PsycCRITIQUES
CONTEMPORARY PSYCHOLOGY: APA REVIEW OF BOOKS
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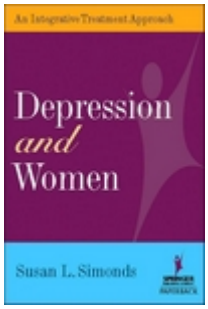
Treating Women With Depression

A review of



Depression and Women: An Integrative Treatment Approach (rev. 2nd ed.).

by Susan L. Simonds

New York: Springer Publishing Company, 2006 (published originally in hardcover in 2001). 290 pp. ISBN 0-8261-1444-X. $20.00, paperback

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Reviewed by
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Roughly seven million women in the United States are diagnosed as depressed (Nutrition Health Center, 2006). In *Depression and Women: An Integrative Treatment Approach*, Susan L. Simonds cites statistics showing that women are twice as likely to be diagnosed as depressed as men (Simonds, 2001). Depression is the leading cause of disability in women, one in five women can expect to experience depression at some point in their lives, and almost 15 percent of women suffering from depression will commit suicide (Nutrition Health Center, 2006). These are some sobering statistics. According to the Nutrition Health Center (2006), one in three women will seek professional help for depression.

Simonds's (2001) *Depression and Women* is a tool of the trade for therapists working with women. She presents the integrative relational therapy (IRT) model that is based on empirically supported theories. Additionally, IRT has elements of feminist theories of depression as well as creative arts therapy molded into a cohesive model. This model takes into account gender and cultural factors that may be contributing to depression in women. IRT provides a series of conceptual maps from which to understand the multifaceted issue of

depression. As described in this book, “IRT is contextual in that the therapist chooses the treatment issues and therapy technique that most fit a give client at a given time. An integrative approach respects the individuality of each client” (Simonds, 2001, p. 2).

IRT assumes that development occurs in a relational context, which differs from traditional models of developing that value autonomy and independence, pathologize the longing for a relational connection as a dependency issue, and fail to describe women's everyday experiences. The traditional models were often conceptualized by men about men and, thus, do not fit the unique experiences of women.

Simonds (2001) discusses that it is through the experience of mutual empathy that the client has the opportunity to “revision the self” and experience her authentic self in relation, transforming negative meanings she has attributed to herself, and challenging limiting and rigid self-schemas (p. 5). Simonds defines *danger points* as those key crossroads in the developmental pathway at which females face the expectation to conform to others' demands for them while remaining true to self. Essentially, these danger points occur when outer pressures clash with inner views. These danger points can trigger a major depressive episode. For instance, the first danger point occurs during puberty when girls' sexual and social development puts them into the dilemma of trying to please others while remaining true to themselves. A second danger point occurs as girls grow into adulthood when they struggle to establish an identity away from home and school and confront relational issues. A third danger point occurs between 25 and 40 when women are challenged by issues of marriage and motherhood, balancing needs of achievement with needs of affiliation. A fourth danger point occurs around the age of 40 when women become perimenopausal and ends with the passage through menopause. There are a variety of depression symptoms that accompany menopause (Woods, Mariella, & Mitchell, 2006), thus making it a critical crossroad for women. The last danger point occurs around the age of 60 when women face health issues and the loss of significant relationships.

The majority of Simonds's (2001) book discusses the elements of therapy: assessment, safety, activation, connection, and meaning. *Assessment* is the key to knowing the client's strengths and weaknesses: “The therapist is a cultural anthropologist discovering what makes each woman uniquely who she is in her own life” (p. 12). According to Simonds, *safety* involves (a) a safe and facilitative therapeutic environment, (b) a safety plan for the high-risk client, (c) a zone of safety for the seriously depressed or low-functioning client, and (d) safe and secure life circumstances. *Activation* encompasses a state of mind, daily life, bodily state, and life goals. Simonds states that activation represents empowerment for the depressed woman. *Connection* refers to an empathic connection between the client and the therapist. Additionally, *connection* encompasses the client's authentic and healthy connection with others and with herself. *Meaning* becomes transformed from negative, rigid, narrow, and fixated thoughts to more positive, flexible, broadened, and receptive thoughts through the work of reconnection.

Additionally, Simonds's (2001) book covers the phases of therapy such as stabilization, transformation, and future orientation. The first phase is the stabilization phase. Here, the focus is on improved functioning and a decrease of depressive symptoms. During the middle phase, transformation, the emphasis is on strengthening aspects of self and reducing potential risk factors. In the late phase, future orientation, attention is placed on relapse prevention and planning for termination.

This is a thoroughly researched book, and it is very well written. It is a helpful tool for the novice as well as the experienced therapist. Anyone who has experienced depression would find this book beneficial because it provides insight on the causes of depression as well as the remedy. Simonds provides an extensive resource list at the end of the text covering depression, anxiety, food, medication, psychology, sexuality, and more. I highly recommend this book for anyone interested in treatments for depression.

References

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