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SUMMARY. Families and family interactions can play a role in the development (vs. prevention), maintenance (or remediation), and treatment of borderline personality disorder (BPD); and, having a family member with BPD can have a significant impact on family functioning. This paper reviews a transactional model for the development and maintenance of BPD, with implications for treatment, particularly from the perspective of dialectical behavior therapy (DBT). The paper also describes a subset of DBT interventions specifically developed for work with couples and families to turn the destructive "inaccurate expression/invalidation cycle" into the constructive "accurate expression/validation cycle," which is illustrated by a case example. doi:10.1300/J200v06n01_17 *[Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com> Website: <http://www.HaworthPress.com>*

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INTRODUCTION

Although the etiology of borderline personality disorder (BPD) continues to be much debated, there is a virtual consensus that families and

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family interactions can play a role in the development (vs. prevention), maintenance (or remediation), and treatment of this disorder (Fruzzetti, Shenk, & Hoffman, 2005). Unfortunately, a good deal of clinical lore has blamed parents, in particular, for the development of BPD in their children, even in the absence of longitudinal data to support such a position. In reality, having a parent, partner, child, or other loved one with BPD can be extremely difficult: people with BPD suffer a great deal, have high rates of suicidal, self-harming, and other impulsive behaviors, along with concurrent disorders such as depression, substance use, post-traumatic stress disorder, eating disorders, anxiety disorders, and other problems. High levels of anger and aggression, and/or shame and withdrawal, along with relationship problems in general, are commonly part of the picture with BPD. Thus, it is no surprise that family members of people with BPD also report high levels of distress, depression, grief, and burden (Hoffman et al., 2005) and that their family interactions are also distressed (Shenk & Fruzzetti, 2006).

Yet only recently have programs been developed to address the needs of both patients and their families (Fruzzetti & Boulanger, 2005). Clinicians, theorists and researchers have had to extrapolate from case studies or more sophisticated family research associated with other disorders, such as depression, bipolar disorder, or even schizophrenia. However, some evidence suggests that families with BPD may be different in important ways from families with these other problems (Hooley & Hoffman, 1999), and that the quality of family relationships can have a significant impact on the overall functioning of people with BPD over time (Gunderson et al., 2006).

Family interventions utilizing the principles of Dialectical Behavior Therapy (DBT) have become increasingly popular (Fruzzetti, 2006; Fruzzetti, Hoffman, & Santisteban, (in press); Hoffman, Fruzzetti & Swenson, 1999), and these interventions have begun to accumulate empirical support (Fruzzetti & Mosco, 2006; Hoffman et al., 2005; Hoffman, Fruzzetti, & Buteau, 2007; Santisteban et al., 2003). This paper will first describe the transactional model that provides the foundation for family interventions utilizing DBT. We then highlight a core subset of DBT interventions with couples and families used to turn the "inaccurate expression/invalidation cycle" into the "accurate expression/validation cycle," and provide a case example to illustrate how to use these interventions with families.

TRANSACTIONAL MODEL FOR BPD

Marsha Linehan and colleagues have described a *transactional* model for the development and maintenance of BPD (Fruzzetti et al., 2005; Linehan, 1993a). The idea of a transactional model is that the factors in the model are not static. Rather, they are reciprocal, influencing each other over time comparable to other systems, including family systems models. In the case of BPD, it is hypothesized that an individual has certain vulnerabilities to negative emotion and emotion dysregulation that may be more biologically determined or temperament-based or a result of early learning, or any combination of the two. These dispositions transact with an "invalidating environment." In such an environment, normative and accurate expression of private experience (thoughts, emotions, wants, etc.) is pervasively not validated and/or invalidated, and concurrent problematic or inaccurate expressions are intermittently validated and reinforced. The nature of the transaction suggests that, over time, increased vulnerability leads to increased invalidation, while increased invalidation leads to increased vulnerability, and so on.

Individual Vulnerability to Negative Emotion

The idea behind vulnerability is that it makes a person more likely, all other things being equal, to have negative emotional reactions and emotion dysregulation across a variety of situations. In this model, emotion dysregulation is postulated to be the core problem of BPD. This painful, negative emotional arousal is high enough to disrupt effective emotion management and general self-management, to lead the person to focus increasingly on arousal reduction via any available means (including dysfunctional escape behaviors such as self-injury, substance use, angry outbursts, etc.), and to have a negative impact on many others. Three factors are suggested to contribute to high vulnerability: sensitivity, reactivity, and a slow return to emotional baseline (Linehan, 1993a; Fruzzetti et al., 2005; Fruzzetti, 2006).

