Discussion: Rationale for the Psychotherapy of Schizophrenia

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The authors of these four papers are clearly sensitive to close encounters with schizophrenic patients, and, despite the announced theme of the session, this may be one reason why none of them focused exclusively on the rationale for psychotherapy with schizophrenics. I think that most of us who have been in the field believe that the personally involving nature of the therapeutic experience really precludes any need to justify it. The possibility of intensive interaction constitutes its own rationale, because it contains an element of hope; with the prevalence and the devastating character of the disorder, no further justification is required.

The papers suggest that our conclusions about psychotherapy with schizophrenics, and our reasons for believing that it is worthwhile, are based on two kinds of knowledge, or, following President Giamatti's introduction, two kinds of evidence, clinical and scientific. There is a fuzzy line between these two, and I am not imputing particular value to either category. Fleck and Bruch deal mainly with clinical knowledge, gained through the dyadic therapeutic intervention. Helm Stierlin's ideas are also based importantly
on clinical knowledge, but that gained through multiple transactions with family members. These three authors have all subscribed to a particular value which has informed their research and therapy, that is, the value of total, unreserved personal commitment to the work over a very long period of time with a single patient.

Liberman's contribution, on the other hand, deals mainly with data obtained through systematic observation following the experimental model. He would rank highest in this morning's papers on some scale of objectivity, positivism, or empiricism. He also referred most directly to the rationale for psychotherapy with schizophrenics in terms of the limited effectiveness of available drug treatments, and the tremendous and demoralizing incidence of recidivism. I was very glad to hear him refer to the revolving door, which has become one of the banes of our current psychiatric civilization.

Drugs may be part of the answer, but, as Liberman points out, they don't constitute its entirety. He differentiates a series of psychosocial approaches, all of which might be understood as education for information processing, and all of which involve relationships with therapists selected on the basis of their personal attributes. So there is a clear linkage between his message and that of the other speakers.

The psychosocial approaches include individual psychotherapy, family therapy, psychotherapy as an adjunct of drug treatment especially to ensure compliance (a horrible word in some respects), and training to improve the patient's adaptive and coping capacities and community survival skills. As Liberman notes, even variations in drug response seem related to the non-specific factor of social competence. The psychosocial treatment methods which he describes are valuable in several ways: preventing initial or later episodes, which implies reducing vulnerability; reducing the frequency and length of episodes, which implies increasing the frequency and speed of remissions; and preventing or reducing the likelihood of relapse. Here work with the familial context is especially important.

Liberman's is a reasoned and significant paper, especially important for its heuristic value. His problem-solving approach provides a framework in which the other contributions, concerned with more specific psychoanalytically informed psychotherapy, can be understood. But, more than that, he may very well be sorting out deficits and training processes which get to the heart of the perceptual and cognitive disorders of schizophrenia. Maybe, at long last, we are approaching that period to which Otto Will referred some time ago; perhaps, after all, we are developing a cookbook which will allow us to train larger numbers of therapists, who in turn will be able to deal with larger numbers of patients.

Hilde Bruch, too, noted the limited impact of drugs, as well as their usefulness as adjuncts. She differentiates psychotherapy dealing with the person from what she calls education in realistic living, comparable to