

# Clinical features of the “Discouraged” Borderline Personality Subtype



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## Introduction & Purpose

In Theodore Millon's evolutionary model of personology, «subtypes» describe variations of each of the prototypical personality disorders (PD) derived from research and clinical observation (Millon & Davis, 1996). Each subtype (or prototypical variant) shares the core features of the main prototype with one, two or three other different PD. Millon's four subtypes of Borderline Personality Disorder are: **Discouraged** (C - 2A / 2B / 3), **Self-destructive** (C - 8B / 2B), **Impulsive** (C - 4 / 6A), and **Petulant** (C - 8A).

The main purpose of this study is to examine the clinical features, measured by the *Restructured Form of the Minnesota Multiphasic Personality Inventory-2* (MMPI-2-RF; Ben-Porath & Tellegen, 2008; 2009), of the ‘**Discouraged**’ **Borderline Personality subtype** (DBPs) proposed by Millon (Millon & Davis, 1996), and assessed with the third edition of the *Millon's Clinical Multiaxial Inventory* (MCMI-III; Millon, Davis, & Millon, 1997; 2007).

## Method

The clinical sample was comprised of 35 outpatients (62.8% men), aged 18 to 59 years old ( $M = 30.5$ ;  $SD = 12.7$ ), diagnosed of clinical traits or Borderline Personality Disorder (BPD; mostly DBPs) by the MCMI-III, and also completed the MMPI-2-RF. Several regression analyses were carried out to determine which clinical and pathological personality scales of MMPI-2-RF showed the best characterization of DBPs. Next, we performed a hierarchical cluster analysis with the variables selected to verify the coherent grouping of patients according to their clinical features. Finally, we conducted a one-way ANOVA to confirm the differences between the groups identified, as well as the effect sizes with the Hedges 'g' (Hedges, 1982).

### Regression Analysis

To find the best model, we calculate all possible subset regression with stepwise methods and we selected the Adjusted  $R^2$  value as the criterion for choosing the best subset of predictor effects (Table 1).

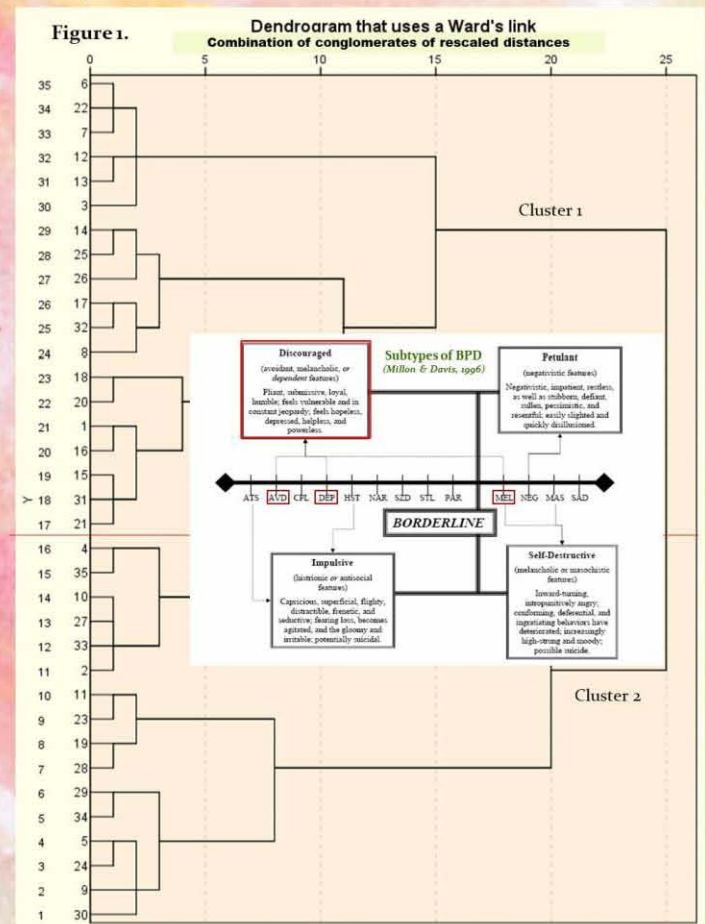
Table 1.	Predictive variables	Adjusted $R^2$	$\beta$
RC	Somatic Complaints (RC1)	0.211	0.23
	Dysfunctional Negative Emotions (RC7)		0.27
	Aberrant Experiences (RC8)		0.28
	Hypomanic Activation (RC9)		-0.42
SP	Somatic/ Malaise (MLS)	0.253	0.36
	Cognitive Cognitive Complaints (COG)		0.27
	Suicidal/Death Ideation (SUI)	0.132	0.21
	Helplessness/Hopelessness (HLP)		0.26
	Anxiety (ANX)		0.21
	Externalizing Juvenile Conduct Problems (JCP)	0.089	-0.43
	Aggression (AGG)		0.36
PSY-5	Internalizing Social Avoidance (SAV)	0.172	0.24
	Disaffiliativeness (DSF)		0.33
	Psychoticism-revised (PSYC-r)	0.322	0.49
	Introversion/Low Positive Emotionality (INTR-r)		0.45

