Review of *Models of Madness: Psychological, Social and Biological Approaches to Schizophrenia*

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I have always assumed I would end my psychiatric career standing on a corner with a placard like Semmelweis. His placard said 'Wash Your Hands': he was trying to get obstetricians to recognise that, by not washing their hands, they were giving women puerperal fever. My sign would say 'It's not a disease'.

I was fortunate to have trained in the United States at a time when psychosis was considered a fascinating and perplexing set of symptoms. Patients were often left untreated with medications for days so that we could find out 'What's going on'. After the psychosis remitted, those who came in with psychosis were treated like other patients and offered individual, group and milieu therapy. My recall is that mostly they got better.

Now, whatever the rhetoric about biopsychosocial models, a glance at the literature will convince you that this is a genetic neurobiological disorder for which long-term antipsychotic medication is the primary treatment. Young doctors of my acquaintance, fired with enthusiasm about engaging with the mysteries of 'schizophrenia', soon learn that there is a given medical wisdom about the disorder. They rapidly become converts to the medical model, not only from the teaching they receive, but also because under our present model of madness, the treatment options are limited severely by bed space, high patient numbers and inadequacy of supervision. (Psychotic patients do receive therapy in private hospitals, but (a) have to be insured, which most are not, and (b) have to be easily manageable, which is not always the case.)

In 2000 I was kindly invited, with Carolyn Quadrio, to be a plenary speaker on schizophrenia at the Family Therapy conference in Canberra. I was permitted to utter heresy at will. A number of bewildered attendees came up afterwards and asked if I really thought they could treat schizophrenia with psychotherapy. Two at least are giving it a go.

Then in 2002, when I was about to get out my placard and don the sackcloth and ashes, I went to the Auckland meeting of the ASPSS and heard John Read speak about trauma and psychosis[1]. He gave me a copy of his paper, written with Andrew Moskowicz, who presented in the same conference on catatonia as a post-traumatic symptom with Bruce Perry and Jan Connolly. Together with Haley's *Leaving Home*[2], I have found their paper to be the most useful contribution to my ongoing attempts to do it better with psychotic patients.

Read, Richard Bentall and Loren Mosher are the editors of this most extraordinary book. Read was a plenary speaker last year at the Delphi Centre's International Conference on Trauma and at the ISPS conference, both in Melbourne in September 2003. Bentall, professor of psychology at Manchester University, was also a plenary speaker at the ISPS conference and Mosher of Soteria House fame spoke also. The first two editors are psychologists: Mosher was the head of the schizophrenia research section of NIMH in the 1970s until, word has it, he came into conflict with the drug companies. He died in mid-2004 and is a great loss to our profession. His resignation from the American Psychiatric Association over the APA's reliance on drug company money is a document well worth the reading.[3] Peace, Loren — you fought the good fight and are sadly missed.

They assembled a formidable team of researchers and practitioners who, while they may differ in methodology, have no question that psychological methods are both highly effective in treating schizophrenia and other psychoses and preferable in all situations, except maybe acute psychosis, to almost universal drugging of this group of people. (Even in acute psychosis the work of Seikkula et al. in developing open dialogue therapy is an interesting and, according to their studies, highly effective alternative to traditional interventions.)

Much of the material should be familiar who anyone who has been interested in a more holistic and inquisitive approach to the mysteries of madness. It is unlikely, however, that any other book has assembled this material in a more accessible fashion. And with attitude! It throws down the gauntlet and will hopefully take the data into a realm where

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non-medicos can engage and wrest back some of the ground lost, either by defection or by combat, over the last 50 years.

Fifty years ago, 'schizophrenia' was up for grabs: it was not a simple 'illness' but a process requiring the active and ongoing engagement of therapeutic effort. Chlorpromazine — or rather the social, medical and financial factors promoting it — changed all that and, until recently, it appeared that neurogenetic determinism[4] had hijacked the discourse forever. Now there is hope that there may be an end to the therapeutic nihilism which marks much of the psychiatric engagement with psychosis.

The first chapter is a polemic — '"schizophrenia" is not an illness' — deploring the fact the biopsychosocial model espoused by psychiatry is in practice a biological model and that patients are then doomed to a life on medication with little attention to other causations and other therapies. It is followed by two chapters of historical review which have some minor inaccuracies.[5]

There is a good overview of the development of the concept of 'schizophrenia', ending with Kraepelin's determination that because some did not recover, they must have a degenerative neurological disease for which the cause would soon be found. Thereby began the search for the 'schizococcus' and the endless genetic studies which become less and less conclusive as time goes on (see chapters 4 and 7, where the eugenics theories and practices of the 20th century make harrowing reading).

John Read, Fred Seymour and Loren Mosher in chapter 17, and Volkmar Aderhold and Evelin Gottwalz in chapter 23 give an overview of families and family therapy. These authors challenge the value of psycho-education and review the literature on the family therapy of psychosis, albeit at a fairly superficial level. The inclusion of the work of Alanen and Seikkula is useful, as the Finnish approaches via 'needs-adapted' and open dialogue treatment are cutting edge and are producing demonstrably successful outcomes.

Bentall challenges the use of the concept of 'schizophrenia' (chapter 14) and contends that it leads to confusion in planning interventions. The chapter summarises the recent work in the cognitive psychology of hallucinations and delusions, while Tony Morrison summarises contemporary work on cognitive therapy of psychosis. This not my area of expertise, so I found both chapters enlightening.

