Journal Abstracts

Primary and Secondary Process Thinking in the Context of Cerebral Hemispheric Specialization

by : JAMES T. MELAUGHLIN

Psychoanal. Q., **47** : 237-266, 1978.

The author accepts the concept of a division of cerebral hemispheric specialization and a relationship between the different formal modes of thinking attributed to the two hemispheres and those Freud assigned to primary and secondary processes. He proposes that there exist a lifelong capacity for the simultaneous registration and processing, in the two different cognitive hemispheric modes, of all that happens within and around us. Primary process can still be viewed as chronologically the earliest mode available for the organizing of the child's development, and secondary process can still be viewed as developing a little later and gradually assuming relative dominance over early primary process. However, the primary process capability can be viewed as continuing to develop and to coexist throughout life alongside the secondary, receiving a similar but not identical set of data and processing them in a mode that is as open to growth and change as is that of the secondary process. The author concludes that primary process may be viewed not as confined to archaic levels but as open to growth and development integration into the complete range of ego functions.

R. M.

The Application of EEG Sleep for the Differential Diagnosis of Affective Disorders

by : DAVID J. KUPFER, F. GORDON FOSTER, PATRICIA COBLE, RICHARD J. MCPARTLAND AND RICHARD F. ULRICH

Am. J. Psychiat., **135** : 69-74, 1978.

Investigation began in 1973 involving 95 patients, mean age 41.3±2.0 years, majority social class III and all admitted to the EEG

sleep laboratory of Pittsburgh School of Medicine. A diagnosis of a major depressive episode was made according to the research diagnostic criteria developed by the National Institute of Mental Health and Washington University. All EEG sleep records were scored independently and without knowledge of the patient's clinical diagnosis.

We found that our 95 depressed patients had a significantly longer sleep latency, less time spent asleep, and less "sleep efficiency" ($P < .001$). With regard to sleep architecture, the depressed patients had significantly more stage 1 sleep, and almost no delta sleep $P < .001$). Both the REM latency and the percentage of REM sleep were significantly lower in the depressed group.

REM latency and REM density are sufficient to separate out primary from secondary depressed patients. Sleep efficiency, percentage of REM sleep, and percentage of delta sleep discriminate between the psychotic and non psychotic subgroups in the primary depressive group. The division of secondary depression into subgroups of secondary depression with or without medical disease can be accomplished using REM activity and intermittent noctural awakening.

Whatever the mechanism affecting sleep changes in patients with depressive disorders, it is now clear that EEG sleep measurements represent an important source of objective data that can aid the clinician in making both differential diagnosis and treatment decisions.

A. A.

Psychosocial Factors in Elderly Patients Admitted to a Psychiatric Hospital

by: R.J. TURNER AND M.P. STERNBERG

Age and Ageing, **7**: 171-177, 1978.

204 elderly people were admitted as inpatients to the psychogeriatric service of Barrow Hospital in Bristol during 1972, 73 and 74. Their age ranged between 65 and 95. 62% were over 75. 37% men and 63% women, 40% were married. For 75% it was their first psychiatric admission, 18% were readmitted on at least one more occasion. 42.6%

were suffering from an organic psychosyndrome and 54% from functional psychiatric disorder. In 54% a definite stress factor had been recognized as important in precipitating breakdown and admission. Loss of family support as a result of bereavement or illness of a relative was present in 13.3% of cases; family rejection in 13.3%.

Amongst those who were readmitted there were more females, more depressives of the psychotic and agitated type and patients discharged after less than one month hospitalization period.

As regards outcome; discharge to patient's own home was significantly associated with the married state, previous psychiatric admission, functional psyhiatric disorder and the experience of life stress in the previous year. Death was signifincantly associated with the male sex, age over 75, organic psychiatric disorder and admission due to family burden. A more detailed analysis of life stress and outcome, demonstrated that amongst those discharged to their homes, loss of family support had been a significant etiological factor. We found no other association between life stress and outcome.