Sensitivity refers to the person's low threshold for discriminating or noticing emotionally relevant stimuli in the world, especially interpersonally. A person may be highly sensitive or highly insensitive, or anywhere in between, but being acutely sensitive leaves a person vulnerable, in part because he or she is therefore constantly bombarded with stimuli that have a high emotional quality. A less sensitive person simply does not notice those same stimuli, just as a less sensitive person does not notice as many different tones or sounds in the world. Simi-

larly, a more sensitive person may also experience greater pain from big emotional events than a less sensitive person. *Reactivity* simply describes how much a person reacts *after* noticing something with an emotional quality. A person can react in a big way or a small way; neither is inherently healthy or pathological. Finally, having a *slow return to emotional baseline* means that it takes the person longer to return to equilibrium, or baseline, after becoming emotionally activated.

It is important to note that it is the combination of all three factors, not just one or two of them, that leaves a person highly vulnerable to emotion dysregulation. Then, when negative events occur, including negative interpersonal events such as being misunderstood, criticized, blamed (i.e., invalidated), high negative reactions and dysregulation are more likely to occur.

Invalidating Responses

Invalidating responses are those that communicate high negative emotion (e.g., disgust, contempt, condescension, or other emotions associated with disrespect), high levels of negative judgment (e.g., the person's feelings, desires, actions, or thoughts are just "wrong"), or that the person's valid experiences are otherwise not legitimate (Fruzzetti & Iverson, 2004; 2006; Linehan, 1993a). It may also be invalidating to respond to dysfunctional behaviors with support or acceptance (i.e., to validate invalid behaviors).

Invalidation is common in communication, and no one enjoys this type of response. However, the combination of being emotionally vulnerable and being invalidated is most likely to result in escalating, dysregulated emotion and the kinds of impulsive behaviors associated with BPD.

Destructive Transactions

When we are invalidated, our arousal escalates (Shenk & Fruzzetti, 2006; Swann, 1997). Conversely, being validated typically soothes us and helps ameliorate painful negative emotional arousal. Of course, when we are highly emotionally aroused we demonstrate less and less cognitive capacity, notably broad self-awareness and the ability to solve problems. Thus, our expression becomes less accurate, and it becomes more difficult for people to understand; validation becomes less likely. Instead, invalidation becomes more likely, which only further increases emotional arousal and further decreases accurate expression (Figure 1).

The cycle continues, typically until the point at which one person becomes highly aversive and the other withdraws, or until both become highly aversive and destructive conflict ensues. In either case, one or both parties to the transaction may engage in dysfunctional behaviors to escape their high negative emotional arousal. These may include aggressive behaviors to push the other person away, or destructive and impulsive behaviors to facilitate escape from the emotional arousal, such as self-harm, substance use, binging or purging, etc.

FAMILY INTERVENTIONS

It is this cycle of inaccurate expression, followed by invalidation (and vice versa) that DBT with couples and families seeks to remedy. Although there are many other intervention targets and strategies, helping the person with BPD express him- or herself more accurately and helping family members respond in a more validating way are the foci of the next section. (See Fruzzetti, 2006; Fruzzetti & Fruzzetti, 2003; Fruzzetti & Iverson 2004; 2006 for other, related interventions, and additional details.)

