



The Relationship between Interpersonal Functioning and Self-injurious Behavior among a High-Risk for Suicide Sample

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ABSTRACT

Borderline Personality Disorder (BPD) is characterized by impairments across social functioning and personality traits. Because of these impairments, individuals diagnosed with BPD frequently encounter serious problems such as emotion dysregulation and self-injurious behaviors (SIB). Prior literature highlights the theoretical model of emotion dysregulation, as it sets the foundation for maladaptive behaviors (e.g., SIB) that can lead to impaired interpersonal functioning (Linehan, 1993). However, limited research has empirically explored the salient theoretical model. To account for this limitation, this study investigates the relationship between emotion dysregulation, rejection sensitivity, and SIB among 99 female patients diagnosed with BPD. We first hypothesize that participants who experience stronger emotion dysregulation are more likely to engage in SIB. We also hypothesize that higher rejection sensitivity, a facet of impaired social functioning, will strengthen this relationship. We did not detect a significant relationship between emotion dysregulation, rejection sensitivity, and SIB, which may be explained by the characteristic of our data set since it was originally collected to test the efficacy of Dialectical Behavior Therapy (DBT). However, we encourage future research to better promote health for people diagnosed with BPD by conducting more studies relevant to this topic.

INTRODUCTION

- The Diagnostic and Statistical Manual of Mental Disorders V (DSM V) characterizes Borderline Personality Disorder (BPD) as impairments across social functioning (e.g., an inadequately developed, unsteady self-image and constant conflict in relationships) and personality traits (e.g., negative affectivity, rejection sensitivity, impulsivity, and hostility). Because of these impairments, people with BPD frequently encounter serious problems such as emotion dysregulation and suicidality.
- Emotion dysregulation is defined as a lack of emotional comprehension, inability to cope with emotions in adaptive ways, and unacceptance of distress as part of goal accomplishment, and the lack of ability to pursue a goal in distress.
- Self-injurious behaviors (SIB), which captures both suicide and non-suicidal self-injury (NSSI), is also an issue to note for people diagnosed with BPD, because they are at higher risk for SIB.
- It is evident that emotional dysregulation and suicidality are clear disturbances to having a balanced, healthy life.

The study intends to investigate the relationship between emotion dysregulation, rejection sensitivity, and self-injurious behavior within the context of a randomized control trial (RCT) examining the efficacy of DBT.

HYPOTHESES

- Emotion dysregulation will be positively associated with self-injurious behavior, which aims to replicate the theoretical model of the relationship between the two variables.
- Rejection Sensitivity will mediate the association between emotion dysregulation and self-injurious behavior.

METHODS

- The study investigated a sample of 99 women ranging in age from 18 to 60 (M=30.3; SD=8.9; 71.1% White) who:
 - were diagnosed with BPD according to the International Personality Disorder Examination and the Structured Clinical Interview for DSM-IV, AXIS II,
 - had a history of at least 2 suicide attempts or SIB in the past 5 years,
 - had at least 1 suicide attempt or SIB in the past 8 weeks,
 - had at least 1 suicide attempt in the past year,
 - received DBT during the study
- Difficulties in Emotion Regulation (DERS) assessed emotion dysregulation.
- Inventory for Interpersonal Problems—Personality Disorder scale (IIPS-DS) assessed the presence of personality disorder including interpersonal sensitivity. Interpersonal sensitivity subscale was used as a proxy measure for rejection sensitivity (RS).
- Suicide Attempt Self-Injury Interview (SASII) assessed the presence of SIB.

