



Borderline personality disorder features and cognitive, emotional, and predicted behavioral reactions to teasing

Sarah L. Tragesser^{a,*}, Louis G. Lippman^b, Timothy J. Trull^c, Karen C. Barrett^{d,e}

^a Department of Psychology, Washington State University, 2710 University Drive, Richland, WA 99354, USA

^b Department of Psychology, Western Washington University, 516 High Street, Bellingham, WA 98225, USA

^c Department of Psychological Sciences, University of Missouri-Columbia, 210 McAlester Hall, Columbia, MO 65211, USA

^d Department of Psychology, Colorado State University, Fort Collins, CO 80523, USA

^e Department of Human Development and Family Studies, Colorado State University, Fort Collins, CO 80523, USA

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ABSTRACT

Borderline personality disorder (BPD) involves interpersonal dysfunction. It is unknown to what extent these problems are due to perceptual biases, emotional reactivity, or impulsivity above and beyond emotional reactions. The present study experimentally tested these mechanisms in the context of predicted reactions to teasing. Participants completed the Personality Assessment Inventory–Borderline Features scale [PAI-BOR; Morey, L. C. (1991). *Personality assessment inventory: Professional manual*. Odessa, FL: Psychological Assessment Resources], and the Rejection Sensitivity Questionnaire [Downey, G., & Feldman, S. I. (1996). Implications of rejection sensitivity for intimate relationships. *Journal of Personality and Social Psychology*, 70(6), 1327–1343], and imagined a scenario that involved teasing. Participants rated the teaser and their own predicted emotional and behavioral reactions. Analysis of Covariance results indicated that individuals who endorsed more BPD features showed elevated emotional reactions and predicted behavioral reactions to teasing, but not perceptual biases. Ratings of predicted behavioral responses could be accounted for by emotional responses, supporting the emotional reactivity perspectives of BPD [Linehan, M. M. (1993). *Cognitive-behavioral treatment of borderline personality disorder*. New York: Guilford].

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1. Introduction

A major feature of borderline personality disorder (BPD) is difficulties with interpersonal relationships (Daley, Burge, & Hammen, 2000; Koenigsberg et al., 2001). Individuals with BPD are less likely to be married (Schwartz, Blazer, George, & Winfield, 1990; Zimmerman & Coryell, 1989), experience a greater number of breakups and conflicts in romantic relationships (Daley et al., 2000; Labonte & Paris, 1993), have more conflicts in relationships with parents, siblings, and friends (Skodol et al., 2002), and show poorer overall social adjustment (Joyce et al., 2003) compared to individuals with other disorders or individuals without personality disorders. Although it is documented that individuals with BPD have more conflict and less stable interpersonal relationships, more experimental research is needed on the process by which BPD features lead to specific maladaptive interpersonal behaviors. The purpose of the present study was to simultaneously examine perceptual biases, affective dysregulation, and impulsive tendencies specifically in response to hypothetical, ambiguous interpersonal events using an analog design.

* Corresponding author.

E-mail address: stragesser@tricity.wsu.edu (S.L. Tragesser).

1.1. Perceptual biases

Biases in perception have been a central theme in describing BPD symptoms and interpersonal problems. According to early literature on the disorder, individuals with BPD tend to perceive others as either all good or all bad, termed “splitting” (Kernberg, 1985). This is reflected in the current DSM-IV BPD criterion of “a pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of idealization and devaluation” (APA, 2000, p. 654).

Social information processing and attachment perspectives (e.g., Dodge, 2006; Dozier, Stovall, & Albus, 1999) describe how attributional biases can lead to interpersonal problems. For instance, Dozier et al. (1999) suggest that attachment problems in childhood may lead to negative models of attachment figures, preventing integration of positive and negative features into a unified attachment model. This leads to the “all good” and “all bad” representations of others, as well as to hypervigilance in interpreting and reacting to perceived rejection or criticism from others. Supporting this perspective, there is evidence that, among children, perceptual biases may be problematic for social interactions (Downey, Lebolt, Rincon, & Freitas, 1998; Feldman & Dodge, 1987; Zakriski & Coie, 1996). According to cognitive perspectives of psychopathology, these biases in perception are responsible for the subsequent maladaptive emotional and behavioral responses to social interactions in clinical populations (e.g., Beck & Freeman, 1990).

