

Book Reviews

Personality Disorders in Modern Life

T. Millon. London: John Wiley & Sons, 1999. pp. 594. £35.50 (hardback).

Personality disorders are probably the most neglected of the psychopathologies, for several reasons. The people themselves are often not very likeable and rarely figure among clinicians' favourite clients, especially as treatment and the response to it can be prolonged and of uncertain outcome. Then, as a topic, "personality disorders" is conceptually and empirically rather messy. Being, literally, aberrations founded on deviations in normal individuality, disordered personalities are as varied as personality itself and have therefore attracted a correspondingly wide range of explanations and theoretical viewpoints. Theodore Millon is someone who has wrestled with these problems with notable distinction and in this book, together with a team of colleagues, he attempts to bring his knowledge to a wider audience of student readers. The book is therefore essentially a course text, presented as a distillation of the main author's volume, *Disorders of personality*. Does it succeed?

I must confess that as I worked through the 500 odd pages of text I felt several of the personality disorder traits I was reading about waxing and waning; notably ambivalence! On the plus side, as befits a North American course book of this type, the layout is extremely professional. The objectives of each chapter are clearly stated at the beginning and carefully examined in the chapter, with a clear summary of conclusions at the end. Furthermore, with a separate chapter being devoted to each of the DSM Axis II disorders, these chapters follow a uniform pattern: lively clinical description (illustrated by excellently chosen brief case histories); a section on therapy; and a discussion of the disorder from the psychoanalytic, cognitive, interpersonal, biological (occasionally), and "biopsychosocial-evolutionary" perspectives. It is the last of these that constitutes the authors' own overarching attempt to deal with the eclecticism of the topic and they set the scene for it in the first three chapters.

It is these early chapters – unfortunately before one has reached the accounts of the individual personality disorders – that put me in a bad mood about the book. The chapters cover various themes: the history of the different theoretical perspectives adopted in the main accounts of individual disorders; something on therapies; and a discussion of personality theories and assessment procedures relevant to the personality disorders. The coverage is fairly wide-ranging, though selective; for example, theories on the biology of personality (and the corresponding disorders) are rather undersold. However, it is the attempt at synthesis – and the getting there – that are unsatisfying. The discussion is irrationally discursive, riddled with meaningless diagrams and repetitive tables, and shot through with frequent comparisons between the physical and social sciences. In short, redolent with a sense of writers overwhelmed with the eclecticism of it all, but unsure how to deal with it. So much so that several times I hankered after a narrow-minded, didactic (e.g., Eysenckian) theory about the personality disorders – and to Hell with it! When the author's own synthesis finally came – under the biophysical-evolutionary umbrella – I found it unconvincing and uninformative: such compositely phrased formulations usually are. So, it was with some

relief that I staggered into Chapter 4 and the beginning of the accounts of individual disorders. And these, as indicated above, are mostly very good.

Still, ambivalence about the book continues in other contrasts. There is, for example, an extraordinary statement early on that “there are no personality disorders described in the DSM-IV that typically function at the psychotic level.” Perhaps I misunderstood; but the authors’ unusually weak coverage of, say, Schizotypal Personality in Chapter 11 suggests not. On the other hand, two excellent features of the book deserve mention. One is the authors’ repeated distinction between “style” and “disorder”, as a way of emphasizing dimensionality in the personality disorders – an important corrective to the impression given in DSM that these conditions are somehow categorically distinct from normal behaviour. The other is the way the authors deal with comorbidity. The most usually voiced criticism of the DSM is that the personality disorders overlap too much to make the labels useful. Millon and his collaborators make this a virtue, an inevitable consequence of personality itself only being describable in multiply overlapping and interacting constructs. So surely, too, the personality disorders. I like it! But Millon et al. take the comorbidity question even further, describing for each disorder sub-varieties. While the empirical basis for these subdivisions is not stated (and should be), the exercise is nevertheless a useful one and an impressive attempt by the authors to deal with the oversimplified view of the personality disorders engendered by their medical classification.

Finally, would I recommend this book to my students? It would be churlish to say, “Yes, I would because there is no alternative.” Instead, ungrudgingly, I can say, “Yes, I would because, even if there were, you should certainly read what Millon has to say about the personality disorders.”

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Health Behaviour Change. A Guide for Practitioners

S. Rollnick, P. Mason, & C. Butler. London: Churchill Livingstone – Harcourt Brace and Company Ltd, 1999. pp. 225. £15.95 (paperback).

