

A STUDY OF THE DEVELOPMENT OF OBJECT
REPRESENTATIONS IN THE TREATMENT OF
BORDERLINE PERSONALITY DISORDER

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CHAPTER I

FORMULATION OF THE PROBLEM

Introduction

It has been suggested that patients with borderline personality disorder compose between 10% to 20% of the mental health population (Gunderson, 1987; Kernberg, 1975, Stone, 1980). Recently Widiger and Weissman (1991, p. 1015) reported that available epidemiological data suggest that the prevalence of borderline personality disorder is between .2% and 1.8% in the general community and about 15% among psychiatric inpatients with a diagnosis of personality disorder. Morey (1988) in a study of DSM III and DSM III-R personality disorder found that in a sample of outpatients with personality disorder, 32% had a diagnosis of borderline personality disorder. Other studies of outpatients found borderline personality to have a 21% prevalence (Hyler & Lyons, 1988), and Loranger (1990) in an extensive study of outpatients using DSM III criteria found the prevalence of borderline personality to be about 27% of 2,840 receiving a diagnosis of personality disorder. Given that social work research reports that 65% of psychotherapy in the United States is performed by social workers (NASW, 1989), the profession is deeply involved in the treatment of these patients.

Over the last several decades borderline personality disorder

has achieved increasing clinical recognition. During the last two decades, it has become a relatively well defined personality disorder. Prolific clinical literature and considerable research serves to underline the expansive range of what is termed "borderline," and the diversity of the group of patients who are given this diagnosis. A review of the literature on borderline psychopathology yields three overlapping conceptualizations of what constitutes borderline functioning.

First, an attempt has been made by Roy Grinker, Sr. (1968, 1977) to group patients into a continuum between psychosis and neurosis. More recently W. W. Meissner (1984) described a "spectrum" of personality functioning that he terms borderline as between the

more labile, disorganized, and frequently chaotic forms . . . to better organized personalities whose ego strengths are relatively intact . . . , but who, under certain regressive stresses or in certain contexts of interpersonal conflict, tend to react in a fashion that suggests underlying borderline issues." (1986, p. 122)

A second grouping of borderline patients is based on Otto Kernberg's (1976) structural characteristics. He characterizes borderline structure as including: (1) nonspecific manifestations of ego weakness; (2) a shift toward primary process thinking; (3) specific defensive operations at the level of borderline personality organization; and, (4) pathology of internalized object relationships. Kernberg also describes a continuum of what he considers borderline personality organization which includes: infantile personalities; typical narcissistic personalities and the "as if" personalities; and clear-cut antisocial personalities. Masterson (1981, 1988) agrees with Kernberg on a number of diagnostic issues, i.e., ego defects and the

presence of primitive defenses. However, he views the most prominent issue as a failure to successfully negotiate the rapprochement crisis of separation-individuation resulting in split object relations: one withdrawing and one rewarding; one engulfing and one abandoning. His diagnostic system is a descriptive that draws heavily from the works of Fairbairn (1954) and Winnicott (1960, 1963, 1965). More recently, Masterson has begun to view borderline pathology from a deficit rather than a conflict model. Self psychologists such as Kohut (1971, 1977), Gerald Adler (1985), Wolf (1988), and Stolorow and Lachmann (1980), tend to base borderline diagnosis on the degree of self-cohesiveness that is maintained. Diagnosis is sometimes made in terms of response to treatment. Adler (1985) sees the basic problems of the borderline as a relative incapacity to allay separation anxiety through intrapsychic resources.

A third grouping of borderline patients emerges from the categorization of borderline personality disorders through the use of instruments such as Gunderson's Diagnostic Interview for Borderline Patients (DIB) (Frances, 19984; Green; 1987, & Gunderson 1982) and the American Psychiatric Association; Diagnostic and Statistical Manual of Mental Disorders, Third Edition, Revised (DSM III-R). Even though variations among these patients may be considerable, substantial agreement is reported on the diagnosis of borderline personality disorder when clinicians use either Gunderson's DIB, the DSM III-R criteria, or the two in combination. This would suggest that in the presence of core symptoms there exists a patient population that has features which distinguish it in varied ways.

