

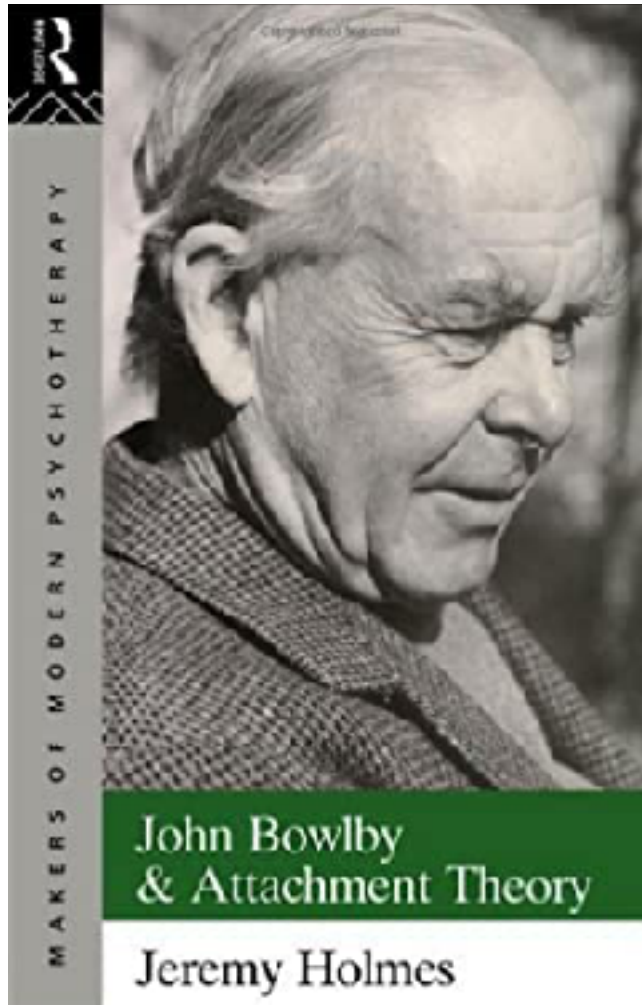


Adult attachment and life history patterns in people with Borderline Personality Disorder

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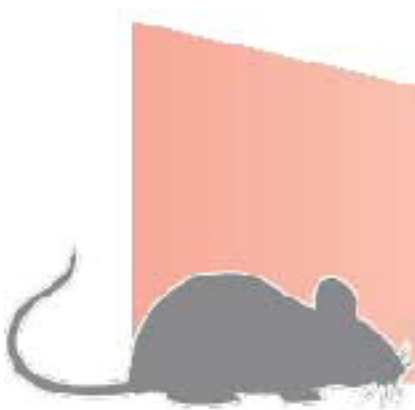
A tribute to John Bowlby for the first (and only) evolutionary theory in psychiatry and psychotherapy



Behavioural ecology - life history theory

r selection (fast track)

K selection (slow track)

