Emotional Intelligence and Coping in Patients with Borderline Personality Disorder

Abstract

Individuals with Borderline Personality Disorder struggle with emotion regulation and difficulty in accurately understanding facial expressions of others. This difficulty in regulating emotions can manifest as inappropriate anger, impulsiveness, and frequent mood swings. These behaviors may push others away and make it challenging to maintain loving and lasting relationships. Surprisingly, very little research has been carried out to explore the inter-relationships and interactions of coping and emotional intelligence in patients with borderline personality disorder. Aim: To study coping and emotional intelligence in patients with borderline personality disorder. Material and Methods: Cross sectional hospital based study, fifty patients with borderline personality disorder diagnosed as per DSM-V were selected by purposive sampling. 50 healthy matched subjects constituted the control group. Assessment was done using General Health Questionnaire, Brief COPE Questionnaire and Indian Adaptation of Emotional Intelligence Scale. Descriptive statistics were used to summarize and describe the characteristics of the data, including measures of central tendency (mean, median, mode) and measures of variability (standard deviation, range). Inferential statistics were used to make inferences about the population based on the sample data, including hypothesis testing (t-tests) and correlation analysis. The results of the analysis were presented in tables to facilitate interpretation and communication of the findings. Results: Significant differences were seen in Coping scores and Emotional Intelligence scores between the patients with borderline personality disorder group and normal control group. The patients with borderline personality disorder groups scored significantly low on coping and emotional intelligence in comparison with control group. Further, relationship between coping and emotional intelligence was found to be positively correlated. Conclusion: These findings suggest an association between low coping, emotional intelligence and borderline personality disorder. Present findings have implications for planning better intervention and prevention in this vulnerable population.

Key words: Borderline Personality Disorder, Coping, Emotional Intelligence.

Introduction:
The term borderline was first introduced by Stern in 1938, who describe these patients situated on the border between the neurotic and the psychotic group, who have resistance to psychotherapeutic treatment (Stern, 1938). In 1979, Spitzer and colleagues formulated the original diagnostic criteria for BPD (Spitzer, Endicott)

Ripan Sippy¹ & A. Rajshekhar²
¹ Research Scholar, Department of Psychology, Kalinga University.
² Associate Professor, Department of Psychology, Kalinga University

Correspondence Address:
Research Scholar,
Department of Psychology,
Kalinga University.
Email-ripansippy.

Received: 07.08. 2022
Revised: 08.08. 2022
Accepted: 06.10. 2022
Published: 10.11. 2022

Access this Article online
Website: www.jpsw.co.in
Quick Response Code
DOI: https://dx.doi.org/10.55242/JPSW.2022.3207

How to cite: Sippy, R., Rajshekhar.,(2022). Comparative Study of Quality of life and Social adjustment among patients with Schizophrenia and BPAD. Journal of Psychosocial Wellbeing 3(2): 30-37
Borderline Personality Disorder (BPD) is a complex and challenging mental health condition that can significantly impact an individual's life. It is often characterized by emotional dysregulation, impulsivity, and unstable sense of self. Individuals with BPD may struggle with intense and rapidly shifting emotions, difficulty in maintaining stable relationships, and a tendency towards self-destructive behaviors. According to Kulacaoglu, & Kose, (2018) pervasive affective instability, self-image disturbances, impulsivity, marked suicidality, and unstable interpersonal relationships are the core dimensions of psychopathology underlying this disorder (Kulacaoglu, & Kose, 2018). BPD makes one to face marked difficulties in regulating emotions. This means that people who experience BPD feel emotions intensely and for extended periods of time, and it is harder for them to return to a stable baseline after an emotionally triggering event. They often experience rapid mood transitions from one intense emotion to another, thereby experiencing numerous negative affects throughout the course of a given day (Koenigsberg, Harvey, Mitropoulou, et al., 2002). Patients with BPD suffer considerable morbidity which complicates medical care (Kulacaoglu, & Kose, 2018). The definite causes of BPD is not known, however, it is believed that an interaction between genetic, neurobiological, and psychosocial issues affect brain development (Caspi, McClay, Moffitt et al., 2002) and lead BPD. Childhood trauma is considered as one of the most significant risk factor for development of BPD (Hengartner, Ajdacic-Gross, Rodgers, et al., 2013). In addition, childhood abuse/neglect was also found to be importantly associated with BPD in adulthood (Johnson, Cohen, Brown, et al., 1999). However, meta-analyses found that only small effect sizes for the relationship between development of BPD and childhood maltreatment (Fossati, Madeddu, Maffei, 1999; Paris, 1997). All in all, no single factor can explain the development of the disorder, multiple factors can help in explaining the development of BPD, as with most psychiatric disorders (Kulacaoglu, & Kose, 2018). Expert believes that symptom presentation and functioning in individuals with BPD vary across genders (Carlson, Cox, Kealy, et al., 2020); additionally, coping styles influence the way individuals with BPD manage stress (Carlson, Cox, Kealy, et al., 2020); indicating need for the exploration of other possible associated factors involved, which are not well researched yet in Indian setting such as coping and emotional intelligence.

