

Trauma as a precursor to the development of borderline personality disorder



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Borderline personality disorder (BPD) is a severe psychological disorder that affects approximately 1% of the world's population (Jackson et al, 2015). Commonly considered to be one of the most debilitating personality disorders, BPD is identified by the presence of disturbed cognition and emotions, behavioral dysregulation and extreme turbulence in interpersonal relationships (Bornstein et al., 2010; Söderberg, Kullgren & Salander Renberg, 2004). The signs and symptoms of BPD often appear in late adolescence and manifest within the individual as extreme emotional sensitivity, impulsive behaviors and an intense fear of abandonment (Oldham, 2004). Not only is BPD exceptionally difficult for the borderline individual, but it also impacts the close personal others of the diagnosed, as in times of distress, the BPD individual often "turns on" those close to them, blaming, insulting and in some cases physically harming them (Oldham, 2004). The tumultuous nature of individuals with BPD has made many clinicians reluctant to treat them and has even led to the creation of books such as "*Loving Someone with Borderline Personality Disorder: How to Keep Out of Control Emotions from Destroying Your Relationship*" (Bornstein et al., 2010; Manning, 2011). Due to the seriousness of BPD, much research has been dedicated to understanding the etiology of this disorder. One proposition that may best explain the development of BPD (as well as many other disorders) is the stress-diathesis model. The stress-diathesis model posits that psychological disorders do not necessarily develop by themselves, but instead are the result of an interaction between a biological predisposition (diathesis) and an environmental stressor (stress; *Psychopharmacology Educational Updates*, 2006). With consideration of the stress-diathesis model of psychopathology, this paper will outline how <https://assignbuster.com/trauma-as-a-precursor-to-the-development-of-borderline-personality-disorder/>

psychological trauma can function as a precursor to the development of BPD among those who may already be biologically predisposed. This paper will include various accounts of psychological trauma and will illustrate how these traumatic experiences work to facilitate this relationship. In doing so, this paper will outline how trauma impacts the core facets of BPD (disturbed emotions and cognition, behavioural dysregulation, and difficulty with interpersonal relationships) that may ultimately lead to the development of the disorder.

The relationship between trauma and many psychological disorders has been well founded, with ample research expressing that the experiences that one has in childhood (either positive or negative) relates to their physical and psychological well-being as adults (Aaltonen et al., 2017). Such claims are supported when one examines the literature detailing that 71% of women and 48% of men with diagnosed BPD had been victims of sexual assault in their youth (Zanarini et al. 2002). In a similar vein, Goodman and colleagues (2002) identified 92% of individuals with BPD as having been neglected as children, while other studies have indicated that 96% of those with BPD had experienced at least some form of childhood trauma (Belford, Kaehler & Birrell, 2012). Additionally, women are generally overrepresented among the BPD population, a fact that may be explained by the disproportionately high number of females among individuals who undergo childhood abuse (Goodman, 2002). The relationship between trauma and BPD, along with the identification of a dose-response relationship (wherein more severe forms of trauma lead to more severe symptomology) has even led some to describe BPD as akin to Post-Traumatic Stress Disorder (PTSD) (Zanarini et al. 2002; Goodman, 2002). Not only is trauma related to BPD as a whole, but there is also evidence to suggest a

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link between trauma and each of the core facets of the disorder. One of the core features of BPD is emotional dysregulation (Söderberg et al, 2004). In individuals with BPD, emotional dysregulation is characterized by hypersensitivity and hyperreactivity, which means that borderline individuals are more sensitive to environmental triggers and experience emotions more intensely than most others (Miano, Grosselli, Roepke, & Dziobek, 2017). Individuals with BPD not only experience an inability to properly regulate the emotions they are feeling, they also undergo “emotional lability”, wherein their emotions and mood change rapidly without any notice (Schoenleber et al., 2016). One of the major and perhaps most obvious examples of emotion dysregulation among individuals with BPD is the relationship between this disorder and suicidal behaviour, with approximately 10% of patients with BPD committing suicide (Yen, Gagnon & Spirito, 2013; Miano, Fertuck, Roepke, Dziobek, 2017). It has been found that emotional dysregulation has a large influence on one’s propensity to engage in self-injurious behaviours and to express suicidal thoughts, two components which are very prevalent among the BPD population (Ammerman, Kleiman, Uyeji, Knorr, & McCloskey, 2015). Yan, Gagnon and Spirito (2013) found that that 90.9% of individuals who had made two or more suicide attempts met criteria for having BPD, clearly indicating the increased suicide risk for this population. The link between trauma and emotional dysregulation is quite founded, with Séguin-Lemire, Hébert, Cossette and Langevin (2017) indicating that individuals who had experienced severe trauma (e. g. sexual abuse), showed lower amounts of emotion regulation and higher emotional lability than individuals who had not experienced trauma. This relationship is further supported by the finding that there is a strong link between childhood maltreatment and one’s

