Stress, Coping, and Depression

Edited by Sheri L. Johnson, Adele M. Hayes, Tiffany M. Field, Neil Schneiderman & Philip M. McCabe Lawrence Erlbaum Associates, \$89.95, 358 pp. ISBN: 0805834400, 2000

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Stress, Coping, and Depression, the most recent volume of research published from the Annual Stress and Coping Conference held at the University of Miami, compiles empirical data cross-laterally in an effort to fuse the causal implications of stress and depression into an interdisciplinary framework. The book focuses is on the social, biological and psychological etiologies that contribute to such character organizations, and the therapies being developed to assist patients who are experiencing those feelings. Chapter topics include depression passed from the mother to her infant, the relation of gender to depression, affective distress (both neurobiological and psychological) and therapeutic techniques aimed at specific groups, such as HIV-positive gay men, bipolar depressives and patients after myocardial infarction.

The inquiries are multi-faceted and generally very interesting. There are several studies that make a substantial contribution to the understanding of both depression and stress as they are viewed from the variety of disciplines. Unfortunately, the book falls short of the mark when it comes to linking the results with practice. The way in which the therapists propose to work with their depressed patients is sorely inadequate: Patients are shuffled in and out of treatment in less than 4 months, are diagnosed according to oral exams and questionnaires, and are told what to do about their depression depending on the scores they receive on cognitive tests. It seems that the researchers are interested in the symptom of depression but not in the person who is depressed.

There are many positive aspects to this book. The neurobiological researchers developed their hypotheses earnestly and creatively. For example, Marshall and Fox (Chapter 3) discuss electroencephalogram asymmetry in an effort to link brain asymmetry emotional regulation to depression, focusing on anxious and socially wary infants to relate how that particular disposition is a predictor of inhibited social behaviors in later childhood. One finding is that infants with relative right frontal asymmetry show inhibited social behaviors as toddlers, whereas those with left frontal asymmetry are more-sociable toddlers. The researchers then review studies

correlating brain asymmetry with infantile responses to maternal depression—one implication being that the socialized mother–infant relationship may in fact cause the neurobiological structuring. They say, however, that further studies are necessary to support this connection.

This chapter will be fascinating to psychoanalysts as well as neuroscientists, in that it provides (perhaps

unknowingly) biological support Freud's 'dual-drive' theory, the idea that both love and aggression are at work in the human mind at all times. The researchers cite studies of sodium amytal administration during brain surgery: When it is injected into one of the cartoid arteries it essentially shuts down the brain's hemispheric functioning on the side of the injection, leaving only the opposite hemisphere as emotionally dominant. When the left cartoid artery is injected (right-side dominance), the patient's thoughts become destructive in nature, and when the opposite side is injected (left-side dominance), the patient's emotions are euphoric, loving and life-affirming. Freud posited that only through a proper fusion (or symmetry) of these two drives can a person live a healthy existence, a theory supported by this study.

Another interesting theory comes from Winters, Scott and Beavers (Chapter 9), who focus on life events as affectively significant with respect to homeostasis-promoting neural systems. The investigation is complex, but well-defined and worth reading. One thesis of the work is that 5-HT (5-hydroxytriptamine) serotonin is a main component of the homeostasis-promoting negative feedback system, "designed to regulate positive and negative affect." Emotional instability, sleep disturbances and suicidal tendencies are but a few of the common denominators found

in patients with low 5-HT serotonin functioning. When challenged by environmental urgencies, low 5-HT functioning often works against a person, causing a threat-induced 'freeze'. The end of a love relationship, for example, could cause someone with low 5-HT functioning to lie immobile in bed for months, unable to resume a productive life. Serotonin re-uptake inhibitors are endorsed here in that they prevent the 'freeze'. In addition to pharmacotherapy, long-term psychother-

apy would also be expected to help, in that it assists the patient in discharging depressed feelings in language, allowing him/her to become more tolerant of those feelings and, eventually, to heal.

The book falls short in that whereas some of the studies demonstrate the enormous complexity of the human mind, others make the hypocritical suggestion that it can be fixed

in 20 sessions or fewer (Chapter 10). Moreover, the excessive reliance on results from self-report measures such as the Beck Depression Inventory (a 21-question multiple-choice examination), which was given repeatedly to the subjects analyzed for this book, is questionable. Most researchers involved in long-term emotional studies believe that it takes the patient more than 20 sessions to move from trying to please the therapist (with positive improvement responses on those exams) to revealing the patient's truly problematic defense structures.

This book attempts to fuse social, biological and psychological theories into a sensible framework. It is a solid tri-disciplinary effort with one colossal shortfall: the ill-conceived, short-term proposals aimed at understanding depressed patients. Although the data compiled are stunning in their implication, the insight regularly fails to transfer into proper action, that of getting to know the patient. Without that relationship, there can be no lasting curative effect. Sadly, there are 320 pages of study in this volume, and not one report of a relationship between patient and therapist. Such a relationship, in which the transference and counter-transference are examined over a long period of time, is essential for therapy to be effective. This frustrating tenet of therapy has been completely overlooked in this work.

