

Book Reviews

Severe Personality Disorders. Everyday Issues in Clinical Practice, edited by Bert van Luyn, Salman Akhtar and W. John Livesey, Cambridge University Press, New York, New York; 2007; ISBN 978-0-521-85651-5; \$99 (hardcover); 245 pp.

Personality disorders, especially the serious ones, constitute unquestionably a serious management problem. Some patients, with the exception of those with self-cutting borderline personality disorder, frequently may not look disturbed enough to require treatment. Others, if not all, stir up such a severe countertransference that barely anybody likes to treat them. Their treatment is complicated, requires special skills, patience, a lot of experience, and frequently a very thick skin. We do not have clear guidelines for their treatment and the evidence of effective treatment of personality disorders is scarce.

Drs. van Luyn, Akhtar and Livesey put together an international team of authors to help us understand and treat severe personality disorders. As the editors state in the Preface, they intend to focus upon issues of day-to-day management of patients with severe personality disorders, eschewing biological, psychoanalytic and cognitive behavioral theories. They attempt to cover a wide variety of topics, such as early predictors, treatability, common elements of effective therapies, psychopharmacological intervention, countertransference, disruption of treatment alliance, suicidal crises, and management of the dangerous, refractory, and stalking patient (p. xi).

The Preface is basically a short and sweet summary of all 13 chapters, written by the editors. Chapter 1, "Treatability in severe personality disorders: how far do the science and art of psychotherapy carry us?" by Michael Stone discusses factors that influence amenability to psychotherapy (e.g., psychological mindedness, mentalization, intelligence, empathy, likeability) and various spiritual factors. The author points out that the personality and the skill of the therapist should be included as one important variable affecting the treatability of severe personality disorders (p. 6). This chapter also reviews estimates of treatability and focuses mostly on borderline personality disorder, schizotypal personality disorder and antisocial and psychopathic personalities. The author reminds us that the poorest prognosis for treatability will be found in persons who show the full-blown picture of psychopathy (p. 19). The chapter ends with a brief discussion of hurdles to treatability in various clusters of personality disorders. Chapter 2, "The treatment of choice: what method fits whom" by John Clarkin starts with

the list of issues that may discourage many from treating severe personality disorder, such as the fact that most patients present with more than one clearly defined DSM diagnosis, focused cognitive-behavioral treatments are limited in their effectiveness in the short run, and often seen inadequate in the long run, the emphasis on therapy as a set of technical interventions tends to ignore the attributes of the therapist beyond her/his skills, and the fact that if the treatment fails, it is often assumed that it is due to the patient's characteristics and the therapist's contribution to the failure has been less frequently considered and examined (p. 30). The author continues in reviewing treatment choices facing the clinician, patient characteristics and heterogeneity, and the match between the therapist and the patient in transference-focused psychotherapy. Chapter 3, "Countertransference: recent developments and technical implications for the treatment of patients with severe personality disorders" by Otto Kernberg is a very thoughtful, interesting and well-written discourse on countertransference. Dr. Kernberg emphasizes that the concept of technical neutrality is often misinterpreted as implying a "studied indifference." He also reminds us that "the therapist is not 'neutral' in terms of not having emotional reactions to the patient, but in his/her effort and capacity to contain them, and use them for a better understanding of the therapeutic situation rather than discharging these emotions in the relationship with the patient" (p. 43). Kernberg also stresses that countertransference could become an important diagnostic tool. He discusses classification of countertransference, its management, complications and contemporary controversies regarding countertransference. The following chapter, "Beyond management to cure: enhancing the positive dimensions of personality," by Robert Cloninger attempts to instill some optimism by focusing on the development of well-being. He suggests that the lack of positive personality features is the cornerstone of the dynamic understanding of these disorders (also p. xii). He focuses on issues such as what reduces disability and enhances well-being, the wishes of the suffering for spiritual meaning, and pathways and obstacles to well being.

Chapter 5, "Personality disorders from the perspective of child and adolescent psychiatry" by Arnold Allertz and Guus van Voorst deals mostly with the developmental aspects of personality disorders (heredity, prenatal issues, attachment, temperament, maltreatment). The chapter also briefly discusses possible prevention and treatment from the point of view of child and adolescent psychiatry. In chapter 6,

“Disruptions in the course of psychotherapy and psychoanalysis,” Salman Akhtar identifies some of the reasons for disruptions in therapy (unconscious guilt, anxious retreat from “higher” level conflicts, sadomasochistic need to destroy a helpful situation, retreat due to separation anxiety, shift in psychic organization, empathic failures of the therapist), their manifestations, and treatment approaches to them. He suggests that from the developmental point disruptions are not necessarily bad and are the rule rather than the exception. The following chapter, “Managing suicidal crises in patient with severe personality disorders” by Joel Paris is a brief, skilful guide to suicidal crises, their management and chronic suicidality in severe personality disorders. In chapter 8, “Borderline personality disorder, day hospitals and mentalization” Anthony Bateman and Peter Fonagy provide some guidance to the management of borderline personality disorder and suggest that “placing mentalization as central to therapy with borderline patients may unify numerous effective approaches to this challenging group of patients” (p. 133).

