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Introduction to Psychotherapy of Schizophrenic Patients: Basis, Spectrum, Evidence, and Perspectives

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This themed issue of Schizophrenia Bulletin contains a range of invited articles—reviews, empirical reports, meta-analyses, position papers—on the topic of psychotherapy for schizophrenic patients. This comprehensive compilation of multiple facets of psychological and psychosocial treatments would not have been possible without an institution that has fostered these treatments in psychiatry for over 2 decades—the International Symposium on Schizophrenia Bern (ISSB). In 1985, Wolfgang Böker and Hans Dieter Brenner organized the first ISSB in Bern, Switzerland, at a time when psychotherapeutic and psychosocial treatment of schizophrenia was generally considered pretty much off-Broadway. This first meeting and the ones to follow provided a framework for the growing numbers of researchers and therapists who shared the conviction that pharmacotherapy was likely not the whole story in the treatment of schizophrenia.

The seventh International Symposium on Schizophrenia Bern (ISSB 2005) was the last ISSB chaired by Hans Dieter Brenner it was held in the auditorium maximum of Bern University in March 2005, organized by the editors of this themed issue. According to a tradition of the International Symposia on Schizophrenia Bern, which is also a tradition of Switzerland, a 4-language nation, speakers presented in their mother tongues English, German, and French. Bright spring weather, which enhanced the vista of the old city of Bern with the high mountains silhouette in the background, framed the rich scientific program. This present issue represents selected materials of ISSB 2005 contributions, rewritten and updated with recent discussions and findings. In many articles, an overview of the current state of research and debate is provided. We attempted to present in this issue primarily data-based reviews and declarations of positions; additionally, to a lesser degree, a proceedings of ISSB 2005 is offered.

It would seem straightforward to use the programmatic headline of this issue, ''basis, spectrum, evidence, and perspectives,'' which was also the motto of ISSB 2005, as a means to structure this themed issue. Most contributors, however, would not obey. Thus, we have ''bases,'' ''evidences,'' and ''perspectives'' all over the place, ie, in most of the 12 articles. Let me briefly introduce these articles.

The editorial by Brenner et al sets out with a core current concern, ''What is the significance of psychotherapy in a neuroscientific age?'' As a version of the perennial mind-body problem, this is obviously a quite longstanding ''current problem.'' The authors plead for mutual exchange between the neuroscientific and the psychosocial camps.

Mark van der Gaag carries this question to psychiatry. He identifies both neurobiological and cognitive models of schizophrenia in an extensive review of the literature. Based on this literature search, he elaborates his own integrative 4-component neuropsychiatric model of delusions and hallucinations.

Tschacher and Kupper report a trial in which causality perception was investigated as a low-level, preattentional capability similar to gestalt–like perceptual organization. They discuss, and speculate, that causality perception may be influencing ''Theory of Mind'' and social perception.

Couture et al address the relationship between social cognition and functional outcome. They review the research in this field concluding that it yields important implications for social cognitive intervention in schizophrenia.

Reeder et al explore the link between changes in executive and memory functions and social behavior. Cognitive Remediation Therapy is proposed as a promising psychotherapeutic approach to affect neurocognitive functions in patients with schizophrenia.

The article by Bäuml et al emphasizes the importance of psychoeducation for patients and their families, aiming at empowering the patient. Psychoeducation is understood as an obligatory foundation of treatment. Its efficacy was evaluated by a multicenter study.

Kuipers et al build on recent findings that have supported positive symptoms of psychosis to be on a continuum with normality. They argue that these symptoms might be susceptible to adaptations of the cognitive-behavioral therapies (CBTs) found effective in anxiety and depression.

The goal of the article of Kopelowicz et al is to review Social Skills Training for various patients groups. It is

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stressed that Social Skills Training should be delivered as a module in a comprehensive treatment program to yield optimal results.

Pfammatter et al evaluate the current evidence on the efficacy of psychological therapies of schizophrenia. By reviewing all available meta-analyses and additional data from an own meta-analysis, they report moderate to high effect sizes.

Roder et al in their meta-analysis target the effectiveness of Integrated Psychological Therapy (IPT). On the basis of all published IPT trials, both in academic and nonacademic sites, they show the robustness of effect sizes in different patients, across trials with differing methodological rigor.

