

# **Successful Non-Neuroleptic Treatments for “Schizophrenia”**

## **The Tragedy of Schizophrenia without Psychotherapy**

Bertram P. Karon, PhD, *Journal of The American Academy of Psychoanalysis und Dynamic Psychiatry*, 31(1), 89- 118, 2003.

Psychologist and psychotherapist Dr. Bert Karon challenges the prevailing notion that psychosis remains a largely incurable brain disease, best treated by neuroleptic drugs. Mindful of the fact that “there has never been a lack of treatments which do more harm” than good, Karon explicitly contends that humane psychotherapy remains the treatment of choice for schizophrenia.

History provides important lessons.

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## The Moral Treatment Movement

The moral treatment movement in the 18th century emphasized four essential elements in the care of the mentally ill:

- respect for the patient (no humiliation or cruelty)
- the encouragement of work and social relations
- the collection of accurate life histories (formulation)
- the attempt to understand each person as an individual

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## **The Moral Treatment Movement Cont.**

When these imperatives were applied to the asylums of America and Europe the rates of discharged reached 60 to 80%. This was far better than the 30% recovery rate which occurred about a century later in the era of pharmacotherapy.

The Moral Treatment Movement was replaced by biological psychiatry in the late 1800s. For reasons that were largely political and economic, the consensus in American psychiatry came to denigrate the use of Moral Treatment offshoots particularly in the treatment of psychosis.

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## **A Rich but Suppressed History**

Academic leaders in psychiatry have been of the opinion that there is insufficient evidence to support the use of psychotherapy as a major independent intervention for psychosis. This is contradicted by **a rich but suppressed history** in the published literature and by the success of many ongoing programs some of which are summarized next.

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## The Vermont longitudinal Study 1955-1982

A programme of comprehensive rehabilitation and community placement was developed for 269 severely disabled “back wards” patients, who after 2 years or more on neuroleptics had not improved sufficiently.

The intensive rehab program was given for 5 years 1955-1960.

At 20-25 year follow up in the community, 1980-1982:

68% of patients showed no signs of schizophrenia.

45% displayed no psychiatric symptoms at all.

75% admitted that they had not taken medication continuously.

Most patients had stopped using medication altogether. Subsequent analysis revealed that **all the patients with full recoveries had stopped medication completely.**

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## **The Michigan State Psychotherapy Project 1966-1981**

Patients were randomly assigned to receive 70 sessions of psychoanalytically informed psychotherapy, medication or both over 20 months.

The psychotherapy group had earlier hospital discharges

Fewer readmissions (30 to 50% fewer days of hospitalisation)

Superior improvement in quality of symptoms and overall functioning

The chronically medicated patients had the poorest outcomes, even when drugs were combined with psychotherapy.

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## The Colorado Experiment 1970

Dr Arthur Deikman set up an innovative treatment ward. Priority was given to psychosocial interventions. 51 patients diagnosed with severe mental illness received therapy in the spirit of the moral movement. Medication was used as a last resort. After 10 months, the recipients of intensive psychotherapy had fewer readmissions after discharge and lower mortality.

Ref: A. Deikman, L. Whitaker “[Humanising a psychiatric ward. Changing from drugs to psychotherapy](#)” PSYCHOTHERAPY THEORY, RESEARCH AND PRACTICE Volume 16, #2, Summer, 1979

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## **The Agnew State Hospital Experiment 1978**

A double-blind randomized controlled study. 80 young men (aged 16 –40) hospitalised for early schizophrenia. Assigned to two groups; placebo or chlorpromazine.

Rated 36 months after discharge:

**Best outcomes in those who avoided neuroleptics during and after hospitalisation.**

Greatest symptomatic improvement, lowest number of re-admissions (8% vs 16-53% for other treatment groups) and fewest overall functional disturbances.

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## **The Soteria Project 1973 – 1981**

Over nine years 179 young psychotic people were treated. Soteria involves a hopeful attitude, a philosophy that de-emphasizes medicalisation and biology, a care setting marked by involvement and spontaneity and a therapy that placed priority on human relationships, with significantly minimal use of neuroleptic and other drugs. A control group received standard care at a psychiatric hospital.

