Phases of Recovery in Process Schizophrenia

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The disagreement between schools of therapy poses a problem for anyone seeking psychiatric help, but it creates a particularly difficult problem for the schizophrenic patient whose illness has come about over a long period of time and whose recovery is equally slow. During this time he will probably have encountered many psychiatrists with divergent and often contradictory goals and treatment methods. With a view to narrowing the area of disagreement and establishing a broad framework which would encompass the different schools of psychological thought, this theory of Phase Treatment of schizophrenia was developed. The basic assumptions of this view are as follows:

1. Object concepts are constructs which are either taught or derived.
2. Identity is an object concept which must be checked and revised as an individual meets changing internal and external conditions.
3. Each person is unique both as to his biological make-up and the integrating principles which yield his basic personality.

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The effort of reformulating the object-concept of self, holding the integrating principles while incorporating new material, takes energy.

4. Each person has some genetically determined physiological requirements which must be met before his mind can function rationally.
5. There is a logical order in the stages of development of the human mind leading to rational functioning.
6. A proper understanding of the necessary phases of development together with an analysis of the individual's basic physiological requirements will make possible a treatment program directed toward correcting the malfunctions of the mind without denying the unique qualities of the individual.

Through my work in the Schizophrenia Association I had heard observations of many parents and reports from many patients as to what was happening in the process of recovery from schizophrenia. The patients I was concerned with were those who had had some elements of illness for a long period of time, often starting in childhood, whose psychotic condition had come on gradually and whose recovery was slow and marked by

periods of retrogression. All had had conventional psychiatric treatment without improvement and were at the time being treated with Orthomolecular therapy. One puzzling fact was the tendency of most of these patients to quit their medical regimen soon after their minds had cleared of psychotic symptoms which happened after varying periods of time as biochemical abnormalities were corrected. What was the cause of this seeming resistance to recovery?

During this period I had been thinking about the conditions required by the mind to think objectively. I had asked myself: What is the minimum condition of identity? What is required in the recognition of time? What is needed for awareness of objects outside the self? What is the minimum condition of reason? How is rational action possible?

I was aware that objectivity was not a simple matter. Being convinced that object-concepts, even those which were learned, were originally derived from responding to sense data by organizing it into object units, I could see that the process of formulating objects from sense data would allow for degrees of objectivity, and noticing that acutely ill schizophrenic patients were often unable to separate out object concepts, even of themselves, I thought in terms of a hierarchy in degrees of objectivity. Once this problem was conceived, I suddenly grasped the sequential order perceived as a necessary process from the most simple elements of awareness to the final development of objective or rational functioning. I concluded that rational functioning is achieved only after passing through these degrees of objectivity. It is clear that children do this if they mature normally. Schizophrenic patients, then, who have not gone through the normal maturation process would have to pick up the missed phases as they recovered. This is why the process requires so much time with this group of patients. They have missed phases of development due to stress or illness or biological errors which have deprived them of the energy to integrate their awareness into the necessary structure during the normal growth period.

Degrees of Objectivity (Phases of Recovery)

A. Consciousness—awareness.
B. Awareness of bodily feelings—hunger, pain, etc.
C. Consciousness of sense data—self not separated from external stimuli.
D. Awareness of wholeness—integration of the "self."
E. Awareness of power—recognition of desire to project self.
F. Awareness of control—the ability to act upon the internal world — beginning of awareness of limits of extension of his/her own body.
G. Perception of unified relations of self and external world without identification of external objects or recognition of power or purposes of external objects.
H. Awareness of objects—organization of sensations into units and separation and segmentation to form object concepts (unified ideas which can be held in the mind):
(a) idea of the self, (b) idea of things. I. Recognition of the external world—object concepts referred outside the self. J. Recognition of the power to act upon or influence external objects. K. Recognition of power (or force) outside the self—inability to control external objects.
L. Recognition of power of external objects separate from and different from the self—imaginative or empathetic awareness of intentions or integrating power of external organized independent units. M. Understanding of the limitations of the power of the self—the power of organized systems outside the self in limiting projection
of the self as object. There is a unified understanding of the relationship between the power of the self and the power of external objects. N. Projection of rational purposes through unified understanding—complete objective functioning.

