RECENT TOPICS*

Sorting Out Variables

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Despite loose ends, “A Preliminary Report on Long-Term Treatment of Chronic Schizophrenia” is an admirable attempt to measure the kind of change that all therapies seek. Suggestions for achieving improved precision and significance in the measures of change and in interpretation of the findings are made here.

The authors of “A Preliminary Report on Long-term Treatment of Chronic Schizophrenia” have tackled a vexing problem in a much needed way—namely, by a monitored assessment of changes in the behavior of schizophrenics undergoing treatment with phenothiazine as contrasted with placebos. An examination of their graphs indicates that the behavior of patients consistently improved under phenothiazine and deteriorated under placebo. Just what influence on behavioral change was exerted by psychotherapy and milieu therapy is difficult to determine, because there was no group in which phenothiazines were administered without benefit of psychotherapy and milieu therapy. An additional minor question involves the fact that experimental subjects received both inert and “active” placebo substances at one time or another, while controls did not receive the “active” substance. Conceivably, owing to this, the two groups might have had different covert “expectations” as to the impact and even the success of their therapies.

No statistical treatment of the data is given, the graphs being permitted to speak for themselves. Nevertheless, it would have been of value to have developed some quantitative measures of degree of improvement and of its significance based on statistical principles.

It is also regrettable that only over-all scores are given on the two scales used to measure change in patients, without any breakdown into components. Several improved ward behavior inventories are now available that yield subscores on various aspects of behavior. Such inventories would have permitted a more detailed analysis of the areas in which behavior change was effected.

The basic question that still remains is:
what is the actual role of psychotherapy and milieu therapy? Does the drug simply set the stage for improvement, or does it itself contribute to the improvement? The importance of milieu therapy and psychotherapy to the efficacy of drug treatment has been highlighted by the studies of Stanley Schachter and Seymour Fisher, as well as in a review of the literature by Zubin and Katz (1965). The possibility exists that the conceptual component provided by psychotherapy and milieu therapy must interact, in the process of improvement, with the physiological component provided by the drug before major therapeutic results can be obtained. This possibility must be further explored.

Learning theory principles may yield a fundamental solution to the problem of improvement. The arousal of emotional excitement conceptually, through interviewing, while the physiological components are held in check by drug action, may eventually extinguish the power of these conceptual stimuli to elicit a full-blown emotion of fear or anger. In turn, the arousal of physiological disturbance by means of drugs, while the conceptual component is kept under control through appropriate emotional rapport, may eventually extinguish the ability of the physiological component to elicit a full-blown episode. Thus both psychogenic and somatogenic disturbances can be eliminated by altering the dependencies between the conceptual and physiological responses.

In view of the importance of this study, a knowledge of the premorbid characteristics of the patients would have been very helpful. Is it possible that, despite random selection, the drug-treated patients happened to have better premorbid characteristics, such as sudden onset, normal friendship patterns in adolescence, good premorbid work history, good educational history, normal psychosexual development, or some of the other traits that seem to go along with good prognosis? (See papers by Phillips, 1958, and Zubin et al., 1961, on prognosis.)

In connection with the Hospital Adjustment Scale (HAS), which is scored in terms of the proportion of “expanding” scores, it is interesting to note that handwriting analysts like Ludwig Klages long ago suggested that personality can be mirrored in expanding versus contracting characteristics of handwriting, with rhythmic balance as the normal characteristic (see Lewison and Zubin, 1942). Since Haase (1965) has recently suggested that handwriting could be used as an indicator of the efficacy of phenothiazine treatment, it might be well to investigate handwriting samples of patients in future experiments.

Despite the presence of loose ends, which are inevitable in work of this sort, the present study, like the more extensive and better-articulated but less intensive study of Goldberg et al. (1965), is an admirable attempt to measure the kind of change in patients that all treatments and therapies seek. One looks forward with interest to the further reports promised by the authors.