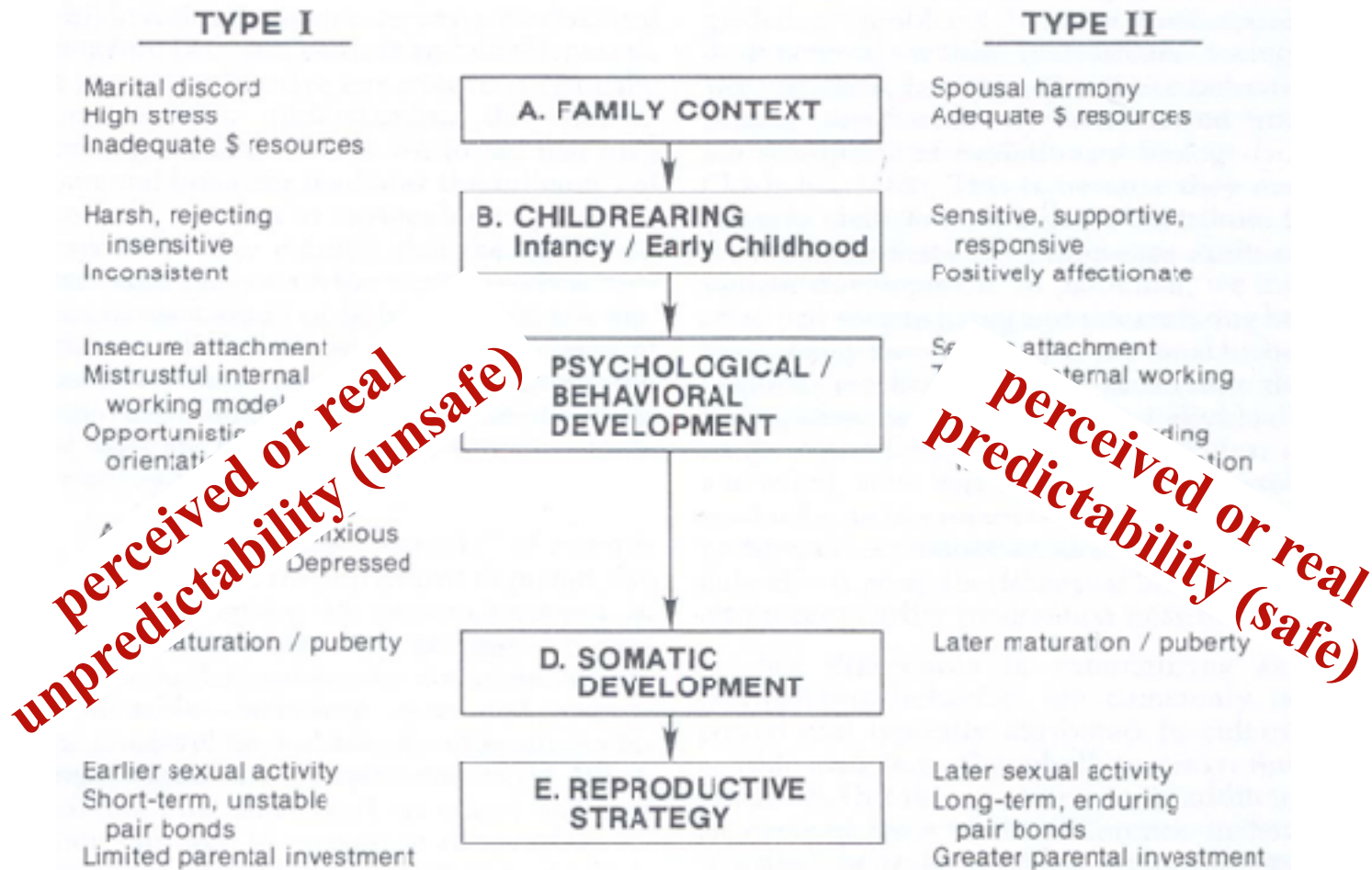


Fast Reproduction
Low Survival
Many Offspring
Low Somatic Maintenance



Slow Reproduction
High Survival
Few Offspring
High Somatic Maintenance

Life history perspective - behavioural ecology



LETTERS

From life-history theory it is known that individuals should adjust their risk-taking behaviour to their residual reproductive value, that is, their expected future fitness. Individuals with relatively high expectations should be relatively risk averse, because they have to survive to realise those expectations. By the same reasoning, individuals with relatively low expectations should be relatively risk-prone because they have little to lose.

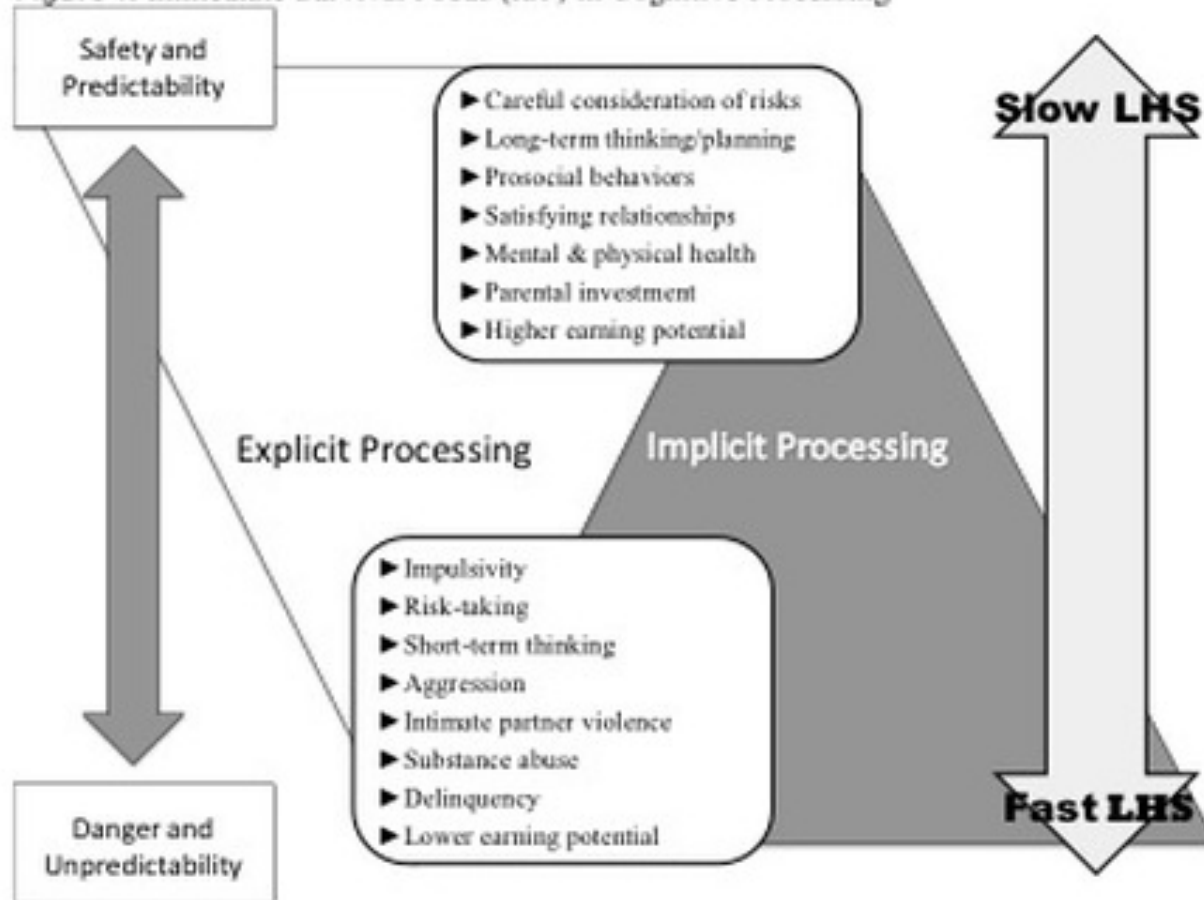
Life history perspective on personality traits

Table 1. Correlates of Fast and Slow Spectrum Psychopathology.

