Borderline Personality Features & Implicit Shame-prone Self-concept in Childhood

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Acknowledgements
Dr Rebekah Helyer, Ms Eugene Herlianto & Mr Jonah Willing
Prior Juvenile Diagnoses in Adults With Mental Disorder

Developmental Follow-Back of a Prospective-Longitudinal Cohort

Julia Kim-Cohen, PhD; Avshalom Caspi, PhD; Terrie E. Moffitt, PhD; Honalee Harrington, BS; Barry J. Milne, MSc; Richie Poulton, PhD

Figure 1. Age at first diagnosis of any disorder among persons meeting criteria for 17 DSM-IV mental disorders at 26 years of age. Because of missing data from prior assessments, results are presented in A for 468 of 470 cases with a diagnosis, in B for 226 of 227 treatment-using cases, and in C for 131 of 132 cases who received intensive mental health services.

“Most adult disorders should be reframed as extensions of juvenile disorders”
What does adult psychopathology look like in childhood, …and how does that psychopathology ‘grow up’ with a child?

How and when is a healthy developmental trajectory diverted toward the disorders we diagnose in adults?
In the clinical fields that have made most progress…

…clearest evidence of early risk markers

…best understanding of how these markers may distinguish subgroups (within diagnoses) following distinct causal pathways
Over a decade of programmatic research mapping neuro-cognitive/biological markers of adult psychopathy map onto developmentally equivalent traits in children

Editorial

Psychopathy in childhood: is it a meaningful diagnosis?†

Michael Rutter

Summary

Psychopathy is not included in either of the main classification systems (ICD-10 or DSM-IV). Research has now extended the concept of psychopathy to childhood and has produced evidence that it is meaningfully distinct from antisocial behaviour. It is proposed that psychopathy should be accepted as a meaningful diagnosis in childhood.

Declaration of interest

M.R. chairs the WHO Child and Adolescent Psychiatry Working Party for ICD-11 and is a member of the American Psychiatric Association’s (APA) Board of Trustees’ DSM-5 Scientific Working Group. However, the views expressed here are M.R.’s and not those of the Working Parties, WHO or the APA.
The Treatment of Conduct Problems in Children With Callous–Unemotional Traits

David J. Hawes and Mark R. Dadds
University of New South Wales

Do Childhood Callous-Unemotional Traits Drive Change in Parenting Practices?

David J. Hawes a, Mark R. Dadds b, Aaron D.J. Frost c & Penelope A. Hasking d

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b School of Psychology, The University of New South Wales
c School of Psychology, Griffith University
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EDITORIAL

Toward a developmental psychopathology approach to borderline personality disorder

MARK F. LENZENWEGERA AND DANTE CICCHETTIb
aState University of New York at Binghamton; and bMt. Hope Family Center,
University of Rochester, and Institute of Child Development, University of Minnesota

“There is a strong need to be able to study BPD before it emerges”

Key priorities for developmental psychopathology research:
...processes underlying both the phenotype & components of BPD
...gender-specific mechanisms in development of BPD
Borderline personality features at age 12 are...

...highly heritable (genetics accounted for 66% variance)

...comorbid with, and preceded by, common emotional / behavioural problems (age 5)
Shame: A key correlate of borderline PD

...individuals with BPD respond with **shame** to uncontrollable and negative affect, as a consequence of developing in environments that **shame** those who show emotional vulnerability (Linehan, 1993).
Shame: A key correlate of borderline PD

Among adults with BPD...

...report greater shame in response to negative evaluation than comparison group
(Gratz, Rosenthal, Tull, Lejuez, & Gunderson, 2010)

...nonverbal indicators of shame predictive of subsequent self-injury
(Brown, Linehan, Comtois, Murray, and Chapman, 2009)
Implicit Association Test (IAT)

...reaction time based
...classify word stimuli

Indexes relative strength of implicit associations between concepts

**Premise:**
Word stimuli processed faster when the pairing of category words match participants automatic associations.
Women diagnosed with BPD:
Implicit self-concept significantly more shame-prone than that of...
...healthy controls
...women with social phobia
Shame and Implicit Self-Concept in Women With Borderline Personality Disorder

Nicolas Rüsch, M.D.
Klaus Lieb, M.D.
Ines Göttler, M.D.
Christiane Hermann, Ph.D.
Elisabeth Schnamm, Ph.D.
Harald Richter, Ph.D.
Gitta A. Jacob, Ph.D.
Patrick W. Corrigan, Psy.D.
Martin Dohus, M.D.

