

INNOVATORS & IDEAS: ACADEMIC LEADER

John M. Oldham: Personality styles and personality disorders, a dimensional framework

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John M. Oldham, MD, MS, stands as one of psychiatry’s most influential architects of personality disorder theory and classification, a field he has indelibly shaped through decades of scholarship, clinical leadership, and systems-level innovation. He was born in Muskogee, Oklahoma, where family roots in frontier medicine instilled an early appreciation for human complexity, set the stage for a career spanning some of the most prestigious institutions in academic medicine, including Columbia University, Cornell Medical Center, the Medical University of South Carolina, and Baylor College of Medicine, where he held the Barbara and Corbin J. Robertson, Jr. Endowed Chair for Personality Disorders. In this in-depth Genomic Press profile, Dr. Oldham, former President of both the American Psychiatric Association and the International Society for the Study of Personality Disorders, traces his clinical evolution and reflects on leadership strategies that work in high-stakes psychiatric environments. He has published extensively across both clinical and conceptual literatures, with over 200 articles and books to his name, and is widely recognized for creating the New Personality Self Portrait, an assessment tool that bridges psychometric rigor with real-world clinical relevance. His role in developing the Alternative DSM-5 Model for Personality Disorders marked a profound epistemological shift—from rigid diagnostic categories to a dimensional system that more accurately reflects the gradations and interplay of personality traits. As editor for the *Journal of Psychiatric Practice*, *Journal of Personality Disorders*, and *Borderline Personality Disorder and Emotion Dysregulation*, he has also curated the evolving scientific discourse, foregrounding pragmatic, evidence-informed approaches to complex psychopathology. Perhaps most striking is his tenure as Chief Medical Officer for the New York State Office of Mental Health in the immediate aftermath of the 11 September 2001 (9/11) attacks, where he navigated public trauma, institutional pressure, and emergent psychiatric needs with clarity and resolve. Dr. Oldham’s legacy endures in diagnostic paradigms and policy blueprints, and his rare capacity to integrate intellectual rigor with ethical depth—a hallmark of medical leadership at its highest level.

Part 1: John M. Oldham – Life and Career

Could you give us a glimpse into your personal history, emphasizing the pivotal moments that first kindled your passion for science?

Medicine has played a big part in my family. I was born in Muskogee, Oklahoma, where my grandfather, Dr. I. B. Oldham, was one of the few pioneering town doctors at the turn of the century. Framed on my wall is his “License to Practice Medicine and Surgery in the Creek Nation,” issued on 4 November 1903, before Oklahoma became a state, by the Creek Board of Medical Examiners. My uncle, Dr. I. B., Jr, followed in my grandfather’s

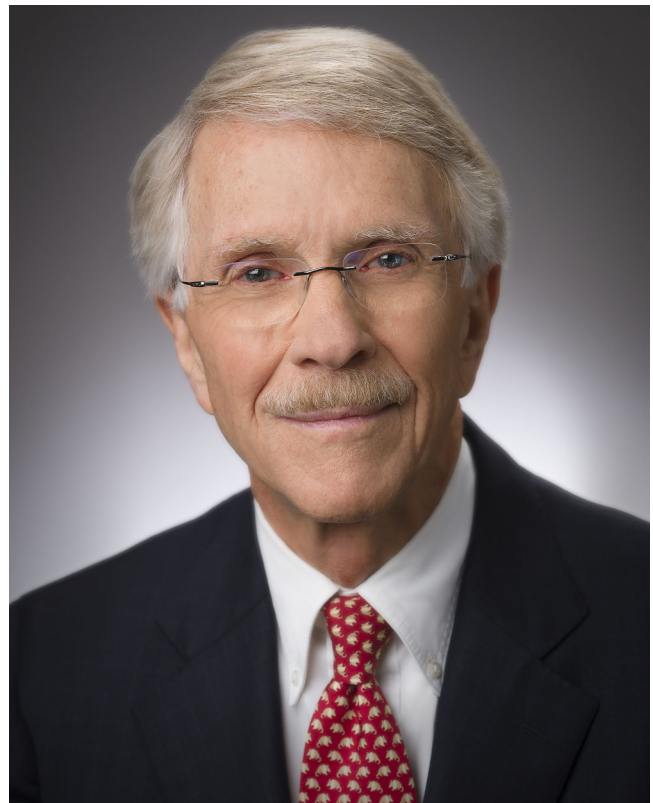


Figure 1. John M. Oldham, MD, MS, Baylor College of Medicine, USA.

footsteps, and many years later, he was the presiding physician in the delivery room when my identical twin brother, James, and I were born. And many years later, our older brother, Newland, became a physician, with specialty training in cardiothoracic surgery at Baylor and Johns Hopkins, followed by a distinguished academic career as a professor of surgery at Duke.

