During a 1919 meeting between Gordon Allport and Sigmund Freud (Allport, 1967), Allport broke a silence by telling a story of a phobic boy with an anal mother whom Allport had observed on the train he had taken to meet Freud. Freud is said to have interpreted Allport's story of the boy along the lines of the joke whose thesis is that when one begins a story about a hypothetical friend that the speaker has dissembled and is in fact referring to his or her own self. Freud's query regarding Allport's identification with the child, and Allport's subsequent rejection of Freud's hypothesis, led Allport (1967) to dismiss psychoanalytic theory in favor of the empiricism that characterized his adjective checklist that became the model for trait psychology. More recently, the apparent gap between the trait psychology model and the psychoanalytic model has been described as being a case of the former privileging the external while the later also accounts for internal states (Westen, 2006).

As with many traditions within psychology, trait psychology and psychoanalysis tend to be conceptualized as discrete models that do not inform one another. This state of atomization has led to the argument that paradigms and, much more so, paradigm shifts are a myth within psychology (Leahey, 1992). In the spirit of Leahey's observation, Peter Fonagy opens his foreword to Polarieties of Experience: Relatedness and Self-Definition in Personality Development, Psychopathology, and the Therapeutic Process by commenting that this book should carry a health warning to the effect that it could damage the reader's preconceptions.

I am pleased to second Fonagy's comment and offer that the greatest damage this book does is to present three decades of research in a manner that appears worthy of being considered paradigmatic. In short, the book is revolutionary in that it forms a braid between the research programs of attachment, development, personality, and clinical lines. As Fonagy notes, Sidney Blatt has offered nothing other than a paradigmatic conception of the self.

Having interned with Carl Rogers, Sidney Blatt received his PhD in personality development and psychopathology in 1957. Three years later, he joined the psychology department at Yale University, where he has continued to maintain an active research program. The volume under review serves as a wonderful introduction to his research and is helpful to anyone who is familiar with his work in that this gestalt is most certainly greater than the sum of its parts. In addition to ample use of the Depressive Experiences
Bandwidth and Fidelity, Too

Blatt's work may be considered to have begun with his analysis of depressive subtypes. The differentiation of an anaclitic or interpersonal depression that could be separated from an introjective or self-critical depression is the discovery that serves as a foundation and scaffold framing this book. While anaclitic depression is characterized by a lonely dependency and helplessness, introjective depression manifests an experience of inferiority due to the presence of a harsh and punitive superego. Amid several other feats found in this volume, Blatt performs a masterful job in illustrating how this typology that in no small manner rests in psychoanalytic theory is consistent with Aaron Beck's socially dependent and autonomous depressive subtypes. Such work affords a sense of satisfaction that at least some of our psychological models will stand up to the rigorous demands of demonstrating validity.

Blatt has managed to take his work on the taxonomy of depression and illuminate the human condition. His thesis is that two of the greatest challenges in life are to develop a self (an introjective emphasis) and to develop relationships (an anaclitic emphasis). It is interesting that these two positions are considered by Blatt to be in dialectical tension throughout the developmental life cycle. Simply, without relationships, a self will not develop. Here, in addition to an analysis of nothing less than Western civilization itself, Blatt shows that trait psychology and psychoanalysis can in fact get along. For example, the reader is shown that much of Sigmund Freud's work may be taken as an analysis of the conflict between attachment and individuation and that this tension fits remarkably well with Wiggins's (e.g., Wiggins, 1997) finding that the concepts of agency and communion may be considered metaconcepts of trait psychology.

Although a philosophical and sociological emphasis found throughout affords a generally refreshing view of the social sciences and humanities, the strength of the book is in the careful use of empirical and theoretical psychology. Here the reader is treated to an elegant integration of cognitive science, attachment research, British object relations, and relational and interpersonal approaches. The developmental model that is found in situating a related individualism manages to cut the Cartesian knot of the isolated individual by maintaining that the self is not born in isolation but by "seeing oneself in the eyes of others" (p. 56). Such a view allows Blatt to expand Erik Erikson's developmental model by way of showing the manner in which attachment is embedded in Erikson's theory of generativity. Blatt shows that an infant's interactive process of engagement and disengagement forms a prototype facilitating development throughout life.

