

Diagnosis and Treatment of Chronic Depression

edited by James H. Kocsis, M.D., and Daniel N. Klein, Ph.D.
New York, N.Y., The Guilford Press, 1995, 178 pages, \$25.50.

The concept of chronic depression is complex; the clinical condition it entails is probably underreported; its costs, both human and economic, are high and growing; and its treatment, prevention, and prognosis are tremendously elusive. The editors of this volume, well-known clinical researchers, have assembled a group of 18 contributors, mostly from the New York area, to enlarge on several journal articles published in 1993 and to distill, according to Allen Frances in the Foreword, "all that is known about chronic depression." In spite of this obvious overstatement, the book asks interesting questions about chronic depression and generates enough interest in some research areas to wish for a continuous exploration.

The first of nine chapters deals with the diagnosis and classification of dysthymic disorder. The most interesting issue in the chapter is the examination of the relationship between dysthymia and "depressive personality." If we accept the inevitability of future genetic and biological studies, there should be no doubt that Axis I is the right place for dysthymia.

Chapter 2, on dysthymia during childhood and adolescence, concludes that dysthymic disorder is a chronic condition, which is hardly a new finding. Chapter 3, on the comorbidity of dysthymia, reviews the existing evidence and makes an interesting, albeit controversial, point: while accepting the finding that dysthymia rarely presents in the absence of other diagnoses, the author depicts dysthymia as a "primary demoralization" and a foundation for "comorbid disorders such as anxiety." The chapter leaves the reader wondering whether the "comorbid disorders" have a similar or different origin and how the current diagnostic systems deal with symptomatically different but etiopathogenically similar clinical conditions.

Chapter 4 adds even more fuel to this ongoing controversy on the comorbidity of dysthymia. The authors attempt to "differentiate among chronic major depression, dysthymia, and double depression," even though throughout most of the book, the first two conditions are considered to be the same, and double depression, if it indeed exists, is considered to be more an exacerbation of preexisting depressive symptoms. The statements that a large majority of those diagnosed with dysthymia eventually develop a major depression, and that "whenever dysthymia and major depression coexist, regardless of which came first, a unitary phenomenon is occurring," leave one wondering whether a nice game of words is being played.

Chapter 5 presents an instrument considered more sensitive than the Hamilton Rating Scale for Depression for measuring the milder symptoms of dysthymic disorder. Chapter 6 restates the common sense notion that chronic depression and dysthymia produce "considerable social and occupational impairment"; however, as pharmacologic treatment corrects this social dysfunction (true in the experience of many clinicians), the concept of chronicity is challenged, and the reader is left with the question of whether the term *dysthymia* cannot also apply to so-called premorbid personality disorder traits.

The chapter on family and genetic epidemiologic studies presents an interesting historical review of the studies by Hagop S. Akiskal, Donald F. Klein, Daniel W. Goodman, and the Cornell Dysthymia team. The data are scarce but apparently solid enough to postulate that the early-onset form of dysthymia has provable familial transmission.

As far as treatment is concerned, Chapter 8 advocates an aggressive pharmacotherapeutic approach including sequential trials, full dosages, and adequate duration of treatment (at least 6–12 months and probably considerably longer). The logical conclusion is that a combination of pharmacotherapy and psychotherapy is advisable even though literature to justify combined treatment is meager. Incidentally, the chapter blasts psychodynamic psychotherapy and suggests "therapeutic cheerleading" to counter its unproductive neutrality. And in a quasi-tautological tour de force, the authors regale us with a paragraph on masochistic character, perhaps to justify findings of high numbers of patients who have "self-defeating personality disorder" (i.e., masochism) in studies of cognitive-behavioral therapy that investigated "small idiosyncratic samples."

In short, this book delivers mixed messages as it reiterates both pieces of clinical wisdom and lasting and controversial issues in research such as heterogeneity, comorbidity, conceptual distinctions, severity, and diagnostic reliability and validity of chronic depression. Those who read it will, of course, wish to continue studying the topic.

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Treatment of Suicidal People

edited by Antoon A. Leenaars, Ph.D., John T. Maltzberger, M.D., and Robert A. Neimeyer, Ph.D. Washington, D.C., Taylor & Francis, 1994, 249 pages, \$49.50.

Treatment of Suicidal People, containing the contributions from 21 different individuals, including the editors, is written as a handbook for physicians and mental health professionals. It includes the clinical, ethical, legal, and pharmacologic aspects of suicide prevention, intervention, and postvention. The greatest amount of material deals with intervention.

