



## Emotional intelligence and Borderline personality disorder

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### ABSTRACT

This study explored the relationship between trait and ability emotional intelligence (EI) and Borderline personality disorder (BPD) criteria in 523 nonclinical adults. Ability EI was assessed using the Mayer–Salovey–Caruso Emotional Intelligence Test (MSCEIT) and trait EI using the Schutte Emotional Intelligence Scale (SEIS). We assessed the four features of BPD identified by Morey (1991): affective instability, identity disturbance, negative relationships and self-harm, and each of the nine BPD DSM-IV (APA, 2000) criteria. Results suggested that persons with BPD traits are deficient in multiple aspects of trait EI ( $r = -.04$  to  $-.70$ ), but especially management of one's emotions. For ability EI effect sizes were smaller ( $r = .01$  to  $-.36$ ). As expected, poor emotion management ability was important in BPD, and was negatively related to all BPD features/criteria. Poor emotional understanding was also important. These findings extend past work regarding the emotional functioning of nonclinical persons with BPD features. The role of ability and trait emotion management in BPD is consistent with Linehan's (1993) emotion dysregulation theory of the disorder.

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### 1. Introduction

Borderline personality disorder (BPD) is characterised by impulsive behaviour, unstable self-image and interpersonal relationships, and extreme difficulties in emotion and mood management (APA, 2000). It results primarily from an interaction between emotion dysregulation and an invalidating environment (Linehan, 1993). Emotion dysregulation itself is produced by emotional vulnerability (i.e. affective instability and high sensitivity to emotional stimuli) and deficient emotion modulation (i.e. inability to manage one's emotions; Linehan, 1993).

The poor emotional functioning of individuals with BPD has been evidenced. Early studies showed BPD outpatients to have marked deficits in self-reported emotional awareness and emotion integration, greater intensity of negative emotions, and poor accuracy in identifying negative facial expressions, relative to non-psychiatric controls (Levine, 1992). Other studies also point to emotion dysregulation, or poor emotion management in BPD (e.g. Bland, Williams, Scharer, & Manning, 2004; Yen, Zlotnick, & Costello, 2002). These studies typically use self-report measures and so results cannot be generalized beyond subjective experiences of emotion regulation. They are also subject to limitations such as social desirability (e.g. Kluemper, 2008).

Other explorations of emotion functioning in BPD have considered it within the context of trait emotional intelligence

(EI). This construct is conceptualized as a constellation of emotion-related self-perceptions (e.g. emotion perception/management) located at the lower-levels of personality hierarchies (Petrides, Pérez-González, & Furnham, 2007). It is only minimally related to ability EI which is assessed using maximum performance measures and defined as a cognitive ability involving the ability to perceive, use, understand and manage emotion (Mayer & Salovey, 1997).

One study on trait EI and BPD (Leible & Snell, 2004) found that BPD (assessed using the Personality Diagnostic Questionnaire-4+; Hyler, 1994) was negatively associated with multiple aspects of trait EI, including self-reported emotion management. However, correlations were typically small (below .35), and the study used a convenience sample of psychology students.

In another study using regression techniques, global trait EI negatively predicted BPD after variance from dispositional mood (a known correlate of personality) was removed (Petrides et al., 2007). However, the moderately-sized sample of 212 students questions generalization of the results. The use of global trait EI also masks the importance of individual EI facets and reduces explanatory power. Likewise, the use of global BPD is problematic as EI may play different roles in separate BPD features. This contention is supported by the finding that the trait of affective instability relates to some but not all BPD criteria (Koenigsberg et al., 2001: affective instability is defined as a marked reactivity of mood and is therefore related to emotion management; according to Linehan (1993), these work together to produce emotion dysregulation in BPD). However, because emotion dysregulation is theorized to drive all BPD symptoms (Linehan, 1993), poor emotion management (trait or ability-based) might underlie all BPD criteria. For

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example, the second BPD criterion of unstable and chaotic interpersonal relationships may arise from difficulties in appropriately controlling painful emotions such as anger, whilst impulsivity and self-harming/suicidal behaviour (fourth and fifth criteria) are abnormal responses to emotions and may represent efforts to regulate emotion.

Given that trait EI overlaps with neuroticism (e.g. Petrides & Furnham, 2001), which is characteristic of BPDs (Saulsman & Page, 2004), it is not surprising that those with BPD appear lower on trait EI. Linehan's (1993) theory can also be used to explain these findings. Trait EI (which is largely personality-based) may act in a similar manner to Linehan's concept of emotional or temperamental vulnerability; it constitutes a risk factor that predisposes individuals toward developing poor emotional functioning and maladaptive BPD traits. In addition, there is considerable overlap between certain trait EI facets and BPD traits (e.g. trait emotion management and BPD affective instability). This overlap is consistent with the DSM-IV which partly defines BPD in terms of poor affect regulation, suggesting that BPD may be conceptualized in terms of poor trait EI.

