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DEPRESSION FROM A NEW PERSPECTIVE:
FROM THE DISEASE MODEL TOWARDS
A BROADER VIEW, INCLUDING PREVENTION
AND PSYCHOTHERAPY

JOZEF CORVELEYN, PATRICK LUYTEN & SIDNEY J. BLATT, eds. (2005) *The Theory and Treatment of Depression: Towards a Dynamic Interactionism Model* (Leuven: Leuven UP & Mahwah: Lawrence Erlbaum) x, 291 pp., 24 cm, ISBN 90 5867 425 8, €35.00.

Depression and schizophrenia are cornerstones of modern psychiatry, and like fortresses in a landscape guard and control a territory which now belongs entirely to a biological interpretation of illness and therapy. These disorders are now regarded as expressions of genetic vulnerabilities and disequilibria of brain functions, especially neurotransmitter mechanisms whose treatment consists of psychopharmaca, ECT or other somatic cures. From this view some prevention concepts can be deduced, for instance early diagnosis and radical treatment, continuous care, eventually some rehabilitation but no real mental health promotion aspect exists.

Schizophrenia is slowly undergoing some change in this exclusively biological approach, while genetic and neuroendocrinological theories of etiology still prevail, some specific vulnerabilities are formulated (family influences, EE – expressed emotion, cognitive deficiencies, lack or deterioration of some basic social skills, etc.); psychoeducation now has a stable place in the treatment, and some psychotherapy methods are increasingly used in comprehensive systems of care.¹

Although depression is also less monolithic in psychiatric nosology as it has been until recently, its origin in heredity, in impaired neurotransmission and in neurohormonal disbalance seems to be established, and its treatment without medicaments (given over several years) is inconceivable; in some countries it is a faulty practice prone to successful malpractice litigation (unless ECT is used instead of drugs). While schizophrenia affects only a small percentage of the population concerning lifetime prevalence, depression is one of the most prominent public health enemies; its prevalence is at least 15%, but some surveys calculate with 50–70% in a lifetime perspective. Besides its frequency, it is connected with a high mortality rate, partly due to the elevated risk of suicide, partly to somatic comorbidities (e.g. myocardial infarction). Depression is unique as it is differentiated by various degrees of severity. Major depression (formerly called endogenous depression) is seen as a ‘true’ disorder; less severe forms (previously named neurotic or reactive) have to be taken seriously because

¹ A recent example is the Danish National Schizophrenia Project, see e.g. ROSENBAUM et al. (2006).

they are regarded as episodes of a long-term, recurrent disorder, but are, also treated by some psychotherapeutic methods, with reasonable success. Nevertheless, in everyday psychiatric care psychotherapy is hardly an alternative to therapy. Prevention, again, can only be secondary to early diagnosis, proper and continuous treatment, in the hope of providing as much time of remission and social functioning as possible for the patient.

The stone walls of the fortress begin to weaken as a result of discoveries of the very high placebo content of the therapeutic efficacy of antidepressants which are believed to be essential in therapy because they replace, produce or inhibit the reabsorption of serotonin and other vital substances in the brain, supposed to be etiological agents of disease. The active placebo concept of Kirsch and others raise serious doubts about the specific effects of antidepressants. If these doubts are corroborated, nonspecific factors of psychological influences, for example changes in patient, therapist or process variables (as they are called in psychotherapy research, that is, a good patient-doctor relationship, specific suggestions, activation, inducement of self efficacy feelings, working through cognitive maladaptation, etc.) will become the real forces which bring about cure even during proper regimes of pharmacotherapy. This is a hypothesis which is vehemently refused by academic psychiatry but it is, nevertheless, more or less true, and if true, new vistas will be opened for psychotherapy as well as for the prevention of depression. This is incredibly important, and if this view is not suppressed by the immense power of the pharma industry and by the solid academic structures of mainstream psychiatry, an important obstacle will be removed from the path of the development of a truly comprehensive mental health research and prevention practice.

