The Experience of Borderline Personality Disorder

Focusing on Symptoms in Order to Advance Nosology, Mechanism, and Treatment of BPD
Borderline Personality Disorder is a serious mental illness, associated with severe personal distress, suicidality, interpersonal instability, and significant costs. Our research is tailored to address several significant problems in the understanding of this destructive disorder. By advancing understanding of the psychosocial factors that trigger its symptoms, we hope to improve diagnosis and treatment in a way that helps alleviate the personal and societal costs associated with borderline personality disorder.
Acknowledgements

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Unique Features of this Project

- Taking something that is usually thought of only as a between-person construct and studying it as a within-person construct (the trait or the symptom)
- Taking the occurrence of a symptom as a meaningful event, and as a window into the disorder
- Focus on experience and BPD in its natural setting
Aims

- **Aim 1**: Obtain direct, empirical accounts of BPD symptom frequencies, severities, and patterns of co-occurrence.
- **Aim 2**: Propose and test several potential mechanisms for BPD.
- **Aim 3**: Test the role of social perception processes in BPD’s deleterious effect on interpersonal relationships.
- **Aim 4**: Chart trajectories of BPD symptom frequencies and severities and test their person-environment transactions.
Significance

- Provides empirical first-hand knowledge of BPD symptom occurrence and severity, important to diagnosis, definition, and clinical evaluation
- Growing conviction that the key to BPD lies in the regulation around symptomatic responses to daily events
- Empirical tests of core features and underlying etiology producing BPD or its symptoms, improving development of effective treatments
- BPD is a serious mental illness, incurring considerable social and personal costs
Growth in Studying the Experience of Symptoms

- Lots of progress in last 5 years
  - Cramer et al., van Oos et al.: conceptual models of diagnosis based on symptom systems
  - Contextual mechanisms (e.g., rejection sensitivity)
  - Therapy progress tracking
  - Emotion dynamics (Trull, Bylsma, Ebner-Priemer)
  - Interpersonal perceptions and interactions (Pincus, Moskowitz)
- Especially, part of emerging assessment in DSM 5
  - Cross-cutting measure is symptom based
  - Focus on traits in alternative PD diagnostic system
Sample

- Two Sampling Schemes
  - High-End: 2/3 endorsing 7+ symptoms
  - Spectrum: 1/3 without regard for symptoms
- Screening
- Demographics
  - 68% Women
  - 55% White, 33% African-American
  - $m \text{ age} = 43 \text{ years old}$
- 84 meeting criterion for BPD
## Sample Characteristics

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Number (%)</th>
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<tbody>
<tr>
<td>Individual Psychotherapy, Lifetime</td>
<td>158 (56.0)</td>
</tr>
<tr>
<td>Group Psychotherapy, Lifetime</td>
<td>68 (24.1)</td>
</tr>
<tr>
<td>Psychiatric Medication, Lifetime</td>
<td>125 (44.3)</td>
</tr>
<tr>
<td>Psychiatric Hospitalization, Lifetime</td>
<td>63 (22.3)</td>
</tr>
<tr>
<td>Current Psychiatric Diagnoses</td>
<td></td>
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<tr>
<td>Mood Disorder</td>
<td>126 (44.7)</td>
</tr>
<tr>
<td>Anxiety Disorder</td>
<td>136 (48.2)</td>
</tr>
<tr>
<td>Substance Disorder</td>
<td>32 (11.3)</td>
</tr>
<tr>
<td>Eating Disorder</td>
<td>15 (5.3)</td>
</tr>
<tr>
<td>Psychotic Disorder, Lifetime</td>
<td>21 (7.4)</td>
</tr>
<tr>
<td>Personality Disorder</td>
<td>89 (31.6)</td>
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</tbody>
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### Stage of Study

<table>
<thead>
<tr>
<th>Stage of Study</th>
<th>Number (% of eligible)</th>
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<tbody>
<tr>
<td>Screened for Study</td>
<td>438</td>
</tr>
<tr>
<td>Eligible</td>
<td>311 (100%)</td>
</tr>
<tr>
<td>Enrolled in Study</td>
<td>311 (100%)</td>
</tr>
<tr>
<td>Completed clinical interview</td>
<td>282 (91%)</td>
</tr>
<tr>
<td>Completed sufficient ESM reports</td>
<td>248 (80%)</td>
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### Exclusion Criteria:
- Current psychotic disorder
- Current substance/alcohol dependence
- Current suicidal risk
- Violent crime arrest
- Lived greater than 50 miles away
- BPD recruitment less than 7 on MSI-BPD
- Poor reading skills
Number of BPD Symptoms

Please contact William Fleeson for Preliminary Data Slides. FleesonW@wfu.edu
Intensive Tracking of Symptoms

