

Family Therapy of Schizophrenia

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Abstract. Family therapy of schizophrenia has long been conceived and practised under etiological premises. Familial disturbances as pathological regression/fixation (psychoanalytical) and individuation-impairing family dynamics (systemic) were addressed directly in the hope of "curing" the disorder. The efforts to prove the viability of the concepts and/or the efficacy of the therapeutic approach were largely unsuccessful. Newer strategies of family therapy of schizophrenia are both more precise in their theoretical assumptions and more performing in the pursuit of their therapeutic goals. We analyse the basis of modern family therapy in the "Expressed-Emotions (EE)"-research and propose a newer, more adequate understanding of the EE phenomenon. From our own studies and from a general review of relevant studies we derive an understanding of the rationale of family work and family therapy of schizophrenia. We discuss the results of a meta-analysis on the active ingredients and the conditions of efficacy of family interventions. (*Keio J Med* 48 (3): 151-154, September 1999)

Key words: schizophrenia, expressed emotions, family intervention, social network

A Concept Undergoes Change

In the past 25 years the concept and significance of family therapy has undergone a fundamental change. Given the information available at the time and the groundbreaking trends very heterogeneous and incompatible models on the origin and treatment of schizophrenia were constructed, psychoanalytical and systemic models being the prevalent paradigms of family therapy of schizophrenia at that time. These models addressed the etiologic aspect of the illness and prescribed direct therapy of the assumed causes (pathologic family regression and fixation resp. dysfunctional family ties). In the meantime neither theoretical substantiation of these therapies nor the results of their application (irrespective of the theoretical background) have managed to secure them a prominent place in today's scenario comprising the understanding and treatment of schizophrenia. From the theoretical perspective they have neglected to integrate biological-psychiatric research results in their concept of disorder, from the practical perspective the resource "family" still has not been conceived and defined as a rehabilitative factor with a clearly defined target. Even now there are no simple etiologic and pathogenic models

nor is there any reason to expect that future research results will produce such simple formulations of the "causes of schizophrenia."

Instead, the "vulnerability-stress-model," which largely excludes etiologic assumptions, has proved to be heuristically worthwhile, as it is extremely suitable for formulating interactive relationships between heterogeneous variables like gene (-expression) and the family environment. The most interesting questions debated today deal with interactions between psychopharmacotherapy and therapeutic modification of psychosocial variables. Thus, in a sense family interventions of schizophrenia are based on a less "sophisticated" theoretical background and no longer pretend to treat the "causes" of schizophrenia. Nowadays, psychiatry recognizes family therapy as a component of the standard program offered by clinics and as an integral part in therapy schemes, or, to be more precise, most colleagues in the field no longer deny its usefulness. In fact, family intervention seems rather to be the exception in psychiatric therapy and whether or not it is applied seems to depend more on local availability rather than on suitability to the case in question.

The objective of this paper is to move beyond the widespread "randomness" in prescribing family inter-