The Sociocultural Context of Borderline Traits

Spring 2022 – Spring 2023

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Abstract

Ongoing research on the prevalence of borderline personality disorder (BPD) has suggested that there is a similar prevalence rate across different racial groups and gender identities. Less is known about the intersection of race and gender in relation to the presentation of borderline traits across the diagnostic continuum. The present study sought to address this gap in the literature by investigating the impact of race and gender on the expression of borderline traits across the continuum of borderline personality disorder. In order to accomplish this, the present study tried to a) replicate the findings of De Genna and Feske (2013) in a sample of White and Black women, b) expand those findings to a sample of White and Black men, and c) explore the potential for a three-way interaction as an explanation for previous findings. A total of 132 participants (n = 33 male and n = 99 female) identifying as either Black (n = 55) or White (n = 74) participated in this online, cross-sectional study. Participants completed a series of questionnaires to determine differences in externalizing and internalizing symptoms that commonly co-occur with borderline traits across various racial and gender identities. The findings revealed that the effects of borderline traits vary based on gender and race for some externalizing traits (overall aggression, physical aggression, and verbal aggression). Results indicate that racial and gender differences should be considered during the diagnostic process for BPD. Future research should investigate the nuanced social mechanisms behind the observed differences.

Keywords: Borderline Personality Disorder, race, gender, internalizing, externalizing

Race and Gender: The Sociocultural Context of Borderline Traits

Borderline personality disorder (BPD) is characterized by significant patterns of precariousness in mood, social relationships, and self-image that cause individuals with BPD serious emotional distress and impairment (American Psychiatric Association, 2013). Individuals with BPD may make frantic efforts to avoid perceived abandonment through intense emotional expression. Most individuals with BPD will experience recurrent suicidal thoughts (Paris, 2019) and approximately 10% of individuals will die by suicide (Paris & Zweig-Frank, 2001). A correct diagnosis of BPD allows for individuals with BPD to receive effective psychosocial treatments, which encourages meaningful change in borderline traits and are associated with favorable long-term outcomes (De Genna & Feske, 2013). Despite the benefits of an accurate diagnosis, there has been little research on the variations of BPD traits and comorbid symptoms across racial groups that takes gender differences into account. The current study sought to investigate the impact of sociocultural elements such as race and gender on the expression of borderline traits across the borderline personality disorder continuum.

Although BPD is widely considered to be one of the most studied personality disorders in the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* (DSM-5; American Psychiatric Association, 2013), there are few studies examining how borderline trait and symptom expression varies across individuals of different racial groups. Specifically, there are few studies examining differences in BPD externalization and internalization symptoms in Black individuals compared to White individuals even though there is evidence to suggest that BPD is prevalent across racial groups (Newhill & Vaughn, 2009) and gender identities, with BPD occurrence rates in men being comparable to women (Grant et al., 2008; Haliczer et al., 2020; Tomko et al., 2014). Newhill et al. (2009) examined latent differences in BPD trait and symptom

presentation in a clinical sample of 17 Black participants and 27 White participants. The sample for this study was mostly female with 89% of participants being women who were between the ages of 19-56. Findings from this study suggest that there are differences in how Black participants expressed their emotional and behavioral symptoms, such that Black participants were less likely to engage in suicidal and self-harming behaviors than White participants but were more likely to report greater emotional intensity, more issues with emotional dysregulation, and more thoughts of committing an act of interpersonal violence against another person than White participants.

Current evidence also suggests that the aggression and anger experienced Black individuals with BPD could be linked to their exposure to violence within their communities. De Genna & Feske (2013) clinically interviewed a sample of 83 Black and White women who were psychiatric outpatients clinically diagnosed with BPD. From their findings, it was concluded that Black women with BPD demonstrated more externalization (symptoms of anger, aggression, and hostility) expressed outwards while White women demonstrated more internalization (symptoms of trait guilt, trait shame, trait loneliness, and suicidality). However, the Black participants also reported higher rates of being exposed to violence within their communities. It follows that these acts of aggression and feelings of anger experienced could be due to the normalization of violence in their daily lives; however, more research is needed to expand upon and validate this idea.

Compared to White women with BPD, Black women experienced higher levels of severe anger and reported a higher frequency of verbally, psychologically, and physically aggressive behaviors (De Genna & Feske, 2013). A study conducted by Wright (1997) found that Black individuals were more likely to express anger as a coping mechanism than the self-harm or self-

blame commonly reported by White individuals. These findings are not implying that Black individuals are inherently more violent than White individuals. Rather, it implies that Black individuals may be more susceptible to righteous anger as a means of coping with the prejudice faced for their status as a racial minority and for possibly having a personality disorder that is highly stigmatized as well.

