

Book Reviews

Michael H. Ebert, M.D., Editor

Interpersonal Psychotherapy for Dysthymic Disorder

by John C. Markowitz, M.D. Washington, D.C., American Psychiatric Press, 1998, 184 pages, \$32.50.

Under the current pressures of managed health care, the cost-effectiveness of treatments is a significant consideration for the practicing psychiatrist. *Interpersonal Psychotherapy for Dysthymic Disorder* provides a solution for treating some chronically depressed patients: time-limited psychotherapy based on traditional interpersonal therapy for depression,¹ but tailored to the treatment of dysthymia.

Regardless of the disorder being treated, interpersonal therapy starts with an emphasis on nonspecific factors central to many forms of psychotherapy: a ritualized therapeutic setting, an emotionally immediate alliance between patient and sympathetic therapist, optimism on the part of the therapist, and opportunities for the patient to experience success. More specific to interpersonal therapy is its focus on 4 interpersonal problem areas: grief, role disputes, role transitions, and interpersonal deficits. By limiting interpersonal therapy to 16–18 sessions, both patient and therapist are forced to work quickly and efficiently.

Markowitz's greatest contribution in this manual is showing how to overcome the apparent contradictions between the fundamental tenets of interpersonal therapy and the specific requirements of dysthymic patients. The author details 4 challenges the clinician faces when using interpersonal therapy to treat dysthymia. First, interpersonal therapy focuses on acute precipitants of current distress, which may seem to be missing in the case of dysthymic patients, whose distress typically starts long before treatment is sought. Second, dysthymic patients may find it hard to remember past times when they were euthymic, making it difficult for them to retain a sense of hope.

Third, the therapist must be able to help dysthymic patients realize that their dysthymia is not a reflection of immutable personality characteristics, but rather is a medical disorder that can be alleviated. Finally, Markowitz maintains that this disorder should be treatable within the same number of sessions of interpersonal therapy as typically used for treating depression, a premise that may initially seem unrealistic to many therapists. For each of these challenges, he provides a compelling response, along with specific methods for using interpersonal therapy with dysthymic patients.

Throughout the book, the author presents a balanced view of the strengths and limits of interpersonal therapy. For example, he notes that currently pharmacotherapy is a better proven treatment for patients with dysthymia than is psychotherapy, with at least half of dysthymic patients responding to antidepressant medication.

In addition, appendices contain useful materials for educating patients and their families about dysthymia, and rating scales provide a means for monitoring patient progress. Ample case materials give concrete illustrations of using interpersonal therapy with dysthymic patients, and a chapter on complex

cases suggests alternatives for patients not responding to monotherapy.

As Markowitz notes, "Dysthymic disorder is frequently misunderstood, underdiagnosed, and mistreated" (p. 18). This volume provides significant help to correct that situation.

REFERENCE

1. Klerman GL, Weissman MM, Rounsaville BJ, et al. *Interpersonal Psychotherapy of Depression*. New York, NY: Basic Books; 1984

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Trauma, Memory, and Dissociation

edited by J. Douglas Bremner, M.D., and Charles R. Marmar, M.D. Washington, D.C., American Psychiatric Press, 1998, 429 pages, \$54.00.

Traumatic experience is integral to the human condition, sadly as much a commonplace in the modern and so-called "civilized" world as it was in medieval, ancient, or prehistoric ages. Any violent action, whether imaginable or unimaginable by the human mind, has probably been committed by the human hand. Acts of man (and it is usually men) are as blameworthy as acts of nature, in times of peace as well as times of war.

Given these widely accepted premises, it is regrettable that so much controversy surrounds the topics under study in *Trauma, Memory, and Dissociation*. This book is devoted to demonstrating the editors' and authors' collective conviction that trauma causes dissociative symptoms and leads to extraordinary mechanisms of forgetting (or repressing) and remembering. Although the relationships among trauma, memory, and dissociation are not held out to be exclusive, they are represented as particularly prevalent.

Portions of the book were first presented in a 1993 symposium organized by Frank Putnam and J. Douglas Bremner, inspired by Pierre Janet's late 19th century formulations of trauma and dissociation. The collection of papers here is inaugurated by John Nemiah's learned examination of early concepts of trauma, dissociation, and the unconscious, starting with Janet and Freud. Then follow several chapters reviewing selected literature on trauma, memory, hypnotizability, dissociation, and somatization, along with a discussion of peritraumatic and post-traumatic symptomatology.

Although students of these subjects are likely to find useful ideas, the editors have not provided a readily understood structure for the book, so it will be difficult for many readers to evaluate the mass of data contained within it. Even at the most superficial level of organization, it is difficult to distinguish one topic from the next. The chapter titles follow the model estab-

lished by the book's title, creating an awkward cascade of triads, so that "Trauma, Dissociation, and the Unconscious" is followed by "Hypnosis, Dissociation, and Trauma," after which comes "Trauma, Dissociation, and Hypnotizability," and so on throughout the book. In the absence of a logical frame or cogent format, the reader is left with the confusing impression that everything is correlated with everything else.

