

A Comparative Study of Emotional Intelligence and Cognitive Emotion Regulation of Emotionally Unstable Personality Disorder of Borderline Type

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Abstract

The present study purported to explore significant difference between the clinical group of Emotionally Unstable Personality Disorder (of Borderline type) and matched nonclinical group on the basis of emotional intelligence and cognitive emotion regulation, across variables of Emotional Intelligence, Self Emotion Appraisal, Others Emotion Appraisal, Understanding of Emotion and Regulation of Emotion on one hand and adaptive coping of Acceptance, Positive Refocusing, Refocus on Planning, Positive Reappraisal, Putting into Perspective along with less adaptive coping of Self Blame, Rumination, Catastrophization and Blaming Others on the other hand, if any. International Personality Disorder Examination (Loranger et al., 1997), along with ad hoc test of General Health Questionnaire 28 (Goldberg and Hillier, 1979) were administered exclusively for clinical and nonclinical group respectively. Wong and Law Emotional Intelligence Scale (Wong & Law, 2004) and Cognitive Emotion - Regulation Questionnaire (Garnefski et al., 2001) were the key assessment tools used for comparison of the both groups. Data were statistically analyzed by using mean, standard deviation and Wilcoxon's Signed Ranks Test. Results reflected significant difference between the groups across the variables of overall Emotional Intelligence, Others Emotion Appraisal, Understanding of Own Emotion, and Regulation of Emotion along with Putting into Perspective, Catastrophization and Blaming Others.

Keywords: Emotional Intelligence, Emotional Dysregulation, Borderline

Introduction

Diagnosis of Emotionally Unstable Personality Disorder of Borderline type precludes clear and profound deficits in the ability to understand and regulate one's emotions and moods and such turmoil of emotions is associated with most of the BPD diagnostic criteria (Levine, 1992). Concern for present research endeavour has emerged from the fact that components of emotional intelligence (EI) protect people against the psychological pressures since individuals with high trait EI regulate their emotions in a flexible manner (Ciarrochi et al., 2000; Mikolajczak & Gross, 2008).

By definition emotional intelligence is constructed as "the ability to monitor one's own and others' feelings and emotions, to discriminate among them and to use this information to guide one's thinking and actions (Salovey and Mayer, 1990) which was later revised as—The ability to perceive emotion, integrate emotion to facilitate thought, understand emotions and to regulate emotions to promote personal growth. Such emotional turmoil is embedded in the pathogenesis of Borderline Personality Disorder – their experience of greater emotion sensitivity,

greater emotional reactivity and slower return to baseline arousal in invalidating environment emerging from short of constellation of thesis and antithesis (Webb and McMurran, 2008; Linehan, 1993a). There are experimental evidences of negative relationship between Emotional Intelligence Test score and criteria of Emotionally Unstable Personality Disorder of Borderline type (BPD); difficulties in emotion recognition; with reportedly heightened sensitivity to detecting negative emotions and negative appraisal of ambiguous stimuli common in BPD patients (Gardner and Qualter, 2009; Nikbakht et al., 2012; Domes et al., 2009).

The construct of Emotional Intelligence in the present study can be operationally defined across perceiving emotion, using emotions, understanding emotions, and managing emotions which are ability to detect and decipher emotions in faces, pictures, voices, and cultural artefacts; to harness emotions to facilitate various cognitive activities, such as thinking and problem solving; to comprehend emotion language and to appreciate complicated relationships among emotions; and to regulate emotions in both ourselves and in others respectively.

Specific aspect of emotional intelligence, however, is more indicated in BPD which owes separate entity. Ability for perceiving and applying emotions to mental process are not differentiating factor for diagnosis whereas reduced ability to understand emotional information and to regulate emotions are significantly different in BPD in comparison to the non-clinical controls and more specifically emotional dysregulation is highly related with BPD symptomatology (Glenn and Klonsky, 2009; Beblo *et al.*, 2010).

Emotion regulation, defined as the extrinsic and intrinsic processes responsible for monitoring, evaluating, and modifying emotional reactions, especially their intensive and temporal features, to accomplish one's goal (Gross and Thompson, 1994); dysregulation of which includes an excess of aversive emotional experiences, an inability to regulate intense physiological arousal, problems in turning attention away from emotional stimuli, cognitive distortions and failures in information processing, insufficient control of impulsive behaviour.

There are different adaptive or maladaptive strategies of coping with such dysregulation. Coping is "an individual's efforts to master demands (conditions of harm, threat or challenge) that are appraised (or perceived) as exceeding or taxing his/her resources" (Lazarus and Folkman, 1991) and can be grouped into 2 types—more adaptive strategies (i.e., positive refocusing, positive reappraisal, putting into perspective, refocusing on planning and acceptance) and less adaptive strategies (i.e., rumination, self-blame, blaming others and catastrophization).

