

# Cure And Care Of Neuroses: Theory And Practice Of Behavioral Psychotherapy

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## BRIEF REPORT

### Accounting for the Association Between BPD Features and Chronic Pain Complaints in a Pain Patient Sample: The Role of Emotion Dysregulation Factors

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Although borderline personality disorder (BPD) features consistently show strong relations with chronic pain, the mechanisms underlying this association remain unclear. BPD is characterized by dysregulated emotion. Given previously observed relationships between emotion dysregulation and pain, we hypothesized that components of this dysregulation—elevated and labile negative affect and emotion sensitivity—would account for the relationship between BPD features and various pain complaints in a chronic pain patient sample. Specifically, we hypothesized that negative affect would indirectly predict pain through higher emotion sensitivity to pain, operationalized as pain anxiety sensitivity. To test these hypotheses, we administered a series of self-report measures to 147 patients at a chronic pain treatment facility. As expected, BPD features predicted pain severity ( $\beta = .19, p = .029$ ), activity interference from pain ( $\beta = .22, p = .015$ ), and affective interference from pain ( $\beta = .41, p < .001$ ). Using path analyses, we found that the associations between BPD features and pain severity and interference were accounted for by serial indirect pathways through affective lability then pain anxiety and, to a lesser extent, through trait anxiety then pain anxiety. This is the first study to demonstrate roles for affective lability and pain anxiety sensitivity in the association between BPD features and chronic pain complaints in a chronic pain sample. We discuss implications for the relationship between dysregulated emotion and pain as well as for psychologically-focused treatment interventions for pain.

**Keywords:** borderline personality disorder, chronic pain, emotion dysregulation, affective lability, anxiety

Growing evidence suggests an important link between borderline personality disorder (BPD) and chronic pain. BPD features are associated with a history of pain conditions and greater self-reported pain (Sansone & Sansone, 2012), and BPD patients are more likely to report pain and to report more severe pain than other personality disorder patients (Biskin, Frankenburg, Fitzmaurice, & Zanarini, 2014). Rates of BPD may be as high as 30% in chronic pain populations (Sansone & Sansone, 2012), considerably higher than the 1–3% found in the general population (Quirk et al., 2016).

Furthermore, within chronic pain populations, pain complaints (e.g., pain severity and related somatic complaints) are higher among individuals with elevated BPD features (Tragesser, Bruns, & Discorbo, 2010).

Although the general association between BPD features and chronic pain has been established in the literature, more research is needed to understand the factors that may explain this association. We propose that the association between BPD features and chronic pain may be accounted for by specific facets of emotion dysregulation (Carpenter & Trull, 2013). Emotion dysregulation is a core component of BPD (American Psychiatric Association, 2013; Crowell, Beauchaine, & Linehan, 2009; Linehan, 1993).

Following Carpenter and Trull (2013), emotion dysregulation in BPD can be conceptualized as consisting of four components: heightened and labile negative affect, emotion sensitivity, deficits in adaptive emotion regulation strategies, and surpluses in maladaptive emotion regulation strategies. In this study, we focused specifically on the first two components: negative affect and emotion sensitivity. Negative affect in BPD is characterized by high baseline levels of negative emotions (e.g., depression, anxiety, anger) as well as by the instability of negative affect over time

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