Foreword to: Strategic Intervention in Schizophrenia —

Current Developments in Treatment

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Treatment may be defined as planned intervention into a disorder with the view of eliminating, or mitigating it, or arresting its progress. In order to intervene effectively we must first know (1) the nature of the disorder and be able to identify it, (2) know at which point in time to intervene, (3) know how to intervene, (4) what method to use most effectively and (5) how to evaluate the efficacy of the intervention. We shall eliminate from consideration the preventive stance, since, thus far, little if any effective intervention for prevention of schizophrenia has been established, though the current interest in high risk populations may provide an answer.

Let us take up each of the problems involved in successful intervention in turn. We have to confess at the very start that the five specified areas of knowledge which we require are in fact non-existent. We do not know the nature of the disorder labelled as schizophrenia, can not diagnose
it accurately, nor do we know the ideal moment for intervention or how to intervene, what method to use nor how to evaluate. Yet, the next several hundred pages of this book tackle these very issues. Dr. Cancro attempts to answer the first question — what is schizophrenia; Drs. Will, Harris, Lehmann, Paul, Wynne, Rubenstein, Mosher and Becker deal with the method to be used in the intervention, Drs. Gruenberg and Herz deal with evaluation and Dr. Witsen and Hagman deal with the optimal time of intervention. Apparently, even when we are abysmally ignorant, we must make do with whatever pragmatic knowledge practitioners have collected in the course of time, but, we must not accept them at their face value. Careful examination of the alleged knowledge is the order of the day. As the old adage has it, "it ain't what folks don't know that causes most of the mischief; it's folks believing things that ain't so that gets us into trouble." This is the chief value of this book — laying bare the knowledge we have inherited in order to examine its tenability.

With regard to the definition of schizophrenia much ink if not blood has been spilled. Dr. Cancro reviews the history of the development of the
concept. He stresses the important fact that the process of the disorder must be perceived and understood if we are ever to make any progress in defining it. The current availability of systematic structured interviews may help in getting objective descriptions of the status of the patient and repeated application of these interviews in time may help in uncovering changes in status which may reveal the ongoing process. I would add that not only the description of status and process are essential but the knowledge of the etiology is also essential. But how do you provide etiology for a disorder of unknown origin? Here is where we have to resort to our imagination — to "as if" causes or scientific models. The scientific models that have been provided thus far are: (1) the ecological model, (2) developmental, (3) learning, (4) hereditary, (5) internal environment and (6) neurophysiological. (These have been described in, Zubin, J. Scientific models for psychopathology in the '70s. Seminars in Psychiatry, 1972, 4, 283–296.) The next question we turn to is: Do each of these models dictate the kind of therapy most useful for treatment based on the assumed etiology?

There are several possible relationships between etiology and therapy. First, the two may be closely connected so that treatment of a given condition without reference to etiology would be doomed to failure. On the other hand, the two may be totally independent of each other as is often the case in medicine.
Must a disorder arising from the ecological niche which a person occupies be treated ecologically by eliminating the noxious parameters of the environment or by manipulating them so as to mitigate the disorder? The answer to this question has to be determined experimentally but it is at least likely that biochemical intervention may be needed to stabilize the patient before the effective use of environmental manipulation can be introduced. Similarly, biologically based disorders may require environmental manipulation before the efficacy of biological intervention can be assured. These are empirical questions which each clinician has to answer on the basis of his experience, but systematic research may eventually provide safer guides. In this book, the best example of ecologically based treatment is afforded by Dr. Lattu's paper.

The ecological model stipulates that the sources of schizophrenia are to be sought in the ecological niche that the patient occupies in society, and that the causes are the stresses produced by poverty, educational and social deprivation, occupational limitations and the other ghetto-born characteristics that interfere with participation in a free society, including
being labelled as a schizophrenic. Loren Mosher covers this topic in his paper and it is more than a tour de force to try to explain schizophrenia on the basis of this model and to try to alleviate it along lines dictated by this model. In truth, some individuals labelled schizophrenic do indeed benefit from environmental treatment described by Mosher but that all schizophrenics would, is highly debatable.

