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**ANOTHER REALITY ON SELF IMAGE: HOW DO THE SELF IMAGE ISSUES  
EXPLAINED BY THE PSYCHODYNAMIC PERSPECTIVE AFFECT SELF-HARM  
BEHAVIORS FOR BORDERLINE PERSONALITY DISORDER?**

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### **ABSTRACT**

In the psychodynamic approach, the concept of self and its creation process during the first years of life have crucial importance for an individual to have a healthy relationship with oneself and others. Any kind of disruption or damage during the process such as an unsafe environment, insufficient parental care, and not being able to internalize object relations properly results in an unintegrated ego and self-image issues which show themselves later in human development. Borderline personality disorder is one of the areas in which these two issues highlighted and related to the self-harm behaviour that is a way of coping mechanism against the anxiety and trying to feel something within the numbness feeling of unintegrated ego. The purpose of this thesis is to explain the creation process of self with the different perspectives of psychodynamic theory and underline the relationship between the self-image issues and self-harm behaviours in borderline personality disorder.

**Keywords** self, self-image, self-harm, borderline personality disorder, psychodynamic approach

## INTRODUCTION

The self was described in different contexts throughout history. Although its definition changes according to the meanings it is associated with, its importance in the determination of an individual's perspective of oneself and the outside world remains an undeniable and crucial factor. In all these contexts, Freud's definition of ego which is based on the balance between the id-the ego-the superego and its relation to the self-image were a milestone for psychodynamic psychology, and it was the first brick on the wall for the future definitions and object-relations theory.

After Freud's definition, Melanie Klein went further and explained the creation process of the self-image as a way of internalising the outside world and a reflection of the relationship between the infant and the caregiver (generally the mother). Klein gave more attention to the connection between the inner and outer world than Freud and described the process as an integration of the ego in time.

Klein's idea was a solid ground for other psychologists such as Donald Winnicott and Otto Kernberg. According to Winnicott, the role of the mother in the infant's ego creation is undeniable and it defines the infant's perspective of the outside world. Being a good enough mother is the key point in Winnicott's theory. In addition, being able to satisfy the infant's needs and provide the infant with a safe environment have an enormous effect on the internalization process of the infant.

According to Kernberg, the creation process is multidimensional and includes different units with the aim of synthesizing all of them in a proper and healthy manner. Having a healthy representation of the outside world inside the infant's world is a major point in Kernberg and he underlines the connection between all the psychodynamic and object relations perspectives discussed at that point.

Disturbed, damaged or unintegrated ego comes with self-image issues which are defined as a symptom of borderline personality disorder. One of the manifestation methods of these self-image issues in borderline personality disorder consists of self-harm behaviour which is a way of coping mechanism to release the pain of the split ego and distract the self from the confused ideas based on the damaging representations of the internalized outside world.

## 1. Self and Self-Image

### i. What is the psychodynamic view of the self?

“I am not one and simple, but complex and many.”

— Virginia Woolf

What am I? Who am I? These are the questions that have been asked for centuries and given hundreds of answers to define the borders of the ‘self’ term. As Paulo Coelho<sup>(1)</sup> stated, “We want to answer this classical question, who am I? So, I think that most of our works are for art, or whatever we do, including science and religion, tried to answer that question”. Socrates was one of the philosophers trying to highlight the meaning of the self and claimed that recognising the boundaries of your own wisdom and understanding—knowing what you truly know and what you still need to learn—is a vital element of knowing yourself (Fruhling, *Being a stranger to yourself – the many meanings of “Know thyself”*, 2020). According to Plato’s idea, which was mentioned in his Allegory of the Cave, most people are like captives who spend their entire lives looking at a cave wall, mistaking poorly light shadows for reality. Knowing oneself, for Plato entails realising your mind’s/soul’s capacity to comprehend the core of philosophical notions such as justice, love, and kindness rather than the hazy and fleeting illusions or imperfect copies of those flawless forms here in the physical world.

Furthermore, some empiricist philosophers, such as David Hume, argued that our identities are nothing more than a collection of memories, perceptions, and experiences. For an empiricist like Hume, self-awareness is grasping how one’s previous experiences have shaped and defined oneself, including one’s habits, behaviours and reactions, emotions, and whole conceptual framework (Fruhling, *Being a stranger to yourself – the many meanings of “Know thyself”*, 2020).

Before Freud, most European philosophers, from Plato and Aristotle to Kant and Descartes, believed that human beings have an essence called “soul” or “self”. Apart from the fact that it formed our “core”, the fundamental feature of this claimed entity was that it was “the subject”. The self was considered the subject of both our mental and physical activities, i.e., the thinker of our thoughts, the experiencer of our experiences, the perceiver of our perceptions, the feeler of our feelings, and the actor, the one who initiated our physical actions. The idea of being unitary, solitary, and undivided over time was combined with these two traits of being the essence and being a subject (Watson, 2014).

<sup>(1)</sup> <https://meaningin.com/quotes/paulo-coelho/3941-we-want-to-answer-this-classical-question-who-am->

While ideas were being put forward about the definition and limits of the self, Sigmund Freud, an Austrian neurologist and the founder of psychoanalysis, came up to the stage and shattered the widely held view that humanity is logical and directed primarily by reason, replacing it with the distressing notion that we are instead motivated by inappropriate and hence repressed violent and sexual impulses that are continually at odds with the “civilised” self (Kenny, 2016). Freud did not spend time guessing or attempting to define the nature of the self; instead, he took the opportunity of adopting ambiguous terms to cover the wide range of applications of the notion in everyday language. As a result, the Ich can be “I” as a speaking subject, the ego as a structure, or “I” as a whole person (Kirshner, 1991). He was against the idea of a single entity highlighted as an answer to “Who am I?”. We neither are nor contain anything that remains identical over time. Even at one moment in time, we are not one thing. Instead, we are a multiplicity of interacting systems and processes (Watson, 2014).

