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Reading About . . .

Borderline States

A new diagnostic category, borderline personality disorder, was included in the psychiatric classificatory system for the first time when it appeared in the DSM–III (American Psychiatric Association, 1980). However, the label, some of the associated concepts, and of course, the patients, have all been around for much longer. The contemporary concepts have two roots. The first is in the psychoanalytic literature: on the borderline between neurosis and psychosis. These patients are chronically unstable and impulsive, have difficulties in close relationships, and are prone to brief psychotic episodes. The second root is in the general psychiatric literature: on the border of schizophrenia. These patients are cold and aloof, with odd speech, depersonalisation and derealisation, and recurrent illusions. This dual origin will be reflected in the choice of papers and books.

Within the psychoanalytic literature, a good starting point is the paper on psychoanalytic investigation of and therapy in the borderline group of neuroses (Stern, 1938). Stern describes the vulnerability and fragility of such patients, and points out some of the pitfalls that await the therapist. From Stern one might move on to *The Ailment* (Main, 1957), an excellent account of what it is like to work with such patients at an in-patient unit.

Although the British object relations theorists (Balint, Winnicott, Fairbairn, and Guntrip) did not appear to use the term 'borderline' in a diagnostic sense, they made an important contribution to this area, by providing a new theoretical and conceptual framework within which such patients might be understood. Their contribution is well summarised by Sutherland (1980), although some readers might prefer to look at original texts, such as Balint (1960) (*The Basic Fault*), Winnicott (1965) (on the false self), and Fairbairn (1940) (on the schizoid personality). Segal (1975) provides a good general summary of Kleinian theory, and Rey (1979) and Rosenfeld (1979) give more specific accounts on the borderline patient from a Kleinian perspective. In particular, Rey describes the patient's 'agoraphobic–claustrophobic' anxieties.

Kernberg has made the most comprehensive effort to describe and define a particular psychology of the borderline personality, which he calls 'borderline personality organisation'. This is defined in terms of the patients characteristic defences (splitting and projective identification), reality testing (better than for psychotic patients), and identity diffusion (worse than for neurotic patients). His most important early papers are contained in *Borderline Conditions and Pathological Narcissism* (Kernberg, 1975), but *Internal World and External Reality* (Kernberg, 1980) is much easier to read! The adventurous reader might also like to grapple with Kernberg's rival, Kohut (1977), one of the leading exponents of self-psychology. Shapiro (1978) has written a good summary of the psychodynamics of the borderline patient. Rinsley (1984) compares borderline and narcissistic conditions in a paper which is short and to the point.

Moving back to this side of the Atlantic, Steiner (1979) is a British writer who has applied Kleinian theory to such patients, and who has more recently begun to talk of a specific pathological organisation (although not a 'borderline position'), in relation to the more widely known paranoid–schizoid and depressive positions (Steiner, 1987).

At this stage, one might profitably go right back to some of Freud's fascinating and eminently readable original case studies on hysteria. The reader might like to consider which, if any, of Anna O (Breuer), Emmy von N, Lucy R, Katharina, or Elisabeth von R, the original hysterics, would today be described as borderline (Freud, 1985).

Turning now to the phenomenological literature, Stone (1980) remains the best and most readable of comprehensive guides to this area. The paper by Zilboorg (1941) on ambulatory schizophrenia is interesting, as is the work on pseudoneurotic schizophrenia (Hoch & Cattell, 1959). The relevant chapters in *The Transmission of Schizophrenia* (Rosenthal & Kety, 1968) give some useful background information.

Of the more modern papers in the mainstream psychiatric literature, Spitzer *et al* (1979) is a must.

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This gives an account of how a partition was developed between schizotypal and borderline personality disorders, and how the DSM–III criteria for each of these two new diagnostic categories were finalised. Spitzer & Endicott (1979) provide more information on this subject, and on the final choice of the term 'borderline'.

There is a whole series of papers on the development of the Diagnostic Interview for Borderlines (DIB), still the best of its kind. One should start with Gunderson & Singer (1975), followed by Gunderson & Kolb (1978) and Gunderson *et al* (1981). Barrash *et al* (1983) applied cluster-analytic techniques, with some success, to the DIB criteria.

Pope *et al* (1983) provide information on the validity of the DSM–III diagnosis, and McGlashan (1986) gives interesting follow-up data. The study by Kroll *et al* (1982) is one of the few empirical works carried out in the UK.

For those interested in the validity of the partition between borderline and schizotypal, and the respective relationship of each of these to schizophrenia, Kendler *et al* (1981) and Gunderson *et al* (1983) re-examined the Danish adoption study records, finding evidence to suggest that: (a) the partition is valid (although the DSM–III criteria for schizotypal personality should be refined); and (b) schizotypals are related to schizophrenics, borderlines are not. Torgersen (1984) showed that monozygotic twins of schizotypal probands are often schizotypal and never borderline.

