

BORDERLINE PERSONALITY SYMPTOMATOLOGY AND SEXUAL IMPULSIVITY

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ABSTRACT

Objective: According to the *Diagnostic and Statistical Manual of Mental Disorders, 4th edition*, borderline personality disorder (BPD) is an Axis II phenomenon that is characterized by impulsivity, including sexual impulsivity. However, little empirical research has been undertaken to confirm and/or define the nature of sexual impulsivity in patients with BPD, which is the focus of the present study. *Method:* Using a cross-sectional approach and sample of convenience, we surveyed 76 women who were being seen as outpatients in an internal medicine clinic regarding: a) borderline personality symptoms using two measures (i.e., the borderline personality scale of the Personality Diagnostic Questionnaire-4, McLean Screening Inventory for Borderline Personality Disorder); and b) their sexual histories. *Results:* We found two statistically significant differences—those with borderline personality symptomatology were more likely to have an earlier onset of sexual intercourse as well as to report date rape. *Conclusions:* Individuals with borderline personality symptomatology report earlier sexual exposure as well

as date rape, but not other aspects of sexual impulsivity such a greater number of sexual partners, more frequent treatment for sexually transmitted diseases, etc.

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INTRODUCTION

Borderline personality is a complex Axis II disorder that is frequently associated with a history of childhood maltreatment [1] as well as impulsivity in adulthood [2]. According to the *Diagnostic and Statistical Manual of Mental Disorders, 4th edition* (DSM-IV) [2], impulsivity in individuals with borderline personality disorder (BPD) may manifest in several behavioral arenas including spending, sex, substance abuse, reckless driving, and binge eating. Surprisingly, there is little *empirical* data on the relationship between BPD and sexual impulsivity.

Childhood Abuse and Sexual Impulsivity

In the empirical literature, childhood sexual abuse, one of the identified contributory variables to BPD [1], is oftentimes associated with sexual impulsivity, most commonly promiscuity. For example, in a meta-analysis of 37 studies involving over 25,000 subjects, Oddone Paolucci and colleagues [3] confirmed that sexual abuse in childhood was associated with promiscuity in adulthood. In a review of 42 empirical studies, Beitchman and colleagues [4] came to the same conclusion. As for special populations, Bailey [5] examined eating-disordered individuals and found that a history of incest was commonly associated with promiscuity. Finally, in a sample of adolescents admitted to a chemical dependency unit, Cavaiola and Schiff [6] found that the subsample with histories of physical *and* sexual abuse reported higher levels of promiscuity than comparison groups. As a caveat, not all studies have found a relationship between childhood sexual abuse and promiscuity. For example, in comparing abused and/or neglected children in comparison with controls, Widom and Kuhns [7] found that sexual abuse and neglect were associated with prostitution but not promiscuity or teenage pregnancy. However, the vast majority of studies in this area convincingly indicate an association between childhood maltreatment, particularly sexual abuse but possibly physical abuse and neglect, and promiscuity in adolescence and adulthood.

Borderline Personality and Sexual Impulsivity

Given that BPD is associated with both childhood maltreatment as well as impulsivity in adulthood [1, 2], it seems logical that sexual acting out might be symptomatic of this disorder. However, the empirical literature with regard to

BPD and sexual impulsivity is relatively sparse. Lavan and Johnson [8] examined a sample of 403 male and female adolescents in a primary care setting and found that elevations in *general* personality disorder symptomatology predicted high-risk sexual behaviors during the preceding year. Pelsser [9] described an individual with BPD who demonstrated sexual promiscuity. O'Boyle [10] reported sexual promiscuity among four females diagnosed with BPD. In a Canadian study, Allan [11] classified 71 women subjects as "low risk" versus "high risk" according to sexual behavior; those in the high-risk subsample were significantly more likely to be diagnosed with BPD. Hull, Clarkin, and Yeomans [12] examined 71 hospitalized women with BPD and found that 46% had entered into sexual relationships with partners that they did not know well. Miller and colleagues [13] found that, among those with BPD, comorbid substance abuse was associated with promiscuity. In seeming contrast to the preceding findings, Zanarini and colleagues [14] found that nearly one-third of patients with BPD reported sexual *avoidance* (i.e., they were fearful of becoming symptomatic as a result of consensual sex) and nearly two-thirds reported some type of sexual relationship "difficulty," which was not described by the authors. Note that none of the preceding case reports or empirical studies systematically examined for *various* potential manifestations or outcomes of sexual acting out.

