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Interpersonal functioning in borderline personality disorder: A systematic review of behavioral and laboratory-based assessments

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HIGHLIGHTS

- Interpersonal dysfunction is central in borderline personality disorder (BPD).
- We highlight objective measures of areas of potential impairment in those with BPD.
- Those with BPD have heightened emotional reactivity to interpersonal stressors.
- Individuals with BPD show impairment in trust and cooperation.
- We offer suggestions for future research.

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ABSTRACT

It is widely accepted that interpersonal problems are a central area of difficulty for those with borderline personality disorder (BPD). However, empirical elucidation of the specific behaviors, or patterns of behaviors, characterizing interpersonal dysfunction or dissatisfaction with relationships in BPD is limited. In this paper, we review the literature on interpersonal functioning of individuals with BPD by focusing on studies that include some assessment of interpersonal functioning that is not solely self-report; that is, studies with either behavioral laboratory tasks or manipulation of interpersonal stimuli in a controlled laboratory setting were included. First, we review the literature relevant to social cognition, including perceptual biases, Theory of Mind/empathy, and social problem-solving. Second, we discuss research that assesses reactivity to interpersonal stressors and interpersonal aggression in BPD. Next, we review the literature on trust and cooperation among individuals with BPD and controls. Last, we discuss the behavior of mothers with BPD in interactions with their infants. In conclusion, we specify areas of difficulty that are consistently identified as characterizing the interpersonal behaviors of those with BPD and the relevant implications. We also discuss the difficulties in synthesizing this body of literature and suggest areas for future research.

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1. Introduction

Borderline personality disorder (BPD) is a serious public health problem that poses considerable challenges for mental health professionals, those suffering from the disorder, and their families. Individuals with BPD disproportionately present for treatment in both inpatient and outpatient clinics relative to many other disorders, leading to high rates of health care utilization and associated costs (Skodol et al., 2005). Although the diagnostic criteria for BPD (American Psychiatric Association, 2013) include dysfunction across a wide range of neurobehavioral systems, including emotional expression (e.g., marked reactivity), behavioral inhibition (e.g., impulsivity), cognition (e.g., paranoia or dissociation when acutely distressed), and interpersonal functioning (e.g., fear of abandonment), disturbed interpersonal relationships are increasingly being recognized as central to understanding the impairments and psychological distress associated with the disorder (Gunderson, 2007).

The empirical investigation of interpersonal functioning in BPD occurs in the context of a rich theoretical history. Several interrelated psychodynamic and psychoanalytic theories explain interpersonal disturbances in BPD. These theories emerged as clinicians observed the centrality of interpersonal problems for individuals with BPD and endeavored to explain the origin of pathological and extreme interpersonal behavior, such as suicidal behaviors in response to interpersonal conflict or rejection. While these theories generally focus on problems in early relationships and caregiving experiences, each has a somewhat unique explanation for the development of dysfunctional interpersonal behaviors in adulthood.

In one such interpersonal theory of BPD, object relations theorists (e.g., Jacobson, 1964; Kernberg, 1980; Klein, 1957) posit that self-other representations form in early relationships, particularly between the infant/child and the primary caregiver, and that these cognitive representations play a central role in personality development. Some have argued (e.g., Westen, 1991) that the emotions and expectations attached to these representations are critically important determinants of functioning in interpersonal relationships as dyads are linked by the affective valence of the representations. For example, according to Clarkin, Lenzenweger, Yeomans, Levy, and Kernberg (2007), individuals with BPD have representations of self and others that are affectively split (i.e., positive and negative representations) and lack integration (i.e., unstable representations). Thus, object relations theorists would predict polarized interpretations of others (e.g., dichotomous thinking), which are heavily influenced by the affect linking the dyad within the particular interaction.