So, the family legacy of medicine always beckoned, but it took me some time to get there. My father was an engineer in the oil and gas industry, and we lived in New Mexico and then Texas. High school was in Lubbock, Texas, from which my brother and I drove our 1955 Rocket-88 Oldsmobile cross-country to college at Duke. Neither of us had figured out a major, so we followed our father’s advice and majored in civil engineering. Although we graduated from Duke as civil engineers, we realized engineering was not for us. James headed to Stanford Law School, eventually relocating





to Washington, DC, to become a professor at Georgetown Law School. He was later named the St. Thomas More Professor of Law and Legal History.

However, the siren call of medicine prevailed for me, and I entered medical school at Baylor College of Medicine in Houston. There, I opted for a double degree 5-year MD/MS program, earning a Master's degree in neuroendocrinology and an MD. In those years, what became clear to me was that I wanted to know more about human behavior and what makes us who we are. My Master's work was helpful, cementing a lifelong interest in research but helping me recognize that I was not cut out for a full-time research career. Psychiatry became the specialty for me, and I landed a wonderful psychiatry residency at Columbia and the New York State Psychiatric Institute (NYSPI), which turned out to be a professional home for a big chunk of my career. My final year of residency was special in many ways. That is when I met my future wife, Karen Pacella, MD, who became Karen Oldham, MD, in April of that year (1971). I was chosen to be Chief Resident, and working with my Chair, Larry Kolb, and Vice-Chair, Shervert Frazier, was truly a privilege—I learned a lot about leadership from them. I also began my psychoanalytic training at Columbia during that last year of residency.

Those were the days when the Vietnam War was winding down. I had been fortunate to enroll in the Berry Plan, which allowed me to complete my specialty training before assuming active duty. I served two years as a Major in the US Air Force, stationed at Andrews in Washington, DC. Now, as a Vietnam Era Veteran, I look back at my time in the USAF as one of those experiences you might never have chosen, but that are unique and valuable. Part of my job was to interview returning POWs who had been in solitary confinement for up to 7 years. They were sturdy heroes who seemed in remarkably good shape, but their mental health needs surfaced years later.

Karen and I returned to New York, and only a few months later, our first child, Madeleine, was born. Karen had completed training in internal medicine and became a staff physician at the Columbia Student Health Service. I joined the Columbia faculty, resumed my psychoanalytic training, started a part-time private practice, and began a salaried position in emergency psychiatry at Columbia-affiliated Roosevelt Hospital—well before the NY West Side had become gentrified, so that was trial-by-fire learning! Later, I was fortunate to become the residency training director at Roosevelt. By then, what began to emerge was one of the themes of my career. I have always been interested in psychodynamic thinking. But I wanted to apply those principles not just to the worried well, but to those with seriously disabling mental illnesses. And I wanted to be in an academic department to be able to teach and learn, while still finding time for my family (our second child, Michael, had joined us by then)—a challenging agenda!

Please share with us what initially piqued your interest in your preferred area of research or professional focus.

I had a lucky break: one of my supervisors in psychoanalytic training was Otto Kernberg, who taught me about borderline personality disorder. At the time, Kernberg was the Medical Director of New York Hospital-Cornell Medical Center, Westchester Division, and when I finished my training, he offered me a job at the hospital, a 320-bed facility known for its intensive inpatient treatment. It all started to fit together, and an enduring central focus of my career emerged: to understand, treat, and teach about severe personality disorders. While serving as chief of an inpatient unit, I was invited to join a clinical research team led by Armand Loranger, and we developed one of the first semi-structured clinical research interviews to diagnose DSM-III-defined personality disorders, the Personality Disorders Examination (PDE).

We would like to know more about your career trajectory leading up to your most relevant leadership role. What defining moments channeled you toward that leadership responsibility?

