Treatment for Chronic Depression: Cognitive Behavioral Analysis System of Psychotherapy

By James P. McCullough, Jr., and Marvin R. Goldfried
New York, Guilford Press, 1999, 300 pages, ISBN 1-57230-527-4, $35.00

Reviewed by James M. Claiborn, Ph.D., ABPP

McCullough anad co-author Marvin Goldfried have produced a treatment manual for the Cognitive Behavioral Analysis System of Psychotherapy (CBASP), a new form of therapy for chronic depression. Many readers may be deterred by the description of it as a treatment manual and conclude that it is not of any further interest. Some authors have held that the trend toward manualized approaches to therapy is a bad thing for psychotherapy and leads to impoverished and perhaps hopelessly ineffective treatment.[1] Those of us trained in cognitive behavioral models accept and value the movement. However, cognitive therapists might ask why we would need a new manual on treatment of depression. After all, didn't Beck[2] set the standard for treatment manuals with the classic *Cognitive Therapy of Depression*? Furthermore, hasn't cognitive therapy demonstrated its efficacy in treatment of depression? This book speaks to these questions and makes it clear that is has an important place because it offers a new conceptualization that is testable and appears to be an effective method for treating patients with a frustrating, resistant, life-threatening condition.

McCullough points out that neither standard cognitive therapy using Beck's model nor interpersonal therapy was specifically designed to deal with chronic depression. The book summarizes outcome data, which show an impressive response rate for CBASP especially when combined with antidepressant medication. The model of therapy is based on an etiological theory of chronic depression that is deceptively simple. McCullough first explains what led to development of the model he will work with throughout the book. He draws from Piaget and argues that the chronically depressed are functioning at a preoperational level of cognitive processing. This leads to patients not connecting their actions with the consequences in their lives. This disconnection is the fatal flaw in chronic depression, leading to the hopelessness and helplessness that characterize the disorder.

According to McCullough, individuals with early-onset chronic depression have never reached a stage of formal operations, and those with late-onset chronic depression have lost the ability to think this way in interpersonal contexts. The goal of therapy in part, then, is to drag the patient to the point where he can function using formal operations and so understand the consequences of his own behavior. McCullough offers tools to facilitate this change and conceptualizes the learning that must take place in the language of operant conditioning. Motivation to change is elicited by skillful use of negative reinforcement.

The principal technique of CBASP is the situation analysis, or SA. The book spells out in detail what is involved in conducting SAs and the rationale for each step. McCullough frequently points out mistakes of novice CBASP therapists and the traps that anyone trying to do this type of therapy will encounter. The most common one is doing the work for the patient. He simply enjoins us not to do it. The reader is given examples and specific questions to use in conducting the SA as well as a method to evaluate the patient's progress in learning to do these on his own.

We are led to understand that only by therapists' shaping behavior and applying consequences, primarily in the form of negative reinforcement, will patients learn how their behavior affects their environment and begin to think in the formal operations mode. Only then will they realize they have the power to achieve their own desired outcomes in life and begin to relate to others in an empathetic way.

Those of us who have cognitive-behavioral backgrounds do not focus on transference and will find McCullough's model and discussion clear and useful. My guess is readers with psychodynamic backgrounds will find his ideas disturbingly simplified. The therapy model does include the idea that learning from earlier relationships is played out in the therapy relationship. McCullough does suggest developing a hypothesis about how this will happen, based on data gathered in an early session. Unfortunately, he does not explain how to formulate the hypotheses.

When transference hot spots do occur in session, the therapist uses the opportunity to teach the patient to discriminate between the different relationships. This is called an Interpersonal Discrimination Exercise or IDE. As in the SA, we are applying

consequences to the patients' behavior in order to teach them how their behavior affects others and to lead them toward interacting with others in an empathetic formal operational manner.

McCullough brings in a unique idea about use of the therapist's self in the therapy. He describes Kiesler's model of interpersonal interactions. Using this model and a measure of interactions, the Impact Message Inventory, McCullough describes how the typical chronically depressed patient will interact, and the pulls for the therapist to respond in certain ways. However, the response must not be the automatic one because that will lead to failure of the therapy. Instead, a disciplined use of self in the therapy, guided by an understanding of the psychopathology, is recommended.

