Borderline Personality Disorder: Content and Formal Analysis of the Rorschach

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Borderline disturbance is a controversial clinical and diagnostic entity. There are at least two ways of conceptualizing borderline psychopathology: clinical-descriptive and psychodynamic (Millon & Davis, 1996). In the former, the condition is considered a specific pattern of personality functioning characterized by instability of mood, interpersonal relations, and self-image (APA, 1987, 1994). In the latter, the term borderline psychopathology is used to describe a structural personality organization based on primitive defense mechanisms. This type of psychological organization can be found in various personality disorders such as schizotypal, paranoid, histrionic, antisocial, and narcissistic (Kernberg, 1970).

The Rorschach test has been recommended by Zalewski and Archer (1991) as a diagnostic instrument for assessing borderline personality disorder, even though their review of findings identified some inconsistencies related to the use of different diagnostic criteria by different authors. Some dimensions of personality that characterize borderline disturbance can be formulated from a psychopathological descriptive point of view and evaluated using Rorschach content scales (De Vos, 1952; Elizur, 1949; Endicott, 1972; Fisher & Cleveland, 1958). Most frequently used in this regard is the Rorschach defense scale of Lerner (Lerner & Lerner, 1980), which identifies primitive defenses such as splitting, devaluation, idealization, projective identification, and denial.

Research data suggest that primitive defenses are employed more frequently by borderline patients than by neurotic and psychotic persons, with the exception of idealization (Lerner, Albert, & Walsh, 1987; Lerner & Lerner, 1980; Lerner, Sugarman, & Gaughran, 1981). These primitive defense mechanisms also occur more commonly in borderline

patients than in patients with cluster C personality disturbances (Hilsenroth, Hibbard, Nash, & Handler, 1993). Being able to distinguish borderline patients from patients with antisocial and narcissistic personality disorders is more controversial (Gacono, Meloy, & Berg, 1992; Hilsenroth, et al., 1993).

Reality testing is another element of personality functioning that can be evaluated through content analysis of the Rorschach. Borderline patients can be distinguished from normal controls and from neurotics by the number of Confabulation and Fabulized Combinations responses they give (Edell, 1987). Some research data suggest that Fabulized Combinations occur even more frequently in borderline Rorschach protocols than in the records of schizophrenic patients (Singer & Larson, 1981; Yen, 1983).

The purpose of our study was to compare Rorschach characteristics of borderline disorder with characteristics found in neurotic and psychotic patients. Both formal and content analyses of the Rorschach data were conducted.

Method

Sixty subjects who were referred to our service were selected during the years 1994–1995. These patients were diagnosed independently of our Rorschach evaluation and divided into three groups. A group of 20 borderline patients (7 males and 13 females, mean age 30.5 ± 2.6 years) were who had received 7 points or more on the Diagnostic Interview for Borderline Patients (Gunderson, Singer, & Austin, 1981) and that fit DSM-III-R criteria for Borderline Personality Disturbance (BPD). We did not include any BPD subjects who had concurrent Axis II diagnoses or a symptomatic Axis I diagnosis. Additionally, because of the overlapping symptoms between BPD and Dissociative Identity Disorder, BPD subjects were given the Dissociative Disorder Interview Scale (Ross, 1989) and excluded if they scored over 7.

A group of 20 Neurotic patients (7 males and 13 females, mean age 34.6 ± 2.1) fit DSM-III-R criteria for a diagnosis of somatoform disturbance or an anxiety disorder. As with borderline patients, neurotic subjects who could be diagnosed with another Axis I or II condition were not included. The third group comprised Psychotic patients (10 males and 10 females, mean age 33.9 ± 3 years) who fit DSM-III-R criteria for

schizophrenia or delusional disorder. None of the psychotic patients was hospitalized at the time of our testing, although all of them had been hospitalized for at least 15 days during the 2 years prior to the testing.

