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Book Reviews

Personality Disorders: Diagnosis and Management. Second Edition. Edited by JOHN R. LION. Baltimore/London: Williams and Wilkins. 1981. Pp 595. $40.00.

A second edition of this important book, first published in 1974 and reprinted the following year, became imperative because in 1980 the American Psychiatric Association produced its highly innovative third edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM III). The manual considerably altered the nomenclature previously used to classify the personality disorders.

Always a problematic sector of psychiatry, casually regarded by many psychiatrists and haphazardly diagnosed, the personality disorders are poorly categorized in the list laid down for international use in Chapter V of the ninth edition of the *International Classification of Diseases* (ICD 9) issued by WHO in 1978. ICD 9 requires psychiatrists, as far as possible, to classify their patients, with personality disorder into eight types. These, which hardly conform to clinical realities, are: paranoid, affective, schizoid, explosive, anankastic, hysterical, asthenic, and sociopathic (or asocial). In proposing these official designations, ICD 9 borrowed considerably from DSM II of 1968. DSM III has now disowned much of this common cause, e.g. The personality type called "cyclothymic" in DSM II is accommodated in ICD 9 as "Affective" (301.1). It drops out of DSM III, however: the reasoning is that "cyclothymic personalities" are not to be viewed as cases of abnormal personality, but are rather to be reconceptualized as suffering from a disease entity within the mood illnesses. My own investigations have supported this particular American decision: cyclothymic personalities in our research were too infrequently encountered to be retained as a useful entity.

The discrepancy between international and US recommended usage is a glaring fact, and leads to great confusion. Chapter 13 of the book under review, which deals with depressive and sadomasochistic personalities, conveys how daunting a problem has arisen. In writing it, Dr Herbert S. Gross resorts to statements such as (p 209): "Contemplating the totality of the depressive and sadomasochistic personality may be difficult for a person who is less than heroic". His theoretical uncertainty is plain.

The unfortunate fact is that the editor, Dr Lion, has been insufficiently bold when recasting his book to accommodate to the changed terminology of DSM III. In placing the category of personality disorder on its Axis II, DSM III requires clinical criteria to be behavioural and thus observable. However, despite claiming that his revised second edition "follows" DSM III, Dr Lion reprints chapters in which observable clinical features are inappropriately muddled with inferred psychodynamic attributes of patients. This is not to say that the latter are invalid, in their proper place. He has not persuaded his 33 contributors to update their chapters, neither conceptually nor chronologically.

Dr Lion hesitates about whole-hearted endorsement, and the book reflects this uncertainty, of the position of DSM III. Readers of the second edition of *Personality Disorders* will encounter in Chapters 3, 6 and 7 the familiar entities schizoid, histrionic (for hysterical) and dependent personalities. The passive-aggressive personality has a chapter to itself, as does antisocial personality, three times as long.

Chapter 3 is extremely complex, perhaps reflecting the ambiguities associated with the schizoid type. The term, with notable resilience (testimony to its clinical relevance) has survived in all versions of DSM, from I to III, but its meaning has been modified. Now it is used to signify a person without the capacity to engage in social relationships. If the person sees things wrongly, or thinks strangely, or behaves oddly, the new term schizotypal is prescribed in DSM III. A third type, the avoidant personality refers to the shy individual who lacks and is fearful of social relationships but longs for them.

The chapter on hysterical disorder is surprisingly meagre, given its involved and lavishly documented history. The "early writers" cited are not—as one might suppose—Charcot and Janet, but Abraham and Reich. DSM III renames the disorder, explaining that the substitution of histrionic is not a mere semantic stroke, but a signal of new conceptualization.

The chapters on compulsive and paranoid personality are frankly described as little changed, the explanation for the constancy of the text being that of "reflecting the stability of these entities".

