

## Book Reviews

Michael H. Ebert, M.D., Editor

### Personality and Psychopathology

edited by C. Robert Cloninger, M.D. American Psychopathological Association Series. American Psychiatric Press, Inc., Washington, D.C., 1999, 524 pages, \$66.95.

An indisputable truism is that the study of personality disorders is one of the most fascinating and controversial topics in contemporary psychiatry. Those who believe in the validity or even the existence of these disorders are as passionate as those who think that DSM-IV Axis II disorders are mere variants of current Axis I conditions. This 5-part book, compiling contributions of 40 distinguished authors and researchers as a part of the American Psychopathological Association Series, takes the former position and tries gallantly to accumulate evidence that shows not only associations between personality and psychopathology from different perspectives, but also the inherent diagnostic and therapeutic relevance of personality disorders.

Part I, "Role of Personality in Psychopathology," includes 4 chapters. The first addresses the topic of personality and vulnerability to affective disorders; it is a sophisticated restatement of the old diathesis theory, advancing the notion of "depressive personality," a construct that edges dangerously close to tautology. "Measurement of Psychopathology as Variants of Personality" (chapter 2) uses, for the first of many times throughout the book, the well-known Temperament and Character Inventory (TCI). Linking schizotypal with borderline (explosive) or sensitive temperaments, equating simple schizophrenia with schizotypal personality, and declaring that Eysenck's psychoticism scale is not predictive of psychosis are debatable statements. The same considerations apply to chapter 3, "Personality Correlates of Eating Disorder Subtypes," which includes an excellent review of the literature and original research by the authors. The confusion between Axis I and Axis II (independent entities? comorbid conditions?) is addressed in chapter 4. Well-made points are that Axis I and Axis II conditions must be "distinguished by syndromal course, not pathophysiologic mechanisms," that Axis I disorders "co-vary not with specific personality categories but with personality traits that cross several different categories," and that personality pathology has important prognostic implications.

Part II, titled "What Is Normal Personality Structure and Development?" includes 3 chapters. The sequences of childhood personality (chapter 5) have significant implications, i.e., the early selection of life goals and commitments as predictive of long-term accomplishment and well-being. How enduring and influential childhood temperamental features are is a pervasive topic, and adolescence is an "eroding" factor of development. The same point is pursued by chapter 6 on "Continuity and Change Over the Adult Life Cycle." While the stability of temperamental features in adult life is seemingly unquestionable, several studies provide longitudinal evidence of normative personality change between college age and middle adulthood.

"Evaluating the Structure of Personality" (chapter 7) includes the "lexical hypothesis," which suggests that salient and socially relevant individual differences become encoded into the person's languages.

Part III finally addresses the central topic of the volume, namely "What Is a Personality Disorder?" The approaches to assessment and diagnosis are examined in chapter 8 by looking at reliability, validity, and the conceptual obstacles (comorbidity, trait-state issues, dissembling, and lack of insight) to categories and dimensions. This is followed by a narrower study of dimensional approaches (chapter 9) that describes the traditional continuum, prototypical model and the personality trait-based approach, the latter moving away from a "categorization" of dimensions by making them just "personality traits that compose the disorders." While dimensional scores outperform categorical ratings, the nagging doubt for clinicians is whether they are measuring the same constructs. Interestingly enough, the authors of this chapter ascertain that a trait dimensional approach is not incompatible with categorical diagnosis, thus setting the stage for a unified theory of normal and maladaptive personalities. Chapter 10 deals with emotional traits and personality dimensions using the Cloninger "typology" to test its interrelationship with basic emotions. Using the TCI and other instruments, the hypothesis is confirmed, as is the notion that the basic temperament traits represent heritable emotional dispositions manifested as specific behavioral patterns early in life.

Part IV, "What Causes Good and Bad Personality Development?" attempts to bridge biological and cultural issues. Such is the case in chapter 11 with a study on the inheritance of stature and attitudes, the first supposedly a biological and the second a cultural/environmental outcome. The difficulties of such a complex attempt are well described: the researcher "is forced to piece together a picture from a variety of different studies conducted with different restrictive designs, in different target populations, and using different instruments." The surprising finding that genetic factors appear to play a role in delineating social attitudes is dealt with appropriate cautiousness as the authors cite heterogeneity of estimated variables, "communality between the origins of physique and behavior," genes "reaching the highest points of culture," biological inheritance unifying the "mental and moral characteristics of humans," and the general recognition of the "bluntness" of the instruments used. Furthermore, findings in the literature still leave ample room for environmental factors yet to be defined. A lucid discussion on "genetic determinism" and its dangers makes this chapter exceptionally relevant.

Chapter 12 on the study of psychosocial factors in the development of personality disorders well describes novel methodologies and concepts such as Structural Equation Modeling, Important People and Their Internalized Representations, Linear Structural Relations modeling, and Structural Analysis of Social Behavior. Chapter 13 deals with the genetic and environmental structure of personality, studying structural differences

in a sample of patients subjected to univariate genetic analysis of the primary subscales of the Tridimensional Personality Questionnaire. Chapter 14 is an outstanding review on the use of neuroimaging as an approach to understanding cognition and psychopathology. Even though it may diverge from the central topic of the volume, this “emerging neuroscience” will obviously become an important tool in the study of personality, personality disorders, and their neuroanatomical and neurophysiologic correlates.

