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The distinguishing characteristics of narrative identity in adults with features of Borderline Personality Disorder: An empirical investigation

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Abstract

While identity disturbance has long been considered one of the defining features of Borderline Personality Disorder (BPD), the present study marks only the third empirical investigation to assess it and the first to do so from the perspective of research on narrative identity. Drawing on the rich tradition of studying narrative identity, the present study examined identity disturbance in a group of 40 mid-life adults, 20 with features of BPD and a matched sample of 20 without BPD. Extensive life story interviews were analyzed for a variety of narrative elements and the themes of agency, communion fulfillment (but not communion), and narrative coherence significantly distinguished the stories of those people with features of BPD from those without the disorder. In addition, associations between the theme of agency and psychopathology were evident six and twelve months following the life story interview. This study seeks to bridge the mutually-informative fields of research on personality disorders and normal identity processes.

Keywords

Borderline personality disorder; narrative identity; identity disturbance; agency; communion; coherence

Identity disturbance has long been considered one of the defining features of Borderline Personality Disorder (BPD) (e.g., Jørgensen, 2010; Kernberg, 1984; Spitzer, Edicott, & Gibbon, 1979). In addition to the affective instability, impulsivity, conflictual interpersonal relationships, and propensity for suicidality that characterize the disorder (i.e., Paris, 2007), theorists from a variety of therapeutic orientations agree that, irrespective of its etiology, developing and maintaining a strong sense of self is highly problematic for individuals with BPD (e.g., Heard & Linehan, 1993; Jørgensen, 2006, 2010; Westen & Cohen, 1993). In addition, the cluster of symptoms that characterize BPD are strongly associated with a range of other detrimental outcomes, including poor physical health, social and occupational problems, and depression and other Axis I disorders (e.g., Paris, 2007; Powers & Oltmanns, in press). Despite the convergence at the level of theory, very little empirical research has focused directly on the matter of identity disturbance in BPD. To date, only two empirical studies have focused on describing the unique disruptions in identity experienced by individuals with BPD, compared with other samples (Jørgensen, 2009; Wilkinson-Ryan & Westen, 2000). In one study, Jørgensen (2009) found that female BPD patients showed evidence of more diffuse identities than a group of psychology students, using a

questionnaire-based method. In the other study, Wilkinson-Ryan and Westen (2000) identified four clusters of identity disturbances that distinguished individuals with BPD from other clients, using clinicians as their respondents. Both of these studies appropriately framed their inquiries as being grounded in the work of Erikson (1959), the pioneering theorist of the psychological study of normal identity development. Yet neither adopted methods for studying identity drawn from the tradition of contemporary personality research that has followed Erikson. Questionnaires and clinician reports are invaluable tools in the assessment of personality disorder symptomatology and social functioning, but they may not be best suited for tapping *identity*. The present study adopts a perspective on identity drawn from mainstream theoretical and empirical research on normal personality, which has increasingly included a conceptualization of *narrative identity* (e.g., McAdams, 2001). In doing so, the present study seeks to simultaneously contribute to the growing body of research on dimensional conceptualizations of personality disorders by extending this work beyond an emphasis on personality traits and also to expand research on narrative identity by emphasizing pathological presentations.

Alongside dispositional traits that provide the foundation of personality and the contextualized motivational and developmental strategies that characterize a person, the story a person crafts about his or her life represents a distinct level of personality (McAdams & Pals, 2006). This internalized and evolving story of the self has been referred to as *narrative identity* and an impressive interdisciplinary tradition of research has focused on understanding it (e.g., Hammack, 2008; McAdams & Adler, 2010; McAdams & Pals, 2006; McLean, Pasupathi, & Pals, 2007; Singer, 2004). Narrative identity bears some relationship with dispositional traits, but also makes a unique contribution to the understanding of personality (e.g., McAdams, 1995; McAdams & Pals, 2006). Much of the research on narrative identity consists of collecting participants' accounts of their life stories and analyzing them for their thematic content and overall structure. Throughout this field of research and across the lifespan there has been an emphasis on identifying those components of narrative identity that differentially relate to mental health (e.g., Adler, Kissel, & McAdams, 2006; Adler, Skalina, & McAdams, 2008; King, 2001; McAdams & Adler, 2010; Pals, 2006).

