Prediction of Borderline Personality Traits base on Disconnection/Rejection Schemas

*Leila Khabir
PhD student of Clinical Psychology, Faculty of Education and Psychology, University of Shiraz, Shiraz, Iran
*corresponding author: leilakhabir@gmail.com

Tayebeh Kouchi
MA of Industrial and Organizational Psychology, Shahid Chamran University of Ahwaz, Lecturer, Dept. of Psychology, Payame Noor University, Iran
T_ravan2010@yahoo.com

Fatemeh Keshvari
MA of General Psychology, Imam Khomeini International University, Iran
homaf430@gmail.com

Abstract

**Background:** Borderline personality disorder (BPD) is a chronic condition that warrants further empirical investigation. The aim of this research was to investigate the prediction of BPD symptomatology based on disconnection/rejection Schemas. **Method and Materials:** Data for the current study was collected from students of Shiraz University. Sample consisted of 120 undergraduate students. The ages of the sample ranged from 18-26 with an average age of 19.55. Forty-four participants were men (36.6%) and fifty-six participants were women (46.6%). Instruments used in this study include: Young Schema Questionnaire – Short Form 3 (YSQ-S3; Young, 2005) and Five-Factor Borderline Personality Inventory (FFBI; Mullins-Sweatt et al., 2012). **Results:** the study revealed non-significant effects for gender on total borderline personality scores (F= 3.04, p > .08), five subscales of FFBI, extraversion (F= 1.59, p > 0.2), agreeableness (F= 1.01, p< 0.3), conscientiousness (F= 0.001, p < 0.9), emotional instability (F= 0.52, p < 0.4), and intellect (F= 0.23, p < 0.6) and disconnection/rejection Schemas (). Also these results showed disconnection/rejection schemas predicted borderline personality traits. **Conclusion:** Disconnection/rejection schemas could predict borderline personality traits. **Keywords:** Borderline Personality Disorder; Disconnection/rejection Schemas; Students of University.
Introduction

Although the etiology of BPD has yet to be definitively identified, several factors are implicated in its development, such as problematic attachment relationships and adversity in early life events (Hooley & Wilson-Murphy, 2012). Thus “The goal of attachment is the creation of an external environment from which the child develops an internal model of the self that is safe and secure” (Agrawal, Gunderson, Holmes, & Lyons-Ruth, 2004, p. 95). Attachment theory posits that the pattern of interaction and the emotional bond between primary caretakers and infants serves as a template for intimate interactions in later life. Children whose needs are consistently met and who have developed an emotional bond with their primary caregiver generally go on to develop healthy relationship patterns and consistent self-images (Agrawal et al., 2004). The typical results of a secure attachment differ drastically from patterns seen in those diagnosed with BPD (i.e., unstable relationships marked by fear of abandonment). Considering these findings, it is warranted to examine borderline personality pathology in samples of older adolescents and young adults.

Impaired limits are an early maladaptive schema domain in which there is a persistent difficulty or refusal to use self-control and frustration tolerance to achieve goals, or to refrain from expressing emotions and impulses (Young et al., 2003). Individuals who over-rely on this schema tend to have difficulties with emotional deregulation (a breakdown in controlling states of self, such as arousal, self-esteem, affects, and needs) which Linehan (1993) posits as the basis of BPD. According to Linehan (1993), emotion deregulation develops as a result of invalidating environments during childhood. Individuals who are raised in invalidating environments do not trust their own emotions because when emotions were expressed as children, they were disqualified/invalidated by caregivers. In many instances, self-control is highly valued and the expression of emotion is not tolerated, and is often trivialized and punished. When emotions are expressed they are not accepted as an accurate depiction of how the child is truly feeling (Linehan, 1993). As a result, adverse life events often strip children of their sense of self-control, leaving them unable to label and regulate arousal and effectively cope with emotional distress (Linehan, 1993).

Individuals with BPD typically endorse chronic cognitive and affective themes of impaired limits, including insufficient self-control (Young et al., 2003). Subsequent empirical studies showcase findings that are consistent with this position. For instance, Gratz, Rosenthal, Tull, Lejuez, and Gunderson (2009) found that insufficient self-control/emotion dysregulation is a defining feature of BPD. Other studies have found evidence that suggests emotional dysregulation and impulsivity distinguish individuals with BPD from non-patients and those with other psychiatric diagnoses (Tragesser & Robinson, 2009; Tragesser, Solhan, Schwartz-Mette, & Trull, 2007; Trull et al., 2008). Experimentally, Gratz and colleagues (2009) found evidence to suggest that individuals with a diagnosis of BPD were less willing to tolerate emotional distress and approach a potentially distressing event compared to others without a diagnosable mental health condition. Overall, these findings suggest that insufficient self-control and emotional dysregulation components of impaired limits schemas may be important in determining who is at-risk for developing symptoms associated with BPD.