	Fast Spectrum Psychopathology	Slow Spectrum Psychopathology
Motivation	Social antagonism Unstable attachments Precocious sexuality Sexual promiscuity, high sex drive Sensation/novelty seeking Risk taking	Social compliance, conformity Stable attachments Delayed sexuality Sexual restraint, low sex drive Preference for routines Risk aversion, harm prevention
Self-regulation	Disinhibition, impulsivity Discounting of future rewards	Inhibition, restraint Discounting of immediate rewards
Personality traits	Low conscientiousness Low agreeableness	High conscientiousness High agreeableness
Sexual maturation	Early, fast maturation	Late, slow maturation
Environment	Harsh, unpredictable High exposure to stressors	Safe, predictable Low exposure to stressors

Life history perspective on personality traits

Figure 1. Immediate Survival Focus (ISF) in Cognitive Processing



Clinical features of Borderline Personality Disorder (BPD)

- ▶ Fear of abandonment.
- ▶ Unstable and intensive relationships with rapid changes between idealisation and derogation.
- ▶ Identity disorder.
- ▶ Impulsivity (spending money, sexuality, substance abuse, other risk-taking behaviours)
- ▶ Recurrent suicidal behaviour, threat of committing suicide or self-injurious behaviour.
- ▶ Emotional instability.
- ▶ Feelings of emptiness.
- ▶ Inappropriate anger, uncontrolled aggression.
- ▶ Stress-dependent paranoid ideation or dissociative symptoms.

Borderline Personality Disorder

Why 'fast and furious'?

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ABSTRACT

The term 'Borderline Personality Disorder' (BPD) refers to a psychiatric syndrome that is characterized by emotion dysregulation, impulsivity, risk-taking behavior, irritability, feelings of emptiness, self-injury and fear of abandonment, as well as unstable interpersonal relationships. BPD is not only common in psychiatric populations but also more prevalent in the general community than previously thought, and thus represents an important public health issue. In contrast to most psychiatric disorders, some symptoms associated with BPD may improve over time, even without therapy, though impaired social functioning and interpersonal disturbances in close relationships often persist. Another counterintuitive and insufficiently resolved question is why depressive symptoms and risk-taking behaviors can occur simultaneously in the same individual. Moreover, there is an ongoing debate about the nosological position of BPD, which impacts on research regarding sex differences in clinical presentation and patterns of comorbidity.

In this review, it is argued that many features of BPD may be conceptualized within an evolutionary framework, namely behavioral ecology. According to Life History Theory, BPD reflects a pathological extreme or distortion of a behavioral 'strategy' which unconsciously aims at immediate exploitation of resources, both interpersonal and material, based on predictions shaped by early developmental experiences. Such a view is consistent with standard medical conceptualizations of BPD, but goes beyond classic 'deficit'-oriented models, which may have profound implications for therapeutic approaches.

KEYWORDS: Borderline Personality Disorder; Life History Theory; adversity; interpersonal opportunism; psychotherapy; deficit model

Diagnostic heterogeneity of BPD



$$\binom{9}{5} = \frac{9!}{5! \times 4!} = \frac{9 \times 8 \times 7 \times 6 \times 5}{5 \times 4 \times 3 \times 2 \times 1} = 126$$

Clinical aspects of Borderline Personality Disorder (BPD)

- ▶ Lifetime prevalence: 1 - 2 (maybe up to 6) percent of the general population (up to 15 percent in clinical samples)
- ▶ Female to male ratio: 3 : 1 (?)
- ▶ Onset in adolescence or early adulthood
- ▶ At least 2/3 experienced childhood abuse and/or neglect
- ▶ Comorbid depression is common (80%)
- ▶ Contribution of genetics inconclusive

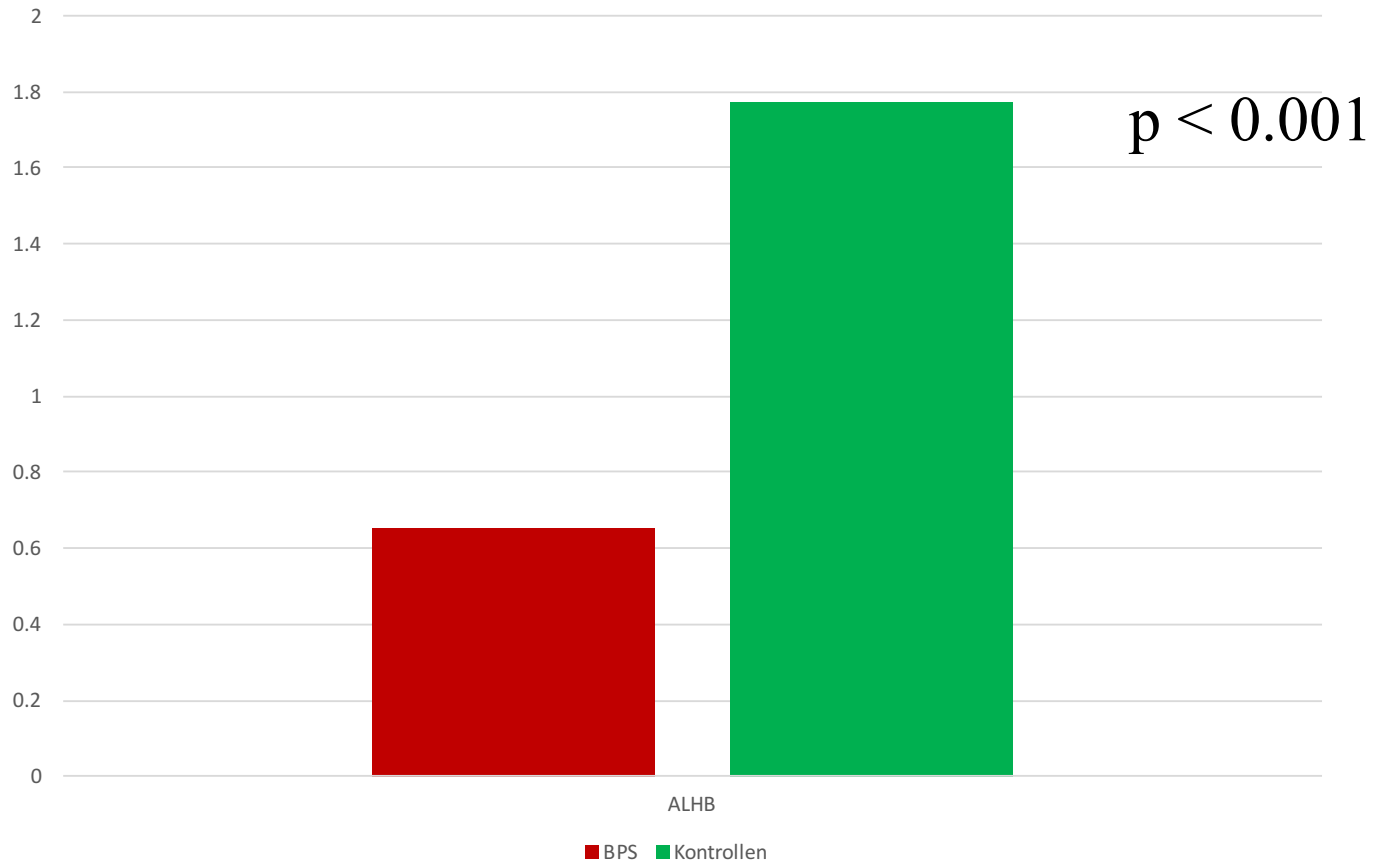
Clinical aspects of Borderline Personality Disorder (BPD)