Parallels can also be drawn between Linehan's concept of emotion modulation and the emotion management component of ability EI; both incorporate skills such as being able to inhibit inappropriate behaviour relating to strong positive or negative emotions. The ability EI skills of individuals with BPD have yet to be explored using established ability EI measures (e.g. Mayer–Salovey–Caruso Emotional Intelligence Test: MSCEIT; Mayer, Salovey, & Caruso, 2002), and this is important for increasing understanding of actual rather than self-reported emotional functioning. Findings (Bornovalova et al., 2007) that behavioural-based emotional management plays a slightly stronger role in BPD than self-reported emotion management (a component of trait EI) suggests utility in using non self-report measures of emotional functioning for understanding BPD. Using other skill-based tests, poor emotion perception has been associated with BPD, although, findings are mixed (e.g. Bland et al., 2004; Levine, 1992; Lynch et al., 2006; Wagner & Linehan, 1999). Moreover, ability EI is associated with constructs such as self-reported anxiety (e.g. Bastian, Burns, & Nettelbeck, 2005) and schizotypal personality (Aguirre, Sergi, & Levy, 2008), suggesting a role in mental health and personality functioning.

## 2. Rationale and aims

The empirical evidence suggests that individuals with BPD have deficient emotional functioning. Because BPD is conceptualised as a disorder of emotion dysregulation (Linehan, 1993), EI is an ideal candidate for learning more about factors which might underlie BPD pathology, providing empirical investigations of Linehan's theory. However, a study directly examining the extent to which 'multiple aspects of both trait and ability EI are implicated in the disparate BPD criteria has yet to be undertaken. Understanding common psychological characteristics of the disorder (e.g. deficiencies in particular EI facets) is crucial for providing the knowledge-base for the development of effective treatments for BPDs; their mortality rate due to suicide is around 10% (see Oldham, 2006).

Consistent with Leible and Snell (2004) and Petrides et al. (2007), we studied a nonclinical sample and assessed BPD via self-report questionnaires rather than diagnosing via clinical interview. Such questionnaires identify persons with BPD traits who are more representative of the less extreme manifestations of the disorder. However, like clinical BPDs they experience dysfunction across a range of spheres (e.g. academic and interpersonal; Trull, Ueda, Conforti, & Doan, 1997).

We used correlational analyses to determine which aspects of emotional functioning (EI) might underlie BPD and its features.

In light of theories that conceptualise BPD as being partly due to poor emotion management, we predicted that global BPD will be negatively associated with trait and ability emotion management. However, trait EI may be more strongly implicated because personality disorders are conceptualized as extreme variants of normal personality traits, including aspects of trait EI (see Morey et al. (2002), in support of this dimensional approach to nesting BPD within normal personality models). Conversely, if ability EI is a cognitive ability (cf. Brody) the influence on BPD may be small, as cognitive abilities and personality are typically orthogonal. Our assessment of BPD features included each of the nine DSM-IV criteria, and four broader BPD features that encompass these criteria (the latter are readily assessed via the Personality Assessment Inventory–Borderline Features Scale: Morey, 1991).

## 3. Method

### 3.1. Participants and design

The study used a web-based approach to data collection. Participants accessed a website and provided demographic information and completed the questionnaires, followed by a de-briefing statement. Power analysis revealed that to detect relatively small effect sizes of  $r = .20$  for a two-tailed correlational analysis with  $p < .01$ , 300 participants would give power of .82 (Cohen, 1988). Our selection of  $r = .20$  was based on past literature showing reasonably small relationships between ability EI and self-report measures of psychological functioning (e.g. correlations with self-reported anxiety fall below .28; Bastian et al., 2005). 523 UK native English speakers completed all measures. Participants were recruited predominantly via newspaper adverts across the UK, snowball sampling (i.e. word of mouth) and academic/student mailing lists. The age range was 18–79 years ( $M = 33.77$ ,  $SD = 11.69$ ). They were mostly female (77.7%). A large percentage of the sample were White-British (90.9%), and came from the North-West (36.5%) and the South (23.9%) of England. Most were educated up to GCSE (General Certificate in Secondary [high school] Education) level (97.1%). Occupations were diverse, with highest percentages being students or working in the academic sector, and others in the health services or other public sectors.

### 3.2. Materials

The Schutte Emotional Intelligence Scale (SEIS; Schutte et al., 1998) was used to assess trait EI. It does not comprehensively cover the trait EI sampling domain (see Petrides & Furnham, 2001), but assesses trait-based aspects of EI consistent with the ability model. The measure includes 33 items and some research supports the assessment of four facets: Managing Own Emotions, Managing Others' Emotions, emotion perception and Utilisation of emotion (e.g. Ciarrochi, Deane, & Anderson, 2002; Saklofske, Austin, & Minski, 2003).

The Mayer–Salovey–Caruso Emotional Intelligence Test Version 2.0 (MSCEIT; Mayer et al., 2002) measures ability EI. It contains 141 items, measuring Perceiving, Using, Understanding and Managing Emotions (Mayer et al., 2002). There is some support for the four-factor structure (e.g. Day & Carroll, 2004; cf., Rossen, Kranzler, & Algina, 2008). The web-based MSCEIT was used and data were scored by Multi-Health Systems, the test distributor, using expert rather than consensus norms. In the former, correct answers have been determined by EI experts; in the latter, the correct answer is that which the majority of the group agrees on (Mayer et al., 2002).

BPD traits were assessed via self-report questionnaires. Because such measures yield high false-positive rates (i.e. they incorrectly

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