Studying personal narratives therefore offers great potential for understanding identity disturbance in people who have BPD. Doing so extends the emerging emphasis on conceptualizing personality disorders in terms of normal personality processes – as exemplified in the efforts to shift the diagnostic approach to one grounded in the five factor model of traits (e.g., Lynam & Widiger, 2001) – to include other normative aspects of personality. For BPD in particular, theorists have long suggested that the task of developing and maintaining a healthy identity is a special challenge (e.g., Jørgensen, 2010; Kernberg, 1984; Spitzer, Edicott, & Gibbon, 1979), so understanding the distinctive contours of narrative identity in BPD would make a unique contribution to the conceptualization of this disorder. Doing so would provide an additional perspective on the disorder, one grounded in research on non-pathological identity processes, thus forging a deeper connection between the study of personality disorders and normal personality. In addition, an emphasis on the life stories of people who have BPD in late mid-life promises to be especially fruitful. Researchers focused on personality disorders more generally have recently shown increased interest in characterizing these disorders in later life (e.g., Balsis, Gleason, Woods, & Oltmanns, 2007; Oltmanns & Balsis, in press; Segal et al., 1996). Furthermore, late mid-life represents a period when personality is likely to be relatively stable, yet the individual also stands on the cusp of several significant role transitions associated with aging, making for a notable time point for assessing identity (e.g., McAdams, 2006). The present study is the first to focus on identifying the elements of narrative identity that distinguish late mid-life

individuals with features of BPD from otherwise similar individuals who do not have significant personality pathology.

What types of narrative identity disruptions might characterize BPD? Several theorists from a variety of orientations have pointed to a central difficulty that individuals with BPD have in construing one's sense of self as empowered or capable of wielding some degree of influence over their circumstances (e.g., Bateman & Fonagy, 2006; Bradley & Westen, 2005; Fuchs, 2007; Heard & Linehan, 1993; Jørgensen, 2006, 2010; Wilkinson-Ryan & Westen, 2000), a problem captured by the narrative theme of *agency*. For example, Bradley and Westen (2005) write that the "experience of self as agentic is often disrupted in borderline personality by a pattern in which impulses are acted upon so immediately that the self is not experienced as the author of the act" (p. 937). In other words, the individual with BPD is incapable of regarding themselves as the initiator of their experiences; he or she is merely along for the ride, subject to the whims of external forces. The portrayal of the protagonist in one's life story is at the heart of narrative identity and the theme of agency has been referred to as one of the two super-ordinate themes in life narratives (McAdams, Hoffman, Mansfield, & Day, 1996) and has received significant attention from narrative researchers (e.g., McAdams et al., 1996; Woike & Polo, 2001). It has also been found to relate to overall mental health, with higher levels of agency related to positive psychological functioning (e.g., Adler, Skalina, & McAdams, 2008; Wokie & Polo, 2001). Thus, agency not only represents a primary focus among personality psychologists focused on narrative identity, it is also a strong candidate as one of the dimensions along which identity is disrupted in BPD.

If agency represents one of the two major thematic lines of narrative identity, the theme of *communion* is the other (McAdams et al., 1996). Whereas agency is concerned with the individuals' motivation to achieve and exert some influence over their circumstances, communion is concerned with the individual's motivation for attachment, affiliation, love, friendship, and nurturance (McAdams et al., 1996). As with the theme of agency, the theme of communion relates to mental health and has been studied by researchers interested in narrative identity (e.g., McAdams et al., 1996; Woike & Polo, 2001). Individuals with BPD are likely to exhibit disruptions in the communal aspects of their narrative identities, given the highly problematic relationship histories that typically accompany BPD (e.g., Jørgensen, 2010; Koenigsberg, et al., 2001; Paris, 2007; Semerari et al., 2007). It is worth noting that constructs similar to the narrative themes of agency and communion, such as autonomy/achievement and sociotropy/affiliation have been assessed and found to be disrupted in people with personality pathology (e.g., Morse, Robins, & Gittes-Fox, 2002; Ryder, McBride, & Bagby, 2008).