The effort necessary to organize sense data into object concepts requires considerable energy. Holding organized purposes in the mind takes energy. It is, therefore, fundamental to the process of recovery to create a condition of biological health so that the organs of perception can function normally and the integrative function of the mind can operate. This was happening to the patients on Orthomolecular therapy which corrected the biochemical imbalances. The minds of these people began to function normally, but gaps in development due to the prolonged illness left the patients unprepared to function in a totally altered perceptual world. It was clear that some radical shifts in their mental processes were going on. They were more aware of the external world, more anxious and concerned about their own predicament, more objective about their illness.

This is the reason the recovery of these patients cannot proceed too rapidly. Their sensitivity to incoming sense data is so great and their basic intellectual equipment so open and devoid of conditioned responses that they are unable to deal with the material which floods their minds. If they lack the energy to organize the sensations into concepts of objects, they may be unable to sort out the material coming from awareness of their own bodies from material coming from outside themselves.

Some patients have reported that they are not aware of the limits of their own bodies, that they flow outside without any form. They suffer from too much information which often comes in bits and fragments with no organization which can be dealt with.

"I am aware of this," one patient said. "Other people have the same problem but they can bluff it. When you spread out you flow into others. You're not able to define your own body. To deal with certain people you have to have dominance. Dominance is confidence and confidence is clarity. I don't have it and I can't bluff it."

In this state, delusional concepts (which are an extreme form of learned, static role concepts) may be a protection for these patients, but when they are no longer sick enough to slip easily into a delusional state they are very vulnerable. A supportive environment which will allow them to accept their own observed data and help them to give it form is a necessary condition for treatment.

If we look at the developmental history of the patient it can be seen why some schizophrenic patients need prolonged and intensive treatment even when they have been brought out of their psychoses. They must be allowed time in a protected environment. Sometimes they must retrogress and build back slowly always with careful attention to providing those elements of nutrition which will allow their minds to function and give them the energy needed to integrate their thought processes with motor functioning.

Even though it is becoming increasingly evident that the major causes of mental disturbances (exclusive of retardation and brain damage) are biochemical, correction of this condition does not result in immediate cure in this group of patients. It is necessary to consider missed phases of development and the psychological injury which has occurred to these highly vulnerable patients as children or during their illness as adolescents or adults.

The training and education of children can be done in two different ways: either by the process of discovery and derived concepts, or by learned object concepts which have already been accepted by the society in which the child lives. Most education involves a -combination of these two procedures.

Some children are easily educated or trained in the concepts accepted by the society at large. However, others, who may be more aware, more sensitive, or unable to perceive the world in the same conventional way, may be unable to accept the concepts both of self and of the external world which a conventional training places upon them. A person in this category will recognize his unique qualities and if continually confronted

with the social concepts which would destroy these qualities will either reject himself or the society in which he lives. He may also doubt the reality of his senses and accept the conventional concepts by falsifying and blocking his own observations. A third alternative exists which requires considerable energy. The concepts imposed by society must be judged in relation to the concepts which have been derived by the individual. A person who is healthy will continually revise his concept of himself and/or his concepts of external objects when he encounters evidence that his actions are not producing the intended effect. If he lacks the energy to make the adjustments in his object concepts either of himself or the world around him as he experiences contrary evidence or changing conditions in either or both, he may then reject either the derived concept of self or the derived concepts of elements in the world outside himself.

If a person salvages his self-concept by rejecting the evidence of his own senses, he will then "withdraw" from his perceptions of the external world. This will happen also if his biological requirements are not being met and his sense perceptions are fragmented and unstable. If this process proceeds far enough and over a period of time, he may lose his capacity to objectify either the evidence from the world outside himself or the evidence of his own bodily feelings. This condition would generally be regarded as a psychotic condition and probably diagnosed as schizophrenia. To bring a patient out of this extreme condition requires a thorough examination of his physical requirements, a review of his developmental history, an understanding of the unique integrating principles of the individual, and an understanding of the phases necessary before he can function rationally.

Ways of determining the unique integrating characteristics of an individual have been suggested by Gordon W. Allport by what he calls "morphogeny method." He deplores the fact "that out of the thousands and thousands of factor-analytic studies that smother us today, scarcely any are carried through in such a manner as to discover the internal, unique, organizational units that characterize a single life (Allport, 1968)."

