
BOOK REVIEWS



Schizophrenia Under Siege: The Unmaking of a Disease

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A Review of *MODELS OF MADNESS: PSYCHOLOGICAL, SOCIAL, AND BIOLOGICAL APPROACHES TO SCHIZOPHRENIA*. John Read, Loren R. Mosher and Richard P. Bentall (Eds.). *Brunner-Routledge, Publishers, 2004, 373 pages.*

The year is 1961. A man waves a gun on the streets of downtown Phoenix, convinced that the CIA has finally surrounded him, and that agents who have been gunning for him for years are about to kill him. After capture and assessment, he is diagnosed with paranoid schizophrenia and his prognosis, as relayed to the family, is grim. It is a chronic, disabling brain disease with no hope of recovery. No, it was not caused by a bad childhood, but probably genetic, and the only treatment is medication. The man spends the rest of his life in psychiatric hospitals and halfway houses, on strong doses of psychiatric drugs. He died in 1998, a broken and hopeless man.

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This could be almost any man in the industrialized western world who was diagnosed with schizophrenia in the late twentieth century—especially if the man is without financial resources or family support. He is a classic case. But this man is not any man, and he is not merely a case study designed to show the effectiveness of psychiatric drugs. This man was my uncle. He had a name, and he had a family and a history, none of which was of interest to the local mental hospital or to any doctor who saw him. He most definitely suffered, and his family suffered, both with losing the man we had known and the hopelessness offered to us by the medical establishment.

In spite of a century of intensive research, schizophrenia remains a puzzle to the mental health community. Theories about it have come and gone, from Freud to modern neuroscience, and yet still we know almost nothing about its causes and treatments, and stand mostly helpless in the face of its ravages on the human psyche and our society. In this new and important book, many of the reasons for the continuing confusion begin to become clear.

Here are only a few of the facts that throw a new light on our current thinking:

- “Two-thirds of the people in Israel’s mental hospitals were Holocaust Survivors” (p. 40).
- The diagnosis of schizophrenia is a disjunctive category. “There are 15 ways . . . in which two people can meet the DSM-IV’s criteria for schizophrenia without having anything in common” (p. 46).
- “‘Ethnic minorities’ (whether immigrants or colonized indigenous peoples) are significantly more likely to be diagnosed ‘schizophrenic’ than members of the dominant culture” (p. 168).
- “Poverty remains the ‘strongest and most consistent predictor’ of compulsory admission” [to mental hospitals] (p. 167).
- “[C]hild abuse is strongly related to psychotic hallucinations . . . [T]he severity of abuse (e.g., age at onset, degree of violence, duration and intrafamilial abuse) may partly determine which abused people develop psychotic symptoms” (p. 231).
- “Those reporting the highest frequency of abuse were 30 times more likely than those not abused to develop psychotic symptoms requiring mental health care” (p. 237).
- “The findings of this meta-analysis clearly show that there is a positive relationship between the use of individual psychotherapy and improvement in overall functioning in people diagnosed with schi-

zophrenia, when used with medication *and* without medication” (p. 316).

- “We know, from pre-neuroleptic era long-term follow-up studies, that about two-thirds of persons hospitalized in enlightened settings made good social recoveries” (p. 350).
- “[E]arly psychosis can be successfully ‘treated’ with a no or low-dose anti-psychotic drug strategy” (p. 362).

This book does not claim to be an objective or balanced approach to schizophrenia, but instead a *balancing* approach (p. 4). It clearly lays out how old ideologies, based on psychoanalytic theory have simply been replaced with new ideologies, based on simplistic ideas about brain chemistry and function. The book is openly critical of the new ideologies, and the criticisms presented are ones that require answers by the mental health establishment if we are to remain scientifically and ethically rigorous.

The book is divided into three sections. The first is an examination of the concept itself, embedding it in its historical and economic contexts. The second presents social and psychological approaches to understanding “madness,” approaches most often overlooked in mainstream thinking. The last section delineates evidence-based psycho-social treatments, in this country and around the world. As in any edited collection of chapters, some are stronger than others, although most are unusually well written and insightful.