Early intervention is summarised by Jan-Olav Johannessen, president of ISPS. The information will be very interesting to those not familiar with Continental approaches to psychoses — which appear to be much more proactive and expectant of cure than those practised in the US, the UK or Australia.

Judi Chamberlin writes about user-run services (chapter 19). I found this chapter very exciting, especially as a number of my patients have begun just their own support group and prefer not to be called 'consumers' which, as Ms Chamberlin points out, indicates that the medical model is accepted by the client. They prefer 'survivors'.[6] This is the only chapter which foregrounds compulsory hospitalisation and how easily it can be instigated from voluntary services in the community.

> One of the key differences between self-help programmes and traditional mental health services is the voluntary nature of self-help. The mental health system is based on coercion. Even when services are offered in an ostensibly voluntary manner, coercion is never far from the surface ... (286).

Which brings me to the two criticisms I have of the book.

The first, as I mentioned above, is the absence of discussion of the human-rights issues involved in treating people against their will. In my 35 years of working with those diagnosed as psychotic, their primary concern is what has happened to them in mental hospitals while under a compulsory treatment order. More recently the advent of the community treatment order (CTO) can feel like a life sentence, as in many parts of the world, involuntary status can be renewed over and over again.

And 'CTO' is a euphemism, in many cases, for compulsory medication with brain-damaging drugs. Follow-up by allied professionals is often nothing more than 'Are you taking your medications?' and 'What side-effects are you getting?' (see chapter 19).

While the book offers many options to this form of treatment, a change in mainstream psychiatric practice will need to include a real engagement with this issue. My attempt to bring this up in a question to a panel at the ISPS was met with approximately the same enthusiasm as would have been evidenced at a meeting of traditional psychiatrists.

The second is that I could find no references to Thomas Szasz who, alone among psychiatrists, has challenged both biological models[7] and the human rights abuses inherent in practising in the context of these models. Jay Haley, in his quiet insistence in the curability of psychoses and the embedding of psychotic symptoms and psychiatric practices alike in social and cultural practices, hardly cracks a mention. Even Mary Boyle, author of a formidable text[8] challenging the validity of the concept and the research on which it is based, is like Haley, mentioned briefly in references. It is as if every new generation must rediscover the wheel.

Another point is that there is no discussion of how schizophrenia is differentiated from the real organic psychoses. These are not as unusual as is implied (p. 16). In the not-so-distant past, tertiary syphilis was a major cause of madness.[9] Today, amphetamine psychoses are muddying the waters. Acute toxic psychoses occur in one fifth of methamphetamine users. These usually remit, but when they don't, the question is whether there has been permanent damage to the brain from the drugs, whether drug use is still occurring or whether the psychotic symptoms are of some other origin. Once the last is labelled 'schizophrenia', the outcome can be a lifetime of treatment with neuroleptic drugs and hospitalisations.

In summary, this is a widely informative, accessible, well-written book covering cutting edge work in the research and treatment of psychotic disorders. It is controversial and thought-provoking.

Get into it!

Endnotes

1 Read, John, Moskowicz, Andrew, Perry, Bruce, Connolly, Jan, 2001. The Contribution of Early Traumatic Events to Schizophrenia in Some Patients: A Traumagenic Neurodevelopmental Model, *Psychiatry*, 64, 4: Winter: 319. http://www.childtrauma.org/CTAMATERIALS/Psychiatry_02.pdf.

2 Haley, J., 1979. *Leaving Home*, NY, McGraw-Hill. Also, Haley, J., 1988. The Effects of Long-term Outcome Studies on the Therapy of Schizophrenia, *Journal of Marital and Family Therapy*, 15, 2: 127–132.

3 Mosher resignation is at http://hem.fyristorg.com/mosher

4 Rose, S. P. R., 1995. The Rise of Neurogenetic Determinism, *Nature,* 373: 380–382.
Rose, S. P. R., 1998. Neurogenetic Determinism and the New Euphenics, *BMJ*, 317: 1707–1708.

5 For example, it was Morel, not Kraepelin, who invented the term 'dementia praecox' in 1863.

6 Some are adamant that the worst trauma they ever suffered was their first involuntary admission to a mental hospital.

7 Szasz, T., for example, *The Myth of Mental Illness* (1960); *Insanity: The Idea and Its Consequences* (1987); *Schizophrenia: The Sacred Symbol of Psychiatry* (1976). Most recently Szasz, Thomas, The Psychiatric Protection Order for the 'Battered Mental Patient', see *the British Medical Journal*, December 20, 2003, 327: 1449–1451.

8 Boyle, M., 1990. *Schizophrenia: A Scientific Delusion*, London, Routledge.

9 Szasz, T. (*Schizophrenia: The Sacred Symbol of Psychiatry*) says that one third of the psychiatric patients in Japan in the 1930s had tertiary syphilis.

Reference

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Editors and their Sheds: Bowenian Theory

"… Nathan Ackerman … asked … 'Explain to me … how a cold fish like Bowen … attracts such a large cadre of loyal sons?' The astutely observant Ackerman was somehow puzzled by the way his own dominant and emotionally pursuant temperament evoked a response of distance from so many of his professional children, while Bowen's almost mystical aloofness seemed to encourage discipleship"

(Mary Sykes Wylie (1991), in Richard Simon et al. (1992) The Evolving Therapist, Washington, The Family Therapy Network).

Abarbanel, Avigail, 2003. Differentiating from Israel [Explorations], ANZJFT, 23, 1: 41–46.

Brown, Jenny, 1999. Bowen Family Systems Theory and Practice: Illustration and Critique, ANZJFT, 20, 2: 94–103.

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