It is not my purpose in this paper to examine the means for determining the unique qualities of an individual although this uniqueness is one of my basic assumptions. I wish to consider here the necessary process of growth incident to achieving that which is unique to the species. I have called this "rational functioning" and would also consider it the ultimate condition of mental health. The recognition of a sequential order of development of the human child is fundamental to most theories of child psychology and education. This is one of the basic assumptions in my hierarchy of objectivity which has logical and physiological as well as psychological significance. When applied to the process of recovery from schizophrenia, "Degrees of Objectivity" become "Phases of Recovery." The patient can be tested to find the level of organization of his mental processes, and then treatment can be geared to this developmental level and can be brought forward with therapy appropriate to that level of objectivity.

It now becomes clear why divergent schools of psychology and psychotherapy have developed. Very different treatment needs exist at different levels of objectivity. Each patient may require many different treatment approaches during the course of recovery. The following suggestions for the correlation of treatment methods with changing needs as the patient improves are intended as illustrative examples of the use of this analysis, not as an exhaustive review of the field.

PHASE "G"

A patient who has reached Phase G is capable of the perception of unified relations between the self and the external world without identification of external objects or recognition of the

Testing for Phase Level of Schizophrenic Patients

In testing for Phase Treatment, the Degree of Objectivity is taken in reverse order. Starting from the position of complete mental health, the therapist can ask himself the following questions:

1. Is the person operating effectively to actualize his self-determined purposes? (N) If not:
2. Does he understand how purposes external to himself relate to and limit his own self-projection? (M) If not:
3. Can he recognize the power of external objects (including people) separate from and different from himself and is he aware that they have independent purposes? (L) If not:
4. Can he recognize that there is power (or force) outside himself? (K) If not:
5. Is he aware that he can act upon or influence external objects? (J) If not:
6. Does he recognize object concepts which he refers outside himself? (I) If not:
7. Can he organize sense data into object concepts or ideas which he can hold in his mind? (H) If not:
8. Is he aware that he is somehow bound in a relationship with something outside himself? (G) If not:
9. Does he have an awareness of his ability to act upon or control his own internal world? (F) If Not:
10. Does he have the desire to project himself, to act? (E) If not:
11. Does he have a sense of wholeness or "I am"? (D) If not:
12. Is he conscious of receiving sense data? (C) If not:
13. Is he aware of body feelings, i.e. hunger, pain, etc:? (B) If not:
14. Is he conscious? (A)

The first question to be answered in the affirmative will determine the stage of development and define the Phase at which treatment must be undertaken. This will also indicate the development which must be accomplished before the patient is well. In the cases where early developmental steps have been missed, some consolidation of later phases may have occurred through training. After a psychotic break, however, this training may no longer be valid and recovery will probably have to proceed through all of the phases of recovery.

power (or purposes) of external objects. Phase G is a safe position if the patient is not forced into functioning, but is allowed to consolidate this phase while particular attention is given to providing him with a complete, individualized nourishment program and a non-stressful environment. A sense of the unification of the self with the external world exists, but no clear formulation of objects of the self or external entities has been made; therefore, operation in the world is fluid. A constant threat to the developing ego exists if there are external pressures.

In this phase, Reality Therapy is not effective; for, until a patient is able to perceive objects separate from himself, he is not ready to operate on a "reality" level. If Orthomolecular treatment is used, the patient's mind will gradually be able to function so that perceptions will clear and sense data can be organized into object-concepts. When this happens therapy can proceed in accordance with the next phase of recovery.

Some people, those who are unable to move beyond Phase G, will require a treatment method quite different from that given patients who have the potential to continue to rational functioning. This group will include braindamaged children, some autistic children, severely retarded people of all ages, and schizophrenic patients who are maintained on a treatment regimen which does not clear the reasoning function of the mind or who cannot get the help necessary to proceed through the steps necessary to lead to rational functioning.

In cases where the higher brain centers are not damaged in autistic children, the learning disabled, and schizophrenics, the preferred treatment should always be to develop ego strength and interest awareness and take the time to lead the patient to later phases of recovery. Operant conditioning will not of itself do this. One function of good diagnosis should be a determination of the potential which can be expected of the patient, and therapy should aim for complete rational functioning whenever the potential exists.