There are many potential factors responsible for these findings. Black individuals may be less susceptible to self-harming and suicidal behavior and more susceptible to greater emotional dysregulation and thoughts of interpersonal violence due to the community and society that they were raised in. Although Black individuals experience the tribulations of racism—with Black women experiencing the additional tribulation of misogynoir (a form of misogyny where prejudice occurs because of a black woman's gender and race)—research has shown that there are lower rates of suicide attempts among Black individuals due to the religiosity (Willis et al., 2003), social support (Willis et al., 2003), and suicide stigma (Stack & Wasserman, 1995) found within the Black community. It is possible to speculate that Black individuals may be less likely to internalize their emotions than White individuals as result of the perceived social support they receive from their communities during adolescence (Gaylord-Harden et al., 2007); hence Black individuals may experience fewer internal feelings of guilt and shame projected inwards due to strong social support systems.

The nuances in borderline traits and symptoms may lead to a high potential for clinician biases in diagnosis as White women stereotypically fit the criteria for individuals with BPD: self-injurious, inwardly angry, and guilty (De Genna & Feske, 2013; Haliczer et al., 2020; Newhill et. al., 2009). This could potentially lead to Black individuals receiving a misdiagnosis of similar presenting disorders, typically bipolar I disorder (Gunderson et al., 2006), due to not fitting the

stereotypical criteria for BPD. The misdiagnosis of Black individuals can have harsh consequences as clinicians tend to heavily rely on the use of medication to treat bipolar I disorder. Evidence indicates that this reliance on medication in combination with a lack of the proper psychosocial treatment for BPD can create feelings of mistrust amongst those affected by BPD and pessimism in clinical settings (De Genna & Feske, 2013; Gunderson et al., 2006).

The potential for misdiagnosis is not exclusively to Black individuals with BPD. This issue is also prevalent for men with BPD. Compared to women with BPD seeking a diagnosis, men are less likely to receive a diagnosis of BPD (Dehlbom et al., 2021). Differences in how men and women express their BPD traits and symptoms may have caused men with BPD to receive an alternative diagnosis of a similar disorder or no diagnosis at all (Dehlbom et al., 2014). Historically, the majority of studies indicated that BPD was more common in women than men (American Psychiatric Association, 2013); hence, many studies relied on sampling women to conduct research on the psychopathology of BPD. However, more recent findings suggest there is no difference in BPD prevalence between men and women (Bayes & Parker, 2017, Dehlbom et al., 2014; Sansone & Sansone, 2011; Tomko et al., 2014).

Due to recent findings regarding BPD prevalence across genders, there is more literature on gender differences in co-morbid disorders compared to racial differences. Specifically, prior research has examined gender differences in suicidality, impulsivity, aggression, and socioeconomic status; however, findings on all of these specific topics are varied (Sher et al., 2018). These mixed findings may be due to differences in participants, sample sizes, or methodology. In a 2018 study conducted by Sher and colleagues, 511 participants were assessed for BPD by a clinical psychologist using the Structured Clinical Interview for DSM-IV Axis I disorder (SCID-I) and the Structured Interview for DSM-IV Personality Disorders (SIDP-IV). Of

these 511 participants, the healthy control group consisted of 81 men and 82 women while the BPD group consisted of 145 men and 203 women. Compared to the healthy control group and women with BPD, men with BPD expressed more anger, impulsivity, and impairment. Specifically, men with BPD and low educational attainment demonstrated higher rates of physical aggression and non-planning impulsivity than women with BPD and the same educational attainment.

Previous literature regarding the differences between men with BPD and women with BPD have established that there are some differences between genders. Therefore, it cannot be assumed that findings established in samples of women can be applied to men. A limitation of most studies that have been conducted on racial differences in BPD traits and symptoms is that the samples consist of mostly women. Thus, there is a need for a study to examine the impact of the intersection of race and gender on the presentation of BPD traits and concurring symptoms across the BPD diagnostic continuum.

The Present Study

The current study had two primary objectives. First, it sought to replicate the findings of De Genna & Feske (2013) in a sample of White and Black women with varying levels of borderline trait severity. Second, it sought to expand on the original findings of De Genna & Feske (2013) by investigating if observed racial differences could be replicated in and generalized to a sample of White and Black men with varying levels of borderline trait severity. In addition to the aforementioned objectives, an exploratory analysis was conducted to explore the possibility of a three-way interaction between race, gender and borderline severity for all externalizing and internalizing constructs.

It should be noted that present study is not implying that an individual's race or gender is the factor causing externalizing or internalizing symptoms. As originally noted by De Genna and Feske (2013), race will serve as a categorical label for the potential differences in socialization, cultural traditions and expectations, education status, socioeconomic status, health care access, experiences with racism and marginalization, neighborhood settings, and exposure to violence.