The last part focuses on treatment and outcome of personality disorders. Well-described and thoughtful chapters on a psychoevolutionary approach and the rationale for cognitive treatment of personality disorders, a study of pharmacotherapy of impulsive/aggressive behavior, and another on the pharmacotherapy of depression with temperament as an outcome predictor enhance this new avenue of research. The same applies to the use of “Rational Emotive Behavioral Therapy” (chapter 18), which includes reflections of historical and conceptual value by the founders of different schools of thought in psychotherapy. Unquestionably, the combination of therapeutic approaches for personality disorders is the way of the future.

The strengths of this book are manifold. The level and amount of information are extraordinary. The intellectual challenges thus generated are both fascinating and appealing. The determination of the “direction of causality” becomes a pervasive subtopic throughout many of the chapters. The use of a descriptive language in dealing with complex interrelational and multidimensional topics is remarkable. The richness of hypotheses to be tested makes the book a guide for the future research in this field. On the other hand, the weaknesses in the study of personality disorders are evident. There are numerous conceptual contradictions, and the eagerness to hypothesize without the benefit of a unifying approach complicates the picture even further. The scarcity of serious attempts at studying biocultural linkages in personality disorders (in spite of the extraordinary value of this clinical field for such an approach) is noteworthy. There may be some lack of connection between chapters included in some but not all of the sections. Theoretically, the relationship between Axis I and Axis II disorders is a sophisticated version of the “chicken or egg” dilemma. One notices the multiplicity of methodologies, the management of the statistical procedures to make the findings fit the hypothesis, the need to look for conceptual similarities, and the almost quixotic search for how heritable temperamental dimensions are vis-à-vis environmental factors. All these notions reflect the state of the field as well as the valuable work of researchers such as the contributors to this volume. The promise of better harvests still lies ahead.

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### **Saints and Madmen: Psychiatry Opens Its Doors to Religion**

by Russell Shorto. Henry Holt, New York, N.Y., 1999, 256 pages, \$25.00; \$14.00 (paper).

Written by an intelligent journalist, *Saints and Madmen* surveys the contemporary American scene of popular religion, especially spirituality, and its relationships to traditional psychiatry. Recognizing the vastness of his topic, Russell Shorto restricts himself to reporting on vivid personalities, including patients, gurus, and theoreticians of all stripes. The subtitle captures his wish to announce a new openness in American psychi-

atry toward religion, especially the work of Paul Fleischman (author of *The Healing Spirit* [1989]). Similar authors are P. Scott Richards, Harold George Koenig, William R. Miller, Edward P. Shafranske, and Mary A. Fukuyama. Psychiatrists, especially those who work with severely ill patients, will recognize those patients in these portraits of human beings who suffer so severely. Sometimes genuine relief comes through religion, sometimes through interpersonal psychotherapy, sometimes through medication—sometimes through all three.

Chapter 10, “Satan in the Brain,” a typical chapter, describes a psychotic-prone woman who, once on Risperdal, dropped entirely her belief in demonic powers. Like William James, in his famous book, *The Varieties of Religious Experience* (1902), Shorto focuses upon individuals and their inner experiences, especially those that are dramatic. Hence, the author asks: Are religious experiences nothing more than brain dysfunction? This leads to chapter 11, “Acid Flashback,” and descriptions of LSD experiments as ways to see God. Timothy Leary’s bouts with LSD and spirituality interest Shorto, who sees this as a possible way to find shortcuts to religious experience (p. 219). Having known some of Leary’s followers, I find this an unattractive idea.

There are many parallels between certain forms of ecstatic experience, drug-induced states, and psychotic states. No doubt, brain research will help clarify many connections currently obscure. This contrasts with a conception of religion not addressed in this book: that religion is primarily an interpersonal process, not an intrapsychic one. For example, when Hebrew prophets, among them Jesus, talk about living religiously, they do not mean having fantastic experiences. The core of Western religion is not ecstatic brain states; it is about knowing how to live ethically with fellow human beings. The Ten Commandments, in the Hebrew Bible, say nothing about internal states, feelings, or dreams. Rather, like the Beatitudes in the New Testament, they tell one how to act toward others, to keep one’s oaths, to observe proper boundaries, and to organize oneself toward achieving distant ideals of human freedom.

In this sense, religious beliefs find their best expression within communities, such as churches and temples, where members struggle to comprehend how they can fulfill their religion’s ideals. These are primarily matters of love and its unfolding. In their best moments, religious persons, like the Protestant pastors who shielded Jewish families during the Nazi era, refuse to abide by reasonable expectations and pragmatic solutions. We do not find them engaged in transcendental experience or dipping into their innermost sensations. Rather, they focus exactly and precisely upon their interpersonal surroundings. When Martin Luther King, Jr., wrote his “Letter From a Birmingham Jail” (April 16, 1963), he dissected, with cool insight, the injustice that infects the American psyche: “Injustice anywhere is a threat to justice everywhere. We are caught in an inescapable network of mutuality, tied in a single garment of destiny. Whatever affects one directly, affects all indirectly.” This great statement of American religion focuses upon connections between persons, not upon private, internal, ecstatic states.

