

## This Week's Citation Classic

Leff J, Kuipers L, Berkowitz R, Eberlein-Fries R & Sturgeon D. A controlled trial of social intervention in the families of schizophrenic patients. *Brit. J. Psychiat.* 141: 121-34. 1982. [Institute of Psychiatry, University of London, England]

The subjects of this trial were patients with schizophrenia living in close social contact with relatives rated high on Expressed Emotion. An intervention consisting of an education programme, family sessions, and a relatives group was tested against routine treatment in a randomised controlled trial. The relapse rate over nine months was only 8 percent in the experimental group compared with 50 percent in the control group. [The SSC<sup>®</sup> and the SC<sup>i</sup>® indicate that this paper has been cited in more than 320 publications.]

### A New Treatment for Schizophrenia

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During the 1950s to 1970s a number of theories were proposed around the theme that parents drove their children crazy. Naturally, these were very popular with teenagers, and one of the British theorists, R.D. Laing, became a cult figure for the young. Steven Hirsch and I mounted a comprehensive review of the scientific literature<sup>1</sup> and found no substantial evidence for any of these theories.

Around the same time, Christine Vaughn and I replicated an earlier study showing that a measure of relatives' emotional response to patients with schizophrenia predicted their relapse.<sup>2</sup> This finding suggested that, while families did not produce schizophrenia, once it appeared, they might influence its course for good or ill. It seemed to me that the surest way of investigating this idea was to work with families in an attempt to tone down their negative emotional responses to patients. But how to do it?

Up to then, there had been no scientifically valid studies of successful family interventions for schizophrenia. So we had to start

from scratch, putting together our own programme from first principles. We had found that relatives' anger with the patients was largely fuelled by their inability to identify "difficult behaviour" as part of the illness. Therefore we constructed an education programme to teach what is known about schizophrenia. At the time, my colleagues were quite alarmed by the suggestion of educating relatives about schizophrenia, anticipating that it would induce despondency. But their anxieties were relieved when we showed that relatives' optimism increased when they were given information.<sup>3</sup> The education programme was followed by work in the home with the families, using a variety of techniques to help them solve everyday problems, reduce conflict, and achieve emotional separation from the patient.

To our surprise, the intervention succeeded in lowering negative emotions and increasing social distance between relatives and patients in three-quarters of the families. The relapse rate of schizophrenia was cut from one-half to less than 10 percent. There have now been six studies of the same topic showing a very similar-sized effect of family interventions in reducing the relapse rate of schizophrenia.<sup>4</sup> The current problem is how to make the intervention skills available to ordinary clinical teams. We have tackled this obstacle to implementation by writing a cookbook on how to do the family work<sup>5</sup> and by establishing a national training network in the UK.

Why has our paper been so widely read? I think there are a number of reasons for its appeal. It marked the emergence of a new, effective treatment for schizophrenia which stemmed from a humanistic rather than a biological tradition. It affirmed that it was possible to apply the randomised, controlled trial paradigm to a social treatment. It gave hope to family therapists, who, along with other "talk therapists," have found that their backs were increasingly against the wall. And finally, it offered relief to relatives struggling with desperate problems and, often, indifferent or hostile professionals.

1. Hirsch S R & Leff J P. *Abnormalities in parents of schizophrenics*. London: Oxford University Press. 1975. 200 p. (Cited 100 times.)
2. Vaughn C E & Leff J P. The influence of family and social factors on the course of psychiatric illness: a comparison of schizophrenic and depressed neurotic patients. *Brit. J. Psychiat.* 129:125-37. 1976. (Cited 690 times.) [See also: Vaughn C E. Citation Classic. (Smeiser N J, comp.) *Contemporary classics in the social and behavioral sciences*. Philadelphia: ISI Press. 1987. p. 208.]
3. Berkowitz R, Eberlein-Fries R, Kuipers L & Leff J. Educating relatives about schizophrenia. *Schizophrenia Bull.* 10:418-29. 1984. (Cited 40 times.)
4. Lam D H. Psychosocial family intervention: a review of empirical studies. *Psychol. Med.* 21:423-41. 1991.
5. Kuipers L, Leff J & Lam D. *Family work for schizophrenia: a practical guide*. London: Gaskell. 1992. 118 p.

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