*I first met Courtenay Harding about 30 years ago, when she came to visit the Village as a friend of our director Martha Long. We showed Courteny around our program where people were getting out of hospitals and jails and off the streets and actually recovering their lives. She was impressed. She gave a talk about her research that showed that even “back ward schizophrenics” some of whom had been smearing feces on the walls, recovered after they were discharged from the Vermont state hospital with a half-way house and rehabilitative services. She tracked them down 27 years later and found the majority of them living in their own apartments, working, off medications, with friends, without symptoms or hospitalizations. We were impressed.*

*She’s given that lecture literally hundreds of times over the years. The psychiatric establishment has demeaned her and discounted her results without ever really finding anything wrong with the study. They just didn’t believe that she could be right and they could be so wrong. The consumer movement celebrated her study as proving what they’d always known – that they can recover if given enough hope and opportunities. It became a cornerstone of the Recovery movement. I included her outcome data slide in most of my presentations over the years.*

*She’s now 80 years old and wrote a book about her research work, other research that found similar outcomes, and programs, including the Village, that promote recovery. This article describes why you should get a copy and read it.*

**Book review of “Recovery from Schizophrenia: Evidence, History, and Hope” by Courtenay Harding**

**(2025)** by Mark Ragins

Courteny Harding’s “The Vermont Longitudinal Study of Persons with Severe Mental Illness” originally published in 1987 changed everything for many people, who discovered that their diagnosis of schizophrenia didn’t mean they were going to deteriorate. They could build their recoveries on a solid research foundation of hope. Unfortunately, despite her enormous efforts to spread the word, not nearly enough people know about her work or the fundamental changes it should bring to all of us. At age 80, she wrote this book to try again to share her work, not for her publicity, but for the recoveries it can inspire.

As I read through this book, I was consistently surprised. What she accomplished is even more impressive than I had realized. This book may not be a literary masterpiece, but it documents a masterpiece of psychiatric research.

Truly groundbreaking work, that changes our paradigms and opens us up to new possibilities, is almost always done by someone who is young or an outsider, rather than by someone who is heavily indoctrinated into the established way of doing things, because they both look at different things and look at them in different ways than everyone else (think about a young Darwin or Einstein, or Freud, or Picasso). When Courtney directed the Vermont longitudinal study she was a single mother, nurse turned psychology student doing her thesis.

In a world that wants rapid, efficient, checklist diagnosis and rapid therapies and pills to fix people, Courtney had her staff do 5 hours of interviews at people’s homes, often sharing coffee and even meals with them, creating life histories looking back over 27 years.

In a world that only values objective, quantitative research while maintaining a professional distance from the people being studied, Courtenay included qualitative observations from both researchers and the patients, using the patients as “consultants” to inform her.

In a world that reduces psychiatric conditions to illness symptoms checklists, she studied their actual lives including where they lived and worked and who they were friends with and what gave their lives belonging and meaning to create a fuller vision of recovery than just symptom remission.

In a world that emphasizes treatment, she emphasized recovery, both as quality of life and an internal psychological process asking the patients about what they thought was helpful and how they understood the process they went through.

Most students’ efforts, no matter how innovative, tend to be modest and only seen by their thesis committees. Courtenay had amazing backing. She was given a large NIMH research grant, by some older administrators championing her. She was given access to numerous research specialists, who she used to create a sophisticated, world class research project.

Most people would’ve had trouble finding an excellent comprehensive data set from 27 years ago. Courtenay found two. One was the product of a maverick psychiatrist who used rehabilitation methods in a partnership with the state department of vocational rehabilitation to carefully document moving 200 back ward schizophrenics, who didn’t respond well to Thorazine, into the community using 2 years-worth of halfway house, vocational services, and community integration. The other one is some ways even more surprising, the State hospital in Augusta Maine agreed to be a comparison group (something people rarely volunteer for since the comparison usually makes them look bad).

Most people would’ve allowed mid-level administrators to gut her research project as they wanted to do, pushing her to cut most of the innovative measures, but Courtenay fought back. Most people would’ve allowed themselves to be co-opted by the establishment biological / genetic researcher who tried to take over her project, but she refused, and paid the professional price. Most people would’ve cowered under the criticism and dismissive attitude of Dr. Spitzer, the leader of the establishment, but she carefully prepared her responses and held her ground, and again paid the professional price. Most people would’ve given up on the project when the original funding ended and her allies were gone, but Courtenay found more allies and persisted.

When all of this aligned, what did she discover?

The still prevailing concept that there is a condition called schizophrenia, that can be identified in cross section with a symptom checklist, (new or old, American or European) that has a largely deteriorating, disabling outcome and requires staying on medication your whole life to avoid disaster, is simply not true. It’s not true because people’s symptoms have a tendency to change over the years and not stay in any diagnostic category, like schizophrenia, or subcategory, like paranoid schizophrenia. Even more startling, it’s not true because the majority of people she studied actually recovered over time, rather than deteriorated.

Pause here…this is the equivalent of telling the establishment that the earth isn’t flat and they can’t see it because they’re too short-sighted (they’re not following people for decades) and too narrow-minded (they’re only looking at symptoms and not listening to their patients). But she didn’t stop there, she began to explore a round earth, where recovery isn’t just a dream or a rare possibility, but the likeliest outcome over time, for even the most impaired group of people who’ve been studied.

Let’s go on: Whether people recovered, or deteriorated, couldn’t be predicted by any symptoms they had, or didn’t have. Some of their traits did have some predictive value (like educational level, employment, previous personal adjustment), these were more likely to be strengths than deficits, and more likely to be what they’d been through rather than who they were. Even more important, however, is what opportunities and supports, especially housing and employment, they were given, especially in the first few years of recovery. Hope, in their staff and themselves, was the most important ingredient in their recovery. Surprisingly enough, staying on meds for decades did not predict recovery. In fact, most of the people who recovered weren’t taking meds regularly. Contrary to our current practice, they used medications to sustain homes, jobs, and social connections, and then got off them, no longer needing them to sustain their recoveries.

While the establishment put their fingers in their ears and pretended not to hear her, many people who had been told they have a deteriorating condition, called schizophrenia, that would keep them from work, having their own home, and having relationships and families of their own, and that they needed to stay on medications and government benefits forever to stay out of institutions, usually burdening their families lifelong, did hear from Courtenay’s research that wasn’t true, that no one could predict that, and that if they sustained hope and worked hard, they could recover. They were inspired to recover too. They’ve told their stories to the still unbelieving establishment.

Many people built on the rehabilitation model, built on partnering with the people they’re helping, built on community inclusion, to create successful “Recovery Model” programs of a variety of types around the world, including Courtenay’s own work with life charts. These programs are still struggling for acceptance by the establishment and main stream funding. Courtenay describes some of her favorites of these programs, including my Village program. Some researchers have followed her example and done more qualitative, helpful, whole-person, research on recovery collaborating with people with lived experience, but they too are still struggling on the fringes. Courtenay describes some of these too. Her work is not a lone, bizarre, unexplainable outlier. It’s part of a set of hopeful research studies and helped inspire a set of hopeful, effective programs.

People continue to do far worse than they should because not enough people have heard and implement Courtenay’s “research of hope”. Even decades after its release, the establishment still persists in its destructive myths. Textbooks and the popular media keep repeating hopeless falsehoods. That’s why this book is so important.