

## Book Forum

# Borderline Personality Disorder: A Clinical Guide, Second Edition

**John G. Gunderson, M.D., with Paul S. Links, M.D., F.R.C.P.C. Arlington, Va., American Psychiatric Publishing, 2008, 366 pp., \$60.00.**

**MICHAEL G. MORAN, M.D.**  
*Aurora, Colo.*

I remember encountering the first edition of this book soon after graduating from my residency. It was one of the few I'd read that pragmatically addressed the tremendous difficulties in treating borderline personality disorder patients. It gave me the feeling that I was neither crazy nor alone.

Along comes this second edition, about which there is much to feel grateful. If you treat borderline personality disorder patients and want to deepen your understanding of these patients, read this book. This recommendation applies whether you are a resident, a clinician in private practice, a teacher, or a supervising administrator. There is something here for everyone. I'll tell you why.

For the resident, you need definitions, many clinical examples, and direct talk about navigating the minefields, especially, I believe, that of countertransference. There are whole chapters on getting started with individual therapy, descriptions of dialectical behavior and cognitive-behavioral therapies as well as psychodynamic therapies. You need ways to assess your readiness to treat a borderline personality disorder patient. This book gives you explicit guidelines about the process (e.g., p. 239). You need specific advice on the characteristics of effective therapy. This book provides it. In fact, reading Gunderson's text will likely feel to you like working with a good supervisor.

If you are a clinician in private practice, your greatest problem in treating borderline personality disorder patients may be isolation (this might well be said about the whole enterprise of private practice). Gunderson's book firmly and repeatedly reminds us of the necessity of what Sheldon Bach (1) calls the "daily mental hygiene of...clearing up the countertransference," with consultation or a peer group. At what might be called the operational level, Gunderson elaborates a template of four levels of care that constitute a menu for the treating physician. He discusses (chiefly in chapter 5) the separate uses of hospital care, partial hospitalization, the intensive outpatient setting, and their interdependence with traditional outpatient treatment.

The teacher wants all of this and more, i.e., a thorough narrative of the history of the evolution of the diagnosis—from Adolf Stern to Robert Knight—that considers also the massive contributions of Kernberg, Grinker, and Gunderson himself. Intriguing "sidebars"—one- to two-paragraph historical vignettes found throughout the book—raise

the question of whether Freud's "Wolf Man" patient, Van Gogh, and Martha Stewart can be diagnosed as having borderline personality disorder. Stories are useful classroom material.

I have emphasized the psychodynamic sections of the book, but Gunderson also devotes chapters to pharmacotherapy as well as group and family therapies. Using tables, he comparatively rates the efficacy of a number of pharmacologic agents in the treatment of anger and impulsivity, affective dyscontrol, and cognitive-perceptual symptoms.

The physician-administrator will welcome the chapters on case management and public awareness and advocacy.

I have few disappointments with the book. One is the timing of its publication. Gunderson pointedly highlights the intense debate between Kernberg and Linehan and gives special emphasis to Linehan's dismissal of transference-focused psychotherapy: "Where's the data?" (p. 287).

Alas, two articles from Kernberg's group (2, 3), which undoubtedly appeared subsequent to Gunderson's publication deadline, replied to Linehan's advocacy of dialectical behavior therapy. In one of the studies (3), both dialectical behavior therapy and transference-focused psychotherapy produced improvements in suicidality as well as several other areas of dysfunction. However, only transference-focused psychotherapy demonstrated clear improvements in impulsivity, irritability, verbal assault, and "direct assault."

It's too bad this book could not have come out a little later. It would have been fun to read Gunderson's take on the newest installment of such a provocative debate.

## Footnotes

The author reports no competing interests.

Book review accepted for publication December 2008 (doi: 10.1176/appi.ajp.2008.08081212).

## References

1. Bach S: Getting to Here From There: Analytic Love, Analytic Process. Hillsdale, NJ, Analytic Press, 2006, p xx
2. Clarkin JF, Levy KN, Lenzenweger MF, Kernberg OF: Evaluating three treatments for borderline personality disorder: a multiwave study. *Am J Psychiatry* 2007; 164:922–928[[Abstract](#)/[Free Full Text](#)]

3. Kernberg OF, Yeomans FE, Clarkin JF, Levy KN: Transference-focused psychotherapy: overview and update. *Int J Psychoanal* 2008; 89:601–620[[CrossRef](#)][[Medline](#)]

## **Treatment of Borderline Personality Disorder: A Guide to Evidence-Based Practice**

by Joel Paris. New York, Guilford Press, 2008, 254 pp., \$35.00.

