

## References

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2. Hirshbein LD: History, memory, and profession: a view of American psychiatry through APA presidential addresses, 1883–2003. *Am J Psychiatry* 2004; 161:1755–1763
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## Dr. Hirshbein Replies

TO THE EDITOR: Dr. Geller criticizes my article for failing to take appropriate notice of the history produced by psychiatrists, particularly Walter Barton and Dr. Geller himself. First, Dr. Geller complains that I did not use Walter Barton's history of APA in my article. Although it is true that I did not employ Barton's framework for my historical analysis (for reasons I will explain below), I did, in fact, cite Barton's history in my article (reference 175). Second, Dr. Geller points out that I did not cite his 1994 article that explored the themes of the APA presidential addresses. I appreciate Dr. Geller calling my attention to his article, but I disagree with his implication that his article and my article went about the same task in different ways (his was organized by themes, while mine was organized by time periods). There is more of a difference than just organization between our articles; we were actually engaged in very different projects with very different ideas about what it means to study history. Dr. Geller focused his article on common themes as they recurred in the APA presidential addresses, while my article analyzed change over time in how history was used to reflect shifting professional concerns within psychiatry.

Dr. Geller's criticisms in part seem to reflect the dissatisfaction of an author who has written on a similar topic and wants his contribution to be recognized. But on another level, Dr. Geller's criticism of my work—in particular, his complaint that I did not adequately work within the framework provided by past psychiatrists who have studied history—echoes an old and familiar argument within the history of the medical community (a community comprising both professional historians and physicians) about who owns the history of medicine. Physicians have long claimed that they are the only ones with the necessary expertise to describe the history of their discipline, while historians have countered by pointing out that physician-authored histories tend to be overly internalist (that is, centered only on activities of the profession to the exclusion of the social, political, or cultural contexts of professional activities).

As both a psychiatrist and a professional historian, I attempted to sidestep this particular issue in this article by analyzing the ways in which the APA presidents' use of history changed over time. Although Barton delineated how he thought the history of the association should be framed, what

I showed is that psychiatrists over time have used history in a variety of different ways. Furthermore, psychiatrists (in common with other professionals) have selected the parts of their history that fit within their professional interests at the time that they were writing the history. Dr. Geller's article, in fact, is a good example of this. Dr. Geller assembled the APA presidential remarks in six thematic areas—areas that he self-consciously chose because they were relevant to contemporary psychiatry.

One of the most exciting things about the APA presidential addresses is that they are tremendously rich sources for a variety of possible historical analyses. What I did in my article was not to attempt to use the addresses to describe the history of APA but rather to explore the many ways in which the histories of APA have changed over time. I certainly did not intend to offend anyone who has written on the history of American psychiatry. Instead, what I hoped to do with my article was to join other discussions on the ways in which histories of psychiatry (not just the subjects of history) change over time (1).

## Reference

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## Substance Abuse and Borderline Personality Disorder

TO THE EDITOR: The important study by Mary C. Zanarini, Ed.D., et al. (1) demonstrated the central role of substance abuse in the course of borderline personality disorder. Although the authors stated that “this finding runs counter to clinical lore” (p. 2112), they failed to mention that a study described in one of their references (2, p. 211) found that substance abuse accounted for more of the variance in outcome for female patients with borderline personality disorder than any of the seven other factors that were studied. Taken together, these data underline the sound recommendation of Dr. Zanarini et al. that substance abuse disorders in patients with borderline personality disorder need to be a crucial focus of treatment efforts.

## References

1. Zanarini MC, Frankenburg FR, Hennen J, Reich DB, Silk KR: Axis I comorbidity in patients with borderline personality disorder: 6-year follow-up and prediction of time to remission. *Am J Psychiatry* 2004; 161:2108–2114
2. Stone MH: *The Fate of Borderline Patients*. New York, Guilford, 1990

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## Drs. Zanarini and Frankenburg Reply

TO THE EDITOR: We read Dr. Waugaman's comments about our article with interest. We agree with his observation that Stone, in his landmark study of the course of borderline personality disorder, found that substance abuse accounted for more of the variance in outcome for women with borderline personality disorder than any of the other significant factors studied. However, this was not true for men with borderline personal-