

Obituary

Gerard E Hogarty, 1935–2006

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Gerard E Hogarty died in Pittsburgh, PA on April 7, 2006. He was 71 years old. He accomplished a great deal; and the purpose of this essay is to comment on his life's work. Although he was seriously ill and in pain toward the end of his life, he continued to work almost to the very end of it, as his work was far from finished and there were still many things that he wanted to accomplish.

Gerard, known as Jerry to his friends, family and colleagues, was born in Boston Massachusetts to an Irish Catholic family—the middle child. A childhood photo with his older brother George, taken when he must have been about four, shows a little boy with an impish smile who is engaging whoever was on the other side of the camera. Jerry studied for the priesthood at a Jesuit seminary but despite embracing the scholarly aspects of Jesuitical training, the priesthood was not for him. He obtained a bachelor's degree in Philosophy from Catholic University in Washington, DC and a Masters degree in Social Work from the same institution in 1960. That was it for formal education, but as stated modestly on his CV, also he had: 'Privately acquired knowledge in biostatistics, psychiatric epidemiology and the conduct of clinical psychopharmacology trials.'

That statement hints at the remarkable individual that Jerry was. He was unique in the field of clinical psychopharmacology, unique in developing four psychoso-

cial treatment approaches specific to schizophrenia, and unique in actually testing each of them in rigorous randomized clinical trials so that each succeeding intervention built on the strengths and weaknesses of the prior one and on the accumulating understanding of schizophrenia. In addition, he conducted clinical trials that provided the first, and perhaps the best evidence of the efficacy of antipsychotic medication in delaying relapse in schizophrenia and studies that investigated the role of adjunctive antidepressant and anxiolytic medications for schizophrenia. His research career came close to spanning the modern psychopharmacology era—he was the research social worker at Springfield State Hospital in Maryland when the first NIMH collaborative studies of treatment in schizophrenia were conducted there in 1961 and his first publications reflect that experience.

Major role therapy (MRT) was the first treatment he developed. It was based on the observation that patients with schizophrenia were unlikely to have effective instrumental role function. The strategy involved social workers and rehabilitation counselors to motivate, prod and support patients to engage in work, homemaking or student roles. The efficacy findings were disappointing but there were clues about timing in relationship to episodes of illness, the key role of effective antipsychotic treatment as a platform for psychosocial interventions and duration of treatment. The second treatment strategy developed a family psycho-education approach in collaboration with Dr Carol Anderson and combined it with social skills training (SST) in a series of long-term trials that explored these treatments singly and in combination. The combination treatment package resulted in significant relapse delays but left patients with substantial residual symptoms. The third treatment, personal therapy (PT), expanded on the strategies of SST to create an intervention that helped patients to get to the 'gist' of social interactions in order to develop interpersonal and instrumental skills. The success of this treatment was again seen in long-term outcomes. By this time Jerry had pushed the treatment and research horizon to 3-year trials. Cognitive enhancement therapy (CET), Jerry's most recent treatment innovation, links new understanding in cognitive neuroscience to an intervention that engages patients in exercises that use both interpersonal and computer interactions to gain mastery of personal and social skills. At the time of his death, in collaboration with Dr Matcheri Keshavan, he was conducting a second trial of CET focused on patients early in the course of schizophrenia designed not only to assess its efficacy but also to investigate its impact on brain structure and function.

Jerry's accomplishments have been recognized by numerous awards; most recently by the Paul Hoch Award from the American Psychopathological Association. He was a tenured Professor of Psychiatry at University of Pittsburgh School of Medicine and a wonderful lecturer and teacher. He was a charismatic leader who created and nurtured a

group of research colleagues and clinicians at the Western Psychiatric Institute and Clinic who provided the treatments he created and assessed their effects. He was passionate about his work and about everything else that he did—golf, financial management, his children Maureen, Mary and Jennifer. But in his personal life, he was most passionately devoted to Susan, his wife. They were a unique couple linked by mutual respect and love, who would have celebrated their 21st wedding anniversary this year.

I count myself as fortunate to have known Jerry virtually from the beginning of his professional life to the end. It was a most rewarding experience and I feel privileged to have had the opportunity.

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