Let me end where I began: Do we need another treatment manual? McCullough reflects that the experience of treating the chronically depressed can be likened to pouring energy down a black hole. Since he has a new model and a method with which to approach this needy population, and the evidence seems to suggest it may work very well, I for one am encouraged and feeling less hopeless already. My answer is a resounding yes.

Dr. Claiborn is a psychologist in private practice and a partner in Manchester Counseling Services PLLC, Manchester, NH.

REFERENCES

1. Silverman WH: If it's Tuesday with depressive symptoms it must be cognitive-behavior therapy. Psychotherapy: Theory/Research/Practice/Training 1999; 36:317–319
2. Beck AT, Rush AJ, Shaw BF, et al: Cognitive Therapy of Depression. New York, Guilford, 1979

The Psychoanalytic Mystic

By Michael Eigen
London, Free Association Books, 1998, 220 pages, ISBN 1-85343-398-5, $30.00

Reviewed by Victor L. Schermer, M.A., C.A.C.

As we all know, Freudian psychoanalysis early rejected a spiritual and mystical understanding of the unconscious (should we be bold enough to say it was split off and suppressed by Freud and his analytic Establishment?), even though mysticism and notions of "the uncanny" had influenced Freud significantly in his early speculations. The "numinous" dimension then became the province of Jung and his followers, some of whose insights, however, have unfortunately tended to be formulaic in terms of mythical archetypes rather than dynamic in terms of the core sense of self. In recent decades, object relations theorists have begun cautiously to incorporate mystic and religious thinking into their search for the essential aspects of the human psyche. Into this project, Michael Eigen has leapt with a daring attempt to reclaim the Grail.

Eigen's book, *The Psychoanalytic Mystic*, is a collection of essays (some previously published and some new) that use the work of seminal psychoanalytic thinkers such as Marion Milner, D.W. Winnicott, W.R. Bion, and Jacques Lacan to argue that somewhere in the very essence and core of the human psyche is the ultimate Emptiness and Fullness of God. Like those physicists who have looked to the uncertainty principle and other aspects of quantum mechanics for evidence of a cosmic consciousness, Eigen seeks psychoanalytic concepts wherein a trace of the godhead might be found. (This is not to say that he professes a belief in a personal God—Eigen is open to various interpretations of spirituality and is more interested in the "dance" than in any ultimate conclusions.) In Winnicott's "true self," for example, Eigen sees a place of divine (spiritual) madness. In Bion's notion of "O," which signifies the unconscious "thing-in-itself," Eigen finds the emptiness and otherness that paradoxically fill and enlighten our being. In Lacan's *jouissance*, Eigen sees the holy joy of living that comes from relinquishing desire and accepting absence or lack as a signifier. Winnicott and Bion, I suspect, would look benignly on Eigen's efforts, but Lacan would not, I think, have any part of it; although I must say that I myself was impressed with Eigen's efforts regarding Lacan.

The leitmotif running through Eigen's book is the experiencing of God, not necessarily as a Being outside the self, but in our individual and collective lives, in the joys and agonies of the life and death of the self. (For example, he discusses the biblical Jacob alongside Joyce's Leopold Bloom.) In this respect, Eigen considers that psychotherapy has its own unique value distinct from various meditation practices, and he presents cases in which meditation produced increased spiritual awareness but not necessarily the changes in the lived life to go along with it. The therapy encounter allows both therapist and patient (and Eigen is adamant that the therapist as well as the patient must experience transfor-

mation) to experience fullness and emptiness, life and death through each other—and, via an internalization process, to experience a shift in object relations that makes spirituality vital on an everyday basis. For the dimensions of life and fullness, Eigen looks to Winnicott and Buber, and for the encounter with emptiness and death, he finds insights in Bion and in Buddhism. In an interesting side essay on the fiction writer Flannery O'Connor, he suggests that going to the edge of death and the raw awareness of one's flawed being is necessary for life in its fullness. O'Connor's characters are pathetic in their frailty, yet they embody our common humanity, and they have (oh so barely!) the possibility to be redeemed.

