EDITOR'S NOTE

Through this column, we hope that practitioners in general medical settings will gain a more complete knowledge of the many patients who are likely to benefit from brief psychotherapeutic interventions. A close working relationship between primary care and psychiatry can serve to enhance patient outcome.

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Reconciliation

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Marital problems are a common complaint in a psychiatrist's office. Patients often arrive married, but anticipating a separation; separated and concerned about divorce; or divorced and suffering self-image problems. Although some patients seek marriage counseling and report to the therapist as a couple, more come alone, seeking help in defining a sensible direction for their lives.

An obvious key to successful psychotherapy is the need for the therapist to remain nonjudgmental and to guide the patient toward a decision he or she finds acceptable under the circumstances. Some traditional therapists seek patterns in the individual's early life that might illuminate later options. Some therapists will examine relationships with parents for clues to the present dilemma.

A cognitive therapist will conduct an intake assessment that reviews the patient's upbringing, significant relationships, schooling and employment, and life path. Subsequent sessions focus on the problem at hand, directing the patient's attention to the beliefs (cognitions) associated with his or her distress. This brief psychotherapy format is not very different from the format employed with patients whose depressive or anxiety symptoms are experienced in the context of other issues.

CASE PRESENTATION

Mr. A is a 60-year-old Israeli man, married for 35 years, who separated from his wife 1 month before consulting me. With a long history of coronary artery disease (he had 2 separate bypass surgeries) and hypertension, he had arranged an appointment with his internist 2 weeks earlier out of concern for the health consequences of his decision to leave his wife. His doctor's evaluation revealed stable cardiac function and blood pressure in the normal range. His internist recommended continuing atorvastatin calcium and atenolol, and started a trial of bupropion-SR. He told Mr. A that, on the basis of his sad mood, withdrawal, increased fatigue, and poor concentration, he felt that Mr. A was depressed and merited an antidepressant drug trial. Sensing a lack of clarity about Mr. A's view of the future, the internist referred the patient to me for further evaluation and psychotherapy.

PSYCHOTHERAPY

Mr. A told me about his 4 grown children (who were concerned about him) and how his life had seemed "out of synch" since he left his wife. He had spoken with her several times a week since he had left. During their marriage, however, there was "almost constant arguing." The couple seemed "not to agree on anything." She would "make remarks that embarrassed him," and he would have a "short temper and yell at her."

Mr. A had an alcohol problem earlier in life (while serving in the Army and afterwards), was cited for driving under the influence in his mid 40s, and then stopped drinking with the help of Alcoholics Anonymous. Over the past year, he had resumed drinking and was worried about the frequency and quantity of his drinking. Although he had always had little

self-confidence, low energy, and "problems with mood," he did not believe that he was depressed, either chronically or acutely.

My DSM-IV diagnostic impressions were (1) major depressive disorder, (2) dysthymic disorder, and (3) alcohol intoxication. I recommended continuing bupropion-SR, 300 mg/day, and beginning a course of cognitive therapy (expected to last about 6 months). Mr. A's goals were to decide to make the separation permanent or to reconcile with his wife, as well as to "feel better personally" and to learn to better manage his anger. We agreed to meet biweekly.

In session 2, I taught Mr. A the cognitive model of talking about a situation that was distressing, identifying the associated feelings, and then focusing on the relevant meanings. We discussed Mr. A's view of his marriage, his drinking (when it was stress-related), and the story of his father's career as a "freedom fighter" (about which he expressed great pride).

In session 3, Mr. A linked his recent drinking to an irresolution concerning what to do about his marriage. He discussed his anger regarding a family situation that threatened to alienate him from one of his children. He noted the initial positive changes he had observed in his wife's behavior toward him. I agreed to his request for weekly meetings.

In session 4, we focused on identity and self-assertion as well as Mr. A's view of himself. We discussed how both he and his wife would need to make changes in order for reconciliation to be a realistic prospect. In the next session, Mr. A emphasized how he "expects trouble when his wife talks to him." We began to consider a new stage in his life that might or might not include his wife, but most likely would involve retirement from his sales job.

Two months after therapy began, Mr. A saw his wife as "committed now to finding a resolution to their marital problems." He noted how he chronically avoided confrontation. Mr. A agreed (for the first time) to see his wife's therapist several times with her. He was beginning to exert some control over his alcohol habit.

After 3 months (8 sessions) of therapy, he set a "marital decision deadline" of 3 months' time. We discussed choices and consequences, as well as his changing view of himself. Over the next month, he related his fear that any changes in his wife would be short-lived. They were now spending weekends together. In addition, however, he was aware of changes in himself: he had regained his enthusiasm, he was no longer depressed, he more often expressed his feelings, he was less often angry, and he was no longer drinking.

Mr. A and his wife decided that they would resume living together 2 months before his deadline (but they would keep the deadline as a choice point for each of them). "We've accomplished a lot," he told his wife, "but we're not yet finished." He worked hard, now, at achieving perspective about his marriage and his work.

At one point (session 13), Mr. A experienced a return of overcriticalness and insensitivity. This time, he and his wife discussed her role and his response and achieved an acceptable result. By session 18 (5 months after we began), we were meeting biweekly. Mr. A had set a retirement date from work. He and his wife had now been reunited for nearly 3 months. Mr. A had joined a gym, lost 10 pounds, and felt like he had "regained a life."

We agreed on a follow-up session 1 month later (session 20). He discussed their plans for a future together. We reviewed the extensive changes in his view of himself, his marriage, and his wife. We discussed again the stage-of-life issue to be ushered in by his impending retirement. Mr. A was confident, grateful, and appeared prepared to move on. ◆