Some writers (Stone, 1980; Akiskal, 1981) have argued that the border in question is not with schizophrenia, but with depression. The literature on the relationship between borderline personality and affective illness has been thoroughly reviewed by Gunderson & Eliot (1985).

The reader might like to compare changing views on the validity of the diagnosis before and after the DSM–III and DIB came into use. Liebowitz (1979) and Tarnopolsky & Berelowitz (1987) can be used for this purpose. Dahl (1985) has also reviewed the empirical studies in the diagnosis of the disorder.

Data on treatment is scanty. The final report of the Menninger Foundation's psychotherapy research project (Kernberg *et al*, 1972) is worth reading. With the expenditure of very considerable amounts of money and time, they were able to show that patients with borderline personalities were unsuitable for classic psychoanalysis, but that they could be treated with a modified, more structured form of psychoanalytic psychotherapy, which they called 'expressive psychotherapy'. The reader can decide whether or not this takes us significantly beyond what was said by Balint in 1968 or even by Stern in 1938.

There is no specific drug treatment for borderline personality disorder. Not surprisingly, several studies have shown that antidepressant and antipsychotic agents often provide symptomatic relief, but fail to deal with the underlying problem. Gunderson (1986) has reviewed this topic.

There are several excellent criticisms of the borderline concept. Modestin (1980) provides a European perspective, and Akiskal *et al* (1985) an American one. Each paper argues that the so-called borderline patients could more profitably be subsumed under existing categories for personality and affective disorders.

The literature on childhood antecedents is scanty. The work by Mahler's group (Mahler *et al*, 1975) has methodological flaws, but is historically important and is much quoted by American psychoanalytic writers. The contribution of attachment theory (Bowlby, 1982, first published 1969) is potentially relevant, especially the work by Ainsworth's group (Ainsworth *et al*, 1978) on the Strange Situation.

Finally, there are other, more relaxing ways of learning about borderline states. Characters in films such as *Five Easy Pieces* and *Scarface*, and plays such as David Mamet's *American Buffalo*, provide graphic illustrations of borderline psychopathology. However, the most sensitive and best account is in the novel *Tender is the Night*, by F. Scott Fitzgerald (1939). This book has it all: aetiology; course and prognosis; treatment difficulties; and implications for the doctor–patient relationship. It is said by some to be based on Fitzgerald's own marriage. If you have time to read only one reference about borderline states, read *Tender is the Night*.

References

AINSWORTH, M. D. S., BLEHAR, M. C., WATERS, E., *et al* (1978) *Patterns of Attachment: A Psychological Study of the Strange Situation*. Hillsdale, NJ: Erlbaum.

AKISKAL, H. S. (1981) Subaffective disorders: dysthymic, cyclothymic and bipolar II disorders in the 'borderline' realm. *Psychiatric Clinics of North America*, **4**, 25–46.

——, CHEN, E. S., DAVIS, G. C., *et al* (1985) Borderline: an adjective in search of a noun. *Journal of Clinical Psychiatry*, **46**, 41–48.

AMERICAN PSYCHIATRIC ASSOCIATION (1980) *Diagnostic and Statistical Manual of Mental Disorders* (3rd edn) (DSM–III). Washington, DC: APA.

BALINT, M. (1968) *The Basis Fault*. London: Tavistock Publications.

BARRASH, J., KROLL, J., CAREY, K., *et al* (1983) Discriminating borderline personality disorder from other personality disorders: cluster analysis of the Diagnostic Interview for Borderlines. *Archives of General Psychiatry*, **40**, 1297–1302.

BOWLBY, J. (1982) *Attachment and Loss: Vol. I. Attachment* (2nd edn). New York: Basic Books.

DAHL, A. A. (1985) A critical examination of empirical studies of the diagnosis of borderline disorders in adults. *Psychiatric Developments*, **3**, 1–29.

FAIRBAIRN, W. R. D. (1940) Schizoid factors in the personality. In *Psychoanalytic Studies of the Personality*. London: Tavistock.

https://doi.org/10.1192/S0007125000179723 Published online by Cambridge University Press

FITZGERALD, F. S. (1939) *Tender is the Night*. Harmondsworth: Penguin.

FREUD, S. (1895) Studies on hysteria. In *The Standard Edition of the Complete Psychological Works of Sigmund Freud, Vol. II*. London: Hogarth Press and the Institute of Psycho-Analysis.

GUNDERSON, J. G. (1986) Pharmacotherapy for patients with borderline personality disorder. *Archives of General Psychiatry*, **43**, 698–700.

—— & SINGER, M. T. (1975) Defining borderline patients: an overview. *American Journal of Psychiatry*, **132**, 1–10.

—— & KOLB, J. E. (1978) Discriminating features of borderline patients. *American Journal of Psychiatry*, **135**, 792–796.

——, —— & AUSTIN, V. (1981) The diagnostic interview for borderline patients. *American Journal of Psychiatry*, **138**, 896–903.