Demographic & Diagnostic Characteristics

Age, mean (SD)	30.3 (8.9)
Race	N (%)
White	69 (71)
Asian American	5 (5)
Biracial	21 (22)
Other	2 (2)
Single, divorced, or separated	84 (85)
Educational level	
Less than high school	7 (7)
High school graduate/certificate of GED	9 (9)
Some college or technical school	57 (58)
College graduate	26 (26)
Annual Income, \$	
<15 000	59 (60)
15 000-29 999	28 (29)
≥30 000	11 (11)

Table 1: Demographics characteristics

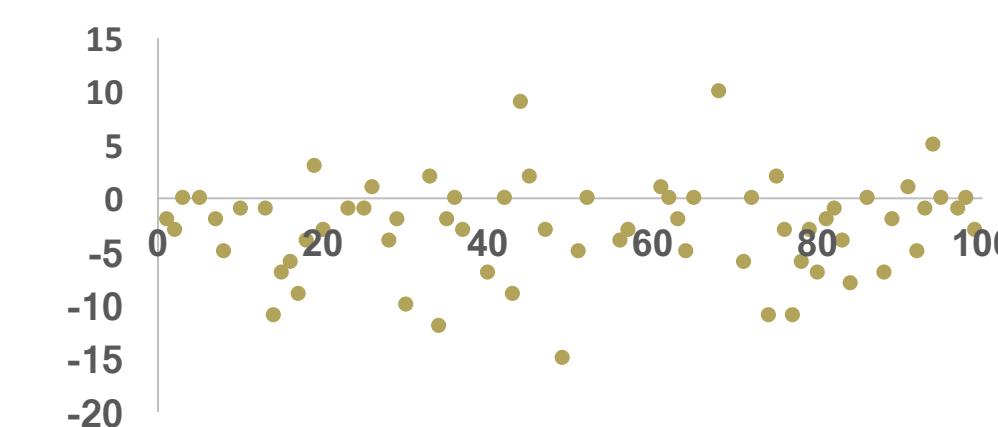
Lifetime Axis I Diagnosis	N (%)
Major depressive disorder	95 (98)
Any anxiety disorder	87 (90)
Any substance use disorder	69 (71)
Any eating disorder	38 (39)
Current Axis I Diagnosis	
Major depressive disorder	70 (72)
Any anxiety disorder	81 (84)
Any substance use disorder	37 (38)
Any eating disorder	15 (16)

Table 2: Diagnostic characteristics

Distribution Plots for Change Scores

Emotion Dysregulation

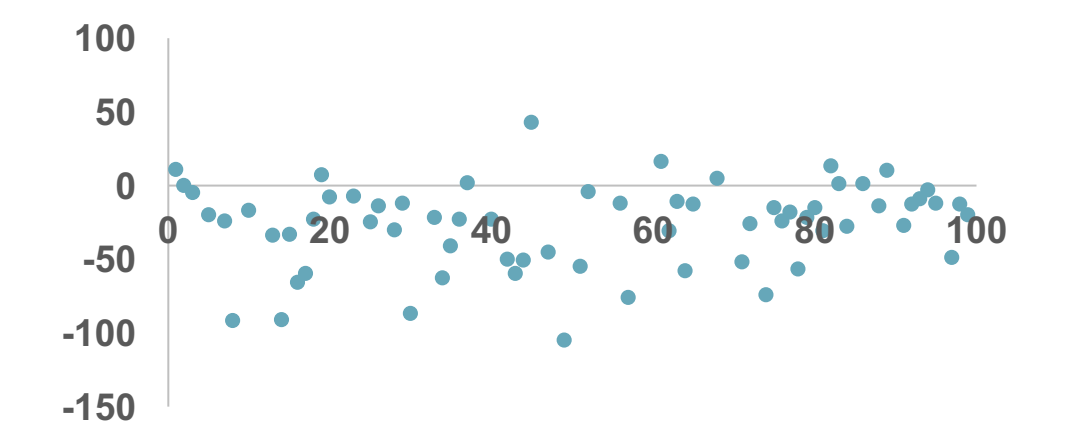
Change Scores



Change Scores = 8-Month follow up – Baseline

Rejection Sensitivity

Change Scores



Regression Tables

Parameter	Estimate	95% CI	
Intercept	-3.063	0.00	0.89
DERS Pre	0.018	0.10	1.04
Intercept	-2.277	0.01	0.79
RS Pre	0.102	0.97	1.29