CORVELEYN, LUYTEN and BLATT have now edited a volume which gives hope to the reader that a new, comprehensive approach to depression is really possible and its progress will cause important advances first in research then in the treatment practice. The editors, like the majority of contributors, are clinical psychologists. The first two editors work in Leuven, Belgium, while the third one, Sidney J. Blatt, is a professor at Yale University. Obviously he is the originator of ideas and syntheses of research results exposed in the book, his publications have been influential over the last three decades in professional literature. The two Belgian psychologists, like many other authors of the book, also working in Leuven, are followers and pupils of Blatt, the coeditors being already senior researchers with their own important contributions to the field.

The book contains eight chapters, an introduction and an epilogue, latter parts written by the editors, in a somewhat changed order (LUYTEN, BLATT & CORVELEYN). Each chapter is a sort of review article, with a tendency to provide a state-of-the-art summary of the topic being dealt with. A large amount of citations can be found in the texts, with a correspondingly ample bibliography, where at least half of the titles cited were published after 2000. It is interesting to note, that the majority of works cited here are not mentioned in mainstream depression literature, where usually biological research is taken into account, beside some epidemiological or nosological data sources. The reader can also find epidemiological data and clinical and research nosology here because this volume is also stressing the fact that depression is frequent,

a serious illness and a state of mind to be changed by therapeutic means. The difference lies more in the fact that the book is critical towards the accepted nosology of our time, the DSM system, especially the DSM-IV and its variations but also predominantly in the clinical psychology approach the book represents.

DSM defines depression as categorical and in a quantitative way, which, however, is based on more or less arbitrary assumptions. The categories are now widely accepted, are linked with symptom lists, questionnaires and scales used in clinical practice and research, and thus convey the promise of empirical validation. This is, unfortunately, not the case, but since drug trials, official diagnoses and psychometric assessments are bound to DSM categories, few experts dare to look at the DSM definitions critically. Nevertheless, increasing doubts are expressed towards this uniquely symptom-related concept of depression. One of the critical voices is the Blatt group which prefers a dimensional view instead of a categorical one, the dimensions being developmental lines of personality and not independent of one another but interrelated and in dynamic interaction.

Classical nosology also postulated types of depression, the former dichotomy between endogenous and reactive depressions was one of the typologies, besides many other assumptions (for example involuntional melancholy, postpartum depression, etc.). Blatt found profound differences between two different types of depression from a psychodynamic point of view. The core problem area in one type lies in interpersonal relatedness, the main eliciting factors consisting of loss, abandonment, isolation, frustration, and the wish to be loved and cared for. This type is therefore named ana-clytic (or dependent) depression, a term borrowed from René Spitz, who found similar depression in children of nursery homes who were reared without parental care. The other type is called introjective (or self-critical) depression, and the core conflict is failure, shame, rejection, and the inability to succeed or accomplish, and where doubts about self have to be warded off. The adjective is derived from the process of introjecting criticism perceived on the part of others and incorporated by the self. The two types have different developmental histories, but the developmental lines are not separated realms of experience, they are interrelated with each other, representing developmental tasks which should be solved during the developmental process. The distortions in the developmental lines of the personality, termed Dependency/Sociotropy and Self-Critical Perfectionism/Autonomy form focuses of vulnerability where depression can manifest itself after stresses and inadequate coping.

In the book each chapter would merit a detailed overview and evaluation. Each chapter is an independent publication in its own right but together the chapters form a coordinated chain of elaboration of the main topic (of course, with some overlaps and repetitions which are unavoidable if a description wants to deploy its own contexts in order to serve full understanding for those who read them separately).