After seven richly rewarding years at Cornell, I was recruited by Herb Pardes to return to the Columbia faculty as Deputy Director of the New York State Psychiatric Institute (NYSPI), the oldest mental health research facility in the US, located on the grounds of the Columbia University



Figure 2. A few days after 9/11, several New York state officials in hard hats at Ground Zero, which was still smoldering, as a reminder of the staggering challenges that were being faced—John Oldham, then Chief Medical Officer, NY State Office of Mental Health, is on the right, with his jacket over his shoulder.

Health Sciences campus. This was an excellent opportunity for my 44-year-old self, one that launched over 2 decades of amazing collaboration with world-class clinicians, educators, and scholars. NYSPI served as the home of the Columbia Psychiatry Department, and the NY state-funded core support for research was invaluable. I became Director of the Institute when Herb became Dean at Columbia. For a very long time, NYSPI received the highest level of (US) National Institutes of Health/National Institute of Mental Health (NIMH) research funding of any academic center in the country, and its research engine was in overdrive, with the likes of Nobel laureate Eric Kandel and foremost academic leaders such as Myrna Weissman, David Shaffer, Donald Klein, Sandy Glassman, Tim Walsh, Mike Liebowitz, to name a few. Along the way, I was fortunate to be appointed the Elizabeth K Dollard Professor of Clinical Psychiatry, Medicine, and Law at Columbia (an ironic alignment with my twin brother, the law professor at Georgetown).

Among many academic adventures, a group of us at NYSPI created a Unit for Personality Studies (UPS) led by Andy Skodol, who became Principal Investigator (PI), and I served as co-PI for the NY site of a major multi-year NIMH grant. That ambitious research program, led by John Gunderson at Harvard, was called the Collaborative Longitudinal Personality Disorders Study (CLPS), and it generated important findings about PDs for over a decade.

What is a decision or choice that seemed like a mistake at the time but ended up being valuable or transformative for your career or life?

A few years after I returned to NYSPI, New York State appointed its first-ever non-MD Commissioner of Mental Health (Richard Surles, PhD). He created a new position, Chief Medical Officer, to be his medical deputy, and he asked me to briefly serve in that capacity, part-time, while he recruited a full-time CMO. I had never imagined being in a leadership role in a state hospital system—at the time, the NY State Office of Mental Health (OMH) operated about 25,000 inpatient beds—and I was hesitant. But it turned out to be a remarkable opportunity. The Commissioner decided to keep me on, and I continued in that capacity from 1988 until I left New York in 2002 (see Fig. 2).

Space does not allow me to describe all of the things I learned in that big public bureaucracy, responsible for the welfare of the most in need and disabled in our field. But I will single out two things, as follows:

First, we created an annual multi-day OMH Research Conference in Albany, accessing state funds to bring clinicians from all state hospitals to interact with leading researchers and learn from them. The conference “broke the ice” between the researchers and the state hospital clinicians



and was held for over a decade, fostering educational and clinical research collaborations.

Second, the terrorist attack on the World Trade Center shocked the world. It did not turn out to be the expected medical/surgical disaster, as there were too few survivors. Instead, it was an emotional and psychological disaster, and the NY State Office of Mental Health had the lead responsibility to help the city and the state recover. As the senior physician in the agency, I was called upon to play a central role. I keep a photo, taken a few days after 11 September 2001 (9/11) of several of us in hard hats at Ground Zero, which was still smoldering, as a reminder of the staggering challenges that faced us all (see Fig. 2).

What habits and values did you develop during your academic studies or subsequent postdoctoral experiences, that you have maintained throughout your life?

My family values have always made me conscientious and a good team player. The best leader is the leader who listens. Professional colleagues have described me as steady, calm, trustworthy, respectful, and flexible yet firm. I am even-keeled, but I can rise to the occasion when needed.

Please tell us more about your most relevant focal points – past or present – within your chosen field of science.

Personality Disorders

My good fortune in focusing on personality disorders led to many opportunities. For the American Psychiatric Association (APA), I chaired the first Practice Guideline (PG) for treating patients with BPD, published in the American Journal of Psychiatry in 2001. I have participated in a new edition of the BPD PG, which was just recently published. I was active in the International Society for the Study of Personality Disorders (ISSPD), serving as its President for four years and getting to know colleagues with similar interests throughout the world.

