



# An experimental test of the schema mode model of borderline personality disorder

Arnoud Arntz\*, Janet Klokman, Simkje Sieswerda

*Department of Medical, Clinical and Experimental Psychology, Maastricht University, P.O. Box 616,  
NL-6200 MD Maastricht, The Netherlands*

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## Abstract

Young has proposed a schema mode model of borderline personality disorder (BPD), hypothesizing that BPD patients tend to flip from 1 of 4 maladaptive schema modes to another. The present study is the first empirical test of this model, investigating whether these 4 modes are specific for BPD patients and whether BPD-relevant stress specifically increases one of the modes, the detached protector mode. Eighteen BPD patients, 18 cluster-C personality disorder (PD) patients and 18 non-patient controls (all women) filled out trait and state versions of a newly developed schema mode questionnaire, assessing cognitions, feelings and behaviors characteristic of 7 schema modes. Using a cross over design, subjects subsequently watched a neutral and a BPD-specific emotional movie fragment (order balanced). After watching each movie, subjects again filled out the schema mode questionnaire, state version. Trait as well as state versions indicated that BPD patients were indeed characterized by the hypothesized four maladaptive modes (Detached Protector, Punitive Parent, Abused/Abandoned Child, Angry/Impulsive Child). BPD patients were lowest on the Healthy Adult mode. The stress induction induced negative emotions in all groups, but the BPD group was unique in that the Detached Protector mode increased significantly more than in both control groups.

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\*Corresponding author

*E-mail address:* [Arnoud.Arntz@MP.Unimaas.nl](mailto:Arnoud.Arntz@MP.Unimaas.nl) (A. Arntz).

## 1. Introduction

The dramatic shifts in emotional and behavioral states shown by borderline personality disorder (BPD) patients, has puzzled clinicians and researchers for years. This phenomenon is so central to the disorder, that the DSM IV states that the essential feature of BPD is “a pervasive pattern of instability of interpersonal relationships, self-image, and affects, and marked impulsivity” (APA, 1994, p. 650). Various theoretical accounts for this phenomenon have been given. Emotional or serotonergic dysregulation has been suggested as an underlying factor (Coccaro et al., 1989; Hansenne et al., 2002; Linehan, 1993; Siever & Davis, 1991; Soloff, Meltzer, Greer, Constantine, & Kelly, 2000). Psychodynamic theorists have suggested that the primitive defense mechanism of splitting, leading to fragmented object relation representations (including self-representations), underlies the abrupt shifts (Kernberg, 1976; Kernberg, Selzer, Koenigsberg, Carr, & Appelbaum, 1989). Cognitive accounts hypothesize that dichotomous thinking and the paradoxical combination of core beliefs that the patient needs others to be safe because he/she is unable to rely on him/herself, but that others cannot be trusted (in a dangerous world) lead to vacillation between different strategies and emotional states (Beck, Freeman, & Associates, 1990; Veen & Arntz, 2000).

Recently, Young has developed a model of BPD that might be particularly useful in understanding the dramatic shifts of these patients (McGinn & Young, 1996; Young, Klosko, & Weishaar, 2003). Young elaborated on the idea, already in the 1980s used by Aaron Beck in clinical workshops (D.M. Clark, pers. commun.), that some pathological states of BPD patients are a sort of regression into intense emotional states experienced as a child. Young conceptualized such states as schema modes, and in addition to the child-like regressive states, he also stipulated less regressive schema modes. A schema mode is an organized pattern of thinking, feeling and behaving based on a set of schemas, relatively independent from other schema modes. BPD patients are assumed to flip suddenly from one mode to the other. As Beck observed, some of these states appear highly childish and may be very confusing for both the patient and other people. Young hypothesized that four schema modes are central to BPD: the *Abandoned Child* mode (the present first author suggested to label it the *Abused and Abandoned Child*); the *Angry/Impulsive Child* mode; the *Punitive Parent* mode, and the *Detached Protector* mode. In addition, there is a *Healthy Adult* mode, denominating the healthy side of the patient, which is of course, given the extreme psychopathology of these patients, weak.

According to the model, the *Abused and Abandoned Child* mode denotes the desperate state the patient may be in. Its roots are related to (threatened) abandonment and abuse the patient has experienced as a child. Typical core beliefs are that other people are malevolent, cannot be trusted and will abandon or punish you, especially when you become intimate with them. Other core beliefs are: “My emotional pain will never stop”, “I will always be alone”, and “There will be nobody who cares for me”. The patient may behave like an upset and desperate child, longing for consolation and nurturance, but also fearing it. Usually the patients fear

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