An object relations perspective on borderline personality


One of the principal formulations of borderline personality disorder is based on object relations theory, a component of psychoanalytic theory. To remain relevant, psychoanalytic formulations must find support from empirical research. After summarizing the object relations understanding of borderline personality, the authors review studies in biological neuroscience, developmental psychology and cognitive science related to the fundamental concepts of object relations theory as it applies to borderline pathology. This review suggests that these empirical studies support psychoanalytic formulations originally derived from clinical practice and observation.

**Introduction**

Object relations theory is a development of Freudian psychoanalytical theory. Freud understood much psychopathology as the conflict between largely unconscious drives and internalized prohibitions to these drives. Many symptoms could be understood as unconsciously determined compromises which provided some gratification to the drive and some honoring of the prohibition. Treatment involved helping the patient become conscious of the unconscious aspects of the conflicts between drives and prohibitions. This, theoretically, could free the patient to deal with the conflicts on the conscious level and thereby resolve the unconscious compromises, or symptoms. A classical example of this is the hysterical conversion symptom in which a sexual impulse in conflict with an internal prohibition could lead to paralysis with no physiological cause. The paralysis might provide some satisfaction of the sexual urge by establishing a focus on the body while also respecting the prohibition.

Object relations theory (1–3) is a further development of Freudian theory which emphasizes that drives are not experienced in the psyche in a void, but in relation to a specific other, an object. Therefore, the basic 'building blocks' of psychic structure are units made up of the self, a drive or an affect representing a drive, and an other. These units are 'object relations dyads'. What complicates this picture somewhat is the fact that the 'self' and the 'object' in the dyad are not accurate representations of the entirety of the self or the other, but rather are representations of the self and other as they are experienced at specific moments in time in the course of development – moments of intense affect. Therefore, a more precise description of the object relations dyad is a particular self-representation connected by an affect to a particular object-representation. Figure 1 presents a schematic version of this dyad, followed by two examples of typical self-representations and object-representations with the linking affect.

In the course of development, the infant has multiple experiences which, to simplify, can be divided into those which are satisfying and those which are frustrating. For example, an experience of satisfaction is when the infant is hungry and the mother responds, while an experience of frustration occurs if the mother, for whatever reason, does not respond. With regard to the object relations dyads, the satisfying experiences involve an ideal image of the nurturing other and the satisfied self, while the frustrating experiences involve a highly negative image of the depriving other and the needy self. The infant's affects are intense because it is totally dependent on caretakers and life and death are at stake; this, of course, can be the
internal world no longer characterized by this split, but rather by representations of self and other which include both good and bad characteristics, allowing for a flexibility in the personality which is more adaptable to the complexities of the real external world (Fig. 3).

The individual moves from the realm of ideal, perfect providers and sadistic persecutors to that of the 'good enough' other. This integration of internal images is believed to be driven both by the individual's cognitive development and by the prevalence of good, satisfying experiences over bad, frustrating ones in the development of most individuals, which helps the individual tolerate some bad without the extreme reaction of hatred. This development of integration corresponds to the 'depressive position' described by Melanie Klein (1). While 'depressive position' may sound like an undesirable state of affairs, it is preferable to the 'paranoid schizoid position' which precedes it and which is characterized by the unrealistically extreme internal representations described above. The depressive position is labeled as such both because it entails the loss of the image of the ideal quality of affects in borderline patients. In the course of the infant's development, it is hypothesized that multiple affectively charged experiences are internalized in a way that a segment of the psyche is built up with idealized images based on satisfying experiences, and a segment is built up with negative, aversive, devalued images based on frustrating images. An active separation of these segments develops within the psyche; its purpose is to protect the idealized representations, imbued with warm, loving feelings toward the object perceived as satisfying, from the aversive ones, associated with rage and hatred toward the object perceived as depriving. Because hatred is defined by the wish to destroy, a separation of the good and bad segments is necessary to protect the 'good' representations of self and other from the danger of destruction by the 'bad' ones, particularly the hate-imbed self-representation which is primed to attack the object perceived as depriving and harming it. This separation is the internal mechanism of splitting, the paradigmatic primitive defense mechanisms (Fig. 2).

