

## Book Reviews

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Michael H. Ebert, M.D., Editor

### **Personality Disorder and Culture: Clinical and Conceptual Interactions**

*edited by Renato D. Alarcón, M.D.; Edward F. Foulks, Ph.D., M.D.; and Mark Vakkur, M.D. New York, N.Y., John Wiley & Sons, 1998, 301 pages, \$55.00.*

The conceptualization and understanding of personality disorders constitute one of the most complex and difficult challenges for psychiatric clinicians and theoreticians alike. While some mental health professionals perceive personality disorders as distinct clinical entities, others see them primarily as manifestations of behavioral styles. Thus, the understanding of the etiology and pathogenesis of personality disorders represented a major endeavor for the group of professionals who produced the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* (DSM-IV). In fact, 2 of the authors of this book (Drs. Alarcón and Foulks) were members of the Personality Disorders Subcommittee of the National Institute of Mental Health (NIMH)-sponsored Culture and Psychiatric Diagnosis Working Group that provided much valued guidance in the planning and creation of the DSM-IV. In an effort to bring clarity into this situation, Drs. Alarcón, Foulks, and Vakkur offered in their book a new and innovative perspective of the understanding of personality disorders; that is, they delineated the interrelationship between personality disorders and culture. This book, therefore, represents a novel and distinct opportunity for the re-examination of personality disorders by those mental health professionals who are interested in this issue.

The book, besides its preface, introduction, and epilogue sections, is composed of 3 parts. Part One comprises 4 chapters and primarily focuses on the interactions between culture and personality. Chapter 1 offers a series of definitions and concepts relevant to both culture and personality and also depicts several theoretical models of understanding the impact of culture on personality and personality disorders. Chapter 2 presents an excellent historical perspective of the conceptualization of personality disorders over the centuries. Chapter 3 addresses the interrelationship between culture and personality as depicted in several ethnic groups. Chapter 4 focuses on the role of personality and personality disorders in world politics and describes the personality profiles of 3 world leaders as examples of these roles.

Part Two is composed of 3 chapters and provides examples of how culture impacts personality disorders. Chapter 5 addresses the interrelationship between culture and the epidemiology of personality disorders. Chapter 6 brings light on the role of culture in the etiology, pathogenesis, and symptomatology of personality disorders. Chapter 7 focuses on the impact of culture in the diagnosis and classification of personality disorders.

Part Three comprises 3 chapters and examines the influence of culture in defining normality as well as in defining the role of culture in the treatment of personality disorders. Chapter 8 depicts the role of culture in the depathologization of personality disorders. Chapter 9 discusses the therapeutic role of culture in the treatment of personality disorders. Chapter 10 describes the influence of culture in the operation of mental health care systems and the importance of the incorporation of cultural competency in the management and treatment of patients in these systems.

In summary, this book is a valuable tool for psychiatric practitioners and theoreticians who are intrigued and curious with respect to the complexities of personality disorders.

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### **Cognitive Vulnerability to Depression**

*by Rick E. Ingram, Ph.D.; Jeanne Miranda, Ph.D.; and Zindel V. Segal, Ph.D. New York, N.Y., The Guilford Press, 1998, 330 pages, \$36.95.*

Drs. Ingram, Miranda, and Segal have approached the subject of depression with an expansive point of view. They caution that we should not limit ourselves to the system of diagnosis found in our psychiatric diagnostic manuals. They appropriately urge us to grapple with depression in its many forms. With depression thus broadly defined, they have given us an exhaustive review of its relationship to cognition.

The authors keep their topic, the problem of cognitive vulnerability to depression, clearly in their sights throughout this elaborately constructed volume. The first half of the book is devoted to reviewing contemporary cognitive psychology, the syndrome of depression, cognitive models of depression, and the definition of vulnerability. The balance of the book discusses the methods of cognitive psychologists studying depression. It summarizes research data and discusses theories that have evolved to account for vulnerability to depression.

A new book explaining cognitive psychology and the importance of its therapeutic techniques would be a welcome reference for any clinician. With the authors' firm grasp of the subject, we might have hoped for an accessible review. This book, however, is highly specialized and steeped in the jargon of the cognitive scientist. The writers assume detailed knowledge on the reader's part. They refer to cognitive products, structures, operations, and schemas in ways that do not invite the outsider in, leading to a very technical read. Their message is further obscured by unnecessarily complicated prose. The book may thus

find an audience only among research psychologists already very familiar with the subject.

The best and clearest passages of the book show a balanced and constructively critical attitude toward the dilemmas inherent in depression research. For example, when describing depressive errors in thinking, the authors point out that we still do not know whether troubled thinking causes depression or if depression causes troubled thinking. They clearly lay out the strengths and weaknesses of the various cognitive models. Particularly relevant is their discussion of the limits of current disease models of psychiatric diagnosis. They emphasize the value in studying the quality, intensity, and variety of depressive symptoms, even when a specific DSM-IV diagnosis is not present.

Drs. Ingram, Miranda, and Segal turn away from this even-handed approach when they claim cognitive factors are the “final common pathway” to depression. They write:

Although there are any number of psychological models of vulnerability to depression, including interpersonal models, we propose that cognitive factors serve as the *final common pathway* to depression through which these other factors operate. That is, although there are a number of psychological factors that are related to the onset and maintenance of depression, we contend that these all operate via cognitive processes (p. 249).

Although cognitive factors are central to all human experience, the authors do not apparently believe that we are *simultaneously* cognitive and affective creatures, that we live at the same instant in our thoughts *and* in relationships. In a sense, all experiences are both created and perceived thanks to the human brain’s complicated physiology, yet what ultimately shapes the uniquely human attributes of consciousness and self-reflection remains a mystery. We may be on the way to understanding many of the predisposing factors and causes of depression, but many of us presume we are far from identifying the final common pathway.

The authors certainly demonstrated the breadth of their knowledge. They have not, however, written a book that the average practitioner will find clarifying. While *Cognitive Vulnerability to Depression* is a resource for the researcher, it is not a text for the uninitiated. For the general psychiatric audience, it has not enough forest and too many trees.

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