Hypothesis and Objectives

Based on previous findings, there are expected significant main effects of race and gender for all externalizing symptoms, such that Black participants and men will report significantly higher externalization as indicated by significantly higher scores on all externalizing measures than White participants and women. For all internalizing symptoms, there are expected significant main effects of race and gender, such that White participants and women will report significantly higher internalization as indicated by significantly higher scores on all internalizing measures than Black participants and men. There is no expected interaction between race and gender on any externalizing or internalizing symptom. Furthermore, there is an expected three-way interaction between race, gender, and borderline severity for all of the externalizing outcomes, such that BPD traits will be more strongly associated with externalizing symptoms for Black participants and men. Conversely, for internalizing outcomes, it is expected that BPD trait will be more strongly associated with White participants and women.

Method

Participants

The sample consisted of 186 undergraduate students enrolled at the University of North Carolina at Greensboro. Each student who participated in the study received 2 SONA course

credits as compensation for their time. All participants were given the option to participate in a separate course-wide mass screening assessment where the Wisconsin Personality Disorders Inventory Borderline Features (WISPI-BOR; Klein et al., 1993) was administered. Individuals scoring at least 0.5 standard deviations above the screening sample mean were invited through email to use a specialized Qualtrics link in order to access the study. Of the final sample, 14 were participants who had been invited on the basis of their mass screening scores. Respondents who did not opt in for the mass screening assessment (n = 172) were still allowed to participate in the current study.

Regardless of screening status, all participants were required to a) be at least 18 years of age, b) self-identify as male or female, and c) self-identify as non-Hispanic Black or non-Hispanic White. Furthermore, responses were excluded from further analysis if the participant failed to a) provide attentive responses as measured by the Attention Response Scale Inconsistency and Infrequency Sub-Scale (ARS; Chapman & Chapman, 1993), b) complete the re-administrated WISPI-BOR, or c) complete the Personality Assessment Inventory-Borderline Features Scale (PAI-BOR; Morey, 1991). In total, there were 2 screened participants and 29 non-screened participants who failed to provide attentive responses, 3 screened participants and 20 non-screened participants who did not complete the WISPI-BOR, and 1 non-screened participants who did complete the PAI-BOR which left a final sample of 132 participants for data analysis.

Materials

Externalizing Symptoms Measures. In order to identify the externalizing symptoms of aggression, hostility, and trait anger, participants completed the following self-report questionnaire.

Buss Perry Aggression Questionnaire. The Buss Perry Aggression Questionnaire (BPAQ; Buss & Perry, 1992) is a 29-item questionnaire used to measure four factors of aggression — physical aggression, verbal aggression, anger, and hostility. The BPAQ uses an adult's ratings to various situations and emotions where aggression could be provoked on a 7-point Likert scale ranging from "extremely uncharacteristic of me" denoted by a score of 1 to "extremely characteristic of me" denoted by a score of 7.

Internalizing Symptoms Measures. In order to identify the internalizing symptoms of trait shame, trait guilt, shame, loneliness, rejection sensitivity, depression, and anxiety, participants completed the following self-report questionnaires.

State Shame and Guilt Scale. The State Shame and Guilt Scale (SSGS; Saftner & Tangney, 1994) is a 10 item self-questionnaire which asks participants to rate themselves on the trait shame and trait guilt felt during administration. The SSGS uses a 5-point Likert scale which a score of 1 indicates "not feeling this way at all" and a score of 5 indicates "feeling this way strongly". Items on the SGSS are divided into two subscales — shame and guilt. Shame is measured by items 1, 3, 5, 7 and 9 while guilt is measured by 2, 4, 6, 8 and 10.

General Anxiety Disorder-7. Anxiety experienced by participants up to 2 weeks before the questionnaire will be measured with Spitzer et al.'s (1999) General Anxiety Disorder-7 (GAD-7). The questionnaire measures the severity of trait anxiety experienced by a participant. Scores on this assessment range from 0 ("Not at all") to 3 ("Nearly every day").

Patient Health Questionnaire-8. Depression experienced by participants was measured with Spitzer et al.'s (1999) Patient Health Questionnaire. Item 9, which addresses suicidality, was removed for the purposes of this study due to concerns over participants' well-being. The

questionnaire measures the severity of the depressive symptoms experienced by a participant. Scores on this assessment range from 0 (“Not at all”) to 3 (“Nearly every day”).

Rejection Sensitivity Adult Questionnaire. The Rejection Sensitivity Adult Questionnaire (A-RSQ; Berenson et al., 2013) is a 9-item self-report questionnaire which measured the frequency at which participants feel rejected in a specific set of social situations (“How concerned or anxious would you be over whether or not your friend would want to talk with you?”). Scores on this assessment range from 1 (“Very unconcerned/Very unlikely”) to 6 (“Very concerned/Very likely”).

