

Journal Abstracts

Borderline : A Concept Analysis

BY J. MODESTIN

Acta Psychiat. Scand., **61** : 103—110, 1980

The abundant literature concerning the subject of the borderline is steadily growing. An examination of the literature reveals that different authors, using different concepts of the borderline state, are describing different patient groups.

Related to the background of the generally accepted psychiatric nosological classification, three borderline concepts are clearly discernible : (1) borderline equated with a forme fruste of schizophrenia, (2) borderline equated with a general category of personality disorder (psychopathy) and (3) borderline equated with a special form of personality disorder.

The author confirms the statement that there is still no consensus about the legitimacy of the term borderline as a unique psychiatric category by adding; neither in the sense of a psychopathological syndrome, nor in the sense of a clinical entity.

R. M.

Aspects of Cognitive Activity in Schizophrenia

BY : R. TISSOT AND Y. BURNAND

Psychological Medicine, **10** : 657—663, 1980

The objective of this paper is to attempt to grasp the structure of the reasoning of schizophrenic patients. If, however, these patients have preserved the capacities which they learned before the onset of their illness, why are they no longer able to utilize them as normals do ? Why are they unable to integrate the operations with reality ?

The authors applied the genetic psychology tests developed by Piaget in the areas of logico-mathematical reasoning, logico-experimental reasoning, spatial representation and mental imagery to 36 schizophrenics. They have found that the intelligence quotient of schizophrenics, although within the normal range, is slightly lower than that of

a control population of similar age. This is due not to a loss of the operations of the intellect, but to a difficulty experienced by the patients in actualizing the operations. The difficulty is seen particularly in operations dealing with specific objects which require a constant maintenance of the equilibrium between assimilation and accommodation. The thought processes of hebephrenic patients oscillate between excessive assimilation, resulting in a distortion of observable data, excessive accommodation which by adhering to the observable data distorts the reasoning process. The thought processes of paranoid schizophrenics are dominated by excessive assimilation. This predominance explains their tendency to distort observable data and their difficulty in the generalization of reasoning; it also has an impact on the assimilation accommodation equilibrium of their logical operations, leading to (a) difficulties in delimiting reflecting abstractions, and therefore the comprehension and extension of concepts, and (b) loss of proof based on logico-mathematical reasoning and, as a result, a propensity to resort to magical thinking and subjective explanations.

R. M.

The Psychological Organization of Depression

BY S. ARIETI AND J.R. BEMPORAD

Am. J. Psychiatry, **137** : 1360 — 1365, 1980

The authors hold the view that psychological mechanisms, which have recently suffered neglect, remain important to the understanding and treatment of affective disorders.

On the basis of the intensive psychotherapy of about 40 depressed patients over the course of two decades, the authors describe three premorbid types of depressive personality :

(1) one based on a " dominant other " relationship, (2) one based on a dominant goal", and (3) one that is a form of character structure or personality disorder. They also describe typical childhood experiences of depressive adults and discuss their theory of the nature of depression as a human experience. They characterize depression as a limitation of alternate ways of thinking and as self-inhibition from new experiences.

R. M.

Prediction of Clinical Course of Bipolar Manic Depressive Illness Treated With Lithium

BY : B.B. JOHNSTON, G.J. NAYLOR E. G.

DICK, S.E. HOPWOOD AND D.A.T. DICK

Psychological Medicine, **10** : 329—334, 1980

Prophylactic treatment with lithium is a serious decision and ideally, such treatment should be restricted to those patients who will derive benefit from it. There have been methods suggested for predicting those who will respond to lithium.

The present authors investigated a group of bipolar manic depressive patients attending a routine lithium clinic. The results suggest that, when on treatment with lithium, manic depressive patients with a good prognosis tend to have a higher erythrocyte Na-K ATPase and higher plasma and erythrocyte lithium concentrations than those with a poor prognosis. There was no evidence to suggest that the erythrocyte : plasma lithium ratio was useful in predicting clinical response to lithium therapy. There was also a positive correlation between plasma lithium concentration and Na-K ATPase activity, confirming that in manic depressive subjects lithium produces a rise in erythrocyte Na-K ATPase activity.

