

## Quest for Answers: A Primer of Understanding and Treating Severe Personality Disorders

by Salman Akhtar, M.D. Northvale, N.J., Jason Aronson, Inc., 1995, 225 pages, \$30.00.

An original format, a clear prose, well-formulated questions, and honest answers on a topic considered by many as the last frontier of psychopathology are the main characteristics of this book. One hundred questions with two-page and three-reference answers each about diagnosis, dynamics, development, evaluation, treatment, and prognosis of severe personality disorders may not be enough to cover the whole field but leave the reader (psychiatric resident, clinician, therapist, educator) with flashing images of how much is known and how much more is unknown (and, therefore, left to speculative imagination) in a very difficult clinical area.

The author, a professor of psychiatry and supervising analyst, starts out by categorically affirming that there are eight types of severe personality disorders, "hypomaniac" being one, while the obsessive-compulsive, avoidant, and dependent types are ignored. The implication, of course, is that these last three are not "severe." The problem is compounded by the fact that we are told that these eight severe personality types have "similarities in phenomenology," seem to share splitting and identity diffusion as primary features, are the results of "aborted separation-individuation processes," and show "promiscuous sexuality." The greatest difficulty is that this description resorts, by necessity, to overgeneralizations that lead to contradictions and, in the end, leave the reader with a powerful, almost overwhelming sense of ambiguity.

However, my task is not only to point out the conceptual difficulties. The book has extraordinary merit, as it intends to synthesize a complex body of clinical knowledge. The author, obviously, does not deny his ideological and theoretical origins, but this would be even more cogent had he added the adjective "psychodynamic" or "psychoanalytic" before the noun "Primer." Akhtar gives us lucid definitions of complex notions such as cumulative trauma, mirror transference, optimal distance, malignant narcissism, and the like. He makes fine and fascinating distinctions between hysterical and histrionic personalities, pays his dues to giants of theoretical thinking such as Kohut, Winnicott, Kahn, and Kernberg, and, showing the didactic master in him, explains their differences with ease. Against this background, the best chapters are those on structure and dynamics and psychotherapy and psychoanalysis. When particularly centered on the treatment of borderline personality disorders, the well-delineated steps of evaluation and psychotherapeutic management help in sorting out obstacles, peaks, and valleys of the relationship. The section on prognosis and outcome is honest enough to underline the enormous difficulties in accomplishing even minor changes in these protracted disorders.

The first conceptual problem with the book's topic is whether we are talking about personality types, aggregates of personality dimensions, or overencompassing concepts such as the borderline personality organization à la Kernberg. One can't miss the known reluctance of psychodynamically oriented practitioners toward anything smelling of the "rigidities" of nosology. Thus, Akhtar proposes that everything that is part of a "clinical spectrum" should be considered within a personality disorders section, like Axis II in DSM-IV, rather than staying on Axis I. It is as if the author would like all the nosology to be centered around a gigantic, hypertrophied Axis II, denying every-

thing that is being said in modern nosology. In this sense, he praises Akiskal's cogent contributions, forgetting that Akiskal is on record favoring exactly the opposite. This trouble with nosology is best exemplified when Akhtar calls the inclusion of a schizotypal personality disorder a "nosologically advanced step," only to blast it a few lines below as "a historically regressive step." Furthermore, he rejects the use of a "mixed personality disorder" category, and advocates in this case the use of the label that reflects "a predominance" of clinical features. This not only negates clinical realities but also undermines possible multitherapeutic adaptations.

The semantics of the book is confusing as it discusses topics labeled similarly but conveying entirely different meanings. Such seems to be the case with the use of Winnicott's "antisocial," Fairbairn's "schizoid," and Rado's "schizotypal terminology." Also, the book centers, understandably, on the description and treatment of narcissistic and borderline personality disorders, paying almost lip (and obsolete) service to most others, with the probable exception of the antisocial type. As a result, we read that latent homosexuality is still a feature of the paranoid personality, that exquisite sensitivity and the need of love are key elements of the schizoid, that a "tendency toward perversions" overwhelms borderline patients, and that headline knowledge or knowledge limited to trivia occurs in all antisocial and narcissistic personalities. These perceptions run counter to the fact that the author uses professions in the arts, politics, and intellectual circles as nests of severe personality disorders, thus betraying not only the treatment difficulties that he outlines in a large part of the book, but also the very definition of *severe* as encompassing poor functioning and even worse outcomes.