Another way of understanding the interpersonal behavior associated with BPD is through the lens of attachment theory. Attachment theorists posit that children, based mostly on interactions with primary caregivers, develop internal models of the self and others that guide expectations and beliefs in relationships, particularly in times of stress (Bowlby, 1973). Secure attachment with the caregiver allows the child to develop and maintain a coherent and positive sense of self and expectations for responsive and caring behavior from others. In contrast, BPD is typically characterized by disturbed attachment and representations of the self and others that are inconsistent and negative (Agrawal, Gunderson, Holmes, & Lyons-Ruth, 2004). According to Fonagy, Target, Gergley, Allen, and Bateman (2003), the development of secure attachment hinges on caregivers' abilities to understand their own and others' minds and help the child develop this capacity (i.e., provide a scaffolding for mentalization). A failure to develop the ability to perceive and interpret behavior based on underlying mental states (mentalization) may lead to difficulty interpreting and understanding interpersonal experiences, especially in contexts where the attachment system is activated (i.e., under conditions of perceived threat). Accordingly, this theory predicts that deficits in mentalization associated with maladaptive attachment account for the interpersonal dysfunction among individuals with BPD.

Linehan's biosocial model (Linehan, 1993) is an alternative account of the development of interpersonal problems in BPD. According to this model, an underlying biological vulnerability to emotional dysregulation (i.e., high sensitivity and reactivity to emotional stimuli, slow return to baseline after emotional arousal) transacts with environmental stressors (i.e., invalidation) to contribute to emotional and interpersonal impairments. The transactional interplay between these biological and social factors is believed to adversely influence the development of one's sense of self and other, disrupting the development of healthy relationships. Thus, in this model, disrupted (or less than ideal) relationships function as both a risk factor for the development of BPD and a consequence of the disorder. The consistent undermining of one's internal experience (i.e., invalidation) may interfere with healthy interpersonal relations by contributing to a disturbed learning history for close relationships, creating an overreliance on others' opinions and indications of worth, and encouraging dichotomous (i.e., all good or all bad) thinking about others.

Consistent with interpersonal theories of BPD, evidence that interpersonal functioning is a major area of concern for those with BPD can be found across converging areas of empirical research. For example, factor analytic studies indicate that disturbed interpersonal relations represent a key factor underlying the variance across BPD symptoms (Sanislow et al., 2002). Further, individuals with BPD often report greater problems with interpersonal functioning compared to healthy controls (e.g., Bouchard, Sabourin, Lussier, & Villeneuve, 2009). Additionally, some of the most serious outcomes related to BPD, such as self-injury and suicide, frequently occur in interpersonal contexts (e.g., Brodsky, Groves, Oquendo, Mann, & Stanley, 2006; Brown, Comtois, & Linehan, 2002) and are related to problems with social adjustment (Soloff & Fabio, 2008).

Prospective studies suggest that improvement in interpersonal functioning occurs more gradually in BPD than in several other Axis II disorders (Choi-Kain, Zanarini, Frankenburg, Fitzmaurice, & Reich, 2010; Skodol et al., 2005). In fact, certain interpersonal symptoms such as negative affect when alone, fear of abandonment, discomfort with care, and dependency are extremely slow to remit, with 15% to 25% of individuals with BPD who exhibited these symptoms at baseline failing to show improvement at 10-year follow-up (Choi-Kain et al., 2010). Further, remission from the disorder is often related to positive interpersonal events, such as entering a stable relationship (Links & Heslegrave, 2000).

Thus, impairment in interpersonal functioning: (a) is theoretically and diagnostically central to BPD, (b) is associated with self-injurious behavior and other adverse clinical outcomes, (c) plays an important role in the prognosis and course of BPD, and (d) is reported by those with BPD as significantly problematic. The evidence clearly suggests that interpersonal functioning in BPD is often meaningfully impaired. What is less clear, based on the existing body of research, is how to precisely characterize the various interpersonal impairments in BPD.

In recent years, the pace of empirical research examining problems with interpersonal functioning in BPD has accelerated. The field has moved from a primary reliance on cross-sectional self-report to more sophisticated designs using prospective methodologies and more ecologically valid assessments of interpersonal behavior. The use of such