Agency and communion represent two principle dimensions of thematic content of life narratives, tapping the primary motivational arenas of an individual's life. Their particular configuration within people's life story accounts offers a window into the ways in which these social motivations are represented within the individual's identity. In addition to content, narrative researchers are also interested in the overall structure of people's life stories. One of the major structural components of stories is their *narrative coherence*. Far from simply tapping the general flow of a story, the criteria for establishing coherence are more comprehensive when applied to life narratives (e.g., Habermas & Bluck, 2000). To be considered a coherent narrative, a given story ought to orient the reader/listener by contextualizing the specific episodes being recounted, it should employ affective language to underscore the salient elements, and it should include some reflection as to why this particular story was worth telling (Baerger & McAdams, 1999). Furthermore, research suggests that low levels of narrative coherence are strongly associated with poor mental health (e.g., Adler, Wagner, & McAdams, 2007; Dimaggio & Semerari, 2001; Lysaker &

Lysaker, 2006). While not explicitly embracing an inclusive definition of narrative coherence, a wide variety of theorists have suggested that individuals with BPD have a distinctive challenge in narrating their lives with this sense of coherence (e.g., Bateman & Fonagy, 2006; Fuchs, 2007; Jørgensen, 2006, 2010; Westen & Cohen, 1993; Wilkinson-Ryan & Westen, 2000). For example, in one of the two extant empirical studies of identity disturbance in BPD, Wilkinson-Ryan and Westen (2000) write, “patients’ experience of their own identity incoherence is central to identity disturbance in borderline PD; this factor was the most strongly related to BPD in every analysis” (p. 538). Elsewhere, Bradley and Westen (2005) suggested that “clinical observers have long noted the difficulty patients with BPD have in creating a coherent ‘self-narrative’ that weaves together past, present, and future” (p. 937). Thus, narrative coherence represents a strong candidate for a structural component of life stories that may be disrupted in individuals with BPD.

Agency, communion, and narrative coherence are universal features of narratives that have been widely assessed in the empirical research literature on identity. As such, each theme would be expected to be evident to a greater or lesser degree in the life stories of all individuals, including those with BPD. The aim of the present study is to identify the particular configuration of these themes that uniquely characterize the life narratives of people with features of BPD, compared with those of people who do not have BPD.

In light of the observed relationships between these three themes and mental health in the general population, and in concert with the strong theoretical work on identity disturbance in BPD, we pose several specific hypotheses. First, we hypothesize that the life narratives of individuals who have features of BPD will be characterized by significantly lower levels of the theme of agency than the stories of those who do not have BPD. Our second hypothesis pertains to the theme of communion but, rather than purely positing lower levels of communion in the narratives of individuals with features of BPD than in those of people without BPD, we suggest a slightly more nuanced relationship. We imagine that individuals with features of BPD would have as much communal content in their life narratives as is evident in those of people without BPD; we see no reason why individuals with features of BPD would do less relationship talk in recounting their lives. However, we do anticipate that the flavor of communion will be markedly more bitter and sour in the narratives of people with features of BPD than in their non-BPD counterparts. As a result, our second hypothesis is that while there will be no difference in overall communal themes between the life narratives of people with features of BPD and those of people without BPD, the individuals with features of BPD will describe their communal strivings in less-fulfilled ways. In other words, we hypothesize that the life narratives of people with features of BPD will be uniquely characterized by themes of unfulfilled communion. Furthermore, we hypothesize that the life stories of people with features of BPD will be significantly lower in overall narrative coherence than those told by people without BPD. Finally, given the well-documented associations between BPD symptoms and dysfunction in other domains such as physical health, Axis I psychopathology, and relationship quality (e.g., Paris, 2007; Powers & Oltmanns, in press), we also sought to assess the relationship between the narrative themes and these outcomes.

