Interpersonal Psychotherapy in the Treatment of Depression

While the efficacy of pharmacotherapy in the treatment of episodes of major depression is indisputable, the absence of psychotherapy can result in poor patient compliance and persistence of the social stressors that perpetuate the disorder.

Case #1 — Pathologic Grieving

Sixty-eight-year-old Solange became depressed after the death of her husband, who had been suffering from a chronic disease. She had been caring for him for a number of years, and became isolated. She presents with a great deal of sadness, guilt and despair.

Question:
What is the diagnosis?

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Various studies have demonstrated the efficacy of psychotherapy in the treatment of major depression. Individual therapy can be divided into two categories: psychoanalytically-oriented therapy and short-term therapies (cognitive, behavioral and interpersonal). The latter therapies have been studied the most extensively with respect to their efficacy in treating depression, the lifetime prevalence of which is
5.8%. Aside from their limited duration, short-term therapies are distinct from the psychoanalytically-oriented approach in that they require the therapist to take an active, directive approach, and generally involve clearly identified objectives.

Interpersonal psychotherapy (IPT) is extremely interesting in that it is concerned with the here and now. Unlike cognitive therapy, it does not focus exclusively on cognitive distortions and erroneous perceptions an individual might have of him/herself, the world or the future. It does not dwell on the regression of the self in depression, on premature object loss, or on understanding past conflicts. The therapeutic relationship is not viewed as a transfer from past to present, as analytical therapy would have it. Moreover, IPT is one of the rare therapeutic approaches outlined in an easy-to-use manual. It is recommended by the American Psychiatric Association for the treatment of non-psychotic depressed patients who have experienced recent stressors.

<table>
<thead>
<tr>
<th>Content</th>
<th>Objectives</th>
<th>Strategies</th>
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</thead>
<tbody>
<tr>
<td>Start of therapy</td>
<td>Identify depression</td>
<td>Review symptoms of depression (in each session). Use a medical model of major depression (DSM-IV). Carry out psychoeducation on depression and its treatment. Define the “sick role” to the patient. Determine whether medication is indicated.</td>
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<td>Relate the symptoms of depression to an interpersonal context</td>
<td>Take an interpersonal inventory, reviewing past and current relationships. Identify the following: 1. The nature of interaction with the significant person(s) involved. 2. Expectations of the parties involved. 3. Positive and negative aspects of the relationship(s). 4. Desired changes in the relationship(s).</td>
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<tr>
<td>Identify the interpersonal problems contributing to the episode of depression</td>
<td>Establish a working plan, including the objectives and strategies that pertain to the target area. Identify desired changes. Mutually agree on the target of the treatment and the specific objectives. Endeavor to understand the problem. Technical aspects: “here and now” approach, duration of treatment, duration of each session, cancellation policy.</td>
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Explain the concept of IPT and the therapeutic contract
The Theoretical Basis of Interpersonal Psychotherapy

Developed in recent years by Drs. Gerald Klerman and Myrna Weissman within the framework of their research on the nature and treatment of depression, IPT has a threefold foundation:

1. The psychobiologic approach of Adolph Meyer, who was interested in the interaction between the individual and his/her psychosocial environment throughout his/her lifetime;

2. The interpersonal theory of Harry Stack Sullivan, which holds that interpersonal interaction is highly significant in the study of mental disorders and their treatment; and

3. The work of John Bowlby, which examines the importance of early attachments in the way human beings function, and the relationship between severing of such attachments and susceptibility to depression.4-6

IPT is, by definition, short in duration—from 12 to 16 sessions in total, one session per week. The therapeutic framework is divided into three phases: initial, intermediate and final. The objective of this approach is not to restructure the individual’s personality, but rather to reduce or even eradicate the symptoms of depression, build self-esteem and develop effective strategies for interpersonal relationships.

Drug therapy in no way conflicts with the principles of psychotherapy. On the contrary, IPT is intended as a global approach that effectively integrates the biopsychosocial concept espoused in contemporary psychiatry.

