

Systemic Therapy and the World Cup: *Systemic Couple Therapy and Depression*

Brian Stagoll

Reviewing Elsa Jones and Eia Asen's *Systemic Couple Therapy and Depression*, the author reports also on the discussion which followed systemic therapy's participation in the London Depression Intervention Trial.

This book is an account of the London Depression Intervention Trial (Leff et al., 2000) which showed the greater effectiveness of systemic therapy for depression, compared to cognitive behaviour therapy or antidepressant medication. For partisan supporters of the systemic practice club, this was a major victory, renewing our faith just as any triumph for our team does. Written by the two key on-field players in the trial, Elsa Jones and Eia Asen, it is a chronicle of a successful premiership season. We have the preseason planning, the early enthusiasm tempered by doubts and setbacks, the key strategic decisions and tactical ploys used in the hard games, and the post match reflections. As you can see, I was reading the book during the World Cup. It kept pulling me away from the television. The parallels with the World Cup were salient: both events had rigorous playing manuals, precise sets of rules, independent referees with access to video playback, and intricate statistical analyses.

Finally at the end of a long series of games there was a winner. (Our team in one case, but not the other!) Supporters of the other losing teams sulked (like our Prime Minister) or claimed the results were fixed and demanded a replay. But the results were in and, unlike the rugby, it wasn't a last minute goal that got the systemic team across the line. They were clear victors and celebrations are duly called for.

This is the first time to my knowledge that systemic thinkers had actually fielded a team in the Psychiatric Randomised Controlled Trial (PRCT) Cup.¹ We've usually held ourselves back while twitching with postmodern superiority about incompatible epistemologies, the impossibility of manualisation, the perils of medical reductionism, the limitations of evidence-based positivism, blah blah. We remained relegated to our own minor league, independent, aesthetic and irrelevant. But this time Jones and Asen have run out onto the big arena. Bravo!

In the London trial, patients carrying a diagnosis of depression as ascertained by psychiatrists (often at the 'heavy end' of the spectrum of chronicity), and in a stable

relationship, were randomly assigned to one of three treatment modalities: antidepressants (including monitoring of serum levels), individual cognitive behaviour therapy (CBT), or systemic couple therapy. After baseline assessment, the intervention phase continued for one year (or 20 sessions of couple therapy) with assessment at the end of treatment, and again twelve to fifteen months later (a relatively long follow up). Assessment measures by independent raters included the venerable Hamilton Rating Scale for Depression and the Beck Depression Inventory.

The CBT arm of the trial was stopped because of a high dropout rate (virtually nobody stayed in treatment!) leaving the final group comparison between antidepressant therapy (initially 37 patients) and systemic couple therapy (40 patients). Both groups improved, but the couples group showed a statistically significant advantage over the antidepressant group. The improvement in the couples group increased over the second year, but not for the drug group. More than half the patients receiving antidepressants dropped out compared to 15% in couple therapy. Furthermore a health economic analysis showed drug therapy to be no cheaper than couples therapy, and probably more expensive in the longer term.

So on measures of efficacy, acceptability and cost, couple therapy was comparable or superior to antidepressants for seriously and chronically depressed individuals. Systemic couple therapy had scored the points. Cognitive behaviour therapy couldn't keep a team on the field. The traditional and established team, antidepressants, hung in there, but faded towards the end.

Naturally these results have occasioned hot debate. A sampling of the post-match commentary is in the November 2003 edition of the *Journal of Family Therapy*, an issue dedicated to 'Family Intervention in Depression' based on a London conference in 2002. Gupta et al. (2003) in a forceful paper claim that the low patient acceptance of CBT in the trial is exceptional, and not replicated in other studies that have established the efficacy of CBT for depression (although possibly for less severe forms than in this trial).