The self, according to Freud, was separated into three levels: conscious, preconscious, and unconscious. It is no exaggeration to say that Freud’s theory of the structure and dynamics of the human personality is built around the concept of the unconscious. Even though the conscious self plays a crucial role in our lives, the unconscious self fascinates Freud more than any other and influences our personalities most. Freud’s emphasis on the unconscious self is a substantial break from prior philosophical attempts to comprehend the nature of the self, and it undermines the traditional philosophical notion that the self can only be investigated and understood by logical reflection and analysis (Chafee, 2016). Freud began with the conscious/unconscious distinction. He occasionally added the term “preconscious”; nevertheless, he soon moved on to the tripartite version of that depth model, which is based on the terms of id, ego, and superego (Felluga, 2002).

Melanie Klein, an Austrian-British psychoanalyst who worked with Sigmund Freud but ultimately parted ways with him, claimed that we are driven by object relations instead of libido, as Freud believed. Klein’s theory is called “object-relations theory” based on how we bond with significant others and ourselves (*personal boundaries – Melanie Klein’s object relations theory – diversity*, 2021). During the development of Object-Relations Theory, Klein realized that the psyche –the mind, soul, or spirit– is made up of internal objects whose relations to each other and the individual determine their personality and symptoms (American Psychological Association, 2022).

After Freud's tripartite model and Klein's object-relations Theory, Donald Winnicott, an English paediatrician and psychoanalyst influenced by object-relations theory and developmental psychology took place in the psychoanalytic stage and reinterpreted the term of the self. Winnicott's approach can be understood as a theory of the parent-infant relationship. According to Winnicott, the infant's growth and sense of self are strongly connected to the biological, physiological, psychological, emotional, and social provisions provided by its mother (Gu, 2018).

Otto Kernberg, most widely known for his psychoanalytic theories on borderline personality disorder and narcissistic pathology, claimed that the infant is a collection of undifferentiated physiological reactions or "units", which he refers to as 'inborn perceptual and behavioural patterns.' They become organised as the infant begins to differentiate from its environment into the crucial units of internalized object relations or constellations of affective memory. Having both cognitive and affective attributes these units of internalized object relations are the basis for all future development: they contain intrapsychic structure, effective representations of the 'external' world and the self, and the instincts (Christopher et al., 2001).

#### **ii. The features of the self**

"My psycho-analytic work has convinced me that when in the baby's mind the conflicts between love and hate arise, and the fears of losing the loved one become active, a very important step is made in development."

— Melanie Klein

From 1920 onward, Sigmund Freud shifted his theoretical focus to two major binary principles: life and death. According to Freud, these terms make up each individual human being, who had already established the id, ego, and superego as a combination. The ego and the id establish a line of reasoning as a foundation for explaining some (or possibly all) psychological conditions, pathological and non-pathological alike. The id is the most primal and instinctive aspect of one's personality. It is also the only aspect of one's personality present from birth. It is the impulsive and unconscious part of our psyche that reacts to instincts promptly and quickly. The id, according to Freud, is the source of all psychic energy, making it the primary component of personality (Sack, 2020). The ego can be defined as the part of the id which has been modified by the direct influence of the external world. The ego grows to mediate between the unrealistic id and the real external world, which is the personality's decision-making component. While the id is motivated by the pleasure principle, which seeks instant gratification of all desires, wants, and needs, the ego is motivated by the reality principle, which aims to satisfy the id's demands in realistic and socially acceptable ways (Sack, 2020).

In addition to the id and the ego, another part of the psyche, called the super-ego, comprises societal ideals and principles that one learns from parents, others, and the external world. According to Freud, the main goal of the super-ego is to regulate the id's urges which are especially forbidden by society, such as sex and aggression. The ego, caught between the id and the super-ego, finds itself in conflict with the repressed impulses of the id while also being reduced to a lower status by the super-ego. At the same time, the conflict between life and death can manifest itself at any level of the psyche.

Most of Freud's patients were adults who had neurotic rather than psychotic symptoms. He discovered that their psychological problems stemmed from a fight between love and hate, exacerbated by highly different, often surreal, images originating from the same parental figure. These images provided the fundamental representations of the self and others, formed by processes of projection (representing the other via images from the self) and introjection (representing the self via images from the other). The internalized image of a parent could be used to express the self as related to some version of the other, as in the formation of the punitive super-ego, or as like the other, as in the identification with the parent of the same sex through which the Oedipus complex dissolved (Hopkins, 1998). As a result, Freudian theories on the formation of the self-centre on the conflict between the full-blown structure of the id, ego, and superego (Layton, 1985).

Post-Freudian Psychoanalytic Theories concerned with the formation and pathological development of the self shifted their attention from the father-mother-child triangle – which was one of the essences of Freudian theories called Oedipus Complex – to the dyad of child and earliest love object (usually the mother). Some theorists, such as Anna Freud and Melanie Klein, realised that children's free play might be interpreted to communicate imaginations about such images, frequently with remarkable clarity. This allowed researchers to examine children's self-conceptions and discover how they were often coordinated with fantastic representations of others, which were arranged into systematically interacting systems of good and bad (Hopkins, 1998).

One of these post-Freudian theorists is Melanie Klein. She focused on the meaning of the relationship between infant and mother and the reflections of this relationship on the infant's self in the real world. According to Klein, symptoms, character, and personality could all be explained in terms of relationships to internalized fantasy figures established in early childhood; this even applied to psychotic disturbances, such as schizophrenia and manic-depressive illness, which were based on nature of the figures involved. The British object-relations approach to psychoanalysis arose as a result of this realisation (Hopkins, 1998).



