

Lessons We Have Learned From Longitudinal Research About What Promotes Recovery From Psychosis

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BUT FIRST

Lessons Learned from
Ancient Greek Sculptures
at Harvard's old
Sackler Museum

Statue from the frieze of the Parthenon in Greece



We thought we knew
all about them ...

Investigations with ultraviolet,
polarized & raking lights, X-ray
fluorescence, defraction
analysis and infrared
spectroscopy

Vinzenz Brinkmann and Raimund Wünsche (2007)
"Gods in Color: Painted Sculpture of Classical
Antiquity"

THE NEW VIEW OF WHAT THESE STATUES REALLY LOOKED LIKE



These investigators found
the real people in these
statues

Psychiatry has been searching for "real illness" by studying genes and now epigenetics, neurotransmitters and neurochemical imbalance, PET Scans, MRI, fMRI, neuropsych testing, as well as publishing bigger diagnostic manuals and producing more pharmaceuticals

....

The assumptions about people diagnosed with schizophrenia...

- Continue to have episodes of illness
- Achieve only marginal levels of function or go downhill
- Difficulty interacting with others
- Under-educated
- Impoverished & need SSI or SSDI supports
- Trouble using prescriptions
- Susceptible to using drugs and alcohol
- Commit crimes
- Can't make use of psychotherapy
- Can't hold a job
- Don't have community keeping behaviors

For 100+ years, everyone
has thought that people with
schizophrenia could not
improve much nor possibly
recover

We thought we knew ...

but 11 two and three decade
studies reported in the last
quarter of the 20th century and
the beginning of this one,
evidence-based practices,
practice-based evidence &
recovered people have
challenged almost everything we
thought we knew

Now for a large body of
evidence mostly ignored for
60 years

A Brief Overview of the 11
Very Long-term
Contemporary Studies of
Schizophrenia

TABLE 1
SEVEN LONG-TERM STUDIES

Study	Sample Size	Average Length In Years	Subjects Recovered and/or Improved Significantly*
M. Bleuler (1972 a and b) Burghölzli, Zurich	208	23	53%-68%
Huber et al. (1975) Germany	502	22	57%
Ciompi & Müller (1976) Lausanne Investigations	289	37	53%
Tsuang et al. (1979) Iowa 500	186	35	46%
Harding et al. (1987 a & b) Vermont	269	32	62-68%
Ogawa et al. (1987) Japan	140	22.5	57%
DeSisto et al. (1995 a & b) Maine	269	35	49%

*For schizophrenia subsamples

The Chicago Study

• STUDY	#	Av. Years	% recovered.
Yr. & Place	Ss	in length	or improved

- M. Harrow 139 20 yrs. 76%*
- 2013
- University of Illinois
- * Figured derived from those with Scz off meds only group

MORE STUDIES BUT USING WIDER DIAGNOSTIC CRITERIA

• STUDY Year & Place Improvement	# of Ss	Av. Years length	% recov/ improved
HINTERHUBER 1973 AUSTRIA	157	30	74.8 %
KREDITOR 1977 LITHUANIA	115	20.2	84 %
MARINOW 1986 BULGARIA	280	20	75 %

So.... what have we learned
so far getting a few signals
out of the noise?

The Major Finding of the Eleven Contemporary Long-term Studies

- Almost half to two thirds of every sample with serious psychiatric disorders such as schizophrenia have significantly improved or recovered when studied as intact groups across 2-3 decades of follow along studies.

More on #1 Finding

- Even higher percentage for Affective Disorders
- Not talking about “just remission” or a “cure”
- Perhaps thinking about the natural healing capacities in people building on neuroplasticity

WHAT ELSE HAVE ALL THESE STUDIES TAUGHT US?

- #2) DIAGNOSIS AND TIME
 - Only a cross-sectional “working hypothesis”
 - Probably does not really qualify as a lifetime label for most people
 - Unable to predict outcome
 - (e.g. Harding, 1987; Insel, 2013)

Tom Insel, the Director of the NIMH,
wrote on Oct. 2012

- On diagnosis:

-

"Terms like 'depression' or 'schizophrenia' or 'autism' have achieved a reality that far outstrips their scientific value. Each refers to a cluster of symptoms, similar to 'fever' or 'headache.' ...**What is missing is validity**.....the field has imbued these symptom clusters with biological meaning .. in the absence of biomarkers or diagnostic tests."

