Trauma as a Precursor to the Development of Borderline Personality Disorder

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This paper outlines the relationship between Borderline Personality Disorder (BPD) and the traumatic experiences one may face in their life. In doing so, the paper assesses the relationship between trauma and each of the core characteristics of BPD: disturbed emotion and cognition, behaviour dysregulation, and interpersonal turmoil. The goal of this paper is to present a thorough review of the literature detailing how traumatic experiences such as neglect, assault, and abuse, may act as a trigger, activating a predisposition towards the development of BPD.

Keywords: Borderline Personality Disorder, Trauma, Cognition, Behaviour, Affect

Borderline personality disorder (BPD) is a severe psychological disorder that affects approximately 1% of the world’s population (Jackson, Sippel, Mota, Whalen & Schumacher, 2015). Commonly considered to be one of the most debilitating personality disorders, BPD is characterized by the presence of disturbed emotions and cognition, behavioral dysregulation, and extreme turbulence in interpersonal relationships (Bornstein, Becker-Matero, Winarick & Reichman, 2010; Söderberg, Kullgren & Salander Renberg, 2004). The signs and symptoms of BPD often appear in late adolescence and manifest as extreme emotional sensitivity, impulsive behaviors, and an intense fear of abandonment (Oldham, 2004). Not only is BPD exceptionally difficult for the individual who is diagnosed, but it also impacts the close personal others of the person with the diagnosis as, in times of distress, the diagnosed individual often becomes hostile towards those who are 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 (Bornstein et al., 2010). To better understand this disorder, much research has been dedicated to understanding the etiology of BPD. One proposition that may best explain the development of BPD (as well as many other disorders) is the stress-diathesis model (Psychopharmacology Educational Updates, 2006). 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 psychological trauma can function as a precursor to the development of BPD among those who may already be biologically predisposed. 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. For the purposes of this paper, trauma will be considered as threat to the physical integrity of oneself (e.g. abuse), fear, helplessness or, in the case of children, neglect. This definition is consistent with the DSM-5 definition of what constitutes a traumatic event (Jones & Cureton, 2014).

The relationship between trauma and many psychological disorders has been well supported,
with ample research indicating that the positive and negative experiences that one has in childhood relates to their physical and psychological well-being during adulthood (Aaltonen et al., 2017). This claim is supported by the finding that 71% of women and 48% of men with diagnosed BPD had been victims of sexual assault in their youth (Zanarini et al., 2002). Similarly, studies have identified that 92% of individuals with BPD were neglected as children, while other research has indicated that 96% of those with BPD had experienced at least some form of childhood trauma (Belford, Kaehler & Birrell, 2012; Goodman & Yehuda, 2002). Additionally, women are generally overrepresented among the BPD population, which may be explained by the disproportionately high number of females among individuals who experience childhood abuse (Goodman & Yehuda, 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 led some experts to describe BPD as akin to Posttraumatic Stress Disorder (PTSD; Goodman & Yehuda, 2002; Zanarini et al. 2002).

**Emotional and Cognitive Dysregulation**

Not only is trauma related to the larger construct of BPD, but there is also evidence to suggest a link between trauma and each of the core facets of the disorder (Söderberg et al., 2004). One of the core features of BPD is emotional dysregulation (Söderberg et al., 2004). For individuals with BPD, emotional dysregulation is characterized by hypersensitivity and hyperreactivity, which means that individuals with BPD 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 experience ‘emotional lability’, meaning that their emotions and mood change rapidly and unexpectedly (Schoenleber et al., 2016).