Method

Data Collection

The data for this study were initially collected in conjunction with an ongoing prospective investigation of personality disorders in late mid-life (see Oltmanns & Gleason, 2010, for a detailed description of study methods, including participant recruitment and retention). From the large (over 1,100 participants), epidemiologically-representative, community-based sample, every participant meeting or exceeding three diagnostic criteria for BPD as assessed

by the Structured Interview for DSM-IV Personality (SIDP-IV; Pfohl et al., 1997) was identified. The appropriate diagnostic threshold for BPD is the subject of significant scholarly debate, with taxometric analyses indicating that the disorder is best conceived along a dimensional spectrum (e.g., Rothschild, Cleland, Halsam, & Zimmerman, 2003). Clifton and Pilknois (2007) suggested that a threshold of three SIDP-IV criteria represents a cut-off score with clinical importance. Certainly individuals meeting this number of criteria have been observed to experience significant and clinically relevant dysfunction (e.g., Clifton & Pilknois, 2007; Oltmanns & Gleason, 2010; Powers & Oltmanns, in press). Adopting a cut-off score of three or more SIDP-IV criteria resulted in 20 participants (four of whom met full diagnostic criteria – 5 or more SIDP-IV criteria – for BPD)¹. Using the remainder of the participant pool, a matched sample was identified in order to serve as a control group of mid-life adults. The total sample size for the present study was therefore 40 participants. Matching was completed based on participant gender, age, race, and educational attainment. Of these, eight cases matched identically on all of the demographic characteristics. For the remainder, the closest possible match was identified (i.e., in some cases the match was one year older or younger, in others the educational attainment was slightly different). In instances where more than one case provided an equivalent match, the included case was selected at random. The key difference between the BPD group and the control group was the number of BPD diagnostic criteria met; every participant in the control group met zero criteria for BPD on the SIDP-IV. Other psychopathological factors were allowed to vary at random. Overall scores on the SIDP-IV were non-zero for the control group, but were significantly lower than those in the BPD group. Concurrent Axis I psychopathology was not considered in the specific analyses reported in this paper. This procedure for selecting a comparison group is more stringent than that applied in either of the previous empirical studies of identity disturbance in BPD (i.e., Jørgensen, 2006; Wilkinson-Ryan & Westen, 2000). Demographic and diagnostic data are presented in Table 1.

In addition to the SIDP-IV, participants completed the Multisource Assessment of Personality Pathology (MAPP; Okada & Oltmanns, 2009; Oltmanns & Turkheimer, 2006), a self-report questionnaire designed to assess the 10 personality disorders listed in the Diagnostic and Statistical Manual, 4th Edition. This pair of tools for assessing personality pathology allows for its relationship with narrative identity to be evaluated from both dimensional and categorical perspectives and using both self-report and interview-based diagnoses. As with the SIDP-IV, the BPD and non-BPD groups were significantly statistically different on the MAPP.

In order to assess narrative identity, participants engaged in an abbreviated version of the Life Story Interview, developed by McAdams (1993). In this interview, participants are asked to divide their lives into a series of chapters, providing a title and description of each chapter. They are then asked about a series of key episodes in the life course (e.g., high point, low point, turning point, etc.) and to reflect on key characters in the life story. Life Story Interviews were videotaped and transcribed and the transcripts were stripped of any identifying information. The videotape of one participant was unintelligible, so 39 life stories were coded. The Life Story Interview produces a very large amount of data; in the present study the set of life stories comprised nearly 140,000 words of transcribed text.

¹It is worth noting that it is quite rare for individuals to meet full criteria for a diagnosis of BPD in the age range of our sample, with a mean age of 59 years old (e.g., Paris, 2003). Nevertheless, even sub-threshold numbers of BPD features in this demographic group are associated with a range of clinically-significant poor outcomes (e.g., Oltmanns & Balsis, in press; Oltmanns & Gleason, 2010; Paris, 2003).

Because the larger study from which the present sample was drawn is a prospective investigation, and in light of the documented relationship between BPD and other important outcomes (e.g., Powers & Oltmanns, in press; Paris, 2007) it was possible to include data from follow-up assessments of a range of outcomes in our analyses. At both six months and twelve months after the initial data collection (when the Life Story Interview was recorded), participants completed measures of depression (Beck Depression Inventory (BDI-II); Beck et al., 1961), primary relationship quality (Dyadic Adjustment Scale (DAS-4); Sabourin, Valois, & Lussier, 2005), and subjective perceptions of health (RAND-36 Health Status Inventory (HSI); Hays, 1998).

