

Emilia Soroko¹
Adam Mickiewicz University

Internal relationship patterns in borderline and neurotic personality organization: An analysis of self-narratives²

Abstract:

The main goals of this study are 1) to explore whether internal relationship patterns are related to personality organization, and 2) to recognize the role that selected relationship patterns play in diagnosing personality organization levels. Internal relationship patterns were assessed according to the core conflictual relationship theme (CCRT) – about wishes (WS), responses from others (RO), and responses of the self (RS) – as identified from participants' self-narratives about important relationships. Significant differences in the frequencies of patterns were found among participants with borderline personality organization (BPO), neurotic personality organization (NPO), and integrated personality (IPO). For example, the majority of negative RS responses were detected in the BPO sample. The study supports the thesis that relationship patterns might be related to personality organization, and that object representation complexity may be a good predictor of integrated personality organization.

Keywords:

object relations theory, level of personality organization, relationship patterns, CCRT, narrative analysis, clinical diagnosis

Streszczenie:

Celem prezentowanego artykułu jest 1) zbadanie, czy wewnętrzne wzorce relacyjne wiążą się z organizacją osobowości oraz 2) rozpoznanie roli wybranych właściwości wzorców relacyjnych w diagnozie poziomu organizacji osobowości. Wewnętrzne wzorce relacyjne oceniano według konfiguracji trzech komponentów rdzeniowych konfliktowych tematów relacyjnych (Core Conflictual Relationship Theme - CCRT) – pragnienie, odpowiedź innego, odpowiedź self, które zidentyfikowano w autonarracjach osób badanych na temat ważnych relacji interpersonalnych. Rezultaty wskazują, że częstość wzorców relacyjnych w grupach osób z poziomem organizacji osobowości borderline (BPO), neurotycznym (NPO) oraz zintegrowanym (IPO) rozkładała się odmiennie. Ponadto większość negatywnych reakcji self zidentyfikowano w grupie BPO. Badania wstępnie potwierdzają tezę, że wzorce relacyjne mogą być powiązane z poziomem organizacji osobowości oraz że złożoność reprezentacji obiektu jest dobrym predyktorem zintegrowanego poziomu organizacji osobowości.

¹ Emilia Soroko, Clinical and Health Psychology Unit, Institute of Psychology, Faculty of Social Sciences, Adam Mickiewicz University, ul. Szamarzewskiego 89, 60-547 Poznań, e-mail: soroko@amu.edu.pl.

² Research is part of larger research project, supported by the KBN/NCN under the grant N N106 052537 „Level of utterances' narrativity and types of self-narrative in different levels of personality organization”.

Słowa kluczowe:

teoria relacji z obiektem, poziom organizacji osobowości, wzorce relacyjne, CCRT, analiza narracji, diagnoza kliniczna

Introduction

Interpersonal functioning appears to be diagnostically significant in the psychiatric assessment of personality disorders (such as ICD-10, DSM-IV-R, and DSM-V) and in psychotherapeutic practice, and especially in the psychodynamic approach (e.g. Kernberg, 2004, 2005) undertaken in this paper. In the personality disorder definitions in psychiatric classifications, the connections between these disorders and interpersonal functions are important areas where inflexible, pervasive, and enduring inner experience patterns and behavior occur. Similarly, according to Kernberg's psychodynamic theory (Kernberg, 2004, 2005; Caligor et al., 2007) – in which personality disorders by far constitute borderline personality organization – this problematic relation to personality is central to human psychological functioning.

For this reason, interpersonal functioning in clinical diagnoses is used to indicate the severity and type of psychopathology (see e.g. Treloar, Lewis, 2009). It is assumed that the way people interact with each other is characterized by a certain repetitiveness or predominance of particular phenomena. To highlight relationships with others, we may use the term relationship pattern (see, e.g., Luborsky, Barrett, 2007). Some initial attempts have been made to distinguish pathological relationship patterns from undisturbed ones. The following are listed as basic to disturbed relationship patterns (Drapeau et al. 2009, Diguier et. al. 2001 Diguier et al. 2004; Cierpka et al., 1998; Drapeau, Perry, 2004): 1) low relationship pattern differentiation, that is, the inability to use a large repertoire in interacting with others; 2) high rigidity, or the presence of dominant and/or stereotypical relationship patterns and/or undiversified relationships; 3) negative relationship patterns, or nonfulfilled relational needs (such as intimacy, closeness, and sense of security), despite being in a relationship.

It is worth pointing out that the connection between personality disorders and relationship patterns can be empirically explored from two perspectives: external interpersonal patterns, understood as social behaviors with some consequences and causes – e.g. Körner et al., 2004; Allen et al., 2006; Selby et al., 2008; Stepp et al., 2010; and internal patterns (originating from experiences in early childhood relationships, which serve as templates for current experiences – e.g. Freud's transference concept; Freud, 1911/2007; see also: Baranger, 2012). Concerning the internal perspective, empirical research is

impeded because there is no coherently stated theoretical position within modern psychoanalysis, as well as there being methodological difficulties in gaining access to what is intrapsychic by using objectified measures. These difficulties are intensified by research participants who may have little insight into their own disordered functioning (see Bell et al., 1986). Therefore, in empirical research, it would seem to be very useful 1) to begin with the patient's self-narration, namely, how the person perceives, represents, and narrates his or her own autobiographical interpersonal experiences, and then 2) to interpret the utterances as internal mental representations of self and objects. It seems particularly useful for clinicians to simply employ this perspective in their everyday work with patients (Crits-Christoph et al., 1994). The research here is presented from the internal viewpoint on relationship patterns: we deal with the mental representation of relationships with important others as the main concept, and we evaluate this concept by analysing self-narratives.

Object relations theories, broadly considered, best explain relationship patterns from an internal perspective. These theories show that personality develops from experiences in early childhood, which produce internal self and object representations (Bell et al., 1986; Fonagy, Bateman, 2008; Westen et al. 2006). Aggressive impulses associated with environmental factors, maternal care, and constitutional factors determine the personality development (Kernberg, 2004). Self and object representations, which arise from these factors, are believed to be implicated in many, if not most, psychopathological forms (Westen et al., 2006, p. 343). Object relations theory assumes that interpersonal functions depend on significant intrapersonal structural and dynamic preconditions with their relational representations and whether such differentiation between self and object representations – as well as their increasingly integrated bad and good aspects – develops (Kernberg, 1976, 2005).