R. M.

Sub-Syndromes of Tardive Dyskinesia

BY : T. KIDGER, T. R. BARNES, T. TRAUER

AND P.J. TAYLOR

Psychological Medicine, **10** : 513—520, 1980

The term tardive dyskinesia refers to those abnormal movements developing after months, or more usually years, of neuroleptic therapy. It seemed worthwhile to use multivariate statistical methods to explore the assumption that tardive dyskinesia constitutes a unitary syndrome.

The authors devised a reliable method for recording the site and duration of purposeless movements. With this method 267 subjects were studied, 182 of whom had been exposed to neuroleptics. The results of the investigation were submitted to a principal components analysis and 3 movement dimensions emerged. Two groups of move-

ments, out of 3, conformed to the generally accepted criteria for tardive dyskinesia. These groups were : (1) head and neck movements and (2) trunk and limb movements.

The authors discussed the possibility that these two groups represent clinically relevant sub-syndromes of tardive dyskinesia.

R. M.

Therapists' Recognition of Psychopathology : A Model for Quality Review of Psychotherapy

BY E. KASS, A. SKODOL, P. BUCKLEY AND E. CHARLES

Am. J. Psychiatry, **137** : 87—90, 1980

The purpose of this study was to design a method for peer review of psychotherapy by investigating clinicians' recognition of psychopathology. An attempt was made to identify cases in which patients' psychopathology was poorly recognized and to identify patients' demographic, diagnostic and clinical characteristics that might be associated with clinicians' nonrecognition of psychopathology.

32 randomly selected psychiatric emergency room patients, who were in concurrent psychotherapy, completed the SCL-90 and a clinically oriented questionnaire. Their therapists independently rated the patients' degree of psychopathology on the nine SCL-90 symptom scales. Therapists were highly efficient in recognizing depression (94 % of the cases) and anxiety (89 %) but not psychotic (35 %) and obsessive-compulsive (16 %) pathology. Variables significantly associated with the therapists' nonrecognition of psychopathology were the diagnosis of borderline, the patient's expression of inadequacy in comparison to the therapist, the patient's fear of offending the therapist and the patient wanting but not receiving empathy from the therapist. The authors discuss the implications of these findings for peer review and further research.

R. M.

The Psychiatrist's Double Bind : The Right to Refuse Medication

BY M.D. FORD

Am. J. Psychiatry, **137** : 332—339, 1980

The assertion of a patient's right to refuse medication places a psychiatrist in a double bind because he or she knows that medication

will often greatly relieve mental disturbance. Delaying medication until the patient is formally judged incompetent and a guardian appointed causes discomfort for the patient, the physician, staff and other patients. On the other hand, forcing medication on a patient undermines the latter's sense of autonomy and may interfere with his or her constitutional rights, as a federal judge has ruled in the famous Boston State Hospital Case. The right to refuse medication presents a uniquely intriguing case study of a need for accommodation between abstract constitutional concepts and practical realities and has opened a profound legal and ethical debate about the nature of "true freedom".

R. M.

Psychological Aspects of Rheumatoid Arthritis

BY : B.M. GARDINER

Psychological Medicine, 10 : 159—163, 1980

The study had 3 aims : to determine whether rheumatoid arthritis had certain personality traits; to examine the relationship between psychological factors and the presence of rheumatoid factor in blood serum; and to explore the prognostic significance of psychological factors in the management of rheumatoid arthritis. Within a few days of discharge, 129 in-patient rheumatoid arthritis were clinically and psychologically assessed and allocated at random to 1 of 3 forms of follow-up care. The psychological assessment included measures of personality, non-psychotic psychiatric disturbance, and attitudes and beliefs. A year later all patients were reassessed.