If the book has trouble succeeding as a proof of the existence of God as a metapsychological axiom, which it sometimes seems to want to accomplish, what it does admirably is to stimulate serious thinking about how psychoanalytic concepts might be integrated with the reviving spirituality of our time, whether in Judeo-Christian, Buddhist, or other traditions. And it does so with deep compassion and appreciation for those patients who really want to grow and heal, rather than merely take a Prozac or relieve a symptom. Indeed, the most impressive aspect of this book is that it combines profound theoretical understanding with personal candor, manifest love of patients, and a passion for the therapeutic endeavor—a combination rarely to be found and devoutly to be wished.

I heartily recommend *The Psychoanalytic Mystic* to all who are interested in psychoanalytic theory and to all who are looking for ways to incorporate spiritual principles into their psychotherapy practice and research. Invoking as it does the Temple of the mind, the book can be a springboard for interesting discussions, investigations, therapy experiences, and leaps of faith.

Victor Schermer is a psychologist in private practice and in clinic settings in Philadelphia, PA.

Negotiating the Therapeutic Alliance: A Relational Treatment Guide

By Jeremy D. Safran and J. Christopher Muran
New York, Guilford Press, 2000, 260 pages, ISBN 1-57230-512-6, $40.00

Reviewed by Fred Wright, Ph.D.

In the subtitle the authors refer to their book as a "guide." Later in the text they describe it as a manual. Manuals on how to do psychotherapy have always somewhat put me off, since I have always experienced psychotherapy (whether in the role of patient or therapist) as a most unpredictable and hard-to-formulate enterprise. The authors, to their credit, are sensitive to this matter and address it immediately. They say they do not want to produce a "cookbook" that would mechanize the therapy process but rather wish to "strike a balance" between, on the one hand, treating new cases as unique and, on the other hand, refining existing theory and technique by relating it to the new situation.

They have succeeded admirably in striking that balance, and in the process have produced a very rich book (or, if you will, manual) that I would recommend to clinicians from all schools of psychotherapy. Their central focus is, as the title indicates, on the therapeutic alliance, and more specifically on how clinicians can resolve ruptures in that alliance. Another way to say this is that the authors are describing and discussing various ideas and techniques for resolving the inevitable and often highly distressing transference–countertransference binds that occur in psychotherapy. They particularly emphasize the importance of therapists' focusing on their own contributions to the binds and, further, exploring and negotiating difficult moments in the relationship directly with the patients—something the authors refer to as "collaborative inquiry."

There are a number of wonderful and clearly written chapters in this book. The first one presents a historical review of the notion of the therapeutic alliance and then reconceptualizes it from a relational perspective, which asserts that a central change mechanism in psychotherapy is the negotiation and resolution of ruptures in the alliance. The authors then offer a very useful taxonomy of interventions for addressing ruptures, accompanied by helpful vignettes illustrating their ideas.

The second chapter is a review and summary of the ideas of leading relational thinkers. Readers interested in learning about these ideas and the issues under development by this school of psychotherapy, as well as its historical origins, will be especially pleased by this chapter. The next chapter tackles the omnipresent problems of resistance of therapeutic impasses. The authors distinguish between intrapsychic, characterological, and relational views of resistance, demonstrating familiarity

with thinkers from all schools of psychotherapy on this topic. In keeping with their central theme, they stress the importance of therapists' understanding their own contributions to enactments and impasses by paying vigorous attention to their feelings and countertransference experience.

Following the discussion of ruptures and impasses is a chapter on "therapeutic metacommunication." This term refers to procedures designed to help therapists disembed from relational cycles that are being enacted by focusing on the transactions and implicit communications taking place between therapist and patient. The goal of metacommunicating is to articulate the therapist's *implicit* sense of the interaction in order to initiate an *explicit* exploration of what is being unconsciously enacted. The authors provide a succinct and specific set of principles (e.g., "emphasize awareness rather than change," "explore patient's experience of interventions") to keep in mind as one uses this kind of communication when conducting therapy.