Based on this perspective, Kernberg (1976, 2004) proposed a model of personality organization levels that includes a psychopathological level. Pathological severity ranges from 1) psychotic personality organization (PPO), through 2) borderline personality organization (BPO), to 3) neurotic personality organization (NPO). The levels are determined by the differences they show in the maturity of defense mechanisms and superego, reality testing, ego-identity integration, rigidity, and object relationship patterns (Kernberg, 2004, 2005; Hibbard et al., 2010). Besides disorders, Kernberg (2004, p. 93-99) also describes the normal or integrated personality organization (IPO), which is characterized particularly by 1) an integrated self-concept and an integrated concept of significant others, 2) ego strength (self-understanding, impulse control, the capacity to sublimate, and self-observation), 3) an integrated and mature superego, and 4) an appropriate and satisfactory management of libidinal and aggressive impulses.

Table 1. The criteria of personality pathology level differentiation. (Based on: Kernberg, 2004, Caligor et al, 2007; Diguier et al. 2004).

Criteria	PPO	BPO	NPO	IPO
defense mechanisms	primitive (e.g. primitive denial, omnipotent control, devaluation)	immature defense mechanisms (splitting,-based, e.g. projective identification)	mature defense mechanisms, repression-based, e.g. isolation of affect, rationalization)	mature defense mechanisms (e.g. suppression, sublimation, humor)
superego	immature	immature	integrated superego	integrated superego
reality testing	Poor	essentially intact but deteriorates in the setting of affective intensity	intact and stable	intact and stable
ego-identity integration	identity diffusion	identity diffusion	good sense of identity	good sense of identity
rigidity	severe rigidity	severe rigidity	Rigidity	flexible adaptation

Object relations are the basis for transference relations – activating past emotional experiences (from early childhood) in current relations – which direct the desires and expectations toward the interaction partner and of one’s own expectations connected with fulfilling or frustrating these desires. In developmental relationship contexts, we may expect a certain consistency and repetitiveness in maladaptive relationships, although it is also worth pointing out that social cognition literature (which focuses on the external viewpoint on relationship patterns) emphasizes specific situational relationships (Crits-Christoph et al., 1994).

In analyzing transference structures in the relationship pattern, we may distinguish three components that constitute the relational narrative episode (Crits-Christoph et al., 1994; Luborsky, Friedman, 1998; Luborsky et al. 2004; Luborsky, Barrett, 2007; Barber et al. 1995): 1) the representation of the self’s wishes, needs, or intentions (WS); 2) the response (anticipated or real) of the other (RO); 3) the subject’s own emotional, behavioral, or symptomatic responses to others’ responses (RS). This division is practically employed in the Core Conflictual Relationship Theme method (CCRT; Luborsky, 1984; Luborsky, Friedman, 1998; Luborsky et al. 2004; Luborsky, Barrett, 2007; Barber et al. 1995). The method is based on a three-element narrative analysis about important interpersonal relations (frequently collected by the special Relational Anecdotes Paradigm interview; Wiseman, Barber, 2004), and is widely used in studying relationship patterns in research with clinical (e.g. Ayala, 2005; Vanheule et al. 2007) and nonclinical populations (Waldinger et al. 2003; Vandenbergen et al., 2009), in psychotherapy research (e.g. Barber et al. 1995; Markin, Kivlighan, 2008), and in general and interdisciplinary research (e.g. Loughhead et al.

2010). The CCRT method has been constantly developed psychometrically (Luborsky, Friedman, 1998; Parker, Grenyer, 2007; Luborsky et al. 2004).

Using the CCRT method, it has been demonstrated that, for example, people have identifiable core relationship themes that are repeated across multiple narrated stories about important relationships. However, it is not clear what the relation is between a single pervasive theme or themes applied within a specific situation and the dimensions of psychopathology (Crits-Christoph et al., 1994). One hypothesis states that when a single main core is present a conflictual relationship theme might tend to characterize patients with greater pathology, or those who have had particularly restrictive or severe interpersonal experiences in their development – such as personality disorders. On the other hand, healthy individuals are rather characterized by more highly differentiated schemes that lead to situationally specific behavior, and to desires that are more adequate to the social context (Crits-Christoph et al., 1994). Moreover, research on the relation between personality organization and the patterns obtained through the CCRT method are not unambiguous. For example, more similarities than differences were found between personality organization levels (Diguer et al., 2001). This contradicts the clinicians' intuitions, according to which patients with different disorders have different interpersonal relation patterns. In measuring the psychopathological level by defining the level of defense mechanisms, it has been observed that patients who function high defensively show less pervasiveness in the self wish and the response of others, and more positivity in the others' responses, while patients who function low defensively consistently display greater pervasiveness and negativity (de Roten et al., 2004).

The configured CCRT components may serve as a matrix for establishing relationship patterns characteristic of the personality organization levels (see the next section, *Measures*). Although CCRT components deals with storytelling in which self and others are the heroes (protagonists), the components do not sufficiently inform on how the narrator considers the other person's total complexity of the internal psychological functioning (e.g. motives, emotions, intentions, and values). Information about the other person's psychology is an important indicator of the objects' represented complexity (see Westen, 1990).

