Behaviour Research and Therapy 95 (2017) 148–157

Contents lists available at ScienceDirect

Behaviour Research and Therapy

journal homepage: www.elsevier.com/locate/brat

Emotional dysregulation in borderline personality disorder and its influence on communication behavior and feelings in romantic relationships

Annemarie Miano [a, b, *, 1, 3], Luna Grosselli [a, 1], Stefan Roepke [a, c, 2], Isabel Dziobek [a, b, 2]

[a] Research Cluster Languages of Emotion, Freie Universität Berlin, Berlin, Germany
[b] Berlin School of Mind and Brain and Institute of Psychology, Humboldt-Universität zu Berlin, Berlin, Germany
[c] Charité - Universitätsmedizin Berlin, Campus Benjamin Franklin, Department of Psychiatry, Berlin, Germany

ARTICLE INFO

Article history:
Received 7 September 2016
Received in revised form
31 May 2017
Accepted 6 June 2017
Available online 13 June 2017

Keywords:
Borderline personality disorder
Emotional dysregulation
Stress
Communication behavior
Romantic relationships

ABSTRACT

Dysfunction in romantic relationships constitutes one of the most burdensome symptoms of borderline personality disorder (BPD). The aim of this study was to ascertain how emotional dysregulation affects behavior and relationship related feelings of women with BPD in threatening conversations with their own romantic partner. Thirty couples in which the women were diagnosed with BPD and 34 healthy control (HC) couples were videotaped while discussing personally threatening (i.e., personal failure) and relationship-threatening (i.e., separation) themes. Third party raters evaluated stress and communication behaviors during the conversations. Relationship related feelings, i.e., closeness and relationship insecurity, were assessed by self-report. Overall, women with BPD were rated as more stressed in threatening situations than HC women and their partners, but not more stressed in relationship-threatening than personally threatening situations. A heightened stress response of women with BPD predicted more negative and less positive communication behaviors and a stronger decline in self-rated closeness to the partner compared to HC. Stress-induced increases in relationship insecurity were specific to women with BPD. Our results highlight the central role of emotional dysregulation in interpersonal dysfunctions of persons with BPD and the need to address individual emotion regulation strategies more explicitly in dyadic contexts.

Borderline Personality Disorder (BPD) is an impairing mental disorder, characterized by emotional, behavioral, and interpersonal disturbances (Sanislow et al., 2002). Around 9% of patients in psychiatric outpatient care (Zimmerman, Rothschild, & Chelminski, 2005) and 15% in psychiatric inpatient care (Widiger & Weissman, 1991) meet criteria for BPD. Patients with BPD are more impaired at work, in social relationships, and leisure time than patients with other psychiatric disorders such as major depression or obsessive-compulsive disorder (Skodol et al., 2002). BPD patients often engage in self-harming and suicidal behaviors (Black, Blum, Pfohl, & Hale, 2004; Paris, 2014; Zanarini, Frankenburg, Hennen, Reich, & Silk, 2005). The severity and stability of their symptoms leads to frequent hospitalization (Clarke, Hafner, & Holme, 1995). Therefore, it is not surprising that both BPD patients and their close social network describe the disorder as a severe burden that considerably decreases their quality of life (Hoffman & Fruzzetti, 2005; Soeteman, Verheul, & Busschbach, 2008).

BPD patients experience profound impairments in their social relationships (e.g., Zanarini et al., 2005), which is directly connected to other symptoms of BPD. For example, self-harm and suicide attempts often result from a hyper-sensitivity and reactivity to social stressors (Brodsky, Groves, Oquendo, Mann, & Stanley, 2006). Romantic relationship dysfunction is particularly prominent in persons diagnosed with BPD compared to other personality disorders (Hill et al., 2008). BPD is associated with a lower probability of building up enduring romantic relationships, as well as with low relationship satisfaction and high couple distress

* Corresponding author. Department of Clinical Psychology and Psychotherapy, Heidelberg University, Hauptstrasse 47-51, 69117 Heidelberg, Germany.
E-mail address: Annemarie.Miano@psychologie.uni-heidelberg.de (A. Miano).
[1] Both first authors contributed equally to this work.
[2] Both last authors contributed equally to this work.
[3] Annemarie Miano is now at Heidelberg University, Clinical Psychology and Psychotherapy, Heidelberg, Germany.

http://dx.doi.org/10.1016/j.brat.2017.06.002
0005-7967/

(Bouchard, Sabourin, Lussier, & Villeneuve, 2009; Labonte & Paris, 1993; Zanarini et al., 2005). Well-functioning relationships work as a protective factor for individuals with BPD, leading to mental health stabilization and reduction of symptoms (Kuhlken, Robertson, Benson, & Nelson-Gray, 2014). Examining how BPD affects romantic relationships is therefore crucial for improving current understanding and treatment of BPD.

The concept of emotional dysregulation, i.e., difficulty in the control, acceptance, and modulation of emotions, is essential to some of the currently prominent conceptualizations of BPD (Linehan, 1993; Lieb, Zanarini, Schmahl, Linehan, & Bohus, 2004). Emotional dysregulation is characterized by a lower threshold (hypersensitivity), higher intensity (hyperreactivity), and long duration of emotions (Donegan et al., 2003; Gratz & Roemer, 2004). Several studies confirmed that patients with BPD experience a high amount of emotional variability and emotional instability (Cowdry, Gardner, O'Leary, Leibenluft, & Rubinow, 1991; Ebner-Priemer, Kuo, et al., 2007; Trull et al., 2008).

