A Borderline Style of Functioning—The Role of Family, Society and Heredity: An Overview

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ABSTRACT: Various aspects of borderline personality disorders are reviewed from the historical, descriptive, analytic, sociocultural and biomedical viewpoints. The author discusses the existing approaches to the etiology of these disorders, particularly those proposed by Object-Relations theorists. The multidimensional concept of the "borderline style of functioning" has been introduced. The changing structure of the family and society, new childrearing techniques, a possible hereditary predisposition and organic brain dysfunction are examined as well. It has been suggested that the ongoing familial and societal changes designated by the author as the "Ham Style" are associated with an increase in the incidence of borderline psychopathology.

The diagnosis of borderline personality disorder has gained recognition in American psychiatry.

Is it just a new psychiatric fashion? (Long ago, Goethe said, "if we do not understand something, we tend to find another word.") Or, does the diagnosis Borderline Disorder represent something new previously overlooked? If the answer to the last question is affirmative, we should ask ourselves: Does the increase in the number of individuals with this diagnosis indicate an important epidemiological trend? And if it does, what is the cause of this new phenomenon?

This paper critically reviews various approaches to the problem and presents a multidimensional model of borderline psychopathology.

1. History of the Concepts

Historically, the diagnostic term, "borderline," was introduced to describe conditions which lie between psychosis and neurosis. For instance, Frosh\(^1\) stated that borderline patients, in contrast to those
with psychosis, manifest an ability to test reality. Geleerd\(^4\) in 1945 described children who responded to frustration with severe temper tantrum, panic and paranoid reactions, while Ekstein and Wallerstein\(^5\) introduced in 1954 the term "borderline children." It is a well-known fact that borderline patients previously received the diagnoses of ambulatory schizophrenia, latent schizophrenia, preschizophrenia, subclinical schizophrenia, pseudoneurotic schizophrenia, and schizophrenic character; recently, borderline conditions have been referred to as *formes frustes* of affective psychoses.

The relationship between the concepts of borderline disorders and the term "psychopathies" is, however, less known.

The history of the last term has been traced by the American writers to the concepts of "moral insanity" introduced in 1835 by Prichard\(^6\) and of "psychopathic inferiority" suggested in 1888 by Koch.\(^7\) The evolution of these ideas resulted in the concept of "psychopathic personality."\(^8\) This approach was formulated in 1957 by the psychiatric glossary of the APA as follows: "(a psychopath is) a person whose behavior is predominantly amoral or antisocial and characterized by impulsive, irresponsible actions satisfying only immediate and narcissistic interests without concern for obvious and implicit social consequences, accompanied by minimal outward evidence of anxiety or guilt." Needless to say, this description is practically identical to that of "antisocial personality disorder" (DSM-III).

However, many European (German, Russian) psychiatric manuals\(^9\)–\(^13\) included in the category of "psychopathy" not only sociopathy but also psychasthenia, hysteria, neurasthenia, paranoia (e.g., "paranoia querulans"), perversions and other syndromes and disorders. Most manifestations of these conditions covered what the Object-Relations theorists later had called "borderline personality organization." "Psychopaths," or "abnormal personalities" (*abnorme Persönlichkeiten*) were described as unstable unpredictable individuals with emotional "disintegration" ("dysharmony"), poor impulse control, irritability, depressive reactions, anxiety, tension in interpersonal relations, outbursts of anger, and inclination to addictions.

The most prevalent opinion of the non-Freudian European psychiatrists was that psychopathies were heterogenous character disorders with clear hereditary predispositions which might have manifested, however, under certain negative developmental or organic influences (psychopathic developments). Those European clinicians criticized psychoanalysis for its attempts to mix psychopathies with psycho-