The Therapeutic Framework for Interpersonal Therapy

Initial phase (two to four sessions) (Table 1). In IPT, depression is considered as an illness that has both biologic and psychologic causes, as well as social ramifications. IPT views major depression as it is defined in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV).7 The “sick role” is, as in any other disorder, presented to the patient, which temporarily exempts him/her from their obligations while involving them in the treatment process.8 The need for medication is assessed according to the severity of the symptoms, antecedents and response to previous somatic treatment, as well as to the patient’s preferences.

Drug therapy in no way conflicts with the principles of psychotherapy. On the contrary, IPT is intended as a global approach that effectively integrates the biopsychosocial concept espoused in contemporary psychiatry. Subsequently, the therapist reviews how the
### Table 2

**Intermediate Phase of Interpersonal Psychotherapy (8 sessions)**

<table>
<thead>
<tr>
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<tbody>
<tr>
<td><strong>Pathologic grieving</strong></td>
<td>Facilitate the grieving process.</td>
<td>Review symptoms of depression (in each session).</td>
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<td>Help the patient regain interests and rekindle relationships in order to help replace the loss.</td>
<td>Establish a link between the start of the symptoms of depression and the loss of the significant person. Reconceptualize the relationship between the patient and the deceased. Describe the sequence and consequences of the events that occurred before, at the time of and after the death. Facilitate the expression of emotions, both positive and negative. Consider new ways of developing new psychosocial contacts.</td>
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<td><strong>Interpersonal conflict</strong></td>
<td>Identify points of dissention in a given interpersonal context.</td>
<td>Review symptoms of depression (in each session).</td>
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<td>Determine plan of action according to the stage of conflict.</td>
<td>Establish a link between the start of the symptoms of depression and the conflict with the significant person.</td>
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<td>Modify the expectations of both parties involved and correct errors in communication, leading to a satisfactory resolution of the problem(s) at hand.</td>
<td>Determine the stage of the conflict: 1. Renegotiation: calm down the parties involved to facilitate resolution of the problem(s). 2. Impasse: exacerbate the disharmony in order to foster renegotiation. 3. Dissolution: work through the transition process. Analyze the expectations of both parties and reformulate the problems. Analyze the similarities between the current problem(s) and other problematic relationships in the patient’s life. Analyze the factors that perpetuate the conflict.</td>
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<td><strong>Difficult life transitions</strong></td>
<td>Help the patient accept the loss of his/her former role.</td>
<td>Review symptoms of depression (in each session).</td>
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<td>Help the patient consider the positive aspects of his/her new role.</td>
<td>Establish a link between the start of the symptoms of depression and the difficulty managing recent changes.</td>
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<td>Rebuild self-esteem by developing a better grasp of what the new role entails.</td>
<td>Review both the positive and negative aspects of the patient’s former and new roles. Foster the expression of feelings about the loss and change.</td>
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patient functions socially, the patient’s interpersonal relationships, their way of entering into relationships with others, and their expectations and disappointments.

This constitutes an interpersonal inventory. Any recent changes in the patient’s interpersonal relationships that could have contributed to the depression are brought to light, thus helping to determine the area to be targeted by the IPT.

The objective will fall under one of four interpersonal target areas, which are recognized as factors in depression:

- Pathologic grieving (resulting from the death of an important person in the patient’s life);
- Interpersonal conflict (e.g., marital, workplace);
- Difficult life transitions (e.g., marriage, divorce, retirement); and
- Interpersonal deficits (e.g., social isolation).

The pertinent theme is dealt with in greater depth in the intermediate phase. More than one target area should be avoided.

**Intermediate phase (eight sessions)** (Table 2). It is during this phase, which forms the core of IPT, that the objectives and strategies pertaining to the target area previously identified by the patient and therapist are worked on. Each session starts with a systematic review of the symptoms of the patient’s depression, which are then tied in with the treatment target.