The first chapter (BEMYTTENAERE, VAN OUDENHOVE & DE FRUYT) deals with the issue of lifecycle of depression. Its basic question is whether the increasing rates of depression, much discussed in the literature, are fact or fiction? This opening question is important, because there are a lot of methodological pitfalls which make a solid, scientifically sound answer difficult. Epidemiological studies have to face the effects of

problems of case identification, diminished recall, differential mortality, etc. Nevertheless, it seems to be warranted to state that depression is a life-long disorder, with a high risk of recurrence. Life events and stresses play an important role in recurrence, but not in a direct, correlational way. Minor and not specific stresses might be precipitating factors, and this is explained by the 'kindling hypothesis', a model taken over from epilepsy research, hinting to sensitisation through subsequent episodes. The model is reinterpreted by the 'cognitive scar' hypothesis, which points not only to the experiential sensitisation caused by the depression episode itself, but also by the cognitive effects (subtle deficits) of the most frequently used antidepressants (for example SSRIs). The deficits have neurobiological correlates in the impaired function of Hippocampus and Amygdala.

The second chapter (HERMANS, RAES & EELLEN), titled 'Mood and Memory: A Cognitive Psychology Perspective in Maintenance of Depressed Mood and Vulnerability for Relapse', is one of the most important writings in the book. The title is in itself telling. The chapter sets a far-reaching aim, depression – because of its public health impact – has to have a primary and secondary prevention outlook and therefore the vulnerability factors have to be known much more exactly. New research highlights the role of memory in vulnerability. Mood deeply influences memory (Gordon Bower's research initiative has produced a lot of data about this), changing the functioning of the associative memory network, and fostering state-dependent learning, mood congruent recall and even mood congruent encoding. Through these mechanisms a 'depressivism' is created by depressed people (p.50), and '[t]he depressed patient might get stuck in a vicious circle in which depressed mood heightens the accessibility of negative memories, which in turn amplify the depressive mood' (p.50). Whoever has worked with depressive patients will find this description familiar.

Mood thus influences encoding and recall, but also the system of autobiographical memory, especially with respect to specificity of recall. Specificity is impaired in depression and this has far-reaching consequences; lack of specificity of accessible memory contents makes the prognosis of depression worse, probably by inhibiting social problem solving, imageability of the future and emotional processing. Affect regulation is also disturbed because of skewed memory functioning. The autobiographical memory paradigm in experimental cognitive psychology research shows that while a biased (increased) accessibility of negative autonomous autobiographical events can be demonstrated in the sociotropy dimension, it is not proved in the autonomy dimension (a sign again that the sociotropy/autonomy distinction is meaningful regarding selective information processing).

Chapter 3 (LUYTEN, BLATT & CORVELEYN) compares the psychodynamic and cognitive-behavioural theories of depression, mainly the ideas of the Blatt school and the thoughts of A.T. Beck, the famous cognitive therapist, who made attempts in the last years to systematise his views. There is a remarkable convergence between the two approaches. This chapter further elaborates Blatt's theory, pointing out that the two dimensions are two clusters or configurations of psychopathology, depending on which developmental line predominates and which is neglected or defended against (p.69). Blatt emphasises the two main developmental lines following Erikson's well-known

psychoanalytical development theory, while Beck speaks about cognitive strategies or cognitive schemata which are dysfunctional. Blatt also mentions the fact of characteristic interpersonal style, which is the consequence of the psychodynamic constellation of depression, and Beck's conceptualisation also refers to similar differences as found in the Dependency/Sociotropy and Perfectionism/Autonomy dimensions. Both theorists explain the different experimental background and precipitating factors of the illness, and explain why the two types need different treatment in psychotherapy. Blatt, here again is more explicit, he sees 'the therapeutic process as a reinitiation of normal psychological development, or the "reactivation of [a] disrupted developmental process" ... namely of a dialectical interaction between relatedness (analytic line) and separation-individuation (introjective line) towards more differentiated and integrated interpersonal relationships, and self-definition' (p.84). Although there are important differences between Blatt's and Beck's conceptualisations, the two orientations can profit from each other's research data.

The fourth chapter, again written by the editors, gives a critical review of empirical research produced by the two theoretical schools. This is a highly technical paper including more than a hundred citations. An important finding is that the early diagnosis of the developmental lines (Blatt and coworkers created a spectrum of clinical scales and other instruments which are also useful research tools) can identify persons at risk – this holds the promise of prevention. Research findings also show that the malfunctioning states in the two developmental lines can be associated with dysfunctional interpersonal transactional cycles (p.114), which again account for vicious circles and self-sustaining mechanisms in depressions in the psychological realm (and not in primarily psychobiological levels of the mind).

