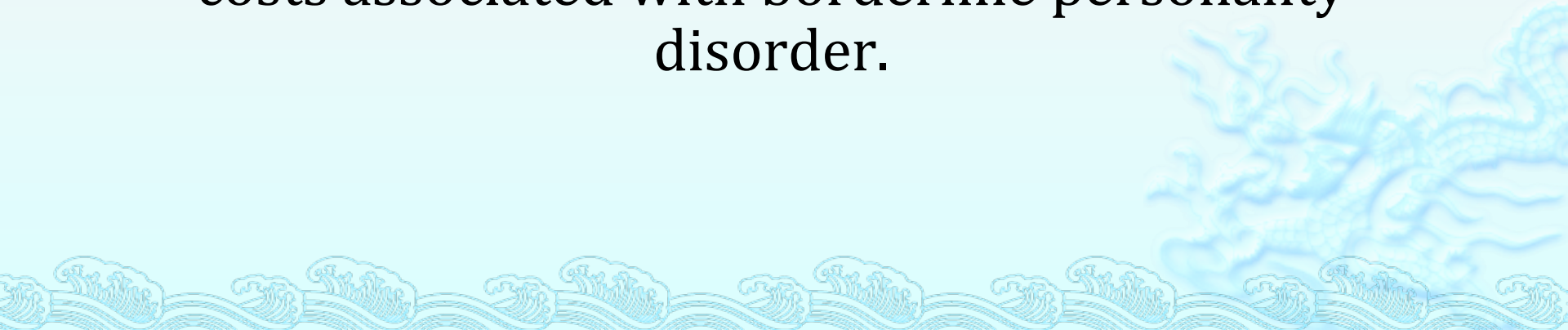# The Experience of Borderline Personality Disorder

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

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 Os 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 age = 43 years old
- 84 meeting criterion for BPD

Sample Characteristics

Characteristic	Number (%)
Individual Psychotherapy, Lifetime	158 (56.0)
Group Psychotherapy, Lifetime	68 (24.1)
Psychiatric Medication, Lifetime	125 (44.3)
Psychiatric Hospitalization, Lifetime	63 (22.3)
Current Psychiatric Diagnoses	
Mood Disorder	126 (44.7)
Anxiety Disorder	136 (48.2)
Substance Disorder	32 (11.3)
Eating Disorder	15 (5.3)
Psychotic Disorder, Lifetime	21 (7.4)
Personality Disorder	89 (31.6)

| Stage of Study	Number (% of eligible)
Screened for Study	438
Eligible	311 (100%)
Enrolled in Study	311 (100%)
Completed clinical interview	282 (91%)
Completed sufficient ESM reports	248 (80%)

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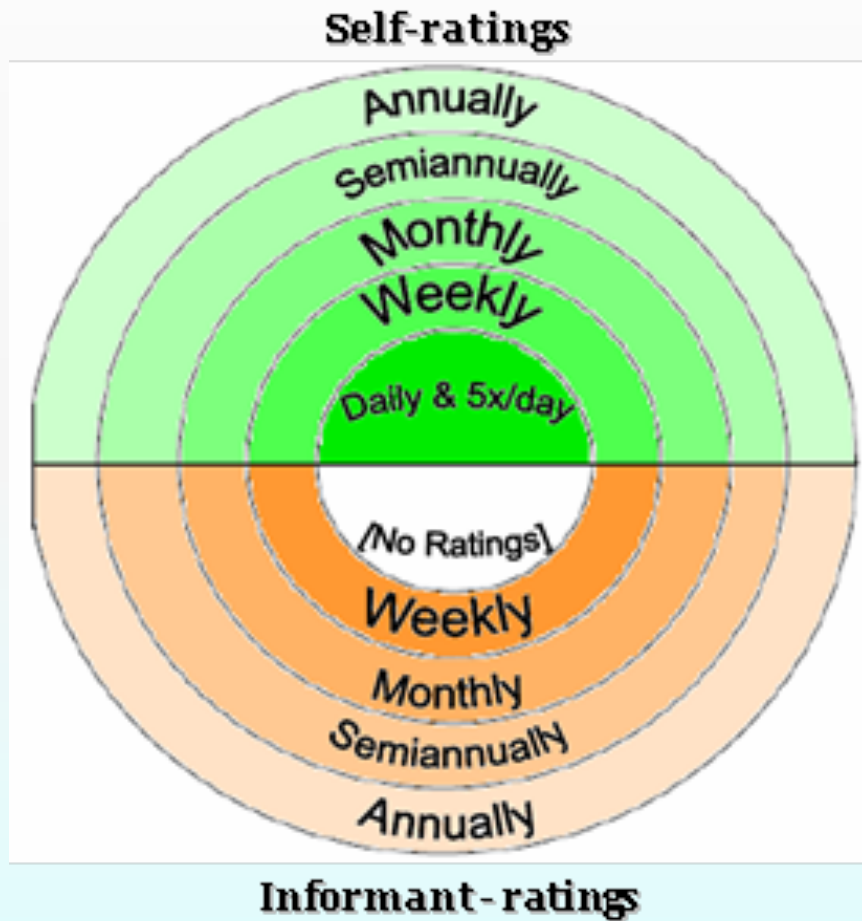
- In the past 60 minutes/day/week/month/6 months/18 months, how much ...
- 9 symptoms
- Triggers
- Emotions
- EAR

