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## Book Review: Towards a Practical Guide to the Therapy of the Borderline Patient

Gregory B. Sullivan, MD  
*Thomas Jefferson University Hospital*

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# Towards a Practical Guide to the Therapy of the Borderline Patient

EFFECTIVE PSYCHOTHERAPY WITH BORDERLINE PATIENTS:  
CASE STUDIES

Robert J. Waldinger, M.D.

John G. Gunderson, M.D.

New York, Macmillan

1987, 232 pages

**Gregory B. Sullivan, M.D.**

Doctors are the most practical of men, and psychiatrists the most practical doctors. They deal in the obscure but make it obvious, and they treat it with common sense. . . . They take their time, they are slower than lawyers, they have a kind of selfish patience.

Paul Theroux (1)

Waldinger and Gunderson's recent book, *Effective Psychotherapy with Borderline Patients: Case Studies*, (2), while not intended specifically for residents, is an important work which deserves a broad audience and has some special relevance to psychiatric trainees. Residents, from the earliest stages of their training, will find these patients remarkably even dismayingly common in emergency room, inpatient unit, consultation/liaison, and outpatient clinic settings. The collision of a patient population "notoriously difficult to treat and prone to develop severe and sometimes life-threatening transference reactions in exploratory treatment" with a beginning therapist will be a mutually trying one. More limited in skills, experience, and confidence, residents may be prone to accept the projected helplessness and hostility of the borderline patient; pessimism and burnout become the resident's refuge.

As Waldinger points out in the book's introductory overview, this pessimism involving the use of psychodynamic therapy dates back to the earliest clinical descriptions of the borderline patient which arose from the difficulties inherent in this treatment method. Thus, Zetzel and others found highly structured supportive work the only option for these patients almost by definition excluded from dynamic therapy. There is some nihilistic comfort in such views for residents for whom the very term borderline is an epithet, and indeed an epitaph calling for a hasty termination and distant retreat from any attach-

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*Dr. Sullivan is a third year resident in the Department of Psychiatry at the Thomas Jefferson University School of Medicine.*

ment. In our eagerness to "turf" these patients elsewhere, we cannot avoid confirming the patient's notion of being "toxic" to others. Waldinger and Gunderson's work offers an antidote to this toxicity for residents who may be relatively unaware of the prevalent, if not necessarily prevailing, body of published case histories attesting to the efficacy of intensive exploratory psychotherapy.

The authors review these previous efforts while pointing up the more or less obvious deficiencies of single-case reports. These include diagnostic disarray and possible bias of the individual reporting therapists, and prevent many such reports from providing generalizable data of benefit to interested residents. The authors summarize their own more ambitious goals:

In this way, we are attempting to bridge the gap between qualitative and quantitative modes of studying the psychotherapy of Borderline Personality Disorder, remaining close to the experiences of therapists and patients, but examining them in a way that may increase the generalizability of our conclusions. We attempt to look for characteristics of patients, therapists, and treatment processes that are common among therapies of borderline individuals which have good outcomes. We hope to contribute hypotheses in this area that can be investigated more rigorously in the future. We also hope to make a data base of detailed case reports on psychodynamic therapy available to other researchers.

The primary, but no less ambitious stated aim of this book is "to address the question of whether and to what extent Borderline Personality Disorder can be 'cured' by psychotherapeutic means." It begins with a selective but thorough review differentiating among theories of etiology, core pathology, and treatment. This section in itself will be useful to residents for its clarity; it is a modified version of Waldinger's recent review article (3).

The introductory review finishes with an interesting discussion of the role of the therapist's personality in affecting the course and outcome of treatment, and even in the therapist's conception of the nature of the borderline condition itself. This explanation is invoked in part to attempt to "reconcile the fact that [major theorists] who hold such different views on borderline pathology and treatment claim to be able to treat borderline patients successfully using divergent techniques." This analysis actually may be more convincing to residents who, while still forming an identity in these matters, have the benefit of a broad exposure to styles of supervisors and colleagues and have witnessed the vicissitudes of therapist/patient "fit." For residents, attention to this point may make patient selection and treatment of borderline patients more realistic and effective.