The editors employ an interesting approach in that they open with the case study of Arthur Inman, whose diary of his road to final suicide has been published. They publish excerpts of that diary and then return to the case at the close of their book to consider some of the interventions that were presented in the middle chapters that might have circumvented Inman's suicide.

The first section of those middle chapters presents a clear elucidation of determining a suicidal patient's lethality and, once that is determined, the appropriate intervention procedures.

Several authors describe and explain the treatment approaches that are employed after the initial crisis management has been successfully negotiated. Therapy approaches of the psychodynamic, cognitive-behavioral, and family schools are well covered. Then, several authors consider particular problems that are most likely to be encountered in adolescents, older adults, women, and the seriously ill.

The psychopharmacologic treatment of potentially suicidal patients is clearly presented. A particularly valuable facet of this chapter lies in its explication of the classes of medications that are preferable for use with patients who have different clinical presentations. Authors of excellent chapters explain the factors to be considered concerning hospitalization and make suggestions for good inpatient management.

Those most delicate and often feared issues of litigation are then presented. Practical help is offered on ways to balance the treating therapists' need to employ restraints on suicidal pa-

tients and to allow patients the freedom that is also an important part of therapy. Certainly, all of us find making this decision to be the narrowest line to walk. Neimeyer and Pfeiffer provide an excellent group of remedies for the most common errors committed by professionals in their handling of suicidal patients.

Overall, *Treatment of Suicidal People* is a well-written, researched, and integrated book that should be in the library for everyone who deals with patients.

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Making the Patient Your Partner: Communication Skills for Doctors and Other Caregivers

by Thomas Gordon, Ph.D., and W. Sterling Edwards, M.D.
Westport, Conn., Auburn House, 1995, 240 pages, \$49.95.

When I first began reading this book, my thoughts turned to two topics: (1) Abigail and Brittany Hensel, the twins lately in the news, and (2) the first talk that I gave as a medical student, in 1983. Entitled "Communicating and Counseling," my talk to other medical students would have benefited from this book. Neither my talk nor this book would be necessary if caregivers intuitively knew how to relate ideally to patients, as the twins somehow relate effectively to each other, with their two distinct identities sharing essentially a single body.

This book is well thought-out, presents several novel ideas, and frames everything in an internally consistent and accessible manner. On the negative side, I found the contents relatively basic and, in terms of my own practice with patients whose diagnoses often span the psychiatric/Axis I, personality/Axis II, chemical dependency, and medical realms, incomplete.

In studying this book, I learned some things, reconsidered a few more, and ended up neither argumentatively frustrated nor exultantly enlightened. Other psychiatrists may respond similarly. The ideal target audience will include nonpsychiatric physicians, whose brief rotations on the psychiatric ward will not have prepared them sufficiently to interact effectively with patients bearing symptoms of mental illness in their nonpsychiatric practice. Practitioners who are neither psychiatrists nor physicians may also gain.

The two authors approach the topic of "making the patient your partner" from different perspectives. Gordon, an educator whose trainings have been applied to situations as diverse as management and parenting, emphasizes communication effectiveness. In his chapters (2–6, 12) are examples of such useful skills as "I-messages," active participation, and judicious self-disclosure.

Edwards, Chairman Emeritus of the Department of Surgery of the New Mexico School of Medicine, leans more toward conflict resolution than toward formulaic interpersonal dialogue (Chapters 7–11). In proposing a rehumanization of medicine and other health care specialties, he brings into the present a seemingly antiquated tenet. (I wish I had done surgery rotations in the rarified atmosphere of his department!)

The combination of these philosophies, this book, is more radical in outlook than in what it delivers.

Chapter 1, in almost legalistic detail, explores the reality of the dissatisfied patient. Probably anyone in any health care field has encountered the patient who doesn't feel listened to or understood; the patient who feels cut off or interrupted; or the patient who feels "told" or abandoned. Such patients, as many of us know, are most liable to change caregivers, to not comply with treatment, or to sue. The case is made for the relevance of such a book as this.

In his chapters, Gordon discusses connections with patients, suggesting that one requires a vision of a collaboration before

such a relationship will develop. He cites consensuality, unique responsibilities, willingness to negotiate, and mutual benefit as crucial principles (Chapter 2, page 19). However, his stressing the direct benefits for the patient (improved care) and indirect benefits for the caregiver (happier patient), rather than primary benefits for the caregiver (i.e., enhanced sense of effectiveness, less need for control, greater flexibility in other aspects of life) undercut the applicability of his conclusions.

