



## Book Review

*Depression Fallout: The Impact on Couples and What You Can Do to Preserve the Bond*  
by Anne Sheffield, 2003, Quill, 276 pages

Reviewed by Eduardo Keegan

In a recent seminar conducted by John Norcross, I was amazed at the figures he provided on the number and scope of self-help books published in the United States every year. Mental health topics, it seems, have achieved levels of popularity traditionally reserved for sex, drugs and rock'n'roll.

*Depression Fallout* is one of the newest additions to the already long list of psychoeducational books on depression. Like other top sellers of its kind, it has been written from the point of view of the sufferer, not the clinician. Anne Sheffield, already a successful author in the field, introduces herself as somebody who actually saw her love life ruined by recurrent bouts of depression.

The book is based on three different sources: personal experience, scientific and professional information, and the myriads of e-mails sent to an Internet discussion board of people whose relationships had been affected by depression.

The book is quite enjoyable and uncomplicated in its presentation of the clinical aspects of depression. Typical situations are illustrated by examples taken from messages sent to the

board, making the reader feel he is not the only one who has experienced similar problems and pointing at possible solutions. The design and paperback edition make it clear that the book is intended for the general public, an important aspect of psychoeducational materials.

The book is divided into an introduction and nine chapters. Its structure is standard: a description of depression fallout, a synopsis of the theories on the causes of depression (too slanted toward biological explanations, for my taste), a chapter devoted to the difficult task of convincing a depressed person that she or he should seek professional help, some basic but reasonably updated information on effective treatments, and three or four sections filled with good ideas and advice on how to best deal with the concurrent relationship problems.

If I were working as a clinical psychologist in the States, I would probably recommend *Depression Fallout* to my patients. I strongly advocate the use of psychoeducational materials, not only because of the encouraging research data that support their use, but also because my clinical experience with them has always been

very positive.

Having said this, I must say that I disagree with a few ideas expressed in the book, mainly in the conceptualization of depression and its treatment. The chapter entitled *Unraveling the Mind-Brain Mysteries of Depression* offers a simple biological explanation of depression, with a lot more brain than mind in it. I believe it must be a reflection of the dominance of the “chemical imbalance view” of depression in America. There is no equivalent description of current psychosocial theories and models of depression.

However, I liked the so-called *Unofficial List Of Symptoms*, that includes all those symptoms that usually come along with depression but did not make it to the DSM-IV criteria. The ensuing *List of Close Relatives of Depression* is, in my opinion, too short and compressed to be properly understood by the average reader, particularly because it tries to give a definition of anxiety disorders in less than two pages.

*A Partnership Approach to Treatment* describes treatment options and how to convince your depressed spouse into accepting them. Anne Sheffield provides, under the heading of *Pharmacology 101*, a well-informed and balanced summary of the virtues of antidepressants, mood stabilizers and herbal treatments. *Psychotherapy 101* is written in the same spirit, but the conclusions, in my opinion, are not so balanced.

The author begins by narrating her first experience with psychotherapy, initiated with great expectations and ended in disappointment. She masterfully describes all the typical faults of inadequate psychotherapy: an exaggerated concern with the past, neglect of symptoms, lack of diagnosis, lack of structure, and so on. Sheffield lists the merits of the best researched and most effective forms of psychotherapy for depression: cognitive therapy and interpersonal therapy. She provides a list of questions that the patient can ask in order to find out if the psychotherapist is competent in the treatment of depression.

But then, when it comes to selecting a psychotherapist, she states:

The best therapists are willing to adapt to their patients’ needs and do what’s best for the individual. One practitioner, when asked what qualities he would look for in a psychotherapist said, “A lively intelligence and compassion, an open mind free of dogma, a track record on depression, and a manner that put me immediately at ease, and while I would expect him or her to be a good listener, I would also expect a lot of feedback”.

#### *Inside a Therapist’s Office*

Neal Aponte, a clinical psychologist who resists being labeled but says his approach could be described as psychodynamic, meets all the above criteria (...) (page 131)

Now, how can a patient identify a lively intelligence and compassion, an open mind, free of dogma and the rest in just one interview? Sheffield herself says she thought she had found that with her first therapist, and she was terribly wrong. And the interesting thing is that the therapist portrayed as the ideal does not practice cognitive or interpersonal therapy, but psychodynamic psychotherapy (which, by the way, seems to have been the kind of treatment that her first therapist applied unsuccessfully).

Therefore, I think that, unintentionally, the author endorses the idea that, in the end, it is the personality of the therapist that makes the difference, rather than the kind of treatment she or he performs. And so, despite all the updated information, the book reaffirms the popular views in America about depression, views that are not totally supported by empirical research.

In my opinion, a book on depression fallout should pay a better tribute to the research on depression and relationships conducted by Gerald Klerman, creator of interpersonal psychotherapy. A chapter on the selection of treatment

and therapist should not neglect the important contributions of A. T. Beck, D. M. Barlow and L. Beutler.

But these problems are not unusual in books written from the personal perspective: if Anne Sheffield was significantly helped by medication and a good psychodynamic or eclectic psychotherapist, then it is only natural for her to recommend that. But the problem is that this clashes with her attempt of providing a complete scope of treatment options for depression

fallout sufferers.

Nevertheless, the book is good and will certainly help a lot of people gain a better understanding of what is going wrong in their relationships and find effective ways of dealing with it.

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