

Comparative Treatments of Depression.

Mark A. Reinecke and Michael R. Davison. New York: Springer (www.springerpub.com). 2003, 528 pp., \$56.95 (hardcover).

Comparative Treatments of Depression edited by Mark A. Reinecke and Michael R. Davison hosts a distinguished panel of authors who offer a wide array of theoretical concepts and therapeutic strategies in the treatment of depression. It is the third book in the Springer Series on Comparative Treatments for Psychological Disorders edited by Arthur Freeman. As a regular feature of the series, the book uses the format whereby the contributing authors apply their theoretical approach to a single, rich, and extensive case study based on a self-referred eponymous outpatient client named Nancy. The contributors are asked to describe how they would diagnose, develop a treatment plan, and provide interventions for Nancy by responding to an identical set of 15 questions, which include several clinical concerns such as relapse prevention, etiology of the disorders, and the mechanism of change.

Clearly, depression is a very complex disorder that includes a set of illnesses influenced by inextricably entwined factors such as genetics, neurology, environmental stressors, and personality characteristics. Yet, despite this model of multiple causes, a common path underlies all these therapeutic approaches of depression which focuses on cognition and perceptual processes.

To supplement the books twelve chapters on the diagnosis and treatment of depression, chapters on psychopharmacology, cultural influences and the latest research are also offered. The best empirically-based information is provided by randomized controlled studies. They reveal that psychotherapy is as effective, if not more effective than, psychopharmacology. Yet, the editors note the gold standard of combining psychotherapy with medication remains.

Many of the authors offered chapters on standard cognitive/behavioral psychotherapy. These chapters are well worth reading and provide an excellent review of the latest thinking even for the experts in the field. However, the chapters I found most intriguing were those proffering a psychoanalytic or psychodynamic approach. These chapters take a somewhat different spin on classic Freudian techniques such as transference and the role of insight, and they also emphasize the importance of cognitive processes i.e., they focus on the perception and interpretation individuals ascribe to events and on their mistaken beliefs based on early childhood experience. Changing these schemas and scripts produces symptom relief and reduces the pain of depression. This approach sounds a lot like standard cognitive behavior therapy (a la Jeffrey Young and Daniel Mattila's chapter titled "Schema-Focused Therapy for Depression"). Both models focus on clients' beliefs, expectations, experience, personal characteristics, and the quality of the therapeutic alliance. Yet they differ on etiology. The psychoanalytic models focus on the role of attachment theory and early conflicts arising from the parent-child relationship in the etiology of depressogenic disorders.

With so many models with similar constructs, explanation, and mechanisms of change described in this text, one needs to be careful not to lump them all together and to recognize they have important differences. In his chapter summary, Mark A. Reinecke compares reading this book to entering a Japanese Zen garden. The Zen garden is structured so that it is not possible to enter without losing sight of the entire garden, forcing you to focus on the array of sandbeds and lustrous rock formations immediately in front of you. Walking through the garden, you lose the perspective of the other rock clusters. Yet to appreciate the full beauty of the garden, all vantage points must be kept in mind. Similarly, maintaining simultaneously the theoretical concepts and

evidence-based techniques within this text is crucial for you to appreciate the full scope of what is available in the treatment of depression and to decide which therapeutic approach or combination such as object-relations, self-psychology, rational-emotive behavioral therapy, psychopharmacology will work best, under what conditions, and for whom.

I recommend this book to professional audiences composed of clinicians and academics alike. Furthermore, it is an excellent text for courses on clinical procedures and counseling techniques for upper-level undergraduate and graduate students. For the experienced professional it offers a good refresher of the latest state-of-the-art thinking and for the novice it introduces one to a very thoughtful, clearly articulated treatment of the very complex and multi-faceted phenomenon of depression.

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