Personality and Psychopathology: Critical Dialogues with David Shapiro is an astutely assembled compilation of essays from well-respected and diverse psychodynamic theorists that, in equal parts, pays homage to Shapiro’s highly influential contributions to the understanding of character while also challenging some of his conceptualizations of psychopathology. Based on their understanding of Shapiro’s concepts, the contributors typically point to limitations they perceive in his theory and purport ways in which their own theories overcome the shortcomings. Each essay is followed by Shapiro's response to the authors. Within these responses, Shapiro provides by far the most interesting content of this book. Shapiro not only delivers elegant and pointed responses to each of the criticisms but also provides perhaps the most detailed explanations of his concept of Autonomy yet published, from the broadest diversity of theoretical perspectives.

To summarize, Shapiro seems to locate pathology around departures from genuine autonomy. He suggests that there are two primary modes of characters that develop subsequent to these departures, namely, rigid and passive reactive. According to Shapiro these modes are different from each other and house different pathologies under their respective umbrellas; however, they are not simply opposite polarities on a single continuum. They are actually quite similar to each other in one crucial way; they both represent theoretical opposites to genuine autonomy. Such a perspective can provide an eagle eye view toward conceptualizing persons and problems comprehensively and parsimoniously.

While the language of the dialogues in this book is primarily psychoanalytic, Shapiro’s ideas distill nicely into a pragmatic framework that can be appreciated by any CBT clinician interested in thoroughly transdiagnostic case conceptualization. The recent trends in CBT toward transdiagnostic theorizing appear to reflect a strong demand for greater theoretical parsimony, and Shapiro’s central framework appears to have been carefully crafted to achieve this aim. This apparent convergence of Shapiro’s theory with the emerging interests of cognitively-oriented therapy may not be entirely accidental. It is rumored that Aaron Beck, the originator of Cognitive Therapy, on at least one occasion has accused David Shapiro of being the “first cognitive therapist.”

A genuine understanding of Shapiro’s conceptualization of Autonomy and the two character modes he describes (rigid and passive reactive) that can develop when someone departs from genuine autonomy not only provides a sophisticated avenue for conceptualizing a client beyond their symptomatic presentations, but also points to what may qualify as a universal goal in therapy. This hypothetical unifying goal emerges in its clearest form in the dialogue between Shapiro and Sidney J. Blatt. In his exposition, Blatt very intriguingly purports two “fundamental configurations” of personality development (introjective and anaclitic, a distinction well known to CBT practitioners under the labels “autonomous” and “sociotropic,” respectively) that heavily overlap with the two “modes” of character development indicated by Shapiro (rigid and passive reactive). The dialogue that ensues between Blatt and Shapiro is most interesting as it helps to provide fine grade but very important differences between how Blatt and Shapiro distinguish between their own two configurations, conceptualize pathology and explain pathological...
development. Shapiro’s second response to Blatt in Appendix A provides a wonderful and highly informative capsule summary of their exchange. Blatt's arguments are based on ample empirical evidence and provide a theoretical model of distorted personality development, personality organization, and psychopathology as well as different treatment implications for each “fundamental configuration.” In many ways Shapiro's and Blatt's lines of thinking on character development seem compatible. However, Shapiro's conception of genuine Autonomy, as an alternative to the more pathological “configurations,” provides something that Blatt’s formulation does not: a single, functional, comprehensible, and coherent standard by which pathology can be identified and interventions can be designed. Shapiro never insists that such interventions must always come from psychoanalysis and never from CBT. On the contrary, he appears to argue that, regardless of therapeutic allegiance, any intervention in a psychotherapeutic relationship earns its merit by virtue of its effect on the growth of genuine autonomy.

In devising and providing psychotherapy, it is quite clear that helping a client reach a point where they are able to be autonomous and self-directed is poignant. For instance, reducing a rigid character’s dependence on conscientious rules and a passive reactive character’s dependence on other people, while essentially increasing a person’s sense of personal agency, is simple, elegant, highly functional and perhaps universally useful to a clinician, regardless of their school of thought. Of course, the above interpretations may grossly oversimplify Shapiro’s elegant and deeply layered explanation of Autonomy, the dynamic development of two character modes, the subversion of anxiety inherent to both modes and the functional but anxiety provoking pursuit of personal agency. Anyone who is legitimately curious about how Dr. Shapiro actually describes Autonomy is urged to read this book.

Autonomy, as defined by Dr. Shapiro, deserves to be read carefully and understood pristinely, in his words. This concept is invaluable to anyone interested in enhancing their art of psychotherapy. While reading this book, I was struck by the many impressive essays by very accomplished psychologists who dueled with Dr. Shapiro, raising arguments and suggesting comparison between their own theories and his based on their understanding of Shapiro’s concept. Upon reading Shapiro’s responses it was clear to me that none of the arguments or criticisms delivered a formidable challenge to his original concept. To be so bold, I think the critiques and comparisons lacked luster because the arguments seem heavily influenced by the authors’ presuppositions, i.e., their preconceived ideas about what they think they know Dr. Shapiro to be saying. Granted this book is not about the phenomenon of presuppositions, however, the biases and misunderstandings that occur based on preconceived notions are apparent throughout and deserve mention. I believe if someone wants to challenge Shapiro’s conceptualizations, one is first urged to obtain a faithful understanding of what Shapiro is actually purporting. For now, after reading Personality and Psychopathology cover to cover, I was left with the notion that Shapiro said it first and still says it best.

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