NIH Toolbox Loneliness Fixed Form. The NIH Toolbox Loneliness Fixed Form is a 5 item self-report questionnaire with options ranging from “never” to “always”. Participants responded based on how often they felt alone and left out during the month this questionnaire was administered.

Borderline Personality Disorder Traits Measures. In order to identify the severity of a participant’s borderline traits, the following self-report questionnaire was administered.

Wisconsin Personality Disorder Inventory-Borderline Features. The Wisconsin Personality-Borderline Features (WISPI-BOR; Klein et al., 1993) is an 18-item self-report inventory which assess the severity of the participants’ borderline traits. Scores on this questionnaire range from 0 (“Never/Not at all”) to 9 (“Always/Extremely”). In order to recruit participants high on borderline traits, the WISPI-BOR was administered during a voluntary mass screening survey.

Personality Assessment Inventory-Borderline Features Scale. The Personality Assessment Inventory-Borderline Features Scale (PAI-BOR) is a 24-item self-report inventory.

Each item is measured using 4 rates: “False/Not True at All”, “Slightly True”, “Mainly True” and “Very True”. A total raw score of 38 or higher will indicate that the participant has a significant amount of BPD traits present while a score of 60 or higher will indicate that the participant may have typical BPD functioning (Morey, 1991).

Other Measures

In addition to the aforementioned measures, participants completed the Attention Response Scale Inconsistency and Infrequency Sub-Scale (ARS; Chapman & Chapman, 1993). Each ARS subscale consists of 13-items meant to measure infrequent responses to the previous measures. The ARS subscales was used to filter out inattentive and random responses to the previously administered measures. The inconsistency subscale includes items that warrant similar responses (i.e., “I am an active person” and “I have an active lifestyle”) and the infrequency subscale includes highly unlikely items (i.e., “My main interests are coin collecting and interpretive dancing”). Each item is rated on a scale ranging from “Not at all True” to “Very True”. Throughout the present study, the ARS inconsistency and infrequency items was presented in opposite halves. Higher scores on the ARS subscales reflected more inconsistent and infrequent responses on the questionnaire. Participants were excluded from the final sample if their score on the ARS was higher than 7.

Procedure

Prior to beginning the survey on Qualtrics, participants verified their demographic information and consented to participation. To lessen the impact of survey fatigue and survey bias on the results, the order of the questionnaires was randomly distributed across participants. Each participant was expected to complete each questionnaire on their own within an hour.

Box—a secure cloud-based storage program—stored the demographic data, scores, and results of the participants.

Results

Sample Characteristics

Table 1 presents a breakdown of the participants' demographic characteristics.

Table 1

Participant demographic characteristics

		n	%	M	SD
Gender (G)					
	Women	99	75		
	Men	33	25		
Age (years)				19.85	3.615
Race (R)					
	White	58	43.9		
	Black	74	56.1		
R x G					
	White Women	38	25		
	Black Women	61	43.93		
	White Men	20	14.39		
	Black Men	13	9.84		

Note. M = Mean, SD = Standard Deviation.

Data Analysis Plan

Using a series of linear regressions, the hypotheses of the study were analyzed to observe if there were effects of the predictor variables (race, gender, and borderline trait severity) on the various outcome variables (externalizing symptoms and internalizing symptoms). Each two and three-way interactions were included in the regression models.

Externalizing Symptom Outcomes

Table 2 presents the coefficient results of the analyses. Findings indicate significant main effects of borderline trait severity and gender on overall aggression. Specifically, individuals with higher borderline trait severity and men scored higher in overall aggression in comparison to individuals with lower borderline trait severity and women, respectively. Findings also indicate significant main effects of race and gender on physical aggression, such that Black individuals and men scored higher in physical aggression when compared to White individuals and women. Furthermore, significant two-way interactions between race and borderline severity in addition to gender and borderline severity were observed for physical aggression, although these were qualified by a significant three-way interaction which is described below. Verbal aggression findings indicate a significant main effect of gender, such that men scored higher in verbal aggression compared to women. An interaction between race and borderline severity was also observed for verbal aggression. This two-way interaction was also qualified by the significant three-way interaction described below. Significant main effects of borderline severity were observed for aggression, hostility, and anger. Higher borderline trait severity was associated with more aggression, hostility, and anger among the participants.

Additionally, there were a significant three-way interaction between race, gender, and borderline severity for overall aggression, physical aggression, and verbal aggression. The strength of the association between borderline severity and overall aggression was stronger for certain groups. Follow-up regression analyses, borderline severity significantly impacted the overall aggression experienced by all groups; however, the magnitude of the association was strongest for Black men and White women compared to Black women and White men. For physical aggression, the strength of its association with borderline severity changed depending on an individual's combined race and gender. A follow-up analysis revealed that the effect of borderline severity on physical aggression was significant for Black men and White women but it was non-significant for Black women and White men. Therefore, the gender differences observed in physical aggression experienced changed based on the participant's racial identity. For verbal aggression, a follow-up analysis indicated that its association with borderline severity was only significant for Black men, but not for any of the other three groups.

