

Group Psychotherapy for People With Chronic Mental Illness

by Walter N. Stone, M.D.; New York City, Guilford Press, 1996, 220 pages, \$33

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It is refreshing to see a book that deals with chronic mental illness and, even more, one that undertakes to seriously develop the idea of longer-term maintenance psychotherapy. Current trends in service delivery have focused on treatment of specific disorders and have emphasized shorter time frames. Every clinician is aware that there is a cohort of seriously dysfunctional patients with various diagnoses who do not respond to time-limited interventions, yet can be assisted in a gradual process of stabilization and maintenance in the community with decreased use of intensive care. This book is devoted to that population and is of value to the range of mental health clinicians who are involved in various aspects of their care.

Dr. Walter Stone is co-author of a widely used text on group psychotherapy (1) and is a past-president of the American Group Psychotherapy Association. His approach has been refined over several decades of experience in leading groups for chronically mentally ill patients in the University of Cincinnati system, where he is professor of psychiatry. His orientation is eclectic: a psychodynamically informed use of supportive techniques that are respectful of the patient's actual behavioral needs. A group format is considered the preferred modality because of the interpersonal support and social learning that can be promoted.

Stone's definition of "chronic mental illness" is an encompassing one. Specific diagnoses are considered less important in patient selection for group psychotherapy than are the in-

dividual's functional needs. Thus patients with schizophrenia, bipolar illness, recurrent depression, and dysthymia are felt suitable, as are poorly functioning patients with personality disorder. This approach is mildly radical and not in common use. However, the author makes a convincing case on the basis of the major problems with daily living, the sense of hopelessness, and the demoralization that characterize all chronically ill patients. Having group members with a variety of diagnoses allows a broader range of input from the members about how to address the effects of their illness on quality of life.

The first five chapters provide useful overviews that locate this kind of group within historical and theoretical contexts. The impact that social relationships have on chronic illness is thoughtfully reviewed. An overview of small-group dynamics reminds the clinician that the group can form an active environment, not just an unresponsive class to be directed. A particularly helpful discussion focuses on the relevance of the expressed-emotion literature about affect tolerance and the therapist's responsibility to strive to create an optimum group atmosphere. These chapters broaden the clinician's perspective to the extended influences involved in this kind of group work.

The structure of the groups incorporates several strategic dimensions. The group is described as "flexibly bound" with a core of regular attendees and a periphery of others who attend at irregular and to some extent unpredictable intervals. The frequency of attendance is negotiated as part of the group process. Thus the group may act as a "container" for a sizable caseload. Extragroup socialization is actively encouraged as a means of combating isolation and social withdrawal. Both coffee and young children may be found in the sessions.

Medication management is incorporated into the sessions, providing a convenient and cost-effective method of enhancing compliance.

One chapter focuses on initiating group programs for chronically ill patients. It provides an important perspective because lack of careful planning often lies behind problems in getting such treatment off the ground. Following is an in-depth discussion of the foundations of supportive psychotherapy, which is becoming increasingly recognized as an underserved neglected approach (2). A central theme is setting realistic goals that correspond to the stage of the illness and the resources available to the patient. Strategies for self-management of affect and behavior form a key portion of this approach. These same issues are reflected in clinicians' countertransference reaction to patients' difficulty in establishing a therapeutic alliance. They must be recognized and addressed lest they sabotage the therapeutic process.

A highlight of the book is the in-depth discussion of therapeutic planning and specific strategies. Standard techniques of psychoeducation and practical problem solving for daily concerns are, of course, central. However, Stone goes far beyond these areas in applying his expertise in both group dynamics and self-psychology as revealed in his empathic attunement to the unexpressed needs and unspoken hurts and disappointments that chronically ill patients endure.

A particularly interesting section deals with the identification of the predominant group metaphor at any one point in time. The author writes, "Much communication takes place via metaphors. Patients respond to a stimulus that evokes affect . . . and they comment upon their feelings through metaphors. The most difficult feelings for patients to manage are those stimulated in the transferences and here-and-now interactions within the group. The therapist's tasks are to 'hear' and understand the communication and decide in what manner to intervene." A focal thera-

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peutic goal is the slow process of developing the ability to put these inner states into words rather than actions.