In normal development, integration of the split-off good and bad segments is believed to take place between the ages of 1 and 3 years, leading to an
provider and because it involves assuming guilt for
the hatred that had been directed toward the 'bad
object' which is now accepted as part of a more
complex integrated object.
If the psychological integration which leads to
the depressive condition does not take place, the
individual maintains the split internal organization
which, in later life, corresponds to borderline per-
sonality. This level of internal split vs. integration
is the basis of what we refer to as psychic structure.
It is hypothesized that this structure is maintained
over time though repeated interactions which 'con-
firm' the established internal representations. This
'confirmation' of the individual's internal world is
specious and somewhat circular. It is based on two
phenomena: 1) the individual's perception and ex-
perience of current interactions is not objective but
is processed through his or her repertoire of inter-
nal representations, and 2) the individual tends to
act automatically in accordance with his internal
representations, often provoking the reaction from
the other which is expected in his internal system.

In this model, a central question regarding the
development of borderline personality is why the
integration does not take place. As stated above, it
is hypothesized that a high level of aggression in
an individual reinforces and perpetuates the split
in order to protect the idealized objects from the
possibility of destruction by the rage and hatred
associated with the devalued objects. This level of
aggression could be inborn, resulting from tem-
perament (high constitutional levels of aggression
or a constitutional impairment in modulating ag-
gression), from early experiences of abuse and
trauma, or from a combination of these. It is clear
therefore that data from different areas of research
in psychiatry and psychology are relevant to the
object relations formulation of borderline person-
ality.

**Empirical data relevant to this model**

This object relations model of borderline person-
ality has been in the psychoanalytic literature for
decades (4). Research in the areas of biological
psychiatry, developmental psychology and other
areas may now be called upon to lend empirical
support to what was initially a more theoretical-
clinical model. The brevity of this presentation
necessitates that we will be unable to provide a
comprehensive review, but rather provide examples
of research that supports the object relations point
of view.

Let us begin with the basic concept of the object
relationship dyad: an internalized representation
of the self linked to an internalized representation
of the other by an affect. These dyads are derived
from specific experiences in time in the course of
development and become fixed in the psyche. This
concept, from psychoanalytical object relations
theory, is consistent with recent research in devel-
opmental psychology, cognitive science, informa-
tion processing and social cognition on the role
of schemas of self and others as heuristic proto-
types. These prototypes become enduring psycho-
logical structures or templates which both process
and organize information and also promote the as-
similation of new experiences in accordance with
existing mental structures.

Nelson (5), a cognitive-developmental psychologist,
has carried out research on generalized event
representations which supports the notion of an
object relations dyad. Using naturalistic methods,
she and her colleagues showed that recall of fam-
filiar routines or interactions, as well as of specific
episodes, can be elicited from 2-year-olds, and per-
haps even 1-year-olds. Such narratives are initially
sketchy, but become increasingly rich during devel-

apment. This work supports the belief that rep-
resentations of events and interactions are formed
early in life and are generalized internally.

Attachment research, which has found basic
attachment types derived from interactions with
caregivers, is closely related to object relations
theory, with its focus on internalized relationships
paradigms which become the model for future rela-
tionships. Longitudinal attachment research,
emphasizing the continuity over time of these rela-
tionship paradigms which underlie attachment
types, supports the fundamental object relations
hypothesis that deeply rooted concepts of self and
others determine the quality of interpersonal rela-
tions throughout life.

For example, several longitudinal studies have
investigated the influence of infant attachment
styles on subsequent adult attachment styles. Srou-
fe, a developmental psychologist, found that in-
fants followed trajectories suggesting a consistent
sense of self and others (6). Securely attached,
compared with insecurely attached infants, became
more cooperative, popular, resilient and resource-
ful as preschoolers. By age 6, these securely at-
tached infants were relaxed, friendly and
comfortably conversant with their parents. In con-
trast, insecure-avoidant infants were emotionally
insulated, hostile and antisocial as preschoolers.
By age 6 they tended to distance themselves and
to ignore parental initiatives to converse. Finally,
anxious-resistant insecure infants were tense, im-
pulsive and overly clingy and dependent as tod-
dlers. These children became passive and helpless
as preschoolers. By age 6 they showed a mixture
of insecurity and hostile behavior when interacting with their parents.

