

Book Review

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Schizophrenia: The Facts, Second Edition

by Ming T. Tsuang, M.D., Ph.D., D.Sc., F.R.C.Psych., and Stephen V. Faraone, Ph.D. New York, N.Y., The Oxford University Press, 1997, 182 pages, \$17.95.

The boldest maneuvers are the safest.

—Horatio Lord Nelson (1758–1805)

Nelson liked bold solutions. Likewise, I like bold books and papers on schizophrenia. Does *Schizophrenia: The Facts* meet that expectation? Let's put issues in context as we work to answer just that.

Our medical colleagues early on appreciated the complexity of diabetes mellitus and the necessity of educating the patient in diet, exercise, achievement and maintenance of ideal body weight, blood and urine tests, medication and its dosing, timing and routes of administration, and mitigating circumstances such as infections or changes in exercise and in caloric intakes. All are normally addressed in patient/family education. Diabetic diet manuals have even been developed with photographs to ensure that illiteracy is no obstacle to enlisting the patient into a therapeutic alliance and empowering both the patient and family.

Psychiatry, too, has had its share of chronic diseases requiring chronic treatment, but was slow to appreciate the vital importance of patient and family education in successful long-term management. Lacking modern-day visionaries that could advance psychiatry by quantum leaps, the discipline has moved in short increments, propelled by the aggregate of smaller scientific advances. Influenced by tradition, it has overvalued theory and undervalued empirical findings. Of late, the curtain has been rising to a new act. In 1966, Drs. Hoffer and Osmond published *How to Live With Schizophrenia*.¹ Their theme was "schizophrenia is basically a physical illness caused primarily by disturbances in the biochemical balance of the body and that is determined by genetic disposition." Chapter 1 starts, "So you have schizophrenia. Or you have a relative who has it." A subsequent chapter offers a section entitled "Your Role as a Patient" and defines responsibilities in treatment. The hardback was \$5.95. It had punch and engaged the reader.

In 1983, Dr. Torrey published *Surviving Schizophrenia: A Manual for Families, Consumers and Providers*.² Chapter 1 starts with a quotation and then "Schizophrenia, I said. The word itself is ominous.... It has a bite to it, a harsh grating sound that evokes visions of madness and asylums.... 'Schizophrenia' is a discordant and cruel term, just like the disease it signifies. Our treatment of individuals with this disease has all too often, also been discordant and cruel." Torrey writes with passion and palpable energy and *connects* with the reader. He is not going to sidestep sacred cows. Small wonder his book has

sold over 200,000 copies and is in its third edition. The paperback is \$14.00. It has emerged as the reigning gold standard against which any other works in this area must be measured.

Oxford University Press has published some 22 books in The Facts series on both medical and psychiatric topics, e.g., alcoholism, epilepsy, autism, panic disorder, obsessive-compulsive disorder, migraine, eating disorders, multiple sclerosis, each written by a leading authority in the field and intended to offer practical advice about an illness or condition in a clear and accessible style. The authors of this book in the series are attempting to provide "information both for families of schizophrenics and those involved in caring for them." Chapter 1 is a case study of Janet. Chapter 2 is entitled "Defining the Terms." This chapter begins, "The term *schizophrenia* comes from the Greek *schizo* or 'splitting' and *phrenia* meaning 'of the mind.' Hence, schizophrenia literally means suffering from a *split mind*. This portmanteau term is perhaps one of the most unfortunate constructs in the English language" (p. 5). Does this opening radiate energy and passion and connect with (engage) the reader?

Schizophrenia: The Facts is composed of 18 chapters, within 4 sections, an appendix listing some of the family and patient support groups available around the world, a further reading section of 1 page citing 13 sources for information, and an index of 12 pages. The Sections are (I) What is schizophrenia? (II) Schizophrenia: the central questions (how common is schizophrenia? is schizophrenia inherited? how does the environment affect schizophrenia? is schizophrenia a disease of the brain?), (III) Meeting the challenge of schizophrenia, and (IV) Caring and coping in a changing social environment.