A higher number of Personality Disorders was related to a particularly higher level of nonadaptive coping and less mature defensive functioning and also to lower levels of adaptive coping and external attribution (Wijk-Herbrink *et al.*, 2011). The regularly used coping in BPD may be listed as catastrophization, brooding, and rumination (Garnefski *et al.*, 2001; Selby *et al.*, 2008; Abela *et al.*, 2003) among which rumination is a result of thought suppression (Erber and Wegner, 1996; Cheavens *et al.*, 2005).

In the current study operationally Cognitive Emotion Regulation is defined as the part of emotion regulation concerning the conscious cognitive processes by which individuals regulate their emotions. Self Blame refers to the thoughts of blaming own self for any happening (Anderson *et al.*, 1994). Acceptance is the thoughts of resigning whatever is happening (Carver *et al.*, 1989). Rumination refers to thinking about the feeling and thoughts associated with the negative events (Nolen-Hoeksema *et al.*, 1994). Positive Refocusing refers to thinking in positive terms instead of actual events (Endler and Parker, 1990). Refocus on Planning involves thinking about steps forward for coping(Carver *et al.*, 1989). Positive Reappraisal relates to thinking of attaching a positive meaning (Carver *et al.*, 1989). Putting into Perspective involves thoughts of playing down the seriousness of the event in comparison to other events

(Allan and Gilbert 1995) Catastrophization involves explicitly emphasizing terror of experience (Sullivan *et al.*, 1995). Blaming Others is those thoughts of putting the blame for own experience on others (Tennen and Afflecc, 1990).

Objective

The current research endeavour is an attempt to delve into the difference of persons diagnosed with Emotionally Unstable Personality Disorder of Borderline type from nonclinical individuals across variables of emotional intelligence and cognitive emotional regulation ability if any.

Method

Selection of Samples

The present study followed the cross sectional comparative matched control design. The purposively drawn sample of 12 Emotionally Unstable Personality Disorder of Borderline type was matched with 12 nonclinical control on certain variables namely Age(ranging from 18 to 30 years), Sex(female), Religion, Education or qualification(minimum grade XII) , Socio-Economic -Status(middle SES), Marital Status, and Having Child/Children.

Tools Used

Consent form; Information Schedule; Wong and law Emotional Intelligence Scale (2004); Cognitive Emotion-Regulation Questionnaire developed by Garnefski *et al.* (2001); were used for collection of data from the samples in current study. International Personality Disorder Examination (Loranger *et al.*, 1997) and General Health Questionnaire 28 (Goldberg and Hellier, 1979) were exclusively administered on Clinical and nonclinical group respectively. The participants who were selected were administered the questionnaire and data was collected individually from each participant.

Table 1: Mean and Standard Deviation Values of Variables across Clinical and Nonclinical Group

	CLINICAL GROUP		NONCLINICAL GROUP	
	Mean	SD	Mean	SD
EI	61.6667	16.95627	91.4167	6.92109
Self Emotion Appraisal	18.7500	7.02107	23.7500	4.75060
Others Emotion Appraisal	14.3333	5.75774	23.0000	2.76340
Understanding Of Emotion	17.6667	5.86722	22.8333	2.40580
Regulation Of Emotion	10.9167	7.21688	21.8333	2.12489
Self Blame	12.1667	4.72582	11.0000	3.01511
Acceptance	11.0000	5.11682	12.9167	3.70401
Rumination	11.5000	4.48229	11.2500	1.95982
Positive Refocusing	11.5000	3.06001	11.0000	3.16228
Refocus On Planning	12.4167	4.01040	15.8333	3.43335
Positive Reappraisal	11.8333	4.40729	15.8333	4.34497
Putting Into Perspective	8.8333	2.32900	12.4167	3.98767
Catastrophization	12.0000	3.88470	6.5833	2.74552
Blaming Others	9.0000	3.51620	6.0833	1.67649

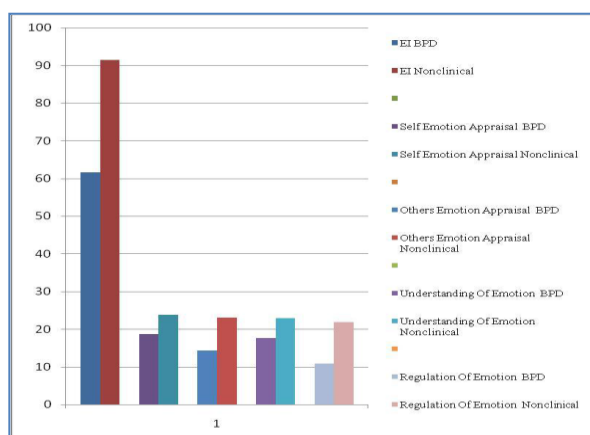
Table 2: Wilcoxon Signed Rank Test Value of Variables