Even more impressive in terms of continuity of relationship patterns is the match that has been seen between the infant attachment classification as assessed with Mary Ainsworth’s ‘strange situation’ laboratory procedure (7) and adult attachment type as assessed with Mary Main’s adult attachment interview (AAI), (8). Ainsworth’s strange situation provides a behavioral measure of an infant’s internal representational world, whereas Main’s AAI assess adult attachment based on the quality of the narrative descriptions of relationships with parents. Hamilton (unpublished dissertation, 1994) interviewed a group of late adolescents who had been assessed as infants in the strange situation. There was a 77% correspondence for secure vs. insecure attachment status between infancy and late adolescence (63% correspondence across the three attachment styles). This research supports the object relations view that people have a predominant way of experiencing interactions which repeats itself over time.

In addition to the cognitive-developmental research cited above, there is a host of research that biological factors play a role in borderline personality. This research may also support the object relations formulation of the disorder. For example, the hypothesis that a higher level of constitutional aggression plays a role in the development of BPD is supported by research which finds that there is an inverse relationship between cerebrospinal fluid levels of 5-hydroxyindoleacetic acid (a serotonin metabolite) and the lifetime history of aggressive behavior in patients with personality disorder (9,10). Depue and Spoont (11) have suggested that this has to do with the lesser degree of inhibition or the greater impulsivity caused by lower serotonin activity. Siever (12) has focused on impulsive aggression and affective lability as central to borderline personality. In discussing affective lability, he and his coauthors point out that: ‘dysregulations in cholinergic, noradrenergic (NE) or gamma-aminobutyric acid (GABA)-minergic systems may play an important role’. They acknowledge that ‘affective instability may interfere with the ability to develop a stable perception of self or others and may result in difficulty in maintaining self-esteem’ (13). Both the specific role of aggression and this more general affect lability may well make a psychological developmental task – the integration of stable representations of self and other – all the more difficult to accomplish.

In turn, these unintegrated representations of self and other leave the individual vulnerable to affective outburst. Silk elaborates further on the issue of mood lability: ‘Clinicians find in Axis II disorders not simply mood lability, but often mood lability that seems to be triggered by subtle events in the environment [emphasis mine]. Once the mood state is obtained, it can rapidly lead to aggressive, impulsive, self-destructive, interpersonally intrusive or extreme isolative behavior’ (14). The object relations model helps understanding of this triggering of extreme reactions by events which would not elicit such a response in a person who does not suffer from borderline personality. Clinical experience shows that a borderline patient may react to what appears to be an objectively benign experience, such as the therapist starting a session 3 minutes late, with extremes of anger, despair and suicidal ideation. This apparently excessive reaction is understandable if the patient’s experience of the event is determined by the activation of an internal dyad involving an uncaring, indifferent, dismissive other who is totally abandoning the patient.

Dodge (15), a cognitive psychologist, has carried out work which we can relate to this triggering of responses. Studying school-age children, his findings suggested that aggressive children fail to utilize appropriate cues, leading to hostile interpretational biases in interpersonal interactions. In addition to being less likely to use relevant cues, aggressive children were more likely than non-aggressive children to utilize self-schemas in assessing a situation. In another study, Dodge (16) found that in aggressive boys, biased attributions of hostile intentions to peers were implicated as a direct precedent to aggressive responses. This is relevant to the object relations view that internalized dyads lead the individual to provoke the type of behavior he expects from the other. Another study by Dodge (17) explored the impact of physical abuse on social information-processing. He found that ‘Abuse was associated with later processing patterns (encoding errors, hostile attributional biases, accessing of aggressive responses, and positive evaluations of aggression), which, in turn, predicted later externalizing outcomes.’

In summary, current research in biological neuroscience, developmental psychology and cognitive science provides support to concepts that are central to a psychoanalytic understanding of borderline personality. When considered along with direct treatment studies, these studies of attachment styles, the neurobiology of aggression, and cognitive schemas and their relation to perception begin to provide empirical validation to the object relations perspective on borderline pathology that was developed before such methods of investigation were available.
References