Transitional Objects and Borderline Personality Disorder

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Objective: *The relationship of possession of transitional objects to the borderline personality disorder diagnosis was explored in a psychiatric inpatient setting. It was hypothesized that a greater proportion of inpatients who bring objects of special meaning with them to the hospital have borderline personality disorder.* *Method:* *Psychiatric inpatients (N=146) were administered a semistructured interview to determine the presence of special (i.e., transitional) objects in the hospital, at home, or during childhood. Borderline personality disorder was determined by criteria on a DSM-III-R borderline personality disorder checklist and by DSM-III-R discharge diagnosis.* *Results:* *Significantly more patients who endorsed having transitional objects in the hospital or at home had the diagnosis of borderline personality disorder. Sensitivity, specificity, positive predictive power, and negative predictive power of the possession of the transitional object for the borderline personality disorder diagnosis were calculated. Specificity was higher than sensitivity, and negative predictive power was higher than positive predictive power in each instance. While these results suggest that absence of a transitional object is more likely to be associated with absence of borderline personality disorder than the presence of a transitional object is with the presence of borderline personality disorder, the sensitivity of a transitional object during adulthood to predict a diagnosis of borderline personality disorder was 63%, and the positive predictive power was 45%.* *Conclusions:* *A transitional object brought to the hospital may help remind the inpatient with borderline personality disorder of home or provide soothing during separation from home. The persistence of transitional objects into adulthood may inform the therapist of possible transference paradigms that may develop in treatment.*

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Borderline personality disorder is thought to be a major source of psychiatric disability. The prevalence of the disorder is approximately 2% of the general population, and it is diagnosed predominantly (about 75% of cases) in females (1). Patients with borderline personality disorder appear to use (psychiatric) health care resources in excess of what their actual numbers might predict (2, 3), and further understanding of the borderline condition would be important in helping to provide more efficacious care.

While there are many different etiological explanations for borderline personality disorder, the borderline concept has its origins in psychodynamic theory. Within this psychodynamic perspective, the borderline condition or borderline personality organization has been conceptualized as describing a range of psychological and behavioral phenomena that span the interval between psychotic and neurotic disorders and borrow from both of them (4, 5). Although borderline patients may develop short-lived psychotic symptoms such as paranoid ideation or pseudohallucinations, it is their constant struggle with unstable interpersonal relationships, marked mood reactivity, and inappropriate anger that makes them challenging patients with which to work (6).

Within the psychodynamic perspective, object relations theory addresses the relationship between what is psychologically "internal" and what is "external," as well as how significant early formative relationships become internalized and affect our subsequent experience of ourselves and others. A key concept in object relations theory is that of object representation, which, broadly defined, refers to conscious and unconscious mental schemata of significant past interpersonal encounters (7). It is believed that the ability of an individual to retain consistent images or representations of persons important to them develops during childhood through experiences with caregivers who are caring and gratifying but also frustrating (8). Development of "emotional object constancy" anchors the child, allow-

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ing him or her to achieve an increasingly stable sense of significant others and, in turn, of himself or herself. The toddler's evocative memory, the ability to evoke the image of the object, especially in times of threat or anxiety, is a crucial step in the process of developing object constancy, a stable sense of self and of others that can withstand fluctuations in the consistency of the environment. It has been suggested, by some but certainly not all psychodynamic theorists, that when the adult borderline individual was a toddler, that toddler was unable to traverse properly the rapprochement subphase of the separation-individuation process because of the caretaking parent's emotional lability. Thus, it was thought that the child was unable to develop a stable sense of self, others, or the environment (9–11). It should be noted that this inability to traverse the rapprochement subphase properly is but one theory among many with respect to the developmental origins of borderline personality disorder. Currently there is greater emphasis on theories of childhood trauma (12, 13); biological, genetic, and other predisposing constitutional factors (14); and the interplay between biological and environmental factors (biopsychosocial theory [15]), as well as current environmental and societal factors (16).