Freud believed that a child is born more like an animal than a human, with instinctive urges driving all their actions. The infant is psychologically human only when the ego and superego have begun to form. On the other hand, Klein felt that a baby is born with drives that include human objects and the corresponding need for relationships. In another way, an infant's innate impulses are designed to help the child adapt to the distinctly human world into which the child is born (Mitchell & Black, 1995). However, there is an inherent dilemma with this reality: the infant must be prepared to deal with a wide range of individuals and interactions (The American Women's College Psychology Department & McGrath, 2022).

According to Klein, the child's first object is their own mother. Klein believed that object interactions begin at birth, with the mother's breast serving as the first object. The primary relationship between infant and mother is based on a relation to a part-object: this object-relation is not only with the real breast but also involves "the infant's emotions, phantasies, anxieties, and defences" (Lock, 1979). The infant's destructive impulses are directed against the mother's breast from the beginning of life, in part due to birth trauma. The infant begins to fear retaliation as it fantasises about attacking and destroying its mother. This results in a paranoid state. Because of this fear, the infant begins the process of splitting the mother's breast and itself into good and bad parts (schizoid position). The infant then relies on two principal defence mechanisms to cope with the anxiety: introjection leads the infant to integrate the good parts of the object into itself, whereas projection involves focusing the bad parts of the object and the child onto the external object. The development of the ego and superego is based on this introjection and projection (Kelland, 2017).

In addition to Melanie Klein's object-relations theory, Donald Winnicott brought a wealth of experience in observing mother-infant interactions to psychoanalysis thanks to being a paediatrician before becoming an analyst. The early years of life, according to Winnicott, are a time when the child must move from a condition of subjective omnipotence to one of objective reality. The breast appears when a newborn is hungry, and an infant is wrapped in a blanket and warmed when it is cold. The baby believes that it has created these conditions through its own wishing, and so it feels omnipotent. During this time, the mother's responsibility is to anticipate the child's needs and to respond to the baby's every wish. As a result, the infant receives her or her wants practically instantly. As the child grows, this subjective sense of self as an empowered individual is critical to the core of personality and represents the true self (Kelland, 2017).

For this development to take place in a healthy manner, the child must have what Winnicott called a good enough mother. The good-enough mother immediately and thoroughly satisfies the child's wishes at first, but then withdraws when no longer needed. This creates an

environment in which the child is safeguarded without even realizing it. The mother gradually withdraws even from the immediate fulfilment of the child's demands over time. This allows the child to develop a sense of objective reality, the reality that the world does not quickly and completely satisfy anyone's desires and needs, and that wishing does not lead to fulfilment. So, the good-enough mother is not a perfect mother in the sense that she provides anything forever that the child wants. Rather, she does what is best for the child's growth, providing fulfilment and safety when necessary and retreating when the child has to pursue its own development (Kelland, 2017). However, objective reality is not the purpose of growth. It is on the same level as subjective omnipotence which can be described as extreme. While it is true that wishing does not guarantee fulfilment, it is equally true that loved ones will help to satisfy our needs and desires as much as they can (Kelland, 2017).

Another explanation attempt came from Otto Kernberg and he created his theory based on constructing a bridge between object-relations theory and Freudian drive theory. In his influential work, *Object Relations Theory and Clinical Psychoanalysis* (1976/1984), he introduced a "system" model of psychological development and systems, in this view, links drive theory and object-relations theory to create a broad model of both cognition and motivation (Christopher et al., 2001). Within this model, three interrelated processes are all presented simultaneously evolving and developing: the intrapsychic structure, effective representations of the 'external world' and the self, and the instincts. The units of internalized object relations, also known as constellations of affective memory, are the source of these higher-order processes (Christopher et al., 2001).

At first, Kernberg proposed that the infant is made up of undifferentiated physiological reactions or 'units', which he refers to as 'inborn perceptive and behaviour patterns.' They are arranged into essential units of internalized object relations or constellations of affective memory as the infant begins to differentiate from its environment. These internalized object relations units, which have both cognitive and affective characteristics, serve as the foundation for all future development. The units are important for personality development because they contain intrapsychic structural antecedents, effective representations of the 'external' world and the self, and the instincts (Christopher et al., 2001).

The creation process of self is defined from different perspectives in psychodynamic psychology and all of them should be considered inseparable and multidimensional mirrors when trying to understand human existence and development in different stages and the forming process of self-image through the years. This is the beginning where identity appears for the first time and where inner and external worlds have a chance to integrate properly and affect the possibilities in the future.

### iii. The forming process of self-image

“In the social jungle of human existence, there is no feeling of being alive without a sense of identity.”

— Erik Erikson

The self-image is ostensibly the physical, physiological, sociological, and mental representation that everyone has of themselves as seen through the lens of each individual’s self-evaluation at various stages of life and in various contexts. Body image, self-consciousness, the concept of the self, self-identity, and ego-identity are all the terms used in psychoanalysis to describe the self-image (“Self-Image – No Subject – Encyclopedia of Psychoanalysis – Encyclopedia of Lacanian Psychoanalysis”, 2022).

According to the Freudian view, an awareness of self as a dynamic entity emerges from a more primitive, ‘oceanic feeling’. Although later students of psychoanalysis attempted to make it appear as though the Freudian ego was a more powerful and highly differentiated entity, Freud has little more to say about the self-concept. The ego, according to Freud, is merely a network of processes that mediates between the environment and biological(id) and societal(superego) demands on the one hand, and the environment on the other. The ego reacts to changes in the distribution of energy, or libido, caused by life experiences such as a success or the loss of a loved one by causing mood shifts (Dickstein, 1977).