However the diagnosis is achieved, the treatment of individuals with borderline personality disorder occurs in the context of an overall presentation of symptoms, motivational factors, specific availability of services, and an endless array of other variables that dictate the course of interventions. Thomas Aronson (1989) suggests two problems with the few empirical studies that have been conducted on the intensive psychotherapy of borderline patients. First, many patients drop out very early in treatment and those patients described in the limited studies available are elite patients treated by elite therapists. Social workers are involved in a wide variety of ways of treating these individuals from general delivery of services to intensive, psychoanalytic psychotherapy. Patients seen by social workers in more intensive psychoanalytic treatment, would be expected to have characteristics which separate them from the overall borderline patient population. One obvious feature might be the capacity to form a working relationship. Woolcott (1985) has suggested that prognostic indicators in the psychotherapy of borderline patients tend to be rather complex in some ways related to specifics not a part of the general diagnosis.

The development of internalized object relations during treatment receives a good deal of discussion in the theoretical literature but there is a paucity of research about these important phenomena. Kernberg (1975, 1985, 1989); Masterson (1981, 1988); Adler (1985); and Rinsley (1982, 1989) describe at length the character of internalization that takes place in the treatment of borderline patients and the resultant structural changes that develop in the self- and object representations of these individuals. The level and quality of

psychic structure in many ways defines the borderline disorders. The existing object representations determine the capacity for self-soothing, affectivity, quality of interpersonal relationships, the ability to know the experience of the other, and the symptom picture in general.

With the expansion of treatment to patients with more severe disorders, the consideration of internalization as part of both the therapeutic process and outcome has become an important focus of attention. Expanded theory which has come about through the elaboration of ideas regarding the development of object relations, findings from infant research, and data derived from the measurement of an individual's representational world have made it possible to more clearly understand and quantify the effects of treatment. The utility of treatment with these patients, however, and the specific gains they make as a result of the treatment process, remain unclear, especially in research involving larger populations of patients. It does seem clear that the applicability of psychoanalytic treatment would be limited to certain patients in the borderline spectrum which bear certain characteristics which have not been specifically delineated. For those patients who do seem to make gains in terms of their psychic structure, the essence of these gains needs to be more clearly understood. Also those common features which identify individuals with good prognosis require increased specificity. It is hardly arguable that different theorists write about varying points in the borderline spectrum and claim success with their patients indicating that they are describing different variables.

The variety of borderline patients described is evident in the concomitant descriptions of self- and object representations. If one goal of treatment is the internalization of structure, it might be assumed that different borderline patients respond to treatment in different ways and that the acquisition of structure would not be the same across the spectrum of borderline patients. It might be also that those borderline patients who maintain themselves in lengthy psychoanalytic treatment have homogeneous characteristics which are identifiable at the inception of treatment.

Little research has been done which demonstrates how borderline patients change in their object representations as a result of treatment. These few empirical studies underline that research concerning borderline object representation has not been conducted with the needed specificity and is almost totally lacking in social work research.

The assessment of object representation should allow for differentiation among borderline patients and from other diagnostic groups. A significant finding in this area is the ability of Sidney Blatt's (1978, 1981) Assessment of the Qualitative and Structural Dimensions of Object Representation Concept of the Object Scale to discriminate between hospitalized and outpatient borderline patients. The findings reported in a study by Lerner and St. Peter (1984) found that inpatients diagnosed as borderline differed from schizophrenics, neurotics and outpatient borderlines in the number of form responses which received a higher developmental score on the Blatt scale. The measurement of object representation has some potential to define

certain populations of borderline patients more subtly.

Social workers involve themselves with borderline patients in many different aspects of social work treatment with varying strategies of intervention. For a variety of reasons social workers are more likely to engage in the treatment of borderline patients than other disciplines that provide psychotherapeutic intervention. For this reason it is important that research in this area be conducted.

