O Tempora, O Mores: Directions in Research on the Psychotherapeutic Treatment of Schizophrenia

by John P. Docherty

Abstract

This article places an appreciation of the Boston Study of the Psychotherapy of Schizophrenia in a historical context. It discusses some of the major advances in research methodology during the last decade which have brought about a shift in approach to the study of the psychosocial treatment of schizophrenic patients. These advances include (1) the necessity for "combined" treatments, (2) recognition of the complexity of pharmacological treatments, (3) the development of methods for "standardizing" psychotherapeutic treatments, and (4) the specification of a number of other variables likely to account for variance in treatment outcome.

The study reported in the preceding two articles (Stanton et al. 1984; Gunderson et al. 1984) reflects over 10 years of painstaking labor. At the close of the first of these two articles, the authors themselves state their hope that "the enormity of this task . . . [has] come through" (Stanton et al. 1984, p. 549). The authors have done a very fine job conveying many of the complex issues involved in the conduct of a major investigation. Even so, however, for those who have not had firsthand experience of such a research undertaking, it is still easy to underestimate the amount of effort and dedication needed to carry the study to completion.

It is of great importance in reviewing this study and in evaluating its results to place it in historical context. The main results of the study reported to date are few. Comparison of two types of psychosocial treatment—intensive, exploratory psychotherapy and a supportive psychodynamic type of therapy, both used adjunctively with a flexibly prescribed medication regimen—seems to yield very little noticeable *group* difference in outcome for a middle prognostic range of schizophrenic patients, over a 2-year period except for more steady work involvement by the group treated with the supportive form of psychosocial therapy. How do we understand these results? How do we understand their value? To begin to approach these questions, it is necessary to recall the changing tide of time and custom that has characterized the treatment of schizophrenic patients over the last decade and some of the very important developments in psychotherapy research methodology that have occurred during that same period of time. Viewed from this perspective, it is clear that a study mounted today would not try to assess the treatment of schizophrenic patients in the manner followed in this investigation. Both from an empirical and a methodological point of view, this important step forward in treatment research for schizophrenia results in part from the Boston study. It is now clear that the treatment of schizophrenia is a complex undertaking and that the homogeneously defined therapeutic "approaches" tested in this study do not sufficiently capture the changing nature of the therapeutic endeavor in schizophrenia.

A contemporary study should reflect an understanding that the treatment of the schizophrenic patient requires multiple specific therapies, with focal goals, applied in appropriate sequence and while the patient is in the appropriate clinical state for that treatment. A number of observations, findings, and creative develop-

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ments in research methods have led to this conclusion. Some of the most pertinent of these are listed below:

1. Research over the last decade has demonstrated that although a remarkable effect can be gained with antipsychotic medication in the prevention of the recurrence of psychotic episodes in schizophrenics, there is a "ceiling" to this effect even when compliance is assured by long-acting, parenterally administered preparations of the medication. In addition, although the medication prevents recurrence of severe symptomatology, it itself does not reverse the severe social and vocational deficits associated with this disorder. Thus the decade of this study saw the abandonment of the belief in psychotherapy alone as a treatment for schizophrenic patients, an emergent hope in treatment with drugs alone for schizophrenic patients, and the current growing realization of the necessity for combined treatment.

2. The pharmacological treatment variable is now seen to be more complex and to have associated with it more questions than were obvious at the time of this study. For example, what drug dosage level interacts optimally with what form of psychosocial treatment? An at least sound preliminary guess at the answer to this question is probably essential to the conduct of a complex psychosocial investigation. Further, what medications in addition to antipsychotic medications may be useful in the long-term, recovery-oriented treatment of schizophrenic patients? For example, what is the proper role of antidepressant medication in the treatment of the postpsychotic depressive phase for schizophrenic patients?

3. The major advance in psychosocial treatment research during the last 5 years has been in the standardization of the treatment variable. The study reported in these articles takes advantage of several extremely significant methodological advances for psychotherapy, most notably, specification of the diagnostic variable and specification of the outcome variable. The investigators also make strong and admirable efforts to specify the treatment variable. Technical research methods developed long after the inception of this study have greatly advanced the ability to specify the treatment variable, and they must be used in any current or future study. These techniques include the description via a manual of the rationale, strategies, and techniques of the therapy with videotaped documentation of the therapy in practice; procedures for ensuring the training of competent therapists and the quantitative demonstration of their competency; and finally, procedures for the demonstration that the therapies as practiced meet the specifications of the therapies as designed. This can be done through the use of ongoing supervision and monitoring of the therapies and objective ratings of audio or video tapes of the sessions.

In addition to the need to use the advances in the methodology allowing for the specification of the treatment variable, any future study of the psychotherapy of schizophrenia should consider the need to specify several other variables as well. These include:

- *The context variable.* This study notes, for example, context-related differences in outcome and further notes that this difference may be related to the prevailing values and associated practices which characterize each of these different settings.
- *The sequencing of treatment.* There are some suggestive data that a family-based treatment approach is critical during the first year posthospitalization. Furthermore, social skills training may gain its effect toward the end of that first year and during the second year. For a *subgroup* of schizophrenic patients, intensive individual psychotherapy based on the development of a secure social setting, growing competence, and a gradually developed trusting relationship in the first two treatment phases may have its greatest benefit toward the end of the second and into the third year of treatment.
- *Psychopathological state.* Schizophrenic patients experience a variety of psychopathological states in different phases of their illness. The most classical of these is the postpsychotic depression. It is imperative that a psychosocial treatment address itself specifically to the phase of the disorder that the patient is manifesting. A study might be designed to study an intervention directed only at patients' experiencing of a particular phase of the schizophrenic disorder—for example, one designed to test the efficacy of a particular therapeutic approach on the depressed phase in the aftercare of schizophrenic patients.
- *Patient-therapist matching.* For schizophrenic patients, the notable difficulty in forming a therapeutic alliance suggests that the issue of patient-therapist matching may be critically important. This is generally an undeveloped area of control in psychotherapy research but is one that may be more important for the treatment of schizophrenic patients than for patients with other disorders.
- *"Absorption" or "take" of therapy.* It has become clear that methods must be devised not only to specify what treatment has been delivered but what the patient has "taken in" from the therapy. To determine whether therapy has

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"actually taken place," it is important that such method development be accomplished.

In summary, the evaluation and consideration of the results of this study must be placed in the context of an understanding of research as an evolving endeavor. Without the conduct of a study such as this one, the more highly specified and refined investigations suggested by the criteria outlined above would not be possible. Based on the results of investigations such as the one noted here, it is now possible for investigators to devise and design more highly focused and technically feasible studies of the place and efficacy of exploratory psychotherapy in the treatment of schizophrenic patients. Furthermore, the promised subgroup analyses of the data generated in the Boston study may provide critically useful information for the design of this next generation of studies.

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