



## review

### Clinician's Quick Guide to Interpersonal Psychotherapy

Myrna M. Wiessman, John C. Markowitz & Gerald L. Klerman  
Oxford University Press, 2007,  
US\$29.80 pb, 208 pp.  
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The authors categorise their guide as a 'how to' book – to those unfamiliar with interpersonal psychotherapy it will be a revelation, laying out the essence of this therapeutic approach, references to different therapies abound.

Interpersonal psychotherapy was developed in the USA in the 1970s by Gerald Klerman, Myrna Weissman and colleagues. It originated from an attempt to design a structured supportive psychotherapy for a randomised clinical trial of treatments for depression. The history of interpersonal psychotherapy

mirrors the therapy itself – it is a pragmatic approach to helping individuals master their difficulties by developing new relationships and by learning to recognise their own emotional responses.

Section one on how to conduct interpersonal psychotherapy describes all the nitty-gritty, from an initial detailed history which includes extensive attention to the patient's relationships using the 'interpersonal inventory,' through diagnosis, 'prescribing the sick role' and treatment formulation. Therapist and patient agree a focus for treatment identifying the presenting interpersonal problem as stemming from one of four possible areas: grief, interpersonal disputes, role transitions or interpersonal deficits. Clinical vignettes illustrate work with these problem areas, providing information on therapeutic techniques such as non-directive exploration, direct elicitation, encouragement of affect,

clarification, communication analysis, decision analysis and role-play.

Further sections describe the evidence base for adaptations of interpersonal psychotherapy for individuals with other mood (various types of depression) and non-mood (e.g. anxiety and eating) disorders and across cultures.

The authors give a concise account of interpersonal psychotherapy as a structured time-limited therapy. The book is intended for both practising psychotherapists and those who want to train as a therapist. If you have been interested by interpersonal psychotherapy, but haven't been quite sure what it really involves, then this is the book to read.

**Anne Nightingale** Consultant Psychiatrist in Psychotherapy, Lansdowne Clinic, 3 Whittingehame Gardens, Great Western Road, Glasgow G12 0AA  
email: anne.nightingale@ggc.scot.nhs.uk

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## miscellany

### Writing the College's history

My views of British psychiatry over the past 200 years have changed slightly through writing this book. I am now more sceptical about some of our achievements, though there have been many, and major, advances in trying to help those with mental illness. This account of the College and its forerunners tries to give some account of those shortcomings as well as successes. No psychiatrist can be proud of the masturbatory theory of mental illness 150 years ago, or the uncritical use of leucotomy 50 years ago. I have put much detail in the online archives since no one would have welcomed a second volume consisting solely of appendices and those who browse through them will find occasional obscure revelations; for example an account of the pre-College insurrection (1968–1972) by trainee psychiatrists and the disgraceful way they were treated by the Council of the Royal Medico-Psychological Association, or the account of psychiatrists'

enhanced pensions (1910–2030) which should be of interest to Andrew Scull. In our archives I found much less written by patients about ourselves than our views of patients and their illnesses. One splendid online archive can only partially remedy this.

I can summarise my current views which are that psychiatry must remain a branch of medicine and should be based on science. Diagnosis is uncertain and mental illnesses still attract stigma. Treatment options remain limited and symptomatic and bizarre illnesses have attracted bizarre treatments in the past. Even now, psychiatric illnesses can show such stubbornness to treatment that they expose our ignorance of their pathology and aetiology, and can sometimes arouse aggressive reactions in baffled and frustrated therapists. Some treatments do not work and placebo responses can be effective. The education and training of all who work with the mentally ill should seek to achieve a humane, kindly but sceptical and scientific approach. The asylum tradition carried out humane

treatment for an outcast group and Arthur Ashley Cooper, the Seventh Earl of Shaftesbury, was the paragon for the 19th century. Rational psychiatrists at the hospital that bears Maudsley's name were the most important influences in the UK in the 20th century. The theories of Sigmund Freud still affect the way we all think and have a part to play in psychotherapy. The 21st century has started with the National Health Service undergoing ever more rapid reorganisations and pressures to reach targets. Psychiatrists in all their manifestations in this century should follow in the footsteps of giants such as Shaftesbury and Crichton-Browne in the 19th century and Mott, Mapother, Lewis and their followers in the 20th century. I end by saying that if the reader has not already bought a copy of *Madness to Mental Illness*, they should do so at once as they will find much to ponder.

**Thomas Bewley**

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