PHASE "H"

In Phase H there is an awareness of objects, the organization of sensations into units, and the separation and segmentation to form object concepts (unified ideas which can be held in the mind). These are of two kinds: (a) the

idea of the self, and (b) the idea of things or objects separate from the self.

Phase H is a critical transition step containing two parts both of which must develop if this phase is to be consolidated. The awareness of the "other than self" occurs together with the awareness of the self as a separate entity. To have a sense of self, the developing person must have an awareness of that which is external to the self. In order to be comfortable with this separation, the child (and this step happens very early in normal child development) must have a warm and loving external world. To accept something external to the self which is hostile to the developing ego is impossible and retreat will be made into undifferentiated consciousness.

The separation-out of the self as an object is necessary not only for the function of reasoning, but also for purposeful action where the self as subject is projected into the "other than self" with stable objects posited which can be acted upon. The formulation of object-concepts yields the necessary building blocks for education and rational thinking.

If the mind does not have the necessary nourishment to function properly, this phase cannot be developed. Organization is a difficult mental step requiring a great deal of energy. It is just this phase which may be the stumbling block for autistic children, and it would be reasonable that ortho-molecular therapy, concerned with providing all the necessary substances for the proper functioning of the complete mind, should be instituted to help make this step possible. Training without this correction of mind functioning can be an aid to adjustment, but cannot even hope for a cure of the condition.

If a narrow construction of knowledge is forced upon the child or patient who has not consolidated his object-concept function, he will become unable to integrate a mature concept of himself and the world. If Phase H does not occur in childhood, a dependent personality will continue on into adulthood. Functioning may occur on a primitive survival level disengaged from reason or the rational functioning of the brain. This, unfortunately, is a not uncommon condition. It is, however, a crippling one and it should be realized that even this adjustment will be disrupted when a psychotic break occurs. The patient will then have to pick up the missing phases in his development to get well.

PHASE "I"

During Phase I, which involves the recognition of the external world with object concepts referred outside the self, projection of ideas as external to the self may be very threatening. This is indeed a difficult time for the recovering schizophrenic patient. He may be able to accept objects external to himself only through attaching feelings to those objects, to extend, as it were, part of himself into the external world. Love is a powerful force at this point, and attachments to other people can be very important. This is a time when the process of transference may be most active and this process needs to be understood by those around the patient so that they will not be threatened. If the patient cannot find a way of referring his concepts outside himself he will withdraw or become depressed or both. He may seek any means possible to become sick again, through stopping medication or resorting to alcohol or drugs.

With the schizophrenic patient, some false projections of data are inevitable, particularly if the patient has been hospitalized and kept inactive over a period of time. It will not be unnatural to project material which his own mind has created. Since his mind at this stage will be operating on a subject-object basis he may maintain delusions about his relations with the external world. It would also be quite natural for him to have delusions of himself as a causative factor in inappropriate ways, since he is dealing mentally with a real self projected into a world of his own imagination. Until placed in a situation where he can have sufficient external sense data and

opportunity to function, he will not be able to get out of this state. A delusional sense of efficacy will gradually give way to a reality testing stage if he is placed in an environment where functioning is possible and incoming data is not too threatening. Reality therapy will be most effective after this phase is consolidated. This phase, while initially an exciting revelation, may quickly give way to despair for the external world will be understood only in relation to the needs of the individual's self-concept. The understanding of the purposes of others will be impossible. Retreat is tempting to the patient. Even if he does not perceive the world as hostile, it may appear very dull. Not having arrived at projecting himself in the external world, he will tend to find a way to go backwards if he is not quickly encouraged to go forward into operating in the world. Good supportive therapy is essential at this time.

PHASE "J"

While Phase J is being consolidated the patient gains a recognition of the power to act upon or influence external objects; he begins functioning in the world. This is an important phase in establishing a consolidation of the self and a more realistic concept of external objects. It is a crucial period for treatment.

Phase J is characterized by aggressiveness, thoughtlessness, authority testing, lack of consideration of others. By many it will be judged that the patient is sicker when he recovers to this extent because he is harder to live with and to manage. He will make poor judgments, as he has not developed a mature idea of either himself or the external world. He has no concept of the purposes and interests of others and rejects authority while continually testing his own powers. This is a time when "I can do anything" is the dominant attitude, so external controls are necessary.