Individuals who have experienced repeated instances of rejection by significant others develop expectations of rejection in social interactions (Staebler et al., 2011). Those who are
sensitive to rejection tend to be hypervigilent to cues of rejection, and subtle rejection cues activate maladaptive cognitive, affective, and behavioral reactions (i.e., blaming others, feeling hurt, and aggression; Staebler et al., 2011). In regard to BPD, a core feature is fear of abandonment, and rejection by others which is considered a form of abandonment (Staebler et al., 2011). As such, those diagnosed with BPD interpret daily forms of rejection (e.g., a significant other not being able to attend an appointment) as a reflection of devaluation and/or disapproval. Instances like these lead individuals with BPD to conclude that significant others in their life are neglectful, uncaring, and abandoning (Staebler et al., 2011). The literature has demonstrated that individuals diagnosed with BPD frequently hold cognitive themes associated with aloneness, dependency, unlovability, emptiness, badness, interpersonal distrust and vulnerability (Arntz, 2005; Krawitz, 2012; Lloyd, Raymond, Miner, & Coleman, 2007; Lynum, Wilberg, & Karterud, 2008), all of which are contained within the schema domain disconnection/rejection. These themes are most frequently endorsed by those diagnosed with BPD than any other personality disorder group (Lawrence, Allen, & Chanen, 2011). Moreover, Lawrence and colleagues (2011) found that abandonment/instability and mistrust/abuse schemas were the most strongly endorsed among individuals with BPD. These findings suggest that individuals with BPD report higher levels of cognitions associated with rejection and abandonment themes.

**Methods and Materials**

Data for the current study was collected from students of Shiraz University. Sample consisted of 120 undergraduate students. The ages of the sample ranged from 18-26 with an average age of 19.55 (6.17). Forty-four participants were men (36.6%) and fifty-six participants were women (46.6%). Instruments were used in this study include: Young Schema Questionnaire – Short Form 3 (YSQ-S3; Young, 2005). The YSQ-S3 is a 90-item self-report inventory designed to measure dysfunctional cognitive patterns. Two schema domains are the focus of the current study: Disconnection/rejection Schemas (n = 25) and Impaired Limits Schemas (n = 10). Each item is rated on a 6-point Likert scale ranging from 1 (completely untrue of me) to 6 (describes me perfectly; Kriston, Schäfer, Jacob, Härter, & Hölzel, 2013). Domain scores for disconnection/rejection schema range from 25 to 150, and scores for the impaired limits domain range from 10 to 60. Higher scores indicate greater use of maladaptive thinking. Earlier versions of the YSQ-S3 report reliability estimates that range from .83 to .93, and test-retest coefficients from .50 to .82 (Sigre-Leirós, Carvalho, & Nobre, in press). Schema domain scores have also demonstrated excellent construct validity as evidenced by high correlations with personality disorder symptoms (Young & Klosko, 2005).

In this study, analysis revealed good reliabilities for the impaired limits schema domain ($\alpha = .80$) and the disconnection/rejection schema domains ($\alpha = .89$).

Five-Factor Borderline Personality Inventory (FFBI; Mullins-Sweatt et al., 2012): The FFBI is a 120-item self-report measure of borderline personality traits based on the Five factor model of personality. For the purpose of the current study, a total score will be used to assess borderline personality symptomatology. Each item is rated on a 5-point Likert scale from 1 (strongly disagree) to 5 (strongly agree). Total scores range from 240 to 1200 with higher scores reflecting the presence of more maladaptive borderline personality traits. The FFBI has been found to have good internal consistency in a sample of undergraduate
students. In addition, the FFBI has demonstrated good convergent validity with other measures of personality functioning (Mullins-Sweatt et al., 2012). Good internal consistency was found for the total BPD score ($\alpha = .98$) in the current study.

Results

These results suggest men report similar levels of borderline personality traits ($M = 291.89$, $SD = 78.97$) when compared to women ($M = 286.42$, $SD = 81.85$). These results suggest men report similar levels of disconnection/rejection schemas ($M = 58.05$, $SD = 23.14$) when compared to women ($M = 57.23$, $SD = 21.49$). ANOVA revealed non-significant effects for gender on total borderline personality scores, $F= 3.04$, $p > .08$ and on disconnection/rejection schemas, $F= 3.00$, $p < .07$.

