



Evaluations of emotional noninterpersonal situations by patients with borderline personality disorder

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Abstract

According to cognitive models of borderline personality disorder (BPD), an important cause for the instability of patients with BPD is dichotomous thinking (DT). Object-relation theories assume that the similar phenomenon of splitting is central in BPD. Previous studies focusing on interpersonal situations found support for DT being prominent in BPD. The aim of this study was to investigate whether patients with BPD also make use of dichotomous and schema-specific evaluations in noninterpersonal situations. An experiment was designed in which a frustrating and rewarding situation was induced by computer games that subjects had to play. Participants evaluated both themselves and the games. Patients with BPD ($n = 24$) were characterized by somewhat more extreme game evaluations in the emotionally negative situations than normal controls ($n = 25$), participants with a cluster C ($n = 10$) or an anti-social personality disorder (ASPD) ($n = 16$). Patients with BPD appeared to be characterized best by a general negative evaluative style, more than by DT or splitting. ASPD participants showed a positivity bias in both conditions.

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1. Introduction

A characteristic feature of patients with borderline personality disorder (BPD) is their instability of affects, self-image and relationships causing problems and conflicts in these domains (American Psychological Association (APA), 1994). The Beckian cognitive model of BPD described by Pretzer (1990) and Arntz (2004) attributes this instability to (a) dichotomous (black-or-white) thinking (DT), i.e., evaluating situations in mutually excluding extremes, and (b) incompatible basic beliefs.

It is assumed that borderline patients make extreme, dichotomous evaluations of the world, instead of seeing the world in shades of grey (Arntz, 2004; Pretzer, 1990). Lacking intermediate evaluative categories these patients show extreme emotions and behavior, as well as abrupt shifts from one extreme to the other. Although DT is seen as a common cognitive distortion, which may also be displayed by other patients, this thinking style is thought to be highly prominent in borderline patients.

Besides DT, the basic beliefs or schemas of borderline patients (Arntz, 2004; Pretzer, 1990) are also assumed to increase instability in BPD. According to the model, borderline patients see (i) themselves as powerless and vulnerable, and (ii) as unacceptable, and (iii) the world or others as dangerous and malevolent. The first schema turns them towards others, seeking help and protection, whereas the other schemas drive them in the very opposite direction, that is away from others, preventing punishment and abuse. The combination of dichotomous thinking and the incompatible schemas is very potent and might explain the unstable patterns of BPD.

Most studies on evaluations by patients with BPD (Arntz & Veen, 2001; De Bonis, De Boeck, Lida-Pulik, Hourtané, & Féline, 1998; Leichsenring, Roth, & Meyer, 1992; Sheffield et al., 1999; Veen & Arntz, 2000) support the hypothesis that DT is prominent in BPD. Overall, it was found that borderline patients evaluated others more extremely than clinical and nonclinical controls. Veen and Arntz (2000) found that this was only the case when borderline patients were asked to evaluate persons in a BPD-specific role, such as the role of perpetrator or victim of abuse. Evaluations of persons in an emotional role that was not BPD-specific or a neutral role, were not more extreme than those of others. Possibly, activating BPD schemas is a prerequisite for patients with BPD to think extremely.

The primary aim of this study was to investigate whether the range of situations in which patients with BPD make use of dichotomous thinking also extends to noninterpersonal situations. The studies described above focused on interpersonal evaluations. This focus was probably chosen because having unstable interpersonal relationships is a salient feature of borderline patients. Another reason is that object-relation and attachment theories conceptualize extreme evaluations of borderline patients as direct or indirect reiterations of adverse interpersonal childhood experiences (e.g., Fonagy, Target, & Gergely, 2000; Kernberg, 1996; Sable, 1997). It is however not clear whether DT in BPD is a general characteristic which is applied in frustrating or rewarding interpersonal as well as noninterpersonal situations. Besides having interpersonal problems, patients with BPD also struggle

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