At 2 years outcomes for the Soteria group were significantly superior in terms of residual symptoms, need for re-hospitalization and ability to return to work.

76% remained drug-free during the early stages of treatment and 42% remained drug-free throughout the two-year period.

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## **Finland 1992 Acute Psychosis Integrated Treatment (Needs Adapted Approach)**

A multi-centre research project using Acute Psychosis Integrated Treatment (API) which emphasises four features, family collaboration, teamwork, therapeutic attitude and **Needs Adapted Approach** to each individual patient.

135 patients, aged 25 to 34, with first episode psychosis were enrolled and 3 out of 6 of the centres taking part agreed to use neuroleptics sparingly.

84 patients received a **Needs Adapted Approach**:

43% of whom avoided antipsychotics altogether.

51 received treatment “as usual” with medication.

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## **Finland 1992 Acute Psychosis Integrated Treatment (Needs Adapted Approach) continued**

**2 year outcomes** were better for the **Needs Adapted Approach**:

Fewer days of hospitalisation.

51% had less than two weeks in hospital in 2 years.

More patients **without** psychosis.

58% had no psychotic symptoms in the last year.

More patients with higher functioning.

66% retained grip on life

33% employed

J. Aaltonen slide presentation at ISPS Conference July 2008

Better outcomes occurred despite this group having more patients who had severe illness originally and longer durations of untreated psychosis.

## **Finland 2006 Open Dialogue Approach**

Subsequent refinements to the Needs Adapted Approach have expanded upon these initial successes. Outcomes for what has evolved to be known as the **Open Dialogue Approach**.

**Five-year outcomes** for first-episode, non-affective psychosis:

82% rate of full remission of psychotic symptoms

86% rate of return to studies of full-time employment

14% rate of disability (based upon need for disability allowance)

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**Medication therefore is neither  
necessary nor sufficient for  
recovery.**

## Successful Non-neuroleptic Treatments for Psychosis:

Bola JR, Mosher, L.R.: Treatment of Acute Psychosis Without Neuroleptics: Two-Year Outcomes From the Soteria Project. *Journal of Nervous and Mental Disease* 2003; 191(4):219-29

Ciompi L, Dauwalder, H.P., Maier, C. et al: The pilot project "Soteria Bern": clinical experiences and results. *British Journal of Psychiatry* 1992; 161:145-53

Calton T, Ferriter, M., Huband, N., Spandler, H.: A Systematic Review of the Soteria Paradigm for the Treatment of People Diagnosed with Schizophrenia. *Schizophrenia Bulletin* 2008; 34(1):181-192

Calton, T., Spandler, H.: Minimal Medication Approaches to the Treatment of People Diagnosed with Schizophrenia. *Advances in Psychiatric Treatment* 2009 (in press)

Recurrent Psychotic Depression Is Treatable by Psychoanalytic Therapy Without Medication by Bertram P. Karon, PhD, *Ethical Human Psychology and Psychiatry*. Volume 7. Number I . SIJring 2005

<http://psychrights.org/Research/Digest/Effective/effective.htm>

## **Successful Non-neuroleptic Treatments for Psychosis:**

[Treatment of Schizophrenia Without Neuroleptics: Psychosocial Interventions Versus Neuroleptic Treatment](#) by Matt Irwin, *Ethical Human Psychology and Psychiatry*, Vol. 6, No. 2, Summer 2004.

[Recurrent Psychotic Depression Is Treatable by Psychoanalytic Therapy Without Medication](#), by Bertram P. Karon, PhD, *Ethical Human Psychology and Psychiatry*. Volume 7. Number I . SIJring 2005

[Treating schizophrenia without drugs? There's good evidence for it.](#) Comment: PsychMinded, by Tim Carlton, April 24, 2009.

[Psychosocial treatment, antipsychotic postponement, and low-dose medication strategies in first-episode psychosis: A review of the literature](#) by John R. Bola, Klaus Lehtinen, Johan Cullberg and Luc Ciompi, *Psychosis*, Vol 1, No. 1: 4-18 (2009).

[Effectiveness of Long-term Psychodynamic Psychotherapy: A Meta-analysis](#), by Falk Leichsenring, DSe, Sven Rabung, PhD, *Journal of the American Medical Association (JAMA)*, Vol 300, No. 13: 1551-1565 (2008).