Statement of the Problem

The current study was an exploratory study. Characteristics and treatment responses of borderline patients seen in intensive psychoanalytic treatment by a clinical social worker were studied. This study used standardized instruments which had been shown to have reliability in assessing the subtle manifestations of object representation. The study was designed using structural criteria to look at a specific diagnostic group of patients relative to their progress in treatment. Intensive treatment, in this study, referred to a commitment to long term intervention. It was a premise of this study that categorizations of borderline patients in intensive treatment with social workers could be made, and that an assessment of their progression in treatment in terms of object representation could be made in relation to their cohorts who have had more or less treatment. This research addressed two fundamental areas of study lacking in the social work research literature: (1) to offer specificity regarding borderline patients seen by social workers in psychoanalytic treatment; and, (2) to discern the development of object representation resulting from the

therapeutic process. In the practice of psychoanalytically oriented treatment, social workers attempt to provide an opportunity in which object representations develop further. In addition to the maintenance and restoration of self-cohesion, Palombo (1982, p. 32) suggests that a goal of treatment with borderline patients is to help them achieve a higher level of structuralization through the internalization of structure or the development of compensatory mechanisms. The treatment situation with its expectable components, defined boundaries, and provision of missing functions is believed to allow for the internalizations which transform the patient's representational world through the accretion of psychic structure. Therefore, the critical question of this study was whether intensive psychoanalytic social work treatment resulted in: (1) the development of internal structure with progressively developed self-representations and object representations; and (2) the diminution of symptoms.

The Choice of Theoretical Framework

Borderline psychopathology has been conceptualized in terms of the various predominant domains of psychoanalysis. Classical drive theory, ego psychology, object relations theory, and self psychology offer differing views of internalization which provide important explanation of these phenomena. Each domain allows for certain nuances to be more comprehensively understood. At the same time, theory is not only elaborated in each of these domains, but sometimes takes a contentious position as well. Efforts to achieve some overriding theory of internalization, to this point, have not been totally acceptable.

Theory of the process of internalization has come from reconstructions made during psychoanalytic treatment and from infant observation and research. Unfortunately among the domains of psychoanalysis, there is not an agreement as to what occurs either in infancy or in the treatment process. Additionally, within the theories of borderline psychopathology, an argument exists regarding the significance of conflict versus developmental arrest in borderline psychopathology.

The terms used to describe internalization often lack specificity and universal meaning. For the purpose of this study the construct of object representation has utility in that it allowed for certain differentiations and measurements. It was intended to be inclusive of all levels and types of internalizations that make up the inner world of the individual. Object representation as a construct has sufficient research supporting its accuracy at a variety of levels and constellations, and appears to have efficacy for measuring therapeutic outcome (Blatt & Lerner, 1983; Burke, Summers, et al. 1986; Lerner, 1983; Marziali, 1990). Object representation lends itself well to measurement.

Object representations are considered to be complex mental schemes of significant others (Beres & Joseph, 1970; Sandler & Rosenblatt, 1962). Theory proposes they evolve from the developmental internalization of object relations and ego functions (Mahler, 1968) with schemes becoming increasingly articulated, differentiated and integrated as development unfolds. Current methods of assessing object representations which have the ability to capture subtle

differentiations and are capable of evaluating shifts toward more stable, complex object representations as a result of psychotherapy (Marziali, 1990, p. 114).

The content and structure of the representations of self and other develop at the intersection of complex cognitive, affective, interpersonal, and social forces and therefore represent crucial variable for investigating the multitude of actors which shape psychological growth in normal development as well as in the psychotherapeutic process. (Lerner, 1983, p. 314)

The complexity of psychoanalytic theories of internalization and the limited nature of this research made it difficult to adhere to a specific theoretical framework. Since this was an exploratory study, it seemed most feasible to allow for consideration of the various predominant theories as they pertained to the research. Therefore, the theoretical framework of this study was intended to include the four essential psychoanalytic domains of classical psychoanalysis, object relations theory, ego psychology and self psychology.

Areas of Inquiry

This study was concerned with whether object representation and self-representation could be shown to develop and symptom patterns change during the psychoanalytic treatment by clinical social workers of patients meeting the DSM III-R criteria for borderline personality disorder. Broad and diverse psychoanalytic theories of internalization can be found in the literature. The same term may be used in varied ways by different theorists. The construct of object representation is being used for the purpose of this study for two reasons: (1) it is intended to be inclusive of all levels and types of internalizations

that make up the inner world of the individual; and, (2) its use as a construct has sufficient research supporting its validity at a variety of levels and constellations, and it appears to have efficacy for measuring therapeutic outcome.