The most original chapter in the book describes a stage-process model for resolving alliance ruptures. Stage-process models of psychotherapy are designed to help therapists recognize stages that are likely to recur in therapy and thus provide facilitating interventions. The authors list two basic rupture subtypes: withdrawal and confrontation. Patients vary in their use of these coping strategies but are likely to present a predominance of one type of rupture over another. The authors indicate that it is important to be sensitive to the specific qualities of a rupture and its stage in order to help clarify patient tasks and provide appropriate interventions. They acknowledge that models like this are oversimplifications of the processes they are striving to capture. However, the notions presented and the clinical illustrations are first rate and well worth consideration by clinicians looking for new ways to think about ruptures in the therapeutic process.

The authors have also dedicated a chapter to explaining and demonstrating the application of their ideas to a short-term therapy process they call Brief Relational Therapy. The discussion is clear and sophisticated, but they do not adequately address what I see as the complex matter of differential diagnosis and short-term therapy. People recovering from trauma and certain kinds of depression often profit from short-term treatment. However, the picture is complex. For instance, Ablon and Jones[1] in their analysis of the NIMH-sponsored Treatment of Depression Collaborative Research Program found that positive outcome in brief therapy correlated with pre-treatment patient characteristics of being accepting, compliant, and agreeable. Patients with personality disorders, on the other hand, are known to be difficult and often require intensive and long-term therapy. I would recommend that these authors apply their impressive research, writing, and clinical skills to addressing more fully the issue of differential diagnosis and the relational approach to treating the more formidable psychiatric disorders.

The authors believe that the training of therapists is most critical and consequently devote an entire chapter to the topic. They stress the importance of training therapists to deal specifically with negative processes and therapeutic impasses. They also emphasize the experiential side of training over the conceptual and the value of self-exploration as a primary vehicle for learning. The ideas presented in this chapter are very creative and stimulating, and I would strongly recommend it to all training programs and institutes. In fact, I would recommend this book to all clinicians. It should be especially useful for beginning therapists, and experienced clinicians should also find it valuable because it provides such a clear, comprehensive discussion of the relational approach to psychotherapy.

Dr. Wright is Emeritus Professor of Psychology, John Jay College of Criminal Justice, City University of New York.

REFERENCE

1. Ablon JS, Jones EE: Psychotherapy process in the NIMH Collaborative Study of Depression. J Consult Clin Psychol 1999; 67:64–74

However, in one study done using the Cognitive-behavioral analysis system of psychotherapy (CBASP) as a maintenance treatment, the overall findings show that psychotherapy in itself can be successful. â€ There were 82 patients who were treated with CBASP long term. Patients were chosen at random to reduce their treatment to monthly or to an observational status. The patients, only treated monthly with CBASP, showed a smaller amount of reoccurring symptoms then the patients in the observational status.Â 8-19 Klein, Daniel N. , et. el (2004) Cognitive-Behavioral Analysis System of Psychotherapy as a Maintenance treatment for Chronic Depression. Journal of Consulting and Clinical Psychology, v. 72, i 4, pg. 681 (8) Nemeroff, Charles B. , et. el. Open access peer-reviewed chapter. Group Cognitive Behavioral Analysis System of Psychotherapy (Group-CBASP): Adaptation to a Group Modality for the Treatment of Chronic Depression. By Liliane Sayegh and Gustavo Turecki. Submitted: January 9th 2012Reviewed: July 5th 2012Published: May 22nd 2013.Â 1. Introduction. Cognitive Behavioral Analysis System of Psychotherapy (CBASP) is a treatment model designed specifically, by McCullough (2000; 2006), to help individuals suffering from chronic depression. This model was developed initially as an individual treatment modality and will be discussed in this chapter solely in its adaptation to a group modality for the treatment of chronic depression with psychiatric outpatients. Treatment for Chronic Depression: Cognitive Behavioral Analysis System of Psychotherapy (CBASP) Paperback. James P. McCullough Jr. 4.2 out of 5 stars 5. $33.25 Prime. Skills Training Manual for Diagnosing and Treating Chronic Depression: Cognitive Behavioral Analysis System of Psychotherapy Paperback. James P. McCullough Jr. PhD.Â "McCullough is a pioneer in the psychotherapy of chronic depression. The techniques outlined in this volume are truly innovative and thoughtful and he brings obvious passion and compassion to the therapeutic endeavor. I am touched by his wisdom and dedication and highly recommend this book."