- ▶ 7- to 8-fold risk for cardiovascular disease (Moran et al. 2007)
- ▶ elevated risk for diabetes, hypertension, liver disease, inflammatory diseases (El-Gabalawy et al. 2010)
- ▶ elevated rate of obesity (Sansone & Sansone 2013)

Study design

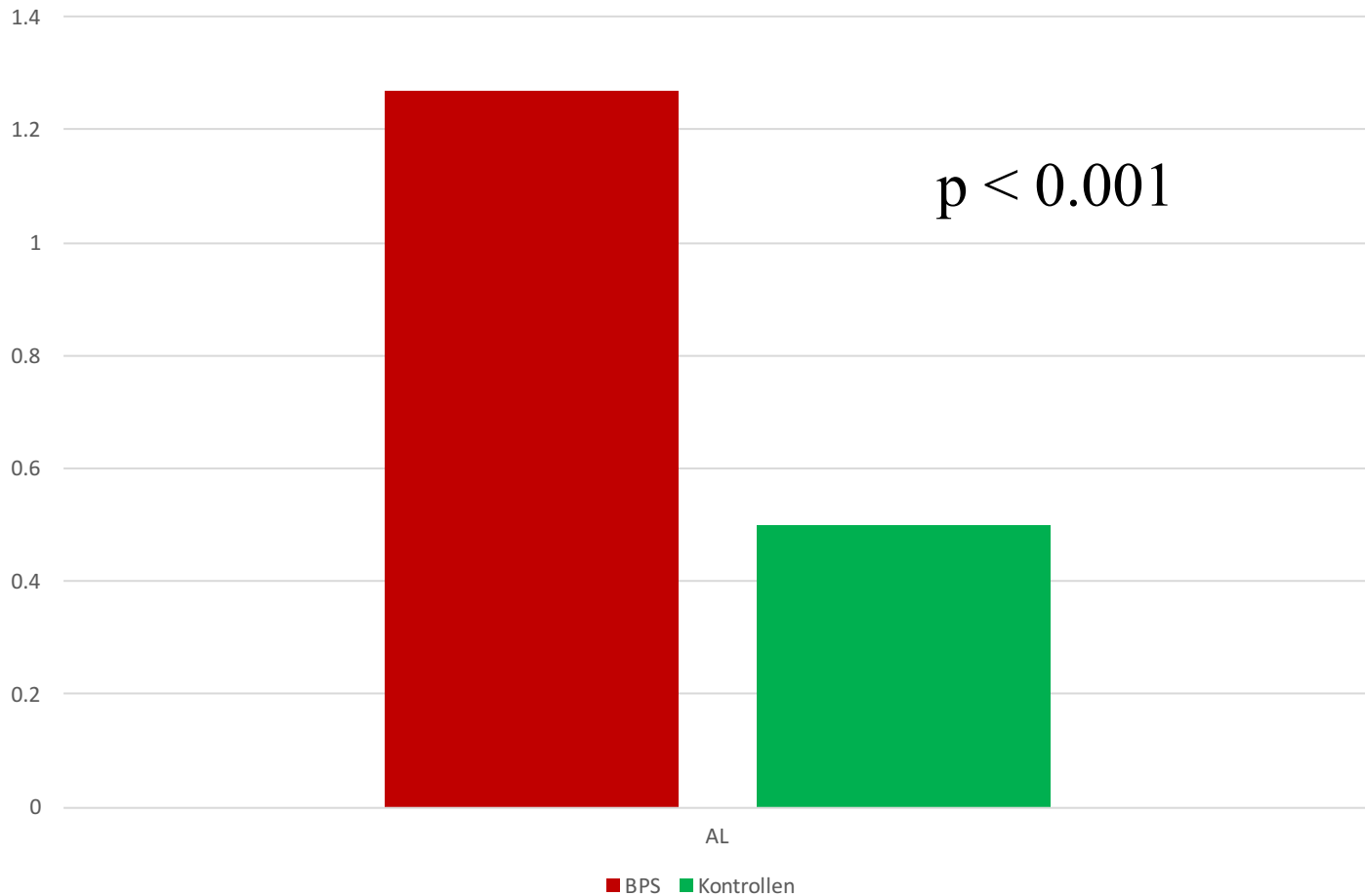
- » 95 women between 18 and 40 years of age, 44 diagnosed with BPD.
- » “Pace of life” (Arizona Life History Battery; includes measures of executive functioning, quality of kin and friends relationships, adult attachment (ECR-R), altruism; Figueredo et al., 2007).
- » Allostatic load (syst. BP, diast. BP, waist-to-hip ratio, BMI).
- » Personality dimensions (NEO-FFI; Costa & McCrae, 1992).
- » Childhood adversity (CTQ; German version by Klinitzke et al., 2012).
- » Experience of chronic stress (Trier Inventory of Chronic Stress, TICS; Schulz et al., 2004).
- » Aggression (Buss-Perry Aggression Questionnaire; German version by Werner & von Collani, 2004).
- » Borderline Symptom List (Bohus et al., 2009).

