

not a rigorous scholarly work, nor is it a book I would recommend to my patients.

RIF S. EL-MALLAKH, M.D.  
Louisville, Ky.

*Book review accepted for publication October 2007 (doi: 10.1176/appi.ajp.2007.07101687).*

***Attachment Theory in Clinical Work With Children: Bridging the Gap Between Research and Practice***, edited by David Oppenheim and Douglas F. Goldsmith. New York, Guilford Press, 2007, 260 pp., \$32.00.

*Attachment Theory in Clinical Work With Children*, edited by David Oppenheim and Douglas Goldsmith, is a satisfying meal—in fact, nearly a feast—for clinicians who have been hungering for ways to bring the rich tradition of attachment theory and research into their offices and everyday practices. An outgrowth of a series of symposia begun in 1999, this volume brings together clinical researchers who have been struggling to translate decades of theorizing and empirical studies of attachment theory into direct clinical practice. The editors remind readers that John Bowlby originally put forth his hypotheses regarding the origin of psychopathology in early separations as an alternative to the clinical formulations of his day, to be used therapeutically by clinicians. His theories were rejected by the prevailing clinical culture of that time but were soon adopted by academic psychology. This prompted a cascade of research, originally describing normative attachment patterns and relationships and later expanding to encompass disturbed attachment and relational patterns. As the boundaries of the theory and research stretched to include more pathological forms of attachment, clinicians could see the utility of applying the findings from laboratory studies. But the question was, how?

This volume begins to answer that question. It is comprised of nine chapters, organized into two sections: “Clinical Use of Attachment Research Assessments” and “Attachment Theory and Psychotherapy.” Each chapter is a comprehensive look at a particular approach clinical researchers have used to address specific clinical dilemmas. The complexity and richness of attachment theory and the research it prompted becomes increasingly clear as each chapter focuses on a slightly different aspect of the theory and its implications. Each chapter incorporates case material, often word for word, and the authors add their own clinical thinking on the case, which gives the reader the sense of being in the office with the doctor and patient. For example, Dr. Charles Zeanah describes how his research group extended Dr. Mary Main and colleagues’ work with the Adult Attachment Interview, which focuses on the narrative qualities of a parent’s description of their own attachment history, to develop the Working Model of the Child Interview, which assesses a parent’s perception of their particular child. Zeanah walks the reader through a sample interview using transcripts and provides insight into how the interview is coded and understood by clinicians. Zeanah includes his own commentary to introduce the reader to the clinical utility and functioning of this interview. Dr. Nina Koren-Karie and colleagues explain the importance of the

concept of maternal “insightfulness” in attachment theory and describe the Maternal Insightfulness Assessment, their adaptation of this concept. Again, clinical assessment is brought to life with vibrant case examples and actual case transcripts.

Interestingly enough, though not entirely surprising, six of the nine chapters describe techniques for assessing or working with parents and caregivers, despite the title *Clinical Work With Children*. Oppenheim and colleagues focus on Bowlby’s concept of the process of bereavement—mourning, loss, and resolution—when they explain their use of the Reaction to Diagnosis Interview in understanding how parents come to terms with their child’s diagnosis of autism. Oppenheim et al. show how parents can cope by moving through the process of initial shock and despair to a more balanced perspective. One mother is quoted as saying, “It took us some time, we had to get over the initial shock. At first all we saw was the autism, the child was—autistic! But as time went by we realized that that wasn’t true, he was first of all our child, a wonderful child—he is loving, he is fun.” In one chapter Dr. Arietta Slade vividly describes her work in long-term psychotherapy. In discussing the case of an adult woman whose attachment model she describes as “disorganized/unresolved,” Slade demonstrates the historical and practical dilemma psychoanalytically based therapists encounter when trying to apply attachment theory to their work with adult patients. Slade provides the reader with a tutorial in understanding attachment classification and how she uses it in specific therapeutic encounters with patients. Slade’s vignette of her adult patient who verbally and emotionally terrorizes her young daughter makes the theoretical concept of the “frightened/frightening” mother distressingly real.

The chapters focusing on therapeutic work with children are equally vivid and informative. Drs. Busch and Lieberman challenge readers to view children who are exposed to family violence through the “dual lenses” of trauma theory and attachment theory. Goldsmith describes a paradigm which “challenges children’s negative working models” and is used at a therapeutic preschool for maltreated children. He demonstrates how staff work to give the children a sense of a “secure-base” by using simple but powerful interventions designed to show the children that they are kept in mind. Goldsmith tells readers that the key is for the caregiver to act as an “ideal grandmother,” providing unconditional acceptance and knowing the child so well that she/he is capable of *anticipating* the child’s needs without the child even having to verbalize them. The preschool staff do this by both anticipating and explaining; in one example the therapist simply says, “You look hungry, Amy, so I brought you some crackers.” This interaction occurs dozens of times over dozens of days and begins to counteract the children’s previous perception of caregivers as insensitive, uncaring, and unloving—demonstrating that these simple words and actions have powerful effects.

Finally, the book covers a variety of settings and clients: biological parents and their children, adoptive parents and their children, foster parents and their children, children in therapeutic preschools, and children and parents participating in Head Start programs. Each chapter gives the reader the theoretical background to understand the assessment or intervention and enough actual case material to determine if

the specific technique could prove useful in their own clinical practice. In sum, a complete and filling repast.