And there is another standout tale: Early in my career, I became concerned about the stigma surrounding personality pathology notions. By good fortune, I met a talented journalist, Lois Morris, and we devised a plan to write a book for the general public, to provide education about personality styles and disorders. The Personality Self-Portrait was published in 1990, followed by a revised version in 1995; it has been continuously in print for 35 years. Later, joined by Alok Madan, PhD, we developed an online version of the self-assessment test and text material, npsp25.com, which is a resource utilized worldwide.

Finally, I co-chaired the APA Workgroup on Personality and Personality Disorders, chaired by Andy Skodol, for the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) Steering Committee. We developed the Alternative DSM-5 Model for Personality Disorders (AMPD) in Section III of the DSM-5. Several of us published a Structured Clinical Interview for DSM (SCID) focused on the AMPD, SCID-AMPD, that is being used to study the model. I recently participated in a new DSM Steering Committee Workgroup that has recommended an updated version of this dimensional system for a future revision of the DSM.

Leadership

I have been privileged to serve in many leadership capacities. After years at Columbia, NYSPI, and OMH, I was recruited to become Chairman of the Department of Psychiatry at the Medical University of South Carolina in Charleston. Being in the deep South was a change of pace—we lived in a home built in 1850! MUSC is a fine academic center, and the psychiatry department was the one with the largest federal research support on campus. But it needed stabilized leadership, which the strong faculty teamed up with me to accomplish.

After 5 years in Charleston, I was recruited to return to my alma mater, Baylor College of Medicine, to serve as Executive Vice Chair of the psychiatry department and Chief of Staff at the Menninger Clinic. Menninger is the department's private teaching hospital, having relocated to Houston from its illustrious early years in Topeka, Kansas. Menninger was well-known to me, and at Baylor, it provided intermediate length-of-stay intensive inpatient treatment for patients with complex illnesses, often including severe personality disorders. We were able to organize a clinical

research program to study our treatment strategies, leading to multiple publications about the work. During these years, I was asked to become a candidate for the position of President of the APA. With the strong support of my chairman and of the Menninger CEO, I agreed to do so and had the good luck to prevail. My years as President-Elect and President were formidably busy, but the experience was a highlight of my career. During those years, Menninger moved into a sparkling new facility and celebrated with a symposium featuring Tom Insel, then Director of NIMH, as well as Patrick Kennedy and many others.

What were the key impact areas of your research topics?

The key impact areas of my research and clinical interests are the many accomplishments described above and below, which have clarified, strengthened, and helped us advance our understanding of severe personality disorders.

What have you most enjoyed in your capacity as academic or research leader?

I have been a lucky traveler in the world of academic medicine. I could not single out one role over others; they have all been immensely rewarding. Currently, I serve as editor or co-editor for three journals, which keeps me on my toes.

At Genomic Press, we prioritize fostering research endeavors based solely on their inherent merit, uninfluenced by geography or the researchers' personal or demographic traits. Are there particular cultural facets within the scientific community that warrant transformative scrutiny, or is there a cause within science that you feel strongly devoted to?

We are all citizens of our country in a changing world. We must be ambassadors for honesty, scientific integrity, fairness, compassion, and respect for our colleagues and citizens of all stripes.

Outside professional confines, how do you prefer to allocate your leisure moments, or conversely, in what manner would you envision spending these moments given a choice?

I have been a long-distance runner for much of my life, having run the New York City Marathon three times. When I run or go for walks, I listen to recorded books, either historical fiction or good murder mysteries. I also love grand opera, having enjoyed the Metropolitan Opera in New York for many years and now the Houston Grand Opera.

Part 2: John M. Oldham – Selected questions from the Proust Questionnaire¹

What is your most marked characteristic?

Staying calm in stormy times and keeping my balance at all times.

Among your talents, which one(s) give(s) you a competitive edge?

Some who know me have said: "Don't be fooled, he has an iron hand in the velvet glove."

