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Assumptions in borderline personality disorder: specificity, stability and relationship with etiological factors

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Abstract

The specificity and stability of a set of assumptions hypothesized to be characteristic of Borderline Personality Disorder (BPD) was investigated. BPD patients ($n = 16$) were compared to cluster-C personality disorder patients ($n = 12$) and to normal controls ($n = 15$). All subjects were female and diagnosed with SCID-I and -II. Subjects rated a short version of the Personality Disorder Beliefs Questionnaire (PDBQ), with six sets of 20 assumptions each, hypothesized to be characteristic of avoidant, dependent, obsessive-compulsive, paranoid, histrionic and borderline personality disorder. The BPD assumptions (Cronbach alpha = 0.95) proved to be the most specific to BPD patients. Subjects rated the shortened PDBQ again after viewing an emotional video fragment one week later. Despite increased negative emotions, the PDBQ ratings remained relatively stable. Confirming the cognitive hypothesis, regression analyses indicated that the BPD assumptions mediate the relationship between self-reported etiological factors from childhood (sexual abuse and emotional/physical abuse) and BPD pathology assessed with the SCID-II. It is suggested that a set of assumptions is characteristic of BPD, and is relatively stable despite the instability of the behaviour of people diagnosed as having BPD. © 1999 Elsevier Science Ltd. All rights reserved.

1. Introduction

In cognitive views of personality disorders a central role is given to schemas, generalized representations of the self, others, and the world, of the relationships between these elements, and of the main strategies for survival (Beck, Freeman, & Associates, 1990; Young, 1990). These schemas are hypothesized to result from the interaction between dispositional and environmental factors during childhood and, once formed, to strongly influence informational

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input by selective and interpretative processes. Though the content of these schemas are hypothesized to be mainly constituted by tacit knowledge, therefore inaccessible for direct introspection, it is believed in cognitive views that important aspects of schemas can be represented in so-called *assumptions*, verbal circumscriptions of fundamental beliefs, like “I’m inherently bad” and “If you do not dominate the other person, he/she will dominate you”. By letting *Ss* rate the degree they believe in these propositions it is hypothesized that the content of their schemas becomes measurable. Various suggestions have been made about the assumptions that are central in personality disorders: Beck et al. (1990) offer an extensive list of assumptions for most DSM-III-R personality disorders; Young (1990) has offered a somewhat different view by suggesting that 18 themes like self-sacrifice and entitlement are fundamental dimensions in personality pathology (see Schmidt, Joiner, Young, & Telch, 1995, for a psychometric evaluation of Young’s Schema Questionnaire).

Despite the fact that the Borderline Personality Disorder (BPD) is one of the most severe and common disorders in psychiatry, almost nothing is known about the assumptions that may be central in this disorder. Beck et al. (1990), for instance, do not give a list of assumptions characteristic of BPD, stating that BPD is an exception among the personality disorders by not being characterized by a specific set of beliefs. Young (see Beck et al. (1990), p. 185) has suggested that nine of his ‘early maladaptive schemas’ are playing a role in BPD, but the number is quite large to consider this as the essence of the core beliefs in BPD. Despite the omission of a list of BPD assumptions in the Beck et al. (1990) book, the chapter on BPD makes some specific suggestions: BPD individuals are believed to view themselves as inherently bad, powerless and vulnerable, and to view the world (we would say *others*) as dangerous and malignant. Arntz (1994) has elaborated on this suggestion by hypothesizing that these fundamental beliefs are related to childhood etiological factors common in BPD: sexual abuse by intimates in particular, but also emotional and physical abuse and neglect (Bryer, Nelson, Miller, & Krol, 1987; Stone, Unwin, Beacham, & Swenson, 1988; Coons, Bowman, Pellow, & Schneider, 1989; Herman, Perry, & van der Kolk, 1989; Ogata, Silk, Goodrich, Lohr, Westen, & Hil, 1990; Weaver & Clum, 1993). In short, it is hypothesized that if members of the nuclear family (or its substitute) in which the child grows up (sexually/physically/emotionally) abuse the child, especially in the 6–12 yr range, the formation of the idea to be inherently bad, that nobody can be trusted and that others will abuse, punish or leave you when you become intimate and dependent, are fostered. It has also been hypothesized that BPD is characterized by a cognitive-emotional developmental stagnation on areas related to these issues, resulting, for instance, in dichotomous thinking (see Veen & Arntz, 1997, for a test of the schema-specificity of dichotomous thinking in BPD).

The first aim of the present study was to test whether a set of assumptions (hereafter to be referred to as *BPD assumptions*) derived from the work by Beck et al. (1990) and Arntz (1994) is characteristic of BPD. To test this issue a 3-group design was chosen: a group of BPD patients was compared with a psychiatric control group and a healthy control group. The DSM-III-R (and DSM-IV) distinguishes three clusters of PDs: the ‘odd’ cluster-A (paranoid, schizoid, and schizotypal PDs); the ‘dramatic’ cluster-B (histrionic, narcissistic, borderline, and anti-social PDs); and the ‘anxious’ cluster-C (avoidant, dependent, obsessive-compulsive, and passive-aggressive PDs). Since there is considerable comorbidity between BPD and cluster-A PDs and other cluster-B PDs, it was decided in this stage of research to compare BPD with

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