The objects' increased complexity (and self as well) is strongly related to personality organization, severity of psychopathology, and it allows for better affect regulation, and increased tolerance of ambivalence toward others (Blatt et al. 1997; Benedik, 2009). According to Kernberg (e.g. 2005), ambivalence in the object representation (whether the person can keep in mind both positive and negative object representations, even when frustrated) might serve as a sign of higher level personality organization, and so we

might expect that such an analysis of others' psyches will differentiate between people with more and less severe personality disorders. It would therefore seem to be a matter of interest whether the narrator spontaneously talks about the other person's thoughts, feelings, intentions, and desires. Spontaneously generated utterances regarding others' minds might be seen as processes activated so as to serve regulatory functions (regulation of emotions and affects). It should be highlighted that the ability to consider other people's mental states is broadly discussed in literature on personality disorders under concepts that are both compound and anchored in human development, such as decentering – “the ability to see the perspective from which others relate to the world and to realise that they may act with values and goals different from one's own and independent from the relationship with oneself” (Dimaggio et al., 2005, p. 15) –, mentalization, and reflective function – “an individual's implicit and explicit interpretation of his or her own and others' actions as meaningful on the basis of intentional mental states such as personal desires, needs, feelings, beliefs, and reasons” (Fischer-Kern et. al. 2010, p. 398; see also Fonagy, 1996; Fonagy, Bateman, 2008) –, or more classically the observing ego function – the ability to observe one's own psychological functioning, a concept rooted in Freud's work and also mentioned by Kernberg (Caligor et al., 2007). Nonetheless, we here constrict our interest solely in focusing on important others' mental functioning to indicate object representation complexity.

In summary, the level of narrative organization might be seen as a diagnostic label for a twofold process: 1) to dynamically describe health and pathology phenomena, and 2) to dynamically describe the internal causes of health and pathology, based on the intrapsychic mental self structures and object representations. The self-narrative about the relationship with an important other delivers the key to the intrapsychic reality, and thus provides an additional view on the causes of health and pathology. In other words, through narrative analyses about the person's relationships with important others, we are able to track internal object relations representations and to explore the possible and most distinctive patterns concerning why the person experiences that relationship. The research presented here is thus an attempt to decipher relationship patterns using CCRT relational components and object representation complexity.

In the light of the findings mentioned above, this report's aims are threefold, and address specific questions: Are relationship patterns, as obtained through CCRT component analysis, related to personality organization levels? Are the observed relations, if any, consistent with theoretical expectations and clinical knowledge? Finally, are object representation complexity and secondary variables important in diagnosing personality organization levels?

Materials and Methods

Personality organization. To determine personality organization, two questionnaires were used in combination: The Borderline Personality Inventory (BPI, Leichsenring, 1999; Polish adaptation by Cierpiałkowska, 2001; cf. Górska, 2006) and the Neuroticism subscale from the Eysenck Personality Questionnaire (EPQ-R, Eysenck et al., 1985; Polish adaptation by Brzozowski, Drwal, 1995). BPI is a highly reliable and valid self-reporting method, used in borderline personality screening and in borderline personality organization classification (Leichsenring, 1999). It consists of 53 items and quantitatively assesses borderline pathology. BPO was diagnosed when the score on the BPI was above 20, which is consistent with the suggestion by the test's author. NPO was diagnosed when the Neuroticism score was high or medium (according to the normalization scores; see Brzozowski, Drwal, 1995), but also when the BPI score was below 20. Thus, in classifying participants to the NPO group, we included people who self-reported neurotic symptoms, but excluded those with symptoms specific to BPO. The NPO group comprises people who suffer from emotional instability, indefinable somatic symptoms or emotional dysregulation but at the same time do not employ pathological splitting or dissociation (low BPI score). In other words, we excluded people with splitting and included people who suffer from emotional disturbances, which in great probability reflects neurotic personality organization (see other ways to NPO group selection – Benedik, 2009; Leichsenring, 2004; Hibbard et al., 2010). Consequently, both low scores in Neuroticism and BPI were recognized as IPO (see Table 2).

Table 2. Information about the sample.

Participants (<i>N</i> = 51)			
Level of personality organization	BPO (<i>N</i> = 19), 37.3%	NPO (<i>N</i> = 14), 27.5%	IPO (<i>N</i> = 18), 35.3%
Clinical population	<i>N</i> = 10	<i>N</i> = 6	-
Non-clinical population	<i>N</i> = 9	<i>N</i> = 8	<i>N</i> = 18
Selection criteria	high BPI	high or medium Neuroticism but low BPI	low BPI and low Neuroticism

In object relations theory, implicit processes and structures are more pivotal than explicit symptoms, but the former lead to the latter, and might be seen as a cause. However, it is possible to determine the level of personality organization indirectly through the prevalence of symptoms, because severe symptoms (such as derealization associated with identity diffusion) are not present in higher personality organization levels, and if neurotic symptoms (such as anxiety or lack of self-worth) occur alone, without more severe symptoms, they indicate a higher personality organization level. Nonetheless, we assume that the combined symptoms help us to determine the personality organization level.

The mean neuroticism score in the IPO group was 8.39 ($SD = 3.40$), which was significantly lower (*post hoc* Dunnett T3, $p < 0.05$) than the mean neuroticism score in the NPO and BPO groups (respectively, $M_{BPO} = 17.43$, $SD = 1.74$; $M_{NPO} = 17.21$, $SD = 4.05$; $F(2, 48) = 41.86$, $p < 0.001$). The mean BPI score in the BPO group was 26.58, which was significantly higher (*post hoc* Tukey HSD, $p < 0.05$) than the mean BPI score in the NPO and IPO groups (respectively, $M_{NPO} = 9.93$, $SD = 4.98$; $M_{IPO} = 8.56$, $SD = 4.16$; $F(2, 48) = 74.54$, $p < 0.001$).