Most disappointing is the way the book sidesteps the interesting and difficult debates over the interpretation of the data. The authors appear to prejudge their subject. Are dissociative disorders genuinely the most common sequelae of trauma? Recent reviews, such as the excellent one by Yehuda and McFarlane,¹ suggest that the human response to trauma is at least as diverse and wide ranging as the human capacity to beget trauma. In fact, the most common result after catastrophic trauma is to develop no diagnosable psychiatric disorder at all, a tribute to human adaptive capacity.

Surely there are other noteworthy outcomes in those individuals overwhelmed by trauma, such as mood disorder, anxiety, and psychosis. Yet such illnesses are distinctly de-emphasized. It is also puzzling, in a book where dissociation is a central topic, how there could be no careful look at modern conceptions of consciousness or the self (see, for example, Humphrey and Dennett²). Areas of controversy are mentioned only in passing and with little of the heat of the arguments conveyed. At a minimum, the book begs for more cohesion and less redundancy, along with a clearer explication of the underlying biases of the writers.

The clinical observations sprinkled through the book appear overly broad. For example, "Both somatization and dissociation may be more likely to occur when there has been chronic empathic failure and emotional misattunement in relationships with caregivers during important developmental periods" (p. 174). Treatment suggestions are oversimplified and formulaic, perhaps because of space constraints, but ultimately provide little guidance for managing a very complex and multifarious population. One holds out hope throughout the book that the final chapter, "Trauma, Memory, and Dissociation: An Integrative Formulation," will provide the cohesion sought for throughout. Unfortunately, this chapter disappoints. The peregrination ends with the authors bringing little that is conceptually new home from the hunt.

REFERENCES

1. Yehuda R, McFarlane AC. Conflict between current knowledge about posttraumatic stress disorder and its original conceptual basis. *Am J Psychiatry* 1995;152:1705-1713
2. Humphrey N, Dennett DC. Speaking for our selves. In: Dennett DC, ed. *Brainchildren: Essays on Designing Minds*. Cambridge, Mass: MIT Press; 1998:31-58

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Abortion Facts and Feelings: A Handbook for Women and the People Who Care About Them

by *Nada L. Stotland, M.D.* Washington, D.C., *American Psychiatric Press*, 1998, 199 pages, \$23.95.

Every primary care physician; high school, college, and pastoral care counselor; and psychiatrist who works with women and families should have at least 2 copies of this book—1 for

themselves and 1 to lend to the person who seeks their guidance as they struggle through the decision of abortion. Stotland's book is very readable and refreshing in its clarity and lack of condescension to lay readers who want credible responses and information about abortion they can mull over without feeling judged.

Aside from a brief section on the author's perspective in the preface of the book, Dr. Stotland removes her physician persona from the text. Instead, she begins with 4 powerful words, which become a kind of mantra: "You are not alone." This approach creates for the reader an unseen and knowledgeable voice of wisdom, a "someone"—shaped by the reader's individual needs and expectations—who cares unconditionally and speaks directly to the reader about the most salient issues involved in what is a profound life-altering decision. This voice of wisdom speaks to the 15-year-old girl and the 40-year-old woman, the woman of means and of poverty, the happily married woman who accidentally conceives and the daughter who is a victim of rape or incest. It is a healer's voice that reaches out to girls and women of any ethnicity and to the people who care about them.

The book is organized into 2 sections: section 1 contains 9 chapters "For Women . . ." and section 2 includes 3 chapters for ". . . The People Who Care About Them." The first 9 chapters address the most common questions women have about abortion: How long can I wait before I have to make a decision? How common is it? Who gets one? How will it affect me and how should I approach this decision? What are my options besides abortion? What are my legal rights? What are my moral, religious, and ethical responsibilities? Who do I need to see for medical advice and help? Where can I go for an abortion and how much will it cost? What kind of procedure will I have to go through? What are the risks? and What will happen to me and my loved ones afterward? Stotland's responses strike a sound balance between giving practical, up-to-date information and options that the reader can consider to make an informed choice. She neither sits on the fence and washes her hands of guiding the reader toward an informed decision, nor does she proselytize for women to choose the one right or best answer. While I apologize for the mixed metaphor, it does describe what many clinicians and counselors do when faced with counseling patients or clients as they face profound life-changing health decisions—we educate, but then absent ourselves from the therapeutic relationship which requires that we remain engaged with persons we serve.

The final 3 chapters address the concerns of people most likely to be involved with the woman facing a problem pregnancy: the man (or men) involved in the pregnancy, who may or may not be the father; the woman's father, mother, children, siblings, relatives, and friends; and the professional counselor from whom she may seek guidance. The book provides a succinct description of typical responses, possible coping strategies, and legal rights and what not to do. It also discusses incest, poverty, and single-parent families. While I would have liked a bit more detail on a few of the topics in section 2, this is a handbook and a beginning guide, and Stotland appropriately includes a resource directory and references for further reading for both the lay and professional reader.

This is an excellent and practical resource book for the clinician and counselor whose work involves women and families who face a problem pregnancy and the difficult process of choosing abortion. It is also an excellent resource for women and families involved in making a decision about abortion.

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