Research with non-clinical couples indicated that negative emotions and the inability to regulate them were connected to less relationship satisfaction and a higher risk of break-ups (Bodenmann & Cina, 2006; Bodenmann, Ledermann, & Bradbury, 2007; for a meta-analysis see Randall & Bodenmann, 2009). More specifically, high levels of stress, for example, were shown to have a negative effect on interpersonal feelings (Roberts & Levenson, 2001) and to lead to more negative communication behaviors, like withdrawal and hostility, in couple interactions (Crouter, Perry-Jenkins, Huston, & Crawford, 1989; Schulz, Cowan, Pape Cowan, & Brennan, 2004). These two kinds of interaction behaviors were shown to be closely related to relationship distress (Bodenmann, 2000; Eldridge & Christensen, 2002; Roberts, 2000). Emotion dysregulation might thus negatively affect interpersonal relationships, by triggering more negative communication behaviors and interpersonal feelings. Until now, however, little is known about the immediate effects of emotion dysregulation on BPD patients' interaction behavior and relationship related feelings in close relationships. To our knowledge, only one study investigated communication behavior in ongoing interactions of BPD patients with their own romantic partner (de Montigny-Malenfant et al., 2013), which reported more control behaviors in problem solving discussions in BPD compared to healthy controls (HC). Using a communication behavior self-report measure, Bouchard et al. (2009) showed less constructive and more withdrawal and avoidant behaviors in conflict situations in BPD patients compared to HC. These studies indicate that BPD is associated with altered communication behaviors, which constitutes a possible channel through which emotion dysregulation might negatively influence BPD patients' interpersonal relationships.

1. Aim of the study

With the present study, we aimed to elucidate the effect of BPD patients' emotional hyperreactivity on communication behaviors and relationship related feelings during threatening interactions with their own romantic partner. By this, we aimed at uncovering potential mechanisms, of how two core symptoms of BPD, emotion dysregulation and relationship dysfunction, interact with each other. Couples in which the women were diagnosed with BPD were videotaped while discussing a personally threatening topic (i.e., personal failure) and a relationship-threatening topic (i.e., separation) with their male romantic partner. We measured the presence of expressed stress and five communication behaviors (hostility, withdrawal, connectedness, active listening, inquiring), by means of video-ratings from third-party raters. We assessed hostility and withdrawal since both were known to be detrimental to relationship quality (i.e., Bodenmann, 2000) and were mentioned in connection with BPD in previous studies (Bouchard et al., 2009; de Montigny-Malenfant et al., 2013). In order to not only focus on negative behaviors, we also assessed their counterparts, i.e., a loving, supporting communication style (connectedness), listening attentively and inquiring information. Two relationship-related feelings (closeness to the partner and insecurity in the relationship) were assessed by means of self-report. We assumed that, overall, women with BPD would experience more negative relationship directed feelings and would show more negative behaviors than HC in threatening interactions. We tested if these reactions would be driven by a higher stress response in BPD than HC. Since BPD patients are particularly reactive to interpersonal threats (see Brodsky et al., 2006), we anticipated that a conversation about separation would lead to more stress in BPD than a conversation about personal fears and would therefore also trigger more negative behaviors and emotional changes.

2. Method

2.1. Sample

Couples participated in a couple communication study, where we investigated different domains of social cognition and behavior in BPD (Miano, Dziobek, & Roepke, 2017; Miano, Fertuck, Roepke, & Dziobek, 2016). Participants were heterosexual, neither married nor engaged, between 18 and 59 years old, and in a relationship for at least three months. HC couples were allowed to have a history of lifetime psychiatric disorders, but could not meet full diagnostic criteria for current DSM-IV Axis I or Axis II disorders. All females of the clinical couples were diagnosed with BPD. Male partners of the BPD group were allowed to fulfill criteria for a psychiatric diagnosis. Exclusion criteria for both members of the clinical group were current psychotic or manic episodes, or current inpatient therapy (see Table 1 for diagnoses). When they had a diagnosis of substance dependence or abuse during the past 12 months, they had to be in remission for at least three months. We recruited participants through online advertisement and postings near public buildings. Clinical couples were additionally recruited via advertisement in private practices and psychiatric hospitals. Groups were matched for age and relationship length. Thirty-one couples in which the women were diagnosed with BPD and 37 HC couples participated in this study. Technical problems (video recording) occurred while testing two HC couples and one BPD couple. One HC couple withdrew participation during the course of the study. Therefore, our final sample consisted of 30 BPD and 34 HC couples. In the BPD group, fifteen women (50%) and one man (3%) were in treatment with antidepressants at the time of the study. One woman reported the additional use of antipsychotic medication and one women of additional mood stabilizer. One man used methylphenidate. Couples were financially reimbursed for participation. The study was approved by the local ethics commission of Freie Universität Berlin.

2.2. Tests and questionnaires

2.2.1. Diagnostic interviews

All participants were interviewed with the *M.I.N.I. International Neuropsychiatric Interview* (Sheehan et al., 1997; german version:; Ackenheil, Stotz-Ingenlath, Dietz-Bauer, & Vossen, 1999) for DSM-IV Axis-I disorders and the *Structured Clinical Interview for DSM-IV Axis-II Disorders* (SCID-II; Wittchen, Zaudig, & Fydrich, 1997). For the M.I.N.I., good construct validity, as well as test-rest reliability and inter-rater reliability were reported (Lecrubier et al., 1997; Sheehan et al., 1997). The SCID-II was shown to have good test-retest reliability (Weertman, Arntz, Dreessen, Velzen, &