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suicidality later in life (Aaltonen et al. 2017). Researchers have suggested that the link between trauma and suicidality is incredibly strong due to the uncontrollable emotions that may result in response to trauma (particularly those which are sexual in nature). When individuals are unable to cope with the intense emotional reactions, many begin to develop suicidal ideations (Aaltonen et al., 2017). Due to the heightened intensity of the emotions experienced by those with BPD, as well as an inability to regulate these emotions, individuals with BPD are at an increased risk for suicidal behaviour and self-harm (Aaltonen et al., 2017). Related to emotional dysregulation, and often considered within the same factor of BPD is disturbed cognition (Söderberg, Kullgren & Salander Renberg, 2004). Disturbed cognition manifests itself in many ways, including cognitive intrusions, suspiciousness and in some cases, dissociation (Reed, Fitzmaurice & Zanarini, 2015). Cognitive intrusions are significantly related to other trauma-induced disorders as well as to BPD, with intrusions often taking the form of flashbacks to the traumatic event (Scalabrini, Cavicchioli, Fossati, & Maffei, 2017). These intrusions are usually very distressing to the individual experiencing them and are often uncontrollable, occurring without any form of warning (Scalabrini et al., 2017). Another example of cognitive dysregulation among BPD individuals is dissociation. Dissociation refers to an interruption of 'normal' subjective experiences and can range in severity from mild forms of dissociation (e. g. daydreaming) to relatively severe forms (e. g. derealization; Scalabrini et al., 2017). The levels of dissociation among persons with BPD differ, with 26% of diagnosed individuals showing very extreme levels (Scalabrini et al., 2017). There has been a well-established link between trauma (such as emotional or sexual abuse) and dissociation in <https://assignbuster.com/trauma-as-a-precursor-to-the-development-of-borderline-personality-disorder/>

the literature, with dissociation being conceptualized as an avoidance mechanism employed by individuals when they are faced with intense negative emotions in response to the trauma (Hébert, Langevin & Oussaïd, 2018).

Another core feature of BPD is behavioural dysregulation (Söderberg, 2004). Behavioral dysregulation manifests itself in impulsivity and a present-focused orientation. Individuals who lack behavioral regulation likewise lack self-control and often make decisions under impulse rather than forethought and planning (Bountress et al., 2017). Among individuals with BPD, this behavioural dysregulation may take the form of substance use, risky sexual behaviour and other reckless activities (Barker et al., 2015). As such, individuals with BPD typically have more sexual partners, a greater number of casual sexual encounters and often engage in their first sexual activity at a younger age than those without BPD (Jardin et al., 2017). In addition, individuals with BPD have also been shown to have increased substance use and abuse compared to their non-pathological counterparts, another factor that is thought to indicate the impulsivity of this group (Hébert, Langevin & Oussaïd, 2018). Interestingly, there appears to be a link between BPD and other disorders that are characterized by behavioural dysregulation, such as Attention Deficit Hyperactivity Disorder (ADHD) (Kulacaoglu et al. 2017). Both of these subgroups engage impulsively in “novelty seeking”, the tendency to seek excitement, even at the cost of previous engagements, responsibilities and personal safety (Van Dijk, Lappenschaar, Kan, Verkes & Buitelaar, 2012). The link between these forms of behavioural dysregulation and trauma becomes apparent in Kulacaoglu et al.’s (2017) study which

indicated that children who were sexually abused are more likely than their non-abused counterparts to develop problems with behavioural regulation. Additional studies have illustrated a link between trauma and behavioural dysregulation by demonstrating that trauma-exposed individuals are more likely to engage in risky sexual activities, such as unprotected sex and sex while under the influence, than individuals who have not experienced a traumatic event (Walsh, Latzman & Latzman, 2014). Researchers have posited that the apparent relationship between trauma and behavioural dysregulation may be the result of traumatized individuals utilizing reckless behaviour as a way to cope with unpleasant emotions resulting from the trauma (Walsh, 2014). The final, and perhaps most notorious feature of BPD is difficulty with interpersonal relationships (Goodman, 2002). Individuals with BPD have been described as having an intense fear of abandonment, and a strong desire to love and be close to others (Drapeau, Perry & Körner, 2010). However, when the recipient of this love and affection is thought to not be “delivering”, the borderline individual may quickly turn their affection into hostility directed at this person (Drapeau, Perry & Körner, 2010). Within their relationships, individuals with BPD are prone to being more ambivalent, argumentative, and aggressive towards their partner compared to those without BPD (Herr, Rosenthal, Geiger & Erikson, 2013). Due to this, individuals with BPD are less likely to have long-term romantic relationships, and often have more conflict and dissatisfaction in the relationships they do have (Miano et al., 2017)

