

Mentalizing Positive Emotions in Borderline Personality Psychopathology and Psychotherapy

- A randomized phase-based multiple-baseline study

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INTRODUCTION

Background

The "broaden and build" theory proposes that positive emotions - independently of negative emotions - help people build lasting resources. Empirical evidence suggest that positive emotions produce an upward spiral towards enhanced emotional well-being and that enhancing positive emotions through psychological interventions may speed up processes of recovery.

Borderline personality disorder (BPD) is largely associated with increased levels of negative emotions and affective instability is identified as one of the core characteristics of the disorder. Affect-regulation is an important aspect of most evidence-based treatments for BPD targeting negative affects and dysregulation with good results. There is, however, a paucity of the potential benefits of positive emotions in understanding and treating BPD.

Aims

We will examine whether positive emotions contribute to increase resilience and life-satisfaction in BPD patients on treatment wait-list. A second aim is to investigate the effect of a specific intervention designed to enhance positive emotions during individual, mentalization-based psychotherapy (MBT).

Hypotheses

We will test the hypothesis that positive emotions predict increases in resilience and life-satisfaction in a clinical sample of BPD. We expect that levels of negative emotions will not or only partially mediate this relationship. Furthermore, we expect a specific intervention "Mentalizing Positive Emotions and Mental States" to be positively associated with increased levels of positive emotions as well as an improved therapeutic alliance during individual, mentalization-based psychotherapy.

METHODS

Sample

We will recruit all participants from a wait-list for MBT in Psykiatrisk Klinik, Roskilde, Region Sjælland.

- *Inclusion criteria:* a) meets criteria for BPD according to the formal diagnostic interview Structured Clinical Interview for DSM b) minimum 18 years of age c) given informed consent
- *Exclusion criteria:* a) a history of schizophrenia and/or bipolar disorder b) current alcohol and/or drug abuse requiring specialist treatment c) current depression

Measures

General psychopathology, personality disorders and BPD pathology

MINI International Neuropsychiatric Interview (MINI)

Structured Clinical Interview for DSM-IV Personality Disorders (SCID-II)

Zanarini Rating scale for Borderline Personality Disorder (ZAN-BPD)

Differential emotions

Modified Differential Emotion Scale (mDES)

Positive and Negative Affect Scale (PANAS)

Resilience

Ego-resilience scale (ER-89)

Perseverance and passion for long-term goals (GRIT-S)