ALHB score



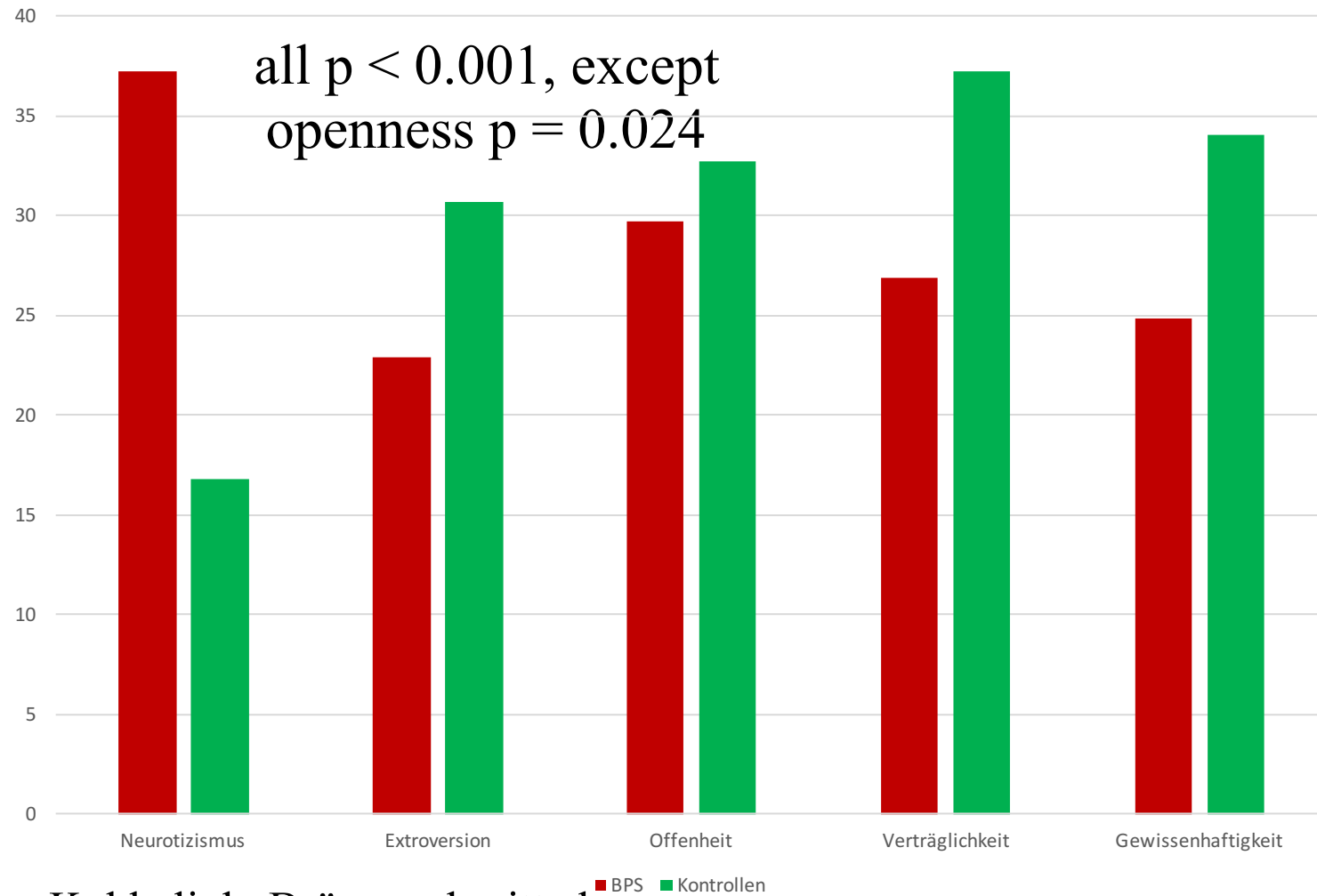
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Allostatic load