KAREN A. FRANKEL, Ph.D.  
Denver, Colo.

*Book review accepted for publication October 2007 (doi: 10.1176/appi.ajp.2007.07101692).*

***Psychotic Depression***, by Conrad M. Swartz and Edward Shorter. New York, Cambridge University Press, 2007, 344 pp., \$85.00.

This book focuses on the more severe form of depression, "psychotic depression," described as a subtype of "endogenous depression." The topic of the book seems very timely given the dissatisfaction with the category of major depressive disorder in DSM-IV, the rather pessimistic results of large effectiveness studies such as STAR\*D, and the flurry of activity regarding the revision of depression diagnoses.

The co-authors represent an interesting mix of talent. Dr. Conrad Swartz, a professor of psychiatry at Southern Illinois School of Medicine and a practicing clinician with particular expertise in ECT, is teamed with a distinguished historian of psychiatry, Professor Edward Shorter from the University of Toronto. Shorter has previously given us a number of excellent books, such as *From Paralysis to Fatigue: A History of Psychosomatic Illness in the Modern Era* and *A History of Psychiatry: From the Era of the Asylum to the Age of Prozac*, which provided unique insights on the vicissitudes and controversies surrounding the diagnosis and treatment of psychiatric and psychosomatic disorders. Shorter's contribution gives the book a unique historical perspective that, in the opinion of this reviewer, becomes the key element of the book. The book includes eight chapters and two appendices. Chapters 1 through 3 focus on the history and diagnostic aspects of psychotic depression. Chapter 4 provides several illustrative vignettes, and Chapters 5 through 8 address therapeutic issues.

Chapter 2 includes an excellent history on the evolution of the concepts of melancholia and endogenous depression, starting in Europe and ending in North America. In this chapter, readers find interesting information on the origin and uses of the term "endogenous." For example, we learn that Kurt Schneider borrowed the term from Emil Kraepelin, who apparently used "endogenous" to designate phenomena that were "entrenched in the very parenchyma of the brain itself." From this, it has been deduced that "endogenous" refers to a biological condition. However, another meaning of "endogenous" in classical psychopathology is "unknown," in so far as it remains unexplained by life events, medical disorders, or other "exogenous" factors. Indeed, Karl Jaspers used the term in this context when he stated, "we call 'exogenous' all physical illnesses, even the somatically endogenous cerebral disorders" (1).

Chapter 2 also provides information on the question of whether there are two types of depression or one and the rise and fall of the dexamethasone suppression test. The inexplicable abandonment of this test as a useful diagnostic tool for psychotic (or endogenous or melancholic) depression is well covered in this chapter. However, this reviewer was disap-

pointed to not find a clear proposal to bring this potentially useful test back into practice. Moreover, there was no mention of recent relevant publications on the subject.

In Chapter 3, the authors provide strong critiques of the current DSM-IV criteria for major depressive disorder, similar to those raised by several other experts in recent years. Thus, there seems to be a new surge in the field to bring the notions of "melancholia," "endogenous," and "psychotic depression" back into clinical parlance and, eventually, to incorporate them in the new nosology. Besides the critique of DSM-IV and ICD-10 criteria, the authors provide convincing arguments emphasizing that psychotic depression is an independent entity.

While the authors highlight key elements of the disorder, such as psychotic symptoms (guilt, paranoia, sickness, worthlessness, nihilism) and features such as psychomotor retardation, suicidality, lack of response to tricyclic antidepressants, good response to ECT, and so on, there was no effort to outline specific diagnostic criteria for the disorder that could serve as a framework for a revised diagnosis.

The authors' comment that many of these patients complain of pain and not sadness is an important observation on the phenomenology of severe subtypes of depression. One wishes that the authors had expanded a bit more on this point, since diagnosis today is based on dysphoria, low mood, or anhedonia. Interestingly, European psychopathologists in the past have emphasized the subjective component of "endogenous" depression as a physical sensation experienced in the chest (Schneider) or as a "vital anguish" felt in the body (Juan Lopez Ibor).

In the chapters on treatment, terms such as "catatonic psychotic depression," "psychotic-equivalent depression," and "tardive psychotic depression" are used to designate subtypes of depression as if these were well recognized and accepted syndromes. However, some of these terms, e.g., "tardive psychosis," seem controversial. In reviewing treatments for the disorder, the authors proceed to provide the reader with a list of anti-melancholic drugs. Unfortunately, the information provided for some of the drugs included in this category (e.g., bupropion, venlafaxine) appears to be either anecdotal or from open pilot trials, instead of randomized clinical trials.

In the appendix, the authors provide a summary guide of available psychotropic medications, which includes virtually every agent used in psychiatry. While this may have been meant for the lay reader, given the focus of the book on psychotic depression, the detailed listing of all of these treatments seems superfluous.

The list of references seems fairly complete and relevant, although this reviewer was surprised to find several non-referred publications included in the list together with the more classical, scholarly references.

Finally, the authors state that the book is intended for all audiences, physicians and patients alike. However, this accessibility is rather irregular, with some sections full of technical jargon while others are excessively simple (at least for clinicians), such as when delusions, hallucinations, and other concepts are defined in lay terms. This makes the book somewhat uneven. However, despite the high cost, this book should be of interest to clinicians who treat patients with se-