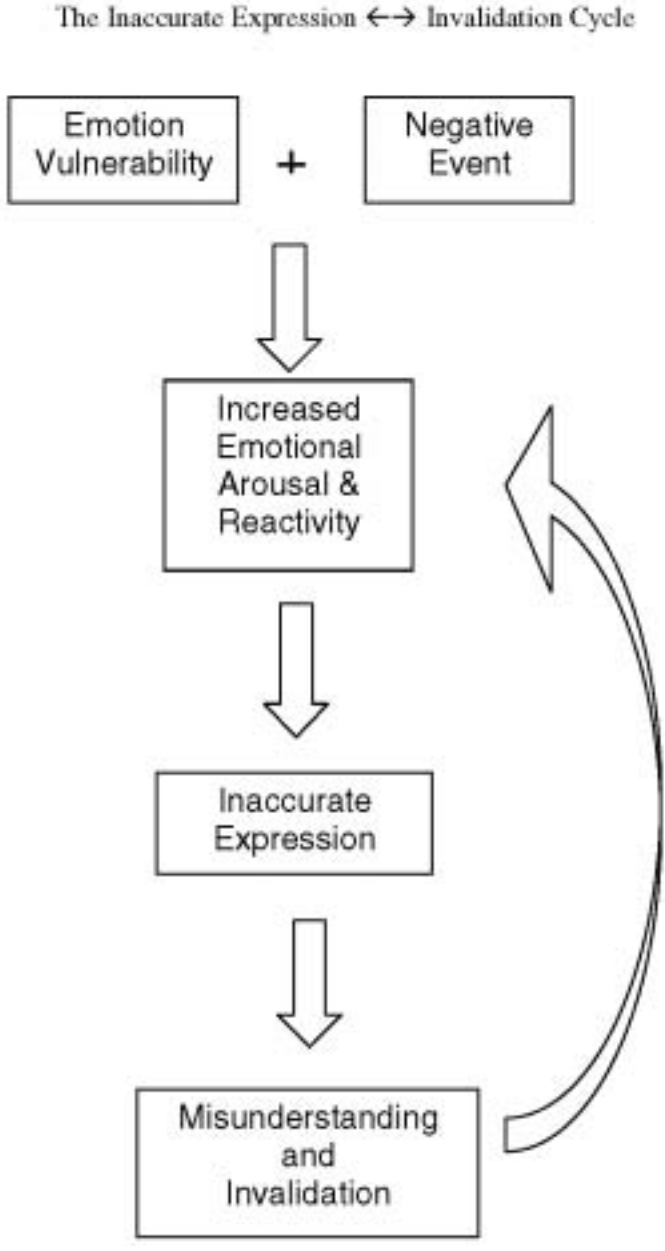
Accurate Expression

Many factors affect a person's ability to express or disclose accurately and effectively. This section will highlight both the skills that are necessary in advance that make it possible to verbalize accurately, as well as factors that can detour effective and accurate expression.

Regulating Your Emotion Before You Speak: It is very helpful to be mindful of one's emotions and goals before beginning any expression. Patients and family members alike often get stuck in high levels of reactive or *secondary* emotions (Greenberg & Johnson, 1990) that interfere with accurate expression. Therefore it is important to find the *primary* or normative (and healthy) emotion in a given situation, one that is not a product of judgmental thinking (Fruzzetti, 2006). If emotional arousal is moderate (or lower), it is much easier to communicate effectively, both as the person expressing and the person listening and responding. That is, when arousal is reduced, other factors like facial musculature, body posture, and muscle tension more readily communicate openness and willingness to communicate.

Choosing the Context: Picking an effective time to speak is an important component of effective disclosure. When people are reactive, they

FIGURE 1



often forget to pay attention to whether the other person is too tired or hungry to be effective, about to go to work, or engaged in something important to him or her. It is important to help families be award of timing. In addition, there are many things people can do actively to minimize distractions. For example, an individual can turn off the television or the cell phone, find a quiet and comfortable place, and do something soothing before starting a conversation.

Matching Your Strategy to Your Goals: Finally, at different times a person may have a very practical or concrete goal (such as getting a ride somewhere), while at other times she or he may have a more relational goal (e.g., getting or giving support, wanting more closeness, wanting to be understood). If the person's goal is clear, it is much easier to match the strategy to achieve that goal. When a person wants support, it may be much more effective to state that clearly than to list a variety of problems. With a list of problems, a family member might start to attempt problem solving, which the person would not experience as supportive. Similarly, if a person wants instrumental help, he or she should ask for it clearly. For example, if someone wants help doing the dishes and cleaning the kitchen, it is less effective to say, "I am so tired!" than to ask, "Could you please help me clean up here? I'm really tired and would appreciate the help."

Regardless of the goal, an important part of any response to accurate expression and any self-disclosure is the communication of understanding, the legitimacy of the person's experience, and acceptance. We call this kind of response *validation*.