A. A.

Organic Impairment in Poly Drug Users: Risk Factors

by: IGOR GRANT, KENNITH M. ADAMS, ALBERTS CARLIN, PHILLIP M. RENNICK, LEWIS L. JUDD, KENNETH SCHOOF, AND ROBERT REED.

Am. J. Psychiat., **135** : 178-184, 1978.

Individuals admitted had no preexisting neurological disorder and showed no signs of drug toxicity at the time of the first examination. Initial neuropsychological assessment was scheduled 2 to 3 weeks after admission. Urine samples were collected midway through the examination and were screened for opiates, barbiturates and amphetamines. 3 months later all subjects were scheduled for follow-up examination, at which time their interim drug use was assessed. Psychiatric day treatment patients and inpatients were recruited as a one comparison group,

the second was a non patient group. The neuropsychological protocols of subjects from the 3 groups were intermixed and a neuropsychologist blind to group membership and drug use status then rated each person's overall performance using a 6-point scale.

At initial testing (37%) of the 151 polydrug users were found to be neuropsychologically impaired. 3 months later (34%) of the 91 retested polydrug users still showed impairment. The corresponding figures for the psychiatric comparison group were (26%) initially and (27%) after 3 months. For the non patient group the figures were (8%) and (4%).

Our study confirms that an unexpectedly high proportion of heavy multiple drug users will show evidence of neuropsychological impairment several weeks after stopping or markedly reducing drug consumption. Chronic heavy use of barbiturates seem to be related to the impairment. 4 other risk factors probably contribute. These are increasing age, poorer education, certain historical medical-developmental factors and a diagnosis of schizophrenia.

A. A.

Independent Familial Transmission of Alcoholism and Opiate Abuse

by: SHIRLEY Y. HILL, C. ROBERT CLONINGER AND FREDERICK R. AYRE

Alcoholism, **1** : 335-342, 1977.

The present authors compare three groups of substance abusers to investigate to what degree alcoholism and opiate addiction aggregate in the same families, using the quantitative multifactorial model of transmission. The groups consisted of 32 alcoholics only (Group I), 72 opiate addicts only (Group II), and 42 alcoholic-opiate addicts (Group III).

Comparison of concordance between relatives by relationship and diagnosis suggests that alcoholism and opiate abuse tend to segregate into different families. Quantitative genetic analysis indicates that, while alcoholism and opiate abuse tend to cluster in families separately, there is little overall familial aggregation together. Data analysis after dividing Group III probands into primary diagnosis groups according to which

addiction occurred first not only indicated independent transmission of alcoholism and opiate addiction, but also allowed accurate prediction of family history on the basis of diagnosis. The data also supported the multifactorial model of transmission suggesting increased risk for relatives of probands with early onset alcoholism.

R. M.

Cannabis and the Peripheral Nervous System

by : M. DIBENEDETTO, H. B. MCNAME, J. C. KUEHNLE AND J.H. MENDELSON

Brit. J. Psychiat., **131** : 361-365, 1977.

The authors had demonstrated minor peripheral nerve abnormalities as preclinical changes long before disease is evident. They reported peripheral neuropathy after prolonged use of alcohol, phenytoin, heroin and hallucinogens (1972, 1973).

Because of the fat-solubility of cannabinoles, Gill et al (1970) raised the possibility regarding their neurotoxic effects. Campel et al (1971) reported findings of ventricular dilatation in young subjets and attributed the cerebral atrophy to cannabis. However, the question of actual nervous system damage is still open.

The possible ill-effects of cannabis on peripheral nervous system were examined in 27 male subjects with respect to their motor and sensory nerve conduction.

The 27 male subjects were classified by their previous cannabis use into casual and heavy users. The nerve conduction studies were done after a base-line period of five days and then repeated after a three-week period during which the subjects could acquire and smoke standardized cannabis cigarettes.

No deterioration of peripherial nerve function could be demonstrated. None of the changes recorded in the study could be related to cannabis.