Extreme attachment to certain objects is not uncommon and not pathological when it occurs in childhood. Most people are familiar with a child who cannot part with a teddy bear, blanket, or some other special object under any circumstance. The child often does not allow the object to be washed or cleaned. Frequently, sleep may not be possible without the object present. These objects have been referred to as transitional objects (8). Winnicott (8) proposed a possible connection between transitional phenomena and personality development, and much has been written that explores the relationship of these inanimate objects to eventual adult psychopathology (17, 18).

Object relations literature suggests that patients with borderline personality disorder continue to employ transitional objects into adult life (18). Campbell defines these transitional objects for the toddler as objects "used for self-soothing, such as a teddy bear, blanket, sheet or diaper" (19, p. 489). However, little empirical research to explore transitional object use in adult patients with borderline personality disorder has been conducted. In one study, Gunderson and colleagues showed that "transitional relatedness" is significantly more common in borderline than in nonborderline axis II patients (20, 21). Stern and Glick concluded that stuffed animals present at the bedside of patients on medical/surgical units should be noted and their significance investigated (22), and Benedek and Labbate (23) found that borderline personality disorder is significantly more prevalent in adult female psychiatric inpatients who display bedside stuffed animals than in the adult female inpatient population in general. Schmaling et al. (24), in a study of 176 adult medical inpatients with asthma, found that patients who bring stuffed animals to the hospital are significantly more likely to have a "dysfunctional personality style."

Our unit, a university hospital general psychiatry inpatient unit, has within it a specialized treatment program for patients with borderline personality disorder (25). Clinicians and nurses have observed repeatedly that some patients bring certain valued objects or stuffed animals with them to the hospital. These objects include teddy bears, pillows, or other special belongings that the patient often has kept since childhood. It was the impression of the unit staff that those patients who have such objects and bring them to the hospital frequently carry a diagnosis of borderline personality disorder or another axis II diagnosis.

This article explores the hypothesis that a significant proportion of psychiatric inpatients who bring special, i.e., transitional, objects with them to the hospital meet criteria for the diagnosis of borderline personality disorder. It is unknown, however, whether any such object in adult life, in actuality, is representative of an important relationship from a patient's past, as object relations theory would propose, and if, then, by extension, such an object also represents a transitional object as proposed by Winnicott. Thus, this article focuses its attention on the behavior of possessing a transitional object in adulthood rather than on the important past relationship that the object may or may not represent. Nonetheless, the premise is put forward that the presence of such an object may not only help alert clinicians to a diagnosis of borderline personality disorder but may also aid the clinician in certain aspects of the treatment of a difficult patient. Some clinicians, in fact, have advocated the use of transitional objects for patients with borderline personality disorder during the therapist's absence (26).

METHOD

For purposes of this study, a transitional object was defined as any object of special meaning that was in the possession of a patient admitted to an adult general inpatient psychiatric unit, kept at home by that patient, or remembered from childhood. In addition, to be classified as a transitional object, the object needed to be employed or required to reduce anxiety, and separation from the object had to cause significant distress. This definition of transitional object was a reasonably broad one. The definition does not necessarily capture the essence or serve the classical function of a transitional object as described in psychodynamic theory, i.e., a substitute for an important relationship, originally thought to be the patient's mother or other important caregivers. Rather, the definition was intentionally broad in order to try to explore the behavior of possessing an object of special meaning in adulthood. We did not include items (objects) such as an automobile, a lucky charm, or a favorite pen. As defined by Campbell (19), the object had to have some softness and warmth attached to it, such as a teddy bear, blanket, sweater, piece of clothing, or doll.

Subjects were obtained from the general inpatient population, which included but was not limited to patients in the specialized treatment program for patients with borderline personality disorder. A total of 162 patients sequentially admitted to the unit over a 10-month period were approached and asked to participate in a study that would "explain people's attachment to special objects." Only those subjects who agreed to participate and who also signed the written informed consent form were interviewed for the study. Ninety-five percent of the patients whom we approached agreed to participate. Participating subjects were then given a semistructured interview, the Transitional Object Questionnaire (available on re-

TABLE 1. Transitional Object Endorsement by Patients With or Without Borderline Personality Disorder[a] and Conditional Probabilities for Borderline Personality Disorder