Variable Name Nonclinical – BPD	Negative Ranks			Positive Ranks			Ties	Total	
	N	Mean Rank	Sum of Ranks	N	Mean Rank	Sum of Ranks			
EI	0 ^a	.00	.00	12 ^b	6.50	78.00	0 ^c	12	-3.059 ^{ab} **
Self Emotion Appraisal	1 ^a	9.00	9.00	9 ^b	5.11	46.00	2 ^c	12	-1.887 ^{ab}
Others Emotion Appraisal	1 ^a	1.50	1.50	10 ^b	6.45	64.50	1 ^c	12	-2.803 ^{ab} **
Understanding Of Emotion	2 ^a	5.00	10.00	10 ^b	6.80	68.00	0 ^c	12	-2.277 ^{ab} **
Regulation Of Emotion	0 ^a	.00	.00	12 ^b	6.50	78.00	0 ^c	12	-3.063 ^{ab} **
Self Blame	5 ^a	5.70	28.50	4 ^b	4.12	16.50	3 ^c	12	-.711 ^{ab}
Acceptance	4 ^a	6.38	25.50	8 ^b	6.56	52.50	0 ^c	12	-1.063 ^{ab}
Rumination	6 ^a	6.83	41.00	6 ^b	6.17	37.00	0 ^c	12	-.157 ^{ab}
Positive Refocusing	7 ^a	5.14	36.00	4 ^b	7.50	30.00	1 ^c	12	-.270 ^{ab}
Refocus On Planning	3 ^a	4.00	12.00	8 ^b	6.75	54.00	1 ^c	12	-1.875 ^{ab}
Positive Reappraisal	3 ^a	6.00	18.00	9 ^b	6.67	60.00	0 ^c	12	-1.650 ^{ab}
Putting Into Perspective	4 ^a	3.50	14.00	8 ^b	8.00	64.00	0 ^c	12	-1.968 ^{ab} **
Catastrophization	10 ^a	6.50	65.00	1 ^b	1.00	1.00	1 ^c	12	-2.848 ^{ab} **
Blaming Others	9 ^a	7.11	64.00	3 ^b	4.67	14.00	0 ^c	12	-1.975 ^{ab} **

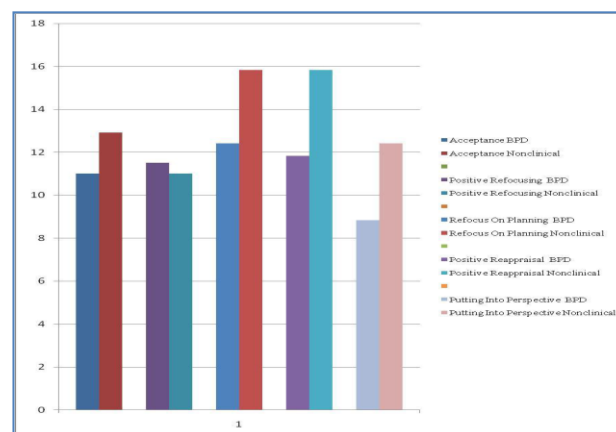
*Significant at .05 level; ** significant at 0.01 level

a. Nonclinical < BPD
b. Nonclinical > BPD
c. Nonclinical = BPD
a1. Based on positive ranks
b1. Wilcoxon Signed Ranks Test

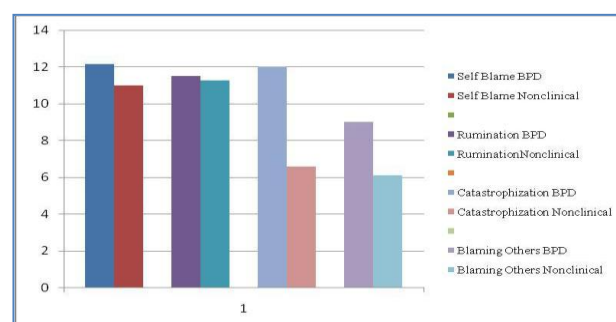
Graph 1: The graphical representation comparing the mean values of Emotional Intelligence, Self Emotion Appraisal, Others Emotion Appraisal, Understanding of Emotion and Regulation of Emotion in the Clinical (Emotionally unstable personality Disorder of Borderline type) and nonclinical group



Graph 2: The graphical representation comparing the mean values of adaptive coping strategy namely Acceptance, Positive refocusing, Refocus on planning, Positive reappraisal, Putting into perspective in the Clinical (Emotionally unstable personality Disorder of Borderline type) and nonclinical group



Graph 3: The graphical representation comparing the mean values of less adaptive coping strategy namely Self blame, Rumination, Catastrophization, and Blaming others in the Clinical (Emotionally unstable personality Disorder of Borderline type)and nonclinical group



Discussion

So far as the Emotional Intelligence is concerned there is significant difference between the two groups on overall EI score, Others Emotion Appraisal, Understanding of Emotions, and Regulation of Emotions(Table:2).

