunted. They are adults grappling with serious, potentially lethal, and disabling conditions that remain poorly understood and poorly treated.

Despite our collective failures to discover the causes or create cures, most people figure out how to live decent, gratifying, and self-determined lives in the face of these conditions, many recovering from them fully over time (Davidson, Harding, & Spaniol, 2005). In the process, they often demonstrate a degree of courage, resilience, and generosity of spirit seldom found in most other relatively arbitrary groupings of people, including psychotherapists.

For psychoanalytic therapies to contribute to solving the puzzle of psychosis, such moralistic and judgmental assumptions will have at least to be questioned, if not altogether jettisoned. Silver, in her chapter in this book on American pioneers in psychoanalysis, notes that Meyer, the father of American psychiatry, became disillusioned with psychoanalysis over time, opting for a more descriptive and pragmatic approach.

I suggest that people with interests in conducting psychotherapy with people with schizophrenia consider Meyer’s example and follow his recommendation, which was to study the phenomena of psychosis and the people living with it “as we find them, without bewildering and confusing preoccupations” (Meyer, 1928, p. 19). Doing so promises to open up a more optimistic and constructive future in which psychological and social interventions are oriented to assisting people to live the lives they desire rather than the ones we desire for them.

References


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