Borderline Personality and Characteristics of Sexuality

In a somewhat related study, Hurlbert and colleagues [15] compared 32 women with BPD to 32 women without this disorder and found that the borderline subsample had higher levels of sexual assertiveness, greater erotophilic attitudes, higher sexual esteem, greater sexual preoccupation, sexual depression, and sexual dissatisfaction. However, this study did not directly assess actual sexual behaviors.

Summary

To summarize, the preceding studies compellingly suggest a relationship between the diagnosis of BPD and sexual acting out (e.g., promiscuity), a relationship that may be mediated by childhood trauma. However, the genuine nature and extent of this association remains vague. In addition, the previous studies have had a variety of potential limitations. For example, several consist of case reports with small sample sizes [9, 10]. One study [8] focused only on adolescents (personality disorder diagnosis in adolescents is potentially hazardous). In the study by Allan [11], the diagnosis of BPD was not empirically robust. In the study by Hull and colleagues [12], subjects were hospitalized psychiatric patients, which represent a severely disturbed sample. In the study by Miller and colleagues [13], findings diverged depending on the use of substances. Most importantly, the majority of previous studies examined only promiscuity among subjects (i.e., the number of sexual partners) without further study of other associated aspects of sexual impulsivity such as the number of sexually transmitted diseases, abortions, etc. In

the present study, we surveyed women internal medicine outpatients to examine relationships between borderline personality symptomatology and *various facets* of sexual acting out.

METHOD

Participants

Participants were female outpatients, ages 18 or older, who presented for routine outpatient medical care at an ambulatory center in which residents in the Department of Internal Medicine function as the primary providers. The sample was one of convenience. Exclusion criteria, which were determined by recruiters, were cognitive, psychiatric, or medical impairment that would preclude the successful completion of a survey.

Participants ($N = 76$) ranged in age from 18 to 75 years ($M = 42.64$, $SD = 15.16$). Most (85.5%) were White; 11.8% were African American, one was Native American, and one was Asian. Typically, participants' highest attained education was a high school diploma (68.4%), but 11.8% had a bachelor's degree and 6.6% had a graduate degree. Most participants (71.6%) had been married, but only 24.3% of the sample was currently married (5.4% were separated, 29.7% were divorced, and 12.2% were widowed).

Procedure

Two recruiters solicited subjects during assigned clinic times at the center. Candidates were introduced to the project by recruiters and asked to complete a 4-page research booklet, which took about 10 minutes. The cover page of the booklet contained the various elements of informed consent and completion of the booklet was assumed to function as informed consent.

The booklet explored participants':

1. demographic information (i.e., age, race, marital status, highest level of completed education);
2. history of abortions;
3. sexual history (e.g., age of menarche, age of first intercourse, number of different lifetime sexual partners, number of times treated for a sexually transmitted disease, homosexual experiences); and
4. history of rape.

The booklet also contained two diagnostic measures for borderline personality symptomatology.

The Borderline Personality Scale of the Personality Diagnostic Questionnaire-4 (PDQ-4) [16]

The borderline personality scale of the PDQ-4 is a 9-item, true/false, self-report measure that consists of the diagnostic criteria for borderline personality that are listed in the DSM-IV [2]. A score of 5 or higher is highly suggestive of the diagnosis of BPD. Earlier versions of the *PDQ* have been confirmed as useful screening tools for borderline personality in both clinical [17, 18] and non-clinical samples [19], including the use of the free-standing borderline personality scale [20].

McLean Screening Instrument for Borderline Personality Disorder (MSI-BPD) [21]

The MSI-BPD is a 10-item, yes/no, self-report questionnaire that explores borderline personality symptomatology. All endorsements are in the pathological direction and scores of 7 or higher are suggestive of the disorder [22]. This measure has undergone limited clinical study and is recommended by the authors as a screening measure for BPD.

We elected two measures for borderline personality symptomatology to enhance diagnostic accuracy, as semi-structured interviews are believed by some to be more accurate in personality disorder diagnosis than self-report measures.

This study was approved by the Institutional Review Boards of both the community hospital that sponsors the Internal Medicine residency and the university.

