

Does alexithymia mediate the relationship between non-suicidal self-injury and borderline personality pathology?

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Primary Objective: This study aims to identify whether alexithymia is a mediator between BPP and NSSI.

Ethical review	Approved WMO
Status	Recruitment stopped
Health condition type	Personality disorders and disturbances in behaviour
Study type	Observational non invasive

Summary

ID

NL-OMON47036

Source

ToetsingOnline

Brief title

Mediation Alexithymia-BPP-NSSI (M-ABN)

Condition

- Personality disorders and disturbances in behaviour

Synonym

alexithymia, emotional awareness

Research involving

Human

Sponsors and support

Primary sponsor: Universiteit Twente

Source(s) of monetary or material Support: GGNet

Intervention

Keyword: Alexithymia, Borderline personality pathology, Non Suicidal Self Injury

Outcome measures

Primary outcome

The main study parameter is the indirect effect of BPP on NSSI via alexithymia, or in other words the potential mediator effect of alexithymia in the association between BPP and NSSI.

Secondary outcome

Other parameters are potential confounders: the level of experienced dissociative symptoms and the level of reported depressive symptomatology

Study description

Background summary

Borderline personality disorder (commonly abbreviated as BPD) is a severe mental health disorder that influences practically all domains of life. The disorder is characterized by a pervasive pattern of instable relations, a distorted self-image and profound disturbances in the regulation of emotions. Borderline personality pathology typically first emerges in early adulthood (18-25 years of age) and often mildens in later years (40-50 years of age). BPD is more common in women than men, with a ratio of 70 to 30 percent. Effectiveness of treatment for BPD related problems and symptomology has increased over the last decades. However, analyses of outcomes on treatment measured 2*3 years after termination of treatment suggest that treatments-as-usual are still marginally effective at best. A recent study in the Netherlands shows a prevalence rate (five or more symptoms of the disorder present) of 1.1%; in 3.8 % of the population multiple BPD symptoms were present (3*4 symptoms), in other words (just) below the diagnostic threshold. In general, studies show prevalence rates for BPD (i.e. five or more BPP symptoms present) between 0.5 % and 1.8 % of the total population.

Marked difficulties in the regulation of affects and impulses are part of the general diagnostic criteria of all personality disorders , although it is found

to be specifically related to BPP. In fact, it is part of the diagnostic description of borderline personality disorder (BPD) in the DSM-IV and DSM 5. Amongst the multitude of expressions of emotion regulation difficulties, one that stands due to its explicit nature out is the occurrence of deliberate self-harming behavior or non-suicidal self-injury (NSSI).

Examples of NSSI are cutting, biting, abrading, severing, inserting, burning, hitting oneself. NSSI is mainly perceived as a maladaptive coping strategy used by individuals who struggle with a variety of emotion-related difficulties. It presumably serves several purposes. However, based on review of the evidence, the most predominant reason for engaging in NSSI is to alleviate or escape high levels of negative affect or non-specified emotional arousal. NSSI is a form of dysfunctional emotion regulation that has a severe negative impact on general wellbeing and health, both psychological and physical.

As the difficulties persons with high levels of BPP encounter with the regulation of their emotions are manifold, so are the proposed underlying deficits responsible for them. Of those, one phenomenon gathering increased attention in recent years is **alexithymia**. Alexithymia, translated from the Greek language, means **no words for feelings**.

Low emotional awareness, as evident by difficulties in recognizing and identifying emotions, is the key characteristic of alexithymia. Emotional awareness is one of the processes that contribute to the emotion regulatory system. It can be described as a cognitive skill reflecting the ability to recognize and describe emotion in oneself and others. Emotional awareness plays a crucial role in emotional regulation. Better emotional awareness is associated with greater self-reported impulse control and stress-regulation, with greater openness to feelings, and more stability in experiencing well-being. It correlates positively with empathy ability, the tendency to seek help for emotional problems, and the actual amount of social support that a person has. There exists a clear association between alexithymia and emotion regulation difficulties. Studies show a relationship between the lack of emotional awareness that characterizes alexithymia and the propensity for impulsive self-destructive behaviors such as NSSI. It is hypothesized that when feelings are not adequately identified and described, emotional expression and problem-solving strategies are hampered, which results in an increase in emotional tension. The occurrence of NSSI is seen as a way of expressing and reducing this tension. Several scholars and clinicians state that **the ability to identify, describe and fully experience emotions develop over the course of treatment for BPD and are associated with successful treatment outcome**.

Although considered a trans-diagnostic factor and thus not unique to BPP, alexithymia is associated to BPP to an above average degree. A recent meta-analysis we did confirms the existence of an association between BPP and alexithymia.

We posit the following hypothesis:(H1) the association between BPP and NSSI is mediated by alexithymia.

So, in this study, we want to assess whether the association between BPP and NSSI is mediated by alexithymia. What is known thus far is that BPP is associated with NSSI as well as with alexithymia, and alexithymia and NSSI also are associated. It is of significant importance to investigate whether the association between NSSI and BPP is actually mediated by this deficit in emotion processing. The current study is designed to advance knowledge on this topic.

