

Treatment of Borderline Personality Disorder: A Guide to Evidence-Based Practice, by Joel Paris. New York, Guilford Press, 2008, 254 pp., \$35.00.

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 pa-

tients 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.

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The Lonely American: Drifting Apart in the Twenty-First Century, by Jacqueline Olds, M.D., and Richard S. Schwartz, M.D. Boston, Beacon Press, 2009, 240 pp., \$24.95.

I read this book while traveling for a conference during a particularly busy time last fall. As travel goes, a thunderstorm occurred, and I got stranded at the airport overnight, along with many others. Airports are the perfect places for stranger encounters. People we sit next to hear our life stories, distilled and uninhibited, perhaps more easily than people we live next to. By the time we make it home, at the end of the day, those waiting for us get our last sparkle of energy before we turn off the computer—spent. How appropriate, I thought, to read about loneliness and drifting apart in the midst of a noisy airport.

The average American discusses "important matters" with only two people. The number of people who have no one to talk with about important topics tripled between 1985 and 2004, counting almost one-quarter of those surveyed through the General Social Survey (p. 2). According to the 2000 U.S. census, one out of every four households consists of one person only. These statistics, which the authors astutely bring to light, catch the reader's eye from the first pages. But Drs. Olds and Schwartz, both Associate Clinical Professors of psychiatry at Harvard Medical School, do a lot more than just quote numbers. They look further into the social phenomena that these statistics draw attention to, rippling into individual lives or propagating outward, from personal stories to the greater society.

Many of us may have asked ourselves, "Will the tremendous communication technology advances of the last decades help

us connect with others more easily or rob the depth of interpersonal dialogue?" How much are we bound to lose when e-mails with emoticons replace handwritten cards or when relationships get broken over text messaging? And are disorders manifested by social skills deficits, such as autism, more easily overlooked or almost adaptive in a society that rewards fast and facile communication? The authors carefully analyze advantages and challenges of Internet-mediated social experiences in the chapter entitled *The Technology of Relationships*. The jury is still out, it seems. While some studies cited have warned about shirking connections with friends and family, the Pew Internet and American Life Project found positive effects of large Internet-based social networks. Nevertheless, the authors advocate for the "old-fashioned bricks-and-mortar friendships, connections shaped by the proximity of two bodies in a physical world" (p. 113).

At the individual level, being busy has become a hallmark of success. Not committing to attend a party because at the last moment a more interesting social event might be on the horizon—although denoting higher social status—may trap some in their own cloak of success. Self-reliance is an admirable quality, celebrated through American history, from fearless pioneers who broke new ground to scientists who persevered in their experiments despite discouragement and a fight against accepted truths of their time. In the chapter entitled "Self-Reliance: Do Lonesome Cowboys Sing the Blues?" the authors bring to light the other facet of self-sufficiency: social isolation. Modern data from the neurobiology of attachment indicates that dopamine reward pathways are crucial to social attachment in animals and oxytocin is released during positive social interactions. Conversely, being socially ostracized is a painful experience (p. 70 [in the chapter entitled *Left Out*]). Drs. Olds and Schwartz support this evidence with examples from their own clinical experience, linking rejection with depressive states.

Without pathologizing loneliness, the authors draw a profound parallel between isolation and mental illness. While a life free from social obligations may have been ideal for some people, as the authors point out, today happiness is still not within reach of many. Shying away from relationships may be a sign of depression or anxiety as well as reinforcing these difficulties. The authors' advice for the lonely includes engineering regular contact and shared projects with potentially interesting people. In their own words:

A web of relationships is like a hammock that holds a person safely above the ground of depression; a web of relationships is also like a snare that holds a person back from the freshness of new possibilities. It's never easy to get the balance right, but when a person sheds too many obligations because they feel more like a snare than a hammock, he may shed the very connections that keep him from going to the ground. (p. 157)

Overall, the book is a wistful analysis of interpersonal connection and its avatars in times of amazing technological advances and economic affluence. The authors' social message is not lost to us: together we may be better for the environment as well as for each other. As for my travel adventures, during the long night at the airport, I got to hear one young woman's touching story. She needed someone to listen. And together we

reflected on the number of people in our lives that we entrust with important matters; fortunately they are more than two.

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This intriguing and well-written book raises serious concerns about growing social isolation in the United States. The married authors, psychiatrists and psychoanalysts, have written previous books on *Overcoming Loneliness in Everyday Life* and on *Marriage in Motion*. They weave together a range of observations that underscore their arguments. The 2004 General Social Survey at Duke found nearly one-fourth of those sampled said they had not talked about anything important with a single person in the previous 6 months. This was a three-fold increase from 20 years earlier. Further, since 1940, the proportion of one-person households in the U.S. has risen from 7% to 25%.

The authors blend such data with cogent dynamic formulations to explain what is going on. They posit a core conflict between our wish to connect and our wish to be free—"People in our society drift away from social connections because of both a push and a pull. The push is the frenetic, hypernetworked intensity of modern life. The pull is the American pantheon of self-reliant heroes who stand apart from the crowd" (p. 11). Since pioneer days, Americans have idealized the image of the lonely hero, but "Great ideals can be used to hide ordinary failings. The inspiring ideal of the self-reliant outsider can supply a heroic gloss for a decision to give up on relationships" (p. 192). Wisely, they conclude that "There are times in all our lives when we each need a little loneliness....It comes down to a question of balance. As a country, we have lost our balance" (p. 193). They therefore cite—and observe—Aristotle's golden mean, which itself borrows the maxim on the Temple of Delphi: "Nothing to excess." They note that "We all feel that we will be more respected if we *seem* frightfully busy" (p. 22). A schizophrenic patient told me, "The key to being accepted in society is to have an expensive time-piece, and to keep looking at it."

The book summarizes the harmful effects of feeling left out (including for the oedipal child, who feels left out of the parents' intimacy). While admitting that "evolutionary psychology has produced a mixture of profound insights and whimsical speculations" (p. 63), they make a convincing case for biological aspects of our profound need for attachment, from birth through the rest of our lives. Language (actually, gossip) may have evolved to replace the grooming behavior of other primates, and thus bind individuals to larger groups. Our distress about feeling left out is partly driven by the evolutionary role of belonging to a group in order to survive. One way we maintain our attachments is to suppress critical reactions to our attachment objects. fMRI research shows that romantic love selectively activates some brain areas and suppresses others. Our cognitive processing gets distorted, based on whether the other person is or is not a member of our group. "We tend to forget the bad things that fellow group members do and remember the good things" (p. 67), enhancing the value of remaining an insider. By contrast, social exclusion increases aggression and substance abuse, causes self-defeating behavior, leads to cognitive decline, and jeopardizes physical health and longevity.