



John G. Gunderson



Photograph courtesy of the Office of Public Affairs and Communications at McLean Hospital

John G. Gunderson was born on June 20, 1942, and died on January 11, 2019. He attended Dartmouth Medical School and received his MD from Harvard Medical School in 1967.

There are very few people about whom it could be said that they defined a disorder; John Gunderson, M.D., was one of them. Dr. Gunderson’s capacity to synthesize seemingly contradictory information helped him solve one of the diagnostic puzzles that had vexed psychiatrists for decades. When Dr. Gunderson started his residency training, “borderline personality disorder” didn’t exist. During the first half of the 20th century, accepted psychiatric wisdom was that a patient was either psychotic or neurotic, but not both. Yet clinicians reported treating patients who initially appeared to have a firm grasp on reality, but who would lapse into psychotic thinking under stress. For example, under the stress of psychoanalytic situations, otherwise high-functioning patients could develop paranoid delusions about their

worlds, including about their psychiatrists. Dr. Gunderson was one of the first to collate reports written by bewildered clinicians and to characterize this group of patients who appeared to dwell on the “borderline” between psychosis and neurosis - - patients whom nobody understood or knew how to handle.

Most clinicians thought that these patients were simply untreatable, but Dr. Gunderson disagreed. He recognized that we just didn’t know enough about them. John understood that the problem was in the treatments, not the people; the existing treatments for borderline personality disorder (BPD) were designed for other psychiatric disorders, were ineffective and often made people with BPD worse. Indeed, he often said that he came to this line of work “by accident.” In the early 1970s, he was studying the effectiveness of psychotherapy for people with schizophrenia when he realized that many of the study participants had been misdiagnosed. Rather than experiencing psychosis, many of the patients seem to be experiencing

a poorly defined emotional state that was on the “border” between true psychosis and more stable “neurotic” states. So, he tried to understand these patients, describe them more clearly, and pave the way to better outcomes in their care. Just a few years after graduating from residency, Dr. Gunderson boiled down a complex literature on borderline patients into a pragmatic set of defining features. Using empirical methods, he clarified the cardinal symptoms of borderline personality disorder, opening the way for his own and others’ research on diagnosis and treatment of this complex group of patients. He also developed the first diagnostic interview for those with BPD, which allowed him to have an evidence base for arguing that BPD belonged in the official psychiatric diagnostic nomenclature. Indeed, Dr. Gunderson’s work was instrumental in enabling this to happen.

Once BPD was accepted as a diagnosis, Dr. Gunderson focused on developing therapeutic interventions for this vexing disorder. He conducted a study assessing the helpfulness of teaching the parents of young adults with BPD about the disorder itself; he took particular care in developing psychoeducation and support for families of people with BPD at a time when very little guidance for families existed. Recognizing the toll that BPD takes on family life, he developed techniques for families to deal with the impossible binds of attachment and rejection that individuals with BPD often create for those close to them.

One of Dr. Gunderson’s most enduring legacies is the development of Good Psychiatric Management (GPM), an empirically validated treatment designed to be easy for clinicians to learn and highly accessible and acceptable to patients. Outlined in a well-received book, GPM utilizes a pragmatic, psychoeducational approach that is designed to be used by non-specialists from multidisciplinary backgrounds; it was found to be highly effective and comparable to more difficult-to-learn and resource-intensive specialty treatments. With GPM, John conveyed an optimistic message that most professionals can provide solid, effective treatment for patients with BPD, counteracting the commonly held belief that BPD can only be treated by specialists or via intensive care. Dr. Gunderson wanted the world to know that those with BPD can overcome their interpersonal hypersensitivities, by becoming more self-reliant and depending less on others over time. “Borderline” is no longer an adjective in search of a noun.

John Gunderson was a force of nature: movie-star handsome and highly charismatic, he was rather like Puck from “Midsummer Night’s Dream” - - mischievous, fun-loving, generous, and playful, bringing some magic to the world around him. But he could also be sharp and critical, and he took some pleasure in being oppositional. He applied many of these personal characteristics as much to himself as to others, and certainly to his clinical practice and research. He took delight in challenging prevailing hegemonic ideas. Right from the start of his professional life, he asked difficult questions, challenging the accepted clinical assumptions about psychiatric and psychological treatments, and he was not afraid to use robust research methods to answer his own uncertainties. In doing so, he overturned the accepted use of psychodynamic psychotherapy in schizophrenia while becoming one of the founders of formal research into BPD.

As much as Dr. Gunderson contributed to the field of psychiatry as a research scientist, he left an enormous legacy as both a clinician, teacher, and mentor. He was particularly skilled at helping patients and clinicians alike face matters that they were avoiding. Interviewing patients with tenacious psychiatric conditions often characterized by profound degrees of denial, Dr. Gunderson demonstrated for generations of mental health professionals how clinicians can get to the heart of a patient's buried distress. In his well-attended interviewing seminars, he often evoked tears from both patients and their doctors, but his use of confrontation in teaching was a much-needed skill in working with disorders in which buried feelings could be both diagnostic and dangerous.

As a mentor, Dr. Gunderson was devoted, generous, and dogged; his radically genuine feedback, often delivered while leaning forward and narrowing his eyes, could be bracing even for those with a solid sense of self, but it was always delivered with deep concern for one's development. He never hesitated to name something a mentee could improve, and he astutely pointed out weaknesses that, when remedied, led to real improvements in performance. His commitment to mentees lasted years and years, fostered by hours of deep conversation, through every stage of personal and professional development. He was funny, kind, warm, and above all, honest.

John Gunderson had a rich life outside of work; he was an avid gardener and became a prolific painter of landscapes and portraits of animals and people dear to him. He continued to play competitive tennis, basketball, and golf throughout his adult life, and was a lifelong fisherman. John also was an unusually loyal and devoted friend, with many close friendships lasting for decades, and some going back to childhood. More than anything, John especially cherished Susan, his wife of 53 years, his two children, Craig and Kelly, their spouses, and his five grandchildren. Often and openly, John spoke with deep gratitude about how astonishingly lucky he was to live this life. For those of us fortunate enough to know him, the luck was ours.

Respectfully submitted,

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