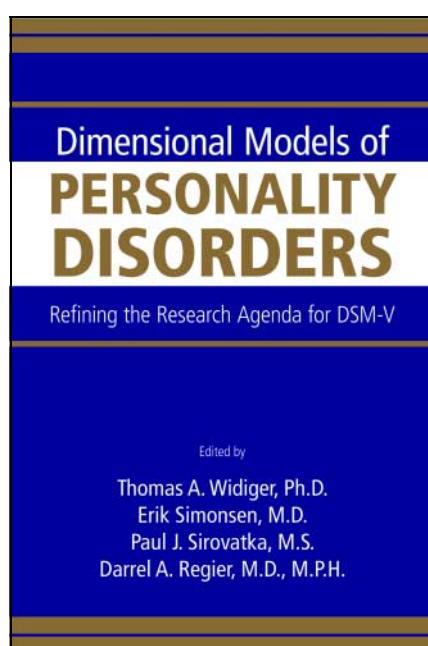


Book reviews

EDITED BY SIDNEY CROWN, FEMI OYEBODE and ROSALIND RAMSAY

Dimensional Models of Personality Disorders: Refining the Research Agenda for DSM–V

Edited by Thomas A. Widiger, Erik Simonsen, Paul J. Sirovatka & Darrel A. Regier. American Psychiatric Association. 2006. 315pp. US\$55.00 (pb). ISBN 890422966



Personality disorders are special. Currently they have their very own axis in the text revision of the *Diagnostic and Statistical Manual of Mental Disorders Fourth Edition* (DSM–IV–TR), but now we are told they may be relegated to Axis 1 or abandoned as a diagnostic category altogether. It all depends on decisions taken by the developers of the forthcoming edition, DSM–V. So now is the time for a diagnostic re-appraisal which is what this book is about. No one is satisfied with the current nomenclature; categories are crude, have limited validity and are considered stigmatising – once a ‘borderline’ always a ‘borderline’. Is there another way? This book suggests that there is.

The contributions to this book, some of which have already appeared elsewhere, are from a star cast of authors. All attended an

international conference organised to discuss the classification of personality disorders with the aim of influencing the planners of the DSM–V. It is a nice thought that scientific enquiry will influence psychiatric classification; let’s hope so.

There is a lot on offer here to inform the interested reader and to help the DSM–V team make their decisions. All authors agree that a move towards a classification system based on personality dimensions is warranted but there is no agreement about the essential dimensions. So how are we to choose them? Livesley tries to bring an aetiological approach to the choice of dimensions; Paris suggests using neurobiological evidence; others suggest a broader developmental approach. Each contribution has one or more commentaries allowing the less-informed reader to understand the problems associated with each approach. Importantly, there are discussions about cultural aspects of personality disorder which is a topic neglected within the hegemony of Western values and diagnoses. Severity comes under scrutiny too, although to a surprisingly limited extent given its importance. Services are being organised to target only the most severe cases which implies having robust indicators of severity; however, these are not available for most mental health problems let alone personality disorder.

Despite a tone of uncertainty throughout the book, it is possible to discern some consensus about the dimensions to be used even though many of the authors promote their own dimensional systems. The big five – neuroticism, extraversion, openness, agreeableness and conscientiousness – emerge as the major dimensions. The trouble starts once you have to decide the traits that best define these higher-order dimensions. There is no agreement. However, perhaps it won’t matter to clinicians who are unlikely to be spending time trying to define the subtleties of neuroticism and openness. They make global judgements about higher-order dimensions of an individual’s personality; if they can do that accurately, then using a dimensional approach will have some clinical utility. This is a

theme taken up in a refreshingly practical comment from Roel Verheul who expresses some concern about proposed dimensional models, suggesting a hybrid model would be better. He argues that some clinical decision-making requires a cut-off; clinicians understand categories and any classification system needs the vote of the clinician if it is to enter widespread use and be useful for professional communication. He is concerned that dimensions will become too complex for the ‘jobbing’ clinician and so quickly fall into disuse in clinical practice. The focus on personality, stimulated so well by placing it on a separate axis in the current system, might then be lost to psychiatry.

Overall, there is well-informed debate in this book and it is to be recommended. It is a book for experts and those interested in personality disorder rather than someone coming new to the topic who is likely to be overwhelmed by the complexity of some of the discussion.

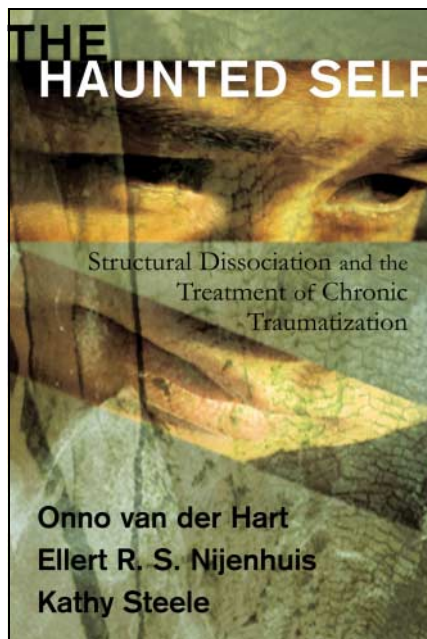
Anthony W Bateman Halliwick Unit, St Ann’s Hospital, St Ann’s Road, London N15 3TH, UK.
Email: anthony@abate.org.uk
doi: 10.1192/bjp.bp.106.033910

The Haunted Self: Structural Dissociation and the Treatment of Chronic Traumatization

By Onno van der Hart, Ellert R. S. Nijenhuis & Kathy Steele. W.W. Norton. 2006. 416pp. £32.00 (hb). ISBN 0393704017

The title of this book, which lays out a groundbreaking approach to the theory and therapy of psychological trauma, is, like much that lies inside, both evocative and precise. To be haunted is to be ‘much visited by spirits, imaginary beings, etc.’, according to the Oxford English Dictionary, which is exactly the position taken by the authors in their conceptualisation of the after effects of severe trauma. While recognising the trauma survivor’s experience of shadowy ‘others’ in their internal world, Van der Hart *et al* take great pains to avoid reifying these spirits as persons or personalities – a delicate balancing act indeed.