Data Analysis

The transcripts of the life story interviews were coded by raters who were blind to the diagnostic status of the participants for four narrative themes: agency, communion, communion fulfillment, and narrative coherence. The total word count of each narrative was also noted. Coding was conducted one theme at a time; in other words, all narratives were coded for agency, then all narratives were coded for communion, etc. This meant that every narrative received seven codes (once for each of agency, communion, and communion fulfillment, and once for each of the four dimensions of coherence). In describing each narrative coding system we will provide illustrative quotations from the participants. Given the nature of our hypotheses, these excerpts will exemplify the low end of each scale.

Agency—Narratives high in agency are fundamentally concerned with the autonomy and empowerment of the protagonist. Highly agentic narratives describe protagonists who can affect their own lives, initiate changes on their own, and who achieve some degree of control over the course of their experiences. Life stories were coded for the theme of agency using a 0–3 scale that has been used in previous research assessing narrative identity in clinical populations (e.g., Adler, Skalina, & McAdams, 2008). Here are two excerpts from different narratives that each received a low score for the theme of agency:

1. “My life has been a constant pattern of God just putting things in my lap when I need them...I mean, I don’t even have to ask for it, they just show up.”
2. “Everything was going well until one day [my wife] contracted cancer, and about 14–16 months later she eventually died, and it just tore me apart...One thing led to another and finally I ended up at the Betty Ford Center and, it took me for a ride...I don’t know if you know anything about heroin, but it is it is so horribly addictive that I just couldn’t do it on my own.”

In both examples – the first one positive and the second one negative – the protagonist is portrayed as not being in charge of his or her life, but rather subject to powerful external forces such as God or drug addiction. The protagonist is passive and disempowered. In this study, agency was coded by two reliable coders (ICC = 0.85) who were blind to the diagnostic status of the participants.

Communion—Narratives high in communion are fundamentally concerned with the connection and intimacy of the protagonist. Highly communal narratives describe protagonists’ motivations for romantic and friendship relationships and involve nurture and caretaking. Social connections may be to individuals, groups, or to society (although connections to specific individuals are weighted heaviest towards high communion scores). Life stories were coded for the theme of communion using a 0–3 scale that was adapted from a more elaborate coding system developed for assessing the theme in life story accounts (McAdams, 2002). Here is an excerpt from a narrative that received a low score for the theme of communion: “I’m kind of at that place in my life: most of all, I would say, it’s time for myself.” In this example, the narrator talks about entering a phase of her life when

she is focused on her own needs. In doing so, she describes low motivation for connection and intimacy. Communion was coded by two reliable coders (ICC = 0.83) who were blind to the diagnostic status of the participants.

Communion Fulfillment—In addition to coding the relative presence of the theme of communion, we deemed it to be also psychologically relevant the extent to which the protagonist finds their communal needs met, a theme we titled “communion fulfillment.” The coding system for communion is meant to tap the relative presence/absence of communal motivations – what the protagonist *wants*. This desire bears no theoretical relationship to whether the protagonist is portrayed as successful in satisfying that motivational need. This communion fulfillment coding system, which assigns scores from 0–2, was developed for the present study (if no communion motivation was recorded, then the participant does not receive a score on communion fulfillment). Here is an example of a narrative that received a low score for the theme of communion fulfillment:

“We both needed each other and we started seeing each other and he was continually helping me, and not too much later, you know, we ended up getting married... When I fell for him, I fell really hard... He was just an all around good man, good husband, good grandpa and I liked his family, so when I lost him, I lost everybody... I'm still sad that you know, that I didn't get to have my life with him.”

In this example, the narrator describes her high hopes for a long connection with her second husband and the crushing blow of having that need go unfulfilled when he died at a young age. Following the approach of previous research on themes of narrative identity such as contamination (e.g., McAdams et al., 2001), the overall thrust of the story was taken into account when assessing the theme of communion fulfillment. In other words, in this example the participant had a brief experience of communion fulfillment that she narrates as having been overshadowed by her subsequent loss, resulting in a low score on communion fulfillment. In this study, communion fulfillment was coded by two reliable coders (ICC = 0.79) who were blind to the diagnostic status of the participants.