The first section is entitled, *The Illness Model of Schizophrenia*. Chapters in this section range from a history of madness (Chapter 2, by editor John Read) to “Drug Companies and Schizophrenia: Unbridled Capitalism Meets Madness” (Chapter 10 by Loren Mosher, Richard Gosden, and Sharon Beder). Read’s chapter on the invention of schizophrenia (Chapter 3) is particularly enlightening. It chronicles the careers and social and historical contexts of Emil Kraepelin and Eugen Bleuler, who are credited with the invention of the concept. It is well known that Kraepelin’s “dementia praecox” (meaning early dementia) has evolved into our modern category of schizophrenia. What is less well known is that dementia praecox was actually a conglomeration of two other illnesses, “catatonia” and “dementia paranoids,” *neither* of which began in adolescence nor resulted in dementia. Read states, “He claimed he had discovered an incurable, degenerative illness. When people whom he says have the illness get better, he says they haven’t got the illness. He is then left with a group of people who don’t get better, and uses them as evidence that the illness exists. This is circular logic or, less po-

lately, nonsense” (p. 22). The chapter goes on to examine how the medical approach can often result in a lack of attention to social context of those incarcerated with the “disease,” a theme taken up in the next section of the book.

Section II (Social and Psychological Approaches to Understanding Madness), is the heart of the book. Chapter 12 is entitled *Listening to Voices: Clients’ Understandings of Psychotic Experiences* by J. Geekie. Geekie argues that the voices of clients “both in the professional literature and in clinical settings, have been marginalized and that this has been to the detriment of client’s interests, clinical practice and research efforts directed at investigating the nature of the experience” (p. 149). This chapter, and the one following it (“Poverty, Ethnicity, and Gender,” again by Read), are the moral heart of the book. These chapters not only give voice to the lack of voice that those suffering from schizophrenia have had, but also clearly and convincingly demonstrate that poverty, ethnicity, and gender have major contributions to the development of psychotic symptoms. As the last section in Read’s chapter states, “schizophrenics have childhoods too”.

Chapter 14 by Richard Bentall (*Abandoning the Concept of Schizophrenia: The Cognitive Psychology of Hallucinations and Delusions*) continues the deconstruction of the concept as currently understood. He points out that factor analyses of schizophrenia, psychotic depression and bipolar disorder all fall into three independent clusters: positive symptoms, negative symptoms, and symptoms of cognitive disorganization. He also points out that scores on these dimensions are better predictors of outcome than standard diagnosis. In addition, Bentall posits psychological reasons for the positive symptoms of schizophrenia, hallucinations being mistaking one’s own inner speech for speech from somewhere else, and delusions being a result of extremely fragile and labile self-esteem (as demonstrated by the extreme self-serving bias exhibited by such individuals). Bentall urges continued research on specific complaints such as these rather than on the Kraepelin paradigm—“If this programme of research is successful, after the full range of psychotic complaints has been explained this way, there will be no ghostly ‘schizophrenia’ left behind also requiring an explanation” (p. 203).

Section III (Evidence-Based Psycho-Social Interventions) completes the book with several chapters clearly demonstrating the effectiveness of social interventions to treat and prevent what we call schizophrenia. As Davies and Burdett (Chapter 18) state: “Prevention of mental illness is about creating the preconditions necessary for a life worth living; the essential one being having sufficient autonomy to determine one’s own

life” (p. 172). Several chapters offer evidence of successful treatment techniques, from user run services (Chamberlain, Chapter 19), to cognitive therapy (Morrison, Chapter 20) to psychodynamic psychotherapy (Gottdiener, Chapter 21) to family therapy (Aderhold and Gottwalz, Chapter 23). Mosher’s contribution (Chapter 24, Non-hospital, non-drug intervention with first episode psychosis) examines years of evidence supporting successful treatment of psychosis with and without drugs.

Perhaps it was Farlet, in the nineteenth century, who had the best suggestion. He proposed replacing “mental disease” with “mental alienation.” “He was drawing attention to the processes by which we can become disconnected from other people and from society as a whole, and also to the need to reframe the task facing those trying to help people to reconnect, whom he named ‘alienists’,” (p. 19). It is certainly true that my uncle Bob was an alienated man—alienated from an abusive family and increasingly alienated from an unsupportive social environment. No one ever attempted to reach him in his profound isolation.

We must regain our ethical and scientific roots when dealing with madness in its modern context. This book represents an important step toward regaining that ethical and scientific integrity.