Results also revealed a non-significant effect for gender on extraversion ($F= 1.59$, $p > 0.2$), agreeableness ($F= 1.01$, $p< 0.3$), conscientiousness ($F= 0.001$, $p < 0.9$), emotional instability ($F= 0.52$, $p < 0.4$), and intellect ($F= 0.23$, $p < 0.6$).

Bivariate correlations were conducted to determine the relationships among total borderline personality traits and disconnection/rejection schemas. Total borderline personality scores were positively correlated with reports of disconnection/rejection schemas ($r = .76$). Regression revealed prediction borderline personality traits rely on disconnection/rejection schemas ($F= 130.99$, $p < 0.0001$, $\beta=0.73$, $R$ Square$= 0.54$) (Table 1, Table 2).

Table 1. ANOVA analysis: Prediction of Borderline Personality Traits base on Disconnection/Rejection Schemas

<table>
<thead>
<tr>
<th>Variable</th>
<th>Model</th>
<th>SS</th>
<th>MS</th>
<th>df</th>
<th>F</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>disconnection/rejection schemas</td>
<td>Regression</td>
<td>156.00</td>
<td>156.00</td>
<td>1</td>
<td>6.00</td>
<td>.001</td>
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<tr>
<td></td>
<td>Residual</td>
<td>2583.00</td>
<td>23.00</td>
<td>118</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>2740.00</td>
<td>23.00</td>
<td>119</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 2. Coefficients of regression: Prediction of Borderline Personality Traits base on Disconnection/Rejection Schemas

<table>
<thead>
<tr>
<th>Variable</th>
<th>$R^2$</th>
<th>B</th>
<th>$\beta$</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>disconnection/rejection schemas</td>
<td>.57</td>
<td>.06</td>
<td>.0001</td>
<td>2.00</td>
<td>.001</td>
</tr>
</tbody>
</table>

Conclusion

Non-significant gender differences among maladaptive schemas and BPD features were revealed. Interestingly, these findings suggest women and men self-report comparable estimates of borderline personality characteristics. This result is inconsistent with previous findings suggesting borderline personality disorder occurs more frequently in women than
men (APA, 2013; Sharp, Michonski, Steinberg, Fowler, Frueh, & Oldham, 2014; Sansone & Sansone, 2011b). The lack of gender differences in the current study could be a result of how borderline personality features were measured. The FFBI contains several subscales that contribute to a total BPD score. It is possible that subscale scores had a cancelling-out effect that reduced gender differences for total BPD scores. For instance, behavioral dysregulation and rashness are subscales of BPD total scores that are highly associated with impulsivity and behavioral acting out. In turn, impulsivity and behavioral acting out are two behavioral patterns reflective of how emerging adult men manage threats to self-esteem (Sharp et al., 2014) and consistent with gender-role expectations for emerging men in terms of emotional expression (Genuchi & Valdez, 2014). Alternatively, affective dysregulation and despondence are two different features of BPD total scores that are highly associated with instances of emotional turmoil and emotional vulnerability/sensitivity (Mullins-Sweatt et al., 2012), two conditions by which women commonly self-report more difficulties (Bloise & Johnson, 2007). Therefore, it is possible that men’s higher impulsivity-related scores canceled out women’s higher emotional vulnerability-related scores resulting in similar overall total BPD scores for each gender. Future research may look to examine gender differences among unique features of BPD (i.e., impulsivity vs. emotional vulnerability) rather than a total BPD score. This may clarify if and how men and women differentially experience and manifest symptoms of BPD. Such a line of inquiry may enable clinicians to develop more targeted gender-specific treatment plans for BPD.

These results are consistent with previous research indicating a strong relationship between indices of stress and BPD pathology (Bradley, Conklin, & Westen, 2007; Fall & Craig, 1998; Linehan, 1993). Ingram and colleagues (2011) define vulnerability as the susceptibility to emotional pain and directly attribute the concept to the onset and maintenance of psychopathology. Risk factors, on the other hand, describe the extent to which individuals have an increased likelihood of developing a psychological disorder (Ingram et al., 2011). Risk factors speak to the features associated with probability of developing a disorder, while vulnerability is concerned with the mechanisms that cause the disorder (Ingram et al., 2011). The clarification of stress as either a vulnerability factor or risk factor could potentially influence how theories conceptualize underlying etiological influences of BPD features. This, in turn, will direct more beneficial lines of inquiry to support prevention and intervention efforts.

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References