¹In the late nineteenth century, various questionnaires were a popular diversion designed to discover new things about old friends. What is now known as the 35-question Proust Questionnaire became famous after Marcel Proust's answers to these questions were found and published posthumously. Proust answered the questions twice, at ages 14 and 20. In 2003 Proust's handwritten answers were auctioned off for \$130,000. Multiple other historical and contemporary figures have answered the Proust Questionnaire, including among others Karl Marx, Oscar Wilde, Arthur Conan Doyle, Fernando Pessoa, Stéphane Mallarmé, Paul Cézanne, Vladimir Nabokov, Kazuo Ishiguro, Catherine Deneuve, Sophia Loren, Gina Lollobrigida, Gloria Steinem, Pelé, Valentino, Yoko Ono, Elton John, Martin Scorsese, Pedro Almodóvar, Richard Branson, Jimmy Carter, David Chang, Spike Lee, Hugh Jackman, and Zendaya. The Proust Questionnaire is often used to interview celebrities: the idea is that by answering these questions, an individual will reveal his or her true nature. We have condensed the Proust Questionnaire by reducing the number of questions and slightly rewording some. These curated questions provide insights into the individual's inner world, ranging from notions of happiness and fear to aspirations and inspirations.

**If you could change one thing about yourself, what would it be?**

Outside of socializing at professional meetings, I am reserved. However, I would not mind being a little more gregarious, and I would like to be fluent in multiple languages.

What is your current state of mind?

I am generally pretty happy and satisfied.

What is your idea of perfect happiness?

I do not believe there is such a thing. However, keeping your glass at least half-full works best to make the most of what life brings along.

When and where were you happiest? And why were so happy then?

When Karen and I were married in New York and when our children were born. Needs no explanation.

What is your greatest fear?

The reality of the presence of corrupt cult leaders to exert power, cruelty, and callous destruction over the lives of millions.

What is your greatest regret?

I did not handle my work/life balance well enough, overloading myself with my career and limiting my social life to my nuclear family and my career friends. But I do not lament this too much; I have had a good run.

What are you most proud of?

Our children. Madeleine's career has been in the theater world as a dramaturg and sound designer, and she is a great ice hockey referee. Mike is a neuroscientist with his own lab at UCSF; he is PI on multiple NIH R01 grants, and his most recent R01 from the National Cancer Institute received a priority score in the 1st percentile.²

What do you consider your greatest achievement?

It is hard to say, but drive over the George Washington Bridge into Manhattan, and on your right, you will see a glass-clad modern building near the Hudson River. It is NYSPI's newest building, and the story of the land acquisition on which it was built (formerly called "Dead Dog Park") and the challenges to get it built is a long one. As NYSPI Director at the time, I was in the hot seat, but we got it done.

What or who is your greatest passion?

Music. Grand Opera, yes, plus the great romantics—Brahms, Rachmaninoff, Tchaikovsky, Chopin, and the like. I really appreciate classical fine art, particularly the Dutch old masters.

What is your favorite occupation (or activity)?

My profession as a psychiatrist, still trying to understand human behavior.

What is your greatest extravagance?

Recently, we took our 2 children, their spouses, and our grandson on an all-expenses-paid spring break trip to my old haunts: Cloudcroft, New Mexico (9,000 ft elevation), the White Sands, Santa Fe, and the Grand Canyon. It was worth every penny.

What is your most treasured possession?

The log house we built in the woods in upstate New York.

Where would you most like to live?

Where I now live, in Houston.

What is the quality you most admire in people?

Integrity.

What is the trait you most dislike in people?

Dishonesty.

What do you consider the most overrated virtue?

"If you can't say anything nice, don't say anything at all."

What do you most value in your friends?

Friendliness.

Which living person do you most admire?

Otto Kernberg.

Who are your heroes in real life?

Champions of mental health—too many to list.

If you could have dinner with any historical figure, who would it be and why?

This would be a long list, but I will pick one: the German composer Richard Strauss. His music is unique (Der Rosenkavalier, Four Last Songs, and many more). I would like to hear how he captured pathos and intensity in his music, even in light-hearted works, and how that related to the turbulence in his country in the late 1930s and early 1940s.

Who are your favorite writers?

Charles Dickens, Lewis Carroll, Gabriel Garcia Marquez, Lawrence Wright, Erik Larson, Ken Follett, Greg Iles, and John Grisham.

Who are your heroes of fiction?

Ebenezer Scrooge, The Artful Dodger, Uriah Heep, Miss Havisham, Alice in Wonderland, The Cheshire Cat, and The Caterpillar.

What aphorism or motto best encapsulates your life philosophy?

Do unto others as you would have them do unto you.

Houston, Texas, USA

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²Dr. John Oldham's son, Dr. Michael Oldham, is featured in a separate Innovators & Ideas: Research Leader article in *Brain Medicine* — DOI: [10.61373/bm025k.0080](https://doi.org/10.61373/bm025k.0080).