Table 2A

Coefficients for externalizing across predictor variables

Predictor	Aggression			Physical Aggression			Verbal Aggression		
	β	t	p	β	t	p	β	t	p
Race (R)	0.308	1.1610	0.110	0.507	2.445	**0.016**	0.138	0.622	0.535
Gender (G)	-0.266	-2.638	**0.009**	-0.356	-3.253	**0.001**	-0.325	-2.777	**0.006**

Severity (S)	0.468	2.965	**0.004**	-0.259	-0.170	0.865	-0.020	-0.107	0.915
R x G	-0.222	-1.054	0.294	-0.259	-1.129	0.865	-0.102	-0.418	0.677
R x S	0.439	1.844	0.068	0.706	2.729	**0.007**	0.714	2.583	**0.011**
G x S	0.152	0.900	0.370	0.459	2.511	**0.013**	0.147	0.754	0.452
R x G x S	-0.503	-2.141	**0.034**	-0.844	-3.306	**0.001**	-0.750	-2.752	**0.007**

Note.

Table 2B

Coefficients for externalizing symptoms across predictor variables

Predictor	Hostility			Anger		
	β	t	p	β	t	p
Race (R)	0.131	0.746	0.457	0.139	0.731	0.466
Gender (G)	-0.111	-1.197	0.234	-0.077	-0.761	0.448
Severity (S)	0.715	4.943	**0.001**	0.697	4.421	**0.001**
R x G	-0.169	-0.872	0.385	-0.134	-0.638	0.524
R x S	0.105	0.480	0.632	-0.049	-0.206	0.837
G x S	-0.129	-0.838	0.404	0.009	0.053	0.958
R x G x S	0.004	0.018	0.986	-0.122	-0.518	0.605

Note.

