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Research report

Depressive-type emotional response pattern in impulsive-aggressive patients with borderline personality disorder

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ABSTRACT

Introduction: Borderline personality disorder (BPD) is typically characterized by severe affective dysregulation leading to impulsive behaviors. Accordingly, preliminary data suggest the hypothesis that BPD patients could have a specific and altered pattern of subjective emotional response to stimuli. The nature of the emotional response in BPD can be compared with other affective disorders and provide further insight on the nosological proximity with other psychiatric disorders.

Methods: Subjective emotional response was investigated in 19 patients with DSM-IV BPD with no current depressive episode and in 19 healthy control subjects by using the International Affective Picture System (IAPS). The intensity of arousal, valence and dominance was rated in response to 60 images categorized as pleasant, unpleasant and neutral by using a self-assessment instrument. ANOVA of multiple factors was used for between-groups comparisons.

Results: The obtained pattern showed that BPD patients considered the unpleasant and neutral images as less aversive than controls, but the activation that these images induced was higher. Patients showed significantly greater arousal than controls for unpleasant and neutral images (p<0.05) but presented greater valence (more positive emotion) for these images (p<0.05). In addition, BPD patients showed lower dominance (greater insecurity and dyscomfort) for positive images (p<0.05).

Conclusions: The subjective emotional response pattern of BPD patients suggests a trait of vulnerability to pleasant stimuli and is similar to the pattern found in depressive patients in previous studies. This supports the evidence that BPD could in part be related with the spectrum of the affective temperament and affective disorders.

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1. Introduction

The way of conceiving Borderline Personality Disorder (BPD) has changed significantly since the first formulations in the 1940s and 1950s. Back then, these severe patients with a chronic course and often with a marked functional deficit, were considered as close to schizophrenia or to psychosis

subtypes (Deutsch, 1943; Hoch and Polatin, 1949; Knight, 1953). The principal alteration for borderline patients was located under this perspective, in cognitive processes.

Nowadays, almost every theory suggests the central psychopathological dysfunction of the borderline patient to be an emotional regulation deficit resulting in a striking affective instability (Siever et al., 2002). The emotional dysregulation distinguishes borderline from other chronic negative affection disorders such as dysthymia (Conklin et al., 2006), which has an early appearance and tends to remain

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present as the disease progresses (Putnam and Silk, 2005). This current conception of the borderline patient is also present in current psychiatric classifications. In fact, all symptoms compiled in the fifth revised edition of the Diagnostic and Statistical Manual of the Mental Disorders (DSM IV-TR) serve as determinant criteria for BPD, resulting directly or indirectly from emotional dysregulation. In this manual BPD is defined as a general pattern of instability in personal relationships, self-image and emotions, and high levels of impulsivity starting at early adulthood, and presents symptoms such as fear of abandonment, self-mutilating behavior, recurrent suicidal threats inappropriate and intense anger or chronic sense of emptiness (APA, 2000).

Although theories and clinical descriptions agree in the existence of important deficits in the emotional response of these patients, there is still limited research conducted to confirm this existence experimentally. This may be due to the difficulty involved in the inducing and measuring of emotional responses in the laboratory. Self-report tests based on experienced memories or clinical criteria for professionals treating these patients may be insufficient. In this sense, the International Affective Picture System (Lang et al., 1997, 2005) (IAPS) is emerging as the most useful tool to overcome this difficulty. The IAPS has a series of emotional pictorial stimuli, normative and globally accessible. It is considered the most reliable and valid system for the experimental research of emotions. The IAPS has been used in the research of mental disorders such as schizophrenia, major depression, anxiety or psychopathic personality traits. Likewise, it is also often used as an independent variable in neuroimaging studies (Jayara et al., 2008). The emotional response raised by the IAPS stimuli can be assessed with psychophysiological measures, self-report scales or questionnaires, or by registering activated brain areas with neuroimaging techniques. The author's proposal (Lang, 1980) is a system called Self Assessment Making (SAM) and consists of a pictorial scale composed of 9 points where the subject assesses its emotional response in the instant they experience it in three dimensions: calm-excitement, pleasant-unpleasant, insecuritycontrol.

Some recent studies have used the IAPS to study the emotional response of patients with borderline pathology and the results are promising. Marissen et al. (2010) registered the electrophysiological response in 30 patients diagnosed with BPD compared to 30 controls. According to their findings, borderline patients show an emotional increased cortical reactivity when confronted with unpleasant stimuli of the IAPS compared to the control group. Neuroimaging studies also observed different emotional responses: Koenigsberg et al. (2009), used functional magnetic resonance to compare emotional stimuli response in the IAPS of 19 people diagnosed with borderline disorder and 17 healthy controls. Borderline patients were found to have a particular activation pattern, which included older phylogenetical brain areas. These studies support the idea of a different and altered emotional response in patients with borderline personality disorder.

Despite these positive results the experimental support for the dysregulation hypothesis is still limited. Further studies are needed to empirically confirm the emotional dysregulation and to help determine its nature. In this sense, the IAPS seems an appropriate tool to stimulate emotional responses, but there are still no findings on self-report measures of these images. We believe that the emotional subjective experience, as shown in a self-reporting clinical scale, may be different in borderline personality disorder compared to healthy subjects without pathology.

The goal of the present study is to support the hypothesis of an existing characteristic pattern of emotional response in borderline personality disorder. We hypothesize that if BPD patients have an altered emotional pattern, differences will be observed in arousal scale responses, valence and dominance of SAM compared to healthy subjects. The study of scores in these three emotional dimensions will help to describe the emotional response characteristics in the borderline personality disorder.

2. Method

2.1. Participants

The experimental group was composed of 19 patients presenting severe impulsive-aggressive behavior and diagnosed as borderline personality disorder according to DSM IV-TR criteria. Patients were selected from the personality disorder unit of the Hospital Clinico San Carlos of Madrid, using a randomized sampling method (Polit and Hungler, 1985). Patients diagnosed with current major depressive episode and history of bipolar disorder or schizophrenia, were excluded from the study. Patients with a comorbid axis II diagnosis of cluster A disorders were also excluded. The experimental group consisted of 8 men and 11 women with a mean age of 28, 53 years. The control group was composed of 19 healthy participants, 9 men and 10 women without any personal or any mental disorder history in the family, with a mean age between 16 and 26 years.

The study was approved by the IRB of our center. Both groups signed an informed consent to participate in the study. None of the participants had vision problems that could interfere with their test development.

2.2. Assessment

In order to assess clinical variables related to the diagnosis, the Spanish version of the structured clinical interview has been used for personality disorders of the Axis II (SCID II) and for disorders of the Axis I SCID I (First et al., 1999; Spanish version published by Manson, 1999). Interviews were conducted by a trained psychologist with contrasted reliability scores in the previous tests (K 0.87). The presence of a mental disorder in the family history was assessed trough the clinical interview.

60 images were used from the IAPS (Lang et al., 2005). According to test scales 20 pictures with pleasant images were used (for example, babies or young lovers) 20 pictures with unpleasant images (for example, snakes, violent death or weapons) and 20 neutral pictures (everyday objects). Three category images (pleasant, unpleasant and neutral) were selected according to the protocol established by Pollatos et al. (2005) and Lang et al. (2005).

To measure the emotional response induced by the images, the Self-Assessmet Manikin (SAM) and a self-report scale developed by Lang (1980) were used. It is a likert scale of nine points. Through this instrument the person assesses each image in three dimensions: affective valence (from unpleasant to pleasant), arousal (from calm to excitement) and dominance (insecurity-control). There is a nine point scale for each

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