Freud argued that the conflicts among the id, ego and superego change over time as a person grows from a child to an adult. Specifically, he emphasized that these conflicts progress through a series of five fundamental stages, each with a different focus: oral, anal, phallic, latency, and genital. He proposed this idea as the psychosexual theory of development which posits that there are different physical centres of pleasure that are related to different psychosexual stages (“Psychodynamic perspectives on personality | Boundless psychology,” 2022).

In these five stages, the child is exposed to different conflicts between the biological drives (id) and the social and moral conscience (superego) because the child’s biological search for pleasure focuses on different areas of the body (what Freud called “erogenous zones”). The child’s ability to manage internal conflicts will determine his/her future ability to cope and function as an adult. If the child fails to resolve a stage, this can lead to becoming fixated on that stage, leading to unhealthy personality traits; successful resolution of the stages leads to a healthy adult (“Psychodynamic perspectives on personality | Boundless psychology,” 2022).

Although Sigmund Freud contributed greatly to psychology through his psychoanalytic theory of personality, his work hasn’t gone unchecked, and many have criticized his theories for being overly focused on sexuality. Over the years since his work, many other theorists have

adopted and built on his ideas to create new theories of personality. These theorists, commonly called as Neo-Freudians, generally agreed with Freud that childhood experiences are important, but they reduced the focus on sex and sexuality and instead of adopting a strictly biological approach to the development of personality, they generally focused on how the social environment and culture affect personality development (“Psychodynamic perspectives on personality | Boundless psychology,” 2022).

According to the Object-Relations Theory, the biological birth of a child does not coincide with its psychological birth. The development of mental structure requires interaction with an external emotionally significant object. The process of transformation, in which external relationships, expressions of objects, and forms of behavioural regulation become internal psychological structures and part of the inner world which is called “internalization”. Most often, this is done through identification and introjections. The ego builds a representation of an object (that is, an external person) from a network of images created based on object perception (Milivojevic & Ivezic, 2004).

Melanie Klein’s aspect of the object-relations theory explains two different positions occurred during the creation of self-image. The first position is called the “schizo-paranoid position” which is a part of normal psychological development. The immature child’s ego experiences a relationship with the breast as a relation between two objects: the good breast and the bad breast. A good breast nourishes, cares for, loves, and turns into an idealized object in the child’s imagination. On the other hand, the bad breast is a source of frustration and turns into a persecutory object in a child’s fantasy which is a threat of destruction. The main defence mechanism at this stage is splitting. Splitting is related to the child’s growing idealization of the object that meets the child’s needs and the desire to be protected from the persecuting, frustrating object. The splitting process changes its form and content throughout life, but it is never completely abandoned (Milivojevic & Ivezic, 2004).

In addition to the schizo-paranoid position, Melanie Klein introduced another position which is called the “depressive position.” According to Klein’s theory, the baby starts to learn that satisfaction (love, warmth, food) and disappointment come from the same breast, in other words, from the same mother and then, the child acknowledges the mother as a whole and notices that it loves and hates the same person. At this point, the child begins to fear ruining the good object (the mother) that it loves and completely depends on by its own destructiveness and some depressive experiences such as grief and longing appear during this situation. Since the child remembers that it loved and loves the mother but feels that it demolished and destroyed her, it is exposed to depressive despair and believes that she is no longer available because of the devastation. The child has a sense of complete destruction and experiences its

inner world shattered in parts because of the identification with the object (Milivojevic & Ivezic, 2004).

Another aspect which is explained by Donald Winnicott originates from the early mother-child relationship. Winnicott believed that in the relationship between the baby and its primary caregiver (Winnicott generally refers to this person as “the mother”), the “true self” starts to develop in infancy. One way the mother can help the baby develop an authentic self is to respond to the baby’s spontaneous emotions, expressions, and initiatives in a welcoming and reassuring way (“Play and the sense of being real – Het Leadership Lab”, 2016). Initially, during the total adaptation, the mother allows the baby the possibility to have the illusion that her breast is a part of the baby. Love and understanding are expressed in the early stages through the mother’s taking care of the baby and lead to a particular unconscious oneness based on the unconsciousness of the mother and child. At the end of the symbiotic phase, a healthy baby uses the transitional object (i.e., thumb, blanket, toy) as the illusion of the mother, with the goal of enduring the separation from the mother and overcoming the separation anxiety (Milivojevic & Ivezic, 2004).

Another approach on the forming process of self-image came from Otto Kernberg who highlighted the “systems model” which is based on the idea of interrelated processes positioned as simultaneously emerging and developing: the intrapsychic structure, effective representations of the external world and the self, and the instincts (Christopher et al., 2001). According to Kernberg, each object relations unit is a memory of an event containing: (i) the image of the object, (ii) the image of the self in interaction with that object, (iii) the affective colouring of both the object-image and the self-image under the influence of the drive perspective representative present at the time of the interaction (Kernberg, 1976/1984a, p.29). During the processes of differentiation and then reintegration which Kernberg refers to as “agglutination”, further developments are born from the object relations units: representations of the self, representations of the object, and a drive motivational system. In this model, the infant’s perception of its experiences as “good” or “bad” defines how differentiation and integration take form (Christopher et al., 2001).

Healthy identity development involves the gradual integration of the representations of oneself and of significant others, in a way that is stable/realistic/long-lasting conception. Kernberg’s proposal shows the dynamic integration of an individual’s subjective experiences and behaviours. This concept includes an integrated/organized association of experiences with multiple interacting characteristics which are far more sophisticated than the summation of all parts (Labbé-Arocca et al., 2020).

Although there are different approaches to the forming processes of self-image and identity in a healthy manner, the processes have the possibility to take shape in an unhealthy manner which results in self-image issues. All these theorists determined self-image issues in different aspects and paid attention to a particularly problematic part of the child's development during the creation of self-image and identity.

