

Major Theories of Personality Disorders, 2nd Ed.

John F. Clarkin and Mark F. Lenzenweger, Eds. The Guilford Press; (www.guilford.com). 2004, 464 pp., \$55.00 (hardcover)

The second edition of the book entitled, *Major Theories of Personality Disorders*, presents eight major contemporary theories of the personality disorders (PD). Each chapter is authored or co-authored by leading expert psychologists and psychiatrists in the field of contemporary research on PD. The authors offer interesting theories, models, assessment methods, research findings, implications, and limitations, of his or her own understanding of normal and abnormal personality from very unique theoretical vantage points including cognitive, psychoanalytic, interpersonal, attachment theory, biological, and neurobehavioral perspectives. Thirteen well-known clinicians and researchers contributed to the book, providing a diverse sample of viewpoints, experience, and expertise on the PD.

Clarkin and Lenzenweger state in the book's preface that they believe that, "personality disorders research is just beginning to enter a second phase of development, one that will focus more closely on etiology and pathogenesis, ...and that sound theoretical models will be essential tools in helping us map this new and exciting uncharted territory." (p. viii). The fact that this second edition is published less than a decade after the first, provides support for their belief that the field of personality research is growing and expanding in new and interesting directions.

The first chapter by Lenzenweger and Clarkin describes, "the conceptualization and articulation of personality and related personality pathology in the history of psychiatry and research in the tradition of academic psychology" (p. 2). The chapter discusses topics such as the role of clinical psychology and assessment of personality pathology, the role of academic psychology in understanding the development and structure of the normative personality, the "birth" of Axis II into clinical nomenclature, issues of concern for scientific theories of PD, the "dimensional versus categorical nature of personality disorders...the distinction between normal and pathological personality features...and the nature of the basic processes and structure underlying both personality disorders as well as normal personality", (p. 11). The chapter ends with a list of, "landmarks, critical junctures, and frontiers", that is to say, a list of general dimensions to consider while reading the subsequent chapters, as well as a section of "Prospects for the future: integration of mind, brain, and behavior" (p. 29).

Chapter 2 by James Pretzer and Aaron Beck outlines a cognitive theory of PD. In their chapter the authors describe the philosophical foundations of cognitive therapy (CT), the developmental origins and assessment of PD, CT for PD, a case example of working with a client with paranoid personality disorder, and concludes with a discussion of the effectiveness of CT for treating PD.

The third chapter by Otto Kernberg and Eve Caligor provides a psychoanalytic theory of PD. Kernberg and Caligor open the chapter with a brief discussion of object relations theory and problems with the existing approaches to classification of personality disorders. The authors state that, "From a psychoanalytic perspective, personality represents the dynamic integration of behavior patterns, derived from temperament, constitutionally derived cognitive capacities, character,...and internalized value systems" (p. 120). The authors describe their own model of personality and PD which is based on the, "development, progressive integration, and hierarchical organization of motivational systems" (p. 127). They describe their classification of PD based on this model which is organized around the dimension of severity (psychotic, borderline, and neurotic), with a particular emphasis on identity consolidation, defensive

operations, and reality testing. They conclude the chapter with a description of a three step procedure for treating patients with borderline and neurotic personality organizations.

In Chapter 4, Lorna Benjamin describes her interpersonal theory of PD – the Structural Analysis of Social Behavior (SASB) model and Interpersonal Reconstructive Therapy (IRT). Dr. Benjamin’s chapter is comprised of three main sections. The first is a description of IRT theory illustrated through a case example. The second section is, “A description of the SASB model, the method used to operationalize the case formulation, the therapy process, and interpersonal and intrapsychic aspects of outcome in IRT” (p. 158). And the third section provides illustrative applications of both IRT and SASB to Axis II disorders. “The IRT of psychopathology attempts to account for the presenting symptoms in terms that can be understood by the patient and reliably agreed on by participating clinicians as well as by observer researchers. Moreover, the theory attempts to maximize parsimony, observability, and testability”, (p. 160). The purpose of the SASB model is to provide methods and concepts to make interpersonal and intrapsychic process more amenable to scientific study, and to serve as the lens through which patterns can be seen clearly and linked to relationships with key figures” (p. 180).