Narrative Coherence—Narrative coherence is a multi-dimensional structural aspect of stories that captures both their overall flow as well as the narrator's ability to contextualize the specific story being recounted. In the present study a coding system (Baerger & McAdams, 1999) that has been used in previous studies involving clinical samples (e.g., Adler, Skalina, & McAdams, 2008; Adler, Wagner, & McAdams, 2007) was employed. This coding system taps four dimensions of narrative coherence. *Orientation* assesses the degree to which the narrative provides the reader with sufficient background information to understand the context of the story. *Structure* assesses the extent to which the narrative flows logically from one point to the next. *Affect* assesses the extent to which the narrative uses emotion language to make an evaluative point. *Integration* assesses the extent to which the narrator relates the episode being described to his or her larger sense of self or expresses why this story has been told. Each dimension is rated independently along a 0–3 scale, where three represents higher degrees of coherence. It is difficult to provide examples of narrative coherence without providing a lengthy excerpt that displays disruptions in each of the four dimensions. Here are two brief excerpts: When asked to describe a low point in his life, one participant simply responded, “My childhood,” without further elaboration or specification. This received a low score on the Orientation dimension of narrative coherence, for the reader/listener is not able to locate the subsequent story in a relatively discrete time and place. In another example, a participant recounted a story about a major high point in his life when he took a sojourn with his siblings after their brother died. The story is told in great detail; at one point he says, “As soon as I quit chanting, this wind came up behind me just as Danny let loose of the ashes, and he said the ashes just swirled; went

up...it was like his spirit was released.” But the story ends with no reflection about why this episode was the high point of his life or how it influenced the way he now thinks about himself or his family. Therefore, this narrative received a low score on the Integration dimension. (Please see Adler, Wagner, & McAdams (2007) for a presentation and discussion of this coding system with more thorough examples.) Narrative coherence was coded by two reliable coders (Orientation ICC = 0.80, Structure ICC = 0.83, Affect ICC = 0.78, Integration ICC = 0.91) who were blind to the diagnostic status of the participants. As in previous studies, the four dimensions of narrative coherence were highly inter-correlated and as a result a mean score of total coherence was employed in all analyses.

Once all narrative coding was completed, the narratives were un-blinded and this thematic data was paired with the demographic, diagnostic, and other questionnaire-based data collected for each participant.

Results

Demographic and diagnostic data are presented in Table 1. Since the non-BPD group was selected based on matched demographic criteria, there were no significant differences between the groups on any of these variables.

Prior to testing any of the primary hypotheses of the present study, the relationship between the word count of the narratives and the thematic elements was assessed. As in prior narrative research (e.g., Adler, Skalina, & McAdams, 2008; Adler, Wagner, & McAdams, 2007), word count was not significantly correlated with any of the narrative themes and was therefore excluded from all subsequent analyses. In contrast to prior research findings (e.g., Adler, Skalina, & McAdams, 2008), in the present study, the themes of agency and coherence were significantly positively correlated with each other ($r = 0.57$, $p < 0.01$). Theoretically, coherence should not be a precondition for crafting narratives high in agency, and previous empirical findings support this assertion (e.g., Adler, Skalina, & McAdams, 2008). In the present study, communion fulfillment was also significantly positively correlated with coherence ($r = 0.37$, $p < 0.05$). As with agency, there is no theoretical justification for why describing scenes wherein one's communal goals were satisfied ought to depend on the overall coherence of one's story. Given the lack of precedent, both of these relationships deserve replication before they can be properly interpreted.

In the present study, BPD features were assessed using both interview-based and self-report approaches to diagnosis (using the SIDP-IV and the MAPP). These two avenues provide somewhat different perspectives and therefore offer a more comprehensive view of the connection between narrative identity and features of BPD. All tests of the primary hypotheses were conducted using both categorical and dimensional assessments of BPD. Results were identical, regardless of diagnostic approach (i.e., results employing t-tests and ANOVAs produced analogous findings as those employing correlation and regression), and only those adopting a dimensional approach will be reported. Furthermore, all analyses were conducted both within groups and with the complete sample, producing analogous results. Only those analyses conducted on the complete sample are presented here.