#### **iv. Determining self-image issues**

“Relating to objects can be looked at in the same way as psychosomatic coexistence and the wider issue of integration. Object-relating is something that the maturational process drives the baby to achieve, but cannot happen securely unless the world is presented to the baby well enough.”

— D. W. Winnicott

When the self-image is incomplete or cannot be created in a healthy way, a hole in identity appears to be filled in with self-image issues. The first attempt to explain this hole comes from Sigmund Freud and he underlined his ideas on self-image issues thanks to the psychosexual stages. In the positive scenario, the individual completes all the stages and comes up with a healthy self-image or identity. On the other hand, if the individual fails to complete the stages appropriately and is stuck in one of them, “fixation” occurs, and this point was accepted as the beginning of self-image issues according to Freud.

In the theory of psychosexual stages, which is based on the effects of the sexual pleasure drive on the individual psyche, a single body part is particularly sensitive to sexual, erotic stimulation at certain points during the developmental process. These erogenous zones are the anus, the mouth, and the genital area. The child's libido focuses on the behaviour which affects the major erogenous zones of his/her age. The child cannot skip to the next level of the primary erogenous zone without resolving the developmental conflict of the immediate one (Stevenson, 1996).

At a given stage of development, a child has certain demands and needs, such as the need for the infant to be nursed. When these needs are not met, frustration occurs. On the other hand, the child hesitates to progress beyond the stage because of the overindulgence originated from such an ample meeting of these needs. Some amount of the child's libido is locked permanently into the stage by both frustration and overindulgence, and both result in fixation. When the child successfully goes through the stages, resolves all the conflicts and moves on, little libido remains invested in each stage of development. However, if the child fixates on a particular stage, the method of obtaining satisfaction which is based on that stage will dominate and affect the child's personality (Stevenson, 1996).

According to Melanie Klein's object relations theory, psychological development is inseparable from the growing sense of external reality, and the child begins to realize the difference between the inner and external world. The child starts to gradually discover the limitations of her/his own love, but also of her/his hatred, and finds more concrete ways to influence external reality. In addition to these improvements, the splitting process diminishes as ego integration increases. The child's increased ability to understand the external reality and, to some extent, unify the conflicting impulses also leads to increased integration of the good and bad sides of the object. This means that people may be loved and maturely idealized despite their imperfections. This results in the idea that the child has successfully merged the good and bad objects, and if they are well balanced, the good aspects win over the bad ones. The mother in her good aspect is the first good object which becomes a part of the child's inner world (Milivojevic & Ivezic, 2004).

Splitting occurs when a person (especially a child) cannot keep in mind two conflicting thoughts and emotions at the same time, therefore keeps the conflicting feelings apart and concentrates on only one of them (Etherington, 2020). In the Kleinian aspect, when the splitting process does not diminish in time, which means the child fails to integrate the good and the bad sides of the object (the mother), it results in a self-image issue and affects the ego integration directly in a negative way. The non-integrated ego appears in a child's life as a black-and-white view of the inner and external world and does not give any space for the grey areas at all.

Another object relations theorist, Donald Winnicott, focused on the "false self" of the child during development. Winnicott believed that an extreme form of the false self begins to develop in infancy as a defence against an environment that feels unsafe or overwhelming because of a lack of reasonably attentive caregiving. He thought that parents were not required to be perfectly attuned to their babies, but just "ordinarily devoted" or "good enough" in order to protect the baby from experiencing overwhelming extremes of discomfort and distress, physical or emotional. But the children who are deprived of such external protection, Winnicott believed, had to do their best with their own crude defences ("Play and the sense of being real – Het Leadership Lab", 2016).

Winnicott thought that the false self develops during the process of introjection, internalizing one's experiences of others. Instead of basing the child's identity on its own unforced feelings, thoughts, and initiatives, the child with a false self essentially imitates and internalizes other people's behaviour, a way in which he might seem "just like" his/her mother, father, brother, nurse, or someone who dominated the child's world, but inwardly the child would feel boring, empty, dead, or "phoney." The false self is a defence of the constant striving to anticipate and fulfil the demands of others, as a way to protect the "true self" from a world that is perceived as

unsafe. Winnicott believed that this is an unconscious process in which both others and the person himself/herself mistakenly identify his/her false self as his/her real personality. But even with the appearance of success and social gains, he/she will feel unreal and lack the feeling of being alive or happy (“Play and the sense of being real – Het Leadership Lab”, 2016).

Otto Kernberg postulated the self-image and its related issues in two different terms which are called “integrated identity” and “identity diffusion.” The degree of integration is assessed both on the concept of one self, of significant others, and the organization of the subjective experiences. According to Kernberg, the nature of integrated identity involves seeing oneself and others as real and synthetically, which is matched by subjective emotional/complex/realistic experiences in a variety of situations on an ongoing basis. It is coherent with healthy self-esteem, and with emotional experiences that are modulated and proportional to the stimuli, and although they have intense affection, there is no loss of control of the impulses and no compromise of the reality test. On the other hand, identity diffusion is defined as the inadequately integrated concept of one self and of others, along with a subjective experience of chronic emptiness and internal contradictions. It is notable for its lack of coherence in the sense of one self and of significant others, both in time and in various contexts (Labbé-Arocca et al., 2020).

## **2. Borderline Personality Disorder: Ambivalence**

### **i. Borderline personality disorder through the eye of the psychoanalytic approach**

“It is as if my life were magically run by two electric currents: joyous positive and despairing negative – whichever is running at the moment dominates my life, floods it.”  
— Sylvia Plath

Sigmund Freud initially distinguished between neurosis and psychosis in the following manner: “In neurosis, the ego suppresses part of the id out of allegiance to reality, whereas in psychosis, it lets itself be carried away by the id and detached from a part of reality” (Introduction to Sigmund Freud, module on Neuroses, 2022). The term borderline, in its origin, refers to a division, a border. In psychoanalysis, it is the borderline between neurosis and psychosis, and this definition may be one of the few aspects that have been consolidated and accepted during the early period of investigations. Nevertheless, this fact became moot when authors such as Kernberg proposed the idea of borderline personality disorder to be a specific structure and not a mixed phenomenon, or even a border (Santos & Mello Neto, 2018).