Relationship patterns. Relationship patterns were assessed using three components from the Core Conflictual Relationship Theme method (CCRT; Luborsky, 1984; Luborsky et al., 1998; Luborsky, Friedman, 1998; Luborsky et al. 2004; Luborsky, Barrett, 2007; Barber et al. 1995): identifying 1) representative self-wishes, needs, or intentions (WS); 2) the response (anticipated or real) by the other (RO); 3) the subject's response to the other (RS). These components were assessed through self-narratives by two trained raters using first tailor-made categories. Judges were expected to read the text, interpret it according to the three components, and note which from about five to ten expressions were the most adequate. Judges were then asked to translate their tailor-made scoring into the standard categories (clusters) provided by CCRT, which covers eight WS's, eight RO's, and eight RS's (Luborsky, Barrett, 2007) (see Table 3). In each self-narrative, both the best-fitting category and second-best fitting were tagged for each component (WS, RO, RS), and the inter-rater agreement was established using Cohen's *kappa* coefficient for the first best-fitting category. The inter-rater agreement was satisfactory; for the wishes (WS), the kappa value was $K = 0.47$ ($z = 3.97$, $p < 0.001$); for the response of the other (RO), $K = 0.64$ ($z = 4.89$, $p < 0.001$); while for the self response (RS), $K = 0.68$ ($z = 5.12$, $p < 0.001$). In order to more explicitly explore the relationship patterns, and to reduce the many diverse distinct categories, the standard categories were each merged into two general categories. After the coding procedure, the wishes (WS) were additionally signed as aggressive or libidinal (according to the classical distinction of drives as aggressive or libidinal, for example, Freud, 1915/2002); the responses of other (RO) were signed as frustrating or fulfilling (in the character analysis tradition, e.g. Johnson, 1994); and the responses of self (RS) as affectively positive or negative (according to the dichotomous affect valence experienced when the relationship ended). This theory-based reduction resulted in the opportunity to assess relationship patterns as a two WS configurations (aggressive vs. libidinal) plus two RO's (frustrating vs. fulfilling) plus two RS's (positive vs. negative). This led to eight possible configurations.

Other variables. Raters are required to mark the presence or absence of a spontaneously made reflection on psychological functioning (as motives, feelings, values, and an important other's beliefs; see also Fonagy, Target, 1996) with regard to each self-narrative

(relational episode). The object representation complexity was defined as the presence (in a text) of spontaneously generated utterances which considered others' minds. The scoring was 0 for definitely absent, 1 for rather absent, 2 for rather present, and 3 for a definitely present consideration of the other's psyche. When a rater made a decision to score a 2 or 3, he or she was required to mark the coherent piece where the participant's self-narrative contained consideration of the other's mind (see also Fischer-Kern et. al. 2010, p. 402). Moreover, the self-narrative's emotional tone was assessed (see McAdams, 1994; McAdams et al., 2004), ranging from definitely negative (0) to definitely positive (3). The inter-rater agreement for object representation complexity was $K = 0.69$ ($z = 10.70, p < 0.001$), and for emotional tone $K = 0.89$ ($z = 11.10, p < 0.001$). Additionally, the mood at the beginning of the interview was self-reported, and was measured from 0 (very bad mood) to 10 (very good mood).

Table 3. CCRT Categories used to code self-narratives in my study. According to: Luborsky, Barrett, 2007 (p. 112-114).

Wishes (WSs)		Responses from other (ROs)		Responses from self (RSs)	
To assert self	<i>Agg</i>	Strong	<i>Fru or Ful</i>	Helpful	<i>Pos</i>
To oppose, hurt, control	<i>Agg</i>	Controlling	<i>Fru</i>	Unreceptive	<i>Neg</i>
To be controlled, hurt, and not responsible	<i>Agg</i>	Upset	<i>Fru</i>	Respected and accepted	<i>Pos</i>
To be distant and avoid conflicts	<i>Agg</i>	Bad	<i>Fru</i>	Oppose and hurt others	<i>Neg</i>
To be close and accepting	<i>Lib</i>	Rejecting and opposing	<i>Fru</i>	Self-controlled and self-confident	<i>Pos</i>
To be loved and understood	<i>Lib</i>	Helpful	<i>Ful</i>	Helpless	<i>Neg</i>
To feel good and comfortable	<i>Lib</i>	Likes me	<i>Ful</i>	Disappointed and depressed	<i>Neg</i>
To achieve and help others	<i>Lib</i>	Understanding	<i>Ful</i>	Anxious and ashamed	<i>Neg</i>

Note: *Agg* - aggressive, *Lib* - libidinal; *Ful* - fulfilling, *Fru* - frustrating; *Pos* - positive, *Neg* - negative.

Procedure

The sample ($N = 51$) included voluntary participants both clinically (psychiatric ambulatory or day units) and nonclinically (non-psychology students). All the subjects gave their informed consent. The mean age with BPO was 24.7 years ($SD = 4.80$); with NPO, 24 ($SD = 3.8$); with IPO, 22.2 ($SD = 1.8$). More information is presented in Tables 2 & 4. Participants from the clinical sample were treated with medicine and psychotherapy, but we do not possess any data about treatment in the nonclinical sample.

The sample was selected intentionally. In the nonclinical sample, questionnaires were filled in first (as a screening procedure), and then the participants were requested to take part in an interview at the university research center. The clinical sample participated in the questionnaire survey and interview during the same session in health care centers such as hospitals and clinics. Intentional selection was performed based on the questionnaire results after the interview; so few interviewees were rejected. In both cases, the interviewers were trained and instructed to remain in the background while the respondents told their stories about an important relationship in response to the following request: “Please tell a story about an important relationship you were involved in recently”.

Table 4. Biographical information on the participants (N = 51).

Variable	Categories	N	%
Gender	Male	13	25.5
	Female	38	74.5
Level of education	Elementary or vocational school	5	9.8
	Secondary education	35	68.6
	Higher education	11	21.6
Clinical or non-clinical sample	Clinical	16	31.4
	Non-clinical	35	68.6
Self-narrative theme	Ex-partner	10	19.6
	Partner	21	41.2
	Mother	5	9.8
	Father, grandfather	3	5.9
	Sibling	3	5.9
	Friend	8	15.7
	Non-personal (drugs)	1	2

Participants freely choose which relationship to report (self-narrative theme), and their answer was audio-recorded and transcribed verbatim using chosen notations (non-verbal behavior, paralinguistic vocalizations, and pauses). The average narrative was 800 words long (the minimum was 137 and maximum 7,140), and the tokens here were counted without the maze words. The self-narratives were then extracted from the transcripts of the whole interview and the content was analyzed.

