

Highlights of this issue

BY MARY CANNON

“Good psychiatry is a blend of science and story”. So begins a special section of this month’s *Journal* devoted to psychotherapy. A selection of nine papers, edited by Jeremy Holmes, illustrates the “changing culture” of this sub-speciality, emphasising “evidence-based psychotherapy” and areas for future research.

TALKING ABOUT COUPLES

Leff *et al* (pp. 95–100) present results from a randomised controlled trial showing that for depressed people living with a partner, couple therapy is more acceptable, just as efficacious, and no more expensive than antidepressant medication.

TALKING ABOUT PSYCHOSIS

Turkington & Kingdon (pp. 101–106) highlight what can be achieved by general psychiatrists using brief, focused, technique-oriented approaches for patients with psychosis. Although based on small numbers, this study showed significant benefit from cognitive-behavioural techniques over a befriending approach in just 3 hours of therapy over 8 weeks.

TALKING ABOUT CANCER

Bloch & Kissane (pp. 112–116) describe two new approaches in psycho-oncology; family grief therapy for families in which one parent is terminally ill, and cognitive-existential group therapy for women with early-stage breast cancer. They emphasise the importance of developing specific

psychotherapeutic approaches to meet particular clinical needs.

WHEN A ‘THERAPEUTIC’ COMMUNITY ISN’T

Chiesa *et al* (pp. 107–111) investigate why individuals leave a therapeutic community before treatment has been completed. Qualitative analysis of interviews with ‘drop-outs’ from the in-patient programme at the Cassel Hospital identified problems in key areas such as staff–patient relationships and treatment organisation, and revealed that a dominant subgroup of patients engage in bullying and intimidation. This useful exercise may have important implications for clinical practice.

FEAR AND SHAME IN PTSD

Adshead (pp. 144–148) makes the somewhat surprising assertion that clinicians are as likely to see people with post-traumatic stress disorder (PTSD) as schizophrenia. Her review of psychological therapies for PTSD finds that therapies addressing fear reactions are more effective than those addressing symptoms based on shame. She concludes that most people with PTSD can, and should, be treated by general psychiatric services.

MEASURING THE UNMEASURABLE

Margison *et al* (pp. 123–130) seek to disprove the myth that psychotherapy cannot

be measured. The authors advocate a model of professional self-management or “practice-based evidence” via an infrastructure of Practice Research Networks.

TREATING THE UNTREATABLE

Psychiatrists have been criticised publicly for evading the treatment of personality disorder. In a timely review, Bateman & Fonagy (pp. 138–143) conclude that personality disorder can indeed be treated effectively with psychotherapy, but they acknowledge that research into this important issue has many difficulties, not least the “chaotic lifestyles” of the client group. Guthrie (pp. 131–137) makes the case for more research into psychological therapies for patients with complex disorders and chronic problems.

CRAYFISH, MONKEYS AND NEUROBIOLOGY

Gabbard (pp. 117–122) presents a fascinating and wide-ranging review of the neurobiological basis for psychotherapy that encompasses the social life of crayfish, the therapeutic effects of ‘supermum’ monkeys, and the observation that patients often remember their therapist’s jokes better than their formulations.

TREATING SCHIZOPHRENIA, IN A NUTSHELL

Sullivan *et al* (pp. 174–178) report that patients with schizophrenia in Micronesia who chew betel nuts have significantly lower ratings of positive and negative symptoms than ‘non-chewing’ patients. This association may be mediated by the muscarinic agonist effect of betel nut alkaloid. However, more research is needed before betel nuts become part of our standard treatment for schizophrenia!