Figure 1

Three-way interaction for overall aggression

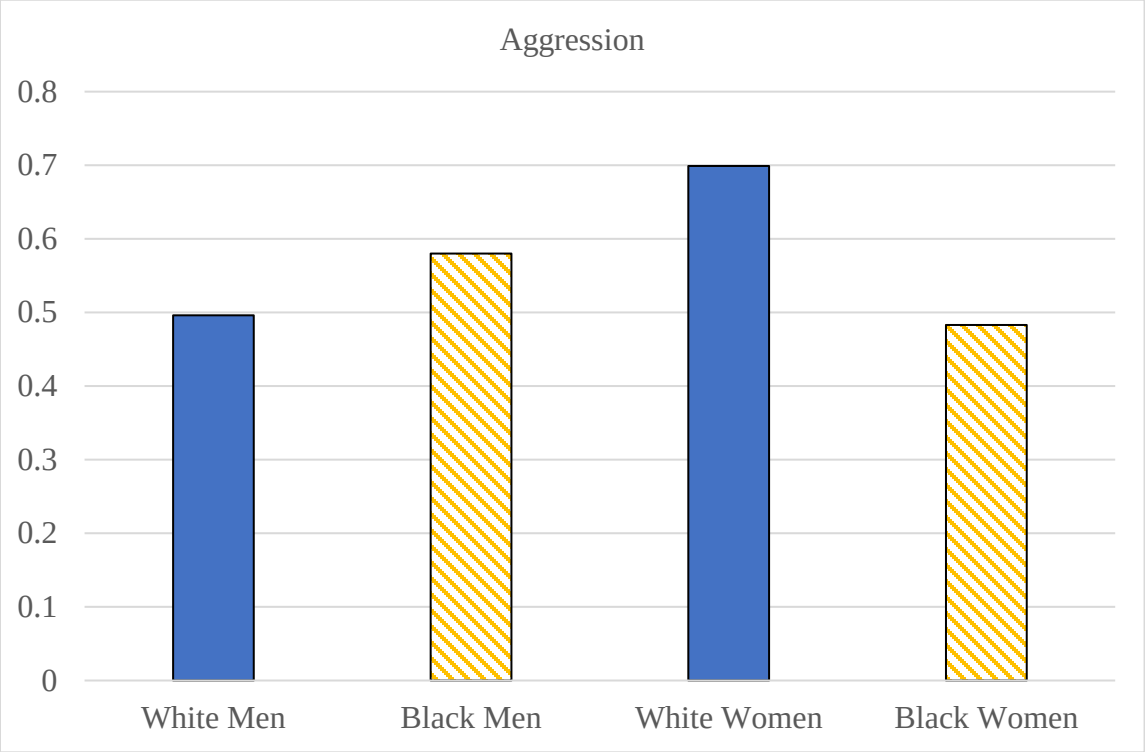


Figure 2

Three-way interaction for physical aggression

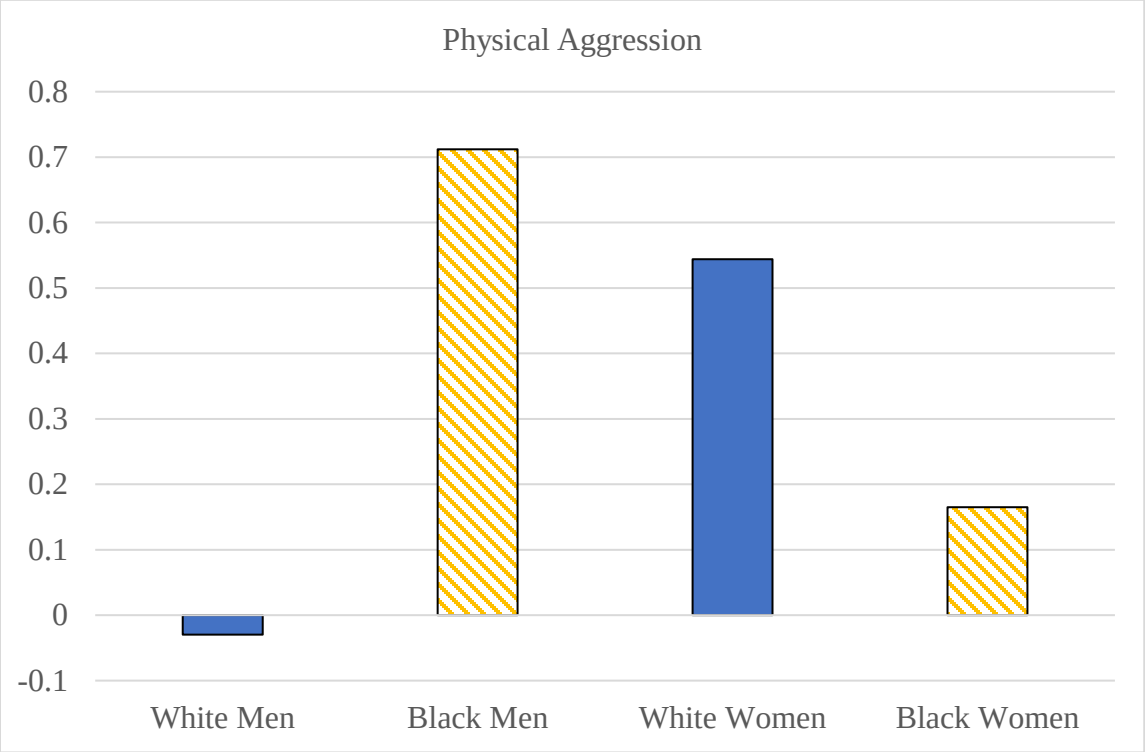
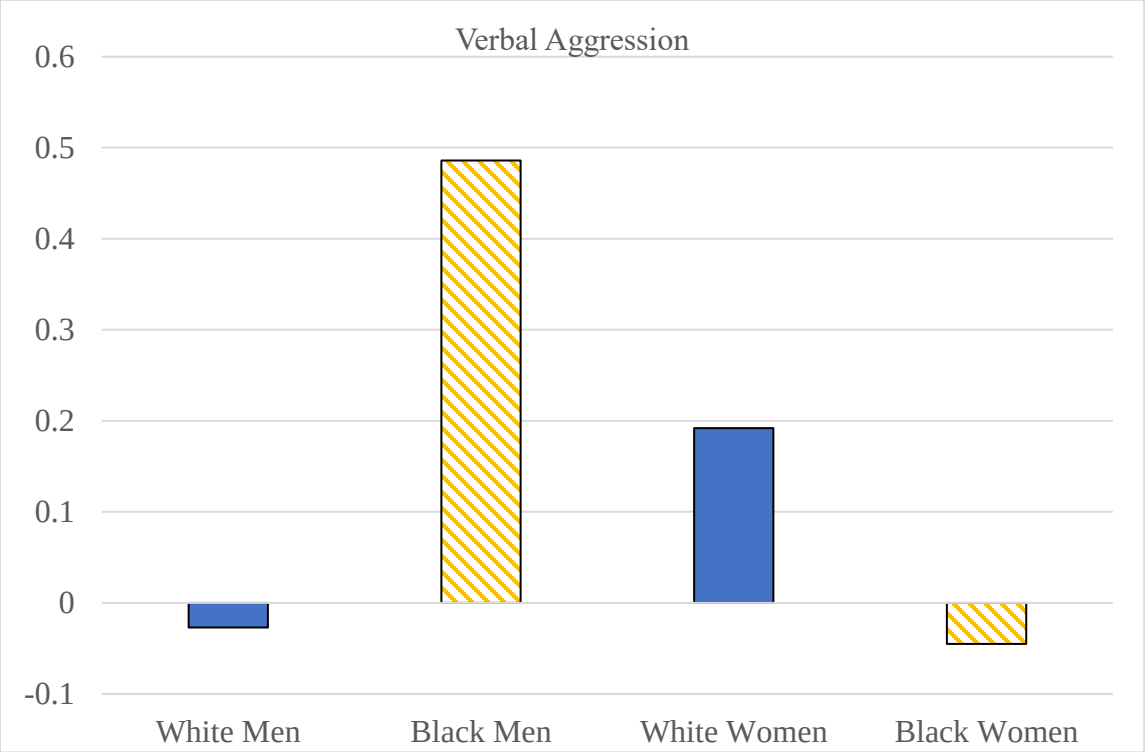