Evoking an important interpersonal relationship and deciding to tell a story may involve defensive functioning, self-presentation, affect regulation, and other regulatory processes. Regarding the interview as a whole, we considered the relationship described and the story’s emotional tone to be significant and meaningful choices provoked by the internal object representation that is activated when the participant is encouraged to tell

a story about an important relationship. This choice is a kind of compromise between the research interview and the internal object representation, stimulated by the interviewer's instructions, and the choice results in a specific self-narration from which relationship patterns might be extracted. Moreover, we assume that relationship patterns, being object relation representations, are relatively independent from the lexical content, because the relationship pattern is independent from the verbal superstructure.

Results

In analyzing the data, cross-tabulations were employed, using Fisher's exact test to study the frequency configuration of the relationship patterns WS-RO-RS. All eight relationship patterns were found among the 51 participants. Some patterns were more frequent and some less, and there was a significant difference in frequency among the different personality organization levels (see Table 5).

Table 5. Cross-tabulation for frequencies of relationship patterns WS + RO + RS among different personality organization levels.

Relationship patterns (WS+RO+RS)		Level of personality organization			Sum	Fisher's exact test
		IPO	NPO	BPO		
WS _{LIB} + RO _{FRU} + RS _{POS}	N	5	3	0	8	n.s.
	% of PO	27.8%	21.4%	0%	15.7%	
WS _{LIB} + RO _{FUL} + RS _{POS}	N	6	8	0	14	n.s.
	% of PO	33.3%	57.1%	0%	27.5%	
WS _{AGG} + RO _{FUL} + RS _{POS}	N	3	0	1	4	n.s.
	% of PO	16.7%	0%	5.3%	7.8%	
WS _{LIB} + RO _{FRU} + RS _{NEG}	N	1	2	7	10	$X^2(2) = 6.2$
	% of PO	5.6%	14.3%	36.8%	19.6%	$p = 0.06$
WS _{AGG} + RO _{FRU} + RS _{NEG}	N	3	1	6	10	n.s.
	% of PO	16.7%	7.1%	31.6%	19.6%	
WS _{AGG} + RO _{FUL} + RS _{NEG}	N	0	0	1	1	n.s.
	% of PO	0%	0%	5.3%	2.0%	
WS _{LIB} + RO _{FUL} + RS _{NEG}	N	0	0	3	3	n.s.
	% of PO	0%	0%	15.8%	5.9%	
WS _{AGG} + RO _{FRU} + RS _{POS}	N	0	0	1	1	n.s.
	% of PO	0%	0%	5.3%	2.0%	
Sum	N	18	14	19	51	
		n.s.	$X^2(3) = 8.29$ $p = 0.046$	$X^2(5) = 11.63$ $p = 0.041$		

Note: *Agg* - aggressive, *Lib* - libidinal; *Ful* - fulfilling, *Fru* - frustrating; *Pos* - positive, *Neg* - negative; n.s. - non significant.

The most frequent relationship patterns in the IPO group were $WS_{LIB} + RO_{FUL} + RS_{POS}$ and $WS_{LIB} + RO_{FRU} + RS_{POS}$. However, these were not significant. In both, the response of self is positive and the wish is libidinal. In the NPO group, the most frequent pattern registered was $WS_{LIB} + RO_{FUL} + RS_{POS}$. This pattern is nonconflictual: for example, a person wishes to be loved, receives love, and is satisfied. It seems consistent both with the notion that in NPO there is a possibility of gaining satisfaction from interpersonal relationships and that repression-based defenses are often observed. Interestingly, the patterns mentioned above do not appear in the BPO group. The most frequent patterns in BPO were $WS_{LIB} + RO_{FRU} + RS_{NEG}$ and $WS_{AGG} + RO_{FRU} + RS_{NEG}$, which are characterized by negative self responses and frustrating responses of others. In BPO, some patterns absent in the other groups (IPO and NPO) can also be found: $WS_{AGG} + RO_{FRU} + RS_{POS}$, $WS_{LIB} + RO_{FUL} + RS_{NEG}$, and $WS_{AGG} + RO_{FUL} + RS_{NEG}$. Moreover, the relationship pattern $WS_{LIB} + RO_{FRU} + RS_{NEG}$ appears most frequently in the BPO group compared to the NPO and IPO groups.

Table 6. Differences between personality organization levels according to the WS, RO and RS components.

		IPO		NPO		BPO		Fisher's exact test
		N	%	N	%	N	%	
WS	Agg	6	37.5	1	6.3	9	56.3	$\chi^2(2) = 6.253; p = 0.038$
	Lib	12	34.3	13	37.1	10	28.6	
RO	Fru	9	31	6	20.7	14	48.3	$\chi^2(2) = 3.635; p = 0.157$
	Ful	9	40.9	8	36.4	5	26.3	
RS	Neg	4	16.7	3	12.5	17	70.8	$\chi^2(2) = 22.566; p < 0.001$
	Pos	14	27.5	11	21.6	2	52.9	

Considering the WS, RO, and RS components separately (see Table 5), it can be seen that, in the BPO group, more frequent negative than positive RS and more frequent aggressive than libidinal WS are found when compared with the IPO and NPO groups, whereas in the IPO group, almost equal frequency of aggressive and libidinal WS is noticed, and in the NPO group, more frequent libidinal WS than aggressive is observed.

Logistic regression was applied to determine which variables were most significant in predicting the participants' personality organization level. In order to find predictors of classification for personality organization levels, three models that explain the variance from 54% to 76.4% were obtained in this study (see Table 7). To distinguish between IPO and BPO, or IPO and NPO, the best predictor of classification is the object representation complexity variable. For every one point increased in the score, the probability of belonging to the NPO level decreases to about 79.8% and the probability of

belonging to the BPO level decreases to about 78.8%. In other words, object representation complexity expands the number of proper classifications to 90.5% when BPO and IPO are considered, and to 68.3% when NPO and IPO are considered. However, in distinguishing between disordered personality levels (NPO vs. BPO), the object representation complexity variable does not contribute to classification prediction. Instead, negative RS appears to be the most important factor – classification prediction then expands to 83.3%, when negative RS is concerned.

Table 7. Predictors classifying personality organization level – logistic regression results.

