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Discrepancies between explicit and implicit self-esteem are linked to symptom severity in borderline personality disorder

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ABSTRACT

The present study examined whether discrepancies between explicit and implicit self-esteem are associated with symptom severity in a sample of patients with borderline personality disorder (BPD). We hypothesized that implicit–explicit self-esteem discrepancies foster autoaggressive behavior and dysphoria, and impair self-perception. We found that the two forms of self-esteem discrepancies, damaged and fragile self-esteem were related to the severity of overall borderline symptoms, autoaggression, dysphoria, and deficits in self-perception. In contrast, more general psychopathological impairment, such as depression, was not related to self-esteem discrepancies. Taken together our results indicate that discrepancies between explicit and implicit self-esteem are associated with certain borderline symptoms that may be based on internal tension. The findings can be interpreted within the framework of self-discrepancies and dichotomous attitudes in patients with BPD.

1. Introduction

Borderline personality disorder (BPD) is characterized by "a markedly and persistently unstable self-image or sense of self" (American Psychiatric Association [APA], 2000, p. 710), which is subsumed in the diagnostic criterion *identity disturbance* in the DSM-IV-TR (APA, 2000). Identity disturbance was originally discussed in several psychoanalytic theories. Kernberg (1975), for example, conceptualized a "splitting" of the self (i.e., a failure to integrate multiple self-representations into a more complex and balanced view). According to cognitive models of BPD, this instability in self-image and corresponding emotional responses in patients with BPD might be caused by discrepancies between competing attitudes and evaluations (e.g., Sieswerda, Arntz, & Wolfis, 2005; Veen & Arntz, 2000). Veen and Arntz (2000) found that BPD patients tend to simultaneously carry extremely positive and extremely negative evaluations of themselves (multidimensional dichotomous thinking, e.g., a person evaluates her/himself as being "totally trustworthy" and "totally insecure"). It has been shown that the severity of borderline symptoms strongly correlates with discrepancies between the ideal self and the actual self (Arntz et al., 2003), and that these discrepancies are significantly reduced during psychotherapeutic treatment (Giesen-Bloo et al., 2006). These results underscore that discrepancies between explicit attitudes are related to disorder-specific symptomatology in patients with BPD.

Nevertheless, individuals might be reluctant or unaware of attitudes that they carry about themselves (Paulhus, 1984; Robins & John, 1997). Accordingly, extreme contradictions in the way one sees oneself can in principle be related not only to deliberative but also to more automatic thoughts or spontaneous action tendencies (e.g., Greenwald, McGhee, & Schwartz, 1998; Hofmann, Friese, & Strack, 2009). Dual-process models (e.g., Epstein, 1994; Strack & Deutsch, 2004; Wilson, Lindsey, & Schooler, 2000) postulate two separate systems of information processing and thus build the basis for the conceptualization of discrepant explicit and implicit evaluations. Explicit self-esteem is part of the reflective system of information processing. It is defined as the deliberative evaluation of the self (e.g., Kernis, 2003) and can be assessed with direct measures (e.g., questionnaires). Implicit self-esteem is part of the

Abbreviations: BPD, Borderline personality disorder; DSM-IV-TR, Diagnostic and Statistical Manual of Mental Disorders (text revision); IPT, Initials Preference Task; HP, Heatherton and Polivy Scale; BSL, Borderline Symptom List; GSI, Global Severity Index of the SCL-90-R; BDI, Beck Depression Inventory; M.I.N.I, Mini International Neuropsychiatric Interview; SCID-II, Structured Clinical Interview for DSM-IV Personality Disorders; SCL-90-R, Symptom Checklist-90 (revised version).

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impulsive system of information processing and is defined as an automatic, overlearned, and not necessarily conscious self-evaluation (Greenwald & Banaji, 1995; Pelham & Hetts, 1999). It is assessed with indirect measures that infer automatic self-evaluations from reactions to self-relevant stimuli such as one's own name or personal pronouns (Bosson, Swann, & Pennebaker, 2000). Indirect measures are less biased by the ability to fake responses (e.g., Egloff & Schmukle, 2003; Schröder-Abé, Röhner, Rudolph, & Schütz, 2009; Steffens, 2004). As explicit and implicit self-esteem are usually not or only weakly correlated (Hofmann, Gawronski, Gschwendner, Le, & Schmitt, 2005; Rudolph, Schröder-Abé, Schütz, Gregg, & Sedikides, 2008), both are considered to be independent constructs, and implicit–explicit self-esteem discrepancies (albeit to varying degrees) are relatively common. When combining explicit and implicit self-esteem, two forms of implicit–explicit self-esteem discrepancies can be differentiated: (a) a combination of high explicit and low implicit self-esteem (termed *fragile self-esteem*; Bosson, Brown, Zeigler-Hill, & Swann, 2003), and (b) a combination of low explicit and high implicit self-esteem (termed *damaged self-esteem*; Schröder-Abé, Rudolph, & Schütz, 2007a).