Sidney Blatt and Howard Lerner (1983) have conducted considerable research on the assessment of object representation. They point out that early representations are based on action sequences associated with need gratification. Intermediate forms are based more on specific manifest perceptual features. The higher forms are more symbolic and conceptual (Blatt, 1974). It is suggested that there is a constant relationship between past and present relationships, and that revision and reorganization of these experiences is reflected in objects representations of greater complexity. Object representations contribute important information about the developmental level of personality and the quality of interpersonal relationships to which an individual is predisposed. They reflect the quality of the psychological structures that mediate between biological needs, prior significant experience and current life events.

Loewald (1960) proposed that in the treatment situation the therapist becomes available as a new object. It is the internalization of new and relatively undistorted relations with the therapist that lead to therapeutic change. Active transference issues reflect the quality of object representation to which an individual is predisposed. Greenberg (1986) describes what he calls a relational model of psychoanalysis and the importance of the therapist as a new object. That is, the therapeutic relationship is one within which changes in the

self in relation to the object can take place. This is the essence of structural change. This research looked at object representation in patients with borderline personality disorder. These patients were looked at from a variety of diagnostic criteria. Demographic variables were considered to determine if they had an effect on treatment response. The participating clinical social workers provided information on their experience, treatment orientation, and feelings toward their patient. One basic premise of this research was that the level of object representation is an essential measure of therapeutic progress.

Significance to Clinical Social Work Practice

The development of object representation is critical in assessing the utility of treatment for patients with borderline personality disorder. In many ways patients diagnosed as borderlines are defined by the level and quality of their object representations and are considered by some theorists to be developmentally arrested from the standpoint of deficit. The absence of structure in these individuals is believed to result from several different factors, including: a preponderance of negative introjects (Kernberg, 1975); temperament and endowment prevented the patient from making use of the maternal object; and those trauma and deficits that set into motion pathological development. Treatment intended to resume the development process should be able to illustrate that various developments in object representations have taken place. The theoretical literature provides description of the processes of internalization during the treatment

process. However, there is little substantiating research in clinical social work contributing to the existing knowledge base. There are only a handful of studies which have attempted to quantify borderline object representations, and a smaller number still which have made reference to their furtherance through psychoanalytic treatment (Lerner, 1983).

It is essential to clinical social work to be realistically attuned to the capacities of clients being served. Since borderline personality disorder is found in almost every area of social work practice the understanding of object representation could have pervasive importance including: environmental management, education programs, substance abuse treatments, and those programs directed at prevention. The findings of this study are suggestive of both what is possible and what is most useful in dealing with the borderline patient.

Policy and Administration

Concern about the spiraling cost of mental health care has increased the need for reliable data about the outcome of treatment. Additionally, there are ethical considerations based on the benefit of offering long term treatment to these patients. Treatment outcome studies with all of their difficulties are essential in demonstrating the usefulness of psychotherapeutic treatment. With reduced mental health budgets, there is increased pressure on public agencies to fund those programs which provide the greatest good. The performance scores of patients involved in this study were an objective measure of their functioning. Along with the evaluation of the worker, it provided

evidence of expectable benefits from treatment as well as an illumination of how treatment was experienced.

Significance to Research

There is a growing body of research which addresses object representation as it relates to specific types of psychopathology as well as research which traces the development of object representation during the therapeutic process. This study explored the development of object representations in patients diagnosed as borderline personality disorder who were being treated by social workers using psychodynamic methods. The primary variable of the development of object representation was considered within the context of the overall patient population and the theoretical orientation of the worker. The design was intended to capture evidence suggesting the development of object representation, and to learn what factors supported those processes in terms of what the patient brought with him to treatment as well as what the worker offered in terms of particular interventions. Since this research dealt only with a select patient population being treated in rather specific ways there were a variety of issues which might be addressed in future research. The relation of this population to the larger population of borderline patients is not explicit, although it does provide some basis for comparison.