Table 2 presents a correlation matrix with tests of the primary hypotheses. All three primary hypotheses were supported: the themes of agency, communion fulfillment (but not communion), and coherence were all significantly negatively correlated with multiple measures of BPD. This suggests that identity disturbance in people with features of BPD may be construed as problems constructing a coherent personal narrative that features an agentic protagonist who is able to fulfill his or her communal needs. Multiple regression analyses, using agency, communion fulfillment, and coherence to predict BPD features

yielded analogous results (for example, using SIDP-IV BPD score as the dependent variable: $R^2 = 0.40$, agency $\beta = -0.36$, $p < .05$, communion fulfillment $\beta = -0.42$, $p < .01$, coherence $\beta = -0.21$, $p < .05$).

While personality disorder data for participants was not yet available at subsequent follow-up time points, other mental health data was available for 28 of the 40 participants (14 BPD, 14 Control Group). This allowed for the narrative themes to be assessed in relation to mental health outcomes longitudinally. Six months after completing the life narrative interview, the theme of agency was significantly negatively correlated with depression as assessed by the BDI-II ($r = -0.48$, $p < .05$), and positively correlated with quality of primary relationship as assessed by the DAS ($r = 0.67$, $p < .01$), and subjective perceptions of health as assessed by the HSI ($r = 0.44$, $p < .05$). Narrative coherence was also significantly positively correlated with quality of primary relationship ($r = 0.51$, $p < .05$) six-months later. No other narrative themes were significantly associated with mental health outcomes at the six month follow-up. Twelve months after completing the life narrative interview, the theme of agency continued to be significantly negatively associated with depression ($r = -0.45$, $p < .05$).

Discussion

The results of this study provide support for the theoretical assertion that BPD is related to identity disturbance. As such, it represents only the third investigation to empirically assess identity disturbance in people with features of BPD. Specifically, the present study conceptualizes identity as an internalized personal narrative, drawing on theory and research from mainstream personality psychology (e.g., McAdams, 2001; McAdams & Pals, 2006). The findings of the present study suggest that the narrative identity of people with features of BPD is significantly lower in the themes of agency, communion fulfillment (but not communion), and overall coherence than in a matched set of participants without BPD. Furthermore, even six and twelve months following the initial life story interview, the theme of agency continued to be strongly associated with a variety of mental health outcomes. This last finding dovetails nicely with one identified in a recent study of BPD and global health perceptions, suggesting that SIDP-IV scores for BPD accounted for a significant proportion of the variance in subjective perceptions of health, accounting for the impact of other possible predictors (Powers & Oltmanns, in press). This suggests that the contours of narrative identity may hold unique predictive power over mental health longitudinally.

What do these personal narratives of people with features of BPD look like? Certainly they recount the trials and tribulations of the difficult lives they have led; lives punctuated with extreme relationship dysfunction, repeated failures, and sometimes suicide attempts. For example, towards the end of his life story one participant with features of BPD in our sample lamented,

“There’s nothing else to do. I mean, my family’s starting to die off...Since the new millennium I’ve lost two brothers and a sister, and a couple of brother-in-laws and a sister-in-law. And it’s just like my family is just disappearing. And so I figure, maybe it’s time to check out before, you know, I see any more die. I don’t know. We’ll see what happens.”

Yet many of the participants who did not have features of BPD in this study also had dramatic and difficult experiences in their lives that they recounted in their narratives. Looking beyond the manifest content of these varied life stories, the narratives of people with features of BPD were seen to share some common thematic and structural elements that significantly distinguished them from the participants without BPD. BPD life stories portray a protagonist who is batted around at the whims of his or her circumstances, unable to influence life’s direction (low agency). This disempowered protagonist has trouble fulfilling

his or her deep wishes for connection (low communion fulfillment, despite no differences in overall communal language). And the stories themselves lack a strong sense of narrative coherence: the reader/listener is often not oriented to new episodes as the story unfolds; the sequencing of events may be hard to discern; affect is both intense at times and notably lacking at others, leaving the listener/reader unclear as to which elements are the most salient; and rarely does the narrator reflect on the personal significance of a given episode or relate it to her or her broader sense of self. With an identity distinguished by this constellation of themes, it is no wonder that individuals with features of BPD struggle.

