DEVELOPMENTS IN FAMILY TREATMENT OF SCHIZOPHRENIA

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For the treatment of families of schizophrenics the following issues are discussed:
(1) Is there any evidence that families cause schizophrenia? (2) Is it useful to consider the family as a system? (3) What is the aim of family therapy? (4) Does family therapy work for any kind of family? (5) Does family therapy work for families of schizophrenics? The conclusion is reached that systems theory can be applied successfully to some families when the patient suffers from certain conditions.

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Social therapies go through predictable swings of popularity. When a new form of therapy is introduced it takes time to gather momentum (see Fig. 1). However, psychiatrists are avid for new possibilities of helping their patients and popularity grows apace, fed by the publication of enthusiastic single case reports. Any new treatment is usually conceived of in relation to a specific condition, but clinical workers are always anxious to experiment and the new therapy eventually reaches the peak of its popularity as a panacea, given to any patient with any one of the whole range of psychiatric illnesses. It may even spread outside the designated sick population and be enthusiastically taken up by the apparently healthy. Psychoanalysis and encounter groups are examples of this overspill. After a time this overexposure breeds its own penalties. Therapists find that many patients fail to respond to the treatment and disillusionment sets in. The popularity of the treatment slumps to an all-time low and is only applied by practitioners who have a great investment in it, either because it reinforces their etiological theories of psychiatric illness, or because they have spent time and money in acquiring the techniques.

The boom and slump in popularity of a social therapy often extend over several years, because response, or lack of it, in an individual case may

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not become apparent for many months. It takes even longer for scientific evaluation of social therapies to appear in journals. There are several reasons for this. The methodological problems of this kind of research are formidable and not all of them have yet been satisfactorily solved. The research involves a major investment of time and effort and the people with the necessary resources are not the ones who introduce new therapies or, in general, who even practice them. The attention and interest of serious research workers are not usually captured by new social therapies until they have hit the peak of their popularity. Even then it takes several years to conduct a worthwhile study including follow-up, so that there is a big time lag before the results of such work is brought to the public view (allow at least an additional year for the process of publication). By that time the slump in popularity is well on its way, and may have reached, rock bottom.

As time goes by, well-conducted evaluative studies accumulate and increasingly sophisticated methods are employed. It becomes clear that panacea therapy does work, but only for specific psychiatric conditions and only with particular kinds of patients. The indications for its use become increasingly well-defined and its popularity rises again, but levels off at a plateau, the limits of which are defined by the proportion of patients shown to benefit from its application.

If we consider particular examples of social therapies, psychoanalysis has gone round the bend in the United States and is now suffering a decline in popularity. However few, if any, evaluative studies have appeared as yet. Behavior therapy is close to its peak, but already evaluative studies are plentiful, probably because treatment takes weeks rather than years. It is becoming clear that schizophrenics are unlikely to derive lasting benefit from social-skills training, in contrast to phobic and obsessional patients. Such studies are beginning to establish the specificity of behavior therapy. Family therapy is well on its way to the peak of popularity in the United States, although it has only recently been introduced in England. It seems to take at least 10 years for new therapies to cross the Atlantic.