Predictor	Beta	SE	Wald X ²	Sig.	Exp(B)	R ² Ne- glerke	proper classifica- tion
<i>Classification IPO - BPO</i>							
Object representation complexity	-1.551	0.786	3.89	0.049	0.212	76.4%	90.5%
Emotional tone	-2.775	1.690	2.695	0.101	0.063		
<i>Classification IPO - NPO</i>							
Object representation complexity	-1.581	0.689	5.26	0.022	0.206	54%	68.3%
Mood	-0.577	0.323	3.187	0.074	0.561		
<i>Classification NPO - BPO</i>							
RS _{NEG} vs. RS _{POS}	7.234	2.884	6.29	0.012	0.001	72.8%	83.3%
Object representation complexity	1.987	1.248	2.536	0.111	7.294		

Discussion

The proportion and frequency of the WS+RO+RS relationship patterns among the different personality organization levels may suggest some directions for thought. First, it might be noted that the relationship patterns are related to personality organization. The pattern $WS_{LIB} + RO_{FRU} + RS_{NEG}$ is most frequent in the BPO group, and this pattern shows evident dissatisfaction concerning the libidinal desire-relationship. In this pattern, a person with BPO desires – for example, to be loved and understood – but perceives the other as rejecting him or her, and in turn feels depressed or anxious. It is consistent with other findings that patients with borderline personalities often feel dissatisfied and disappointed by their interactions with others, and with the theoretical criterion of psychopathology, namely negative relationship patterns (Drapeau, Perry, 2004; see also Drapeau et al. 2010). Moreover, a trend toward negative self-response was identified less often in the IPO and NPO groups than in the BPO group. This may suggest that patients with BPO have difficulty fulfilling relational needs, such as intimacy, closeness, and sense of

security, despite being in a relationship (see also the theoretical analysis in Kernberg, 2004). Additionally, the diagnostic results suggest that, given the knowledge of negative RS, we can make more accurate clinical personality assessment decisions. Yet caution is appropriate in such assessments, because all we know is that when an individual with BPO tells a story about an important relationship, he or she will rather choose a relationship in which negative affect, disappointment, or frustration was experienced, and will find him or herself reliving the negative feelings again during the interview.

Another trend was found for the frustrating response of the other, in which people with BPO perceive others as more rejecting than people with IPO or NPO. This is also consistent with Kernberg's view (2004), which suggests that individuals with borderline personality organization may try to get close to others (often idealizing them), and then feel dependent and angry, becoming forced to withdraw (often devaluing others), and ending with overwhelming frustration. It is important here to note that Drapeau and Perry (2004) found some seemingly contradictory evidence that borderline patients perceive others as more loving than patients with other personality disorders, although these researchers may be detecting the relationship's idealized phase. Though we are here considering different variables (BPO and borderline personality disorder), the inconsistency demonstrates the convoluted internal representations of self and others. It perhaps indicates the significance of splitting, primitive idealization, devaluation, and ambiguity tolerance, and raises a question about the extent to which it might be assessed in the kind of study reported here, where patterns are based on a one compound relational episode presented in the participants' self-narrative. Although Diguier and colleagues (2001) generally found more similarities than differences between personality organization levels, the current research suggests that the clinical intuitions, according to which patients with different disorders have different patterns of interpersonal relations, are neither groundless nor unreasonable. Moreover, the means for conceptualizing the "relationship pattern" may be the deciding factor. Relationship patterns, as considered here, deal with the concurrence of wish, response from self, and response from the other, which is quite unique. However, the question still remains concerning the relation between personality organization levels and relationship patterns, and to what extent this relation is valid and reliable. It would seem promising to verify whether the patterns involved could be considered as core and repetitive (see, for example, the prototype narrative: Gonçalves et al., 2002) and to further explore the patterns in clinical practice.

The BPO group also seems to be a more diversified group than the others (though not significantly: $\chi^2(4) = 6.0, p = 0.199$), when the different relationship patterns are considered. This is not entirely consistent with the previous findings on the rigid relationship

patterns in this group (see, for example, Diguier et al. 2004; Drapeau, Perry, 2004). Perhaps the diversification is rather interindividual than intraindividual, and dominant and/or stereotypical relationship patterns might still be found in BPO.

Deficits in the object representation complexity, which characterise several personality disorders, also seem to be related to borderline personality organization. Object representation complexity – noted here as spontaneously generated utterances which consider others' minds while narrating about an important relationship – might be seen as a good correctness predictor in distinguishing IPO from NPO, and IPO from BPO. Complex object representation contributes the opportunity to treat other people as humans with their own psychological realities. It may serve in IPO individuals as a mental tool for organizing experience with others in meaningful and coherent ways (perhaps serving regulatory functions). This is impossible in people with BPO, who have split representations of self and others, and difficult for people with NPO, who have to protect themselves from unwanted impulses, guilt feelings, and the anticipation of punishment, all of which makes integration harder (see Kernberg, 2004).

Limitations and conclusions. This study is exploratory, and as such, its results must be interpreted with great caution. Its limitations include the small sample size and the low statistical power to detect differences between the three groups, and to predict proper classification. Future studies will also need to evaluate the measurement of object representation complexity variable as it was applied here, as well as the relationship patterns, because my study has only used the CCRT cluster-inspired method, and not the entire CCRT coding procedure.

Nonetheless my preliminary findings are in general agreement with previous work on personality organization levels using the original CCRT method (Drapeau, Perry, 2004), and they are consistent with the general notion that patients with different disorders have different internal relationship patterns. I support the thesis that relationship patterns might be related to personality organization levels, and that object representation complexity might be a good predictor of psychological health – especially for distinguishing IPO and NPO from BPO. The empirical validation and clinical significance of the findings that I have derived now need to be researched.