The most important theoretical advance in the definition of marginal structure originated from the work of Kernberg (1975), who proposed borderline personality organization (BPO). It can be understood as a middle-level of personality organization on a continuum from neurotic



to psychotic personality organization. According to Kernberg, the hallmarks of BPO (a broader construct than BPD, reflect a level of personality organization or dysfunction, rather than a specific personality disorder [PD]) are distortion in reality perception (as opposed to the genuine loss of contact with reality seen in psychosis); inadequate and maladaptive defences (ways of regulating emotion); and deprivation of forming complex, integrated representations of others, which contributes to interpersonal instability. Kernberg (1975) described borderline patients as having “nonspecific ego weakness” (i.e., multiple defects in psychological practices promoting adaptive functioning), poor control of impulses, and low anxiety tolerance, including a breakthrough of “primary process” thinking (i.e., disordered thinking) (Bradley & Westen, 2005).

## **ii. The concept of self and self-image for borderline personality disorder**

“Through the eclipse of large areas of the self, by repression and inhibition as well as by idealization and externalization, the individual loses sight of himself; he feels, if he does not actually become, like a shadow without weight and substance.”  
— Karen Horney

From a psychological point of view, Kernberg and other psychoanalysts have described in detail how borderline functioning characterizes individuals who are pathologically fixed at the level of ego development, in which object representations of the self and the other have been differentiated before the good and the bad aspects of each of these object representations are integrated. The toddler experiences alternating states of “all good” and “all bad” for the mother because the early ego does not have the capacity to integrate these inconsistent images. During normal development, the inconsistent images and emotional states are gradually synthesized into one representation. If there is a disturbance in development, the separation is maintained defensively to prevent contamination of valuable images across the border (Eckrich, 1985).

From a psychodynamic perspective, a hallmark of BPD is a lack of integration of self-representations (Kernberg, 1976, 1983). In particular, patients with BPD find it difficult to self-representations with different affective qualities (i.e., good and bad). A common example is an inability to keep in mind self-representations as both loving and angry (and, conversely, of self as lovable when significant others are angry). This results in sharp discontinuities in self-representations from day to day or moment to moment. Sometimes, this appears to reflect the deficiencies in the capacity to regulate the mood effects on cognitive, whereas at others, it may reflect a defensive maneuver (e.g.,

representing the self as unlovable to avoid the even more unacceptable representation of the other as unloving) (Bradley & Westen, 2005).

### **iii. The connection between self-image issues and borderline personality disorder**

“It is only when parental feelings are ineffective or too ambivalent or when the mother’s emotions are temporarily engaged elsewhere that children feel lost.”

— Anna Freud

According to Otto Kernberg, the borderline personality organization is a developmental disturbance originating during the third stage, the differentiation of self from object relations. The developmental task of this stage is to integrate the libidinally and aggressively invested representations of self and object into a more realistic self-concept and “total” object representations. Kernberg claims that the clinician observes “nonmetabolized ego states” that consist of severe fluctuations from one unintegrated self to another. In addition, Kernberg highlighted that people with borderline personality disorder often experience dramatically shifting emotional states and claimed that there must also be shifting ego states characterized by distinct ego structures that correspond to these different emotional states (Christopher & Lambeth, 2001).

Although splitting is a normal component of development according to Kernberg, it becomes pathological if it prevents the ego from developing. This can occur because of a mutually reinforcing relationship that can ensue between splitting and a weak ego: splitting prevents the integration of the effects of opposite sides, thereby preventing the release of neutralized energy that makes repression possible, and thus preventing the constructive differentiation of ego and its products of that repression. In contrast, a weak or pathologic ego does not have the energy to combine conflicting opposites. Thus, by splitting apart the self-objects of opposite sides, and thereby preventing the generation of energy for repression, ego weakness is perpetuated (Christopher & Lambeth, 2001).

According to the psychoanalytic approach, the primitive defence of maintaining the separation, or splitting, helps the borderline personality maintain a fragile sense of self by keeping separate dissimilar, or oppositely valenced, sets of experiences. Because of the inability of integrating and synthesizing positive and negative introjections and identifications, there may be rapid shifts between seeing others as all bad or all good, and therefore others are seen as a combination of isolated behaviour. One of the results of splitting is identity diffusion, which causes people with borderline personality disorder to become dependent on external cues to identify who they are and what they feel (Eckrich, 1985).

In addition to Kernberg's perspective, Donal Winnicott considered Borderline as "the type of case in which the core of the patient's disturbance is psychotic, but the patient has enough psychoneurotic organization always to be able to represent psychoneurosis or psychosomatic disorder when the central psychotic anxiety threatens to breakthrough in crude form." In the case of borderline personality disorder, it is the failure of the mother to provide an average foreseeable environment which creates the "false self", the unpredictability and the unreliability of the object's availability and/or the object's reaction to the infant's expression of pre-ruth aggression. The object is not present to receive the infant's spontaneous gestures, or the object does not survive the infant's aggressive acts, in either case, a feeling of abandonment along with a fear of annihilation occurs. Where the integration, personalization, and realization were to develop, the borderline develops a tendency towards disintegration, depersonalization, and derealization (Dhar, 2018).

All these components identified by the psychodynamic perspective appear as a baseline for the self-humiliation behaviours of borderline personality disorder. An unintegrated ego, false self, dramatically shifting emotional states, the feeling of abandonment, unpredictable and unreliable environment, object's unavailability, and being in between psychosis and neurosis serve as ladders for defining the communicative language of self-humiliation behaviours and their physical and psychological effects on the people with borderline personality disorder.