Figure 3

Three-way interaction for verbal aggression



Internalizing Symptom Outcomes

Table 3 presents the coefficient results of the analyses. Findings indicate significant main effects of race and borderline severity on shame. Specifically, White individuals and individuals with higher borderline trait severity reported more feelings of shame than their Black and low borderline trait severity counterparts. Significant main effects of borderline severity were also observed for guilt, anxiety, depression, loneliness, and rejection sensitivity. Individuals with higher borderline trait severity scored significantly higher on internalizing variables than individuals with lower borderline trait severity. No significant two or three-way interactions were observed for any of the internalizing symptoms.

Table 3A

Coefficients for internalizing symptoms across predictor variables

Predictor	Shame			Guilt			Anxiety		
	β	t	p	β	t	p	β	t	p
Race (R)	-0.399	-2.073	**0.040**	0.062	0.325	0.746	0.008	0.046	0.964
Gender (G)	0.036	0.351	0.726	-0.082	-0.819	0.414	0.013	0.145	0.885
Severity (S)	0.501	3.149	**0.002**	0.806	5.141	**0.001**	0.678	4.656	**0.001**
R x G	0.300	1.412	0.161	-0.103	-0.491	0.625	0.030	0.154	0.878
R x S	-0.283	-1.177	0.242	-0.096	-0.408	0.684	0.064	0.291	0.772
G x S	-0.007	-0.042	0.967	-0.285	-1.701	0.091	-0.124	-0.799	0.426
R x G x S	0.307	1.296	0.197	0.143	0.613	0.541	0.070	0.324	0.747

Note.

Table 3B

Coefficients for internalizing symptoms across predictor variables

Predictor	Depression			Loneliness			Rejection Sensitivity		
	β	t	p	β	t	p	β	t	p

Race (R)	0.039	0.215	0.830	-0.158	-0.910	0.364	-0.029	-0.142	0.888
Gender (G)	0.040	0.423	0.673	0.120	1.308	0.193	0.019	0.176	0.861
Severity (S)	0.620	4.184	**0.001**	0.679	4.737	**0.001**	0.644	3.830	**0.001**
R x G	-0.032	-0.162	0.872	0.080	0.416	0.678	0.056	0.250	0.803
R x S	0.141	0.633	0.528	0.015	0.069	0.945	-0.096	-0.378	0.706
G x S	-0.041	-0.260	0.796	-0.180	-1.174	0.243	-0.137	-0.764	0.447
R x G x S	-0.054	-0.246	0.806	0.117	0.547	0.586	0.059	0.237	0.813

Note.

Discussion

The present study sought to investigate the potential impact of an individual's race and gender on the expression of their borderline traits across the continuum of borderline personality disorder. In order to accomplish this aim, the present study attempted to a) replicate past findings in a sample of White and Black women, b) broaden those findings to a sample of White and Black men, and c) explore the potential for a three-way interaction as an explanation for past findings. Results from the present study contradict the racial differences found in previous samples of White and Black women with BPD (De Genna & Feske, 2013; Newhill et al., 2009), as elaborated below.

Externalizing Symptoms

Prior literature compared in the externalization present in BPD between Black and White women and indicated that Black women diagnosed with BPD experienced more externalization

than White women diagnosed with BPD(De Genna & Feske, 2013; Newhill et al., 2009). Nevertheless, the present study found contradicting evidence for racial differences in the externalization characteristics of BPD. Contrary to prior work, the results indicated that the association between BPD traits and overall aggression was higher for White women compared to Black women. A potential reason for this may be the differences in research samples between this study and the original work of De Genna and Feske (2013). The current study assessed the externalizing traits across a continuum of borderline traits while De Genna and Feske (2013) analyzed data from a clinical sample diagnosed with BPD. Therefore, there is need for future study to attempt replication of these research questions with both clinical samples and individuals along the borderline trait continuum.