References:

- Allen, N. B., Haslam, N. & Smedar, A. (2006). Relationship Patterns Associated with Dimensions of Vulnerability to Psychopathology. *Cognitive Therapy and Research*, 29, 6, 733–746.
- Ayala, N. A. H. (2005). Transference and relationship: Technical implications in the psychoanalytic process with a borderline patient. *International Forum of Psychoanalysis*, 14, 34–44.
- Baranger, M. (2012). The intrapsychic and the intersubjective in contemporary psychoanalysis, *International Forum of Psychoanalysis*, 21, 3-4, 130-135.
- Barber, J. P., Luborsky, L., Diguier, L. & Crits-Christoph, P. (1995). A Comparison of Core Conflictual Relationship Themes Before Psychotherapy and During Early Sessions. *Journal of Consulting and Clinical Psychology*, 63, 1, 145–148.
- Bell, M., Billington, R. & Becker, B. (1986). A scale for the assessment of object relations: Reliability, validity, and factorial invariance. *Journal of Clinical Psychology*, 42, 5, 733–741.
- Benedik, E. (2009). Representational structures and psychopathology: analysis of spontaneous descriptions of self and significant others in patients with different mental disorders. *Psychiatria Danubina*, 21, 1, 14–24.
- Blatt, S. J. Auerbach, J. S. & Levy, K. N. (1997). Mental representations in personality development, psychopathology, and the therapeutic process. *Review of General Psychology*, 1, 4, 351-374.
- Brzozowski, P. & Drwal, R. Ł. (1995). *Kwestionariusz Osobowości Eysencka EPQ-R*. Warszawa: Pracownia Testów Psychologicznych PTP.
- Caligor, E., Clarkin, K., Kernberg, O. F., Clarkin, J.F. (2007). *Handbook of dynamic psychotherapy for higher level personality pathology*. London: American Psychiatric Publishing, Inc.
- Cierpiałkowska, L. (2001). *Adaptacja Kwestionariusza Osobowości Borderline F. Leichsenringa*. Materiał nieopublikowany. [Polish adaptation of the Leichsenring Borderline Personality Inventory].
- Cierpka, M., Strack, M., Benninghoven, D., Staats, H., Dahlbender, R. & Pokorny, D. (1998). Stereotypical relationship patterns and psychopathology. *Psychotherapy and Psychosomatics*, 67, 241–248.

- Crits-Christoph, P., Demorest, A., Muenz, L.R. & Baranackie, K. (1994). Consistency of Interpersonal Themes for Patients in Psychotherapy. *Journal of Personality* 62, 4, 499–526.
- Diguer, L., Lefebvre, R., Drapeau, M., Luborsky, L., Rousseau, J-P., Hébert, É., Daoust, J-P., Pelletier, S., Scullion, M. & Descôteaux, J. (2001). The core conflictual relationship theme of psychotic, borderline, and neurotic personality organizations. *Psychotherapy Research*, 11, 2, 169–186.
- Diguer, L., Pelletier, S., Etienne H., Descôteaux, J., Rousseau, J-P. & Daoust, J-P. (2004). Personality organizations, psychiatric severity, and self and object representations. *Psychoanalytic Psychology*, 21, 2, 259–275.
- Dimaggio, G., Semerari, A., Carcione, A., Nicolo, G., & Procacci, M. (2005). The perpetuation of personality disorders: a model. In: G. Dimaggio, A. Semerari, A. Carcione, G. Nicolo, M. Procacci (Eds.), *Psychotherapy of personality disorders. Metacognition, states of mind and interpersonal cycles*. New York: Routledge.
- Drapeau, M. & Perry, J. Ch. (2004). Interpersonal conflicts in borderline personality disorder: An exploratory study using the CCRT-LU. *Swiss Journal of Psychology* 63, 1, 53–57.
- Drapeau, M., Perry, J. Ch. & Körner, A. (2009). An Empirical Examination of three Models of the Interpersonal Functioning of Patients With Borderline Personality Disorder. *Psychiatry* 72, 2, 143–153.
- Drapeau, M., Perry, J. Ch. & Körner, A. (2010). Interpersonal behaviours and BPD. Are specific interpersonal behaviours related to borderline personality disorder? An empirical study using the Core Conflictual Relationship Theme standard categories. *Archives of Psychiatry and Psychotherapy*, 3, 5–10.
- Eysenck, S. B. G, Eysenck, H. J. & Barrett, P. (1985). A revised version of the Psychoticism scale. *Personality and Individual Differences*, 6, 21–29.
- Fischer-Kern, M., Hörz, S. Doering, S., Taubner, S., Rentrop, M., Buchheim, P. Buchheim, A., Schuster, P., Kapusta, N. D., Tmej, A. & Fonagy, P. (2010). Relationship between personality organization, reflective functioning, and psychiatric classification in borderline personality disorders. *Psychoanalytic Psychology*, 27, 4, 395–409.
- Fonagy, P. & Bateman, A. W. (2008). Attachment, mentalization and borderline personality disorder. *European Psychotherapy*, 8, 1.
- Fonagy, P. & Target, M. (1996). Playing with reality: I. Theory of mind and the normal development of psychic reality. *International Journal of Psychoanalysis*, 77, 217–233.

- Freud, S. (1911/2007). W kwestii dynamiki przeniesienia. In: S. Freud, *Technika terapii*. Warszawa: Wydawnictwo KR.
- Freud, S. (1915/2002). Popędy i ich losy. In: Z. Rosińska (Ed). *Freud*. Warszawa: Wiedza Powszechna.
- Goncalves, O., F., Machado, P. P. P., Korman, Y. & Angus, L. (2002). Assessing psychopathology: A narrative approach. In: L. E. Beutler, M. L. Malik (Eds.). *Rethinking the DSM: A Psychological Perspective* (149–176). Washington, DC: American Psychological Association.
- Górska, D. (2006). *Uwarunkowania dysregulacji emocjonalnej u osób z zaburzeniem osobowości borderline*. Poznań: Wydawnictwo Naukowe Bogucki.
- Hibbard, S., Porcerelli, J., Kamoo, R., Schwartz, M., & Abell, S. (2010). Defense and Object Relational Maturity on Thematic Apperception Test Scales Indicate Levels of Personality Organization. *Journal of Personality Assessment*, 92, 3, 241–253.
- Johnson, S. M. (1994). *Character styles*. New York: Norton.
- Kernberg, O. F. (1976). *Object relations theory and clinical psychoanalysis*. New York: Aronson.
- Kernberg, O. F. (2005). Object relation theory and technique. In: E.S. Person, A.M. Cooper, G.O. Gabbard (Eds.), *Textbook of psychoanalysis*. London: American Psychiatric Publishing, Inc.
- Kernberg, O. F. (2004). Borderline Personality Disorder and Borderline Personality Organization: Psychopathology and Psychotherapy. In: J.J. Magnavita (Ed.), *Handbook of Personality Disorders. Theory and Practice*. New Jersey: John Wiley & Sons, Inc.
- Körner, A. Drapeau, M., Perry, J. Ch., Kurth, R. A., Pokorny, D. & Geyer, M. (2004). Self-assessment of interpersonal schemas using the Relationship Patterns Questionnaire: A quantitative approach. *Psychotherapy Research* 14, 4, 435–452.
- Leichsenring, F. (1999). Development and first results of the Borderline Personality Inventory: a self – report instrument for assessing Borderline Personality Organization. *Journal of Personality Assessment*, 73, 1, 45–63.
- Leichsenring, F. (2004). Quality of depressive experiences in borderline personality disorders: Differences between patients with borderline personality disorder and patients with higher levels of personality organization. *Bulletin of the Menninger Clinic*, 68, 1, 9–22.