The mean educational level was 10 ± .7 years for the borderline group, 10.5 ± .8 for the psychotic group, and 12.7 ± .6 for the neurotic group. The differences between them in age were not statistically significant (by Student *t*-test).

All subjects were administered the Rorschach in a single session by one of the authors, after which the protocols were scored independently by two departmental colleagues trained in the Comprehensive system (Exner, 1993) and in the content scales used for this research. The percentage of agreement between the scorers was evaluated for each segment of the protocols. The following content analysis scales were used: Fisher and Cleveland (1958) Barrier and Penetration scale; Hostility scale (Elizur, 1949); Anxiety scale (Elizur, 1949); Dependency scale (De Vos, 1952); Depression Scale (Endicott, 1972; Endicott & Jortner, 1966); Suspiciousness scale (Endicott, 1972; Endicott, Jortner, & Abramoff, 1969); and Lerner Defense scale (Lerner & Lerner, 1980).

The incidence of confabulations as defined by Bohm (1969) was used as a measure of reality testing. We additionally scored for a more severe level among confabulations defined by Bohm (1969) as an "O-" response with a "DG-" location and movement as the determinant. From a content perspective these kinds of responses are a form of hyperelaboration of the stimulus in which a short but very dramatic history is inferred and reality testing is completely lost.

In order to perform statistical analysis, quantitative variables from the various scales were converted to qualitative, non-parametric classification as "present" or "absent" using the following criteria: values equal to or more than 1 were grouped in the "present" class, and values equal to or less than 0 were grouped in the "absent" class. The data from the Rorschach content and formal analysis were then statistically evaluated by chi-square tests using S.P.S.S. software.

Results

The interrater agreement rates for the Rorschach scoring categories were as follow: location = 92%, determinants = 94.2%, form quality = 81.7%, pairs = 95%, contents = 89%, populars = 91.5%, and special scores

Table 1. Percentages of 19 Structural Rorschach Variables for Neurotics, Borderline and Psychotics.

Variable	a) Borderline %	b) Neurotics %	c) Psychotics %
EB Style			
Introversive (M-WSUMC > 1.5)	25.0	15.8	16.7
Ambitent (M-WSUMC = + 1.5 to – 1.5)	60.0	78.9	38.9[bb]
Extratensive (WSUMC-M > 1.5)	15.0[c]	5.3	44.4[bb]
FC: CF + C Ratio			
FC – CF + C > 1	25.0	31.6	11.1
CF + C – FC > 1	25.0	5.3	22.2
EA-es Difference			
D Score < 0	30.0	21.1	22.2
Adjusted D > 0	75.0	21.1	16.7
Form Quality			
X + % < .70	40.0[cc]	57.9	100[bb]
F + % < .70	60.0[cc]	52.6	100[bb]
X – % > .16	65.0[cc]	57.9	100[bb]
S-CON > 7	0	5.3	0
Schizophrenia Indez			
SCZI = 5	0[c]	0	22.2[b]
SCZI = 4	5.0[cc]	5.3	44.4[bb]
Depression Indez			
DEPI = 5	25.0	21.1	27.8
DEPI = 4	30.0	0[aa]	33.3[bb]
Miscellaneous Variables			
Zd > + 3.0	10.0	5.3	0
Zd < – 3.0	30.0	57.9	38.9
FM + m < SUM SHADE	35.0	26.3	33.3
Passive > Active	0	0	5.6
Mp > Ma	10.0	10.5	0
(3r + (2)/R < .30	70.0	63.2	77.8
Afr < .60	80.0	73.7	88.9
L > = 1.5	25.0	26.3	38.9
Pure H < 2	25.0[cc]	52.6	77.8

[a] Significantly different proportion from Borderline group.p < 0.1[aa]p < .05[a]
[b] Significantly different proportion from Neurotics group. p < 0.1[bb]p < .05[b]
[c] Significantly different proportion from Psychotics group. p < 0.1[cc]p < .05[c]

Table 2. Comparison of groups on defense mechanisms.

