

Examination of these dimensions promises to illuminate the many ways in which personality develops and the means by which this process can foster psychological ailments, Westen holds.

For instance, in an unpublished study, he and a colleague used the new personality instrument to tease out three strands of disturbance in 104 young women suffering from eating disorders. One group of impulsive, highly emotional, and openly distressed women mainly exhibited bulimia's binges and purges or veered back and forth from bulimia to anorexia. A second group kept a lid on feelings, sexual urges, and any behaviors that might lead to pleasure, avoided other people, and usually clung to the self-starvation typical of anorexia. The third group functioned well at work and with others despite bouts of bulimia or anorexia and high levels of self-criticism.

"Knowing that a patient has bulimia or anorexia may be much less important for designing treatment than understanding how these symptoms function in the context of an individual's personality," Westen contends.

His new assessment method may also shed light on the aftermath of severe childhood maltreatment. By young adulthood, victims of physical abuse, sexual abuse, and neglect suffer from greatly elevated

rates of personality disorders, according to research directed by psychologist Jeffrey G. Johnson of the New York State Psychiatric Institute in New York City. Johnson's team presents its findings in the July ARCHIVES OF GENERAL PSYCHIATRY. Westen suspects that his clinical aid will generate a deeper understanding of personality problems related to child abuse.

Five-factor advocates, such as psychologist Thomas A. Widiger of the University of Kentucky in Lexington, shrug off Westen and Shedler's criticisms.

"They want to classify personality by relying on clinicians' perspectives and returning to a psychodynamic approach," Widiger says. "I see that as a step backwards."

He views as more promising the ongoing five-factor research that's examining that model's ability to illuminate individual personality differences and to improve the diagnosis of personality disorders.

In contrast, Block welcomes Westen and Shedler's approach. Block published a critique of the five-factor model in the March 1995 PSYCHOLOGICAL BULLETIN. Researchers have often used factor analysis in an arbitrary way, he argues. He holds that helpful personality measures

will emerge by examining the insights of experienced clinicians and other seasoned personality observers, as Westen and Shedler do.

"Westen and Shedler's personality model is a breath of fresh air, but it needs to be evaluated against other approaches," remarks psychiatrist Robert L. Spitzer of the New York State Psychiatric Institute, who directed the 1980 revision of the manual of psychiatric diagnoses.

Spitzer is currently coordinating a project aimed at comparing the clinical usefulness of Westen and Shedler's method with that of the five-factor model and of two other personality measures—one containing four temperament and three character dimensions, the other consisting of 15 personality traits. Clinicians will use the competing instruments to formulate and carry out treatment plans for patients diagnosed with personality disorders and then chart their progress.

For now, nearly everyone agrees that personality disorders as currently defined are "ripe for an overhaul," says psychiatrist John G. Gunderson of McLean Hospital in Belmont, Mass. "It's just not clear whether one or another approach to personality assessment should be dominant."

May the most conscientious, agreeable, and best-adjusted system win. □

Behavior

Biology of social bonds

A hormone that helps initiate the process of childbirth and surges during sexual orgasm also takes part in women's ability to forge close relationships, preliminary data suggest.

Women who report having satisfying friendships and a committed sexual relationship exhibit large jumps in blood concentrations of this hormone, oxytocin, as they experience positive emotions, asserts a team led by psychologist Rebecca A. Turner of the California School of Professional Psychology in Alameda. Resting oxytocin concentrations remain stable for these women as they endure negative emotions, Turner's group reports in the Summer PSYCHIATRY.

In contrast, women who describe having lifelong troubles with close relationships and who have no current sexual partner show, during positive moods, oxytocin concentrations no higher than those measured at rest. Moreover, their oxytocin readings decline markedly after the onset of negative feelings.

"Oxytocin may be mediating emotional experiences in close relationships," Turner holds.

Oxytocin contributes to maternal and reproductive behavior in mammals, although the extent of its influence is unclear (SN: 10/19/96, p. 246). It fosters nest building and pup retrieval in rats and the creation of lasting sexual partnerships in prairie voles.

Turner and her coworkers asked 25 healthy women, ages 23 to 35, first to think briefly about a past love or infatuation that incited pleasant emotions and then to consider a prior, upsetting experience of lost love or abandonment.

Separately, each volunteer also received a massage of the neck and shoulders from a masseuse. Earlier studies suggested that stimulation of this kind boosts blood-oxytocin values.

The scientists took blood samples before, during, and after each of the three experimental conditions. Participants also

filled out questionnaires about their intimate relationships.

Women whose oxytocin measurements rose when thinking about a positive relationship had a similar response to massage. Their questionnaires revealed considerable skill at handling close relationships and comfort with being alone. Those whose oxytocin amounts fell during negative emotion maintained resting levels of the hormone during massage. They said that they usually felt anxious in close relationships.

Further research should explore oxytocin patterns in people with depression and other mental disorders marked by intense social anxiety, the investigators propose. —B.B.

Prescription for restraint in ADHD

Public fears that physicians too frequently prescribe stimulant medications for children with attention-deficit hyperactivity disorder (ADHD) and less severe behavioral problems appear to be unfounded, a new study finds.

Psychiatrist Peter S. Jensen of the National Institute of Mental Health in Bethesda, Md., and his colleagues examined data from a 1992 survey that included detailed descriptions of behavior for 1,285 children. The youngsters, ages 9 to 17, lived in New Haven, Conn., Westchester County, N.Y., San Juan, Puerto Rico, or Atlanta.

Only 8 of 66 children who met the standard criteria for ADHD received stimulant treatment, as did 4 of 320 with other psychiatric conditions and 4 of 899 who warranted no such diagnoses, the scientists report in the July JOURNAL OF THE AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY. A minority of kids with ADHD or other mental disorders obtained special assistance at school or mental-health services.

Many pediatricians may be uncomfortable with prescribing stimulants for ADHD or may opt for low, fixed doses that prove ineffective and are then discontinued, the researchers suggest.

They plan to look at more recent data to see if the 1992 prescribing patterns still hold. —B.B.