

Book Reviews

Michael H. Ebert, M.D., Editor

Personality Disorders Over Time: Precursors, Course, and Outcome

by Joel Paris, M.D. American Psychiatric Press, Inc.,
Arlington, Va., 2003, 224 pages, \$33.00 (paper).

Personality Disorders Over Time is a conceptually and clinically useful overview reflecting the author's nearly 30 years of work with and study of personality disorders. A centerpiece is this special focus on Paris' 27-year-long study of patients with borderline personality disorders summarized in Chapter 6. The book provides both an overall approach to understanding what is known about the natural history of personality disorders and data-informed speculations about their etiology, mechanisms, and treatments. The book is easy to read and packed with sound phenomenological and epidemiologic findings. Paris conveys much needed hope for clinicians, tempered with urging for realistic expectations of this group of significantly and chronically ill patients. Taken together, these qualities provide a sort of optimal disillusionment for therapists. The strongest portions of the book examine those illnesses for which there is the most "evidenced-based" research: borderline and antisocial disorders.

In the first 2 chapters, the author sets up a basic framework. He considers the 3 Axis II clusters as corresponding to externalizing (Cluster B), internalizing (Cluster C), and cognitive (Cluster A) dimensions of psychopathology. This framework is both a strength and a weakness of Dr. Paris' approach. Consideration of Cluster A as reflecting "high levels of introversion and/or unusual cognitions" begins a relative lack of attention to the attachment dimension of personality and almost total disinterest in attachment researchers (such as Fonagy¹) and the important contributions of that research to the psychodynamic understanding of personality development and related psychological interventions for personality disorders (such as Gabbard²). The value of Paris' conceptual framework is that it is both easy to follow and synthesizes a substantial portion of available research data.

For individuals beginning their study of personality, the author provides an introduction to the relationship between biologically based temperament and the influence of environment. Building on Paris would allow students to make better use of Cloninger and Svrakic's³ more nuanced conceptualization of personality (as comprising temperament plus character) and how the use of contemporary neuroimaging will help us understand the specific mechanisms of "social interaction" including attunement, empathy, trust, and other psychological concepts previously unavailable to quantitative study.

An important and useful thread throughout the book is an emphasis on the important therapeutic task of helping patients, especially those with borderline personality disorder, to "avoid conflictual intimacy." More could be said about how to do that while also maintaining the self-esteem of the patients. Paris offers his specific psychotherapeutic treatment recommendations in one of his previous books, *Working With Traits*.⁴

As a teacher of personality disorders to medical students, I will incorporate many of the book's carefully considered, collected, and documented information about phenomenology and epidemiology. A superb companion reading for those beginning or revisiting their study of personality would be Vaillant's most recent offering of the longitudinal study of development, *Aging Well*.⁵ Together, they would provide a more nuanced longitudinal perspective on healthy and problematic personality development.

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Retrospective Assessment of Mental States in Litigation: Predicting the Past

edited by Robert I. Simon, M.D., and Daniel W. Shuman, J.D.
American Psychiatric Publishing, Inc., Washington, D.C.,
2002, 500 pages, \$69.00.

This multiauthored text focuses on the retrospective determination of mental states related to litigation. In the service of justice, the law often requires expert opinion testimony regarding an individual's mental state from a prior period in time. These retrospective determinations, hampered by the passage of time, uncertain credibility of witnesses, and the lack of collateral sources of information, are difficult for even the most seasoned forensic clinicians. These issues are covered with excellent attention to detail along with useful descriptive examples. The book describes differences in evaluation of current mental states (e.g., guardianship, competence to stand trial) as well as retrospective capacity (e.g., testamentary capacity, mental state at the time of offense). Assessment of malingered, children's mental states, violence potential, and memory retrieval are covered in detail by experts in each of these topics. In addition, a well-written chapter on the evaluation of mental states without the benefit of a direct examination lays out the clinical, legal, and ethical implications of such evaluations.

The book's greatest strength emanates from the contribution of experts, many of whom are the national leaders in the field. The editors have done a superb job of enlisting contributions from such a distinguished group of forensic clinicians and attorneys. The authors' expertise is apparent, as is their optimism and concern for this most daunting task of retrospective assessment. The writing is consistent throughout with current terminology.

Overall, the content is very clear, with numerous examples and vignettes that increase clinical relevance. Many of the chapters are 20 or fewer pages long, yet contain the essence of the material. Longer chapters are subdivided by pertinent headings to facilitate study. Summary or conclusion paragraphs assist the reader in reviewing the chapters, and tables, checklists, and figures occur throughout the text for quick reference.

Weak points are those typical of a multiauthored text, even when the authors are a distinguished group of experts. At times, authors repeat what was written by others in previous chapters, but this repetition may be useful for trainees reading the book. Omissions and errors of possible significance are rare.

The editors begin the final chapter with the apt observation, "Of all the tasks that the legal system asks psychiatrists and psychologists to perform, retrospective assessment of mental states is likely the most problematic and, ironically, the least critically examined" (p. 445). With a goal of developing guidelines for more reliable evaluations of past mental states, this book is indispensable. It will enable clinicians, lawyers, and judges to better understand the complex and difficult process of retrospective reconstruction of mental states.

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Manual of Psychiatric Therapeutics, 3rd ed.

edited by Richard I. Shader, M.D. Lippincott Williams & Wilkins, Philadelphia, Pa., 2003, 538 pages, \$39.95 (paper).

It is a pleasure to welcome the third edition of Richard Shader's *Manual of Psychiatric Therapeutics*. It has been 10 years since the second edition and more than 20 years since the first edition. One wishes that we didn't have such lengthy intervals!