S. I.

Comparison of the Clinical Effectiveness of «Short» Versus «Long» Stay Psychiatric Hospitalization

by : JEFFREY A. MATTES, BERNARD ROSEN AND DONALD F, KLEIN

J. Nerv. Ment.Dis., **165** : 387-394, 1977.

The authors have investigated a group of 173 patients of mixed diagnoses admitted to Hillside Hospital and randomly assigned to short-term (ST: 90 days or less) or long term (LT : unlimited length of stay) hospitalization. Treatment consited of intensive milieu therapy, individual psychotherapy, and medication, group psychotherapy when indicated. Other than length of stay, the LT and ST patients received equal amounts of the various treatments offered. Forty-seven patients left the hospital against medical advice, the remaining 126 patients were followed up three to four years after discharge. Interviewers were blind as to whether the patient was LT or ST. Results of the follow-up showed that the two groups were doing equally well in most respects. There was a tendency for patients to continue the type of treatment they had received in the hospital.

The authors conclude that LT hospitalization should be avoided whenever possible, since compared with shorter hospitalization, it does not lead to greater benefit in any of the evaluated areas of adjustment. They add that with some patients LT hospitalization appears to predispose to more and more longer hospitalization. No evidence was found that the different postdischarge treatments the two groups received affected the LT-ST comparison on the outcome variables.

R. M.

Depot Injection and Tardive Dyskinesia

by : ALAN C. GIBSON

Brit. J. Psychiat., **132** : 361-365,1978.

A prospective study was undertaken on 374 out patients receiving depot fluphenazine or depot flupenthixol to determine the incidence of tardive dyskinesia. All had received oral medication before being placed

on injections the mean time for the fluphenazine group being 11 years and for the flupenthixol group 10 years.

The dose was 25 mg. every three weeks for the first group and 40 mg. every weeks for the second group. In three years the percentage showing the bucco-linguo-masticatory syndrome rose from 8% to 22%. Fluphenazine and flupenthixol were equally involved though 75% of affected patients had the condition in a mild degree. Six additional cases of generalised chorea were all receiving flupenthixol. Reduction of dose or the substitution of pimozide produced marked improvement, but results suggest that it is unlikely that this will be permanent. Substitution of depot fluspirilene also produced favourable results. Minimal neuroleptic dosage, and periods of neuroleptic abstinance are recommended.

Z. B.

The Social Outcome of Patients in a Trial of Long-Term Continuation Therapy : Pimozide vs. Fluphenazine

by : I. FALLOON, D.C. WATT, AND M. SHEPHERD.
Psychological Medicine, **8** : 265-274, 1978.

A blind social assessment at home was carried out twice during a year's follow-up of 41 clearly defined schizophrenic patients on continuation therapy. 21 were randomly allocated to pimozide tablets and 20 to fluphenazine decanoate injections. Patients on pimozide were significantly more favourably rated on aspects of sociability, use of leisure, warmth of personal relationships, household tasks, and child rearing. Some of the possible mechanisms for this advantage have been discussed. A reduction in parkinosian rigidity that enabled a greater degree of non-verbal expression appears to be most favoured. However, this study did not make it possible to explore the impact of environmental stress, life events, or family relationships in the patients studied. The authors conclude that the complexity of these issues suggests that the choice of medication is only one factor among many that determine the outcome of treatment.

R. M.

Thyroid Autoantibody Levels During Lithium Therapy

Neuropsychobiology, **4** : 270-275, 1978

The authors have investigated the levels of thyroid antibodies in 140 patients treated with lithium and in 40 control subjects treated with other psychotropic drugs. Of the 140 lithium patients, 82 were investigated for antithyroid antibodies before treatment was started. In the other 58, assay for antithyroid antibodies was done after at least three months of treatment and was sometimes repeated several times.

Testing for antithyroglobulin antibodies yielded positive results in three control women and 11 (seven women and four men) of the 58 patients in lithium. This indicates that lithium does in fact provoke immunological reactions on the thyroid. Of the 140 patients treated with lithium, four developed euthyroid goitres, and one other woman redeveloped hypothyroidism which had been stabilized following treatment for several months prior to the start of lithium therapy. The results of the study denote that the absence of antithyroglobulin on pre-treatment testing does not exclude the possibility of thyroid side effects occurring during lithium therapy. On the other hand, in the writers opinion, the benign nature of these side effects permits the use of lithium, if indicated, even if antithyroid antibody is present on pretreatment testing.