Limited mentions of neurobiological accomplishments in the field deny the contributions of Cloninger and belittle pharmacologic treatment. In therapy, I would have trouble accepting that "therapy-addicted" patients and those who suffer from "pathological hope" would require life-long treatment. Nonrecognition of the universal ingredients of psychotherapy, advocated by Jerome Frank, is a significant omission. I would have liked some comments about the value of, for instance, reinforcing the therapeutic nature of hope and the use of "someday fantasies" in a number of patients.

Akhtar includes only one question on cultural aspects of personality disorders. Even so, in the absence of solid epidemiologic studies, one should take exception with the statement that "severe personality disorders are universal in their prevalence." A tendency to apply Western concepts to non-Western attitudes and behaviors is evident, the underlying assumption being that all kinds of personality disorders exist in all kinds of cultures. While focused on the pathogenic aspects of culture, this isolated question neglects to deal with the tremendous implications of culture in treatment, delivery of services, and outcome, and its role in the interpretation and explanation of behaviors easily labeled as "symptoms" by Western-trained practitioners, whose young heirs will quite likely read this book.

The effort by Akhtar and his significant experience in the field are the main strengths of the volume—one more in the author's distinguished opus. Considering his theoretical biases, however, it will be important to separate the tree from the forest. Clearly, the chosen format limits the content of the message. Yet, the author's answer to one comment on sex-related differences in severe personality disorders can very well apply to the whole of this field: "One thing is clear: This is an ill-under-

stood and murky area that warrants further, sophisticated investigation.”

**Renato D. Alarcon, M.D., M.P.H.**  
Atlanta, Georgia

### **A History of Hypnotism**

by Alan Gauld, Ph.D. Cambridge University Press, New York, N.Y., 1995, 738 pages, \$120.00; \$34.95 (paper).

Hypnotism, to this day, remains a forbidding subject for many people, including many professionals who should, at the very least as scientists, have an open mind in their approach to any phenomenon. Those individuals who are interested in learning more about this intriguing subject will find Dr. Gauld's history a royal avenue into understanding. I have found no work in recent years that is more comprehensive in its treatment of the history of hypnosis in the Western world than this one.

The text is very well balanced in that it presents both pros and cons of the various issues surrounding mesmerism, as hypnotism was first called. One is particularly impressed with the scholarly references from original sources dating back to the 18th century and with the innumerable specific cases cited to clarify points being made in regard to some facet of hypnosis.

Dr. Gauld begins with the work of Franz Anton Mesmer and then devotes a chapter each to "The Royal Commissions and the Pamphlet War," "Puysegur," "Phenomena and Speculations 1784 to 1789," "Mesmerism in the German-Speaking Countries," "Kluge," "The Revival of Magnetism in France," "Mesmerism and the Medical Profession in France from 1820 to 1840," "Mystical Magnetism: Germany," "Mystical Magnetism: France," "Mesmerism in the United States," "Mesmerism in Britain," "Topics from 'The Zoist,'" and "Animal Magnetism: Retrospect and Reflections."

In Part 2, Dr. Gauld refers to "the heyday of hypnotism." Here he treats the "Precursors of the Hypnotic Movement," such as the Abbé Faria, Alexandre Bertrand, James Braid and his followers, Sunderland, Fahnestock, and J. K. Mitchell. In his chapter "Hypnotism and Scientific Orthodoxy from 1875 to 1885," he refers to Charles Richet, the Hansen phase, Charcot and his school of hysteria, and then Charcot and his school of hypnotism. Dr. Gauld then treats "The Nancy School 1882 to 1892," including Liébeault, Bernheim, and, finally, the disintegration of the schools. He then considers in his next chapter "Pierre Janet and His Influence." "The Society for Psychical Research: Edmund Gurney, Myers, and James" are then covered.