Findings reveal that BPD group is significantly less efficient to understand others' emotions in comparison to the nonclinical group which can be supported by the review by Domes *et al.* (2009) concluding that individuals diagnosed with the BPD demonstrate subtle impairments in basic emotion recognition. The finding of significantly lower ability for Emotion Appraisal and Regulation of emotions best distinguished the BPD group from the depressed group strengthens the present research finding. Significant difference across the variable of emotion regulation can be corroborated by the study finding of Glenn and Klonsky (2009), that emotion dysregulation accounted for unique variance in the BPD.

Furthermore study reporting of Bornovalova *et al.* (2008) that the presence of a BPD diagnosis was associated with both higher scores on the self-report measure of emotion dysregulation and less willingness to tolerate emotional distress on the behavioral measures of emotion dysregulation give support for the present research findings.

Theoretical perspective of the present finding can be lighted by Linehan's hypothesis. The significant difficulty in understanding others' emotion has been resulted in BPD group since the ability to recognize and label emotions appropriately is left underdeveloped leaving individuals confused and unable to validate their own emotional experiences or those of others and slower return of emotional reactions to baseline than usual since they do not learn to trust their own emotional experiences as valid reflections of individual and situational events (Linehan, 1993a).

Findings further reflected significant difference between the groups across the variables of less adaptive coping strategy of catastrophization, blaming others along with the adaptive coping strategy of putting into perspective (Table 2) indicative of excess of aversive emotional experiences, an inability to regulate intense physiological arousal, problems in turning attention away from emotional stimuli, cognitive distortions and failures in information processing, insufficient control of impulsive behaviour. It implicated higher degree of explicitly emphasizing terror of experience (Sullivan *et al.*, 1995); putting the blame for own experience on others (Tennen and Afflecc, 1990) and dearth of thoughts of playing down the seriousness of the event in comparison to other events (Allan and Gilbert, 1995).

This current result of variables related to cognitive emotion regulation parallels with the findings of Wijk-Herbrink *et al.* (2011) using the Cognitive Emotion Regulation Questionnaire (CERQ) highlighting higher number of personality disorder patients using particularly higher level of nonadaptive coping and less mature defensive functioning, but lower levels of adaptive coping and external attribution. Implication of present findings suggests that many of the individuals with the BPD characterize dysfunctional behaviours in response to a sense of being in a state of chronic, overwhelming crisis (Linehan, 1993a). Use of catastrophization is increasingly higher on BPD group as an emotion regulation strategy has been found to increase emotional distress (Sullivan *et al.*, 1995; Selby *et al.*, 2008) may reach exhaustion stage of stress adaptation cycle.

The findings of cognitive emotion dysregulation can be corroborated with Linehan's theory that emotion dysregulation in BPD is hypothesized to consist of greater emotion sensitivity (low threshold for recognition), greater emotional reactivity (high amplitude of emotional reaction) and slower return to baseline arousal suggesting long duration of emotional response to either emotional negative information or emotionally arousing information. It draws strength from another perspective

of BPD that constellation synthesis of thesis and antithesis, the prerequisite of healthy personality growth, is lacking in BPD (Linehan, 1993a). This perspective puts light into the current finding of emotional intelligence simultaneously. It highlights the overall emotional turmoil of borderline personality disorder pathology.

Conclusion

The current study highlights that the Clinical group of emotionally unstable personality disorder of borderline type significantly differed from the nonclinical group on emotional intelligence and cognitive emotion regulation ability. The data on Wong and Law Emotional Intelligence Scale suggested that the clinical group was significantly low on overall Emotional Intelligence, Others Emotion Appraisal, Understanding of Own Emotions and Regulation of Emotions in comparison to the nonclinical group. The clinical group was significantly less capable of using adaptive coping strategy namely Putting into Perspective and significantly high on certain less adaptive coping strategies namely Catastrophization, Blaming Other, on Cognitive Emotional Regulation Questionnaire, in comparison to the nonclinical group. This emotional intelligence and cognitive emotion regulation are implicated in therapeutic endeavour.

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