
Borderline Personality Disorder and Childhood Abuse: Revisions in Clinical Thinking and Treatment Approach

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Abstract

In this paper, we consider the implications of new research on childhood abuse for our understanding of people diagnosed with borderline personality disorder. We begin by reviewing and reframing core features of the diagnosis: primitive defenses, unstable relationships, identity disturbance, inability to be alone, and self-destructiveness. In addition, we examine the treatment implications of the data on childhood trauma in the context of our reframing of these diagnostic markers. Finally, we address the question of the borderline diagnosis itself in light of these reformulations.

This paper was originally presented at a Stone Center Colloquium in June, 1990.

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Introduction

The nature, etiology, and treatment of borderline personality disorder have been actively debated for several decades. In the 1970s, Mahler (1971) noted a similarity between certain psychological vulnerabilities of the borderline adult and separation issues of young children. She hypothesized that the central developmental underpinnings of the borderline personality are psychological derailments during the rapprochement subphase of the separation-individuation process. These derailments lead to an enduring inability to modulate aggression as well as to integrate "good" and "bad" perceptions of parental figures. Her theory has had a major impact on psychoanalytic writers, who have also viewed separation-individuation impasses as the developmental cornerstone of the borderline disorder (Kernberg, 1975, 1976, 1984; Masterson, 1972, 1981; Masterson & Rinsley, 1975). However, this view has not held up in empirical analysis. In carrying out longitudinal studies, even Mahler and her colleagues (1971, 1977) have observed some toddlers with rapprochement phase difficulties who did not develop borderline personality disorder and others who did, but who had not manifested problems at the rapprochement stage.

Other empirical investigations from a psychodynamic and developmental perspective have focused on either the quality of parenting in the family of origin or the history of early losses and separations. Parents of people diagnosed as borderline have been described as neglectful (Frank & Hoffman, 1980; Frank & Paris, 1981; Gunderson, Kerr, & Englund, 1980; Gunderson & Englund, 1981; Walsh, 1977), over-involved (Soloff & Millward, 1983a; Walsh, 1977), or engaged in a rigid marital bond, which disallows

support and protection of the children (Gunderson et al., 1980). Early losses and separations from important figures have been noted to be high in some studies (Bradley, 1979; Paris, Nowlis, & Brown, 1988; Soloff & Millward, 1983a, 1983b) and less significant in others (Zanarini, Gunderson, Marino, Schwartz, & Frankenburg, 1989). Overall, no single compelling pattern has emerged in any of these attempts to clarify questions of etiology, although there are consistent indications of generally disturbed relationships with both parents (Gunderson & Zanarini, 1989).

Over the past few years, however, studies have begun to supply strong evidence of a highly significant correlation between the diagnosis of borderline personality disorder and a history of chronic childhood trauma associated with sexual abuse (especially incest), physical abuse, and the witnessing of severe domestic violence (Bryer, Nelson, Miller, & Krol, 1987; Herman, Perry, & Van der Kolk, 1989; Westen, Ludolph, Misle, Ruffins, & Block, 1990; Zanarini et al., 1989). In an investigation that attempted to look at both separation and abuse issues, Zanarini and colleagues (1989) found that a history of childhood sexual abuse more consistently differentiated people diagnosed as borderline from other clinical groups. They conclude:

The results of this study suggest that both physical neglect and the more subtle forms of emotional neglect thought to be of etiological significance by authors such as Mahler and Masterson, are common but not necessarily discriminating features of the childhood histories of borderline. (p. 23)

Since the incidence of childhood abuse has ranged from about 55 to 80 percent in these studies, it may be close to filling the role of a necessary (even if not sufficient) condition for the development of this clinical picture.

In this paper, we wish to consider the implications of these important findings in some detail by reviewing and critiquing standard developmental and psychoanalytic theories about the diagnosis. As noted, these have considered losses and separation-individuation issues to be causally central and have explained core problems of ego weakness, identity diffusion, unstable relatedness, affective storminess, and impulse control with reference to these roots. However, the framework offered by data on traumatic early histories tends to shift the terms of the discussion. Rather than understanding many of the observed difficulties with separations as primary, we

believe they may be secondary to the long-term impact of childhood trauma and its relational context. At the outset, we want to acknowledge that our reframing of ideas about the diagnosis owes a great deal to two theoretical positions: recent literature about the aftereffects of trauma (Figley, 1985; Kluft, 1985, 1989; Putnam, 1989; Van der Kolk, 1984, 1987) and about women's development as represented by the Stone Center's perspective (Jordan, Kaplan, Miller, Stiver, & Surrey, 1991; Miller, 1986, 1988; Stiver, 1990a, 1990b).

Defences

Splitting

For many psychoanalytically-inclined clinicians, it is the intrapsychic or structural, not the symptomatic or descriptive, aspects of the disorder that are of greatest significance in making and understanding the diagnosis. One of the most important delineators of this view is Kernberg (1975, 1976, 1984), according to whom splitting is a critical diagnostic feature. He defines it as a central defense mechanism and a primary determinant of self-concept and object relations in these patients. In its defensive function, splitting protects the ego from intrapsychic conflict by "actively keeping apart contradictory experiences of the self and significant others . . . As long as these contradictory ego states can be kept separate from each other, anxiety related to these conflicts is prevented or controlled" (Kernberg 1984, p. 15).

In Kernberg's view, splitting begins as a normal, though primitive, cognitive strategy that allows an infant to construct a rudimentary organization of her experiences of self and other. It only turns into a pathological and growth-preventing defense when the infant is chronically flooded by an excess of instinctual aggression or chronically overwhelmed by anxiety and frustration because of skewed maternal responses to her age-appropriate strivings for autonomy. At this point, splitting can become defensive in order to prevent the aggression-tinged, "all bad" representations of self and other from contaminating the idealized, "all good" representations. Thus, it can save the infant (or the adult with a borderline level of pathology) from experiencing unbearable levels of rage or anxiety in an ongoing way. However, it also imposes serious costs. Splitting blocks the development of differentiated self and object representations, in which good and bad aspects of experience can be integrated and an awareness of the good endure over time, despite transitory frustrations or empathic failures. In essence, this integration permits the achievement of object constancy.