- In the past 60 minutes/day/week/month/6 months/18 months, how much...
- 9 symptoms
- Triggers
- Emotions
- EAR
Intensive and Longitudinal Clinical Interview

Extensive Questionnaires

Exit Interview

Life Events

18 months
Aim 1

- Obtain direct, empirical accounts of BPD symptom frequencies, severities, and patterns of co-occurrence
- Experience sampling methodology
Aim 1: Background and Significance

- Improves judgments of diagnosis, treatment efficacy, and treatment continuation, via norms
- Establishes benchmarks for defining categories
- Tests whether BPD should be considered discrete or continuous
- Reveals patterns of symptom co-occurrence
- Expands treatment tools
Aim 1: Recent Work

- Trull: Emotions are more variable
- Pincus, Moskowitz: Interpersonal interactions and perceptions
- Other disorders
- Is BPD diagnosis dichotomous?
- Symptom structure: 1, 3 or 5 factors?
Aim 1: Preliminary Findings

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Aim 1: Preliminary Findings

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Aim 2

Propose and test several potential mechanisms for BPD
Aim 2: Background and Significance

- Rich literature of potential mechanisms, but not combined
- Need to test in actual lives
- Distinguish predisposing factors, stressors, sustaining causes
Aim 2: Background and Significance

- Growing conviction that the key to BPD lies in the regulation around symptomatic responses to daily events
- Rejection and abandonment (Downey)
- Interpersonal offense, betrayal, boredom, negative mood (Linehan, Zanarini)
- Disappointment, neglect (Bender, Skodol)
- Isolation, loneliness (Adler, Westen)
- Identity threat (Bender, Skodol)
A General Model of BPD

Predisposing Factors and Sustaining Causes
- E.g.,
- Sexual Abuse
- Childhood physical abuse
- Rejection sensitivity
- Affective dysregulation
- Divorce
- Job loss or financial stress

Potential Environmental Stressors
- Rejection
- Betrayal
- Isolation
- Lack of environmental stimulation
- Disappointment
- Neglect

Perceived Environmental Stressors
- Perceived rejection
- Perceived betrayal
- Perceived abandonment
- Perceived monotony/dullness
- Perceived offense
- Negative mood
- Identity threat

Cognitive Symptoms
- Acute identity confusion
- Paranoid ideation or dissociation
- Social misinterpretation

Affective Symptoms
- Affective Intensification
- Anger
- Emptiness
- Anxiety
- Depression
- Boredom

Social and Behavioral Symptoms
- Impulsive behavior
- Unstable relationships
- Self-injury & suicidality
- Maladaptive interpersonal styles intended to prevent/rectify abandonment (intimidation, supplication)
- Hostile behavior

DSM-Identified Symptoms and other associated problems
Aim 2: Preliminary Findings: Triggers

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Aim 3

Test the role of social perception processes in BPD’s deleterious effect on interpersonal relationships
Aim 3: Background and Significance

- Validates self-reports
- Reciprocal perceptions may be involved in interpersonal conflict
- Directly examine positivity of perceptions of others
Aim 3: Preliminary Findings: Perceptions of Study Partner

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Aim 3: Preliminary Findings: Perceptions of Self

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Aim 4

- Chart trajectories of BPD symptom frequencies and severities and test their person-environment transactions
Aim 4: Background and Significance

- Follow-up exciting findings of remission (Zanarini)
- Compare symptoms on rates of remission
- Role of major life events in sustaining or ameliorating BPD symptoms
Aim 4: Preliminary Findings: Quality of Life

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Aim 4: Preliminary Findings: Quality of Life

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Summary of Preliminary Findings

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Conclusions: Value of Focusing on the Symptoms

- Taking something that is usually thought of only as a between-person construct and studying it as a within-person construct (the trait or the symptom)
- Take the occurrence of a symptom as a meaningful event, and as a window into the disorder
- Focus on experience and BPD in its natural setting
Significance

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- Growing conviction that the key to BPD lies in the regulation around symptomatic responses to daily events.
- Empirical tests of core features and underlying etiology producing BPD or its symptoms, improving development of effective treatments.
- BPD is a serious mental illness, incurring considerable social and personal costs.
Translational from Basic Science to Clinical Science

- Based on density distributions model and whole trait theory
  - Taking something that is usually thought of only as a between-person construct and studying it as a within-person construct (the trait or the symptom)
  - E.g., fear of abandonment not as a characteristic of people but as a characteristic of moments
- Symptoms as states rather than as traits
- Obtaining distributions of symptoms
- Shapes of distributions rather than single symptoms as indicators
- Contingencies of symptoms uncover nature and etiology of disorder
- Change as change in distributions of symptoms rather than presence or absence
- If PD’s are based on normal personality, then need to start using models of normal personality to characterize personality disorders