	Transitional Object Endorsement					Conditional Probabilities for Borderline Personality Disorder Given Each Instance of Possession of a Transitional Object			
	Borderline Personality Disorder (N=38)		No Borderline Personality Disorder (N=108)						
Instance	N	%	N	%	χ^2 (df=1)[b]	Sensitivity	Specificity	Positive Predictive Power	Negative Predictive Power
Hospital	13	34	14	13	8.42*	0.34	0.87	0.48	0.79
Home	20	53	20	19	16.45**	0.53	0.81	0.50	0.83
Child	17	45	37	34	1.32	0.45	0.66	0.31	0.77
Adulthood[c]	24	63	29	27	16.02**	0.63	0.73	0.45	0.85

[a]Diagnosis according to both DSM-III-R checklist for borderline personality disorder and DSM-III-R discharge diagnosis.
[b]Difference in endorsement rates between groups with and without borderline personality disorder.
[c]Transitional object either in hospital or at home.
*p<0.005. **p<0.001.

quest from Dr. Silk), which was developed for this study with the purpose of trying to determine whether a patient possessed objects of a special nature. Items on the Transitional Object Questionnaire, administered by a research assistant, helped to identify these special objects in three instances: brought with the patient at the time of admission to the hospital, left at home but nonetheless defined as important, and remembered from childhood as cherished. Patients with overt psychosis, organic brain syndrome, and other conditions that precluded accurate data collection were excluded from the study.

Each special (i.e., transitional) object was categorized following the patient's description of the object's physical appearance (e.g., shape, size, texture, color), the manner in which it was obtained, and, if the patient still possessed it, the reason it was or was not brought with the patient to the hospital. Additional information included how important the object was to the patient, whether the patient needed the object in order to sleep or in times of distress, and how the patient would feel if the object was lost.

The diagnosis of borderline personality disorder was determined by two different methods to reflect commonly employed methods of clinical diagnosis: a DSM-III-R checklist for borderline personality disorder (27) given on admission and DSM-III-R discharge diagnosis as determined by the official DSM-III-R diagnosis on the discharge summary. Resident and attending psychiatrists, without knowledge as to whether a patient entered the study, made these diagnoses. The DSM-III-R checklist for borderline personality disorder was a checklist inventory that included all the DSM-III-R criteria for schizotypal personality disorder in addition to all the DSM-III-R criteria for borderline personality disorder and was completed by a psychiatric resident physician within 48 hours of admission; it represented a "first impression" of the patient and was made without the resident's knowledge as to whether the patient was to participate in the study or what the study was about. The checklist had been used repeatedly on the unit over the previous 10 years (with modifications as the DSM criteria changed) as a screening instrument within the research infrastructure of the unit. Discharge diagnoses were standard clinical discharge diagnostic impressions made in an academic setting using DSM-III-R criteria; discharge diagnoses needed to be agreed upon by both the psychiatric resident and the academic faculty attending physician assigned to the case. Since the unit, a general adult psychiatric unit, routinely admitted patients with personality disorders, axis II diagnoses were almost always considered on both admission and discharge.

Nonparametric chi-square analysis was used to study categorical data, and Student's t test was employed for continuous data.

RESULTS

The DSM-III-R checklist and DSM-III-R discharge diagnosis were both available for 146 of the 154 subjects who participated in the study. Those 146 subjects were used in the subsequent analyses. Thirty-eight (26%) of 146 subjects met criteria for borderline personality disorder according to both the checklist and the discharge diagnosis. This group is referred to as the borderline personality disorder group. Subjects not found to have borderline personality disorder according to either diagnostic method or only one method and not both were assigned to the non-borderline personality disorder group.

The age range of participants was 18–72 years (mean=34.9, SD=12.2). Subjects with borderline personality disorder were significantly younger (mean=30.7 years, SD=7.9) than those without the disorder (mean=35.9 years, SD=13.2) (t=–2.32, df=144, p=0.02). Women made up 79% of the borderline personality disorder and 71% of the non-borderline personality disorder groups. Female subjects with borderline personality disorder were significantly younger than female subjects without the disorder (mean=30.8 years, SD=8.2, versus mean=36.8, SD=13.5 years) (t=–2.26, df=105, p=0.03).