In addition to this, the results indicated that borderline trait severity had varying effects on expressed physical aggression. Among men and Black individuals, borderline trait severity is more strongly associated with physical aggression than among women and White individuals, respectively. However, the three-interaction way between race, gender, and borderline severity revealed that borderline trait severity is more strongly associated with physical aggression for White women than Black women, and that this racial effect is reversed in men, where borderline trait severity is more strongly associated physical aggression for Black men compared to White men, not for any of the other three groups. Borderline trait severity was only significantly associated with verbal aggression for Black men. Therefore, it can be concluded that the findings of this study indicate that the association between borderline trait severity and externalization was strongest for Black men. However, it should be stated that the findings do not indicate that all Black men with higher borderline traits are inherently more aggressive than any other racial group.

It can be speculated that there are many socio-environmental factors impacting the externalizing findings for Black men. Black men are disproportionately exposed to adverse circumstances from childhood such as poverty, community violence, racism, discrimination, and limited educational opportunities compared to their White counterparts (Sheats et al., 2019; Wilson, 2012). Numerous studies have suggested that these socio-environmental factors contribute to a variety of mental health issues (Walls Myers et al., 2018) and increased aggression (Song et al., 1998).

Internalizing Symptoms

Prior literature established racial differences in the internalization present in BPD between Black and White women (De Genna & Feske, 2013; Newhill et al., 2009). Nonetheless, the current study was unable to replicate prior racial findings for most internalizing traits with the sole exception of trait shame. In spite of a lack of differences between genders, trait shame remained consistent with the findings of De Genna and Feske (2013). White individuals reported more feelings of shame than Black individuals; however, the reasons for this finding are only speculative. This finding may be due to the nature of the sample as this study utilized a pool of college-aged individuals with no reported prior diagnosis of BPD.

In addition to this, the association between borderline severity and all of the comorbid internalizing traits remained consistent with prior research linking BPD to higher levels of shame, anxiety, guilt, rejection sensitivity, depression, and loneliness (Dixon-Gordon et al., 2020; Downey & Feldman, 1996; Feldman Barrett & Russell, 1998; Heekerens et al., 2022; Miller et al., 2021; Peters & Geiger, 2016). It is also worth noting that the expected gender differences for internalization were not found. Past established research has suggested that most of the internalizing traits such as loneliness, depression, and anxiety are more commonly

reported by women than men. One reason for the lack of difference between gender groups may be due to the small number of men who participated in this study, limiting our statistical power to detect gender differences. Men may have been hesitant to participate in this study due to the stigma faced by men who disclose their struggles with their mental health due to adhering to traditional masculinity ideology (Jampel et al., 2020). As a result, some male undergraduates may have been reluctant to participate in this study as it was related to emotional difficulties, which led to a smaller sample of men participating in the present study.

Limitations & Future Directions

It is crucial to recognize the limitations of this study. First, self-report questionnaires were used as the primary method of collecting participant data, which may have caused some inaccuracies and inconsistencies. Self-reported data is valuable, but it is subject to issues with the participants' comprehension of the questions presented to them and their ability to accurately rate themselves on each questionnaire. Furthermore, it should be noted that the participants varied on the severity of their borderline traits as a clinical sample was not used for this study. Therefore, the findings may not generalize to clinical populations of individuals diagnosed with BPD. Future studies should attempt to replicate these findings, as well as the findings of De Genna and Feske (2013), in clinical sample of White and Black individuals with BPD who identify as either a man or a woman. However, the chosen demographic was another limitation of this study. In order to fully understand the reasons behind the current findings, future studies should seek to address the hypotheses in samples of individuals who identify as biracial, multiracial, or gender non-conforming. It should also be noted that there was a small sample of male participants, particularly Black male participants who participated in this study. It is

possible that potential male participants were reluctant to share information about their affective issues, especially if said potential participants adhered to traditional ideologies of masculinity.

Conclusion

In spite of the limitations, the present study emphasizes the importance of diverse sampling in borderline research. This study indicates that prior and future studies using samples of primarily White women may not generalize to individuals of other racial and gender identities. Although race and gender were not considered to be casual factors for the observed differences, there is still a need for nuanced research investigating the social mechanisms which produced the racial and gender differences observed in the present study and prior research. Researchers and clinicians will be better able to comprehend, serve, diagnose, and treat diverse populations of individuals with BPD provided that they understand the intricacies of how an individual's racial and gender identities influence the expression of borderline traits. Furthermore, it provided evidence for some differences in borderline trait presentation depending on an individual's race, gender, and borderline severity. Based on the combined findings of this study and prior studies, it is advised that the American Psychiatric Association include a section on race-related issues with diagnosis that details potential racial differences in future editions of the Diagnostic and Statistical Manual of Mental Disorders. It is also advised that the section on gender-related issues with diagnosis be revised to reflect newer findings on gender differences in borderline trait expression.

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