Given that a commonly cited childhood experience among individuals with BPD is neglect, many researchers have investigated how childhood neglect

acts as an antecedent to the development of this disorder, and more specifically, the interpersonal incompetence that accompanies it (Belford et al., 2012). Much of this research has indicated that childhood neglect is often associated with insecure attachment, a relational style characterized by attachment anxiety, which manifests itself in the BPD individual as an intense desire for intimacy and approval as well as an overwhelming fear of abandonment (Belford et al., 2012). The link between trauma and the interpersonal incompetence that characterizes BPD becomes exceptionally clear when one considers the finding that individuals who had been abused in their youth were more likely to be controlling and needy in later intimate relationships (Huh et al., 2014). Additionally, the proposed attachment issues resulting from childhood maltreatment are supported by the finding that people who have undergone severe forms of abuse are less likely than their counterparts who have not experienced abuse to have an in-tact relationship (Huh et al. 2014).

While this paper has considered the core features of BPD as relatively independent entities, each of which is separately impacted by psychological trauma, it is helpful to consider how these features interact and overlap with one another. For instance, research has shown a link between the impulsivity characteristic among individuals with BPD (particularly in regard to their risky sexual behaviour) and emotional dysregulation, wherein, an individual with BPD may engage impulsively in risk-taking behaviours in order to quell the extreme emotions they are experiencing (Jardin et al., 2017). Additionally, consider the relationship between emotional dysregulation and interpersonal difficulties; in their 2017 study Miano et al. noted that uncontrollable emotions such as those

evidenced in BPD are often related to more hostile interactions between
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couples. Not only does this emotional dysregulation seem to underlie their interpersonal problems, but interpersonal relations also seem to impact the emotions of individuals with BPD, evidenced by the finding that 75% of the suicide attempts of this group are caused by interpersonal relationship problems (Herr et al., 2013). Moreover, the disordered cognitions that compose part of the BPD diagnosis often revolve around interpersonal relationships. The suspiciousness that characterizes BPD is frequently in regard to one's partner, with one BPD diagnosed individual admitting that every time the phone rang, she was positive that was the mistress of her boyfriend (Van Gelder, 2008). The disordered emotions and cognitions characteristic of the BPD population typically reinforce the difficulty in their interpersonal relationships, with spouses often growing tired of the unsubstantiated accusations and the suspiciousness of their borderline-diagnosed partner (Van Gelder, 2008).

Not only has research indicated that trauma is a reasonable antecedent to the development of BPD, but some studies have even shown that there may be a cyclical relationship, wherein, individuals with BPD are more likely to be involved in traumatic experiences *after* the development of their disorder as well (Jackson et al., 2015). This statement is supported by the finding that individuals with BPD are more likely to be victims of interpersonal violence later in life (Reuter et al., 2015). This association has been explained as resulting from the pre-relationship trauma the BPD individual was exposed to. Specifically, having been the victim of abuse in childhood (as many with BPD were) an individual may have an increased likelihood to choose a

partner who displays similar aggressive and abusive traits to the ones that they were previously exposed to (Reuter et al., 2015).

BPD is a lifelong debilitating disorder, causing high amounts of interpersonal conflict and internal strife for the afflicted individuals (Biskin, 2015).

Individuals with BPD are often unable to maintain long-lasting relationships and are unhappier in the relationships they do maintain (Miano et al., 2017).

The BPD population must cope with intense emotional reactions, and unavoidable cognitive intrusions, both of which may lead to decreased life satisfaction, putting them at an increased risk for suicidal and self-injurious behaviours (Scalabrini et al., 2017). Due to the severity of the BPD diagnosis, a considerable amount of research has been dedicated to discovering how this disorder develops. Overall, research has indicated a strong link between psychological trauma (particularly that which is experienced in childhood) and the development of BPD. Psychological trauma has been cited as an antecedent to several severe psychological disorders and may cause disturbances in the core features of one's being, leaving them with an inability to regulate their emotions, behaviours and their interpersonal relationships. Psychological trauma has devastating and long-lasting consequences, which may leave an individual prone to undergoing future traumatic experiences as well (Arosova et al., 2016; Reuter et al., 2015).

By understanding the etiology of particular psychological disorders, it is possible that preventions can be made to hinder their development. Knowing which groups are at an increased risk to the development of these disorders and targeting interventions towards these individuals may be an important

step in preventing severe psychological disorders such as BPD from
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developing. Although it remains unlikely that abuse, maltreatment and neglect will ever fully disappear, there is reason to believe that targeting the individuals exposed to these behaviours with early interventions may lead to a decrease in the adverse symptoms of abuse and increase the long-term overall well-being of these individuals.

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