One of the major — and perhaps most obvious — examples of emotional dysregulation among individuals with BPD is the relationship between this disorder and suicidal behaviour, with approximately 10% of patients with BPD dying from suicide (Miano et al., 2017; Yen, Gagnon, & Spirito, 2013). In fact, 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 characteristics which are prevalent among those with BPD (Ammerman, Kleiman, Uyeji, Knorr, & McCloskey, 2015). Researchers have found that among adolescents of the general public who had made two or more suicide attempts, 90.9% of them met criteria for BPD (Yen et al., 2013). This finding indicates the increased risk of suicide in this population. Séguin-Lemire, Hébert, Cossette, and Langevin (2017) found that individuals who had experienced severe trauma (e.g. sexual abuse) showed fewer emotion regulation abilities 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 suicidality later in life (Aaltonen et al., 2017). Aaltonen and colleagues (2017) have suggested that the link between trauma and suicidality is relatively 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 a hindered ability to regulate these emotions, individuals with BPD are at an increased risk for suicidal behaviour and self-harm (Aaltonen et al., 2017).

Another important feature of BPD is a similar construct known as disturbed cognition (Söderberg et al., 2004). Disturbed cognition is
manifested 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 distressing intrusions are often uncontrollable, occurring without any form of warning (Scalabrini et al., 2017).

Another example of cognitive dysregulation among individuals with BPD 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 link between trauma (such as emotional or sexual abuse) and dissociation found in recent research, 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).

Behavioral Dysregulation

Another core feature of BPD is behavioural dysregulation (Söderberg, 2004). Behavioral dysregulation manifests itself as impulsivity and a present-focused orientation (Söderberg, 2004). Individuals who lack behavioral regulation likewise lack self-control and often make decisions impulsively rather than through forethought and planning (Bountress et al., 2017). Among individuals with BPD, behavioural dysregulation may take the form of risky sexual behaviour, substance abuse, 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 counterparts without a psychiatric diagnosis, another factor that is thought to indicate the higher levels of impulsivity among those with BPD (Hébert et al., 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 (Kulacaoglu, Solmaz, Ardic, Akin, & Kose, 2017). Both of these subgroups engage impulsively in “novelty seeking”, which is 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 the study by Kulacaoglu and colleagues (2017), 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 using reckless behaviour as a way to cope with unpleasant emotions resulting from the trauma (Walsh et al., 2014).

Interpersonal Turmoil

The final, and perhaps most notorious, feature of BPD is difficulty with interpersonal relationships (Goodman & Yehuda, 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 not meeting the expectations of the individual with BPD, the diagnosed individual may quickly become hostile towards this person (Drapeau et al., 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). As a result, individuals with BPD are less likely to have long-term romantic relationships, and often have more conflict and dissatisfaction in the relationships that they do have (Miano, Fertuck, Roepke et al., 2017).

Given that a commonly cited childhood experience among individuals with BPD is neglect, 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 is manifested in the diagnosed 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 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, Kim, Yu, & Chae, 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 to have an intact relationship than their counterparts who have not experienced abuse (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, individuals with BPD may engage impulsively in risk-taking behaviours in order to quell the extreme emotions they are experiencing (Jardin et al., 2017).

Additionally, one may consider the relationship between emotional dysregulation and interpersonal difficulties. In their 2017 study, Miano, Fertuck, Roepke et al. noted that uncontrollable emotions, such as those present in BPD, are often related to more hostile interactions between 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 (Van Gelder, 2008). The suspiciousness that characterizes BPD is frequently directed to one’s partner, with one individual diagnosed with BPD admitting that every time the phone rang, she was positive that it was the mistress of her boyfriend calling (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 partners with BPD (Van Gelder, 2008).

Not only has research indicated that trauma is a reasonable antecedent to the development of BPD, but some studies have 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). For example, individuals with BPD are more likely to be victims of interpersonal violence later in life (Reuter, Sharp, Temple & Babcock, 2015). This association has been explained as resulting from the pre-relationship trauma the individual with BPD was exposed to. Specifically, having been the victim of abuse in childhood (as many with BPD were) may increase the likelihood that individuals will 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 relatively 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 that they do maintain (Miano, Fertuck, Roepke 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 (Scalabrini et al., 2017). Overall, research has indicated a strong link between psychological trauma (particularity that which is experienced in childhood) and the development of BPD (Arsova, Manusheva, Kopacheva-Barsova, Bajraktarov, 2016). 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 (Arsova et al., 2016; Reuter et al., 2015).

By understanding the etiology of particular psychological disorders, it is possible that interventions 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 developing.

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References


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