Chapters 3–6 present ideas about empathic listening, roadblocks to communication, self-disclosure, and conflict resolution, respectively. The sections on empathy, conflict resolution, and roadblocks are straightforward and sound. Though the material about self-disclosure represents a foray into relatively untouched ground, it is limited in its attempt to cover useful areas.

For example, while many practitioners may feel comfortable telling something medical about oneself, in the interest of creating genuine connection with a patient, the entire arena of substance abuse recovery, essential to programs dealing with addicts in a peer counselor setting and also proven useful in a dual diagnosis milieu, is not addressed.

Furthermore, Gordon advocates "I" statements, rather than "you" statements. In the instance of chemically dependent or psychiatrically impaired patients, some confrontation may be necessary to break through denial and foster healthy acceptance of disease, symptoms, and limitations.

Finally, the order of the aforementioned chapters seems illogical. The alternative sequence of empathic listening, self-disclosure, roadblocks to communication, then conflict resolution seems more to the point in developing skills to deal with those settings and issues.

Edwards's chapters proffer more pragmatic, less theoretical, information. Specifically, he models how to discuss adverse diagnoses (with separate chapters on HIV and other terminal illnesses), how to give real hope, and how to infuse meaning into a caregiver-patient relationship.

The gist of self-revelation and the caregiver's possible motivations are here illuminated. When the doctor is real with the patient, the patient responds maximally well, and the doctor feels the most helpful. However, I found the chapter on HIV—though it dealt squarely with homophobia and the ramifications of such bigotry in relationships with people carrying the virus—to manifest its own shadowy disrespect. Why not just group HIV with fatal diagnoses and have an adjacent discussion of the cultural factors involved?

When I had finished this book, I was stimulated to formulate my own guidelines for self-disclosure, empathy versus confrontation, conflict resolution between carers and carees, and collaboration versus consultation models. I would love to debate various points in roundtable forum with the authors and other practitioners.

In offering my own feedback, I would first rename the caree: "patient" automatically evokes authoritarianism because doctors, whether they wield it or not, possess tremendous power and status. Where I work, we call them clients. Other terms might include: residents, customers, or, perhaps, most simply, care partners.

Second, I was left wondering why, despite their persuasive argument about collaboration, the two authors penned separate chapters and didn't more efficiently combine their knowledge into joint chapters. Also, why were the roles of intuition, the feminist ideology of egalitarianism, and the commonsensical attitudes of the unlicensed paraprofessional not more discussed?

Finally, though I appreciated the alternating literary quotes, case examples, and theoretical discussions in service of enhanced practitioner-care partner liaison, the fundamental point was missed. What leaves patients and physicians feeling discon-

nected and dissatisfied seems to relate more to lack of time than to lack of education, intention, or ability. I agree wholeheartedly that increased sensitivity and skill among practitioners will go a long way to improving caregiver-careeceiver relationships. I imagine that practitioners who learn to curtail workaholic tendencies, to challenge discrimination when it is encountered, and to develop their own feeling repertoire are also vital ingredients to bettering the health care field.

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Integrated Psychological Therapy for Schizophrenic Patients (IPT)

by Hans D. Brenner, M.D., Ph.D., Volker Roder, Ph.D., Bettina Hodel, M.A., Norbert Kienzle, M.A., Dorie Reed, Ph.D., and Robert P. Liberman, M.D. Seattle, Wash., Hogrefe and Huber Publishers, 1994, 176 pages, \$49.50.

When his Guards hesitated at the engagement of Kolin on June 18, 1757, Frederick The Great uttered his famous exhortation, "Rascals, would you live forever?" This question may be applicable today, though with a different meaning. Contemporary psychiatry is locked in a dreadful struggle attempting to balance reduced resources with growing patient needs. In the process, long cherished assumptions are being challenged and, when they cannot be shown to be of value, ruthlessly discarded. The battle will go to the side that can show results, and not necessarily to the traditional favorites. As attractive as some proposals are, replicable results are what eventually will convince legislators to adopt one proposal over another.