The MMPI-2-RF scales that best characterize the DBPs form a profile (cluster 1) consisting of higher scores in *Introversion* (vulnerability, feelings of abandonment and constant jeopardy), *Negative Emotions* (anxiety, stress), *Social avoidance*, *Somatic complaints*, *Disorganized thinking* and *Suicidal ideation*. This profile is clinically and statistically different from the cluster 2 with a minor severity of pathology and a more heterogeneous borderline profile (with traits of *Impulsivity* & *Negativism*) (Table 2/Fig. 1).

Table 2. ONE-WAY ANOVA	F <sub>(1,33)</sub>	p	g	95%CI
Cognitive Complaints (COG)	22.29	.000	1.93	[1.13, 2.74]
Malaise (MLS)	6.24	.000	1.57	[0.81, 2.33]
Suicidal/Death Ideation (SUI)	27.65	.000	1.54	[0.79, 2.30]
Aberrant Experiences (RC8)	13.43	.001	1.22	[0.49, 1.94]
Somatic Complaints (RC1)	13.28	.001	1.21	[0.49, 1.93]
Psychoticism-revised (PSYC-r)	11.93	.002	1.15	[0.43, 1.86]
Social Avoidance (SAV)	7.77	.009	0.92	[0.11, 1.62]
Introversion/Low Posit. Emot. (INTR-r)	7.33	.011	0.90	[0.20, 1.59]
Anxiety (ANX)	6.42	.016	0.84	[0.14, 1.53]
Dysfunctional Negative Emotions (RC7)	6.24	.018	0.83	[0.14, 1.52]
Helplessness/Hopelessness (HLP)	3.92	.056	-	-
Disaffiliativeness (DSF)	3.09	.088	-	-
Aggression (AGG)	.76	.388	-	-
Juvenile Conduct Problems (JCP)	.62	.438	-	-
Hypomanic Activation (RC9)	.01	.905	-	-

## Results

### Cluster Analysis



## Conclusions

The clinical scales (RC & Specific problems) of the MMPI-2-RF evaluate appropriately the main clinical features of the DBPs (*Dysfunctional Negative Emotions* and *Suicidal ideation*). The pathological personality scales (PSY-5) of the MMPI-2-RF highlight the *Introverted* and *Psychotic* profile of the DBPs, while Millon characterizes it with basic features of *Avoidant* (2A), *Depressive* (2B) or *Dependent* (3) PD. These results might be seen plausible because *Introversion* includes features of the *Avoidant* PD and *Psychoticism* may refer to symptoms of *paranoia* or intense feelings of abandonment characteristic of *Dependent* PD. However, such relationships have not been replicated empirically (Ruiz, Fusté, & Rodríguez, 2018).



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