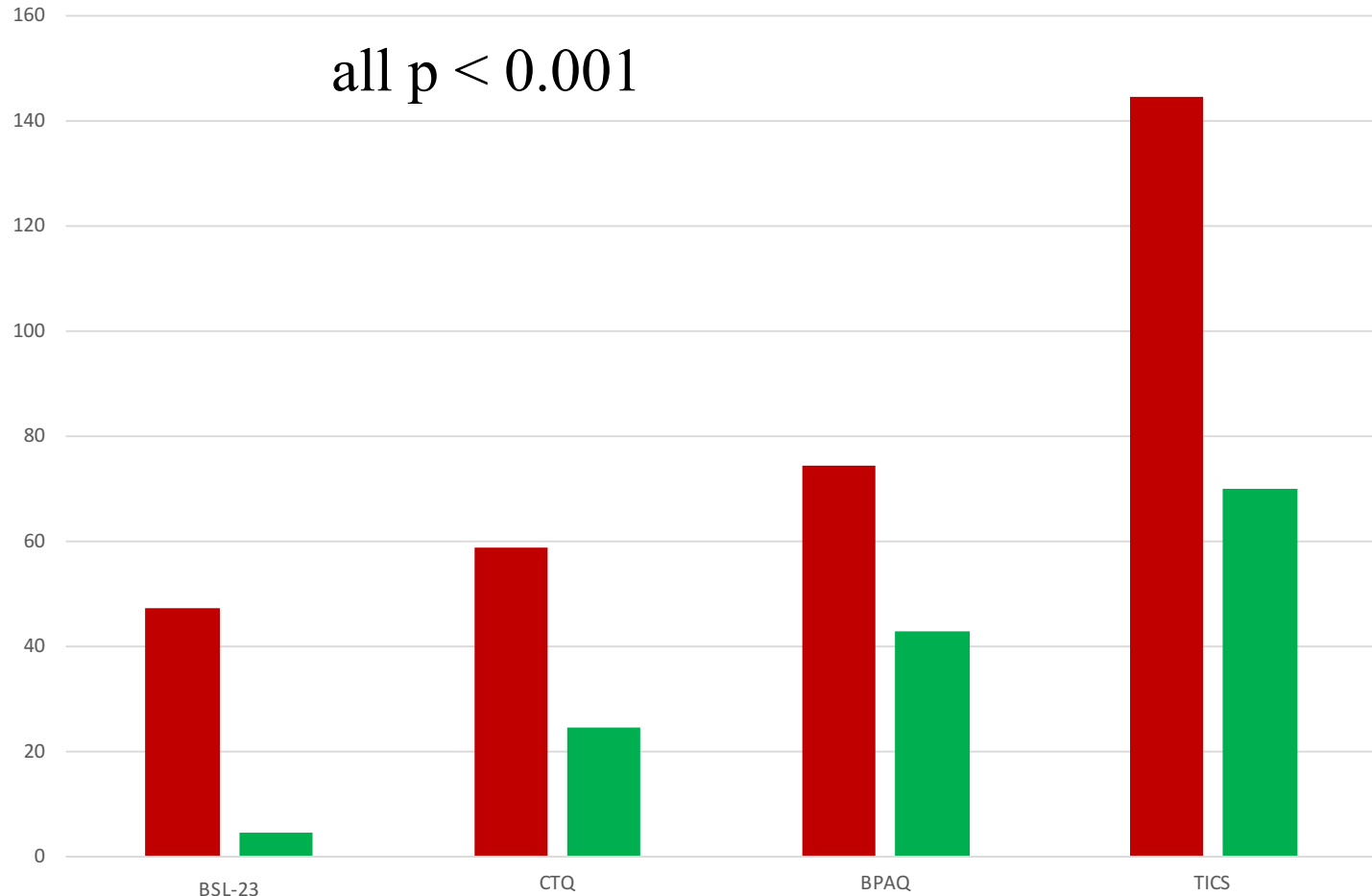


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Big Five (NEO-FFI)