<http://psychrights.org/Research/Digest/Effective/effective.htm>



## Successful Non-neuroleptic Treatments for Psychosis:

Five-year experience of first-episode nonaffective psychosis in open-dialogue approach: Treatment principles, follow-up outcomes, and two case studies, by Jaakko Seikkula, Jukka Aaltonen, Birgitta Alakare, Kauko Haarakangas, Jyrki Keränen, & Klaus Lehtinen, *Psychotherapy Research*, March 2006; 16(2): 214/228. This study of the Open Dialogue approach in Finland that used as little neuroleptics as possible found that in a group of 42 patients, 82% did not have psychotic symptoms at the end of five years, 86% had returned to their studies or jobs, and only 14% were on disability allowance. Only 29% had ever been exposed to a neuroleptic medication at all during the five years, and only 17% were on neuroleptics at the end of five years. Other studies of this program are:

Open Dialogue Approach: Treatment Principles and Preliminary Results of a Two-year Follow-up on First Episode Schizophrenia, by Jaakko Seikkula, Birgitta Alakare, Jukka Aaltonen Juha Holma and Anu Rasinkangas, *Ethical and Human Sciences and Services*, 2003, 5(3), 163-182.

Open Dialogue in Psychosis II: A Comparison of Good and Poor Outcome Cases, by Jaakko Seikkula, Birgitta Alakare and Jukka Aaltonen, *Journal of Constructivist Psychology*, 14:267-284, 2001

<http://psychrights.org/Research/Digest/Effective/effective.htm>

## Successful Non-neuroleptic Treatments for Psychosis:

Factors Involved in Outcome and Recovery in Schizophrenia Patients Not on Antipsychotic Medications: A 15-Year Multifollow-Up Study, A longitudinal study of 145 patients found a **40% recovery rate for those who did *not* take antipsychotics, versus a 5% rate for those who did**, *Journal of Nervous and Mental Disease*, Vol 195, May, 2007, No. 5: 407-414

Reversal of Schizophrenia Without Neuroleptics, by Matt Irwin, Howard University Hospital, Ethical Human Psychology and Psychiatry, Volume 6, Number I, Spring 2004

Soteria and Other Alternatives to Acute Psychiatric Hospitalization A Personal and Professional Review, by Loren R. Mosher, M.D., *The Journal of Nervous and Mental Disease*, 187:142-149, 1999.

Cognitive Therapy for the Prevention of Psychosis in People at Ultra-High Risk: Randomised Controlled trial, by Anthony P. Morrison, Paul French, Lara Walford, Shon W. Lewis, Aoiffe Kilcommons, Joanne Green, Sophie Parker and Richard P. Bentall, *British Journal of Psychiatry*, 2004;185, 291-7.

For full list of some 40 studies: <http://psychrights.org/Research/Digest/Effective/effective.htm>

**NEVER** stop taking a psychotropic drug suddenly. The withdrawal effects can be severe.

For good advice see “COMING OFF.COM”  
<http://www.comingoff.com/>

The ICARUS PROJECT. “Harm Reduction Guide To Coming Off Psychiatric Drugs & Withdrawal”  
<http://theicarusproject.net/downloads/ComingOffPsychDrugsHarmReductGuide1Edonline.pdf>

MIND “Making sense of coming off psychiatric drugs”  
[http://www.mind.org.uk/help/medical\\_and\\_alternative\\_care/making\\_sense\\_of\\_coming\\_off\\_psychiatric\\_drugs#withdrawleffects](http://www.mind.org.uk/help/medical_and_alternative_care/making_sense_of_coming_off_psychiatric_drugs#withdrawleffects)

## **Useful websites for further information:**

**Hearing Voices Network**

<http://www.hearing-voices.org/>

**Asylum Associates**

<http://www.critical.freeuk.com/AsylumAssociates.htm>

**ICSPP The International Center for the Study of Psychiatry &  
Psychology**

<http://www.icspp.org>

**A critical bibliography of the Biopsychiatric Model. Loren.R.Mosher MD**

<http://www.moshersoteria.com/litrev.pdf>

**Psychiatric Drug Facts with Dr. Peter Breggin**

<http://www.breggin.com/>

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