RESULTS

Scores on the two measures of borderline personality symptomatology ranged from 0-9 for the PDQ-4 ($M = 2.17$, $SD = 2.18$) and 0-10 for the MSI-BPD ($M = 3.43$, $SD = 2.85$). Scores on the two measures were strongly correlated with each other ($r = .78$, $p < .001$). Similar proportions of respondents exceeded the clinical cut-off score for BPD on the PDQ-4 (15.7%) and the MSI-BPD (15.1%). However, only four respondents exceeded the cut-off score on both measures. The age of respondents was statistically significantly correlated with scores on the MSI-BPD ($r = -.31$, $p < .01$), but not the PDQ-4 ($r = -.08$, $p < .57$). In comparing those with (i.e., positive on at least one measure of BPD) versus without borderline personality symptomatology, there were two statistically significant differences in terms of the sexuality-related variables (see Table 1). Compared to participants without borderline personality symptomatology, those who scored positively on at least one measure reported an earlier age of sexual intercourse as well as a greater likelihood of date rape.

Table 1. Comparisons between Respondents Who Exceeded Clinical Cut-off Scores on at Least One Measure of Borderline Personality Disorder(BPD) and Those Who Did Not

Sexually-related variables	Did not exceed either BPD cut-off score		Exceeded at least one BPD cut-off score		<i>t</i>	(DF)	<i>p</i> <
	Mean	(SD)	Mean	(SD)			
Age at menarche	12.00	(1.67)	12.95	(3.14)	-1.67	(1,70)	.10
Age at first sexual intercourse	17.02	(3.02)	14.58	(2.67)	3.10	(1,68)	.01
Total number of abortions	.20	(.55)	.20	(.41)	0.00	(1,68)	1.00
Total number of different sexual partners	6.94	(9.62)	10.44	(10.67)	-1.23	(1,63)	.23
Total number of times treated for a sexually transmitted disease	.37	(.80)	.61	(1.04)	-1.01	(1,67)	.32
		%		%		χ^2 (DF = 1)	<i>p</i> <
Ever been raped by a stranger?		19.2		30.0		.97	.33
Ever been raped during a date?		0.0		15.0		7.68	.01
Ever been raped by a partner?		12.0		25.0		1.82	.18
Ever had same-sex sexual experience?		10.0		15.0		.35	.56

DISCUSSION

Very few empirical studies have examined the relationship between BPD and sexual impulsivity—a relationship that is clearly acknowledged in the *DSM-IV* [2] criteria for the disorder. In this study, using two measures for the assessment of BPD, there were two significant between-group differences with regard to the sexuality-related variables (i.e., an earlier age-of-onset for sexual intercourse and date rape). These findings suggest that inquiry about a patient's sexual history may be of limited diagnostic yield in individuals with BPD, with the exception of the preceding two inquiries. However, these two aspects of sexual impulsivity are fairly non-specific. In other words, it appears that sexual impulsivity per se is not a very specific criterion for the diagnosis of BPD, but rather a non-specific one. Being such, the clinical finding of sexual impulsivity must be augmented with other clinical features to conclude the diagnosis of BPD.

What might explain the observed findings? Individuals with borderline personality symptomatology tend to report chaotic family environments and parenting experiences. It may be that such a chaotic backdrop, coupled with core self-regulatory difficulties, accounts for earlier sexual experimentation. Likewise,

it may be that such backgrounds propagate higher rates of childhood sexual abuse and therefore account for the endorsement of early sexual experiences. We did not have participants clarify the context of their early sexual experiences, which might be achieved through future research.

With regard to the finding of a greater likelihood of date rape in the borderline subgroup, again, the chaotic life experiences of such individuals may account for this finding. Specifically, impulsive female adolescents may attract equally impulsive male counterparts with compromising consequences.

Importantly, our findings do not indicate genuine between-group differences with regard to the number of sexual partners. In other words, in this study of primary care patients, there is no evidence to suggest that those with borderline personality symptomatology are more promiscuous than controls. Using the same methodology, whether or not these findings would emerge in a sample of psychiatric patients is unknown (i.e., could this be an effect of sampling bias?).

There are a number of potential limitations in this study. These include the relatively small sample size, self-report nature of the data, and use of a sample of convenience. However, this is the first study, to our knowledge, to use two diagnostic measures for BPD as well as to assess a number of sexuality-related variables among a sample of primary care patients. Findings suggest that while there may be some between-group differences, sexual impulsivity is not very specific for the diagnosis of BPD.

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