It was found that rheumatoid arthritis were more neurotic in personality, more likely to give socially desirable responses, and more prone to psychiatric disturbance, than the general population. Seropositive patients were less susceptible to psychiatric disturbance than seronegative patients. None of the psychological variables predicted disease activity, but those patients who rated themselves as "slow", dependent, and weak, lost more time off work in the subsequent year.

R. M.

Brain Chemistry and Behaviour

BY : SUSAN D. IVERSEN

Psychological Medicine, **10** : 527—539, 1980

At a functional level, the brain circuits (brain areas interconnected for specific modes of operation) are of great significance and their disruption results in behavioural disorganization. The discovery that defined chemical connections exist in the brain is a significant finding of the last 20 years.

The author describes the functional organization of chemically transmitting synapses in the brain with special emphasis on recent studies demonstrating localization of different transmitters to specific anatomical circuits. The author also briefly refers to the use of pharmacological tools for manipulating levels of chemical transmitters, but particular attention is given to the problems of studying the function of these pathways with lesion techniques.

The author has selected noradrenaline (NA) and dopamine (DA) for detailed consideration and reviewed experimental evidence, suggesting that these two catecholamines in the forebrain serve different functions : NA with processes of attention essential for learning, and DA with the execution of appropriate responses. The author has also discussed hypotheses suggesting dysfunction of forebrain DA and NA systems in schizophrenia.

R. M.

Biochemical Changes in the Cholinergic System of the Ageing Brain and in Senile Dementia

BY : D.M. BOWEN AND A. N. DAVISON

Psychological Medicine, **10** : 315—319, 1980

Some authors have reported a steady loss of cerebral cortical neurons from mature to elderly individuals. However, other authors have emphasized that there is still no conclusive evidence that loss of brain weight, volume or even function in the later decades of life can be ascribed to neuronal loss.

The present authors have stated that loss of neurons from the ageing human brain is accompanied by reduction in biochemical markers. Compared with age-matched controls about one third of nerve

cell components are lost from the temporal lobe of patients with senile dementia of Alzheimer's type. There is marked loss of choline acetyltransferase activity, especially in the hippocampus. This alteration parallels the intensity of neuropathological damage and relates to prior mental impairment. Smaller changes in other neurotransmitter synthesizing enzymes are generally found.

R. M.

Psychiatrists' Transition from Training to Career : Stress and Mastery

BY : J.G. LOONEY, R.K. HARDING, M.J.

BLOTCKY AND F.D. PARNHART

Am. J. Psychiatry, **137** : 32—36, 1980

Although the development of psychiatric residents has been studied extensively, continuing changes in psychiatrists after graduation from training have not. In this report the authors present research data elucidating the process of adaptation during the first years of professional life.

The results of a survey research study of 263 psychiatrists recently graduated from a wide variety of training programs are presented. The psychiatrists reported alarming symptoms of stress during this period, yet they used effective coping mechanisms and perceived themselves as increasing in growth, mastery and confidence. Their overall contentment with their personal and professional lives was high. The most effective coping mechanisms were those involving the establishment of support systems with loved ones.

R.M.

Factors in Medical Students' Choice of Psychiatry

BY P.F. EAGLE AND L.R. MARCOS

Am. J. Psychiatry, **137** : 423—427, 1980

The way medical students choose their future speciality is a complex issue and involves the interplay of many factors. The complexity of this subject is a result not only of the number of variables involved but the fact that these variables and their importance change as the medical student progresses in his or her career. In this paper the auth-

ors review the literature and systematize the factors influencing medical students' choice of psychiatry as a speciality. The results indicate that students who are single, from large metropolitan areas, uninterested in religion, political liberal, interested in humanitarian ideas, who score low in authoritarianism, have a high capacity to tolerate ambiguity, have a high level of anxiety and fear of death, and have low self-esteem are likely to choose psychiatry. In medical school the students likely to choose psychiatry have a lower class rank and express positive attitudes toward psychiatry and psychiatrists. Exposure to and taking responsibility for patients, especially patients with good prognosis are crucial factors encouraging students to be psychiatrists.

R.M.