

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

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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-

vere depression, and it should also provide some insights for the upcoming revision of DSM-V.

Reference

1. Jaspers K: General Psychopathology. Translated by Hoening J and Hamilton MW. Baltimore, Johns Hopkins University Press, 1997

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The Psychiatric Interview in Clinical Practice, Second Edition, by Roger A. MacKinnon, M.D., Robert Michels, M.D., and Peter J. Buckley, M.D. Arlington, Va, American Psychiatric Publishing, 2006, 679 pp., \$65.00.

This second edition of a classic text is a winner. The authors organize the book around a dozen diagnostic categories and then tailor their formulations and technical recommendations to the special features of each category. Though their focus is on personality types, other chapters address depression, anxiety, psychosis, psychosomatic syndromes, and emergency and hospitalized patients. The authors eloquently explain the crucial importance of understanding psychodynamic factors influencing the onset and course of psychotic illnesses, even though biological factors receive nearly exclusive attention these days.

The many captivating clinical vignettes distill the authors' clinical expertise, tact, compassion, pragmatism, and admirable literary skill. Trainees in particular will welcome the many suggestions of what to say to patients. The authors help the reader feel confident and even excited about finding opportunities to learn and to help, especially in regard to the clinical dilemmas that are the most intimidating and discouraging for trainees. The seemingly simple, yet immensely important, attitude of showing genuine interest in the patient comes through repeatedly. The authors demonstrate convincingly how many clinical problems tend to be complicated further by the emotional reactions they elicit in the clinician—for example, withdrawing emotionally in response to feeling ineffective or unconnected to the patient; making a premature interpretation out of anxiety; showing condescension toward dependent patients because of conflicts over the clinician's own dependent feelings; or inhibiting patients from voicing suicidal thoughts because they sense the clinician's anxiety about the topic.

The chapter on the emergency patient is especially likely to become a favorite of trainees, since it helps the reader focus on the essential tasks in this challenging setting. The authors note that understanding what specific stress led to the emergency is crucial in its management. Readers who perform psychiatric assessments in emergency rooms will especially appreciate their approach to suicidality, which helps teach students how to assess this risk without being unduly anxious about it.

In their chapter on cultural factors, the authors' clinical wisdom comes across in their many practical suggestions of

how to approach patients whose sexual orientation or social, religious, ethnic, or racial background differs from that of the clinician. The authors astutely note that "the patient is expert about his internal world; the clinician's interest, curiosity, and lack of prejudice facilitates the exploration of how the patient fits into the world and what specific challenges he experiences" (p. 543). They warn that clinicians may overidentify with someone from their own background and overlook the extent of their psychopathology. Despite the authors' consistent empathy for a wide range of people, they write as though psychiatric residents are the book's only readers. Yet they state in their preface, with justifiable pride, that many of the 95,000 copies that their first edition sold were purchased by a wide variety of mental health professionals. In subsequent printings of this text, they might write more inclusively.

There are a few shortcomings in this splendid book. The chapter on the traumatized patient is inexplicably cursory. Throughout the book, the authors do not do justice to the crucial topic of trauma. They show no awareness of the trauma-related diagnosis of dissociative identity disorder, even when a clinician does not recognize a patient at the second visit "because he or she seems like an entirely different person" (p. 333). Although many of their discussions of differential diagnosis are comprehensive and astute, dissociative identity disorder is never mentioned, when it should be part of the differential diagnosis of many of the syndromes they explore (including for borderline, hysterical, depressed, and traumatized patients). The book could be even richer had the authors surveyed a wider range of the relevant literature. Their chapter on depression, for example, might have included Blatt's well-documented distinction between introjective and anaclitic depression (1), which has substantial treatment and prognostic implications.

The account of psychotherapy is restricted primarily to insight-oriented approaches (a supportive approach is advised in some circumstances). The authors excel in showing the indications for and adaptations of these approaches in a wide range of patients. However, they tend to fall back too frequently on the concept of resistance (the index lists 37 subcategories of it!). Rather than assume that the patient's failure to benefit from the clinician's interventions is a sign of resistance, the reader is advised to turn to texts such as those by Peebles-Kleiger (2) and McWilliams (3) for further guidance on how to assess and accommodate the patient's strengths and deficits.

We hope this excellent text will help restore the era of its first edition, when psychiatrists were expected to have expertise in psychodynamic treatment. It is encouraging to think that today's trainees in all mental health fields will benefit from this book as much as their forebears did from the first edition.

References

1. Blatt SJ: Experiences of Depression: Theoretical, Clinical, and Research Perspectives. Washington, DC, American Psychological Association, 2004
2. Peebles-Kleiger MJ: Beginnings: The Art and Science of Planning Psychotherapy. Hillsdale, NJ, Analytic Press, 2002