## **2. Self-Harm: More Than Physical Scars**

### **i. The definition of self-harm**

"What we learn about the child and the adult through psychoanalysis shows that all the sufferings of later life are for the most part repetitions of these earlier ones and that every child in the first years of life goes through an immeasurable degree of suffering."

— Melanie Klein

In the purest and most understandable definition, self-harm – also called self-injury- is an intentional non-suicidal injury to one's own body tissue, such as cutting or burning the skin, or pulling out hair, in a physical manifestation of emotional distress. There are two underlying points in this definition: intentional act and the body as the target of the act. The importance of these underlined focuses was explained by the psychoanalytic approach in different terms and the reason of the body becoming a target of this initial act is the main focus of this part.

According to Freud, the mind originally develops from the body. The ego is initially generated from bodily sensations, specifically those coming from the surface of the body. As the baby becomes more oriented towards the external world, mainly represented by the mother, its ego develops through a gradual process of identification with the goodness of the mother in her provision of nutrition and care, which diminishes painful bodily feelings' vocalizations, which are gradually integrated to form the developing body image; thus, the earliest sense of self is embedded and mediated through bodily sensations such as hunger and cold. In addition to Freud's ideas, Winnicott claimed that the role of the mother's emotional relationship to the infant's body, allowing the infant to contain anxiety or physically painful conditions through the mother's physical and emotional presence, which is then internalized into the evolving ego (Yakeley & Burbridge-James, 2018). In other words, the first touch of the external world comes to the infant thanks to the existence of the body and the underlying meaning and importance of the body in terms of the self is explained in this way.

#### **ii. The relationship between self-image issues and self-harm**

“A pattern of raised crisscrossed scars, some old and white, others more recent in various shades of pink and red. Exposing the stress of the structure underneath its paint.”

— Amy Efav

The first touch of the external world comes to the infant in a “broken” or “uncompleted” way if the interaction between the mother (or the caregiver) and the infant is absent or insufficient to integrate the ego properly. Infants who have not had the reliable presence of the maternal holding environment, the physical feeling of being fed, bathed, soothed, held and having their needs met, have a disrupted sense of internal integration. It can be seen as evidence that from infancy, integration starts from the outside world to the inner world – physical containment allows psychic containment and the development of a consistent sense of self, and ultimately construction of perception of inner and outer, a concept of one's own mind. The “body ego”, as Freud termed it, is the first ego, and corruptions in its care have a severe impact on the development of the psychic structures, the ego, or the sense of self in mediation with the outer world (Motz, 2010). The child's ego remains fragile and relies on rudimentary defence mechanisms such as projection, projective identification and splitting to avoid painful feelings. Anxiety-provoking experiences of the infant's body cannot be represented in the mind but instead are shown and communicated through the body. The inner and outer reality,

self and other, and good and bad become confused and unintegrated (Yakeley & Burbridge-James, 2018).

Skin is the borderline, the shield of protection, which separates self and the other, and the point of contact with another, as well as the line between inside and outside, the surface on which sensation is felt; it is the boundary, the point of perception and the site of impact. When someone penetrates their skin, defaces it, marks, or bruises it, there is a violent infraction from the outer world onto the point of contact with the inner world and the harmed person is left hurt, momentarily deformed, and filled with impinging sensations. To act in this way to one's own body is fundamentally to become other to oneself, to present a split and an attack that could come from a stranger outsider. Cutting the skin represents a split self and is, in a sense, a reflection of the earliest relationship between the self and the other. Caring for the self-inflicted wounds can be seen as a re-enactment of the early infantile experience of being tended to and nursed for by another, usually though not always, the mother. This is the other side of the split self, the nurturing, the caring and the thoughtful aspect (Motz, 2010).

Individuals with BPD are widely acknowledged to have difficulty with effective emotion regulation and to use destructive, impulsive strategies to avoid unwanted emotions. According to the Millon Clinical Multiaxial Inventory (MCMI-III), there is a moderately positive association between borderline personality disorder scores and avoidance coping strategies such as denial, self-distraction, behavioural disengagement, and alcohol/drug abuse ( $r$ s ranged from .18 to .40) (Vollrath, Alnaes, & Torgersen, 1998).

Self-harm behaviours serve an important mood-regulating function for people with borderline personality disorder (Kemperman, Russ & Shearin, 1997). It was reported as assisting in the releasing of the irresistible tension and helping patients to continue to function and tolerate their everyday struggles (Parker, 2007). In addition, self-harm was also used by people with borderline personality disorder to express anger, punish and distract themselves, and generate normal emotions (Brown, Comtois & Linehan, 2002; Favazza, 1992). In this sense, anxiety-provoking experiences of the unintegrated ego are represented by intentional self-harm behaviours as a way of releasing the tension temporarily.

In addition to the mechanism of self-harm as a tension releaser, dissociation such as depersonalization and derealization, is also seen as a common feature of individuals who engage in self-harm behaviours. Patients who dissociate unconsciously disengage or psychologically split off from their thoughts or being mentally present in a situation.

This is more likely to happen during traumatic times as an attempt to cope with overwhelming thoughts, sensations, and feelings (Parker, 2007).

### iii. Communicative language of self-harm

“The cuts and the scars and track marks become like a Talisman that you wear hidden – to anyone who gets close enough to see it’s a symbolic marker, to what side of life you’re walking on – how deep is your damage?”  
— Heather Jones (2009, p.45)

Although self-harm is often viewed with horror and incomprehension. It is sufficient to understand its origins and communicative purposes. For people who showed self-harm behaviours, the scar caused by cutting is a way of presenting their psychic pain to the outside world. Self-harm makes public this personal pain and expresses that which cannot be thought and spoken about. It also inscribes a meaningful narrative on the body itself, with the hope that it might be understood and responded to by the outside world (Motz, 2010). “Intentional self-harm is a symptom of internal distress, which has both a public and a private message” (Adshead, 1997, p.111).

