

Emotion Regulation in Borderline Personality Disorder: An Experimental Investigation of the Effects of Instructed Acceptance and Suppression

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Difficulties with emotion regulation are central to borderline personality disorder (BPD). Recent research suggests that avoidance of emotions in general, and emotion suppression specifically, may be commonly used among those who meet criteria for the disorder. Contemporary behavioral interventions for BPD incorporate cognitive and behavioral skills to increase emotional experiencing and acceptance while decreasing behaviors that function to escape or avoid from

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emotions. Few studies, however, have experimentally examined the effects of instructed emotion suppression and acceptance in BPD. The present study examined the effects of instructed use of different emotion regulation strategies on emotions, psychophysiology, and behavior in BPD. Participants with BPD, major depressive disorder (MDD), and nonpsychiatric controls ($N = 193$) were randomly assigned to either suppress or accept emotions during an audio recording of a social rejection scenario, and completed a behavioral measure of distress tolerance. BPD participants exhibited greater heart rate variability in the acceptance (vs. suppression) condition; this pattern was not evident within the other groups. These results suggest that deliberate use of acceptance-based emotion regulation strategies may have unique physiological effects among individuals with BPD.

Keywords: borderline personality disorder; emotion regulation; acceptance; suppression

EMOTION REGULATION (ER) has received increased attention in the past three decades as a central mechanism in the development, expression, and maintenance of psychopathology (see [Aldao, Nolen-Hoeksema, & Schweizer, 2010](#)). In particular, problems with ER are considered a hallmark feature

of borderline personality disorder (BPD; Linehan, 1993; Livesley, Jang, & Vernon, 1998), a serious mental health disorder affecting 1–6% of the population (Grant et al., 2008; Torgersen, Kringlen, & Cramer, 2001). A crucial question to emerge out of work linking ER and psychopathology is whether certain ways of managing emotions produce more desirable outcomes, thereby informing our psychological treatments. Considerable cross-sectional and experimental work now exists comparing ER strategies in their ability to reduce subjective emotional intensity, decrease physiological arousal, and increase an individual's ability to engage in goal-directed behaviors (Aldao et al., 2010; Webb, Miles, & Sheeran, 2012). Unfortunately, this literature has yielded few consistent conclusions regarding optimal ways of managing emotions. For instance, whereas some studies have shown that emotional suppression is associated with paradoxical rebound effects (Wegner, 1994; Wenzlaff & Wegner, 2000) and is positively correlated with psychopathology (see Aldao et al., 2010), others have documented short-term benefits of emotional suppression (Chapman, Rosenthal, & Leung, 2009; Germain & Kangas, 2015). Similarly, whereas emotional acceptance has been found to attenuate physiological reactivity and increase subjective positive emotion (Dan-Glauser & Gross, 2015), acceptance may be less effective at reducing specific emotions such as anger (Germain & Kangas, 2015) and sadness (Smoski et al., 2015), compared with other regulation strategies. Thus, the literature suggests that the effectiveness of ER strategies may greatly depend on when, where, how, and by whom they are used (Aldao, 2013). A critical question in clarifying this literature is whether ER strategies have differential effectiveness across clinical groups. The present study compared the short-term effects of two ER strategies (i.e., emotional suppression vs. acceptance) in people with BPD versus major depressive disorder (MDD) to examine this possibility.

In addition to experiencing frequent (Stiglmayr et al., 2005), intense (Levine, Marziali, & Hood, 1997), and unstable (Ebner-Priemer et al., 2015) negative emotions, individuals with BPD and high levels of BPD features report difficulties regulating emotional distress (Chapman, Leung, & Lynch, 2008; Salsman & Linehan, 2012). Cross-sectional studies consistently suggest that individuals with BPD report relying on emotion suppression, defined here as the direct inhibition of the experience of emotions (Feldner, Zvolensky, Eifert, & Spira, 2003), to regulate their emotional experiences. BPD symptoms have been positively associated with experiential avoidance (Chapman, Specht, & Cellucci, 2005), thought suppression (Rosenthal, Cheavens, Lejuez, &

Lynch, 2005), and avoidant ER strategies (Bijttebier & Vertommen, 1999), and have been negatively associated with emotional acceptance (i.e., observing or experiencing emotions *without* engaging in suppression or control efforts; Chapman, Dixon-Gordon, & Walters, 2013). Indeed, the habitual use of suppression and avoidance has been implicated as one mechanism accounting for the relationship between BPD and negative emotions (Rosenthal et al., 2005).

Similarly, several theories posit that difficulty regulating emotional experiences may be a core feature of MDD (Nolen-Hoeksema, Wisco, & Lyubomirsky, 2008; Rottenberg, Gross, & Gotlib, 2005). Studies examining ER strategies employed by people with current and remitted MDD suggest that they frequently engage in purportedly maladaptive ER strategies, such as rumination and avoidance (e.g., Ehring, Fischer, Schnulle, Bosterling, & Tuschen-Caffier, 2008; Ehring, Tuschen-Caffier, Schnulle, Fischer, & Gross, 2010). Addressing these tendencies is at the heart of many effective treatments for depression (e.g., Jacobson, Martell, & Dimidjian, 2001). Despite these ER difficulties in MDD, extant literature suggests that individuals with BPD report greater ER difficulties overall, particularly with regard to impulse control in the context of distress (Dixon-Gordon et al., 2015).

Despite these theories and consistent associations between *habitual* suppression and psychopathology (see Aldao et al., 2010), experimental research on the effects of *instructed* emotional suppression is less conclusive. On one hand, findings suggest that in the short term, suppression is less effective than other strategies in terms of reducing negative emotions (e.g., reappraisal; Ehring et al., 2010), is associated with greater activity in brain regions associated with emotion experience and control than other strategies (e.g., reappraisal; Goldin, McRae, Ramel, & Gross, 2008), and results in greater autonomic arousal than other strategies (e.g., reappraisal or acceptance; Dan-Glauser & Gross, 2015; Hofmann, Heering, Sawyer, & Asnaani, 2009). Consistent with resource depletion models (Muraven, Tice, & Baumeister, 1998), instructed suppression of emotional experiences may lead to elevated acute pain experiences (Quartana & Burns, 2007), as well as longer-term difficulties, including increases in reported anxiety and frequency of anxious thoughts (Koster, Rassin, Crombez, & Näring, 2003), and less persistence on subsequent stressful tasks (Muraven et al., 1998). On the other hand, findings also suggest that suppression may be effective in reducing negative affect in the short term (Goldin et al., 2008) and, in some studies, results in fewer intrusive thoughts about the suppressed stimuli (Dunn, Billotti, Murphy, & Dalgleish, 2009).

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