The old saying, “If you’re trained to be a hammer, you’ll only look for nails” certainly applies to understanding why psychological treatments of borderline personality disorder often fall short. This is at least one of the walk-away messages of Firouzeh Mehran’s recent book that overviews diverse psychotherapeutic treatments of this disorder. Dr. Mehran’s basic postulate is that the complexity of borderline personality disorder necessarily requires a diversified approach. Integrative psychotherapy has its detractors like any other clinical treatment, but the book presents theoretical and practical arguments to construct a convincing case for the necessity of diversified treatment for this clinical population.

A core objective of this book is to present the conceptual and technical elements of one integrative approach, cognitive emotional therapy. The way the book achieves this goal is by ‘spiraling in’ through a broad review of borderline personality disorder and numerous psychological theories that are applicable to understanding its etiology or treatment. The first few chapters present these theories as distinct approaches, but later chapters tie them together by underscoring similarities in both concepts and vocabulary. The journey towards the final presentation of cognitive emotional therapy is therefore largely accompanied by historic information about the origin and evolution of theory and practice for this condition. As such, there is something in this book to please most audiences, although not all audiences will be pleased all of the time. For example, there are a few sections of the book that may not please the experienced clinician but that remain nonetheless useful for the readers new to the subject (such as the presentation of basic diagnostic criteria, or illustrative descriptions of deceased celebrities or movie characters that appear to have had borderline personality traits). On the other hand, clinicians who are generally familiar with psychological treatments for borderline personality disorder will appreciate the overview of numerous theoretical perspectives and the very succinct nature in which basic or well-known concepts are presented. The writing style is somewhat particular, in that theoretical concepts are often presented in the form of lists, or very brief paragraphs. However, it succeeds nonetheless in presenting the essential elements of a considerable number of theories.

For me, a strong point of this book is found in the latter chapters that provide a comparison of common concepts and definitions across a range of different therapy perspectives, followed by a presentation of individual and group applications of cognitive-emotional therapy. Informative discussions of clinical cases are also provided, mostly following the introduction of cognitive-emotional theory. It will also be reassuring to the reader that these clinical illustrations and commentaries are presented by someone who knows what they are talking about: Dr. Mehran is an advocate of the scientist-practitioner model and has over 15 years of experience in the treatment of borderline personality disorder. This fact helps the book make the often difficult transition from theory and research to everyday clinical practice.

Finally, it should be noted that this book is written in French and, not surprisingly, has a particular significance for the psychotherapy context in France. Most universities in this country are battle grounds between different schools of psychotherapy and the dominant approaches that are taught to student clinicians are typically presented as “the” treatment to use. The limitations of a given form of psychotherapy (especially those that have the monopoly at the time) are so rarely discussed with students that the concepts of “efficacy” or “evaluation” are seen as irrelevant at best. Unlike universities in other European countries or North America, the training of psychotherapists in France is therefore anything but
diversified. That is why Dr. Mehran’s book fills such a pressing need, and reminds us that it’s the patient who pays the price for always being treated as a “nail”. This may not be enough to motivate many psychoanalysts or CBT practitioners to consider expanding their repertoire of clinical techniques, but the established efficacy of both brief psychodynamic interventions as well as CBT approaches to this disorder certainly argue in favor of Dr. Mehran’s integrative perspective.

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