

SHORT REPORT

Spending too much: Relationships with borderline personality symptomatology

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Abstract

Objective. Few studies have examined spending behaviors in individuals with borderline personality symptomatology (BPS) – the focus of the present study. **Method.** Summing four cross-sectional samples totaling 1122 consecutive patients being seen in an internal medicine clinic, and using a self-report survey methodology, we examined relationships between excessive spending and BPS, using two measures for this Axis II disorder. **Results.** The endorsement of excessive spending demonstrated statistically significant correlations with both measures of BPS (0.40 and 0.49), and individuals who exceeded the established cut-off scores on both measures were statistically significantly more likely to endorse excessive spending. **Conclusions.** Excessive spending demonstrates empirical relationships with BPS and appears to be a clinical area of inquiry in BPS regarding self-regulation difficulties.

Key Words: *borderline personality, money, Self-Harm Inventory, spending*

Introduction

Borderline personality disorder (BPD) is a personality dysfunction that is characterized by chronic self-regulation difficulties. According to the *Diagnostic and Statistical Manual of Mental Disorders* [1], these regulation difficulties may include impulsivity with regard to spending. Ironically, little empirical work has confirmed the presumed relationship between BPD and impulsivity with spending. Three studies have previously demonstrated relationships between BPD and compulsive buying, with reported prevalence rates of BPD of 15 and 20% among compulsive buyers [2–3] and a correlation of 0.40 between compulsive buying and BPD in primary care patients [4]. In the only other study on this topic that we could locate, Selby et al. examined anorexic individuals with and without BPD, and found statistically significantly greater rates of impulsive spending among the participants with BPD [5]. In the current study we examined problematic spending as related to borderline personality symptomatology (BPS) in a large sample of primary care outpatients.

Method

Participants

To maximize the size of the current sample for investigation, we compiled four datasets collected over a 2-year period (2009–2011) [6–9]. (In 2011, this particular setting had 11,828 outpatient visits.) Participants in these four studies were males and females, ages 18 years or older, recruited from an identical clinical setting (an internal medicine outpatient clinic) that is staffed predominantly by resident providers.

Of the 1122 patients who responded to the primary survey item, 362 were male, 759 were female, and one did not indicate sex (this gender proportion compares with the overall 2011 clinic profile, in which 61% of visits were attributed to women). Ages of participants ranged from 18 to 97 years ($M = 49.88$, $SD = 15.41$), and 87.1% were White/Caucasian.

Procedure

During clinic hours, each incoming patient was approached by a research assistant, who informally

assessed exclusion criteria, including language difficulties and clinical symptoms *of a severity* that would preclude the candidate's ability to successfully complete a survey. Those few individuals who were actually excluded most often exhibited severe illness and/or language difficulties. With potential candidates, the recruiter reviewed the focus of the project and invited each to participate by completing a multi-page survey. Participants were asked to place completed surveys into sealed envelopes and then into a collection box in the lobby.

The survey included a demographic query as well as two self-report measures for BPS – the borderline personality scale of the Personality Diagnostic Questionnaire-4 (PDQ-4) [10] and the Self-Harm Inventory (SHI) [11]. The PDQ-4 [10] is a nine-item, true/false, self-report measure that consists of the diagnostic criteria for BPD that are listed in the DSM-IV [1]. A score of 5 or higher is highly suggestive of the diagnosis of BPD. Previous versions of the PDQ have been found to be useful screening tools for BPD in both clinical [12,13] and nonclinical [14] samples, including the use of the freestanding BPD scale [15].

The final item of the PDQ-4 asks for a true-false response to the statement, "I have done things on impulse (such as those below) that can get me into trouble", and includes the item "Spending more money than I have". As the focus of the current investigation, this item was not included in the total PDQ-4 score.

The second measure for BPS, the SHI [11], is a 22-item, yes/no, self-report measure that explores participants' lifetime histories of self-harm behavior. Each item in the inventory is preceded by the statement, "Have you ever intentionally, or on purpose," and items include, "overdosed", "cut yourself on purpose", "burned yourself on purpose", and "hit yourself". Each endorsement is in the pathological direction and the SHI total score is the summation of "yes" responses. SHI total scores of 5 or higher are highly suggestive of the diagnosis of BPD. Specifically, in comparison with the Diagnostic Interview for Borderlines [16], a benchmark for the diagnosis of BPD in research settings, the SHI demonstrated an 84% accuracy in diagnosis [11].

These various projects were reviewed and exempted by the institutional review boards of both the community hospital as well as the university. Completion of the survey was assumed to function as implied consent, which was explicitly clarified on the cover page of the booklet.

Results

Of the 1122 respondents, 406 (36.2%) indicated having spent more money than they had. Compared

to males (31.8%), females (38.3%) were somewhat more likely to report such spending ($\chi^2 = 4.58$, $P < 0.05$). Point-biserial correlation coefficients revealed that those who endorsed the item tended to be younger ($r = -0.21$, $P < 0.001$), and scored higher on the PDQ-4 ($r = 0.49$, $P < 0.001$) and the SHI ($r = 0.40$, $P < 0.001$). Similarly, when compared to respondents who denied ever having spent more money than they had, those who did were more likely to exceed the clinical cut-off score on the PDQ-4 (33.5 vs. 6.6%, $\chi^2 = 137.72$, $P < 0.001$) and the SHI (37.3 vs. 9.1%, $\chi^2 = 129.12$, $P < 0.001$).

Discussion

Findings affirm that in a large sample of primary care patients, there are empirical associations between self-reported excessive spending and BPS. We believe that this finding is unique to the literature in that excessive spending was not limited to the construct of compulsive buying, and the sample is very large and consists of primary care patients. In addition, very little previous empirical work has been done in this area, despite the acknowledgement of this clinical feature in the DSM-IV.

What is the relationship between excessive spending and BPD/BPS? Most likely, excessive spending is but one manifestation of the inherent and various self-regulation difficulties encountered in patients with this Axis II disorder, including alcohol and drug difficulties, eating disorders, and difficulties with pain regulation.

This study has a number of potential limitations, including the self-report nature of all data, repeat patients in the database (less likely due to the 2-year time span and the overall volume of patients seen in this setting), the non-distinct criterion for excessive spending, and the over-inclusiveness of the BPS measures (i.e. risk of false positives). However, to our knowledge, this is one of the few studies, and the largest sample to date, to confirm associations between excessive spending and BPS.

Key points

- Few studies have examined relationships between excessive spending, a DSM-IV example of self-damaging impulsivity in borderline personality disorder, and borderline personality symptomatology (BPS).
- In this study, using a cross-sectional approach and a self-report survey methodology, we examined relationships between excessive spending and two measures for BPS among primary care outpatients.

- In this study, there were statistically significant correlations between excessive spending and both measures of BPS; likewise, using the established cut-off scores for these measures, participants with BPS were statistically significantly more likely to endorse excessive spending.
- When examining the types of self-regulation difficulties present in patients with BPS, clinicians needs to inquire about excessive spending.

Acknowledgements

None.

Statement of Interest

None to declare.

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