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## Eclecticism

By Joe Bouch

FROM  
THE EDITOR

Depression features strongly in this issue of *Advances*, but it is by chance that several articles on this topic come together here. Although there have been several good suggestions for themed issues of the journal, to date we have decided against that approach. There are two main reasons, one pragmatic and the other principled. To start with the prosaic, there are many hurdles to be cleared between commissioning an article and publishing it. We rely on the goodwill and hard work of a number of busy people who write for us, review submitted manuscripts and give second opinions. There are numerous deadlines to meet, many a slip twixt cup and lip. Perhaps of greater importance, however, is an aspiration for the journal to be truly eclectic. I think it is vital that *Advances* does not privilege one theory, system or tradition over another or become a product champion of any particular approach.

So there was no prior intention to bring together the articles on depression in a themed way. They do neatly demonstrate our eclectic approach, however. We have an article by McIsaac et al, with a commentary by Claes (pp. 242–249 and 250–252), on a putative biological mechanism of depression (dysfunction of the hypothalamic–pituitary–adrenal (HPA) axis) and an article by Busch (pp. 271–278) on an accepted psychodynamic mechanism (conflicts about anger). From these differing perspectives the authors explore the implications for treatment. In taking a critical look at current approaches to classification of depression based on symptom severity, Jacob (pp. 279–285) also considers the implications for treatment. His concern is that the importance of the course of the disorder, predisposing personality traits and contextual factors are underemphasised, resulting in inappropriate treatment strategies. Then there is the article by Oakley et al, which is my Editor's Pick for this month.

### Depression and violence

Oakley et al (pp. 263–270) highlight an often overlooked association between affective disorders and violence – overlooked perhaps in part because of the 'oversimplified concept of depression as "anger directed inwards"', which Busch (p. 271) comments has not only pervaded psychiatry but entered into popular culture too. Oakley and her colleagues lay out the evidence for the association in the first half of their article. The article comes alive in the second half, when writing as forensic psychiatrists but with a view to general applicability they explore some of the clinical aspects of violence arising from depression: how it might present and the implications for clinical practice. In a realistic albeit fictional case study they explore how such cases might be misdiagnosed. Clinicians may be insufficiently aware of the association. They might be misled by comorbid personality disorder, contextual factors such as imprisonment and atypical presentations. Finally, and most disturbingly, the authors warn us of the possibility of diagnosis driven by the clinician's desire to reduce their own anxiety – a subtle manifestation of secondary risk management discussed by Undrill (2007) in a previous issue of the journal.

Undrill G (2007) The risks of risk assessment. *Advances in Psychiatric Treatment*; 13: 291–7.