R. M.

A Controlled Comparison of Simulated and Real E.C.T.

by : J. LAMBOURN AND D. GILL.

Brit. J. Psychiat., **133** : 514-519, 1978.

Two groups of 16 patients with depressive psychosis took part in a controlled evaluation of electro-convulsive therapy (E.C.T.). One group received six brief pulse unilateral shocks under conventional anaesthesia and muscle relaxation, the second group underwent the same procedure without receiving shocks. Outcome was assessed by a separate investi-

gator using the Hamilton Rating Scale for Depression under double-blind conditions. The results showed that this form of E.C.T. was only superior to the control treatment for one item in the scale, a finding which could have occurred by chance. It is possible that if a larger sample of patients had been treated this difference would have been significant. The implication of these findings is that the effectiveness of unilateral brief pulse E.C.T. shown in previous investigations is due in large part to the attendant procedures associated with the administration of an anaesthesic and the mystique associated with an unusual form of treatment.

In a recent study Freeman (1978) found that bilateral E.C.T. using a sinusoidal stimulus waveform was significantly superior to a simulated E.C.T. placebo. If the interpretations of both studies are correct then the equipotency of unilateral and bilateral E.C.T., given with both sinusoidal and brief pulse stimuli must be seriously re-examined.

Z. B

Combination of Hormonal and Psychological Treatment for Female Sexual Unresponsiveness: A Comparative Study

by : ANTHONY CARNEY, JOHN BANCROFT AND ANDREW MATHEWS.

Brit. J. Psychiat., **132** : 339-346, 1978

Thirty-two couples with the presenting problem of female sexual unresponsiveness were treated in a controlled study using a balanced factorial design. Half the subjects randomly selected to use testosterone 10 mg. daily for three months reducing gradually to zero during the fourth month. Half the cases received diazepam 10 mg. daily over the same period. Half received in addition weekly and half monthly counselling. They were assessed before tratment, at the end of treatment and at six months follow-up.

Those receiving testosterone did significantly better on a number of behavioural and attitudinal measures than the diazepam group. There

were no differences between the two regimens on any of the direct measures of sexual response. The only measures that did show a difference were all in favour of the monthly regime and all reflected the calmness or loving nature of the male partner.

Further study is needed to establish the indications for testosterone therapy for unresponsive women.

Z. B

A Psychotherapeutic Approach to Severely Depressed Patients

by : SILVANO ARIETI

Am. J. Psychother., **32** : 47, 1978.

The author here reaffirms the importance of psychological factors in the etiology and in the therapy of severe depression. While drug therapy may have a much more rapid action than psychotherapy in ameliorating distressing symptoms, it does not modify the basic structures of the personality which render the patient highly vulnerable to depression.

From the onset of psychotherapy with the severely depressed patient, the therapist must assume an active role. When rapport is established, the therapist will often be accepted by the patient as a dominant third. The development of the therapist-patient relationship will help the patient to perceive the therapist as a significant third — a third person who wants to help the patient without making threatening demands or requesting a continuation of the patient's usual patterns of living. Recognition of the specific precipitating event will generally indicate to the therapist whether the patient is suffering from depression related to the dominant other or to the dominant goal. Discussion of the Psychotherapeutic steps of both types is offered. At an advanced stage, therapy should consist of going over the patient's life patterns again and again. At the same time the patient must make a revoluntary effort to develop inner resources.

R. M.

A Survey of Consultant Psychiatrists, Attitudes to Their Work, with Particular Reference to Psychotherapy

by : R.J. HAFNER, S. LIBERMAN AND A.H. CRISP.

Brit J. Psychiat, **131** :415-419,1977.