To our knowledge, there are no published empirical studies that report on whether or not alexithymia mediates the association between BPP and NSSI. We did find one study in which alexithymia and multiple personality disorders were assessed in relation to NSSI in a sample of substance dependent patients. Results showed significant effects regarding NSSI increasing with higher scores on BPP, and significant positive correlations between NSSI and *difficulties identifying feelings* and *difficulties describing feelings*, two facets of the alexithymia concept. Unfortunately, no additional analyses elucidating the interplay between these variables were performed. Also, since the study was mainly centered on substance dependent patients and they included several groups for comparison, sample size per analysis was small.

Farrell and Shaw, two acclaimed psychotherapists, stated already some 22 years ago that psychotherapies for BPP should start by treating alexithymia and increasing emotional awareness before attempting to treat other problems * such as NSSI. If our hypothesis proves to be true this would support their statement.

Study objective

Primary Objective:

This study aims to identify whether alexithymia is a mediator between BPP and NSSI.

Study design

This study uses a cross-sectional design.

After signing up for participation, participants will be contacted two [2] times:

The first time they will be asked to fill out five (5) self-report questionnaires. Participants complete a self-report questionnaire on alexithymia, on borderline pathology and on non-suicidal self-injury. To adjust for possible confounding due to other variables, they will also be asked to fill out a questionnaire on depressive symptomatology and one on dissociative experiences (see Section 3. Methods). This will yield quantitative data that will be examined statistically (see Section 5. Statistical Analysis). Filling out the questionnaires will take between one [1] and one-and-a-half [1,5] hours.

After completing the questionnaires, each participant will be contacted at another point in time for a semi-structured interview on alexithymia. This interview will take about 45 to 60 minutes.

Total duration of the study for participants will be one hour and fortyfive minutes [1h45m] to two-and-a-half hours [2h30m].

The study will take place inside the properties of the mental health institute the participants come to for treatment as a patient. For each patient, the study will take place at the same location/building they visit for treatment, if possible. If not possible, this will be the nearest location of the institute [for patients] available.

The dates and times for both appointments will be set in advance, upon the participant's decision to enter the study. Of course, appointments made are subject for reschedule if so requested by the participant.

Study burden and risks

Although this study does not involve *incapacitated subjects*, it does involve psychiatric patients. Risks to which they are exposed are deemed small to negligible. Participation in this study is only after informed consent.

Although the assessed variables can be experienced as discomforting topics for participants * especially concerning self-harming behaviour - these topics are addressed through questionnaires only and thus assessed in a discreet and private manner.

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There is no obvious direct benefit in participating for individual participants, although individual results can be provided upon request and may than be used for personal insight, for example in treatment.

Since all variables involved in this study bear significant impact on the effect and outcome of treatment and thereby the wellbeing of this target group, the potential group benefit is considered substantial. Results could eventually lead to significant improvements in treatment given to this group.

As the variables of interest are relatively frequent and of clinical significance in the patient group * in contrast to the general population where they are rare and clinically insignificant (in other words qualitatively different), we deem the selection and involvement of patients in treatment for their personality problems necessary and appropriate. For example, (direct) NSSI occurs in about 4% of the non-clinical population, where it occurs in about 20% of the adult psychiatric population * and even significant higher rates apply for specific patient groups such as those with an antisocial or borderline personality disorder. Next, many studies found higher prevalence rates of alexithymia in psychiatric disorders. prevalence rates in the normal population float around 5 * 17%, averaging somewhere on 13%; prevalence rates in psychiatric populations around 17 * 27%.

Contacts

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Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age

Adults (18-64 years)

Elderly (65 years and older)

Inclusion criteria

Individuals have to:

- fulfil DSM IV or DSM 5 criteria for a psychological disorder,
- be 18 years of age or older and
- be able to speak Dutch to a sufficient level to be able to participate without an interpreter.
- be in treatment and thus have been assigned to a mental health professional.

Exclusion criteria

A subject who meets any of the following criteria will be excluded from participation in this study:

- presence of an acute psychotic illness, a current manic episode or a vital depression
- moderate to severe learning disability or other evidence of significantly below average intellectual functioning (i.e. mental retardation).
- substance addiction other than tobacco or caffeine (i.e. alcohol, cocaine)
- when forensic problems (i.e. aggression towards others, antisocial PD or clinical psychopathy, pedophilia) are the main reason for treatment.

[note: these last three patient groups will most likely not be part of the population approached for participation, since they enter mental health care through specialized sections of GGNet]

Study design

Design

Study type: Observational non invasive

Masking: Open (masking not used)

Control: Uncontrolled

Primary purpose: Other

Recruitment

NL

Recruitment status: Recruitment stopped

Start date (anticipated): 02-10-2017

Enrollment: 71

Type: Actual

Ethics review

Approved WMO

Date: 21-04-2017

Application type: First submission

Review commission: METC Twente (Enschede)

Approved WMO

Date: 18-12-2018

Application type: Amendment

Review commission: METC Twente (Enschede)

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

ID: 22449

Source: NTR

Title:

In other registers

Register	ID
CCMO	NL59088.044.17
OMON	NL-OMON22449