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The drop-out rate for medication is also much higher than usual, leading to speculation that recruitment bias and extra enthusiasm for couple therapy tilted the results. Jones comments on 'the degree of antagonism exhibited towards the study', with some research participants withdrawing from further discussion. She also alludes to problems in getting the results published in 'the psychiatric domain' (Jones, 2003). I suppose such responses are confirmation that systemic therapy has kicked some winning goals. None of us like our team to lose, especially if we've been top of the ladder for a long time (viz. our Prime Minister Howard again). The arguments and the protests will undoubtedly continue until the next tournament, when they will be further refuelled. What a delightful prospect.

Meanwhile a few things seem clear.

- It is possible to manualise systemic therapy, and in such a way that independent video raters can distinguish between different therapeutic modalities. Despite some overlap of general therapeutic skills, each modality can meaningfully be distinguished. There is a thing called 'systemic therapy' which an outside researcher can delineate, and determine whether it is being adhered to over the course of therapy. 'Protocol compliance inquiry', as it is called, is entirely feasible. The protocol of systemic couple therapy for depression is reproduced in the book. The manual is 30 pages long, clear, concise and usefully evocative. It is also standard fare. There are no new ideas here, simply a collation of the good old ones: a workable consensus document specifying how experienced systemic therapists operate. This is a most valuable tool.
- The great strength of systemic therapy is revealed in this study — the ability of systemic approaches to engage and connect with clients, certainly as compared to CBT and drug therapy, if the drop-out rates are any measure. This is especially so for complex situations with multi system entanglements and conflicts. This is the home ground of systemic therapy. The treatment manual and the case descriptions (most recounting chronic and futile mental health system encounters) detail the elaborate attention paid to welcoming people into cooperative, non-blaming meetings and lessening their reluctance to participate. Building trust, clarity and safe boundaries are the core, based on even-handedness and openness to all views. Only then can any multi-level conflicts or contextual confusions be approached. Perhaps only systemic therapy has the conceptual reach to do this.
- Paradoxically the constraints of a research protocol can free the therapist to remain neutral about outcome, and not get caught in 'over-helping' stances. As Hegel (the original systems thinker) says, freedom is the recognition of necessity. Results are the necessary concern of the independent investigators: therapists are free to maintain curiosity and respect in a truly systemic way. The power for change can belong to the couple, a point the late Gianfranco Cecchin makes in an elegant foreword.
- Certainly this study needs to be replicated in different contexts, in primary care settings, with less experienced therapists, and so on. This will be trialled in the next tournament, but what Jones and Asen have done is shown us we can certainly play in the main game.
- Finally it has to be said that sporting analogies are a bit superficial here. Depression is no sport (although sport can make us depressed!). Depression is common, even epidemic, and highly damaging. Much of the depression in our communities is poorly treated. We have public health campaigns reducing stigma and identifying depression, and the numbers of depressed people coming into treatment are increasing. Mostly this is occurring in general practice or primary care settings, and the usual treatment is antidepressants. These are never fully effective and their use is further limited by cost, side effects and negative public attitudes that increase their non-adherence rates. This study shows that couple interventions can have a definite role, but this must be further defined by comparative trials with drugs and individual therapies.
- Such trials do have elements of sporting contests. Jones and Asen wryly comment on their anxieties about being exposed as poor therapists, 'losers in the game'. We systemic therapists have to overcome our pre-match nerves and come forward like Jones and Asen to compete in the serious public contest of therapeutic trials. We will have our wins and our losses, but hopefully we won't get relegated to the minor league again. Our major Australian event 'Beyond Blue' awaits our participation (Beyond Blue, 2003)


About ten years ago, I wrote an annual review of family therapy that contrasted the brilliant, soaring but unrepliated work from Milan, with the patient, cumulative and grounded traditions of London Social Psychiatry (Stagoll, 1993). I hoped that one day systemic Milan and empirical London would get together. Now it has happened. We are hungry for more of this research and look forward to it as much as the next World Cup. Congratulations to Julian Leff and his team, and the star players Jones and Asen, alongside English Rugby and Johnny Wilkinson. Go Systemic Therapy! Bad luck, Wallabies.


Endnote

- 1 Although see Asen (2002) and Carr (2000) for more details.

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