	Level of severity	Neurotics %	Borderline %	Psychotics %	Borderline vs. neurotics X^2	Borderline vs. psychotics X^2
Splitting		5	30	20	2.77	0.13
Devaluation	1	30	20	5	0.13	2.74
	2	0	30	20	4.9*	0.13
	3	20	60	35	5.1*	1.60
	4	0	0	5	=	=
	5	5	45	30	6.53*	0.42
Idealization	1	20	20	20	0.00	0.00
	2	0	20	0	2.5	2.5
	3	5	5	10	0.00	0.00
	4	0	0	0	=	=
	5	25	35	20	0.11	0.50
Projective Ident.		0	50	30	10.8**	0.94
Denial	1	35	35	15	0.00	1.20
	2	0	0	0	=	=
	3	5	30	25	2.77	0.00

* p < .05; ** p < .01

Table 3. Comparison of groups on personality dimensions and reality testing.

Personality dimension	Neurotics %	Borderline %	Psychotics %	Borderline vs. neurotics X^2	Borderline vs. psychotics X^2
Barrier	70	60	60	0.11	0.00
Penetration	85	80	75	0.00	0.00
Hostility	80	85	45	0.00	5.38*
Anxiety	80	95	75	0.91	1.76
Dependency	40	80	25	5.10*	10.03**
Depression	55	50	50	0.00	0.00
Suspiciousness	60	55	50	0.00	0.00
Reality testing	%	%	%	X^2	X^2
Confabulations	15	45	45	2.98	0.00
Severe Confab.	5	50	20	8.03*	2.75

* p < .05; ** p < .01

Table 4. Rorschach variables differentiating Borderline patients from Psychotic patients.

	% of differentiation	% of false negative with respect to BPD	% of false positive with respect to BPD
Hostility	70	22.5	7.5
Dependency	77.5	12.5	10

Table 5. Rorschach variables differentiating Borderline patients from Neurotic patients.

	% of differentiation	% of false negative with respect to BPD	% of false positive with repect to BPD
Dependency	70	20	10
Devaluation 2	65	0	35
Devaluation 3	70	10	20
Devaluation 5	67.5	5	27.5
Projective Identification	75	0	25
Severe Confabulations	72.5	2.5	25

= 93.7%. Formal analysis as shown in Table 1 revealed no significant differences between borderline patients and neurotics, except for the DEPI index, which may indicate a depressive component in the borderline patients. Borderline patients did, however, differ significantly from psychotic patients in several respects: better form quality (*X+%*, *F+%*, and *X–%*), less frequent elevation on the SCZI index, more pure *H* responses, and less frequent extratensive *EB* characterized the borderline subjects.

No significant differences between BPD and psychotic patients were found on the Lerner defense scale (see Table 2). Among the dimensions of personality, Elizur Hostility Scale values were significantly higher ($p < .05$) in the BPD subjects than the psychotics as was the De Vos Dependency Scale ($p < .01$) (see Table 3). Reality testing was impaired in both BPD and psychotic subjects, with the two groups having the same frequency of Confabulations. Severe Confabulations were more frequent in the BPD than the psychotic subjects, but this difference did not reach statistical significance.

Compared to neurotics the BPD patients had higher dependency score values ($p < .05$), and their Lerner scale scores showed more use of

devaluation defenses, at severity levels of 2, 3 and 5 ($p < .05$), as well as more use of projective identification ($p < .01$). The BPD patients also showed more use of splitting defenses ($p = .0960$) and level 3 denial ($p = .0960$), but not at a level of difference that reached statistical significance. The BPD subjects produced more Confabulations than neurotic subjects, without reaching statistical significance ($p = .0845$). However, they produced significantly more frequent severe Confabulations ($p < .01$) than the neurotics. Tables 4 and 5 demonstrate the extent to which each variable correctly differentiated among the groups.