Life Satisfaction

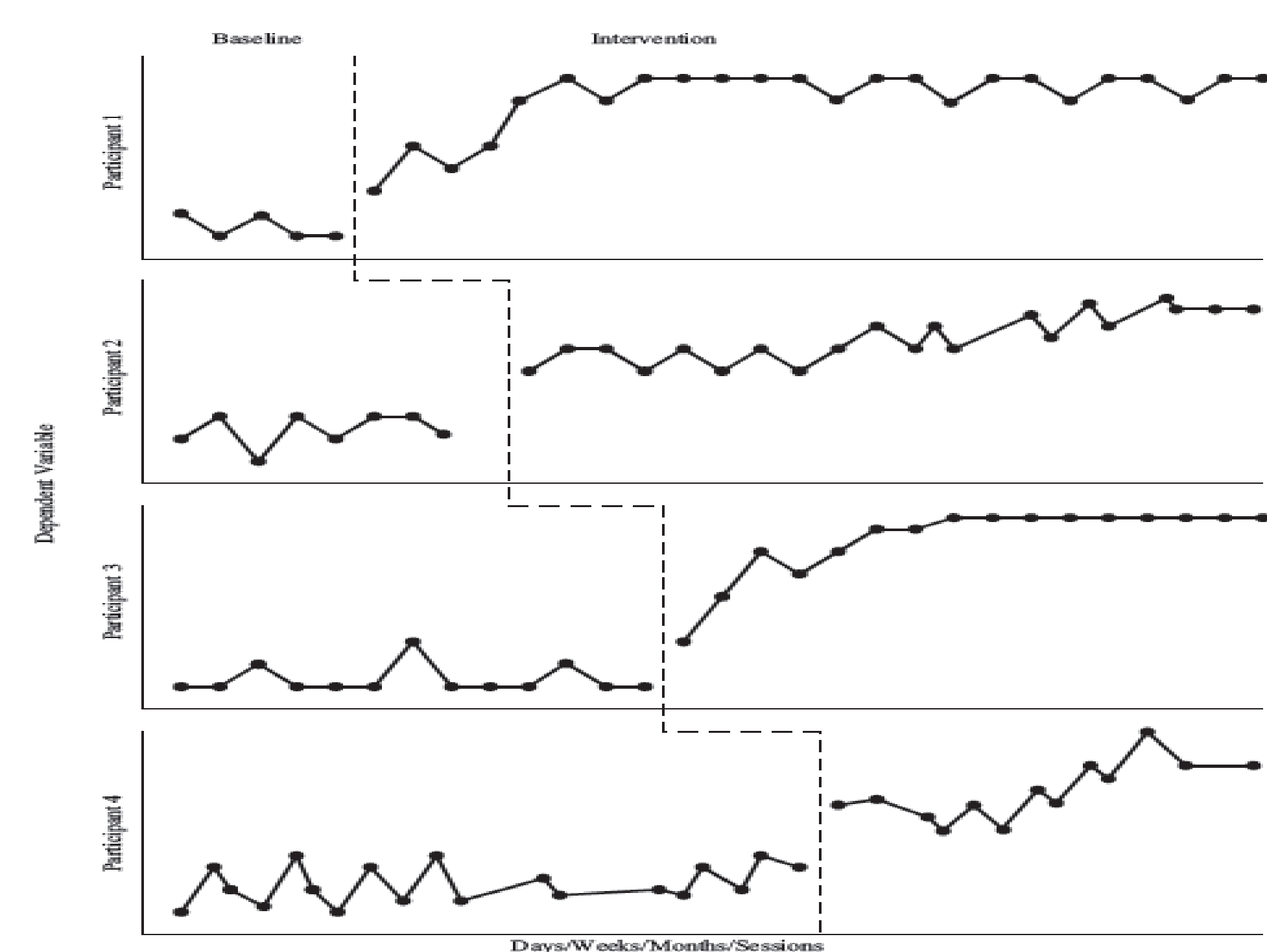
Satisfaction with Life Scale (SWLS)

Therapeutic alliance (patient-rated)

Working Alliance Inventory (WAI)

Procedure

While on treatment wait-list, we will assess participants and instruct them to rate their emotions daily for a period of 21 days. Selected five participants will be randomly assigned to one of two therapists and undergo assessment weekly during 6 months individual, mentalization-based treatment (Karterud & Bateman, 2011). At a randomized start-point, therapists will initiate the intervention phase according to a manual modified to fit our purpose. We will conduct follow-up assessment one month after treatment ends.



Kratochwill & Levin (2010)

RESULTS & CONCLUSIONS

Results should complement previous studies highlighting negative emotions in BPD by investigating the presence and impact of positive emotions. Such work should help further understand and provide a more comprehensive picture of BPD.

Our findings cannot provide the sharp-edged causality links that large samples and randomised controlled trials can for outcome evaluation. We do, however, expect the results to be of scientific and clinical value as they may reveal whether, when and why a specific therapeutic intervention works. The results may contribute to further develop evidence-based guidelines and enable us to make recommendations for future treatment principles and research.

REFERENCES

- Cohn, M.A., Frederickson, B.L. Brown, S.L., Mikels, J.A. & Conway, A.M. (2009). Happiness unpacked: Positive emotions increase life satisfaction by building resilience. *Emotion*, 9(3), 361-368
- Kratochwill, T.R. & Levin, J.R. (2010). Enhancing the scientific credibility of single-case intervention research: Randomization to the rescue. *Psychological Methods*, 15(2), 124-144

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