The analysis of therapeutic "fit" is carried through to the middle section of the book, in which five extensive case reports from five distinct therapists are presented. The five therapists (which include both authors) are male, psychoan-

alytically trained physicians in the early to middle phases of their careers; all are affiliated with McLean Hospital. The issues in regard to generalizing from these therapists' performance are briefly discussed. By turns grim, wry or touching, the cases are not wanting for clarity and readability. The honesty of the therapists in reporting their uncertainty and perceived mistakes prevents the reports from seeming sanitized and allows identification for residents enduring similar difficulties. The authors have fashioned a stylistically coherent group of narrative reports each followed by a parallel discussion section. The uniform discussion format, ("patient strengths; amenability to analytically oriented therapy; transference; countertransference; technique; outcome level of function versus baseline") allows the reader to compensate for one shortcoming of the work, which mostly does not compare and contrast between the cases until the concluding chapters. Some persistent misprinting, transposing the identification of figures furnishes another structural annoyance in the book. Once again, the case histories in themselves are to be recommended to residents.

The final section of the book contains the authors' attempts at generating hypotheses about common patterns in the successful psychotherapy of borderline disorders. Although the cases were selected as examples of good outcome, it is important to note, as the authors do, that "the description of these patterns can also be applied to the many borderline patients who do not achieve good outcomes." The diagnostic validity of the patients presented is convincingly documented by retrospective use of the Diagnostic Interview for Borderlines (DIB-R) and *DSM-III*, with the exception of a patient described in the case report as possibly meeting cyclothymic criteria "given her swings from depression to mild elation and increased activity," whereas the summary states, "none had periods of elation or hyperactivity that would have raised diagnostic questions of cyclothymia." This error represents more the exception that proves the rule in this carefully defended section. This five patient sample seems to achieve, despite its small size and derivation, a fortunate representation of the general population of patients with this disorder.

Perhaps most interesting are the "yardsticks" obtained to assess year-by-year (treatment lengths cluster around five years) patterns of change in the areas of acting out, separation responses, social roles, affects, and relationship to the therapist. Residents without the opportunity to follow their clinic patients beyond two years may not be heartened by the news that establishment of basic trust and the decline in severity and frequency of patients' self-destructive acting out does not occur until year three of treatment. Early, middle, middle-late, and late phases can be distinguished, which are both consistent among these variously treated cases, as well as consistent with the recapitulation of developmental "templates" thought to be involved in the pathogenesis of the borderline condition.

In terms of comparing the interventions of the therapist, the sample size is more limiting, and the authors wisely avoid any attempt at resolving debates over technique. They offer the limited comment, "there is room for a consider-

able range of therapeutic techniques," while noting that this may actually be an important finding, one which argues against dogmatism. There is an encouraging finding for residents who may at times consider a shift from more supportive to more interpretive and confrontational technique with some borderline patients in therapy (either because of reassessment of potential for insight, in misguided attempt to "upgrade" caseload unilaterally, or as covert attempt to drive the patient out of therapy). Waldinger and Gunderson's analysis, as opposed to Kernberg's views, shows that this was possible for some patients, providing the patient sensed consistent commitment by the therapist to continue the treatment. They note that "such shifts in technique are probably far less tenable when derived primarily from feelings of hopelessness or anger." Preserving the treatment thus asks the same of both patient and the resident therapist—an ability to move beyond our primitive defenses and to attend to our feelings without acting on them.

The book closes with a thorough description of outcome from the phenomenologic/descriptive, structural/defenses, core conflicts and deficits, and functional perspectives. The authors conclude: "despite significant variations in the quality of the outcome, none of the patients was manifestly diagnosable as borderline after four years of treatment. This is the central observation of this book." They remind us that this outcome is not common, but the work convincingly documents that it is possible. Those residents who seriously doubted this may not be willing to take the time to read this book, but should. For those who were already convinced, the above conclusion may seem tentative, but there are still enough associated fresh insights to satisfy. Keeping the authors' realistic caveats in mind, this book should serve as a "soothing introject" for the resident engaged in psychodynamic therapy with a borderline patient.

#### REFERENCES

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