It is interesting in this chapter that Blatt's research group was able to reinterpret therapy outcomes in previous projects, large investigations, like the early NIHM depression treatment project, the Menninger Psychotherapy Research Project, or the Riggs Yale Study based on the two types of depression and their differential response to therapy. This chapter makes obvious that the existing approach in therapy, neglecting patient and therapist characteristics, as manifested in the clinical and research guidelines, have to be changed.

Chapter 5 (BLATT & G. SHAHAR) outlines a dialectical model of personality development and psychopathology and draws conclusions related to diagnosis and treatment of depression. This is a theoretical paper going into the developmental process, dealing entirely with psychoanalytic concepts. This is continued in the next two chapters (6 and 7) written by Belgian experts, probing the clinical phenomena of childhood and adolescent depression. The chapters argue convincingly that the interaction styles of depressives have adaptive and maladaptive sides and that they create a negative, risk-related social context (p.150). Self-efficacy dimension in the personality can counteract these depression-maintaining mechanisms. The childhood chapters report a moving case history of a depressive boy. Here a description is given on how pessimistic explanatory styles of experiences emerge and how the interaction between the person and environment lead to a 'depressotypic organization' (p.175). There are fine theoretical models concerning the genesis of childhood depression (CHICHETTI & TOTH,

GOODMAN and GOTLIB, etc.) casting light on risk factors and their amplifying interaction. It is clear from these models how parental psychopathology, especially maternal depression can be given over in the socialisation process to the child (pp.179–86), and this is a view competing with the traditional hereditary conceptualisations of the risk transmission in families.

Chapter 8 is written by CLAES and leading biological psychiatrist NEMEROFF, summing up the present knowledge about the interdependence of CRF (Corticotropin-Releasing Factor) pathology and major depression, trying to form a truly psychosomatic view, and underlining the importance and the formative role of early stresses in development.

The epilogue of the book, written by the editors, is a masterful summary of the book's content, introducing a number of research and therapy outlooks and new concepts. The title is very expressive: 'Towards Integration in the Theory and Treatment of Depression? The Time is Now'.

The book can be discussed and evaluated from many other respects. It is worth mentioning that there is a useful overview of the evolution of psychoanalytic theories of depression in the childhood depression chapters, also helping to better understand the ideas exposed in this volume. Another praiseworthy aspect is the editors' and authors' skilfulness in using both the language of mainstream psychiatry and of psychodynamic thinking and in fulfilling the requirements of the scientific empirical approach.

The book is a serious attempt at reconquering the phenomena of depressions for psychology from the present academic nosology and biological theories. Today psychiatry uses the slogan of being based on a biopsychological model, but both the social and the psychological levels of human functioning are totally neglected. This is why in our times depression can be regarded as a massive roadblock against attempts to conceive and to devise prevention and psycho- or sociotherapy, and an up-to-date mental health promotion. The book instils hope in the reader that family interaction around the child and peer relations can be preventively influenced, efficacy in interpersonal and self-development can be supported, and effective psychotherapy of depression, especially in the early stages, can be carried out. The authors frequently hint at preclinical, premorbid states of depression development, pointing to the realm of prevention (while mainstream conceptualisations stress early diagnosis of supposedly separate entities like 'larvaed depression' or 'depression sine depression', or search for depression in every psychosomatic disease that serves only as a reason to establish therapy with antidepressants).

This book might contribute to the removal of that theoretical roadblock, and besides liberating interest towards prevention and health promotion in this area, it can also demonstrate a link between traditional psychiatry and new clinical psychology research, or between neurobiology and psychotherapy. The book is therefore a must read for everybody who works in the field of mental health promotion and psychological treatment methods or social therapies of depression.

Reference

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