This text aims to provide clinicians with guidelines and techniques for encouraging patients to take steps towards changing health behaviour. While acknowledging the difficulty in taking on this task, the authors provide several useful ideas and suggestions to assist practitioners. The first section provides an overview and theoretical background. The authors outline stages of readiness for behaviour change and strongly encourage the clinician to assess these stages during consultation. In particular, the client’s level of confidence and their understanding of the importance of changing their behaviour are stressed as essential factors for success. The book also suggests that an individual’s motivation for change be considered (and potentially improved if necessary) prior to embarking on a strategy for change. Sections 2 and 3 in the text highlight the need for a collaborative approach between the practitioner and the patient. Several methods are proposed that include thorough assessment of client’s needs, empathic understanding of the individual’s resources, limiting assumptions, and providing a therapeutic environment in which the client can express their concerns. The authors indicate that working together with the client toward a common focus

and allowing the patient freedom of choice will lead to the most successful changes. Many helpful examples are provided, including positive suggestions as well as “what not to do” sections. In particular, there are step-by-step strategies for establishing rapport, setting an agenda, dealing with resistance and helping build client confidence.

The section on resistance and compliance problems is minimal and the text would have benefited from a more extensive section dealing with these challenging issues. Overall, the manual provides useful ideas for clinicians to promote changes in health behaviour among patients.

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Comprehensive Clinical Psychology

A. S. Bellak & M. Hersen (Eds.). Oxford: Elsevier Science Ltd., 1998. 11 volumes, pp. 700. £2107.90 (hardback).

I was delighted to be asked to review *Comprehensive clinical psychology*, and have thoroughly enjoyed having it in my possession for the last 3 months, whilst I have been using it, and attempting to get a grasp of its contents. As this 11-volume book is so broad in its scope, covering foundations of clinical psychology, professional issues, research methods and assessment; clinical formulation and treatment of children, adolescents and adults; clinical geropsychology, health psychology and applications in diverse populations as well as sociocultural and individual differences, it is a set of volumes whose proper place is on a library shelf. Therefore I shall soon be donating my review copy to our department library, with some reluctance. However, I note that the individual volumes are for sale separately, making a purchase more realistic in a wider variety of circumstances.

This book provides a unique and rather breathtaking synthesis of the field. As a member of a research team specializing in cognitive therapy for anxiety disorders I found Volume 6 particularly useful. The contributions of authors like Borkovec and Newman, Salkovskis, and Jaycox have provided me with a fascinating and detailed account of clinical observations, theory and experimental work collected together over a number of decades, which provides one with an elegant summary of their current thinking. There are equally compelling chapters on other types of disorders, ranging through affective disorders, psychoses, eating disorders and relationship problems, amongst others. In the same volume are other invaluable contributions, such as Butler’s chapter on clinical formulation, and detailed accounts of a number of approaches, such as behavioural treatments, cognitive therapy, family therapy, psychopharmacology, experiential treatments and psychodynamic approaches.

It is impossible to detail the contents of all of these volumes. They are so voluminous that the whole of Volume 11 is devoted to a name index, a subject index, a list of contributors and a list of the contents of all volumes. The subject index alone consists of more than 40,000 entries and cross-references are provided. Inevitably, there are some gaps, but the breadth and depth of the contents are generally impressive. Volume 1 is particularly fascinating, as an account of the foundations and rapid development of the profession of clinical psychology.

The full set of books is expensive, but should find a place in many libraries. It provides an awesome synthesis of the field of clinical psychology today, and a comprehensive account of its development. As such it is both an extremely good source of up-to-date information, and a text that will be of historical interest in years to come. For departments and individuals specializing in particular disorders, the purchase of one or more volumes is certainly worthy of consideration.

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Post-Traumatic Stress Disorders: Concepts and Therapy

William Yule (Ed.). Chichester: John Wiley & Sons. 1999. pp. 314. £18.99 (paperback).

Although the editor is known mainly for his work with traumatized children, in this book he draws together colleagues who review the research on both adults and children with PTSD. The book then goes on to examine how various factors such as attributions, coping styles, personality, social support, and biological and cultural factors affect the course and presentation of PTSD. The hallmark symptom of intrusive thinking in PTSD is examined in detail and the utility of information processing paradigms to investigate PTSD are reviewed. Different theoretical paradigms are reviewed and some treatment approaches are examined, ranging from well validated behavioural and cognitive-behavioural techniques to the more controversial EMDR and critical incident stress debriefing. The only notable omission in what is covered is that the assessment of post-traumatic symptoms and issues related to diagnosis/comorbidity are not specifically covered, although some information is given anecdotally.

Each chapter provides a clear, up-to-date summary of the research in the relevant field. Some of the chapters are excellent and most extremely comprehensive in their review. For example, Tim Dalgleish provides a succinct informative critique of cognitive theories of post-traumatic stress including Horowitz's theory, Janoff-Bulman's cognitive appraisal theory, Chemtob et al.'s cognitive action theory, Creamer et al.'s information processing theory, Brewin et al.'s dual representation theory, Foa et al.'s fear network theory, and his own SPAARS approach in just one chapter.