Dr. Shader is either the first author or a participant in most of the chapters. Many of the other authors are frequent contributors to the *Journal of Clinical Psychopharmacology*. The book has the feel of a single-author text in that it avoids the unevenness so often found in multiauthored volumes.

The manual deals largely with psychopharmacologic issues, understandable in light of so many important new psychotropic drugs having become available in the last decade. Also presented, with lucidity and succinctness, are psychosocial and psychotherapeutic considerations. This volume represents a useful blend between a psychopharmacology manual and a general hospital psychiatry textbook. There is an element of a consultation-liaison focus, which includes a discussion of medical illnesses in psychiatric patients. With the spate of new books arriving, it is helpful to find one that is wide-ranging but compact.

The tables and appendices are especially helpful in every chapter. As an example, from the chapter on anxiety, Table 14.2 presents a clinically meaningful approach to different forms of anxiety, Table 14.4 presents 5 ways to prevent anxiety, Table 14.5 presents the choice of therapeutic interventions for anxiety, and Table 14.6 presents a task-related stress-reduction ap-

proach. Outstanding chapters include, predictably, those related to anxiety disorders and their treatment, sleep disorders, bereavement, suicide, drug interactions, treatment of childhood disorders, pharmacologic treatment of personality disorders (especially Table 13.3, which summarizes the material), pain, drugs of abuse, and detoxification. Throughout the descriptive and pharmacologic information runs a psychodynamic current emphasizing context, meaning, transference, and the importance of a working alliance to ensure optimal outcomes. Ample coverage of cognitive-behavioral approaches is also presented. The most valuable appendices are IV on promoting the relaxation response and VII on algorithms for psychopharmacology.

Two of the chapters are new. The chapter on child psychopharmacology is especially valuable, given the clinical realities that many children and adolescents are being treated with psychotropic medications and that new studies have given direction to the field. The chapter on pain is elegant and concise. After a thoughtful discussion of the definition and categories of pain, careful attention is given to the process of pain assessment. Accepting that the patient's pain is real, that anxiety, stress, and depression interact with pain in complex ways, and that addiction fears on the part of both patients and physicians are probably overrated are important principles addressed. The nonsteroidal and opioid agents are discussed in detail with helpful tables.

In the excellent chapter on pharmacologic treatment of personality disorders, 4 clusters of symptoms are discussed: cognitive, impulsive, mood, and anxiety symptoms. First-line and second-line medications are suggested, and drugs not recommended are also presented. This symptomatic cluster approach clearly lends itself more to psychopharmacologic dissection than does the categorical personality disorder approach.

The companion chapters on seclusion and restraint are masterful discussions of the philosophy, techniques, hazards, and forensic elements in these clinical decisions. Careful clinical judgment, experience, respect for the patient, and knowledge of the law are necessary in these times before implementing either seclusion or restraint.

One important omission is that of a chapter on psychiatric therapeutics for older patients. Even at the cost of repeating some material included elsewhere, such a chapter would have been useful given the profound demographic changes in our patient population and the plethora of new drugs the elderly are receiving.

There is valuable information on every page, making it almost impossible not to learn something new from each chapter. While this book will be indispensable for residents in psychiatry, it should have a very broad audience, ranging from medical students rotating through psychiatry to senior clinicians. It will be literally at hand as a ready reference as well as useful for browsing.

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Treatment of Stress Response Syndromes

by Mardi J. Horowitz, M.D. American Psychiatric Publishing, Inc., Arlington, Va., 2003, 160 pages, \$26.00 (paper).

In the groundbreaking 1976 book *Stress Response Syndromes*, Mardi Horowitz succinctly summarized a decade of work on what was later to be labeled posttraumatic stress disorder. Horowitz was among the first psychoanalytically trained clinicians to translate psychodynamic experience into the framework of the revolution taking place in cognitive psychology.

With his current book, written with almost 3 decades of further experience, Horowitz has written a lucid text on the treatment of stress disorders. The book serves as a general guideline to the treatment of acute stress disorder, adjustment disorder, and complicated grief disorder as well as posttraumatic stress disorder. Horowitz's book is filled with helpful diagrams, tables, and case histories describing in orderly sequence the steps in the successful treatment of these disorders.

What separates this book from similar texts in the field are the depth and richness of Horowitz's clinical experience. His psychopharmacologic suggestions are wise and an improvement over the advice of most authors, who either lack sophistication in the use of drugs or who lack dynamic understanding. Horowitz's advice on countertransference is particularly helpful. His balance and emphasis are in the right places, and his writing and conceptualizations are lucid.

Residents, psychology interns, and young psychotherapists of all stripes will also benefit from Horowitz's emphasis on the construction of a dynamic formulation. In a world that often emphasizes one frame of reference rather than another,

Horowitz leads the reader through the steps necessary to include social, biological, and psychological factors. He provides a framework to help the reader include involuntary coping strategies, models of the self, and reflexive role relationships in the formulation. Throughout the book, Horowitz provides systematic outlines to help readers conceptualize what is going on with their own patients.

This book's brevity and its cognitive focus entail certain sacrifices. For the reader wishing to understand the heart as well as the head of the trauma survivor, books like Judith Herman's *Trauma and Recovery* will still be needed. For the reader wishing to communicate the involuntary coping mechanisms of trauma survivors in conventional terminology, the defense axis of DSM-IV will still be needed. Nevertheless, if a clinician were buying only one book on the treatment of stress response syndromes, this would be the book to buy.

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