What causes psychopathology? It is interesting that, sometimes, a spiritual awakening can heal people of lifelong addictions and other maladies. Of course, from the viewpoint of traditional Western medicine, many marvelous recoveries happen, sometimes. The trick is to find ways to test propositions about how these things occurred; how did this kind of interaction or belief cause this happy outcome? When pressed to answer this latter question, spiritual adepts usually fumble.

Feeling the need to be brief and to keep a fast tempo, Shorto sometimes indulges in sweeping generalizations, such as: “No one has time for full-scale analysis anymore” (p. 46). This happens to be false: there are more patients in full-scale

analysis now than ever in American history. Shorto reduces the rise of psychoanalysis to a horse race between competing psychotherapies and psychopharmacology. However, in its larger task of giving the intelligent, casual reader a sense of current debates about spirituality, the book succeeds. Readers will find that the book helpfully summarizes debates among various groups of thinkers who seek to find ways to connect religious experience, especially intense ones, with claims from contemporary psychiatry.

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### **Psychodynamic Psychiatry in Clinical Practice, 3rd ed.**

by *Glen O. Gabbard, M.D.* American Psychiatric Publishing, Inc., Washington, D.C., 2000, 597 pages, \$79.95.

This third edition of Glen O. Gabbard's seminal textbook comes 10 years after the first (1990) and 6 years after the second (1994). Taken as a group, the 3 editions chronicle the evolution of psychodynamic psychiatry from the introduction of the "atheoretical" DSM-III in 1980 to the current era of evidence-based medicine and psychotherapy competency determinations. As Gabbard (Introduction) and Robert Wallerstein, M.D., (Foreword) note in the first edition, the era of DSM-III/DSM-III-R (1987) was fueled by the rise of biological, genetic, and epidemiologic psychiatry and modern psychopharmacology. Many gains accrued to psychiatry and to the mentally ill through this "remedicalization" of psychiatry. The era was, however, also characterized by the polarization of biological and psychodynamic approaches in psychiatry and by the increasing marginalization of training in psychotherapy and psychodynamic thought in psychiatric training programs. Perhaps, as Wallerstein suggested, the notion that biological understanding and remediation were sufficient for effective treatment was a common illusion. In any case, the editors at American Psychiatric Publishing, Inc., and Dr. Gabbard recognized that our patients' treatments would suffer if psychodynamic thinking was lost in the sea of remedicalization change. Subsequently, this 3-book sequence was launched.

The 1990 book (505 pages) filled a need and was quickly adopted as the standard text for many introductory residency courses in psychodynamic psychiatry. It defined the basic principles of dynamic psychiatry and explained how adopting psychodynamics as a way of thinking about patients would enrich both their care and their psychiatrists' practices. Psychodynamic approaches to the most common DSM-III-R Axis I conditions

were outlined, and the personality disorders were discussed both in separate chapters (Cluster B) and lumped together (Clusters A and C). Each chapter was followed by a useful list of references, both classic and current. As was the author's hope, the volume was used not only as a primary text for residents but also as a reference work for experienced practitioners.

The DSM-IV edition (1994; 656 pages) stayed current with the official nomenclature. It also gave the author an opportunity both to update the references (especially concerning childhood trauma in the pathogenesis of borderline personality disorder) and to correct oversights and omissions (e.g., the dissociative disorders). While the author characteristically apologized for the increasing unwieldiness of the volume, the additions were appreciated.

The current edition retains the organization of the original, and all the chapter titles are the same. The intended audience remains the same, and those of us who have taught from this work for a decade will find the transition comfortable. The new volume comes not to update terminology but to keep pace with rapid changes in the science and art of dynamic psychiatry. As the author notes in the preface, recent advances in the neurosciences, especially in the area of gene-environment interaction and brain function, have driven the need for greater integration of neuroscience and psychodynamics. The increasing influence of postmodern models of the mind (e.g., intersubjectivity) has called for greater emphasis on theoretical pluralism. The increased emphasis on attachment and relatedness as critical for development needed to be integrated into the chapter on theoretical bases. Finally, the increasing emphasis on empirical demonstrations of treatment effectiveness called for an inclusion of relevant research findings, much of which bolsters the case for a psychodynamic approach to patient care. The sheer number of references dated 1995 and later indicates the breadth of the work the author has done for us; of the 1524 references in the book, 312 (21%) are from the last 5 years.

Dr. Gabbard continues to perform a great service for those of us who agree that the psychodynamic way of thinking must remain a core aspect of the clinical psychiatrist's way of functioning. Although contemporary beginning psychiatric residents may find the concepts tough going, most will also find the journey exhilarating. They will return to the work again and again as they progress through their training and become more personally aware of its relevance. The experienced teacher/clinician will appreciate the author's updating of the literature. I have no doubt that there will eventually be a 4th edition. I wonder if the author sensed what he was getting into?

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