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# Assessment of dysfunctional beliefs in borderline personality disorder

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## Abstract

This study had two aims: to test the hypothesis that borderline personality disorder (BPD) patients hold numerous dysfunctional beliefs associated with a variety of Axis II disorders, and to construct a BPD belief scale which captures these beliefs. Beliefs were measured using the Personality Belief Questionnaire (PBQ) which is designed to assess beliefs associated with various personality disorders, although not specifically BPD. Eighty-four BPD patients and 204 patients with other personality disorders (OPD) were randomly split into two study samples. Fourteen PBQ items were found to discriminate BPD from OPD patients in both samples. These items came from the PBQ Dependent, Paranoid, Avoidant, and Histrionic scales and reflect themes of dependency, helplessness, distrust, fears of rejection/abandonment/losing emotional control, and extreme attention-seeking behavior. A BPD beliefs scale constructed from these items showed good internal consistency and diagnostic validity among the 288 study patients. The scale may be used to assist in diagnosis and cognitive therapy of BPD. © 2002 Elsevier Science Ltd. All rights reserved.

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## 1. Introduction

In the past decade, cognitive therapy (CT) has been expanded to treat a variety of personality disorders (Beck, Freeman et al., 1990; Young, 1990), including Borderline Personality Disorder (BPD; Layden, Newman, Freeman, & Morse, 1993). This adaptation of CT has focused on the role of core dysfunctional beliefs for patients with personality disorders. These beliefs influence the organization of a patient's perception of the world, the self, and the future, and his or her ability to adapt to life's challenges. In addition, the core dysfunctional beliefs of patients with personality disorders have been hypothesized to be over-generalized, inflexible, imperative and resistant to change (Beck et al., 1990).

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Core dysfunctional beliefs are self-maintaining because they structure patients' perception and interpretation of environmental stimuli and cause them to habitually react in ways that confirm their beliefs. For example, an individual with a core belief that people are hostile towards him may act in an aggressive or defensive manner, thereby evoking actual hostile reactions from others.

Beck et al. (1990) published a list of dysfunctional beliefs that were associated with specific personality disorders. These beliefs were derived from individualized conceptualizations of patient problems and the generation, implementation, and evaluation of treatment strategies based on these case conceptualizations. A set of generalized (prototypic) beliefs was obtained by reviewing similarities across patients with the same personality disorders. This approach led to separate lists of beliefs for most of the Axis II disorders. These lists, with the exception of beliefs for BPD, were published in the appendix of Beck et al. (1990). Beck and colleagues noted that the beliefs of BPD patients seemed to transcend the categorization of the other personality disorders.

Other clinician-scientists have proposed that there are specific cognitive themes or assumptions that are characteristic of BPD (Arntz, Dietzel, & Dreessen, 1999; Schmidt, Joiner, Young, & Telch, 1995; Young, 1990). Young and his colleagues conceptualize personality pathology in terms of various combinations of 16 different "early maladaptive schemas" (Schmidt, Joiner, Young & Telch, 1995). Early maladaptive schemas refer to broad patterns of dysfunctional cognition, affect, behavior, and motivation. Young has observed that several maladaptive schemas are apparent in BPD patients, including: abandonment/loss, unlovability, dependence, subjugation/lack of individuation, mistrust, inadequate self-discipline, fear of losing emotional control, guilt/punishment, and emotional deprivation (see Table 3, Beck et al., 1990). To our knowledge, this model of BPD schemas has yet to be tested empirically.

Arntz and colleagues developed a list of 20 BPD assumptions based on the writings of Beck et al. (1990) combined with their own clinical experience with this population (Arntz, Dietzel & Dreessen, 1999). Similar to the themes proposed by Young and colleagues, the BPD assumptions Arntz, Dietzel and Dreessen (1999) proposed reflected themes of aloneness (e.g., "I will always be alone"), dependency (e.g., "I can't manage it by myself, I need someone I can fall back on"), unlovability (e.g., "If others get to know me, they will find me rejectable and will not be able to love me"), emptiness (e.g., "I don't really know what I want"), lack of personal control (e.g., "I can't discipline myself"), badness (e.g., "I am an evil person and I need to be punished for it"), interpersonal distrust (e.g., "Other people are evil and abuse you") and vulnerability (e.g., "I'm powerless and vulnerable and I can't protect myself"). Many of the assumptions included in the Personality Disorder Belief Questionnaire (PDBQ) by Arntz et al. (1999) were drawn with permission directly from the list of beliefs in the appendix of Beck et al. (1990). However, they also included some additional assumptions that they observed in BPD patients. Arntz et al. (1999) found that patients with BPD scored higher on the PDBQ than patients with cluster-C personality disorders or normal controls.

The current study takes an empirical approach to identifying dysfunctional beliefs held by PBD patients using the Personality Belief Questionnaire (PBQ; Beck & Beck, 1991; Beck et al., 2001). By identifying the specific maladaptive beliefs associated with BPD we hoped to create a BPD belief scale that would aid in the development of cognitive case conceptualizations and interventions for BPD.

The PBQ was developed as a clinical measure of the beliefs associated with personality disorders, as proposed by Beck et al. (1990). The PBQ is composed of 126 items and nine scales

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