

## The Use of the Term 'Borderline Patient' by Scottish Psychiatrists: A Preliminary Survey

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**Summary:** One hundred and sixty Scottish psychiatrists complete a questionnaire eliciting the extent of their use of the term 'borderline patient' and the factors affecting this. The term was used by 27.5 per cent, the majority of whom felt that it ought to be included in current diagnostic classification systems. There was, however, general dissatisfaction with the vagueness of current definitions of the term and a confusing use of numerous diagnostic labels.

Use of the term was not related to status, geographical location, or familiarity with American psychiatric literature. The practice of psychodynamically-oriented psychotherapy and extended working contact with psychiatry in North America were found significantly to increase its use.

Patients who become psychotic transiently under stress and demonstrate, as enduring features of their personality, symptoms pointing to a vulnerability to psychosis have been recognized for many years. However, serious study of these borderline patients, as they have come to be called, began only after Stern (1938) described a group of patients who showed psychotic-type features during classical psychoanalysis. Borderline patients have since been extensively studied in North America, and this work is summarized in Stone (1980). The status of the syndrome is now established in the United States with the inclusion of two sub-groups of borderline patients, those showing borderline personality disorder and those showing schizotypal personality disorder, in the American Psychiatric Association's *Diagnostic and Statistical Manual-III* (1980).

In total contrast to the position in North America, British psychiatry has had very little to say about the borderline patient. The term 'borderline' does not appear in standard textbooks such as Mayer-Gross *et al* (1969) or Henderson and Gillespie (1969). A literature search of British psychiatric journals from 1960 onwards located only four papers on the borderline patient, Steiner (1979), Bird (1980), Macaskill (1980) and Khouri *et al* (1980), all written within the last two years.

### Aims of the study

It was this striking contrast between the British and American literature *vis-a-vis* the borderline patient that provided the stimulus for the present

study. Our aim was to determine the extent of usage of the term in clinical practice and to explore the factors affecting this.

### Subjects

All senior registrars, medical assistants and consultants in Scotland in October 1980 whose work was principally in general adult psychiatry were sent a questionnaire, giving a total sample of 232.

### Questionnaire

The questionnaire consisted of ten items. Question 1 elicited whether respondents used the term 'borderline patient' in their clinical practice. Those respondents not using the term were asked to indicate why they did not use it (questions 2 and 3). Respondents using it were asked to indicate the diagnosis or diagnoses they implied by the term. They were given a list of six alternatives, obtained from a review of the literature. These were 'borderline personality disorder' (Gunderson and Kolb, 1978), 'schizotypal personality disorder' (Spitzer *et al*, 1979), 'borderline psychosis' (Stern, 1938), 'pseudo-neurotic schizophrenia' (Hoch and Polatin, 1949), 'borderline state' (Knight, 1953), and 'psychotic character' (Frosch, 1964). They were then asked if they considered any of these terms to be synonymous, whether the syndrome ought to be included in the British diagnostic classification and whether it carried particular prognostic and therapeutic implications (questions 4 to 7). Questions 8, 9 and 10 asked how much psychodynamically-oriented psychotherapy the respondents did, which journals

they consulted regularly, whether they had worked in North America, and for how long.

### Results

One hundred and sixty questionnaires were returned, giving a 69.6 per cent response rate. Forty-four of the responders (27.5 per cent) used the term. However, 30 respondents were totally unfamiliar with it, so that of those psychiatrists familiar with it 34 per cent used it clinically. There were no significant differences in usage between teaching and non-teaching hospitals nor between Health Board areas within Scotland.

#### *Psychiatrists using the term*

The term was used by 32 out of 129 consultants, nine out of 22 registrars and three out of nine medical assistants. These differences in usage by grades of staff were not significant.