MARY C. ZANARINI, Ed.D.  
*Belmont, Mass.*

Joel Paris has conducted some of the most important research in the field of borderline personality disorder, particularly early studies of childhood adversity and a well-respected follow-back study of the longitudinal course of borderline personality disorder, published approximately 20 years ago. He is also one of the few investigators in the field to have consistently worked as a frontline clinician over the past two decades. More recently, he has been part of a multidisciplinary team, which treats borderline patients from the Montreal community, both individually and in groups.

Paris' latest book is divided into two sections. The first chapters review what is known about the risk factors for borderline personality disorder, its course, and diagnostic controversies, including high rates of co-occurring axis I disorders. The results of randomized controlled trials of various forms of psychotherapy developed for borderline personality disorder and randomized controlled trials of various psychotropic medications used frequently by borderline patients but developed for other disorders are also reviewed. The reviews of the existing literature in these areas of borderline personality disorder research and clinical thought are not exhaustive but somewhat impressionistic. Paris moves through this material rapidly to a series of clinically informed syntheses. These clinical conclusions (e.g., childhood adversity is not the sole or even main "cause" of borderline personality disorder; borderline personality disorder has a better prognosis than previously recognized) are generally sound, but more attention to the complexity and ambiguity of the results of the reviewed studies would have improved what is already a good book.

The second half of the book details the author's own "practical" approach to this always complicated and often stigmatized disorder. This approach recognizes that most clinicians do not have the time, training, or resources to implement one of the four main empirically supported forms of psychotherapy for patients with borderline personality disorder (dialectical behavioral therapy, mentalization-based treatment, schema-focused therapy, and transference-focused psychotherapy). This approach also suggests that it is no longer

acceptable to practice treatment-as-usual without knowledge of these empirically based treatments and the common factors and principles that they share (apart from their intensity and considerable length).

This approach centers around three main propositions. The first is that short-term outpatient treatments that provide structure and validation as well as a focus on problem solving may be as good as or better than long-term psychotherapies, whether empirically based or informed treatment-as-usual. In the same vein, Paris suggests that these therapies may be linked together over time to provide a somewhat planned or at least anticipated form of intermittent therapy. The second suggestion is that borderline patients should not be treated with psychotropic medications unless they are suffering from a clear-cut form of comorbidity that is generally responsive to one class of medication or another. Paris is particularly adamant about avoiding aggressive polypharmacy, given its lack of documented efficacy and proven tendency to lead to substantial weight gain. The third suggestion is that suicidal patients with borderline personality disorder should not be hospitalized under most circumstances and, if so, only briefly.

It is difficult to argue with these treatment suggestions. The field is converging on a treatment paradigm very much like the one suggested by Paris. In fact, the eclectic but informed outpatient treatment program in which Paris works provides far more therapy than the average patient with borderline personality disorder would receive in most settings. It is also difficult to dispute the mounting evidence that all medication classes take the edge off borderline symptoms but none are curative. However, a more detailed and nuanced discussion of the reasons most borderline patients are medicated would have been helpful. In a like manner, no one disputes the idea that repeated hospitalizations for suicidal threats or gestures may lead to a regressive spiral that erodes a patient's sense of self-worth and actual competence. However, it is important to remember that the 10% suicide rate cited by Paris was derived from long-term studies of the course of borderline personality disorder, studies that were conducted during periods when a patient's statement that he or she felt unsafe was generally a sufficient reason to justify inpatient care. We simply do not know what the suicide rate would be in the absence of such inpatient care. It might remain the same or it might increase, particularly since many clinicians are less experienced, skilled, and knowledgeable than Paris and work in treatment settings that are far more fragmented.

## **Footnotes**

The author reports no competing interests.

Book review accepted for publication January 2009 (doi: 10.1176/appi.ajp.2009.09010023).