Coping:

An individual's efforts to master demands that are perceived as exceeding or taxing his or her resources is defined as coping (Monat & Lazarus, 1991). Long back, Lazarus and Folkman (1984) present a classification of three coping strategies that serves as the basis for studies that deal with coping with stress: (1) Problem- or task-focused coping strategies aim to solve the problem and change the external reality, with the goal of influencing the source of stress and thus reducing tension (such as seeking help from a tutor or breaking the task down into smaller steps may be effective) (2) Emotion-focused strategies aim to channel the feelings of stress and to re-conceptualize the problem so as to ease emotional tension; (such as talking to a friend or practicing relaxation techniques may be more helpful) and (3) Avoidance—the attempt to reduce tension by distancing oneself from the problem. Maladaptive coping include venting, denial, substance use, behavioral disengagement, self-distraction, and self-blame, and adaptive coping, including positive reframing, planning and seeking social support, active coping, use of emotional and instrumental support, acceptance, religion, and humor (Meyer, 2001). Therefore, the same strategy can be effective or ineffective depending on whether or not the individual perceives the situation as threatening (Lazarus & Folkman, 1984; Carver, Scheier, Weintraub, 1989). It is important for college students to be aware of their own coping strategies and to seek out support and resources when needed. By developing effective coping skills, students can better manage their stress levels and improve their overall well-being. Coping styles can be determined by applying some scales, in a study by Usta, Gulec, Hariri, &
Gulec, in 2015 it was found that patients with personality disorder had higher dysfunctional coping styles scores. They scores higher on denial, retraining, and substance use subscales. Furthermore, once in an intense emotional state, individuals with BPD often find it difficult to recover (Linehan, 1993). This highlights the importance of developing effective coping strategies, especially for individuals with mental health conditions. It is crucial for individuals to identify their own coping styles and seek out appropriate interventions to manage their emotions and stress levels. In the case of BPD, evidence-based interventions that focus on coping strategies to counter and manage rapid emotional changes (Linehan, 1993). Overall, coping strategies play a vital role in managing stress and promoting well-being, and it is essential for individuals to develop and utilize effective coping mechanisms. Support and resources when needed. By developing effective coping skills, students can better manage their stress levels and improve their overall well-being. Coping styles can be determine by applying some scales, in a study by Usta, Gulec, Hariri, & Gulec, in 2015 it was found that patients with personality disorder had higher dysfunctional coping styles scores. They scores higher on denial, retraining, and substance use subscales. Furthermore, once in an intense emotional state, individuals with BPD often find it difficult to recover (Linehan, 1993). This highlights the importance of developing effective coping strategies, especially for individuals with mental health conditions. It is crucial for individuals to identify their own coping styles and seek out appropriate interventions to manage their emotions and stress levels. In the case of BPD, evidence-based interventions that focus on coping strategies to counter and manage rapid emotional changes (Linehan, 1993). Overall, coping strategies play a vital role in managing stress and promoting well-being, and it is essential for individuals to develop and utilize effective coping mechanisms.