Discussion

The formal analysis of the Rorschach structural data showed differences among the three groups in the depressive and schizophrenic dimensions. Depressive elements seem to play a more important role in BPD and psychotic patients than in neurotic patients. The SCZI index differentiated the psychotic group from the BPD and neurotic groups. Concerning accuracy of perception and rational control of reality, the psychotic group was the one most impaired. Formal analysis also suggested that interpersonal identification is more efficient in BPD patients than in psychotics.

Our data describe a BPD patient who is depressed, but is able to compensate for the fragility of reality testing by maintaining an adequate level of perceptual accuracy. Interestingly, even if formal analysis were to indicate a difference in organization and operations in BPD subjects, our BPD patients were not prominently extratensive, as were those studied by Exner (1986), and our sample appears more homogeneous than his for the miscellaneous variables. Our data seem to suggest that the majority of our BPD sample was neither caught in an emotional phase nor characterized by acting-out behaviors (Millon & Davis, 1996).

In the content analysis, the BPD patients were differentiated from psychotics by a tendency toward a higher degree of hostility and dependency on the Rorschach scales. These elements are consistent with the presence of anger and rage, physical confrontations, and inability to tolerate loneliness. All these behaviors indicate an excessive dependency on the external object that may be attacked or supported.

Psychotic patients are usually described as having a "flat and inadequate affect." The fact that in some forms of schizophrenia sudden and

inexplicable aggression may be present does not reflect a constant personality trait, as does the recurrent rage and anger of BPD patients. Furthermore, interpersonal deficit, with social retirement, "coldness," and autistic behavior, does not permit development of adequate attachment, an element necessary for promoting affective dependency. The fact that BPD patients produce a higher number of responses with hostility and dependent contents than do psychotics may be the "Rorschach equivalent" of common clinical observations and the DSM-III-R and DSM-IV criteria.

Affective dependency is the only variable in our study that successfully differentiated BPD patients from both other groups. Gunderson (1977) has similarly suggested that BPD patients can be distinguished from schizophrenic and neurotic subjects specifically by their dependency and superficiality in interpersonal relations, aside from their impulsive behaviors. Gunderson suggested further that the core of BPD consists of development of strong attachment, together with ambivalent fears of dependency. Affective, behavioral, and thought disturbance in BPD would thus be consequences of inadequate and frustrating management of interpersonal relationships (Gunderson, 1984). This dependency trait is confirmed by the resemblance of BPD and affective disorders (Bergeret, 1976; Stone, 1989).

Our study did not find significant differences between BPD and psychotics in their use of defenses. This is contradictory to the findings of previous research (Lerner & Lerner, 1981) and, more specifically, to the statement that BPD patients have different defensive organizations from schizophrenics (Lerner & Lerner, 1982; Lerner, 1990). Nevertheless, our data are in agreement with Kernberg's hypothesis that psychotic patients can also use the same constellation of primitive defenses.

Our Lerner defense data on BPD and neurotics subjects are in accordance with previous findings (Kernberg, 1975; Lerner & Lerner, 1980; Lerner et al. 1981) and indicate that some form of linkage exists between the groups. The Lerner scale clearly identifies in BPD patients a greater use of medium and high levels of the devaluation mechanism and projective identification, as well as, to a lesser degree, the use of splitting and low level denial.

More specifically, devaluation is habitually considered the tendency to undervalue, obscure, reduce, and finally cancel the importance of others. Devaluation can be used with respect to feelings of envy, so that the subject is able to organize some form of defense. In the behavioral sphere devaluation can be connected to the severe instability of personal

relations, so common in BPD patients, described in DSM-IV as "alternating between extremes of idealization and devaluation."

Projective identification is another defense mechanism that is common in BPD patients and that in our data distinguished between BPD and neurotic subjects. It is defined as the projection of unacceptable impulses, so that the feelings can still be experienced and a form of control over the projective object can be maintained (Kernberg, 1975; Lerner & Lerner, 1980; Lerner, 1990). On the Rorschach test, projective identification is usually shown by hyperelaborations with aggressive content.