This survey study was conducted on 137 consultant psychiatrists working for the majority of their time in the London area outside academic units. Its main object was to establish the nature of any psychotherapy teaching which trainee psychiatrists received from their consultants. Analyses of the 88 returned and were fully completed questionnaires suggested the existence of four relatively discrete but overlaping patterns of psychiatric practice of which two largely excluded individual psychotherapy. The four groups are : the high enthusiasm group; those who highly favoured both individual psychotherapy and physical treatments (N = 23), the psychotherapy group (N=23), the physical treatment group (N = 24) and the low enthusiasm group; those who favoured neither (N=18).

The pattern implied by the psychotherapy group relies more on individual and group psychotherapy than on physical treatment. It is associated with a relatively high degree of criticism of psychiatric colleagues and a lack of enthusiasm for behaviour therapy. It favours treatment in a family or domestic context, links psychiatry with the acquisition of personal insight, and relies more on psychodynamic concepts than on psychiatric diagnosis.

The pattern implied by the high enthusiasm group is characterized by a comparatively high enthusiasm for all the main treatment approaches, and is associated with a lack of criticism of psychiatric colleagues and treatments, and a greater emphasis on medical rather than psychodynamic aspects of psychiatry

The pattern implied by the physical treatment group favours physical treatments and behaviour therapy, and partly rejects alternative to these, particularly individual psychotherapy and psychoanalytic techniques and concepts.

The low enthusiasm group use mainly physical treatments, and are more active in their rejection of alternatives.

The authors stated that these results may not be generalizable beyond the metropolitan areas studied, and added that their findings are broadly supported by the results obtained by other similar studies.

S. I.

The Therapeutic Function of Hate in the Countertransference

by : LAURENCE EPSTEIN

Contemp. Psychoanal., **13** : 422-461, 1977.

Psychoanalysis disagrees as to the desirability of communicating to certain patients the negative feelings they may typically elicit in their analysts. The author argues that the expression of these negative countertransference feelings is a therapeutic necessity with hate-inducing patients. He presents a single detailed case history, that of a 22-year-old woman who consistently aroused in him feelings of anger and hatred during the course of the analysis. The analyst adhered initially to a rather sympathetic image of the patient reminding himself continually of their deprived and unhappy existence. She felt she was not being helped and the analytic sessions grew increasingly tense, and conditions at home deteriorated. After six months the analyst began to express his negative feelings, as objectively as possible, within the analysis The patient promptly began to improve. The author offers interpretations as regards the previously mentioned therapeutic attitudes and the effect of each on the outcome of therapy.

R. M.

Children's Adjustment to School Over Six Years

by : T. COX

J. Child Psychol. Psychiat., **19** : 363-371, 1978.

A group of 97 children from schools serving "deprived" catchment areas were studied over a 6 years period up to age 12. Teachers ratings

of their over all school adjustment, obtained on four separate occasions, were compared. Over the four occasions, between 14 and 23% of the children were judged to be poorly adjusted. The high incidence of severe reading backwardness in this little group of children, again is in line with research showing a strong association between maladjustment and low school attainment. On the question of whether the maladjustment was a consequence or a cause of the children's low attainment it is suggested that these children were rated as poorly adjusted as early as the second term of their second infant school year. In their case at least it would seem that poor school adjustment may well have been a contributing factor in their subsequent reading backwardness.

The need for the early identification of children showing poor school adjustment is stressed.

Z. B.

Behavioural Syndromes Identified by Cluster Analysis in a Sample of 100 Severely and Profoundly Retarded Adults

by : H. REID, B.R. BALLINGER AND B.B. HEATHER

Psychological Medicine, **8** : 399-412, 1978

Lack of knowledge about psychiatric disorders in severely and profoundly retarded adults is a serious barrier to the assessment of effective management and treatment procedures. Therefore, the present authors investigated these disorders by systematically recording and collecting data about the behaviour of 49 severely and 51 profoundly retarded hospitalized adults and subjecting the data thus derived to cluster analysis. Eight clusters were isolated. The clinical psychiatric significance of these clusters is discussed and their relationship to cause of retardation, duration of stay in hospital and visiting is considered. A diagnostic framework for psychiatric disorders in severely and profoundly retarded adults is put forward and some possible treatment approaches are suggested.

R. M.