Table 3: Univariate Logistic regression estimating the association between DERS at Baseline and SIB at 12-month follow up; RS at Baseline and SIB at 12-month follow up

Parameter	Estimate	95% CI	
Intercept	0.058	0.45	2.52
DERS Ch	0.017	0.10	1.04
Intercept	-0.255	0.41	1.48
RS Ch	0.088	0.98	1.23

Table 4: Univariate Logistic regression estimating the association between DERS Change Scores and SIB at 12-month follow up; RS Change Scores and SIB at 12-month follow up

Parameter	Estimate	95% CI	
Intercept	-2.751	0.00	1.53
DERS Pre	0.020	0.10	1.05
RS Pre	0.101	0.99	1.25

Table 5: Logistic regression estimating the association between DERS and RS at baseline with SIB at 12-month follow up

Parameter	Estimate	95% CI	
Intercept	0.073	0.45	2.57
DERS Ch	0.012	0.99	1.04
RS Ch	0.053	0.93	1.20

Table 6: Logistic regression estimating the association between DERS and RS change Scores with SIB at 12-month follow up

RESULTS

- Association between emotion dysregulation at baseline and SIB at 12-month follow up yielded a non significant result ($\beta=0.018, p=0.134$).
- Association between RS at baseline and SIB at 12-month follow up yielded a non significant result ($\beta=0.102, p=0.155$).
- Since the distribution plots for baseline indicate an insufficient variance to detect a significant result, we decided to calculate change scores by subtracting baseline from 8-month follow up data.
- Association between emotion dysregulation change scores and SIB at 12-month follow up yielded a non significant result ($\beta=0.017, p=0.080$).
- Association between RS change scores and SIB at 12-month follow up yielded a non significant result ($\beta=0.088, p=0.111$).

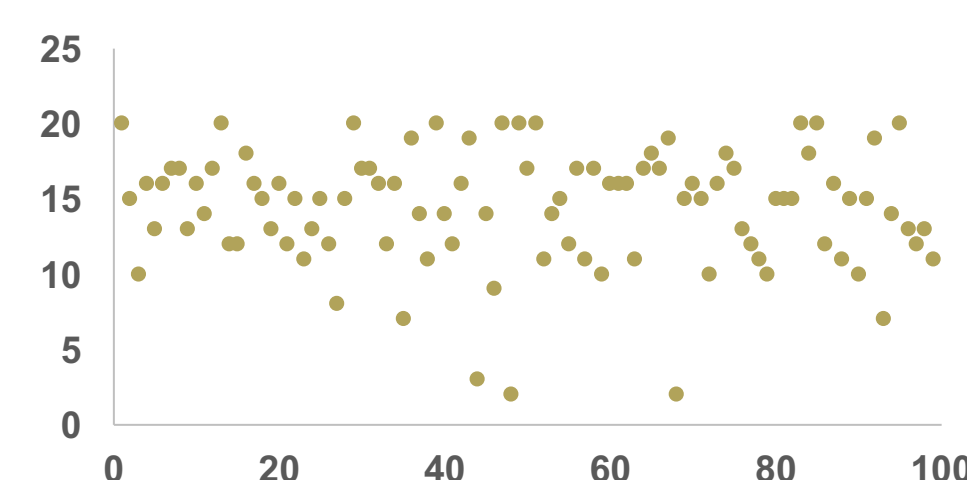
CONCLUSIONS & DISCUSSIONS

- Neither emotion dysregulation and rejection sensitivity were significantly associated with self-injurious behavior.
- Likewise, change scores for both emotion dysregulation and rejection sensitivity that accounted for insufficient variance at baseline were also non significant.
- One possible explanation for the result is that since DBT is well known to improve maladaptive functioning, which the distribution plots of change scores support this (i.e. addition of negative plots), participants may have improved over time. Further research should be conducted to continuously examine the theoretical model of emotion dysregulation and explore how DBT decreases self-injurious behavior.

Distribution Plots at Baseline

Emotion Dysregulation

Baseline



Rejection Sensitivity

Baseline