Mueser et al give an account of the development and theory of their Illness Management and Recovery program, based on the goal to help patients live successfully with a chronic illness. The authors present data from their multicenter pilot study, which support the feasibility and acceptability of this program.

Finally, Spaulding and Nolting take the risk of a 25-years prognosis concerning psychotherapy of schizophrenia and severe mental illness. They foresee that future psychotherapy of these patients will recapitulate the historical progression of behavior therapy in general, accelerated by the recovery concept.

In my view, the field of psychotherapy for schizophrenia would greatly benefit from considering linkages with at least 2 other disciplines, namely (1) psychotherapy research and (2) cognitive science. I admit that this is a generalist's view, the view of someone trying to integrate different approaches especially when they occur in separate scientific communities but share conceptual underpinnings. I think it is a reasonable economical principle to be searching for the bigger picture, thereby reducing complexity. Everything should be made as simple as possible (but not simpler).[1]

In psychotherapy research, the notorious question of "Which modality of psychotherapy is best?" became a topic of minor importance several years ago. General efficacy questions were increasingly supplanted by so-called process research: "How does psychotherapy work?" and by process-outcome research, "Which (of probably many) change mechanisms are associated with outcome?"

To date, psychotherapy research in the field of schizophrenia is dominated by cognitive-behavioral approaches. This is well justified by the empirical evidence speaking for the efficacy of these approaches and by the comparative failure of psychodynamic or other modalities to provide similar results in a methodologically acceptable fashion. By and large, however, this will change. Why? First, the focus on therapy process will change the hitherto strict adherence to modalities of psychotherapy, such as behavior therapy, psychoanalysis, or experience-oriented therapy schools. Process research does not bother much whether a change mechanism is of "psychodynamic," "cognitive," "behavioral," or "experiential-humanistic" nature. What really counts is how any mechanism may eventually relate to outcome. Research on psychotherapy of schizophrenia should join this movement toward process research.[2,3] Second, the very nature of CBT has evolved profoundly during recent decades. Contemporary "third wave" CBT has integrated ideas originating from psychodynamic psychotherapy (by the introduction of schema theory and notions of motivational conflict and inconsistence) and has adopted humanistic ideas (such as the mindfulness and acceptance tradition). This has probably been less obvious to researchers in the field of schizophrenia; in my view, this transformation of the very foundation of CBT should be considered by cognitive-behavioral treatments of severe mental disorders as well.[4]

Contemporary cognitive science poses a further opportunity for external stimulation. The present day theories of cognition have left the computer metaphor far behind, which has been influential during the early days of cognitive psychology and cognitive therapy. Memory is not viewed as a "store" any more and executive functions are no longer conceptualized as just sets or hierarchies of propositional rules. This evolution of cognitive science has increasingly occurred in intimate correspondence with cognitive neuroscience. Even contemporary philosophy of mind is in close touch with cognitive neuroscience.[5] It is foreseeable that our field of psychosocial interventions into psychotic cognition would greatly profit from such eventual crossings of the borders between disciplines. Our field is transdisciplinary already because both medicine and psychology contribute to it—why then not risk some more transdisciplinarity?

What kind of stimulation may result from cognitive neuroscience? I have 2 suggestions, but there are many more as is expressed in the Editorial. First, I propose to view the mind/brain not as an input-output device with several higher order cognitive modules (which may function more or less efficiently) but as a self-organizing dynamical system.[6] Thus, the mechanisms of pattern formation in the mind are moved into the center of attention. This would be consistent with a reactivation of traditions of gestalt psychology in psychiatry.[7] Gestalt paradigms have been extensively used in recent cognitive neuroscience. Cognitive pattern formation can be shown to closely correlate with the stages of psychotic disorders. This makes them useful as candidate neuropsychological markers and probably even as targets of CBT. My second suggestion is to consider the "embodiment" of cognition. This concept, put plainly, states that the "body" (ie, body posture, nonverbal expressions, prosody, etc) is not just a mirror of the mind—the reverse may also be true! Because the mind mirrors the body, both emotion and cognition are linked to posture, gestures, and chronic muscle tensions. Findings in many disciplines ranging from social psychology to artificial intelligence support this claim.[8]

Apart from their obvious functions as messages in interpersonal communication, body expression directly influences the mind; in this way, social messages and social skills have direct impacts on the senders themselves.[9] I think that body-oriented modules may easily be integrated into CBT and should be specifically considered in Social Skills Training.

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