Validating Responses

There are many ways to validate what another is thinking, feeling, wanting, or sensing, just as there are many ways to invalidate a person's experiences or desires. Of course, what is validating depends on the context: a simple "uh-huh" may be very validating in one situation and absolutely useless or even counter-productive in another. The following types of validation are informed by Linehan's work on the ways that therapists can validate clients (Linehan, 1997), and by research evaluating validating responses specifically in couples and families (Fruzzetti & Jacobson, 1990; Fruzzetti & Iverson, 2004, 2006; Fruzzetti et al., 2006). See Fruzzetti (2006) for more description and details.

Just Pay Attention: Although often referred to as "active listening," this approach emphasizes using mindfulness to reduce reactivity and make active, unbiased listening possible, and to listen to and understand

what the family member is saying and experiencing descriptively. The listener minimizes interpretations and judgments about what is being expressed or disclosed, or about the person expressing it. Thus, "relationship mindfulness" is also a basic way to validate because it conveys this willingness just to listen openly, accepting the other person's descriptions as valid in one or more ways. Of course, in order for mindful listening to be conveyed, the listener must make effective eye contact, cease other activities that might interfere, and otherwise communicate that she or he is listening mindfully and paying attention willingly.

Acknowledge or Reflect: This type of validation includes statements such as "I can see that you are ___ (e.g., tired, sad, excited)," or "I know you are ___ (e.g., frustrated, unhappy, angry, relieved, thinking X, wanting to Y)." The essence of validation here is that the listener is not invalidating or reacting negatively to what is being expressed, but instead is understanding accurately and accepting the reality of what the family member is thinking, feeling, or wanting.

Clarify, Be Curious: In many situations the listener is genuinely trying to understand the other's experience, but that understanding may be incomplete. At these times, asking gentle questions to facilitate understanding is an important part of being validating. Thus, rather than asking questions Socratically, or as a means of showing the other person how he or she should not feel or think in a certain way, these questions communicate curiosity and interest, a willingness to accept and understand, and constitute a genuine invitation to accurate expression.

Put "Mistakes" and Problematic Reactions in Perspective: Sometimes loved ones with BPD (and others, of course) do things that are dysfunctional or problematic, or have reactions that only make sense given their unique pattern of behavior resulting from either biological dysfunction and/or negative learning experiences. When a person reacts in such a non-normative way or engages in some problematic behavior, it is common for family members to be critical, judgmental, and invalidating. Alternatively, they can try to understand the larger context of the person's reactions or mistakes: their loved one is more than just this reaction, more than just this problematic behavior. Recontextualizing the behavior this way does two important things that otherwise would be quite invalidating: (1) it does not pretend that the problem is not a problem and therefore validate something invalid; and (2) it acknowledges that problem descriptively, without judgment, keeping the behavior in context and perspective and allowing problem-solving to follow, if needed. Part of this kind of validation includes understanding the impact of previous experiences and how they contribute to current

problematic reactions and behaviors. For example, a person who has experienced a series of relationship losses might become highly sensitized to, and fearful of, more such losses, and might do problematic things (e.g., threaten suicide) to keep a parent or partner from taking a vacation. Although such behavior is clearly dysfunctional (and likely, paradoxically, to create the very problem–abandonment–that he or she desperately wants to avoid), it does make sense if we understand the person's history. Thus, validation here requires the family member to acknowledge that history and to be mindful of the many loving and relationally effective things the person has done at other times, while at the same time to recognize that the behavior is problematic.

Normalize: Often, even a family member with BPD has reactions (thoughts, feelings, desires) that are completely normal and just like those anyone would have. But, because people with BPD also commonly have more sensitivity and reactivity than is normal, it is easy for family members to misattribute normative reactions to the disorder or to dysfunction, which is extremely invalidating. Here, the validating thing to do is to normalize normative reactions. Saying things like, "Of course you feel that way," or "Anyone would react that way," or "I would (think, feel, want) that, too in your situation," communicates the utter normality of the person's reactions, rather than making them seem pathological.

Be Vulnerable, too: Sometimes a loved one makes him or herself quite vulnerable to a parent or partner via an accurate disclosure (e.g., "I feel so badly that we haven't been getting along," or "I know I have not been a great parent/partner/child lately."). When the vulnerable person expresses these sentiments, to be truly validating the family member also must be willing to be vulnerable (e.g., "I have been feeling bad about our conflict, too," or "Yes, I've been feeling distant and frustrated with you, but I have not always reacted at my best, either"–or, simply, "Me, too").

