

Depression and Physical Illness

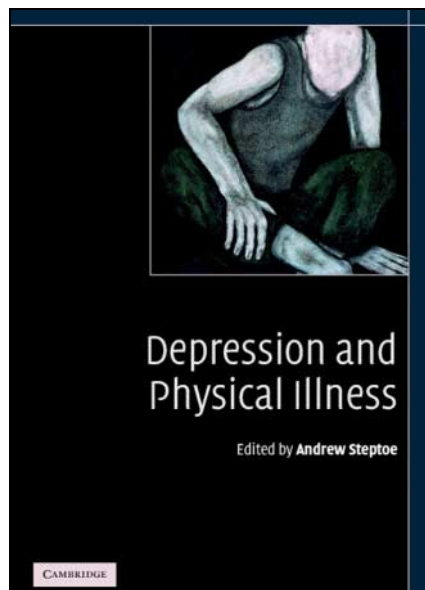
Edited by Andrew Steptoe.
Cambridge University Press. 2007. 434pp.
£45.00 (pb). ISBN 9780521603609

An important relationship between depression and medical disorders has long been recognised and variously conceptualised according to prevailing beliefs – from black bile in ancient Greece to psychoanalytic theories in which the body is a theatre of the mind and a myocardial infarction can result from unexpressed emotions. For most of the 20th century the term psychosomatic medicine encompassed an interaction between the psychological and the physiological. However, in many ways this term made the divide between body and mind even wider, with many patients and clinicians continuing to regard a psychological condition as not real. Depression is still described as psychological rather than biological, yet, in the light of our current knowledge, what could be more biological than a neuroendocrine brain disorder with multiple manifestations in various organ systems?

In this excellent new book, Andrew Steptoe brings together a wide group of experts to give us a 21st-century view of the associations between depression and physical illness. While addressing psychological aspects of depression, it also presents a carefully balanced view that critically evaluates the biological underpinnings of the disease associations. (Interestingly, the term psychosomatic does not even appear in the index.)

The book is divided into three parts. The first gives a clear account of the importance of the definition of depression and its methods of measurement. It also provides a comprehensive overview of how psychosocial factors, such as low socio-economic status and education, predict not only depression but also affect physical risk profiles. A range of specific health problems is covered in the second part and in the third possible underlying biological and behavioural processes are explored.

The most robust links are between depression and coronary heart disease and this is reflected by the inclusion of three chapters giving a balanced and thorough presentation of the evidence that individuals with depression are more vulnerable to heart disease and even if their depression can be successfully treated this will not necessarily improve the course of the cardiac disease. The evidence linking depression with other medical disorders, such as diabetes and cancer, is not as strong but is



nevertheless consistent. The chapter on pain and depression gives a fascinating overview of these two conditions as related symptom complexes associated with neuroendocrine and immune activation. Similar links are described for other disorders and these findings are integrated in the final section in working models that indicate future opportunities and possible pitfalls in this field of study.

I recommend this book highly to all mental healthcare professionals and my only criticism is that I would have liked to read more about potential treatment approaches but, as this field continues its rapid expansion, we can look forward to a larger, later edition. But most of all, I would recommend this book to other medical specialties – on checking the contents of the latest editions of several prominent textbooks of medicine, I could find no reference to the role of depression despite the overwhelming evidence presented in *Depression and Physical Illness*.

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Formulation in Psychology and Psychotherapy: Making Sense of People's Problems

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Most clinical psychologists and psychotherapists respect case formulation as an aid to good practice. For many psychiatrists, it remains a source of anxiety and

confusion. Although the former are this book's natural audience, I think it has much to offer inquiring psychiatric trainees. Comparative accounts of the psychotherapies can provide brief portraits that don't convey what their relative strengths and weaknesses are. Using the vehicle of the case formulation, this book often succeeds in describing and demonstrating key differences in how clinicians using different models think. In covering a variety of perspectives – not only cognitive-behavioural, psychodynamic, systemic and integrative, but also social inequalities and social constructivist viewpoints – each psychologist contributor has been asked to produce specimen formulations for two case vignettes: a young man expressing paranoid fears and an anxious 9-year-old girl with developmental problems (although some pass on the latter).

Its success is uneven, however. Some chapters, such as those on cognitive-behavioural therapy and systemic family work, are exemplary introductions to formulation within these models. Other authors are diverted into spending unnecessary words on outlining the principles of their model at the expense of its approach to formulation. Often, little attention is paid to how a formulation would be used to facilitate treatment within a particular model, in favour of its purely descriptive functions. The book also makes surprisingly few references to the considerable research literature on formulation. Several well-known, research-based systems are ignored altogether, as are two major international attempts to systematise psychodynamic formulation.

The book's tone may also deter some readers. As far as I could tell, amid repeated references to 'problems' and 'distress' as the basis of client's suffering, the word 'illness' fails to appear. The omission can arouse suspicion as to how fully the impact of pain, dependence and loss, as well as stigma, is appreciated. The editors' credulous stance in relation to the diatribes of Jeffrey Masson may also undermine some readers' confidence. However, the book's occasional infelicities are offset by consideration of areas of a patient's positive strength and resilience within formulation, as well as a healthy wariness concerning the dangers of allowing formulation to unduly restrict the ability to see what is in front of us.

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