- Loughead, J. W., Luborsky, L., Weingarten, C. P., Krause, E. D., German, R. E., Kirg, D. & Gur, R. C. (2010). Brain activation during autobiographical relationship episode narratives: A core conflictual relationship theme approach. *Psychotherapy Research*, 20, 3, 321–336.
- Luborsky, L. (1984). *Principles of psychoanalytic psychotherapy. A manual for supportive-expressive treatment*. USA: Basic Books Inc.
- Luborsky, L. & Friedman, S. (1998). Illustration of the CCRT scoring guide. In: L. Luborsky, P. Crits-Christoph (Eds.), *Understanding transference: The Core Conflictual Relationship Theme method*. Washington, DC, US: American Psychological Association.
- Luborsky, L., Diguier, L., Andrusyna, T., Tarca Ch., Popp, C. A., Ermold, J. & Silberschatz, G. (2004). A method of choosing CCRT scorers. *Psychotherapy Research* 14, 1, 127–134.
- Luborsky, L. & Barrett, M. (2007). The Core Conflictual Relationship Theme: A Basic Case Formulation Method. In: T. D. Eells (Ed.) *Handbook of Psychotherapy Case Formulations*. London: The Guilford Press.
- Markin, R. D. & Kivlighan Jr., D. M. (2008). Central Relationship Themes in Group Psychotherapy: A Social Relations Model Analysis of Transference. *Group Dynamics: Theory, Research, and Practice*, 12, 4, 290–306.
- McAdams, D. P. (1994). Can Personality Change? Levels of Stability and Growth in Personality Across the Life Span. In: T. F. Heatherton and J. L. Weinberger (Eds.), *Can Personality Change?* (pp. 299–314). Washington, D.C.: American Psychological Association.
- McAdams, D. P., Anyidoho, N. A, Brown, Ch., Huang, Y. I., Kaplan, B. & Machado, M. A. (2004). Traits and Stories: Links Between Dispositional and Narrative Features of Personality. *Journal of Personality* 72, 4.
- Parker, L. M. & Grenyer, B. F. S. (2007). New developments in core conflictual relationship theme (CCRT) research: a comparison of the QUAIN and CCRT-LU coding systems. *Psychotherapy Research*, 17, 4, 443–449.
- de Roten, Y., Drapeau, M., Stigler, M. & Despland, J-N. (2004). Yet another look at the CCRT: The relation between Core Conflictual Relationship Themes and defensive functioning. *Psychotherapy Research* 14, 2, 252–260.
- Selby, E. A., Braithwaite, S. R., Joiner Jr., T. R. & Fincham, F. D. (2008). Features of Borderline Personality Disorder, Perceived Childhood Emotional Invalidation, and Dysfunction Within Current Romantic Relationships. *Journal of Family Psychology*, 22, 6, 885–893.

- Stepp, S. D., Hallquist, M. N., Morse, J. Q., & Pilkonis, P. A. (2010). Multimethod Investigation of Interpersonal Functioning in Borderline Personality Disorder. *Personality Disorders: Theory, Research, and Treatment*. Advance online publication. doi: 10.1037/a0020572.
- Treloar, A. J. C. & Lewis, A. J. (2009). Diagnosing borderline personality disorder: Examination of how clinical indicators are used by professionals in the health setting. *Clinical Psychologist, 13*, 1, 21–27.
- Vandenberg, J., Vanheule, S., Rosseel, Y., Desmet, M. & Verhaeghe, P. (2009). Unexplained chronic fatigue and core conflictual relationship themes: A study in a chronically fatigued population. *Psychology and Psychotherapy: Theory, Research and Practice, 82*, 31–40.
- Vanheule, S., Desmet, M., Rosseel, Y., Verhaeghe, P. & Meganck, R. (2007). Relationship Patterns in Alexithymia: A Study Using the Core Conflictual Relationship Theme Method. *Psychopathology, 40*, 14–21.
- Waldinger, R. J., Seidman, E. L., Gerber, A. J., Liem, J. H., Allen, J. P. & Hauser, S. T. (2003). Attachment and core relationship themes: Wishes for autonomy and closeness in the narrative of securely and insecurely attached adult. *Psychotherapy Research, 13*, 1, 77–98.
- Wiseman, H. & Barber, J. P. (2004). The Core Conflictual Relationship Theme Approach to Relational Narratives: Interpersonal Themes in the Context of Interpersonal Themes in the Context of Intergenerational Communication of Trauma. In: A. Leiblich, D.P. McAdams, R. Josselson (Eds.). *Healing Plots. Narrative Basis of Psychotherapy*. Washington: APA.
- Westen, D. (1990). Clinical assessment of object relations using the TAT. *Journal of Personality Assessment, 56*, 1, 56–74.
- Westen, D., Gabbard, G. O. & Blagov, P. (2006). Back to the Future: Personality Structure as a Context for Psychopathology. In: R.F. Kurueger, J.L. Tackett (Eds.), *Personality and psychopathology*. New York: Guilford Press.