Objective: Shame is considered to be a central emotion in borderline personality disorder and to be related to self-injurious behavior, chronic suicidality, and anger-hostility. However, its level and impact on people with borderline personality disorder are largely unknown. The authors examined levels of self-reported shame, guilt, anxiety, and implicit shame-related self-concept in women with borderline personality disorder and assessed the association of shame with self-esteem, quality of life, and clinical symptoms.

Results: Women with borderline personality disorder reported higher levels of shame and guilt proneness, state shame, and anxiety than women with social phobia and healthy comparison subjects. The implicit self-concept in women with borderline personality disorder was more shame-prone (relative to anxiety-prone) than in women in the comparison groups. After depression was controlled for, shame-proneness was negatively correlated with self-esteem and quality of life and positively correlated with anger-hostility.

Conclusions: Shame, an emotion that is prominent in women with borderline personality disorder, is associated with the implicit self-concept as well as with perception/behavior to confer risk for anger/impulsivity.

After controlling for depression, shame proneness negatively correlated with self-esteem, quality of life; …positively correlated with anger-hostility

Speculated…

among individuals with BPD, implicit schemas associated with shame-prone self-concept influence perception/behavior to confer risk for anger/impulsivity
Children of mothers with BPD: self-representations feature shame

<table>
<thead>
<tr>
<th>Narrative Variable</th>
<th>Whole Sample $(N = 60)$</th>
<th>BPD $(n = 30)$</th>
<th>Comparisons $(n = 30)$</th>
<th>$F$ (df)</th>
<th>$\eta^2$</th>
<th>Observed Power</th>
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</thead>
<tbody>
<tr>
<td>Caregiver–child relation.</td>
<td></td>
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<tr>
<td>represent.</td>
<td></td>
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<tr>
<td>Role reversal</td>
<td>0.62 (0.83)</td>
<td>0.87 (1.01)</td>
<td>0.37 (0.49)</td>
<td>4.32*</td>
<td>.07</td>
<td>.53</td>
</tr>
<tr>
<td>Fear of abandonment</td>
<td>0.57 (0.74)</td>
<td>0.87 (0.77)</td>
<td>0.27 (0.58)</td>
<td>8.72**</td>
<td>.13</td>
<td>.83</td>
</tr>
<tr>
<td>Mother–child relation.</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>expect.</td>
<td>2.93 (1.48)</td>
<td>2.43 (1.33)</td>
<td>3.43 (1.48)</td>
<td>5.65*</td>
<td>.09</td>
<td>.65</td>
</tr>
<tr>
<td>Father–child relation.</td>
<td></td>
<td></td>
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<tr>
<td>expect.</td>
<td>3.27 (1.42)</td>
<td>2.83 (1.42)</td>
<td>3.70 (1.32)</td>
<td>4.48*</td>
<td>.07</td>
<td>.55</td>
</tr>
<tr>
<td>Self-representations</td>
<td></td>
<td></td>
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<tr>
<td>Negative child</td>
<td>1.37 (1.52)</td>
<td>1.70 (1.80)</td>
<td>1.03 (1.10)</td>
<td>0.89</td>
<td>.02</td>
<td>.15</td>
</tr>
<tr>
<td>Incongruent child</td>
<td>0.10 (0.30)</td>
<td>0.20 (0.41)</td>
<td>0.00 (0.00)</td>
<td>4.29*</td>
<td>.07</td>
<td>.53</td>
</tr>
<tr>
<td>Shameful child</td>
<td>0.08 (0.28)</td>
<td>0.17 (0.38)</td>
<td>0.00 (0.00)</td>
<td>7.27**</td>
<td>.11</td>
<td>.76</td>
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<tr>
<td>Emotion regulation</td>
<td></td>
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<td></td>
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<tr>
<td>Reality/fantasy confusion</td>
<td>0.27 (0.66)</td>
<td>0.43 (0.82)</td>
<td>0.10 (0.40)</td>
<td>4.34*</td>
<td>.07</td>
<td>.54</td>
</tr>
<tr>
<td>Self/fantasy confusion</td>
<td>0.20 (0.55)</td>
<td>0.40 (0.72)</td>
<td>0.00 (0.00)</td>
<td>7.75**</td>
<td>.12</td>
<td>.78</td>
</tr>
<tr>
<td>Fantasy proneness</td>
<td>0.60 (1.40)</td>
<td>1.03 (1.87)</td>
<td>0.17 (0.38)</td>
<td>5.74*</td>
<td>.09</td>
<td>.65</td>
</tr>
<tr>
<td>Intrusion of traumatic material</td>
<td>1.20 (1.71)</td>
<td>1.57 (1.98)</td>
<td>0.83 (1.32)</td>
<td>2.98†</td>
<td>.05</td>
<td>.40</td>
</tr>
<tr>
<td>Narrative coherence</td>
<td>6.17 (1.91)</td>
<td>5.58 (2.06)</td>
<td>6.75 (1.57)</td>
<td>4.83*</td>
<td>.08</td>
<td>.58</td>
</tr>
</tbody>
</table>

