

The Prevention of Anxiety and Depression: Theory, Research, and Practice

By David J. A. Dozois & Keith S. Dobson. Washington DC: American Psychological Association (www.apa.org). 2004, 330pp, \$49.95 (hardcover).

To Kill Two Birds with One Stone: Negative Affect Syndrome and “The Prevention of Anxiety and Depression: Theory, Research, and Practice”

If Barlow and his colleagues (Barlow, Allen, & Choate, 2004), are right that anxiety, depression (and anger) often co-occur in clients as part of a Negative Affect Syndrome that creates untold human misery and short-circuits higher cortical functioning in terms of our capacity for complex social problem solving, then we may kill two birds with one stone in preventing anxiety and depression at the same time. This is one of the rationales for this timely book, "The Prevention of Anxiety and Depression: Theory, Research, and Practice" edited by David J. A. Dozois & Keith S. Dobson. Indeed, numerous chapters present compelling data on the co-morbidity of these disorders, a phenomenon seen by many clinicians who celebrate the straightforwardness of cases of “pure” depression or anxiety which are so rare in their practices.

In many ways, this book seems like two books: one aimed at primary prevention with a second book within the book aimed at the vexing problem of relapse prevention for disorders associated with high rates of reoccurrence and chronicity. Needless to say, there is much more data on the latter than the former, although, as the editors lament, there are far too few intervention studies of *any* kind, a problem that grant agencies need to address in their funding allocations.

There may be two different audiences for the “two books” in this book. Clinicians and clinical trial researchers will be most interested in relapse prevention—called tertiary prevention by the authors, while other researchers, especially those with a community psychology and public health perspective, will be interested in the primary prevention aspect (Secondary prevention in high risk groups has the same aim of primary prevention in the population at large, to prevent the first episode of clinical depression or anxiety). After reading this volume, I look forward to a future volume on relapse prevention alone. As Dobson and Dozois point out in their final summing-up chapter, there is more than enough data and theory to justify such a book.

The need for consistency in measurement and for measures of quality of life to supplement somewhat orthogonal symptom-oriented measures is made in an excellent chapter on design by David A. Clark, a chapter devoted exclusively to measurement by Bieling, McCabe and Antony, and the final summing up chapter by Dobson and Dozois (also see Frisch et al. 2005). The Clark chapter along with excellent reviews in chapters by Ingram, Odom, & Mitchusson on depression and Hudson, Flanner-Schroeder and Kendall as well as Story, Zucker, & Craske on anxiety, demonstrate a detailed knowledge of risk and protective factors. Again, all that seems needed is the attention of grant agencies to fund intervention studies based upon this research.

In the “brave new world” presented in Clark’s chapter, psychological health promotion initiatives aimed at depression and anxiety enjoy co-equal status with public health initiatives aimed at smoking cessation and the mandatory use of seat belts. These intervention initiatives blanket the airwaves and blogosphere. They have a ubiquitous presence in school curriculums, prenatal parenting classes, and workplace education programs. Several different authors echo this exciting vision for the future, at the same time that they echo their community psychology

forbearers in warning us not to proceed until we are sure that we “got the goods” in terms of thoroughly researched, evidence based interventions.

An intriguing possibility for future prevention efforts is the application of recent cognitive theory and positive psychology or happiness interventions:

“In “*Scientific Foundations of Cognitive Theory and Therapy of Depression*” (Clark & Beck, 1999), Aaron T. Beck and I noted that depression is characterized not only by hypervigilant activation of negative self-referent schemas but also a failure to access more positive, constructive self-schemas involved in the promotion of productive activities that increase the vital resources of the individual. The constructive mode provides the cognitive basis for healthy living; to achieve, to relate intimately, to be creative and independent, and to exhibit resilience, optimism and a sense of mastery. Standard cognitive therapy are interventions aimed at de-activating negative dysfunctional schematic processing in anxiety and depression. However the therapy has been relatively silent on how to address the inaccessibility of the constructive mode... A new and expanded therapeutic perspective is needed that directly addresses issues of positive affect, life satisfaction and contentment. ” (page ix, David A. Clark’s Foreword to Frisch, 2006).”

In their chapter on tertiary prevention of depression, Dobson and Ottenbreit review the precious few studies on relapse prevention, mentioning the positive psychology or well-being interventions of Fava and his colleagues in Italy. This—along with more comprehensive approaches to happiness and well-being—need to be empirically tested as they have other innovative approaches in the past such as Mindfulness Based Cognitive Therapy. Rodrigue et al. (2005) describe just such a recent effort.

References

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