Tailoring social support strategies to individuals with borderline personality features

Stella Nicolaou¹,²,³, Sydney Goldberg¹, Kaley Michael¹, Kathy R. Berenson¹

1. Department of Psychology, Gettysburg College
2. Faculty of Psychology, University of Barcelona
3. Department of Psychiatry and Mental Health, Igualada General Hospital, Barcelona, Spain

Background

- Borderline Personality Disorder (BPD) is a high-risk disorder:
  - Self-destructive tendencies
  - High interpersonal instability
  - High treatment drop-out rates
Prior research

- Low self esteem (LSE) may be related to difficulties with receiving social support
  - LSE individuals → negative validation > positive reframing
  - Negative validation → acknowledgement of recipient’s predicament
  - Positive reframing → negative experience as opportunity for growth

(Marigold et al., 2014)

Bridging the gap in the literature

- Lack of research examining challenges of providing social support to BPD patients

(Wiggins, 1982)
Current study

Procedure adapted from Marigold et al. (2014)

Hypotheses

1. Individuals with elevated borderline pathology and elevated levels of hostile-dominant interpersonal problems would have higher friendship quality ratings when receiving negative validation compared to positive reframing

2. The relationship between borderline pathology and negative reactions in the positive reframing condition would be explained by the association of borderline pathology with a higher level of interpersonal problems involving dominance and a tendency to perceive positive reframing support as an assertion of dominance

Method

- Participants
  - 238 adults from the United States on MTurk ($M_{\text{age}} = 35.37$, $SD = 10.02$)
  - 144 men, 93 women, 1 nonbinary gender identity
  - 76.9% White
Procedure and Measures

- Participants first completed questionnaires assessing:
  - **state mood**
    - Positive and Negative Affect Schedule (PANAS; α = .90).
    - 20 items on 5-point Likert type scale - e.g., “Right now, I feel enthusiastic”
  - **borderline pathology**
    - from Schedule for Nonadaptive and Adaptive Personality II (SNAP II; α = .94).
    - 32 true-false items - e.g., “I have hurt myself on purpose several times”
  - **hostile - dominant interpersonal problems**
    - from Inventory of Interpersonal Problems Short Circumplex (IIPC-SC; α = .92)
    - 12 items on 5-point Likert type scale - e.g., “I try to control other people too much”

- Procedure and Measures

  - Picked a close friend to think about in two randomly-ordered hypothetical scenarios:
    - poor performance evaluation
    - bad day

  - Randomly assigned to a support strategy (between-subject manipulation):
    - **Positive reframing:** e.g., "Don't worry about it too much, it's just one evaluation. I'm sure you'll do better next time."
    - **Negative validation:** e.g., "That's an awful feeling, isn't it? That's happened to me before too."
Procedure and Measures

- Rated friendship quality with imagined close friend:
  - e.g., “I have a very strong relationship with my friend, α = .94”
  - 1 (not at all) to 7 (extremely) Likert-type scale

- Rated the extent to which they perceived the friend’s response as an assertion of dominance:
  - e.g., “My friend’s response makes me think that he she is bossy or controlling, α = .88”
  - 1 (not at all) to 7 (extremely) Likert-type scale

Results

Friendship quality ratings predicted by interaction between borderline pathology and support strategy (controlling for gender and initial state mood) $B = -0.2129, SE = 0.0950, p = 0.0260$. 

**Support Strategy**

- Negative Validation
- Positive Reframing

$B = -0.2483, SE = 0.0686, p = 0.0004$ ***
Results

Friendship quality ratings predicted by interaction between hostile-dominant interpersonal problems and support strategy (controlling for gender and initial state mood) $B = -0.1977, SE = 0.0940, p = .0364$.

Index of moderated mediation = -0.02, 95% CI [-0.03, -0.00]. Borderline pathology has a significant indirect effect on friendship quality via hostile-dominant interpersonal problems in the positive reframing support condition, -0.02, 95% CI [-0.03, -0.00], but not in the negative validation support condition, -0.00, 95% CI [-0.02, .01].
Results

Index of moderated mediation = .04, 95% CI [.01, .06]. Borderline pathology has a significant indirect effect on perceived dominance via hostile-dominant interpersonal problems in the positive reframing support condition, .06, 95% CI [.03, .08], but not in the negative validation support condition, .02, 95% CI [-.00, .04].

Discussion

Implications
- Emphasis on validation techniques to build therapeutic alliance and motivate BPD patients to stay in treatment
- Negative validation may be especially important for BPD patients with more hostile-dominant interpersonal problems (e.g., “autonomous” BPD subtype)
- First study to examine variation in social support preferences as a function of level of hostile-dominant interpersonal problems and borderline pathology

Limitations
- Cannot generalize to clinically diagnosed BPD patients
- Used hypothetical, not real-life scenarios
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