



Relationship between Temperament, Character, and Therapeutic Alliance in Borderline Personality Disorder

LAURA LÓPEZ SEGUER, XERO GASOL MORROS, MIREIA TARDÓN SENABRE, MARIA VICENTA NAVARRO HARO, SUSANA SERRANO SERRAT, MATILDE ELICES, MIQUEL GASOL COLOMIINA

UNIDAD DE TRASTORNO LIMITE DE LA PERSONALIDAD HOSPITAL GENERAL DE CATALUNYA (SANT CUGAT DEL VALLES, BARCELONA)

Introduction

Diagnosis of Borderline personality disorder (BPD) leads to serious difficulties for professionals to maintain long-term treatment. Furthermore, it has been widely demonstrated the significant correlation between Therapeutic Alliance and symptoms improvement in patients with various pathologies (Botella, Corbella et al., 2008; Strunk, Brotman and DeRubeis, 2010). High scores on Therapeutic Alliance is one of the most important predictive factors of treatment outcome in BPD patients. So far, there are few studies that have investigated the relationship between personality traits and therapeutic alliance in BPD patients (López-Ruiz, Deus-Yela, 2014).

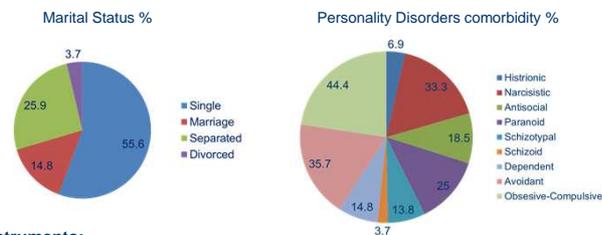
Objective

The main aim of this study was to explore the effect of temperament and character dimensions (based on the psychobiological theory of Cloninger) on Therapeutic Alliance. A secondary goal was to study if therapeutic alliance varies depending on the comorbidity with other personality disorders.

Methods

Participants:

Participants were 28 individuals with a BPD diagnosis. All participants were under psychotherapeutic treatment (>= 6 months) in an outpatient personality disorders unit during the assessment.
Mean age = 29.18, SD = 7.90
Gender: 89.7% women



Instruments:

Diagnosis of personality disorders was measured with two interviews: SCID-II - Structured Clinical Interview for DSM-IV Axis I Disorders (First, Gibbon, Spitzer, Williams, & Benjamin, 1999). DIB-R - Revised Diagnostic Interview for Borderline (Zanarini, Gunderson, Frankenburg, & Chauncey, 1989).

Outcome measures were:

TCI -R - Temperament Inventory and character of Cloninger -Revised (Gutiérrez et al., 2004), which operates with seven dimensions: four *temperaments* (Novelty Seeking, Harm Avoidance, Reward Dependence, Persistence) and three *characters* (Self-Directedness, Cooperativeness, Self-Transcendence). WATOCI - Working Alliance Theory of Change Inventory (Corbella, Botella; 2004), measuring patient's perceived therapeutic alliance in three subscales (goals, tasks and bond).

Results

The three subscales of the WATOCI and the total score correlated positively and significantly with reward dependence (TCI-R). Additionally, significant and negative correlations were found between two subscales (i.e., bond and goals), the total score and self-transcendence (TCI-R). The remaining personality dimensions did not show significant correlations.

Regression analyses showed that reward dependence and self-transcendence were significant predictors of two subscales: tasks and bond. The remaining dimensions were not significant. See table 1.

Table 1: Regression coefficients along with the results for significance tests

Models	B	Std. error	Beta	t	p
WATOCI -Tasks					
Constant	20.358	2.039		9.982	.000
TCI-R Reward dependence	.089	.029	.490	3.111	.005
TCI-R Self-Transcendence	-.048	.023	-.321	-2.039	.052
WATOCI -Bond					
Constant	19.194	2.522		7.610	.000
TCI-R Reward dependence	.132	.036	.547	3.806	.001
TCI-R Self-Transcendence	-.072	.029	-.358	-2.487	.020

Note: Std. error: Standard error; t: t value; p: p value

Differences in therapeutic alliance (total score) by Axis II comorbidities (Cluster A, B and C) were explored and no significant within group differences were found. See Table 2.

Table 2: Differences between groups and variance analysis (ANOVA)

WATOCI-Total Score	N	M	SD	F	p
Cluster A	4	85	22.73	.767	.523
Cluster B	6	92.33	17.14		
Cluster C	15	91.67	18.23		

Note: M: Mean, SD: Standard Deviation; F: F value; p: p value

Conclusions

Preliminary results show that increases on reward dependence may facilitate therapeutic alliance and that as self-transcendence increases, therapeutic alliance may decrease. Therefore, these two dimensions can have implications for the assessment and treatment of BPD.