Drs. Meyer and Pilkonis co-authored Chapter 5 on an attachment model of PD. The chapter starts with a review of the basic elements of attachment theory and a description of the how attachment processes might figure in the DSM-IV PD. They describe, “potential pathways from early attachment to later personality disturbance, and different approaches to the measurement of attachment in childhood and adulthood” (p. 240). The chapter is primarily theoretical although they do report on the results of a pilot study they conducted to assess the empirical links between attachment styles and PD. The authors argue that, “Attachment theory can add to our understanding of the etiology and motivational dynamics creating and maintaining personality disorders... In our interpretation, adult attachment patterns and personality disorders are ‘made of the same stuff’ – both can be construed as cognitive-affective-motivational patterns that are triggered in response to situational contingencies and have a partial ‘agentic’ character” (i.e., “executed without full volitional control”), (p. 271). The chapter concludes with a brief section on implications for interventions when using an attachment perspective with clients with PD.

Aaron Pincus provided chapter 6 on a contemporary integrative interpersonal theory (CIIT) of PD. The chapter begins with a discussion of some of the current issues in the diagnosis and classification of the PD as a way of introducing some of the concerns that CIIT attempts to address. Dr. Pincus describes two current trends in the classification of PD: “causal-theoretical” and “practical-empirical” approaches. “These concepts are all related to whether one views classification of psychopathology as mainly in the service of understanding the nature of normality and abnormality or mainly in the service of the practical task of clinical identification” (p. 287). He writes about how these different approaches work with and in opposition to the DSM system, and then moves toward a discussion of, “two-step” diagnostic approaches. That is to say, “a process that distinguishes *definition* of personality disorder pathology (Step 1) from *description* of individual differences in personality disorder phenomenology (Step 2)”, (p. 288, emphasis in original). CIIT provides a bridge between causal-theoretical approaches and practical-empirical approaches, and allows for the coordination of the definition and description of PD. He concludes the chapter with two case examples of narcissistic and dependent PD.

The chapter on an evolutionary theory of PD is written by Theodore Millon and Seth Grossman. The authors goals for the chapter are to “connect the conceptual structure of both

normal and abnormal personalities to their stages of neurological development to what we judge to be the omnipresent principles of evolution...to use the evolutionary theory to create a deductively derived clinical taxonomy...to link the taxonomy to newly developed assessment instruments; and finally, to outline prescriptions for an integrative or synergistic model of psychotherapy”, (p. 386).

The final and eighth chapter of the volume by Richard Depue and Mark Lenzenweger provides a neurobehavioral dimensional model of “personality disturbance” (p. 391). Their model “rests on a foundation of multivariate interaction of neurobehavioral systems” (p.394). The authors suggest that the traits agentic extraversion and affiliation reflect activity of two neurobehavioral systems associated with rewarding goals, and describe possible brain pathways, systems, and neurotransmitters that are likely the substrate for these traits and observable behaviors. They also explore and describe the neurobiological substrates for fear, anxiety, and nonaffective constraint or impulsivity. The authors conclude the chapter by outlining the implications of their model which include explaining sex differences in some forms of personality disturbance and the probability that medication is not likely to be a panacea for treating PD.

The chapters do not serve specifically as a “how to” manual for working with clients with PD, but do provide a very useful framework and starting point for learning more about these theories and clinical application. The chapters are well written and many are highly dense in the material they offer. Some chapters are fairly straightforward to read (e.g., Pretzer & Beck), and others require a higher degree of focused attention (e.g., Depue and Lenzenweger). This volume is appropriate for experienced clinicians, graduate students, and researchers interested in understanding, exploring, and studying the major theories of contemporary personality disorders. It is too dense a volume for an undergraduate survey course on personality disorders, and does require the reader to have some foundation in psychological theories of personality and PD. The chapters stand well on their own, but when presented as a unified body of work provide a good resource for practitioners independent of their personal theoretical orientation.

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