Of those using the term, 34 out of the total of 44 felt that the syndrome it represented should be included in current diagnostic classifications. Thirty-two, about three-quarters, considered that the term carried specified prognostic and therapeutic implications. Nearly all (39) thought it was somewhat vague. This was reflected in the responses given when users were asked to indicate the diagnosis they implied by 'borderline patient'. All six diagnoses were used, with 33 respondents indicating more than one, and there was little agreement on which diagnoses were synonymous. 'Borderline psychosis' was the most popular choice overall (31) while terms like 'schizotypal personality disorder' (8) and 'psychotic character' (5) were used infrequently.

Where two or more diagnoses had been selected and then rated as synonyms we concluded that they represented only one underlying concept of the borderline patient. Including such answers, we found that, in all, 29 respondents were using a single underlying concept. Of these, 20 selected the diagnosis 'borderline psychosis' or a synonym of it (either 'borderline state' or 'psychotic character'), seven selected 'borderline personality disorder' or a synonym (not 'borderline psychosis'), one selected 'schizotypal personality disorder' and one 'pseudoneurotic schizophrenia'. With the 14 using two underlying concepts and the one using three concepts, no clear pattern emerged.

#### *Psychiatrists not using the term*

A hundred and sixteen psychiatrists, 72.5 per cent of the total sample, did not use the term; 30 because they were totally unfamiliar with it, 67 because they felt it was vague and/or misleading and 19 because they felt it was redundant.

#### *Factors affecting the use of the term*

(a) *Practice of psychotherapy:* Psychiatrists carrying out psychodynamically-oriented psychotherapy used the term more often than those doing no psychotherapy (Chi-square = 19.15,  $P < 0.01$ ). Respondents who did most psychotherapy were also most likely to use the term.

(b) *Familiarity with the American literature:* In relation to consulting general American psychiatric journals which regularly feature articles on the borderline patient, there were no significant differences between users of the term and non-users. However respondents using the term consulted specialist psychotherapy journals significantly more often than those not using the term (Chi-square = 22.85,  $P < 0.01$ ).

(c) *Psychiatric experience in North America:* Psychiatrists who had worked for more than one year in North America were more likely to use the term than those who had spent no time, or less than one year, there (Chi-square = 12.03,  $P < 0.01$ ). However, three-quarters of those using the term had not worked in North America.

### Discussion

This survey provides the first information on the use of the term 'borderline patient' in British psychiatry, and permits some comparisons to be made with the position in North America.

It is evident that the term is used less frequently in this country, although most psychiatrists are aware of it and regularly consult journals which feature articles on borderline patients. Clear reasons for this differential usage emerge from the survey. Most Scottish psychiatrists perceive the term as being vague, misleading or redundant. Even those psychiatrists who use the term consider it vague, as currently defined. These views undoubtedly reflect the confusion in the American literature on borderline patients over the past twenty years and suggest that Scottish psychiatrists are taking a more conservative attitude to the issue than their American colleagues.

The finding that a substantial number of Scottish psychiatrists, across all grades and in all geographical areas, currently use a term not to be found in standard British psychiatric textbooks or in diagnostic classification systems such as the International Classification of Mental Disorders (ninth revision, 1978) suggests nonetheless that there is a need, albeit a limited one, for the concept. Our survey indicates that it is primarily psychiatrists practising psychodynamically-oriented psychotherapy who make use of the term, as is also true in North America. Analysis of the American literature on borderline patients

suggests that three factors have combined to produce this selective popularity for the term amongst psychotherapists. Firstly, psychotherapists often apply the label borderline to primitive defence mechanisms and ego states which fall short of frank delusion or hallucination. Secondly, psychotherapy can evoke transient psychotic phenomena not evident in structured, supportive settings. Thirdly, psychotherapists also use the term where there has been a rapid recovery from a florid reactive psychosis as a result of environmental manipulation or psychotherapeutic intervention. The latter two interpretations of the term delineate a much more restricted sample than the first, and if Scottish psychiatrists are using the more restricted meanings this would be a further factor accounting for its being used less often in this country than in North America.

We shall be undertaking further research, to determine which of these factors are responsible for the selective use of the term in this country and to delineate the phenomenological characteristics of borderline patients as defined by the psychiatrists in our sample.

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