The chapters vary in length from 2 to 21 pages, but average approximately 9 pages. Although each chapter is divided into a series of topic headings, a Conclusions or Summary heading is not routine. Though a summary statement bringing focus and closure to each chapter is often given, this is inconsistent. When facts are reported and researchers are mentioned by name, no references are cited to allow verification. No references are cited at the conclusion of each chapter. The publisher has generally done a fine job, but typos are present, e.g., p. 51, "cystic fybrosis" and p. 170, "Fuller, T. E." for Torrey, E. F.

The authors have at times delved into some complex issues, e.g., defining prevalence rates, incidence rates, lifetime risks, and then citing prevalence rates of schizophrenia for different areas of the world, e.g., 6 per 1000 in St. Louis, and comparing these to incidence rates, e.g., 21.8 per 100,000 per year (p. 37). The reading level is for the professional. Curiously for a book on facts, or on what is known, the authors often gravitated to controversial topics: schizophrenia subtype classification systems (p. 30), a continuum of psychosis (p. 55), violence (pp. 122–123).

Herein lie my 2 chief issues with this book: With so much confusion and disagreement within the psychiatric community on the subject of schizophrenia, it is so important to emphasize those matters that are largely agreed upon or that achieve a consensus, rather than continually dwelling on the uncertainty. Secondly, it would be refreshing to see bold stands taken on the issues, for which authors passionately hold a particular belief on a controversial subject. For example, we know antipsychotics are not necessarily interchangeable, even within a subclass.³⁻⁸ Stress it! Schizophrenia has repeatedly been demonstrated to “skip a generation,” happening with a frequency to indicate “carrier states.”⁹⁻¹² Stress it!

Some tired old statements need to be retired. For example, “clearly, if schizophrenia were due entirely to genetic factors, the concordance rates for identical and fraternal twin pairs would be 100% and 50%, respectively...” (p. 46).

Does ruling out a strict Mendelian inheritance rule out genetic transmission and genetic control of expression? Recall that at least 68,000 genes are contributing to brain function and neurologic diseases.¹³ The authors appear to be basing their statement on the assumption that schizophrenia is due to a single fully expressed autosomal gene. What of polygenic inheritance where several genes combine together to form the end result? Are the monozygotic twins truly “identical” if one is right handed and the other is left handed? What of histone repression of gene activity?

On the controversial subject of violence, I’m confused. The authors write: “Taking ordinary, single murders as an example, of the 550 or so committed in Britain in 1991, around 2% were performed by diagnosed schizophrenics. As this tiny proportion suggests, schizophrenic patients are no more likely to commit murder than other people” (pp. 122–123). But earlier, they had stated that “the lifetime risk for schizophrenia in the general population emerges as approximately 1%” (p. 38). Is my math wrong, or is the schizophrenic twice as likely to commit murder than would be randomly expected? If that is correct, how did the authors arrive at their conclusions?

Drs. Hoffer and Osmond closed their book with the statement:

It is enough, however, to restore many patients to normal and productive lives at home and at work. There is much that can and should be done now.^{1(p165)}

Drs. Tsuang and Faraone concluded:

Only a concerted programme of public education and awareness, coupled with a massive increase of resources for clinical research and practical care will suffice to guarantee the schizophrenic individual his or her “care in the community.” The success or failure of this policy is a litmus test of the true civilization and moral worth of our society. We are best judged not by the success with which we suppress or conceal from view our less conventional members,

but by how well we assimilate and protect them, through learning, work and ultimately, love (p. 167).

Dr. Torrey closed his book with a challenge:

Services for individuals with serious mental illnesses are not likely to improve until enough individuals become angry and get organized. Persons with schizophrenia will continue to be fourth-class citizens, leading twilight lives, often shunned, ignored, and neglected. They will continue to be, in the words of President Carter’s Commission on Mental Health, “a minority within minorities. They are the most stigmatized of the mentally ill. They are politically and economically powerless and rarely speak for themselves....They are the totally disenfranchised among us.” The mad will become liberated only when those of us fortunate enough to have escaped the illness show how mad we really are.^{2(p331)}

Admiral Nelson was an action-oriented man who measured success in results obtained. If he could not have taken all 3 books on board ship due to space and weight limitations, I believe he would have packed Torrey’s *Surviving Schizophrenia: A Manual for Families, Consumers and Providers*.

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