Chapter 9, “Pharmacotherapy of severe personality disorders: a critical review” by Thomas Rinne and Theo Ingenhoven addresses some conceptual and methodological issues of pharmacotherapy of personality disorders first and then reviews various classes of medications used (antipsychotics, SSRIs, mood stabilizers). The authors also discuss three main targets—cognitive perceptual symptoms, impulsive-behavioral dyscontrol and affective dysregulation. The following chapter, “Severe cases: management of the refractory borderline patient” by Bert van Luyn provides some tips on how to handle these difficult patients (e.g., “no alliance, no therapy,” rehabilitation, assertive community treatment, intensive outpatient programs, split treatment, integrating hospitalization into the treatment and team support). The next two chapters, chapter 11, “Dangerous cases: when treatment is not an option” by J. Reid Meloy and James A. Reavis, and chapter 12, “Stalking of therapist” by Paul E. Mullen and Rosemary Purcell discuss some dangerous circumstances and consequences of treating severe personality disorders. The chapter on stalking emphasizes that one cannot entirely avoid it. The authors also suggest careful documentation, including keeping copies of all unwanted communication, recording unwanted contacts and retaining records of unwanted phone calls.

The final chapter, “Common elements of effective treatments” by W. John Livesey reviews contemporary perspectives on treatment of personality disorders, common or generic factors (building and maintaining a collaborative relationship, maintaining a consistent treatment process, building motivation), general treatment strategies and structured approach to treatment (therapeutic stance, contract, consistency).

This book is another example of a volume that is not exactly what it pretends to be. While this is at times interesting reading, I am not sure whether the entire volume really addresses the issues of everyday clinical practice. Although the editors stated in the Preface that they were eschewing biological,

psychoanalytic and cognitive behavioral theories, the book is still heavily influenced and impacted by psychoanalysis and cognitive behavioral theories (not much by biology as we have no data. . . that is not to say that we have data supporting the other theories). The chapter on countertransference is excellent, interesting reading, but can we say that Otto Kernberg is eschewing psychoanalysis here? I am sure that the authors of the chapters (most of them are good reading) believe that they are addressing everyday issues. Maybe issues of their psychotherapy practice (with the exception of the pharmacotherapy chapter), but not those of the everyday, ordinary clinical practice. Thus this book will be appreciated by those interested in the management of severe personality disorders, psychotherapists, and maybe teachers and residents. However, busy clinicians will find this book too theoretical, and at times lacking practical straightforward recommendations.

Richard Balon, M.D.

Wayne State University School of Medicine
Detroit, Michigan

Leaving it at the Office. A Guide to Psychotherapist Self-Care, by John C. Norcross and James D. Guy, Jr., The Guilford Press, New York, New York; 2007; ISBN 978-1-593385-576-5; pp 238; \$25 (paperback).

Lay people probably appreciate the stressful nature of the psychotherapist’s (and psychiatrist’s) work better than psychotherapists and psychiatrists themselves. We all have probably frequently heard comments that it must very difficult to listen to other people’s complaints the entire day, or were asked whether listening to mentally ill patients all day does not make us mentally ill, too. We usually ignore these comments or dismiss them with a smile or joke. But, should we really dismiss them and pretend that the work we do is a piece of cake? Is it? If it is not, are we taking care of ourselves to be able to tend to our psychological and other health? Two experienced psychotherapists, John Norcross and James Guy, as many others, seem convinced that we do not always take good care of ourselves and of the stress associated with, in this case, the practice of psychotherapy. Together they wrote an interesting volume—“a practical synthesis of research literature, clinical wisdom, and therapist experience on psychotherapist self-care” (p. ix)—first, to remind busy practitioners of the personal and professional need to tend to their own psychological health; second, to provide evidence-based methods for practitioners to nourish themselves; and third, to generate a positive message of self-renewal and growth (p. ix). In addition to a Preface, the book consists of 12 chapters.

The first chapter, “Valuing the person of the psychotherapist,” notes Anna Freud’s observation that becoming a psychotherapist is one of the most sophisticated defense mechanisms: “granting us an aura of control and superiority and avoiding personal evaluation ourselves” (p. 1). However, as the authors