Given the enormous success that the antipsychotic medications are enjoying, is cognitive and psychosocial therapy a cost-effective option for the 90s? *Integrated Psychological Therapy*, the result of a collaboration between a group of American and Swiss clinical researchers, attempts to provide an answer to this question.

This book has three objectives:

- (1) to present a theoretical structure for the deficits noted in schizophrenic patients
- (2) to link the theoretical model, organized in a hierarchical structure, to a cognitively oriented treatment program
- (3) to provide examples and concrete guidelines for "how to" implement a cognitively oriented treatment program.

The work is based on the theory that schizophrenic patients have deficits at various levels in the hierarchy of behavioral organization, with deficits at one level interfering with functioning at the next higher level. Micro level defects in cognitive functioning result in intermediate level difficulties in social skills, which, in turn, result in macro level defects in information processing and coping strategies. The book outlines the authors' techniques for their cognitive rehabilitation programs. The goal of integrated psychological therapy is to reverse the cascade: improving the quality of the patients' information processing and perceptual skills, social perception skills, interpersonal problem-solving skills, and ultimately overall psychosocial function.

This rehabilitation manual was originally published in German in 1988. It was then revised and translated into English for the 1994 publication. The text is composed of eight chapters varying in length from 4 pages to 43 pages. The chapter titles are indicative of the content, organization, and interest level likely to be aroused in the general reader, and range from "The Fundamentals of an Integrated Therapy of Schizophrenia" and "Implementation of the Therapy Program" to "Diagnostic Instruments for Differential Indication and Therapy Assessment" and "Description and Discussion of Empirical Studies to Date."

In the back of the book is an IBM PC diskette enabling the owner to print out the forms discussed in the appendix. On the cover is a beautiful color illustration of an imaginary asylum for the schizophrenic Adolf Wolfli (1864–1930). The art is striking! Though printing errors occurred on pages 33, 63, 127, and 141, the book is generally free of errors and professionally printed. The lack of an index is particularly felt in a book in which so many theoretical constructs will be unfamiliar to many Anglo-Saxon readers.

The model and the program that derives from it are laid out in a methodical way with a meticulous attention to detail. The book and its accompanying diskette provide all the materials needed to plan and launch a campaign. However, whether volunteer or conscript, one might wonder whether the battle is worth the cost (cf. Green M. What are the functional consequences of neurocognitive deficits in schizophrenia? *Am J Psychiatry* 1996;153:321–330). The question does not have an easy answer. It is certainly true that despite the demonstrated value of the neuroleptic medications in treating schizophrenia, treated patients are commonly left with terrible residual deficits that interfere with their ability to integrate into the community, form meaningful relationships, or set and achieve personal goals. For far too many schizophrenic patients, the term *quality of life* is a sad oxymoron. The hope that psychosocial interventions might augment the response to medication in these patients is an admirable one. However, the empirical basis for the authors' approach is a single controlled trial of 43 patients. The patients did show some significant short-term gains in cognitive skills, but the expected improvement in psychosocial function did not occur. More work is clearly needed before the model can be said to have been fairly evaluated.

We have several other concerns: Inexplicably the book does not cite any of the works of Carlo Perris, M.D., including his seminal 1989 book *Cognitive Therapy With Schizophrenic Patients*, which distills and organizes much of the thought and work in the field up to 1989. In addition, the enormous variation in chapter lengths gives readers a somewhat jerky ride. The style of the translation is serviceable and clear, but the therapy transcripts have an oddly stilted quality. It's difficult for the reader to become engaged. Finally, biologically oriented psychiatrists and psychologists will likely not feel completely at ease in their passage through the book. The biologically oriented like either to build upon a solid scientific base or, if upon a theoretical base, to erect on that base a structure that can then be tested (such as the Watson-Crick model for DNA structure). As raised in the Foreword, "Behavior Therapies . . . were successful modifying the behavior of patients in the short run, but . . . there were serious problems with sustaining these gains or generalizing them to real world situations." One may wonder about the long-term gains with the authors' approach too!

Frederick was a noted proponent of discipline. He wrote, "Unless every man is trained beforehand in peacetime for that which he will have to accomplish in war, one has nothing but people who bear the name of a business without knowing how to practice it." In like manner, Dr. Brenner and colleagues' book, too, has the deliberate intent of "training the troops thoroughly" before they go forth to cognitively rehabilitate the schizophrenic patient. This monograph sets the stage for a new plan to rehabilitate these patients; the future will tell to what extent the investment of human resources in this domain has been successful.

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