Intensive and Longitudinal
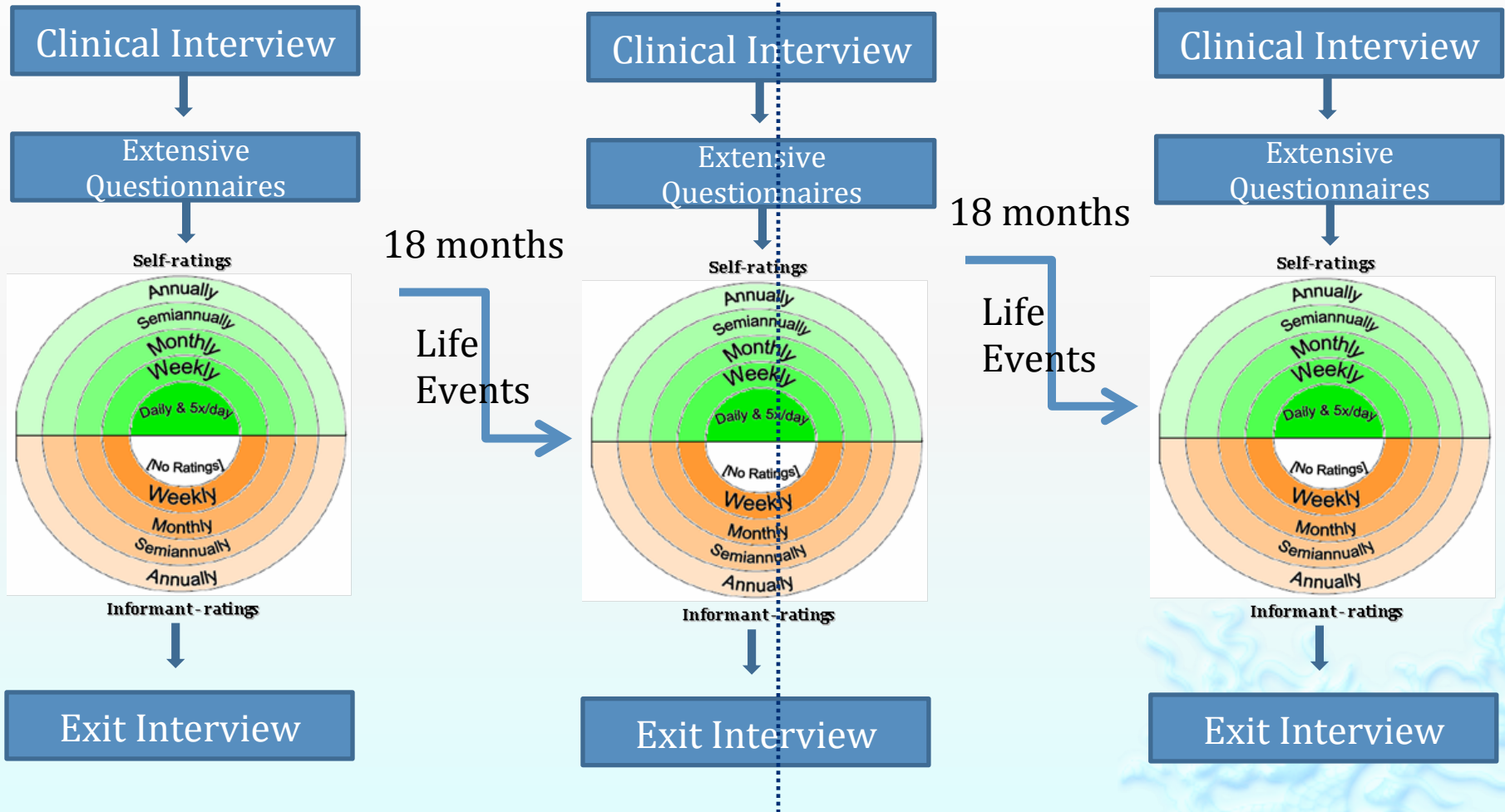
Aim 1

- ◈ 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

Please contact William Fleeson for Preliminary Data Slides.
FleesonW@wfu.edu

Aim 1: Preliminary Findings

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FleesonW@wfu.edu

Aim 2

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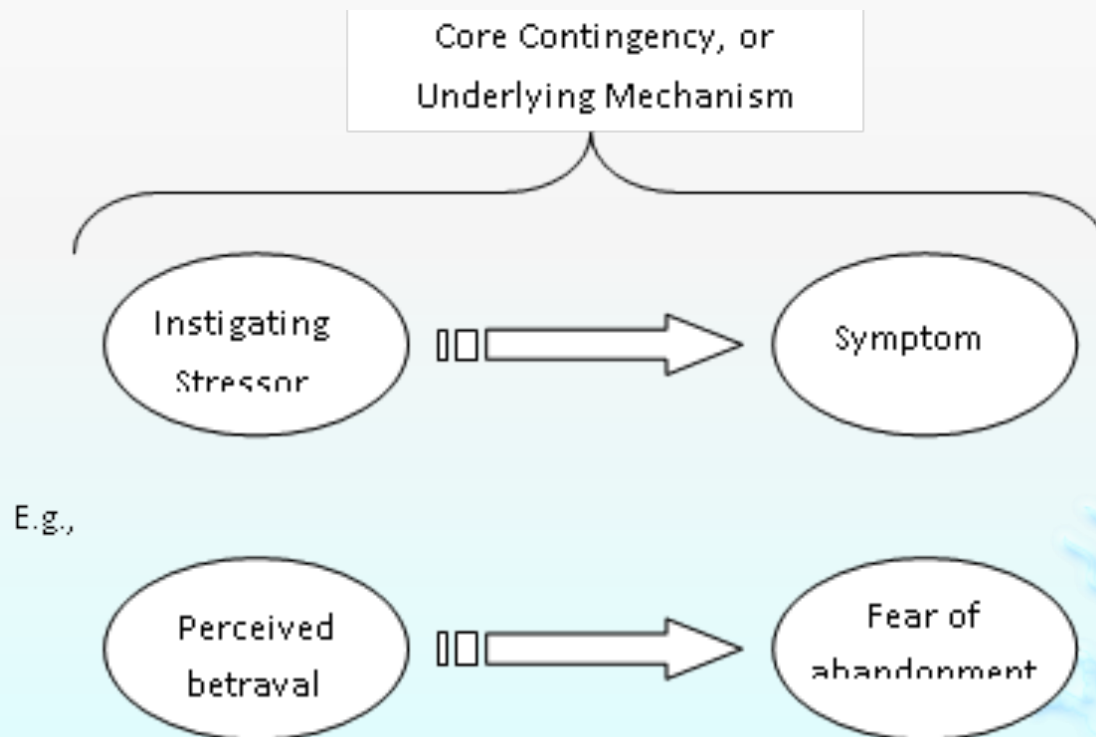
Aim 2: Background and Significance

* 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
Lack of clear identity
Rejection sensitivity
Affective dysregulation
Divorce
Job loss or financial stress

Cognitive Symptoms
Acute identity confusion
Paranoid ideation or dissociation
Social misinterpretation

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

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

Affective Symptoms
Affective Intensification
Anger
Emptiness
Anxiety
Depression
Boredom