Though fairly far along in the recovery process, it is a period when the patient is easily rejected. The tendency in the hospital would be to increase medication at this point as the patient is more difficult to handle. Parents who are overloaded with guilt or for other reasons lack self-assurance will not be able to provide the firm guidance needed at this time.

At this stage, progress will be impeded if a totally permissive environment exists. Limits must be set and consistently held, always with consideration of the energy of the patient and his ability to control his activities. It is not a time to overload with responsibilities, particularly those which take a great deal of organization, as the patient's mind will be occupied with organizing his perceptual world and his relations to it. If a firm and consistent pattern exists around him, which at the same time is accepting, he will be able to proceed to Phase K.

PHASE "K"

This phase involves the recognition of power (or force) outside the self along with the recognition of the inability to control external objects. Reality therapy is clearly indicated although it must be applied carefully so that the patient gains a growing recognition of limits placed upon his projection of himself and his purposes. If expectations have been set too high he may become discouraged and withdraw to an earlier level of development. This is the flight reaction, necessary to preserve the tentative ego concept. Another alternative may be chosen, the fight reaction. Certain to be highly stressful, this reaction must be handled with care. Good therapy will use this positive "fight" reaction to help the patient gain insight into his purposes and to accept the fact that they must necessarily be limited by the power (or force) outside himself! It is imperative that consistent controls be applied in such a way that the energy of self-motivation is not destroyed.

At this phase, objects external to the self can be tolerated, but objects different from the self may be threatening as the patient will not understand independent purposes until his own purposes are firmly consolidated. He can then accept external controls.

It is not uncommon to find people

whose development has stopped after attaining Phase K. It is possible to function by authority once this level has been reached, but problems both physiological and social are created which can be solved only if the person is able to develop further. This may be too painful for some people to attempt, and they may settle for the more limited possibilities of Phase K by adjusting to authority outside themselves.[2]

CONCLUSION

It appears that the process of recovery from schizophrenia has a definite sequence, a definite progression with specific steps required which have a psychological as well as logical order. This does not mean that all phases occur in a straightforward line of improvement. Because of differences in training and differences in need, certain phases may be achieved quickly for some people while others must spend a long time. For these, long periods of protection to allow for the necessary integration may be required. It is important to identify the stage of progress and to understand the individual requirements at the particular phase. It is also important to recognize when a period of retreat is not failure, but the necessary backward step before a forward thrust is made.

Recognition of the phases of recovery allows for adjustment of the treatment to the development of the particular person, and with this, some of the puzzling observations of patients fall into place. One of the consistently observed facts has been that in the process of getting better the patients usually quit their medication at a point when their minds are beginning to clear, when their perceptions of the external world become more acute and their reasoning process is beginning to function. Sometimes they maintain this improved condition for a short period of time and then seek withdrawal either by dropping medication, or resorting to alcohol or unprescribed drugs, particularly marijuana. Another observed change in patients as they begin to recover is periods of grandiosity following periods of withdrawal, excessive confidence followed as a radical swing away from the attitude, "I can do nothing," to a great feeling of power, "I can do anything."

These puzzling and seemingly contradictory processes have been difficult to understand and have made the treatment of schizophrenic patients an unrewarding experience for even the most dedicated doctors, nurses, counselors, and parents. However, if the pattern of recovery is considered and if treatment is geared to the phases which the individual must go through to achieve mental health, the periods of withdrawal will not look like retrogression and defeat but can be understood as a necessary part of the reorganizational process of the human organism as it proceeds toward rational functioning, or in more humane terms, the effort of the patient to define and carry out his unique purposes.

EDITOR'S NOTE

Not only does schizophrenia cause some psychosocial immaturity or arrested maturity, but it also arrests physical and endocrine development. I have seen many schizophrenic boys who are effeminate in appearance with female distribution of hair and fat. In some their breasts are too large. This appears to be due to a deficiency in their livers' ability to destroy female hormones. Patients should be advised that improvement will include physical maturation and a return of male characteristics if they follow the Orthomolecular treatment approach.

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2 Therapy for the remaining phases must consider the "self-regarding virtues" if the unique purposes of the individual are to be fulfilled. This will be considered in another paper.

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