

THE CHALLENGE OF THE BORDERLINE PATIENT

Competency in Diagnosis and Treatment

by Jerome Kroll

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Reviewed by Stephen Soldz, Ph.D.

One can have various criteria for evaluating a book. One can consider whether the author describes his or her subject in a clear, concise, and interesting manner. The book can be evaluated in terms of whether it presents new, unique insights into a subject of importance. A reader can, alternatively, determine if the author agrees with one's point of view regarding the subject dealt with. One of my favorite criteria for book evaluation is whether the book stimulates me to think new thoughts while reading it.

Judged by many of these criteria, Jerome Kroll's new book on borderlines is a worthwhile contribution to the literature. It is, however, the last criterion, that of stimulating new thoughts, that causes me to recommend this work strongly. Kroll has written an opinionated, strongly argued, polemical work that cannot help but arouse new thoughts in any but the most dogmatic reader. One may not agree with Kroll's positions but will almost certainly feel challenged to reconsider many beliefs regarding this topical and controversial area.

In many ways this book is really two distinct books. Book one is a discussion of the nature and diagnosis of borderline disorders. Surprisingly for a clinical work, the first chapter is entitled "The Politics and Economics of the Borderline Diagnosis." In this chapter Kroll argues, I think correctly, that "it is impossible to understand why the present borderline configuration looks as it does without first understanding the historical conflicts and compromises which went into its development and definition" (p. 10). Several of the current diagnostic perspectives, including DSM-III-R and the tendency to subsume borderline personality under affective disorders, are seen, at least in part, as a reaction to the current trend in health care administration to reimburse only for treatments for

"real diseases," those which are attributable to biological causes. One not accidental result of this trend is the promulgation of the notion that psychotherapy is not the treatment of choice for these patients and that when it is used it should be under the aegis of psychiatry. Consequently, of course, treatment by nonmedical therapists is curtailed. This chapter discusses many important issues that are frequently mentioned in informal settings but are rarely discussed in print. It would be useful reading for all mental health professionals.

After his critique of current diagnostic perspectives on the borderline, Kroll presents his own view of the central issues for these patients. He views the various clinical pictures presented by borderline patients to be the result of combinations of two key processes with two core themes:

The two *processes* which are enduring consist of (1) a particular *cognitive style*, marked by poorly focused thinking, self-rumination, transient dissociative states, disorganization under stress, and the use of impulsive action to short circuit unpleasant mental states, and (2) an *emotional intensity or lability* which is felt by the patient as overwhelming. The two *key themes* around which many of the behavioral symptoms are organized related to concepts of (1) *victimization*, and (2) *loneliness/emptiness*. (p. 31)

One characteristic of Kroll's conceptualization is that he tends to take borderline patients at their word when they describe their experiences. He questions, for example, the frequent attribution of shallowness of affect to these patients. While the rapid change from one feeling to another may appear shallow to the observer, there is no evidence that these feelings are experienced any less intensely because of their proclivity to change.

These core aspects of borderline conditions differ significantly from DSM-III in, for example, explicitly emphasizing the characteristic cognitive style or the theme of victimization. Similarly, this conceptualization differs from most psychoanalytic discussions of borderlines, which frequently involve such highly inferential constructs as internalized object relations or regression from oedipal

conflicts. Kroll stays closer to the actual experience of borderline patients and their therapists while drawing on an eclectic psychodynamic model typical of much current psychotherapeutic thinking and practice.

The second of Kroll's two books is an introduction to his way of doing therapy with borderline patients. He denies that there are any special procedures for the treatment of borderlines. Rather, psychotherapy of borderlines consists of applying the general principles of psychotherapy to patients with particular characteristics. The treatment of borderlines may involve all variants of a supportive versus exploratory approach with a focus on either process or content. Kroll argues, however, that in general a supportive approach focusing on an examination of the process occurring between patient and therapist is especially appropriate for borderlines. By repeatedly examining the relation of patients' problematic behaviors, such as self-mutilation or demands for special treatment, to the interaction between patient and therapist, it is possible for the therapist to deal with the central area of interpersonal pathology for these patients. In general, treatment of borderlines must concentrate on the development of a sense of competence in the patient while combatting a pervasive sense of demoralization.

Kroll rejects the image of the neutral therapist in the treatment of borderlines. The therapist will inevitably be drawn into an intense involvement with the patient. When the relationship is threatened with disruption, the therapist should process the interaction with the patient. This processing should center largely on the here-and-now relationship, with little or no interpretation of motives or exploration of genetic roots. The therapist must be careful not to become dogmatic, insisting on the correctness of her or his own view. The therapist should also be aware that even simple comments may be experienced as criticism by certain patients, requiring a great deal of self-control on the part of the therapist.

A particularly interesting aspect of this book is that it contains a number of clinical vignettes illustrating Kroll's

reasoning processes in dealing with particular clinical situations. The reasons for a particular intervention are presented, as is a discussion of the pros and cons of alternative approaches. Kroll does not appear as the infallible therapist dispensing a theoretically derived ideal therapy, but as an imperfect human being who tries his best to constructively relate to and work with even the most difficult patients.

I will not attempt a systematic critique of this book. Partly because of its often personal tone, every reader will find his or her own points of disagreement. Psychoanalysts, for example, will miss any discussion of the various psychoanalytic perspectives on borderlines. Separation-individuation, for instance, is mentioned only in a snide aside. Kohut is not mentioned, and the substance of Kernberg's theory is never discussed. Such psychoanalytic concepts as drives, object relations, or oedipal or preoedipal conflicts are virtually absent. This is, then, one dedicated psychiatric clinician's attempt to make sense of his work with a very difficult group of patients. Seen in that light it is a valuable and interesting addition to the literature and is also a lot of fun to read. □