Borderline symptom severity, childhood trauma, aggression, chronic stress

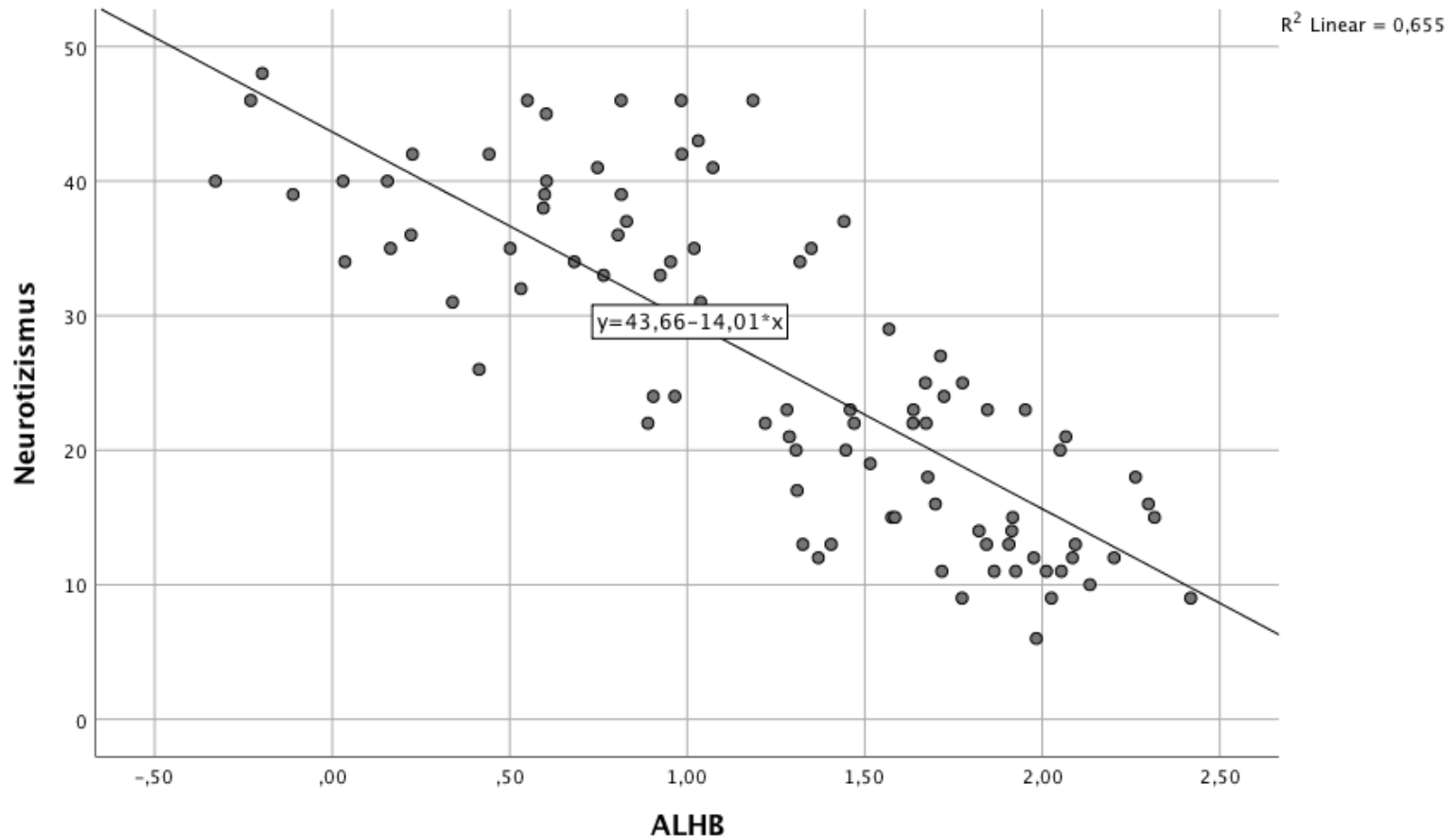


Correlational analyses

	ALHB	Age	AL	BSL-23	Neurot	Extr	Open	Agree	Consc	CTQ	BPAQ	TICS
ALHB												
Age	-0.106											
AL	-0.285	.352*										
BSL-23	-.795**	0.059	0.264									
Neurot	-.809**	-0.006	.322*	.877**								
Extr	.642**	-0.022	-0.085	-.579**	-.677**							
Open	.384**	-.430**	-0.269	-0.189	-0.148	0.228						
Agree	.639**	-0.142	-.363**	-.611**	-.691**	.437**	.294*					
Consc	.546**	0.105	-0.200	-.516**	-.656**	.394**	0.158	.607**				
CTQ	-.765**	0.104	0.170	.665**	.664**	-.442**	-0.167	-.464**	-.331*			
BPAQ	-.744**	0.132	.412**	.737**	.798**	-.471**	-.308*	-.723**	-.642**	.607**		
TICS	-.677**	-0.010	.346**	.748**	.800**	-.382**	-0.146	-.723**	-.654**	.578**	.775**	

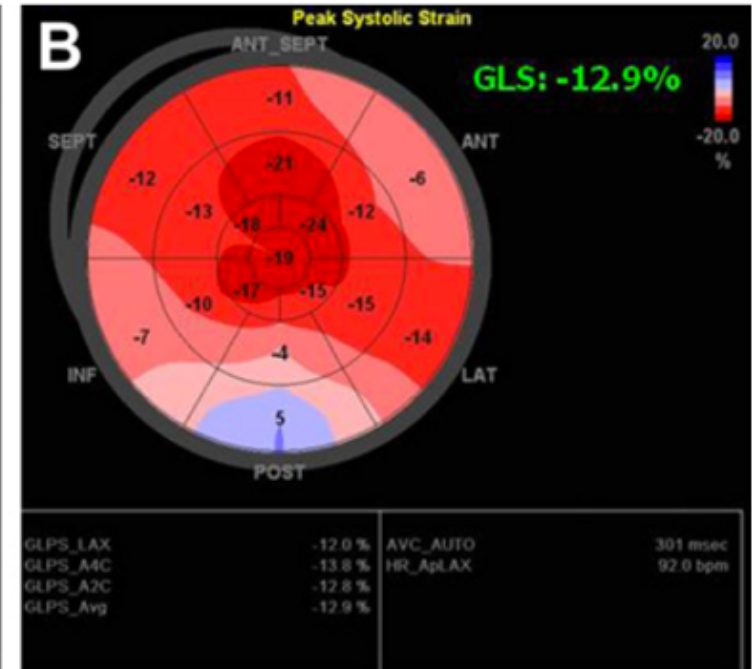
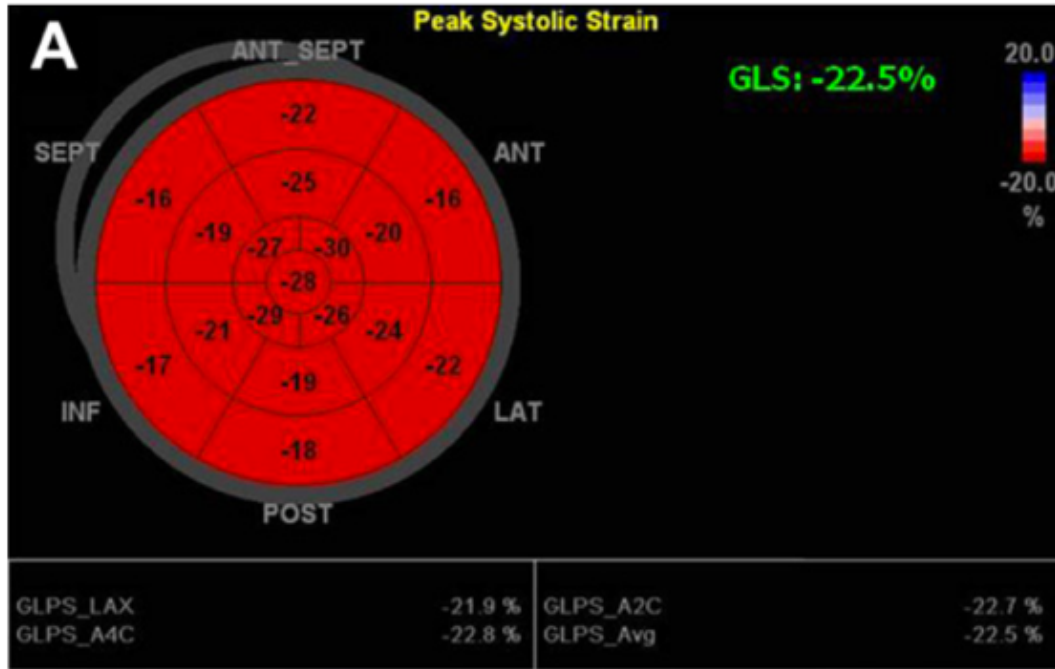
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Regression analysis: Neuroticism best predictor of “pace of life”