Be Responsive with Deeds, not Just Words. Provide Soothing: Sometimes it is important to react to a loved one's situation with action, not just talk. For example, if the person is hungry, we can get her or him some food; if tired, we can help reduce demands; if unhappy, we can provide soothing. This type of validation actually demonstrates that we understand the person's experience by helping to alleviate suffering. Although such validating actions can be accompanied by validating words, these often are not necessary.

CASE ILLUSTRATION

The following case illustration highlights the usefulness and importance of accurate expression in the elicitation of validation as well, as the subsequent effects of validation on emotion regulation and family satisfaction. In this example, 13 year-old has just received a second failing exam grade in math class. Historically, he has done well in math and has enjoyed the subject, that is, until this most recent school year. When the adolescent arrives home from school, the parent is in the kitchen getting a snack for a younger sibling. He enters the house, slams the front door, and walks noisily up the stairs to the bedroom. The parent, sensing something is wrong, soon follows him upstairs to the bedroom.

Parent: Honey, what's wrong?

Child: Nothing. Leave me alone.

Parent: Clearly something is wrong. I can see that you are upset. Did something happen at school?

Child: Come on, I said leave me alone. I don't want to talk about it right now.

Parent: OK. Can we talk about it after dinner if not now?

Child: Fine (exasperated). But there is nothing to talk about.

(After dinner the parent approaches the child to discuss the event at school)

Parent: So is it OK if we talk about what happened at school today?

Child: (taking a deep breath . . .) Fine. There's not much to talk about though. I hate math and Mr. Lynn is the worst teacher in the world.

Parent: It seemed like you were pretty upset when you came home. I take it something happened in math class?

Child: Yeah, something happened. I failed another test because Mr. Lynn can't teach. Either that or I am totally stupid.

Parent: Honey, you sound frustrated but I'm wondering if maybe you are feeling really disappointed about something, or even afraid?

Child: What do you mean?

Parent: Well, you do seem to be struggling this year in math, but you are doing well in all your other classes and have done well in math before. Now, I also struggled in math in school, and when I did I felt pretty disappointed in myself. I was also afraid that I would not be able to do better on the next exam and that people might think I was dumb. Is that something like how you are feeling, too?

Child: Yeah, like, I know I can do better, but I'm afraid that I just won't. I don't get it. I was doing well in math and now I am not.

Parent: That is a really hard thing, but you know, I can't imagine anyone else in your shoes feeling any differently.

Child: So what do I do?

Parent: Well, what do you think? I know this is tough. But, I am willing to try to help you through it any way you want. For example, I could help you with your homework if you want, or I can help you get a tutor.

Child: Mr. Lynn is probably not as dumb of a teacher as I said before. Maybe I could ask him what I should be doing differently. Or, I could talk with Ms. Rosemont, my teacher last year. I think she liked me, and I did OK in her class. There has to be something I can do; I was pretty good in math before. Then, I can decide whether to get a tutor or have you help me.

Parent: That sounds like a great idea. Keep me posted on what Mr. Lynn or Ms. Rosemont suggests.

Child: I will. I feel a little better about it now.

This example illustrates many of the important components of accurate expression and validation. The parent was willing to pick the right time to talk about the child's feelings about the math exam, which allowed the child to modulate his heightened emotional arousal and be

more likely to disclose his feelings about the situation. Then, the parent was able to reflect the child's expressed feelings while being curious about other, more accurate emotions the child may have been feeling. This allowed for a more validating exchange of the primary emotions that the child felt about failing this second math exam. Once that occurred, a decision about further validation or problem solving could be made in order to further assist the child in accomplishing his or her goal to do better in math.

This example was about disappointment about school performance, but of course the child (or partner, parent, or sibling) could have reactions to a variety of situations. Social and relationship situations are "triggers" for significant emotional reactions in all people, and in particular for those with BPD. Regardless of the situation, validation helps soothe frayed emotions and helps the other person to express what she or he is genuinely experiencing more accurately. This, in turn, makes validating easier and problem management possible, and builds the relationship in important ways.

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