Stone does not emphasize the point, but this type of supportive, goal-directed, and problem-solving group may have a broad application in service delivery systems for those with other long-standing difficulties, such as patients dealing with chronic medical illness. Many of the patients described in the book have limited, if any, family connections. Nonetheless, the scope of the material could be expanded by a section building on the expressed-emotion material and involving families when they are available.

This book is highly recommended for mental health clinicians involved in the care of patients with chronic conditions. The group modality is the preferred approach to such problems and offers clear advantages over individual therapy, which is commonly provided in a very brief, symptom-

cused format. Groups offer an effective and efficient method of providing more comprehensive care, including management of medications.

Stone has written a book that reflects his long experience with a range of psychotherapy groups and applies it to a desperately needy and often neglected patient population. Above all, he approaches the task as a sensitive and concerned clinician trying to provide practical help to patients mired in complex medical, personal, and social circumstances. This perspective is reflected in his decision to close the book with a series of sometimes poignant comments provided by group members themselves.

References

1. Rutan JS, Stone WN: *Psychodynamic Group Psychotherapy*. New York, Guilford, 1993
2. MacKenzie KR: *Time-Managed Group Psychotherapy: Effective Clinical Applications*. Washington, DC, American Psychiatric Press, 1997

Treating Eating Disorders

edited by Joellen Werne, M.D.; San Francisco, Jossey-Bass Publishers, 1996, 432 pages, \$34.95

Brief Treatment and Eating Disorders: A Practical Guide to Solution-Focused Work With Clients

by Barbara McFarland; San Francisco, Jossey-Bass Publishers, 1995, 290 pages, \$30.95

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Both these recent books on the complex topic of treatment of eating disorders begin by addressing the current changes in the mental health world and specifically the challenges of working within the managed health care orbit. In his foreword to *Treating Eating Disorders*, Irvin Yalom writes that every aggregate of therapists would concur that astounding changes are looming for the profession and that managed care, in its efforts to contain costs, has asked thera-

pists to deliver a briefer, focused therapy. In *Brief Therapy and Eating Disorders*, Barbara McFarland describes how she was becoming frustrated by the bureaucratic demands of managed health care companies and then learned from a colleague that she was in danger of losing referrals because of the length of her treatments—hence her investigation of briefer methods of therapy.

Treating Eating Disorders is one of the Jossey-Bass Current Clinical Technique series on treatment techniques edited by the esteemed Irvin Yalom. Joellen Werne, the book's editor, is a clinical associate professor of psychiatry at Stanford University

School of Medicine who has worked with eating disorders for the last 20 years. She has assembled an interesting collection of papers on current, differing methods of treating eating disorders in both inpatient and outpatient settings.

Each chapter has a clearly enunciated theoretical framework followed by a detailed case presentation. I particularly liked the presentation of one case in detail rather than a series of clinical vignettes. Although much of the material is familiar by now, the book is well written and instructive.

Several papers are of particular interest. Two English authors, Rachel Bryant-Waugh and Bryan Lask of Great Ormond Street Hospital for Children, write about the treatment of a 12-year-old girl with anorexia nervosa. More and more often we see younger children with serious eating problems; the need for information about them in a general book on eating disorders is crucial, as these children are not always treated on specialized units.

Kathryn Zerbe of the Menninger Clinic writes of how she worked with a managed care company to obtain enough benefits to treat a young patient with a long-standing eating disorder who had already received a great deal of treatment. Although the treatment was not brief, this fascinating and useful paper addresses the contemporary realities of working with disturbed patients, including such issues as confidentiality between therapist, client, and case manager. Zerbe also describes her dilemma when the insurance company wanted the patient to take medication and the patient was reluctant. These are the new struggles facing mental health clinicians today, and we need to discuss them and find creative ways to handle them.

Bruce Arnow's chapter on a nine-month cognitive-behavioral treatment of a woman with bulimia gives a very clear picture of his work with her and her success in leaving behind her symptomatic behavior. The client had been purging several times a day for approximately 15 years, so her behavior was entrenched, but she did not

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