Confabulation and aggressive contents are in accordance with the clinical picture of BPD, which shows intense rage and formal thought disturbance in loosely structured situations (Gunderson, 1984). Reality testing disturbances are clearly manifested in BPD patients by the confabulation phenomena. The BPD patients have the same frequency of Bohm's Confabulation as psychotics do and show severe Confabulations more frequently than neurotics. These results concur with previous data (Edell, 1987; Singer & Larson, 1981; Yen, 1983), as the Rorschach test can be considered a "loosely structured situation" that facilitates the emergence of thought disturbances that are not otherwise easily detected during a clinical assessment.

According to Singer (1977) in this regard, primitive patterns of thought appear in BPD Rorschach data because the test does not provide specific requirements for the length and quality of the answers. Arnow and Cooper (1984) have suggested that the Rorschach, by presenting ambiguous stimuli that can be perceived as threatening together with an examiner that presents as "neutral," is likely to encourage regression and activation of primitive thought patterns.

The Rorschach test can be considered a useful diagnostic tool in BPD patients, allowing display of the weak reality testing in BPD subjects and showing the continuum of psychopathology among different types of psychiatric patients (Weiner, 1986). Indeed, some of our results, both of content and formal analysis, suggest possible overlap in the diagnosis of BPD with other pre-psychotic conditions.

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Riassunto

In questo studio sono stati confrontati venti pazienti con diagnosi DSM-III-R di disturbo borderline di personalitê, con un numero eguale di nevrotici (soggetti con disturbi somatoformi o ansiosi secondo il DSM-III-R) e di psicotici (pazienti con diangosi DSM-III-R di schizofrenia o disturbo delirante). I pazienti non-differivano in forma statisticamente significativa per etê media.

Tutti i soggetti sono stati sottoposti al test di Rorschach, ed i protocolli sono stati valutati con il sistema di Exner per quanto concerne l'analisi

strutturale e con analisi contenutistica. Per quanto riguarda quest'ultima sono state valutate le seguenti scale: scale di barriera e penetrazione di Fisher and Cleveland (1958); scala di ostilitê (Elizur, 1949); scala di ansietê (Elizur, 1949); scala di dipendenza (De Vos, 1952); scala di depressione (Endicott, 1972; Endicott & Jortner, 1966); scala di sospettositê (Endicott, 1972; Endicott, Jortner, & Abramoff, 1969), scala delle difese di Lerner (Lerner & Lerner, 1980).

Per quanto concerne l'esame di realtê sono state prese in considerazione le confabulazioni e un grado di maggiore gravitê delle stesse. Quest'ultime sono state tipizzate come confabulazioni nelle quali era presente una iperelaborazione dello stimolo, con tematizzazione di una breve storia, abitualmente drammatica, e dove il contatto con realtê appariva completamente perso.

L'analisi strutturale ha indicato che i pazienti con disturbo borderline di personalitê e i soggetti psicotici presentavano un numero maggiore di segni depressivi. L'indice SCZI ha differenziato esclusivamente il gruppo degli psicotici, il quale peraltro Å anche risultato come quello maggiormente compromesso per quanto concerne l'accuratezza percettiva. Le capacitê empatiche e di identificazione interpersonale sono risultate migliori nei pazienti borderline.

L'analisi contenutistica ha indicato che i pazienti borderline erano differenziabili dagli altri due gruppi per una maggiore presenza di segni di dipendenza affettiva. Inoltre, rispetto agli psicotici, i pazienti borderline presentavano un maggior numero di segni di ostilitê, e utilizzavano in maggior grado rispetto ai nevrotici meccanismi difensivi di svalutazione ed identificazione proiettiva. I pazienti borderline presentavano anche un maggior numero di confabulazioni gravi rispetto ai nevrotici. I dati di questo studio suggeriscono la possibilitê che vi sia un discreto grado di sovrapposizione tra le categorie diagnostiche dei borderline con altre condizioni pre-psicotiche.