**Emotional Intelligence (EI):**

Human emotions may be understood as an emotional continuum where anxiety is at the negative pole and emotional intelligence is at the positive pole (Cropanzano, Weiss, Hale, & Reb, 2003). 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 action is called Emotional intelligence (EI) (Mayer & Salovey, 1993). Individuals with higher emotional intelligence are better equipped to manage their emotions and cope with stress, as they are able to identify and regulate their emotions effectively. They are also more likely to have positive social interactions and build strong relationships, which can provide a supportive network during times of stress. It has been proposed by Mayer & Salovey, (1997) that there are four constituent abilities of EI: (1) Perception, appraisal and expression of emotion; (b) Emotional facilitation of thinking; (c) Understanding and analyzing emotions and employing emotional knowledge; and (d) Reflecting regulation of emotions to promote emotional and intelligence growth. It helps an individual to understand his/her expected role and behavior in a specific situation and helps in reducing the gap between the expected and current behavior (Bhattacharya & Sengupta, 2007). They are also better equipped to communicate their needs and assert themselves in a constructive manner, which can prevent conflicts and misunderstandings that can contribute to stress. On the contrary, lower EI is related to negative outcomes, including uses of illegal drug, alcohol, and poor relations with friends (Brackette, Mayer, & Warner, 2003). In addition, individuals with low EI tend to use avoidance coping styles, whereas individuals with high EI may use adaptive coping strategies to alleviate distress (Emmons & Colby, 1995; McFarland & Buehler, 1997). It is of interest in this respect that somehow some of these patients are probably, basically lacking in these skills and engaged in maladaptive behavioral patterns like alcohol abuse. To understand this phenomenon, the present study has been taken up to find out the association between these variables in the persons with BPD.

**Methodology:**

**Sample:**

The sample consisted of 100 male participants who were selected at random from North India. Out of these 50 were patients with a diagnosis of BPD and the remaining 50 were healthy controls. BPD cases were no more than 60 years of age. The study group was matched to the control group by age, sex, and place of living.

**Tools:**

1. **Case history Performa:** This was developed to obtain information on demographic, clinical, personal and family details.

2. **General Health Questionnaire (GHQ-28):** GHQ-28 is a self-administered tool that contains 28 items (Goldberg & Williams, 1998). As a measure of general health, it has four subscales—somatic symptoms, anxiety and insomnia, social dysfunction and severe depression. The test-retest reliability some eight months apart was found to be as high as +0.90. The studies show that the values for specificity of the GHQ-28 range from 74.
indicate either: (A) the respondent does not feel they have many stressors to cope with. For example, that life is stress free. (B) a lack of reflective capacity or resistance to disclose personal information. (C) the respondent does not have many coping skills.

3. Emotional Intelligence Scale (EIS): The emotional intelligence scale prepared by Bhattacharya, Dutta and Mandal (2004) was used. It consists of 40 items out of which 20 items are positive and other 20 items are negative. Items are to be answered on a five point scale ranging from never true to always true, with a possible range of scores from 40 to 200. A high score indicates high emotional intelligence. The test-retest reliability was 0.94 (alpha coefficient 0.87) and the correlation (r = 0.75), between Indian version of the scale and schutte emotional intelligence scale, indicate the validity of this scale (Bhattacharya, Dutta, & Mandal, 2004).

Procedure: Hundred patients with diagnoses of BPD as per DSM-V criteria and fulfilling the inclusion and exclusion criteria were taken for the study. After establishing rapport, a clinical interview was held and informed consent was taken. The personal data sheet was filled and Brief COPE Questionnaire and Emotional Intelligence Scale (EIS) were administered. Similarly GHQ-28 and all the above-mentioned scales were administered on the control group who fulfil the inclusion and exclusion criteria.

Data Analysis: Data was analyzed using SPSS (version 17.0.) statistical program. Student's t test was used to obtain the p value and level of significance was taken as .05. To find out the relationship between the two variables Pearson's Product Moment Correlation was calculated.

Result: The analysis of the data and the results are presented below in the form of graphs and tables. TABLE 1-A: Mean and standard deviation of Coping and Emotional Intelligence between BPD and healthy controls.

Discussion: While the world literature seems to have found a relationship between psychological constructs as a predictor of BPD, this seems less true within Indian context where research is lacking. Hence, the present study was taken up to fill these lacunae.