#3) About SYMPTOM COURSE

- Ever widening heterogeneity with early fluctuations and later decrease of virulence for most but not all people.
- (e.g. Bleuler, 1972; Huber et al 1975; Ciompi & Müller, 1976; Harding et al, 1987)

4) PREDICTORS OF LONG-TERM OUTCOME

- ALL CLASSIC ONES WEAKEN OVER TIME (e.g. type of onset, age of onset, even gender).
- Being stronger before a problem seems to help for many but not all
- Since we can't predict who will become completely well, who will be almost well, and who will not, we must treat everyone as if they will be well ... optimizes the chances
 - (e.g. Carpenter & Strauss, 1972; Vaillant, 1975 & DSM 5, 2013)

Social functioning and schizophrenia literature is replete with descriptions of poor premorbid adjustment, deterioration, isolation, estrangement, bizarre behavior and speech blunted affect - all of which increase social isolation. BUT....

5) SOCIAL FUNCTIONING
CAN AND DOES RECONSTITUTE
AND DEVELOP FURTHER FOR 46
TO 77% OF PEOPLE

(e.g. Harding and Keller, 1998)

6) BEING ABLE TO WORK

Not predicted by s/s or diagnosis or hospitalization

Need opportunities (assessment, training, placement in a job-person match, & continued work supports)

Helping people to finish education can lead to careers

(see Anthony et al, 2002)

7) PSYCHOPHARMACOLOGY NOT NECESSARILY LIFELONG

- May be helpful for some in the short haul but actually may make outcome poorer over the long haul for many people
- (e.g. Harding et al, 1987; Harrow et al, 2013, Healy, 2008; Insel, 2013; Whittaker, 2010, Wunderink, 2013)

NIMH ON PSYCHIATRIC MEDICATIONS

- “Recently, results from several studies have suggested that these medications may be less effective for outcomes that matter most to people with serious mental illness: a full return to well-being and a productive place in society.”
- Tom Insel, Director, Aug. 28th, 2013

Perhaps, now we need to
expand the biological
perspective and look further
into the richness developed
in other areas of
investigation to find the
“real person” underneath the
problems



“Stated simply, the regulation of gene expression by social factors makes all bodily functions, including all functions of the brain, susceptible to social influences”.

Eric Kandel, 1998

Another Preeminent Neuroscientist, Nancy Andreasen

- First wrote the book "The Broken Brain" in 1984
- Underwrote more pessimism and a focus on brain science
- Later changed her mind about neuroplasticity in 2001 in "The Brave New Brain"



THE BRAIN IN INTERACTION WITH THE MIND

- o The essence of psychotherapy [and rehabilitation and self-help] is to help people make changes in their feelings, thoughts and behavior. This appears to occur through a multiplicity of ...techniques...

N. Andreasen, 2001 p.31

THE BRAIN IN INTERACTION WITH THE MIND

- .. which can lead to changes in a plastic brain which learns new ways to respond and adapt that are then translated into changes in how a person feels, thinks, and behaves. It, in its own way, is [or they, in their own ways, are] **as biological as the use of drugs."**

- N. Andreasen, 2001 p.31

The Secrets of Rehabilitation

- Starts on Day 1 focuses on feeling safe and accepted
- Does not wait until the symptoms subside
- Builds on strengths not psychopathology
- Does not need insight except remembering old dreams to reclaim
- Targets environmental re-engineering as well

Secrets of Rehabilitation #2

- The model of rehabilitation, self-sufficiency, and community integration worked in combination to help achieve the best results for 68% of the most seriously impaired people in Vermont State Hospital
- Focuses first on a home, a job, friends, and a date for Saturday night

By 2008

- **All 50 States declared recovery missions and visions**
- **Canada**
- **11 European Countries**
- **Australia and New Zealand**
- **9 Asian Countries including China**

The Dilemma

- The mission/vision from the 11 Long-term studies and active peer groups has spread around the globe
- Pockets of Excellence have endured
- **BUT the generalized "on the ground" implementation has not yet occurred**
- As many as 178 Evidence-based & Practice-based Evidence Approaches have evolved but rarely implemented as a whole menu from which to select

We want to keep finding and understanding the real person underneath the dysfunction, the disability, and the despair to help them get their life back !



Thank you for the
opportunity for this Yalie to
come home