Several studies have already provided consistent evidence that implicit–explicit self-esteem discrepancies in both directions are maladaptive. They are connected with defensive behavior (e.g., Jordan, Spencer, Zanna, Hoshina-Brown, & Correll, 2003; McGregor, Nail, Marigold, & Kang, 2005; Schröder-Abé, Rudolph, Wiesner, & Schütz, 2007) and impaired health and well being in healthy individuals (Schröder-Abé et al., 2007a; Schröder-Abé, Rudolph & Schütz, 2009). Up to now, there are only a few explanations for these results, however. Various studies have shown that discrepancies between explicit and implicit attitudes are experienced as unpleasant and are associated with painful states of internal tension (e.g., Campbell, 1990; Carver & Scheier, 1990; Hass, Katz, Rizzo, Bailey, & Moore, 1992; Higgins, 1987). Briñol et al. showed that individuals with discrepancies between their implicit and explicit self-concepts took more time to process information related to their discrepant self-representations than individuals without discrepancies (Briñol, Petty, & Wheeler, 2006). The authors interpreted this result as an attempt to resolve the discrepancy. They argue that a deeper examination of discrepancy-relevant information amplifies confidence, creates knowledge about the self and minimizes painful implicit self-doubt stemming from inconsistencies in explicit and implicit self-conceptions (Briñol et al., 2006).

Moreover, several authors have stated that discrepancies between implicit and explicit self-systems result in self-doubt (Briñol et al., 2006, Rydell, McConnell, & Mackie, 2008), psychological conflict (Petty, Tormala, Briñol, & Jarvis, 2006), and uncertainty that is experienced as highly unpleasant (Cockerham, Stopa, Bell, & Gregg, 2009).

So far, a number of studies have focused on the predictive power of implicit attitudes in selected clinical samples (e.g., *body dysmorphic disorder*, Buhlmann, Teachman, Gerbershagen, Kikul, & Rief, 2008; *bulimia nervosa*, Cockerham et al., 2009; *substance abuse*, De Houwer, Crombez, Koster, & De Beul, 2004; and *depression*, Franck, De Raedt, & De Houwer, 2007). The results of a study with depressed patients indicated that suicidal ideation is connected to damaged (low explicit in combination with high implicit) self-esteem (Franck, De Raedt, Dereu, & Van den Abbeele, 2007). Up to now, there is no published study on implicit–explicit self-esteem discrepancies in patients with BPD. Empirical data from our group has provided the first evidence that patients with BPD show lower levels of implicit and explicit self-esteem in comparison to a healthy control group and patients with depression (Schröder-Abé, Vater, Lammers, Röpke, & Schütz, submitted for publication).

Concluding from the studies of healthy subjects mentioned above (Briñol et al., 2006, Cockerham et al., 2009; Rydell et al., 2008), discrepant implicit and explicit self-evaluations might provoke incompatible behavioral implications and self-control dilemmata (Hofmann et al., 2009). This may consequently encompass higher states of internal tension, a highly unpleasant state of arousal (Stiglmayr, Bischkopf, et al., 2008). We thus hypothesized that discrepant self-esteem in both directions would predict dysfunctional behavior in BPD that is strongly connected to attempts to release internal tension, i.e., self-injurious behavior, self-perception and dysphoria. First, *self-injurious behavior (i.e., autoaggression)* is used as a dysfunctional strategy for reducing internal tension (Klonsky, 2007; Stiglmayr, Gratwohl, Linehan, Fahrenberg, & Bohus, 2005). Therefore, we proposed that implicit–explicit self-esteem discrepancies would predict the severity of autoaggressive behavior. As depressed patients with suicidal ideation are more likely to show damaged self-esteem (Franck, De Raedt, Dereu, et al., 2007), we assumed that damaged self-esteem in particular would be associated with suicidal behavior and autoaggression in patients with BPD. Second, there is a strong correlation between the intensity of internal tension and the intensity of *reduced self-perception* (i.e., Stiglmayr, Ebner-Priemer, et al., 2008). We therefore expected that implicit–explicit self-esteem discrepancies in both directions would predict the severity of impaired self-perception. Third, dysphoric states in BPD patients include feelings of tension, self-destructiveness, and fragmentation (e.g., "feelings of having no identity"; Zanarini et al., 1998). Therefore, we expected that discrepant self-esteem would predict *dysphoria* in patients with BPD.

Furthermore, previous research has found that damaged self-esteem is correlated with dysfunctional emotion regulation strategies in healthy individuals (Schröder-Abé et al., 2007a, 2007b). We therefore wanted to explore whether implicit–explicit self-esteem discrepancies (i.e., damaged self-esteem) predict impairments in *affect regulation* in patients with BPD.

In summary, the aim of the following study was to investigate whether discrepancies between implicit and explicit self-esteem predict symptom severity in patients with BPD. We hypothesized that implicit–explicit self-esteem discrepancies are connected to internal tension and therefore impair self-perception and affect regulation and foster autoaggressive behavior and dysphoria. Finally, we explored whether self-esteem discrepancies are related to the above-named symptoms specifically or whether they are also related to more general psychopathological impairment within BPD patients.

2. Method

2.1. Participants

Forty-one women (mean age = 27.6; SD = 7.3) with the diagnosis of BPD according to DSM-IV-TR (APA, 2000; German version: Saβ, Wittchen, & Zaudig, 2003) participated in the study. All patients were admitted to an inpatient treatment program for BPD at the Department of Psychiatry, Charité – University Medicine Berlin, Germany, during which they were consecutively recruited into the study. Patients were not reimbursed for study participation. The study was approved by the ethics committee of the Charité – University Medicine Berlin. All participants provided written informed consent after having received a thorough explanation of the study.

2.2. Procedure

To establish individual diagnoses, the German versions of the Mini International Neuropsychiatric Interview (M.I.N.I., Lecrubier et al., 1997; German version: Ackenheil, Stotz, Dietz-Bauer, &