DSM-Identified Symptoms and other associated problems

Aim 2: Preliminary Findings: Triggers

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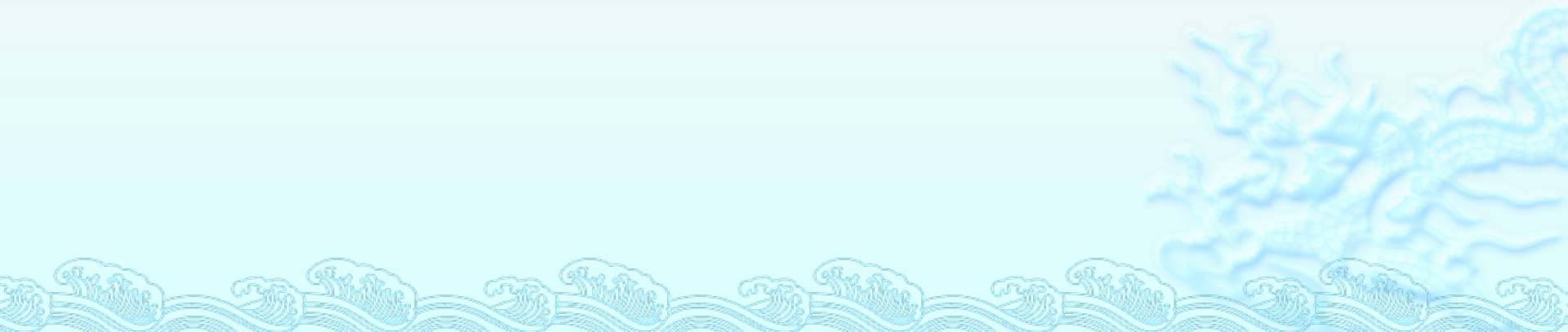FleesonW@wfu.edu

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

Please contact William Fleeson for Preliminary Data Slides.
FleesonW@wfu.edu

Aim 3: Preliminary Findings: Perceptions of Self

Please contact William Fleeson for Preliminary Data Slides.
FleesonW@wfu.edu

Aim 4

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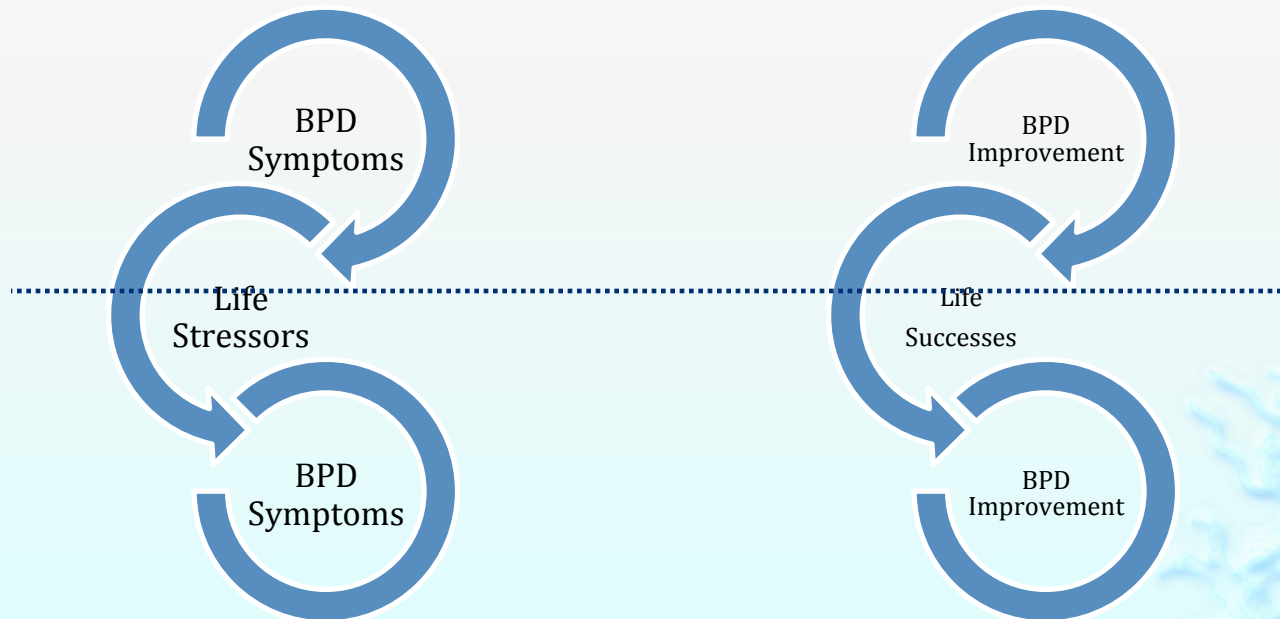
Aim 4: Background and Significance

⬦ 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

Please contact William Fleeson for Preliminary Data Slides.
FleesonW@wfu.edu

Aim 4: Preliminary Findings: Quality of Life

Please contact William Fleeson for Preliminary Data Slides.
FleesonW@wfu.edu

Summary of Preliminary Findings

Please contact William Fleeson for Preliminary Data Slides.
FleesonW@wfu.edu

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

- Provides empirical first-hand knowledge of BPD symptom occurrence and severity, important to diagnosis, definition, and clinical evaluation
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- 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