In cases of pathologic grieving (Case 1), the objectives are to facilitate the grieving process and help the patient regain interests and rekindle relationships. This will help replace the loss. The strategies used provide a means of reconceptualizing the relationship with the deceased, and include: describing the sequence of events that occurred before, at the time of and after the

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**Table 2 (cont.)**

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<tr>
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<tr>
<td>Difficult life transitions</td>
<td>Rebuild self-esteem by developing a better grasp of what the new role entails.</td>
<td>Realistically assess the loss. Evaluate the opportunities related to the new role. Develop a social network and new skills required by the new role.</td>
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<tr>
<td>Interpersonal deficits</td>
<td>Reduce social isolation. Encourage the development of new relationships.</td>
<td>Review symptoms of depression (in each session). Establish a link between the symptoms of depression and the problem of social isolation or dissatisfaction with interpersonal relationships. Review both the positive and negative aspects of the patient's former relationships. Analyze the pathological relational mode used repeatedly. Encourage the patient to analyze his/her positive and negative feelings about the psychotherapeutic relationship alongside feelings about other interpersonal relationships.</td>
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Case #2 — Interpersonal Conflict
Jeanne is a 42-year-old mother of three. She recently began working as an administrative secretary part-time. Her depression began following a conflict with her husband. Since she started working, he has been criticizing her cooking, her way of dressing, etc. Nevertheless, she has been taking on certain financial responsibilities that he previously found difficult to manage alone. Furthermore, she finds that working outside the home has only increased her daily tasks. Even though the family’s financial situation has improved, her relationship with her husband has deteriorated and the couple is talking less and less. The marriage has reached an impasse. Her symptoms of depression clearly began shortly after she started working. The conflict is caused by her feeling undervalued.

In the course of therapy, it is agreed that Jeanne must start to voice clearly her feelings of being undervalued, as well as her desire for love and attention. In time, it seems this approach has improved the communication between the couple. The husband, too, has taken the opportunity to express not only his disappointments, but also his positive feelings about the relationship. They have started taking more time out for themselves each month, and Jeanne’s condition has improved.

Case #3 — Difficult Life Transitions
Marie is a 36-year-old mother of two. She recently moved with her family to a new home in the suburbs. She loves the house, as it is much larger and more functional than her previous home, and offers many more possibilities. Once her joy over the novelty wore off, however, Marie became sad and depressed. She could not understand why, since she finally had everything she wanted. However, her husband had to leave home earlier in the morning and return home later, and her children had to take the bus to school. She knew none of her neighbors. In short, she missed her old neighborhood.

Even though moving was a positive event in and of itself, the loss of her familiar environment and her husband being less available became problematic. Her therapist has helped her find new ways to satisfy her need to be surrounded by friends. She has become more active in her community and discusses her feelings with her spouse, who also takes the opportunity to talk about what he misses from his “former life.”

death, as well as their consequences; fostering the expression of emotions, both negative and positive; and considering new ways of making social contact.

In cases involving interpersonal conflict (Case 2), we endeavor to identify the dissention and then devise a plan of action. We work on modifying the expectations of both parties involved—expectations that sometimes prove to be unrealistic—as well as errors in communication, with the goal of bringing about a satisfactory resolution to the problem. The stage of the conflict must be identified, as follows:

• Renegotiation, in which case the parties...
involved must be calmed down to facilitate resolving the problem;

• Impasse, in which case the disharmony between the parties is exacerbated in order to re-open negotiation; or

• Dissolution of the relationship, in which case the target is working through the transition process.

The expectations of each party are reformulated and the problematic aspects are analyzed by the health-care professional. Similarities with other problematic relationships, as well as the factors that perpetuate the context of the pathology also are examined.

In instances of difficult life transitions (Case 3), the therapeutic objectives consist of accepting the loss resulting from the life event, helping the patient consider the positive aspects of his/her new role, and rebuilding self-esteem by fostering a better grasp of what the new role entails. To do so, we review both the positive and negative aspects of the situation before and after the event, encourage the expression of feelings associated with the loss and change, and realistically assess the loss. The process involves examining new possibilities and encouraging the individual to build a social network and develop new skills, which are inherent to all change.

In dealing with interpersonal deficits (Case 4), the therapeutic objectives are to lessen the individual’s social isolation and encourage him/her to build new interpersonal relationships. In pursuing these objectives, the physician must review the patient’s significant relationships, including the positive and negative aspects. The pathologic relational mode used by the patient is re-examined at this point. The positive and negative aspects of the therapeutic relationship, as well as the feelings associated with it, also are analyzed alongside the patient’s other problematic interpersonal relationships.

