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Thought suppression mediates the relationship between negative affect and borderline personality disorder symptoms

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Abstract

The purpose of this study was to examine the relationships among negative affect, childhood sexual abuse (CSA), thought suppression, and diagnostic symptoms of borderline personality disorder (BPD) in a community sample ($n = 127$). Findings suggest that the temperamental variable negative affect intensity/reactivity was a stronger predictor of BPD symptoms than CSA. In addition, results indicated that higher thought suppression mediated the relationship between negative affective intensity/reactivity and BPD symptoms, after controlling for a history of CSA. Overall, findings suggest that (a) negative affectivity may be a better predictor of BPD symptoms than CSA, and (b) chronic efforts to suppress unpleasant thoughts may be a regulation strategy underlying the relationship between intense negative emotions and BPD symptoms.

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1. Introduction

Borderline personality disorder (BPD) is a serious mental health problem as evidenced by high rates of inpatient psychiatric service utilization (Swigar, Astrachan, Levine, Mayfield, & Radovich, 1991), risk for suicide (Linehan, Rizvi, Shaw-Welch, & Page, 2000), and rates of psychiatric co-morbidity (Skodol et al., 2002a). Findings from recent studies suggest that three core features largely characterize BPD: disturbed interpersonal relatedness, behavioral dyscontrol, and affective dysregulation (Skodol et al., 2002a,b; Siever et al., 2002). However, despite growing consensus regarding these core features of BPD, there remains uncertainty as to whether distal environmental factors (e.g., childhood trauma) or temperamental factors (e.g., affect intensity) are more useful predictors of the disorder. In addition, although recent studies have provided preliminary evidence for the role of emotion regulation in the presentation of BPD features (Cheavens et al., in press; Yen, Zlotnick, & Costello, 2002), the extent to which maladaptive efforts to regulate emotions have a central role in BPD is unknown. The purpose of this study is to begin addressing both issues by examining the relationships among negative affectivity, childhood sexual abuse, thought suppression, and diagnostic symptoms of BPD.

Temperamental factors: Individuals with BPD exhibit significant problems associated with affective instability (Skodol et al., 2002a; Linehan, 1993), and some argue that it is the core feature of BPD (Linehan, 1993). Furthermore, individuals with BPD have been hypothesized to have a biological predisposition to exhibit heightened affective intensity and reactivity (Linehan, 1993). Empirical investigations have provided some preliminary support for these contentions. For example, compared with controls, individuals with BPD report greater intensity of negative affect and greater number of changes in negative affect over time (Levine, Marziali, & Hood, 1997; Stein, 1996). Similarly, BPD is associated with higher levels of dysphoric affect compared with other personality disorders (Zanarini et al., 1998). Evidence also suggests that higher affect intensity predicts a greater number of BPD diagnostic symptoms, even after controlling for level of depressive symptoms (Yen et al., 2002a). Recently, Cheavens et al. (in press) found that negative affect intensity and reactivity were associated with higher levels of BPD features, including impulsivity, aggression, and interpersonal sensitivity. In sum, results from studies examining negative affectivity and BPD are consistent with the notion that BPD is characterized by heightened affective instability.

Distal environmental factors: In addition to temperamental factors such as negative affectivity, distal environmental factors also are associated with greater BPD symptoms, and early environmental affiliative and/or childhood trauma related problems are widely considered as important in the development of BPD (e.g., Graybar & Boutilier, 2002). One early environmental factor associated with BPD is childhood sexual abuse (CSA). Individuals with BPD commonly report a history of CSA (e.g., Herman, Perry, & van der Kolk, 1989; Paris et al., 1994a,b; Zanarini et al., 1997). Greater severity of CSA (e.g., higher frequency of abuse, the use of force, molestation by a family member, etc.) has been found to be associated with a greater number of BPD symptoms among inpatients with BPD (Zanarini et al., 2002). In addition, Yen et al. (2002b) found that a history of CSA was associated specifically with BPD compared with other personality disorders. Although CSA is associated with BPD, a history of sexual abuse in childhood is unlikely to be the sole or primary causal variable in the development of BPD (Goodman & Yehuda, 2002; Graybar & Boutilier, 2002). A recent meta-analysis found a

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