Empirical evidence for attribution or other perceptual biases among individuals with BPD is mixed. Comparing clinician judgments of cognitive biases of BPD and other patients indicated that patients with schizophrenia were perceived to have greater cognitive biases overall, but the biases of patients with BPD were judged to be primarily interpersonal (Sternbach, Judd, Sabo, McGlashan, & Gunderson, 1992). A number of other studies fail to show evidence of perceptual biases among individuals with BPD in accuracy in stories about WAIS picture arrangement tests (Segal, Westen, Lohr, Silk, & Cohen, 1992), perceptions of neutral faces (Meyer, Pilkonis, & Beevers, 2004), and reactions to relatives' criticism (Stern, Herron, Primavera, & Kakuma, 1997). In support of a perceptual bias, however, Veen and Arntz (2000) and Arntz and Veen (2001) used ratings of characters in movie clips to test biases in person perception and found that person evaluations were more negative (and more extreme) when patients with BPD viewed film clips that were identified as BPD-relevant in content (e.g., clips that depicted abandonment, rejection, or abuse). However, to our knowledge, no previous experimental research has tested the extent to which BPD features are related to perceptual biases in the context of interpersonal interactions.

Another feature lacking in experimental person perception studies of BPD is personal relevance. In other words, asking patients with BPD to identify emotions of others does not allow for an examination of perceptual biases that occur during interpersonal interactions in which the individual is a participant. Therefore, one feature of the present study was the use of stimulus materials that involve participation of the individual as the target of a behavior. This approach provides a more direct test of social cognition to determine whether individuals with higher levels of BPD features are more likely to perceive self-targeted ambiguous/negative social cues with a negative attribution bias. Participants were asked to rate their perceptions of written scenarios depicting an ambiguous, somewhat negative (teasing) social behavior where they imagined that they were the targets of the behavior. Instead of perceptions of facial expressions of others, ratings involved perceptions of actor characteristics (e.g., personality traits) and motivations behind the depicted act after imagining being the target of the teasing behavior. It was expected that individuals with more BPD features would show negative attributional biases when faced with an ambiguous, negative interpersonal behavior directed at the self.

Consistent with perspectives emphasizing how past attachment or validation experiences may lead to perceptual biases (Dozier et al., 1999), rejection sensitivity (RS) may be one stable pattern of perceptions and reactions that is not only characteristic of those with BPD but also related to interpersonal functioning problems and other symptoms. Rejection sensitivity is at least implicit in the diagnostic criteria for BPD (for example, abandonment issues and fears; APA, 2000, p. 654). These criteria suggest that those with BPD may have a stable underlying tendency to fear or react to rejection, which could lead to perceptual biases. Therefore, in the present study we controlled for RS scores to determine whether RS is responsible for perceptual biases or other interpersonal symptoms among individuals with high BPD features.

1.2. Emotional reactivity

Several theorists emphasize that emotional reactivity is a major characteristic of BPD features that leads to interpersonal problems (e.g., Linehan, 1993), and many (Morey et al., 2002; Trull, 2001; Trull, Sher, Minks-Brown, Durbin, & Burr, 2000) promote affective instability or reactivity as a core component of BPD. This perspective is supported by evidence showing that the trait of affective instability (Bagge et al., 2004; Trull et al., 2000) can account for social, economic, and educational functioning difficulties, as well as by evidence that affective instability is one of the core features particularly associated with interpersonal problems (Koenigsberg et al., 2001).

Experimental research supports the assertion that individuals with BPD features are more emotionally reactive to a variety of emotional cues. Research on facial perception suggests that individuals with BPD features are more sensitive to recognizing or inferring emotion-relevant cues (Donegan et al., 2003; Frank & Hoffman, 1986; Herpertz, Kunert, Schwenger, & Sass, 1999; Wagner & Linehan, 1999). Herpertz et al. (1999) did not find elevated physiological responses (e.g., skin conductance, heart rate, startle response) to slides showing negative images in patients with BPD, but neuroimaging studies do suggest increased reactivity to emotional slides (Herpertz et al., 2001) and to autobiographical memories (Driessen et al., 2004; Schmahl et al., 2003; Schmahl, Vermetten, Elzinga, & Bremner, 2004).

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