The identification of these particular narrative deficits in people with BPD may offer a promising avenue for therapeutic intervention. There is no doubt that the successful treatment of BPD must necessarily target the many domains of dysfunction that these individuals face. While there has been a great deal of strong theoretical work on the topic of identity disturbance in BPD (e.g., Fuchs, 2007; Heard & Linehan, 1993; Jørgensen, 2010; Westen & Cohen, 1993), little empirical evidence points to targets for the direct treatment of these problems with identity. One of the elegant components of a narrative conceptualization of identity is that it provides a metaphor for understanding the client that may be employed by clinicians of multiple theoretical orientations. For example, conceiving of the individual as suffering from diminished agency, communion fulfillment, and coherence in their narrative identity may be easily translated into therapeutic techniques from a variety of dominant treatment approaches, such as dialectical behavioral (e.g., Heard & Linehan, 1993), mentalization (Bateman & Fonagy, 2006), or psychodynamic (e.g., Westen & Cohen, 1993).

An emphasis on disruptions in narrative identity also has specific merits for the broader study of personality disorders. In light of the field's increasing discussion of the relationship between normal personality characteristics and pathological personality (e.g., Lynam & Widiger, 2001; Oltmanns & Gleason, 2010), it would be beneficial to expand that conversation to encompass a more inclusive conceptualization of the personality spectrum. Narrative themes are simple to assess in clinical practice, grounded in the client's own approach to meaning-making, and may serve as a target for intervention that is specifically aimed at identity disturbance.

As the first study to adopt an approach to identity disturbance in BPD that is focused on narrative identity, the present investigation has certain limitations. Whenever self-report data of any type are collected, be it questionnaire- or interview-based, there is always the potential for disconnection between that report and the reality it allegedly describes. The study of personal narratives side-steps this criticism, for it does not profess to assess the individual's veridical experience, but rather takes as its focus the subjective personal meaning that the individual makes from their lives. In addition, the present study focused solely on individuals in late mid-life (mean age: 59.45 years). While we view this emphasis as a strength, serving to inform the study of BPD where it is often overlooked and tapping a rich moment in the BPD life course, it necessarily restricts the potential generalizability of our findings. Furthermore, the design of our study does not allow for an assessment of the direction of the relationship between identity disruption and diagnostic status. It is possible that the BPD features lead to narrative identity disruptions, that narrative identity disruptions lead to the development of BPD features, or that a third variable is responsible for both presentations. Finally, the analyses reported in this paper did not include a third group of participants with a different psychopathological presentation. Therefore, it is possible that the cluster of themes identified in the present study may represent more general deficits in the life stories of people who have psychopathology.

In sum, the present study provided empirical support for the hypotheses that narrative identity of people with features of BPD show unique disruptions in the themes of agency, communion fulfillment (but not communion), and overall coherence. We hope these findings will fruitfully inform the important and growing body of empirical research on identity disturbance in BPD and provide an example of how identity issues might be fruitfully studied among all the personality disorders above and beyond approaches focused on personality traits. We also hope the findings will encourage researchers focused on normal identity processes to apply their methods and findings to subjects of clinical importance.

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Table 1

Demographic and diagnostic characteristics of sample

	Borderline PD Sample N=20 Mean (SD)	Matched Control Sample N=20 Mean (SD)
Sex	9 male, 11 female	9 male, 11 female
Age	59.15 (2.08)	59.75 (2.34)
Race	10 African-American, 10 Caucasian	10 African-American, 10 Caucasian
Education ^I	3.28	3.5
SIDP-IV BPD Score	9.45 (2.58)	0.15 (0.37)
MAPP BPD Score	11.85 (7.44)	2.05 (2.42)

^I Note: Education was assessed on a 9-point scale. A mean in the 3.0–4.0 range represents “some college.”

Table 2

Correlational analyses of primary hypotheses

	Agency	Communion	Communion Fulfillment	Coherence (Total)
SIDP-IV BPD Score	-0.48 ^{**}	-0.30	-0.52 ^{**}	-0.38 [*]
MAPP BPD Score	-0.53 ^{**}	-0.22	-0.48 ^{**}	-0.35 [*]

^{**}
p < 0.01,

^{*}
p < 0.05