The body is viewed not simply as a container for inexpressible effect, but as a thing in itself, an outside expression of the self in which internal states can be imprinted and serve as a mirror to the mind, and then re-internalized. Self-cutting, especially, serves the function of mirroring in those for whom the early caregiver did not provide this. The skin, rather than the arms or eyes of the mother, becomes the reflective surface. This is a hopeful conception of self-harm which connects it to the creation of an embodied identity, rather than consigning it basically to the space of pathology (Motz, 2010).

### iv. Self-harm experiences from people with borderline personality disorder

“Skin communicates. Skin signals. Skin tells a story.”  
— Marilee Strong (2005, p.17)

*“For me, self-harm is mainly about escaping fear. Trying to escape fear or escape my reality, the time. I am just afraid of so many things, so many things worry me. The worst is being alone and feeling no one cares. ... One example is the time I cut myself up bad when the football grand final was on. People came over, they came in like a cyclone... then all left, I was like ‘oh great, enjoy yourselves’ within an hour of them leaving, the cutting started... they all left me. I felt so alone. I felt they had abandoned me” (Parker, 2007).*

*“The scars do show the pain I am in, but I do everything to not show the wounds. In one way I wish people would see the marks I have and understand what it is about. But I will always cover them up, I try to keep it from people, even those I have been close to had no idea I was cutting, I tried to keep it from them, even with my partner at the time*

*when we were sleeping together, I always made sure my arms were covered. I was just worried if anyone saw they would put me in the nuthouse. When others did see or find out, they would tell me that I am psycho and that would slap me in the head and stuff like that. No one wanted to know, I suppose people did just not care” (Parker, 2007).*

*“Self-harming is the only way I show my feelings.” Mary was uncomfortable expressing her feelings, especially her anger. “Someone told me it could have been good for me to be angrier or scream more... but it’s just not me.” She is sensitive about how people think of her and not being a burden. “I am very attended to what people think of me, how they look at me if they get tired of me if I am a burden or what kinds of thoughts, they have of me” (Stänicke, 2021).*

*“Self-harm collects those feelings. Sometimes, when many painful things happen, and you can’t understand... you just feel so much at once, it’s like a storm – it’s much easier to collect it all in one physical pain.” Lisa described how self-harm gave her something to focus on and made incomprehensible inner pain and feelings concrete. “I was so stressed, and I did not know what to do with myself. And then I did it to handle it (the stress) ... to finish, in a way... Yes, it’s like a control thing... makes me relaxed.” Self-harm brought a state of relaxation and gave her a sense of control by managing something (Stänicke, 2021).*

*“My parents never noticed it (the self-harm) when I was a kid, but then me and my parents never got on, we still don’t, but you know, I still long for their attention. I somehow got through my childhood, trying to get their attention and never got it, I’m thirty-six and I still don’t get it. I can’t stand these feelings of being alone. I feel neglected because my parents always shut the door in my face. They, they just don’t care kind of thing. They just really don’t. Like I’ve had Crohns disease now for three years and I’ve seen them twice, in one way I don’t particularly care, but then again I do, it’s like ‘well I know where I stand’ type of thing. This makes me harm myself more” (Parker, 2007).*

*“I have cut myself so much, in a way, and it changes from screaming to whispering, in a way, you don’t think, because you can’t think of two pains at the same time.” Sophie explained how self-harm changed psychic pain on the body, which was more tolerable. “My whole body was covered (with scars) ... it was insane. Strangely, even people in my own family did not notice.” During the interview, Sophie underlined how self-harming could have been a way to tell someone about how troubled she was as a little girl (Stänicke, 2021).*

*“I can tell you from my point of view, from what I do with me personally is not a suicide attempt, as I’ve had a couple (suicide attempts) that were deliberate and failed, fortunately. Mutilation is different, it is not suicide, I do not want to die, I never hurt*

*myself to the point where I could die. It helped me to get through and not get to the point of suicide. For me, self-harm is to release the pain and a cry for help” (Parker, 2007).*

## CONCLUSION

The thesis highlights the different definitions of the self and its creation process according to the psychodynamic approach. The underlined points are Sigmund Freud’s perspective on the ego and Melanie Klein’s object relations theory on the infant’s internalization process which is based on the integration of the inside and the outside world. Donald Winnicott’s perspective on the importance of being a good enough caregiver (the mother) and her role in the infant’s world according to the capacity of providing a satisfactory environment and meeting the infant’s needs properly is another critical point discussed in the thesis. In addition to these approaches, Otto Kernberg’s explanation which is based on the significance of the synthesized units in the determination of a healthy self is highlighted in the different parts of the thesis.

The relationship between the damaged or unintegrated self-image and borderline personality disorder manifests itself in the self-harm behaviours that are used as coping mechanisms for releasing the inner pain and silencing the conflicts on the surface of the self. In addition, people with borderline personality disorder describe self-harm behaviours as a way of requesting help and being heard and understood.

The main reason to write the thesis with this research question is my realization of the unfilled gap in this area and the biases about the self-harm behaviours in the society. For the further studies, giving more focus on the baseline points of self-harm behaviours in borderline personality disorder and its relationship with emotional regulation can be detailed and the research results can be used in different psychological treatments. In addition, informing the society on the meanings behind the self-harm behaviours can help to break the biases in time and provide a healthy environment for the people who acknowledge the self-harm behaviours as the only way to be heard and understood and make them be heard and understood in a safe and kind manner.



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