The field of psychological trauma and dissociative disorders, closely linked with childhood abuse, is often criticised (at times caustically) by the mainstream psychiatric



press for fuzzy thinking and soft-hearted values. However, this carefully reasoned, cogently argued and well-written book – the fruit of decades of clinical experience and research by the Dutch psychologists Onno van der Hart and Ellert Nijenhuis, and their long-time American collaborator Kathy Steele – should go a long way toward dispelling that view.

The theory of structural dissociation, solidly grounded in both evolutionary psychology and learning theory, places dissociation – narrowly defined as a schism in the personality (i.e. excluding transient disturbances in consciousness) – at the centre of trauma disorders, including not only post-traumatic stress disorder (PTSD) and dissociative disorders but also borderline personality and somatoform disorders. Van der Hart *et al*'s basic premise, consistent with recent neurobiological and psychological research, is that severe acute traumatisations bifurcates the personality into one part that attempts to avoid all reminders of the traumatic event and another that is immersed (and cannot escape from) the trauma. As avoidance/numbing and intrusive symptoms are both considered central to the diagnosis of PTSD, this is not surprising. However, the authors go beyond this and suggest that rudimentary forms of identity can coalesce around these experiences, and that these symptoms map on to behaviour patterns or action systems that are evolutionarily primed and centred around either defence against threat or

daily life activities. After C. S. Myers, they have called the 'daily life' part the 'apparently normal' part of the personality, and the 'threat-oriented' part the 'emotional' part of the personality. Basic tenets of learning theory, particularly classical, operant and evaluative conditioning, provide the bricks and mortar for this theory, helping to explain how more complex forms of dissociation (termed secondary and tertiary structural dissociation to distinguish from the simple schism seen in acute PTSD) can develop from the more chronic and extreme forms of traumatisations associated with dissociative disorders and borderline personality disorder.

Along the way they resurrect much of Pierre Janet's psychology. The second part of the book comprises a detailed exposition of his important psychology of action, along with a much-needed modernisation of some of Janet's important concepts, such as psychological force and psychological tension (as mental energy and mental efficiency, respectively). This part will be of particular interest to trauma researchers and historians. The end of the book is a step-by-step, practical guide to working with chronically traumatised individuals, which should be of enormous interest to all trauma clinicians. As the authors have almost two-thirds of a century of therapeutic experience between them, this section includes very valuable and sensible clinical advice. They emphasise a careful and thorough assessment process, and, like many others in the field, consider extended Phase 1 preparation (skills building, stabilisation) to be crucial prior to any exploration of traumatic experiences. While others in the trauma field have proposed a similar phase approach (beginning with Janet, the authors' note), theirs includes innovations such as utilising Janet's notions of a mental economy and conceptualising various intrapsychic and real world difficulties as phobias.

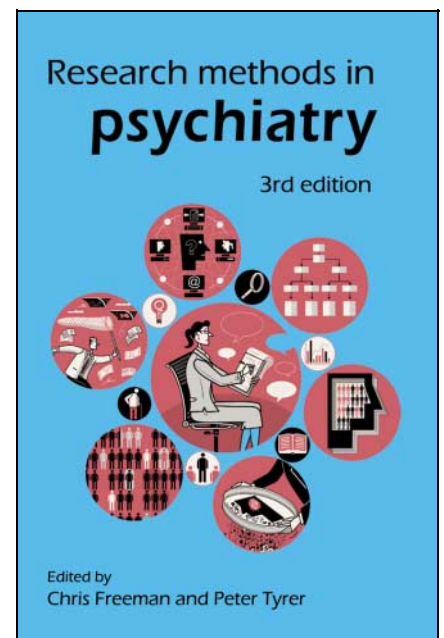
The Haunted Self is, without a doubt, one of the most important books to come out of the trauma field in many decades and should serve to revitalise and transform the field. It should be read not only by clinicians working in the trauma field and interested researchers, but also by trauma sceptics as the theory (the authors are at pains to point out) is eminently testable and can be empirically judged by those who doubt its implications. Last, but certainly not least, *The Haunted Self* provides a welcome opportunity to reconsider the

relevance of Pierre Janet's theories, which continue to provide rich clinical and theoretical insights.

Andrew Moskowitz University of Aberdeen, Department of Mental Health, AB25 2ZD, UK.
Email: a.moskowitz@abdn.ac.uk
doi: 10.1192/bjp.bp.107.036087

Research Methods in Psychiatry (3rd edn)

Edited by Chris Freeman & Peter Tyrer.
Gaskell, 2006. 344pp. £25.00 (pb).
ISBN 1904671330



Doctors in higher specialist training are expected to have knowledge of research methodology and are encouraged to undertake research as part of their training. However, recent surveys have identified that trainees in psychiatry find that the time allocated for research is being used less effectively than expected (Petrie *et al*, 2004). Many of my colleagues who are pursuing their higher specialist training are of the opinion that undertaking research is an onerous task, with little guidance available. *Research Methods in Psychiatry* is set out as a comprehensive guide to psychiatric research methods and will be of much help to trainees as it demystifies the process of research.