The major strength of this book lies in the range of different aspects of PTSD that it covers. In contrast to several other texts on PTSD, this book is not reliant upon one subgroup of PTSD patients (such as combat veterans or road traffic accident victims), but utilizes authors working in a variety of trauma settings. Clinical case examples are drawn from across the range of traumatized populations from victims of torture to natural disasters and accidents. A further strength of the book lies in its wide range of applicability. Its applicability is increased by the strong emphasis placed on the practicalities of dealing with trauma victims, and by explicitly stating that it does not limit its remit to those patients deemed suitable and willing to be included in treatment trials. Furthermore, it is pitched at a level such that both the novice and expert reader would gain something from it.

The book's main disadvantage also arises from its comprehensiveness and from the range of topics covered. Because the chapters are written by many authors, they can give the impression of having been written in a somewhat stand-alone fashion. The topics included

seem to have been governed more by an availability heuristic (with most of the authors working at the Institute of Psychiatry) rather than by any theoretical alliance, and hence they can appear to lack a common theoretical thread linking them. Most of the variables that have been found to be associated with PTSD are covered, but there is little sense of priority. An attempt to integrate this information is made in the final chapter outlining Joseph, Williams and Yale's integrated psychosocial model of PTSD. However, in this chapter there is insufficient space to describe their model in enough detail to be useful in organizing the information gleaned from the main body of the book, as well as to integrate it with all the different theoretical perspectives/aspects of PTSD covered so far in the book. Rather than elucidating common themes from the various approaches and attempting to identify a core abnormality or to prioritize targets for intervention, the integrated psychosocial model presented here simply tries to include everything, with more or less difficulty according to the fit. Because the description of the psychosocial model is very limited by space, it is hard to discern what novel predictions or priorities for intervention it makes, or extra explanatory power it gives rise to over and above existing theories.

In summary, this is a comprehensive text written by academic clinical psychologists of international standing who utilize both clinical material and empirical findings to provide an interesting and informative account of what is and is not known about the nature and treatment of PTSD. The chapters cover a broad range of topics and are comprehensive, well-written and up to date. It is quite an ambitious book in that it attempts to address such fundamental questions as How can we best understand PTSD? Why do the majority of people who are exposed to traumatic stress fail to develop PTSD? Is PTSD best regarded as a failure or a delay in the natural processes of protection and recovery? Its only shortcoming as a basic text on PTSD is that it lacks a clear theoretical thread running throughout the book. Some redress is provided by a brave attempt to bring together and integrate such diverse views in the final chapter, but possibly more space could have been devoted to this chapter.

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Understanding Chronic Fatigue: An Empirical Guide to Assessment and Treatment

Fred Friedberg and Leonard A. Jason. Washington, DC: American Psychological Association, 1998. pp. 296. £31.95 (hardback).

Chronic fatigue and its syndromes are amongst the most difficult clinical conundrums in contemporary clinical psychiatry and psychology. Its study also remains full of conceptual and methodological pitfalls, so I approached reading another book length treatise on the subject with a certain amount of trepidation. I came away pleasantly surprised.

This North American text is not understated in its aims, "a cutting edge text", offering both understanding of the patient's experience and the latest in evidenced-based practice. It is divided into three sections: an overview of chronic fatigue, and sections on assessment and treatment. The overview covers history, definition, prevalence, possible aetiologies and explanatory models, and is clear and concise, setting out its stall early in its sympathy for fatigue sufferers and its views on contemporary models of CFS. The assessment section

covers the rating and measurement of fatigue, associated symptoms and functional impairment, as well as the problems of differential diagnosis of CFS. It is an exhaustive review of current research findings, with a summary of which tools might be useful in the clinical versus research setting. The section on treatment focuses on cognitive and behavioural interventions, again with a thorough review of the current research base. Biomedical and social interventions are also briefly covered. The book comes with a useful appendix and enviable list of references.

Overall, I found this a very thorough text that offers numerous possible interventions for this traditionally difficult to treat condition. At best, it presents a lucid and sympathetic account of CFS. However, it is in places uneven, occasionally polemical in style (e.g., discussion of the dubious merits of Internet chat rooms compared with criticisms of graded exercise programmes). As a North American text, it is perhaps written with less functionally impaired patients in mind, compared with those sufferers I have encountered in NHS clinical practice. I would have liked to see a section on young sufferers with CFS, a growing clinical problem. Those new to working with chronic fatigue sufferers will find the sections on interviewing and discussing coping skills useful but may find that the assessment section mystifies more than it enlightens. The text will probably be most useful to experienced clinicians and researchers who already have a firm grip on the conceptual issues raised by CFS and are looking for a detailed and well referenced text to refer to.

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