As those psychologists who are clinically minded are all but too aware, some patterns are pathological. In this regard, a distorted emphasis on self or introjective pathology presents an exaggerated assertiveness, while a distorted emphasis on relatedness or anaclitic pathology presents with a desire for merger and a loss of boundaries. Blatt illustrates the manner in which there is variance within avoidant attachment styles. On the one hand, an anaclitic desire for intimacy may present as a fear of intimacy, while, still within an avoidant orientation, a dismissive style will attempt to deny a need for relatedness. Blatt suggests that depriving and unpredictable care may cause someone with an anaclitic orientation (e.g., histrionic) to be friendly and submissive due to a fear of being abandoned. In regard to those who present as introjective (e.g., schizoid, obsessive compulsive), Blatt maintains that intrusive and controlling parents can raise someone who is fearful and avoidant. Notably, borderlines are found to exhibit distorted emphasis on both the introjective and anaclitic orientations.

Drawing again on attachment research, Blatt notes that in addition to the anaclitic/introjective distinction,
pathology may differ in regard to the developmental level in which the disorder onset. For example, within a resistant attachment style, compulsive care seeking depicts an earlier insult consistent with a dependent personality while compulsive caregiving, although histrionic in nature, demonstrates greater effective affect regulation and is therefore developmentally more mature than its care-seeking cousin.

With psychopathology comes a need for treatment, and here again, the volume does much to impress. Blatt utilizes treatment data from two long-term treatment studies: one, a combined effort between Yale and the Austen Riggs Center and the other being the Menninger Psychotherapy Research Project. The data appear clear in that different patients do respond differently to treatment. Blatt shows that patients whose presentation is best characterized as anaclitic respond to greater supportive and relational interventions, while those patients best characterized as introjective respond to interpretive or explorative treatments. Further, the attachment style of case managers is shown to affect the course of treatment. In short, the volume is to be highly recommended to anyone interested in the role of empathy, interpersonal engagement, and therapeutic action. However, the book is more ambitious than this alone.

**Some Concluding Thoughts on Nosology**

Blatt makes a case for a model that does something more than the current *Diagnostic and Statistical Manual of Mental Disorders (DSM–IV–TR; 4th ed., text rev.; American Psychiatric Association, 2000)*. From my perch, this is badly needed. The existing neo-Krapelinian system of discrete categories may not be replaced with *DSM-V*, and if it is updated, the model that appears favored—at least insofar as personality disorders go—is a biologically oriented trait psychology (Widiger, Simonsen, Krueger, Livesley, & Verheul, 2006). Borrowing from Einstein’s editorializing of physics, Meehl (1973) noted that clinical psychology may be too hard for us. However, Meehl was not one to let messy models remain, and to that end he suggested that our scientific habits and clinical skills must be presented to engage those who will use their intelligence in a scientific matter.

I am happy to report that, in my opinion, Sidney Blatt has used scientific habits and clinical skills in a manner that does engage those of us who are willing to use our intelligence. Blatt makes the case that in regard to psychopathology, pathology does not consist of separate diseases as various forms are simply interrelated modes of adaptation. He clearly takes the stand that the lack of cohesive unification in *DSM–IV*, the forced and arbitrary demarcation between normal and pathological, is wrongheaded. To that end, I highly recommend this volume to the architects of *DSM–V* as they would do well to take note of what is found here.

Blatt has provided a psychology of an intentional human within the confines of science and in so doing shows that our science need not be limited to the reflex arc. To that end, the book would benefit any clinical graduate student beginning to undertake assessment and treatment. I hope that professors will begin utilizing this text in clinical classes.

**References**