In the present study, study group was found to be low on coping and EI scores. These findings are in line with general agreement that poor coping is a contributing factor to the development, maintenance, and exacerbation of various medical and psychiatric problems. Previous studies has proven that lack of coping skills lead to mental disorders and suicidal behavior (Li, & Zhang, 2012). Moreover, poor coping is strongly associated with poor or diminished social support; social support is viewed as a buffering mechanism, which has been shown on numerous occasions to be a protective influence against adverse event (Sarason, Sarason, Brock, & Pierce, 1988). The absence of social support may result in an inability to form effective coping and adaptive behaviors. Researchers have already reported that escape-avoidance coping is associated with high psychological distress, while positive appraisal and distancing were associated with better psychological outcomes (Charlton & Thompson (1996). Similarly, Individuals with low level of EI preferred to use negative techniques such as denial and distraction, more than others coping strategies (Rutter, 1987). Avoidant coping strategies lead people into activities (such as alcohol use) or mental states (such as withdrawal) that keep
On the contrary, in our study, control group was found to be high on Coping and EI scores. High emotional intelligence in normal group goes with the characteristics of EI as it is a set of abilities (verbal and nonverbal) that enable a person to generate, recognize, express, understand, and evaluate their own, and others emotions in order to guide thinking and action that (helps to) successfully cope with environmental demands and pressures (Van Rooy & Viswesvaran, 2004). Furthermore, high Emotional Intelligence appears to be an important predictor of better coping strategies (Limonero, Tomás-Sábado, et al., 2004), and good interpersonal relations (Schutte, Malouff, et al., 2001). High emotional intelligence can help individuals to cope with stress in a more positive and effective way, leading to better outcomes and overall well-being. It is also found that EI can help individuals to cope with stress in a more positive and effective way, leading to better outcomes and overall well-being; as the emotionally intelligent individuals are better at understanding and managing their emotions in stressful situations and are better at problem solving and interpersonal relationship (Gawali, C. K. (2012). It is important to note that emotional intelligence is a skill that can improve one’s ability to manage stress and help in a more fulfilling life. So present finding are in agreement with other researcher who believes that individuals with higher EI are more satisfied in their life, and they perceive better problem solving and coping ability (Bastia, Nicholas, Burns, & Nettelbeck, 2005). In our study a positive correlation was found between EI and Coping which is in agreement with other studies reported (Gawali, C. K. (2012). Hence, findings of the present study revealed that those individuals who have high coping should also have high EI and vice versa. Present findings indicate that individuals with higher levels of emotional intelligence are more likely to use effective coping strategies, such as problem-solving and seeking social support, when faced with stressors. On the other hand, those with lower levels of emotional intelligence may rely more on negative coping strategies, such as avoidance or substance use, which can exacerbate stress and lead to negative outcomes. These findings are also being supported by experts who claim that EI is positively associated with problem-focused and positive emotional focused coping styles, and negatively associated with negative emotional focused coping style (Noorbakhsh, Besharat, & Zarei, 2010). Emotional intelligence can also significantly predict each of these five coping strategies (problem-solving, social support seeking, cognitive evaluation, somatic inhibition and emotional inhibition) (Moradi, Pishva, Ehsan, & Hadadi, 2011). The researchers explained that EI is supposed to influence coping strategies through management and regulation of emotions, utilization and facilitation of emotions, and appraisal of emotions (Noorbakhsh, Besharat, & Zarei, 2010). Present findings also provide a reason for hope because high EI is found to be associated with greater use of adaptive coping and lower use of maladaptive coping (Enns, Eldridge, Montgomery, & Gonzalez, 2018), and less substance abuse (Brackett & Mayer, 2003). In a nutshell, EI influences mental health via flexible selection of coping strategies, trait EI modifies coping effectiveness; specifically, high levels of trait EI amplify the beneficial effects of active coping and minimise the effects of avoidant coping to reduce symptomatology (Davis, & Humphrey, 2012).
Furthermore, emotional intelligence can also help individuals to recognize and regulate their own emotions, as well as understand and empathize with the emotions of others. This can lead to better communication and interpersonal relationships. A plenty of literature provides guidelines to improve EI (Bhattacharya & Sengupta, 2007). Therefore, developing emotional intelligence is an important aspect of coping with stress and promoting well-being. So, taking enhancement of EI as a component in the treatment of BPD could lead to better treatment outcome. This can be achieved through various interventions, such as mindfulness-based practices, cognitive-behavioral therapy, and social skills training. By improving emotional intelligence, individuals can enhance their ability to cope with stress and manage their emotions effectively, leading to a better quality of life.

References:


The Journal of Nervous and Mental Disease, 200(10), 885-890.