——, SIEVER, L. J. & SPAULDING, E. (1983) The search for a schizotype: crossing the border again. *Archives of General Psychiatry*, **40**, 15–22.

—— & ELIOT, G. R. (1985) The interface between borderline personality disorder and affective disorder. *American Journal of Psychiatry*, **142**, 277–288.

HOCH, P. H. & CATTELL, J. P. (1959) The diagnosis of pseudoneurotic schizophrenia. *Psychiatric Quarterly*, **33**, 17–43.

KENDLER, K. S., GRUENBERG, A. M. & STRAUSS, J. S. (1981) An independent analysis of the Copenhagen sample of the Danish adoption study of schizophrenia: II. The relationship between schizotypal personality disorder and schizophrenia. *Archives of General Psychiatry*, **38**, 982–984.

KERNBERG, O. F. (1975) *Borderline Conditions and Pathological Narcissism*. New York: Jason Aronson.

—— (1980) *Internal World and External Reality*. New York: Jason Aronson.

——, BURSTEIN, E. D., COYNE, L., *et al* (1972) Psychotherapy and psychoanalysis: final report of the Menninger Foundation's psychotherapy research project. *Bulletin of the Menninger Clinic*, **36**, 1–277.

KOHUT, H. (1977) *The Restoration of the Self*. New York: International Universities Press.

KROLL, J., CAREY, K., SINES, L., *et al* (1982) Are there borderlines in Britain? *Archives of General Psychiatry*, **39**, 60–63.

LIEBOWITZ, M. R. (1979) Is borderline a distinct entity? *Schizophrenia Bulletin*, **5**, 23–37.

MCGLASHAN, T. H. (1986) Long-term outcome of borderline patients. *Archives of General Psychiatry*, **40**, 1319–1323.

MAHLER, M. S., PINE, F. & BERGMANN, A. (1975) *The Psychological Birth of the Human Infant*. London: Hutchinson.

MAIN, T. F. (1957) The ailment. *British Journal of Medical Psychology*, **30**, 129–145.

MODESTIN, J. (1980) Borderline: a concept analysis. *Acta Psychiatrica Scandinavica*, **61**, 103–110.

POPE, H. G., JONAS, J. M., HUDSON, J. I., *et al* (1983) The validity of DSM–III borderline personality disorder. *Archives of General Psychiatry*, **40**, 23–30.

REY, H. (1979) Schizoid phenomena in the borderline. In *Advances in Psychotherapy of the Borderline Patient* (eds J. Le Boit & A. Capponi). New York: Jason Aronson.

RINSLEY, D. B. (1984) A comparison of borderline and narcissistic personality disorders. *Bulletin of the Menninger Clinic*, **48**, 1–9.

ROSENFELD, H. (1979) Difficulties in the psychoanalytic treatment of borderline patients. In *Advances in Psychotherapy of the Borderline Patient* (eds J. Le Boit & A. Capponi). New York: Jason Aronson.

ROSENTHAL, D. & KETY, S. (eds) (1968) *The Transmission of Schizophrenia*. New York: Pergamon Press.

SEGAL, H. (1975) *Introduction to the Work of Melanie Klein* (2nd edn). London: Hogarth Press.

SHAPIRO, E. R. (1978) The psychodynamics and developmental psychology of the borderline patient: a review of the literature. *American Journal of Psychiatry*, **135**, 1305–1315.

SPITZER, R. L. & ENDICOTT, J. (1979) Justification for separating schizotypal and borderline personality disorders. *Schizophrenia Bulletin*, **5**, 95–100.

——, —— & GIBBON, M. (1979) Crossing the border into borderline personality and borderline schizophrenia. *Archives of General Psychiatry*, **36**, 17–24.

STEINER, J. (1979) The border between the paranoid-schizoid and the depressive positions in the borderline patient. *British Journal of Medical Psychology*, **52**, 385–391.

—— (1987) The interplay between pathological organizations and the paranoid–schizoid position. *International Journal of Psycho-Analysis*, **68**, 69–80.

STERN, A. (1938) Psychoanalytic investigation of and therapy in the borderline group of neuroses. *Psychoanalytic Quarterly*, **7**, 467–489.

STONE, M. H. (1980) *The Borderline Syndromes*. New York: McGraw-Hill.

SUTHERLAND, D. (1980) The British object relations theorists: Balint, Winnicott, Fairbairn & Guntrip. *Journal of the American Psychoanalytic Association*, **28**, 829–860.

TARNOPOLSKY, A. & BERELOWITZ, M. (1987) Borderline personality: a review of recent research. *British Journal of Psychiatry*, **151**, 724–734.

TORGERSEN, S. (1984) Genetic and nosological aspects of schizotypal and borderline personality disorders. *Archives of General Psychiatry*, **41**, 546–554.

WINNICOTT, D. W. (1965) *The Maturational Process and the Facilitating Environment*. London: Hogarth.

ZILBOORG, G. (1941) Ambulatory schizophrenia. *Psychiatry*, **4**, 141–155.

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