The clinician will probably find the last eight chapters to be of particular interest in that they consider such subjects as "Hypnotism and Multiple Personality in the United States: Sidis and Prince"; uses and applications of hypnosis; states ostensibly related to hypnosis; and the theories of Vogt, Bernheim, and Grasset. The decline of hypnotism during the several decades prior to the First World War is very well done.

In the epilogue, "Barber and Beyond," Dr. Gauld describes not only the Barber revolution but also the entire period since the First World War to the present time, which includes an excellent elucidation of the neodissociationists and the social psychological approach.

Dr. Gauld's final paragraph sums up the tenor of this book most cogently:

The mysterious domain of hypnosis emerges, then, as a kind of fairy palace, less than real, but more than illusion. It has, one might say, sufficient substance in its foundations to have deceived mortals rather well. Especially has it ensnared savants of past generations, who in turn have misled the media and the public at large. But from our vantage point at the end

of the twentieth century we can begin to see that there is no one path by which it may be reached, no one material of which it is built, no one hidden chamber containing all its secrets, no one key which will open all its doors, and no simple formula by which it may be dispelled. Those who set out to investigate it should beware of the bafflements to come (pp. 623–624).

I recommend this book without qualification to anyone who needs a valuable scholarly reference book on the history of hypnosis from Mesmer to the present and who wishes to have a thorough knowledge of hypnotism.

**Allen O. Battle, Ph.D.**  
Memphis, Tennessee

### **Functional Psychiatric Disorders of the Elderly**

edited by Edmond Chiu and David Ames. New York, N.Y., Cambridge University Press, 1994, 623 pages, \$100.00.

*Functional Psychiatric Disorders of the Elderly* represents an international multiauthor effort at encapsulating the geropsychiatric literature of the nondementing disorders. An outgrowth of the 1990 symposium by the same name, *Functional Psychiatric Disorders of the Elderly*, of the Geriatric Psychiatry Section of the World Psychiatric Association, this text ambitiously aims to focus attention on the most frequent but often less "organically" conceived psychiatric syndromes encountered in the elderly. The heaviest emphasis has been on affective disorders, subdivided into chapters covering the epidemiology, phenomenology, diagnosis, and treatment. Much to the credit of the editors, separate chapters have been included to highlight the unique aspects of the assessment and management of the affective disorders in the various clinical settings in which they become manifest. Particularly salient aspects of this section are also the chapters on pseudodementia and suicide in the elderly, both of which attempt to bridge the multiple dimensions of geriatric care, namely the medical, neurologic, and psychiatric.

The multidisciplinary nature of this text is further evident in the unusually sound reviews of the various psychotherapeutic approaches to the elderly, which provide an excellent overview of the psychology of aging, principles of engaging the patient in therapy, and the differential efficacy of the psychotherapeutic modalities in specific clinical scenarios. The inclusion of literature on geriatric rehabilitation, nursing management, and social work interventions truly reflects the comprehensive approach of this text.

The chapters on schizophrenia and related psychoses are perhaps the most stimulating, scholarly, and well-written in this collection. The authors of this section have not only eloquently outlined the clinical heterogeneity and the diagnostic dilemmas of these disorders but also equally masterfully proposed future avenues of research. In fact, this section highlights the major strengths of this much needed text: (1) an international perspective, (2) comprehensive references, (3) multidisciplinary approach, (4) keen sensitivity to both basic science and clinical aspects of the subject matter, and (5) an equal emphasis on the unknown as well as the known. In an era of almost exclusive attention to the biological bases of mental disorders, this text is a significant contribution in understanding not only the biological underpinnings but also the clinical heterogeneity of psychiatric syndromes of the elderly. As such, this text is an excellent reference for psychiatrists, psychologists, nurses, social workers, and trainees in each of these disciplines.

**Ashok J. Bharucha, M.D.**  
Seattle, Washington