Résumé

Cette étude porte sur 20 patients aux troubles de la personnalité limites, diagnostiqués conformément aux critères du DSM III-R, que nous avons comparés avec le même nombre de sujets névrotiques (DSM III-R troubles somatoformes et anxieux) et psychotiques (DSM III-R schizophrènes et troubles délirants). Les deux groupes ont passé le test du

Rorschach. Nous avons ensuite procédé à l'analyse des données Rorschach d'après le Système Intégré d'Exner, et une analyse de contenu avec les échelles suivantes: Score Barrière et Pénétration de Fisher and Cleveland; Echelle d'Hostilité d'Elizur; Echelle d'Anxiété d'Elizur; Echelle de Dépendance de de Vos; Echelle de Dépression d'Endicott; Echelle de Suspicion d'Endicott; et Echelle Défensive de Lerner.

Comme mesure de l'épreuve de réalité, nous avons tenu compte de l'incidence des Confabulations ainsi que d'une forme plus grave de confabulation qui consiste en une hyper-élaboration du stimulus dans laquelle le sujet raconte une histoire courte mais dramatique avec une perte totale d'épreuve de réalité.

Les données structurales montrent plus de dignes dépressifs chez les patients limites et psychotiques que chez les névrosés. L'indice SCZI n'a identifié que le groupe psychotique, qui était aussi le plus faible en adéquation formelle. L'identification interpersonnelle était plus importante chez les patients borderline que dans les deux autres groupes.

L'analyse des contenus a mis en évidence que les patients à trouble de la personnalité limite diffèrent des deux autres groupes par une plus grande fréquence de signes de dépendance affective. En outre, en comparaison avec les sujets psychotiques, les patients limites ont manifesté plus de signes d'hostilité; comparés aux patients névrotiques, ils ont plus utilisé la dévalorisation, l'identification projective et des confabulations graves. Les données de cette étude vont dans le sens de l'hypothèse d'un recouvrement partiel des catégories diagnostiques limite et les autres états pré-psychotiques.

Resumen

Veinte pacientes con trastorno de personalidad borderline según los criterios del DSM-III-R fueron comparados con igual número de neuróticos (sujetos con diagnóstico DSM-III-R de trastorno somatoforme y de ansiedad) y psicóticos (pacientes con diagnóstico DSM-III-R de esquizofrenia y trastorno delirante). El análisis estructural de los datos del Rorschach fué llevado a cabo en base al Sistema Comprehensivo. Para el análisis de los Contenidos se utilizaron las siguientes escalas: Barrera y Penetración de Fisher y Cleveland, Hostilidad y Ansiedad de Elizur, Dependencia de De Vos, Depresión y Suspicacia de Endicott y Defensas de Lerner. Se evaluó la presencia de Confabulaciones, como

medida de la prueba de realidad, así como la presencia de un nivel más severo de Confabulación, el cual incluyó la hiperelaboración del estímulo en los casos en que se infiere una historia breve pero dramática con pérdida completa de la prueba de realidad.

Los datos estructurales revelaron con mayor frecuencia signos de depresión en los pacientes borderline y psicóticos que en los pacientes neuróticos. El índice SCZI diferenció solamente al grupo esquizofrénico, el cual mostró también el mayor deterioro en la exactitud perceptiva. La identificación interpersonal se manifestó de manera más prominente en los pacientes borderline que en los otros dos grupos. Los resultados en cuanto al contenido revelaron que los pacientes con trastorno de personalidad borderline difirieron de los otros dos grupos en cuanto a una mayor incidencia de signos de dependencia afectiva. Al compararlos con los sujetos psicóticos, los pacientes borderline desplegaron con mayor frecuencia signos de hostilidad. En comparación con los pacientes neuróticos, los pacientes borderline dieron con mayor frecuencia respuestas de devaluación, identificación proyectiva y confabulaciones severas. Los datos de este estudio apoyan la hipótesis de que probablemente existe alguna superposición entre la categoría diagnóstica de borderline y otras condiciones pre-psicóticas.