Once the objectives of the target area have been met, the final phase of treatment can be started.

Final phase (two to four sessions) (Table 3). Once the intermediate phase has been complet-
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Psychotherapy

Table 3
Final Phase of Interpersonal Psychotherapy (2 to 4 sessions)

<table>
<thead>
<tr>
<th>Content</th>
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<th>Strategies</th>
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<tbody>
<tr>
<td>Conclusion</td>
<td>Terminate therapeutic relationship in order to develop a sense of personal competence in dealing with future problems without the therapist’s help.</td>
<td>Review symptoms of depression (in each session). Clearly discuss the termination of the therapy. Acknowledge the patient’s potential by fostering independence and personal skills. Work through the transition period that the termination of therapy entails.</td>
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</table>

ed, the last few sessions serve to conclude the therapy. The end of the therapy is discussed explicitly, and is viewed as a necessary loss. At this stage, it is important to acknowledge the autonomy and competence of the individual, who will have to function independently of his/her relationship with the therapist.

In the course of the three phases described above, various psychotherapeutic techniques are used (Table 4).

The Efficacy of Interpersonal Psychotherapy

When rigorously applied, IPT seems to correlate significantly with prevention of recurrent depression. A comparative study on the use of amitriptyline and IPT revealed no significant difference between medication and psychotherapy in reducing symptoms of depression. Amitriptyline used in combination with IPT, however, proved more effective than monotherapy in cases of more severe depression. The same study showed that the neurovegetative symptoms of depression improved more quickly with medication, while the cognitive symptoms, such as depressed mood, thoughts of suicide, loss of interest in usual activities and guilt, were influenced favorably by psychotherapy. IPT brought about better psychosocial functioning within 12 months of treatment.

The study by Sotsky et al on the predictors of response to psychotherapy demonstrated that patients with low-level social dysfunction responded better to IPT. Moreover, other studies have demonstrated the efficacy of IPT in cases of depression with atypical symptoms, revealing IPT to be superior to cognitive therapy in depressed patients with concomitant obsessive-compulsive personality disorder.

Does IPT Have Other Applications?

As IPT has been studied more extensively, its field of application has expanded over the last few years. In 1989, Dr. Ellen Frank proposed a maintenance program consisting of one session per month, which has since been recognized for its effectiveness in preventing relapses. Furthermore, IPT has proved beneficial in the treatment of depression in the elderly and in adolescents, as well as in human immunodeficiency virus (HIV)-positive and dysthymic patients. IPT has been the focus of various clinical studies in areas other than mood disorders (e.g.,...
bulimia, borderline personality disorder, somatization and addiction). The application of IPT to certain anxiety disorders is currently under study.

Case #1 Discussion
The primary goal of treatment is to help the patient go through her grieving process and foster the expression of anger, which she has difficulty admitting. The second goal is to help her regain certain interests and external relationships with friends that she had put aside because of her husband’s disabling illness. This process involves encouraging her to create new social contacts to compensate for the loss of her husband, using behavioral problem-solving techniques.

Conclusion
While the efficacy of pharmacotherapy in the treatment of episodes of major depression is indisputable, the absence of psychotherapy can result in poor patient compliance and persistence of the social stressors that perpetuate the disorder. It is in the best interests of all patients suffering from a psychiatric disorder to have access...
Psychotherapy

While the efficacy of pharmacotherapy in the treatment of episodes of major depression is indisputable, the absence of psychotherapy can result in poor patient compliance and persistence of the social stressors that perpetuate the disorder.

to the full range of therapeutic means, which have been validated by clinical trials. IPT is playing an increasingly significant role in the psychiatric practice—particularly given that its effectiveness has been demonstrated scientifically. It fits well into the framework of ambulatory care for depressed patients. 

References

Put Your Knowledge to the Test
Answer the questions in our quiz found on page 127 and send the response card to the University of Calgary for CME credits.