The developmental model stipulates that the sources of schizophrenia are to be sought in the transition of man from one stage of development to the next. When the supplies and nutrients and support required for helping in the transition from one stage to the next are missing or inadequate schizophrenia may develop.

What type of therapy is dictated by the developmental model? Since we can not regress the patient to a prior stage of development through which he has already passed in order to provide him with a better transition, we may have to utilize compensatory rehabilitation methods, psychotherapy (Will & Harris), family and group treatment (Lynne & Rubenstein) to reorganize his behavior. The learning theory model would lead us to adopt behavior
modification methods in which the assumption is made that there is no under-
lying disorder. All we have is the deviant behavior itself, be it phobic,
depression, psychosomatic or what not. These become the target symptoms to
be eliminated by behavior modification methods as Dr. Paul shows.

The internal environment model would stipulate that somatic and psycho-
pharmacologic methods are the answer. This model has perhaps made the great-
est demonstrable advances in the last few decades. The whole armamentarium
of psychopharmacology has been turned loose on schizophrenia. While we have
not yet found the biochemical basis for schizophrenia, we have succeeded
in mitigating the condition by the use of drugs.

No therapy has as yet been directed at the neurophysiological model
and yet, biofeedback experiments may yet teach us how to control and perhaps
abort the neurophysiological substrate of anxiety, depression and thought
disorder.

It is here where our coverage in this book fell short, primarily
because these methods have not yet permeated practice and remain laboratory
demonstrations for the time being.
The methods of evaluation suffer from the well known difficulty that we as yet have no objective criteria of outcome. The patient, his family and the therapist still remain the judge and jury and a more biased group of evaluators could hardly be conceived of. Furthermore, the agreement between these three evaluators is often rather low, and if the opinion of the community is also brought into the picture, the disagreements are multiplied. This is one of the challenges facing evaluation which must be overcome if we are to make scientific progress in our field. Drs. Gruenberg, Herz and Becker deal in part with this problem.

The question might be raised why is schizophrenia such a baffling disorder and why despite its formal recognition almost 100 years ago, so little progress has been made in its detection, diagnosis and treatment? A foreword is hardly suited for dealing with such a formidable issue and the reader of this book will gain some degree of humbleness in asking this question after he sees the degree of humility and tentativeness with which the problems are dealt with in this text. As for myself, I blame our confusion between the terms of disorder and illness for our debacle.
If we define the disorder as the focal process common to all those who have the disorder, and the illness as the total picture presented by the focal disorder and the response of the organism to the disorder, it becomes clear why the picture presented by schizophrenia is so heterogeneous and the variety of treatments so diverse. Until we can separate the focal disorder from the effect it produces on the premorbid personality, we shall be caught in an undecipherable puzzle. The solution may be in the study of premorbid personality prospectively as is done on the high risk populations and in this way note how the different premorbid personalities respond to the disorder. It may very well be that our treatments do not even touch the focal disorder but merely modify the peripheral effects on the personality.

Once we adopt this distinction between the focal disorder and the illness, the question arises what should be the goal of therapy. To return the patient to his premorbid level, to bring him up to the average of the population to which he belongs, to optimize his capabilities to the fullest? A modest expectation is to at least to return him to his premorbid level so
so as to eliminate the effect of the illness. But in many patients the pre-
morbid level was insufficient to permit them to cope adequately. Should
therapy for these patients consist of remoulding the premorbid personality so
as to enable it to cope with life exigencies? These are all questions
facing the compleat therapist and some of these questions are answered here.
On the other hand, maybe schizophrenia is as diverse as the letter of the
alphabet and that we come by the heterogeneity of the disorder and its
treatment naturally. At all events, the reader can judge for himself the
progress already made and the need for further research.

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