ABSTRACT: This paper describes the diagnostic and therapeutic approach to borderline personality organization proposed by Otto Kernberg. Diagnosis is based primarily on the characteristic ego pathology which includes the mechanism of splitting, defined as the defensive separation of "good" and "bad" self and object representations. The therapeutic strategy emphasizes systematic exploration of the negative transference and the pathological defenses. A case is presented to illustrate the applicability of Kernberg's concepts to the therapy of a borderline client treated by a clinical social worker on a once-a-week outpatient basis.

There has been considerable confusion regarding the diagnosis and treatment of borderline pathology. Knight (1953) observed that the term "borderline state" has typically been applied to those cases in which it is difficult to determine whether the client is neurotic or psychotic, or whether features of both are present. Added to the lack of clarity is the fact, noted by Kernberg (1975), that in the literature the term "borderline" is used to refer both to the acute manifestations of clients who are regressing from neurotic to overt psychotic reaction, as well as to clients who function chronically at a level which is on the borderline between neurosis and psychosis.

Kernberg believes that the term "borderline" should be reserved for those clients presenting a chronic characterological organization. He has written extensively about borderline personality organization and proposes specific therapeutic approaches with these clients. Kernberg's work is well respected by leading psychoanalysts and held in high regard by many clinicians. His integration of contemporary ego psychology and psychoanalytic object relations theory offers a theoretical framework in which to understand a formerly confusing and often ineffectively treated group of clients.
Theoretical Background

At about the second month of life the human infant emerges from the state of autism to a dim awareness of a need-satisfying object, given the infant has been born with adequate ego apparatuses and has encountered an average expectable environment (Hartmann, 1958; Mahler, 1968). Mahler (1975) refers to this awareness as the beginning of the phase of normal symbioses; in the symbiotic phase the infant does not differentiate self from object, and there is a delusion of a common boundary between two physically separate people.

Kernberg (1975) points out that the early ego must slowly differentiate self images from object images and thereby establish firm ego boundaries between self and others. The developing ego must also integrate images of self and object built up under the influence of aggressive drive derivatives with images of self and object built up under the influence of libidinal drive derivatives. Mahler (1975) observes that the toddler does not have the ego capacity to tolerate simultaneous love and hate feelings toward the same person. The mother is experienced as "all good" or "all bad." Thus, there is originally a division of internalized self and object images into "good" and "bad" simply because of the lack of integrative capacity of the early ego. If development proceeds normally, there is a gradual synthesizing of the contradictory self and object images. If development does not proceed normally, Kernberg believes that this separation is maintained defensively, in order to protect the ego from anxiety and to protect the "all good" self and object images from contamination by the "all bad" self and object images. This defensive separation is the mechanism of splitting; it is the essential defensive operation of borderline personality organization.

In the psychotic there is a severe defect in the differentiation between self images and object images and a blurring of ego boundaries. In the neurotic, and for the most part in the borderline, there are firm ego boundaries. However, the neurotic has integrated "good" self and object images with "bad" self and object images, and thus has stable self and object representations. This the borderline does not have.

Description of Borderline Personality Organization

Kernberg notes that one of the common features of clinical syndromes that reflect borderline personality organization is a symptomatic constellation involving two or more neurotic symptoms or a peculiarity of character pathology. However, a definite diagnosis cannot be based on the descriptive symptoms; it must be based on the characteristic ego pathology. The ego which has not integrated "good" and "bad" self and object images is a weak ego; defenses are employed to maintain the sep-