Depression: A Synthesis of Experience and Perspective

A review of

Depression: Causes and Treatment (2nd ed.)

by Aaron T. Beck and Brad A. Alford


Reviewed by

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Aaron T. Beck’s first edition of Depression: Clinical, Experimental, and Theoretical Aspects, which first appeared in 1967 and was issued in paperback in 1972 with the title Depression: Causes and Treatment, was heralded as the most comprehensive and authoritative text on the etiology, phenomenology, and treatment of depression at the time. It is still cited today, particularly with reference to Beck’s original cognitive formulation of depression and the subsequent development and advancement of cognitive therapy. Over 40 years later, the second edition to this seminal work, bearing the title of the 1972 edition, provides a historical overview of the emergence of current-day understandings of depression from a multidimensional perspective.
A Historical Perspective

The text benefits from a historical perspective woven throughout, whether with regard to the clinical features, experimental findings, theory, or treatment of depression. For instance, a study conducted by Emil Kraepelin in 1913 is presented as a part of a series designed to provide the reader with information regarding frequency, duration, and recurrence of depressive episodes, as well as interepisode duration. The chapter on schizoaffective disorder begins with an introduction to the evaluation of the construct, beginning with George Kirby’s work in 1913. Descriptions of early investigations into the biochemistry of depression dating back to 1903 set the stage for an examination of the progression of research in this area to the present day. Similarly, a brief overview of initial writings on the psychotherapy of depression, including those of John Campbell (1953), gives the reader an appreciation for treatment advances.

The historical perspective is given prominence in chapters such as the one on classification of mood disorders, which presents older terminology and related debates, such as endogenous versus exogenous schools of thought. Similarly, a chapter devoted to various theoretical conceptualizations of depression (e.g., psychoanalytic, psychodynamic, existential, cognitive) is contextualized through descriptions of the original formulations. Reprinted in the second edition are Beck’s original tests of Freud’s psychoanalytic theory of depression, which provided the empirical foundations of the present-day cognitive model. The benefits of this perspective are noted in the various summaries in the text, which allow for an examination of historical patterns.

Depth of Coverage, Synthesis, and Contributions

Scientist–practitioners will benefit not only from Beck and Alford’s critiques of the literature but also from their experience and perspective. In their presentation of depressive symptomatology, they introduce the convention of examining symptom manifestation according to depth of depression rather than according to current nosological categories; this is due to their observations of low interrater diagnostic reliability and the comorbidity of depressive symptomatology across diagnostic categories. They use this convention in their examination of the contributions of early psychosocial stressors such as the early-life loss of a parent and subsequent development of depressive symptomatology.

Further, Beck and Alford suggest that the differential diagnosis of psychiatric disorders could be sharpened by considering cognitive content and degree of impairment. These ideas may find application in the development of the DSM–V.
hierarchical organization of mood and anxiety spectrum disorders, and in considerations of diagnostic overlap and comorbidity.

Periodic summaries assist the reader in the integration of narrative reviews. For instance, the literature on the course and prognosis of depression spectrum disorders is voluminous, including information on suicide risk, predisposing factors, course, and recurrence, yet Beck and Alford succinctly summarize it. They identify areas in need of investigation such as the differential diagnosis between unipolar depression and bipolar II disorder, interventions to address cognitive vulnerability to mania, and the role of psychosocial factors such as goal attainment.

The authors present an often confused and misunderstood diagnostic category, that of schizoaffective disorder, along with considerations for the differentiation of mood disorders from schizophrenic disorders and the novel idea of looking at these disorders in terms of a spectrum of disorders ranging from the manic-depressive with good prognosis to the purely schizophrenic with poor prognosis. That is, they raise the possibility that a mood component may contribute to the long-term prognosis of individuals manifesting psychotic thought processes.

For the clinical researcher, these critiques bring to light the price of methodological limitations in terms of nonreplication and errant thought; as well, they instruct those who would venture to improve upon previous work. For instance, studies on risk factors for the development of depression need to include cohorts free of depression at baseline. Neuroendocrine studies may benefit from differentiating between acute versus chronic forms of depression. Studies of psychotherapy outcomes among the older adults in primary care settings are needed, as are pharmacological studies with fewer exclusionary criteria. These observations may be of considerable value to those seeking to make sense of disparate research findings and to enhance the methodological rigor of present studies.

Enduring contributions include the authors’ presentation of the cognitive model of depression, especially as applied to its development and maintenance, and their explanation of the role of cognition in the affective, behavioral, physical, and motivational realms. In addition to the traditional constructs of negative automatic thoughts and schemas, the authors add the updated construct of modes, or the manner in which schemas are interrelated to coordinate psychological systems.

The clinical examples are vivid and engaging, and the authors link them to symptom manifestation. Relevant research findings are interwoven in the clinical presentations, providing support for various aspects of the model, such as cognitive primacy, the temporal order of symptom improvement, or the effects of psychological factors on the symptoms of psychomotor retardation and fatigue.

The authors suggest the use of a similar cognitive conceptualization in dealing with other anxiety, somatoform, and psychotic spectrum disorders. The cognitive conceptualization, especially as applied to affective, behavioral, and physical symptoms,
may be of considerable benefit in treating those with additional disorders, particularly eating disorders and obesity.

Another contribution involves the presentation of contemporary treatment information from both the biological and cognitive perspectives. The fields of psychology and psychiatry have yet to fully understand the role of serotonin in the treatment and manifestation of depression; for instance, the reason for patients’ often delayed response to selective serotonin reuptake inhibitors (SSRIs) remains unclear; despite the relatively quick increase in serotonin levels, response to treatment may not be evident for a few weeks. Beck and Alford discuss recent research on the neurotropic and neurogenic features of SSRIs that may explain the delay in treatment response. The authors also present an overview of the cognitive treatment of depression from a conceptual point of view, which complements more detailed presentations such as those of Barlow (2008), Wright, Basco, and Thase (2006), and Beck (1995).

Other important questions are whether cognitive therapy and pharmacotherapy are best delivered independently, jointly, or sequentially and to what extent if any cognitive therapy is appropriate for the treatment of severe depressions. To address these questions, Beck and Alford review 11 randomized, controlled clinical trials in which psychotherapy is pitted against clinical pharmacotherapy among persons with major depressive disorder. Six treatment follow-up studies are presented as well. Their review of the evidence to date suggests that cognitive and interpersonal psychotherapy are at least as effective as pharmacotherapy, that combined treatment may be some benefit, particularly with severe and recurrent depressions, and that routine maintenance treatment may help avert nearly 50 percent of recurrences within a 5-year period.

Conclusions and Recommendations

This second edition provides a comprehensive and insightful overview of today’s state of the knowledge of depression, presented from the perspective of time and experience. The great magnitude of information from which the volume’s contents are culled gives one pause. At the same time, the narrative literature reviews might have been shortened. Additionally, the majority of the text is devoted to late adolescent and adult populations; little information pertinent to the development and treatment of depression in children is provided.

Nevertheless, the second edition of Depression: Causes and Treatment should appeal to clinicians interested in the symptom presentation of affective disorders, the cognitive model, and various treatment considerations as well as to researchers interested in the biological underpinnings of depression as well as research contributions and limitations. In sum, it is anticipated that the second edition will assume the position of the first edition as one of the most authoritative texts on the topic of depression available.
References