Nonparametric (chi-square) analysis of the data revealed that significantly more inpatients who endorsed transitional objects during adulthood, i.e., either at home or in the hospital, had borderline personality disorder (table 1). Significantly more inpatients who had a transitional object in the hospital or at home were found to meet criteria for borderline personality disorder than were those who had no such objects. However, inpatients who endorsed the presence of transitional objects during childhood were no more likely to be borderline than were those without transitional objects during childhood (table 1).

The sensitivity, specificity, positive predictive power, and negative predictive power with respect to the diagnosis of borderline personality disorder were calculated for the presence of transitional objects in the hospital, at home, during childhood, and at any time during adulthood. In each instance specificity was higher than sensitivity, and negative predictive power was higher

than positive predictive power. While these results indicate that the absence of a transitional object is more likely to be associated with the absence of borderline personality disorder than the presence of a transitional object is with the presence of borderline personality disorder, the sensitivity of the presence of a transitional object during adulthood and a diagnosis of borderline personality disorder was 63%, and the positive predictive power was 45%. Thus, 45% of inpatients who endorsed possession of transitional objects at any time during adulthood met our criteria for borderline personality disorder, and therefore the conditional probability of the diagnosis of borderline personality disorder among inpatients who possess a transitional object is 0.45 (table 1).

CONCLUSIONS

Patients with borderline personality disorder are thought to lack a sense of object constancy in that they are unable to maintain consistent affective representations of themselves and of others (4, 6, 9, 12, 15). This study was designed to test the hypothesis that inpatients who bring special objects with them to the hospital carry a diagnosis of borderline personality disorder more frequently than do other inpatients who do not bring such objects to the hospital. This hypothesis was essentially supported by the data. Inpatients with borderline personality disorder, as determined by the DSM-III-R checklist for the disorder and DSM-III-R discharge diagnosis, brought a transitional object to the hospital more frequently than did inpatients without the disorder. In addition, inpatients with borderline personality disorder were found to have transitional objects at home significantly more frequently than were inpatients without the disorder. Overall, inpatients with borderline personality disorder were more likely to have transitional objects during adulthood than were inpatients without the disorder. Thus, the fact that inpatients with borderline personality disorder endorse objects of special meaning in adulthood significantly more frequently than inpatients without the disorder lends support to the theory that patients with borderline personality disorder, in at least some circumstances, continue to employ inanimate objects to soothe themselves and to lessen anxiety at times of stress, separation, or tension (18, 19). It should be pointed out that this article examines adult behavior, and the relationship of this behavior to object relations or object relations theory is unclear. However, patients with a diagnosis of borderline personality disorder did not endorse having had transitional objects in childhood more frequently than did patients without the disorder. This finding was not surprising given the normal attachments children commonly make to objects that are special to them (8).

Psychodynamic theory suggests that transitional objects, through their evocative memory potential, are used by patients with borderline personality disorder to help mitigate desperate feelings of loneliness, vulnerability, and depression, especially during times of distress (9, 17, 24). It is significant, therefore, that the presence of a transitional object brought into the hospital was correlated with a diagnosis of borderline personality disorder. The transitional object, then, may help to remind the inpatient with borderline personality disorder of home or provide a way to soothe himself or herself (11, 20, 21) in an environment in which consistent images and representations of people may be difficult to obtain (26).

We must keep in mind that these assertions are made with the understanding that a transitional object as defined in this study may not serve the classical function of a transitional object—a substitute for an important relationship, originally thought to be with the patient's mother or other important caregivers. Rather, this article explores the behavior of possessing an object of special meaning in adulthood. Such behavior may be connected to the concept of a transitional object, but we cannot know for sure 1) given the method used in this study to define a transitional object and 2) given that the concept of transitional object represents a theoretical construct of psychoanalytic thinking whose relationship to real behavior is unknown.