$\dagger p < .10. * p < .05. ** p < .01.$

Is a shame-prone self-concept also a marker for BPF in childhood...

...examined as a continuous dimension?

...across BPF components vs. full phenotype?

...in both males and females?

N=98; 10-14 years (48% female)
Borderline personality features in childhood: A short-term longitudinal study

RICKI R. CHERK, DIANNA MURRAY CLOSE, and KATHLEEN WOODS
University of Minnesota, Twin Cities
Borderline personality features in childhood: A short-term longitudinal study

KICKI R. ÖBERG, DIANNA MURRAY-CLARK, and KATHLEEN WOODS
University of Missouri, St. Louis
Borderline Personality Features

A short-term longitudinal study

Kathleen Woods, University of Missouri, Columbia
Borderline Personality Features in Childhood: A short-term longitudinal study

Borderline Personality Features Scale for Children
Borderline Personality Features Scale for Children

Affective Instability

Identity Problems

Negative Relationships

Self Harm

- My feelings don't change very often
- I go back and forth between different feelings
- When I'm mad, I can't control what I do
- I get so mad I can't let all my anger out

- I get upset when my parents or friends leave town
- Something important is missing about me, but I don't know what it is
- I change my mind almost every day about what I should do when I grow up
- I worry that people I care about will leave and not come back
- How I feel about myself changes a lot
- I get bored very easily

- I feel very lonely
- I want to let some people know how much they've hurt me
- I've picked friends who have treated me badly
- People who were close to me have let me down
- Lots of times, my friends and I are really mean to each other
- Once someone is my friend, we stay friends

- I do things that other people consider wild or out of control
- I do things without thinking
- I'm careless with things that are important to me
- I get into trouble because I do things without thinking
- When I get upset, I do things that aren't good for me
- I take good care of things that are mine

Borderline personality features in childhood: A short-term longitudinal study

Bucky R. Cich, Dianna Murray-Close, and Kathleen Woods
University of Montreal, Queen's
Australian data and psychometric properties of the Strengths and Difficulties Questionnaire

David J. Hawes, Mark R. Dadds

Australian and New Zealand Journal of Psychiatry 2004; 38:644–651

Zero-order correlations with borderline personality features

(All significant $p < .001$)
self vs other
(press E if SELF; I if OTHER)

shame vs pride
(press E if SHAME; I if PRIDE)

shame/self vs pride/other
(press E if SELF/SHAME; press I if PRIDE/OTHER/PRIDE)

other vs self
(press E if OTHER; I if SELF)

shame/other vs pride/self
(press E if OTHER/SHAME; press I if SELF/PRIDE)

<table>
<thead>
<tr>
<th>Category</th>
<th>Word Stimuli</th>
</tr>
</thead>
<tbody>
<tr>
<td>SELF</td>
<td>me  myself  &lt;first name&gt;  &lt;family name&gt;</td>
</tr>
<tr>
<td>OTHER</td>
<td>theirs  they  them  someone</td>
</tr>
<tr>
<td>SHAME</td>
<td>ashamed  shame  embarrassed  embarrassing</td>
</tr>
<tr>
<td>PRIDE</td>
<td>proud  pride  confident  confidence</td>
</tr>
</tbody>
</table>
Are common domains of child psychopathology associated with an implicit shame-prone self-concept?

Zero-order correlations: shame-proneness and common domains of child psychopathology
Are childhood borderline personality features associated with an implicit shame-prone self-concept?

Identity Problems X sex
($\beta = -.21$, $SE = .02$, $p < .05$)

Zero-order correlations: shame-proneness and borderline personality features
Interestingly, despite this sex-specific association… boys/girls did not differ on mean BPF or shame-proneness.

Consistent with notion that developmental processes that confer risk for BPD may operate in sex-specific pathways.

<table>
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**Identity Problems subscale items**
(Borderline Personality Features Scale for Children)