The approach to the difficult subject of the borderline personality does not get off to a good start when

the editor refers to it as a syndrome. DSM III creates no such confusion, although of course emphasizing that people with this personality type can have "short-lived psychotic episodes". Such illnesses are often mistaken by unknowledgeable psychiatrists as serious endogenous psychoses and treated with misplaced pharmacological, institutional or electrical vigour: one of the common mistakes in clinical psychiatry. In the present book Gallahorn (p. 78) perhaps does not deal in sufficient detail with this crucial point in differential diagnosis when merely he comments in passing that borderline personalities with Brief Reactive Psychosis have only transient (and not pervasive and generalized) lack of reality testing.

Inevitably Dr Lion includes a chapter on narcissistic personality; the adherents of Kohut and Kernberg who "collectively conceptualized it" are described as "begging for its inclusion in DSM III". Dr Lion seems to single out especially the grandiosity of the individuals whom the concept is intended to designate. However, in Chapter 4 on the subject, Dr Phillips acknowledges that the features of the condition have been derived from psychoanalytic investigation when, inevitably, they emerge in subtle, gradually unravelled, revelations of complex interlocking tendencies. Thus the Narcissistic personality is defined on the basis of hypothesized pathology, the external traits often being unobvious to the hasty clinician, not alert to the fact that "such traits as exhibitionism and interpersonal exploititiveness may be effectively disguised" (p. 69). DSM III can be misleading in its effort to be behavioural, when not differentiating sufficiently between observable and psychodynamic phenomena. Psychodynamics can too glibly be equated with observable traits.

There are also separate chapters on behaviour therapy, family therapy, hospitalization, milieu therapy, private practice, and drug treatments; and the court, prisons and military service each have their own chapters. So also does psychological testing, psychodynamics and socio-cultural determinants.

Negligence in proof-reading gives rise to irritation the more unfortunate because this is an impressive, clinically significant book with great implications for patient care, about an enormous area of clinical and investigative work still waiting to be done on abnormal personality.

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Coping with Crisis and Handicap. Edited by AUBREY MILUNSKY. New York: Plenum. 1981. Pp 358. $19.50.

Aubrey Milunsky, the editor of this book, is a paediatrician with a special interest in birth defects and genetic diseases. Much of his clinical work involves working with families who have to cope with the pain of caring for a severely handicapped or dying child. In 1979 he helped organize in Boston a 'National Symposium on Coping with Crisis and Handicap'. This book brings together the papers presented at that conference. The twenty contributions cover many of the most severe crises families could have to face; the dying child, suicide in the family, having an autistic child, the effects of severe burns. The contributors include not only health professionals, but also bereaved parents, clergyman and a philosopher.

This could have been a book almost too painful to read. In fact, the experience, compassion and strength of the various authors make it easier than might have been expected. It should be possible to commend certain chapters and criticize others for omissions or lack of objectivity. This would not really be appropriate. What makes the book so very worthwhile are the many small items scattered throughout which point to the day to day experience and wisdom of the authors. One example which illustrates this is a discussion on how long the family of a child who has died at home should remain with the body before the undertaker arrives. I found this deeply moving. The fact that a nurse had given great thought to the implications of what could be seen as a small practical point demonstrates the quality of care that can be achieved. That she has put these thoughts into print should help many others look at the meaning of this and many similar practicalities surrounding death and grief.

This is not a book that can tell you what to do. It is perhaps not a book that is meant to be read straight through. Its real use would be as a source of seminar material for staff working with death and handicap. Almost any one of the chapters could be taken as a basis for a group discussion. An increasing number of psychiatrists are becoming involved in this sort of work. They should find this book of considerable help. As an additional bonus there is, at the end, a bibliography of almost nine hundred recent relevant references.

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Jungian Psychology in Perspective. By MARY ANN MATTOON. New York: Free Press. 1981. Pp 334. $21.95.

This book is advertised as an introduction to Jungian psychology—it is at once less and more than that. It reviews Jung's published work in some detail but it pays little or only passing attention to significant