Clinicians may benefit from knowing that transitional object endorsement by their patients may indicate borderline personality disorder. The data show, however, that the negative predictive power of transitional objects to the diagnosis of borderline personality disorder is consistently greater than the positive predictive power in each instance. Nonetheless, an inpatient who possesses a transitional object at anytime during adulthood will have borderline personality disorder approximately 50% of the time, and a patient without a transitional object will not have borderline personality disorder over 75% of the time. While the negative predictive power is greater than the positive predictive power, the positive predictive power of the transitional object indicator in adulthood being associated with borderline personality disorder does approach 50%. This fact, together with the significant association of transitional object possession in adulthood with the diagnosis of borderline personality disorder, as shown in the chi-square analyses, points to the possible clinical usefulness of identifying the presence of transitional objects in the diagnostic process.

However, we point out that we have examined only hospitalized psychiatric inpatients in this study. We cannot, at this time, say anything about the percentage of adults in the community at large who have no history of psychiatric illness and who might possess objects of special meaning that we refer to in this article as transitional objects. Thus, we lack a community base rate to which we might compare the rate found among our hospitalized patients.

Whether objects used in childhood were the same as or similar to objects used in adulthood was not asked of the subjects in this study. It would be interesting to track a particular transitional object or type of transi-

tional object from childhood through adulthood among patients with borderline personality disorder and try to determine if certain facets of the disorder, such as chronic feelings of emptiness or boredom (28), are represented more frequently among patients who maintain the same type of transitional object over time. Other hypotheses to consider may be whether survivors of abuse or incest endorse transitional objects more frequently than those without such histories or if the presence of transitional objects occurs significantly more frequently among patients with other personality disorders, such as antisocial, histrionic, or dependent, or among patients with eating disorders.

This study attempted an empirical examination of a commonly put forth theoretical dynamic as well as a behavioral feature thought to be present in many patients with borderline personality disorder. The presence of a transitional object in adulthood may suggest further exploration as to whether or not the patient possesses borderline dynamics or a diagnosis of borderline personality disorder. Further, the persistence of transitional objects into adulthood may inform the therapist of the possible nature of transference issues that may develop during psychotherapeutic treatment, for example, with respect to anxiety associated with separation or a patient's acute sensitivity to the slightest change in or rearrangement of the therapist's office (29). An inpatient with borderline personality disorder who possesses a transitional object at home and who has difficulty adjusting to the unit milieu could be encouraged to bring the object with him or her to the hospital or be provided while there with a satisfactory substitute, if such exists for the particular patient (26). Of course, not everyone would agree with this approach of satisfying the dependency needs of these particular patients. The debate between satisfying attachment needs and setting clear, firm limits is one that seems to be a perennial debate in the literature on borderline personality disorder (6).

This study is limited by certain factors. Diagnoses other than borderline personality disorder may be associated with transitional objects, especially if one considers Kernberg's concept of borderline personality organization, which implies that similar object relations are present in a number of axis II disorders (4). We combined two different methods to determine borderline personality disorder diagnoses: clinical impression (discharge diagnosis) as well as a checklist of symptoms present at admission (DSM-III-R checklist for borderline personality disorder). Each of the diagnostic methods has its strengths and weaknesses (30), and each reflects a different process in making a psychiatric diagnosis of borderline personality disorder. Discharge diagnoses made on the unit by the attending and resident psychiatrists (both unaware of the nature or goals of the study) ideally should include all available information but are subject to modification on the basis of transference and countertransference issues that may arise during hospitalization. The DSM-III-R checklist for borderline personality disorder itself may be confounded by the fact that it was completed by the admitting resident psychiatrist but is subject to significant variability across raters and may have been influenced by the admitting resident's bias if he or she saw the patient with a stuffed animal or similar object.

Despite these diagnostic issues, however, it appears that patients with borderline personality disorder were significantly more likely to have transitional objects at home, to have them at any time during adulthood, and to bring them to the hospital. These findings may add further empirical strength to the notion that patients with borderline personality disorder lack a consistent sense of self as well as self in relation to others, and perhaps the use of inanimate objects provides a sense of constancy and continuity in patients for whom these ideas of constancy in relationships are lacking.

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