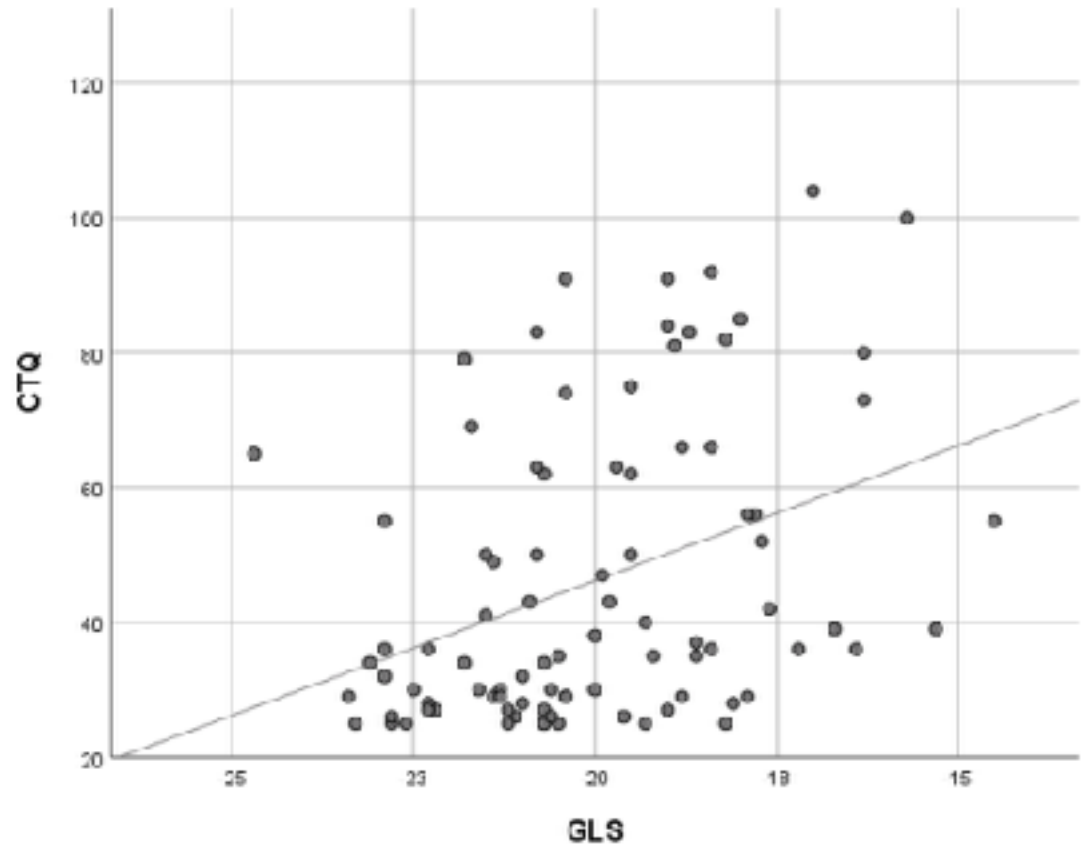
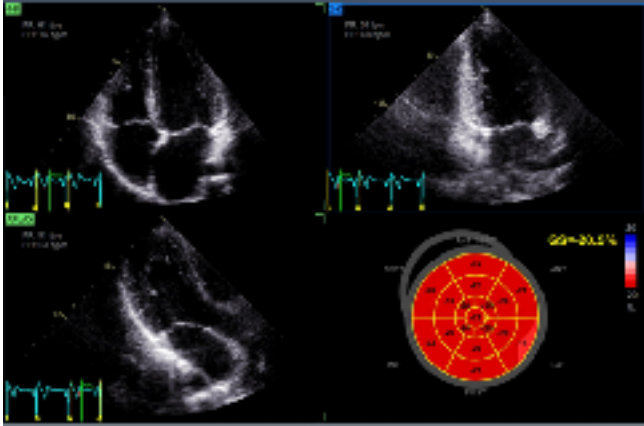


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Cardiovascular strain



Cardiovascular strain in BPD



Engemann ... & Brüne, in prep.

Take-home message #1

Ecological contingencies during early developmental stages seem to have an “imprinting”-like effect on how individuals experience and interact with their social environments, and on the way people make (unconscious) predictions about what to expect from the future. Their expectations may influence the way they choose sexual partners and the amount of “investment” in their own children.

So, through the lens of life history theory, the behaviour of people with BPD is consistent with their expectations and dysfunctional only by means of context.

Take-home message #2

A more speculative conclusion could be that therapeutic approaches to personality disorders (in particular BPD) might include insights from LHT. Specifically, psychodynamic or insight-oriented treatments may encourage individuals to reflect upon their behaviour taking into account their early attachment experiences, exposure to adversity, and how this may have shaped their ways of mating and parenting.

Moreover, insights from LHT and attachment may be informative for preventive measures in terms of somatic health.



Thank you for your attention.