Functional Aspect of Unfavorable Childhood Events in the Progress of Borderline Personality Disorder- Meta-Analytic Framework

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Abstract : Borderline psychopathology principally involves sentiment control and regulation issues, which result from the communal consequence of the character construct of the person, i.e., vulnerability and sensitivity, and the external environmental influences (Linehan, 1993). Robert Fairbairn (1993) urbanized the theory of splitting, wherein the belief that those individuals with Borderline Personality Disorder tend to have 'black and white' thinking, i.e., the tendency to perceive people and situations as either very good or very bad. This is due to the result of disorganised attachments with family members at a young age, due to which the individual is in a chaotic state of mind all the time. Perspectives show that emotional affective instability influences a person frequently to respond more emotionally and may lead to display changing emotions (Glen & Klonsky, 2009). The individual diagnosed with this type shows volatile emotions, unstable elf-image, impulsive behavior in relationships (American Psychiatric Association, 2000).

The main thrust of this paper was to critically review recent literatures of Borderline Personality Disorder to find out the historical aspects of childhood abuse and attachment disturbances, and whether these experiences leads to the magnification of the borderline psychopathology in these individuals at present. Overall, it was seen that a history of abuse and neglected attachment, could be seen as a predictor of borderline symptoms in adulthood, but that was not the only cause and the subjective temperamental differences in the individuals life, also have a role in determining how the abuse and attachment disturbances affected the individual later on in life.

Key words: Borderline Personality Disorder, Childhood Experiences, Childhood Abuse, Neglected Attachment, Emotional Dysregulation.

I. INTRODUCTION

Borderline Personality Disorder is a personality disorder characterised by extreme emotional dysregulation that affects thought and behaviour, and has temperamental and behavioural precursors that emerge at different times over the course of the development of the disorder (Crowell et al, 2009).The cardinal features of Borderline Personality Disorder (will be referred to as BPD hereafter) are an enduring pattern of instability in interpersonal relationships, lack of a stable self- image, regular and unpredictable changes in moods and impulsive behaviour (Graham Davey, 2008). Individuals with BPD, tend to have an extreme fear of rejection and abandonment, so much so that almost all their interpersonal relationships are extremely chaotic and conflict-ridden at all times. They are likely to even walk out of a relationship, if they detect signs of inattentiveness, or not caring, even if that is not actually the case. They might even engage in stalking activities, in order to test the validity of relationships. They are extremely moody and may throw tantrums if their expectations are not met (Graham Davey, 2008).They walk in and out of relationships very rapidly (Holmes, 2010). They tend to have bouts of explosive anger, that is usually uncontrollable, and results in impulsive actions, which is another important symptom of BPD. They tend to be extremely particularly engage in activities such as impulsive sex (they may engage with multiple partners), substance abuse, spending, reckless driving, binge eating, self-injury or suicidal behaviour, and so on, because these activities give the individual temporary satisfaction; but these activities are really risky in the long- run(American Psychiatric Association, 2013).As in the case of depression, people diagnosed with BPD tend to feel empty, like a void inside of them, and they try to fill this emptiness using drugs, binge eating, alcohol, sex, and any other impulsive action. Another common symptom of BPD is dissociative stream of thoughts, especially when under stress. Data suggests that BPD is as common as 6% among the general population out of which nearly 10% eventually commit suicide (American Psychiatric Association, 2013). It is three times more common among women than in men.

II.THEORITICAL PERSPECTIVES

Some of the causes highlighted by theorists like Linehan (1993), BPD is primarily a disorder of emotion regulation, which can be defined as a multidimensional construct of: (A) the awareness and understanding of emotions, (B) the acceptance of emotions, (C) the ability to control impulsive behaviours, when experiencing negative emotions, and, (D) the flexible use of emotion regulation strategies to modulate emotions in a specific context. The relative absence of any or all of these abilities is indicative of difficulties in regulation of emotions, or, "Emotion Dysregulation" (Fossati et al., 2016). This emotional dysregulation happens as a result of what Linehan referred to as Biological Vulnerabilities and Invalidating Environments (Linehan, 1993; Crowell et al., 2009). The nature of internal functions affects an individual's external behaviour (Crowell et al., 2009). Linehan especially stressed upon the impact of negative childhood experiences, such as abuse and neglect, as predictors for the development of personality disorders; her main interest was in the development of BPD. (Crowell et al., 2009).

Unconscious phantasies serve as the basis for all future mental mechanisms. They are defined as "primitive internalized mental images of instincts and drives". Ultimately the unique mental and emotional capacities of an individual result from the interaction of these phantasies with actual experience, and the emotion that ensues (J L, 2015). The individual tends to think in extremes (i.e., an individual's actions and motivations are all good or all bad with no middle ground) (Fairbairn, 1952). It begins as the inability of the infant to combine the fulfilling aspects of the parents (the good object) and their unresponsive aspects (the unsatisfying object) into the same individuals, instead seeing the good and bad as separate. Positive and negative attributes of a person or event are not joined together into a cohesive set of beliefs. It's both a distorted way of thinking and a coping mechanism used to keep ourselves from feeling hurt or rejected (Kristalyn Salters, 2016).

Sigmund Freud (the father of the psychoanalytic school of thought) was one of the first thinkers to associate painful childhood experiences to mental health problems in adulthood. He believed that these childhood experiences are repressed and stored in the subconscious mind and therefore, cannot be recalled. But they manifest in the individual's behaviour and causes distress and impairment in all areas of functioning (Graham Davey, 2011).

Child abuse and maltreatment can be defined as "forms of physical and/or emotional ill- treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development of dignity in the context of a relationship of responsibility, trust and power" (World Health Organisation, 2016).

Mary Ainsworth first studied attachment in the early 1950's along with John Bowlby. Bowlby, who was influenced by the ethological theory (Lorenz, 1935, as cited from McLeod S.A, 2007), was convinced of the importance of the mother- baby bond (Papalia et al., 2004). He believed that the first two years are extremely crucial for the child's development, and if the attachment between the caregiver and child is disrupted or broken in this continuously, during this period, the child will suffer irreversible, long-term consequences such as delinquency, low IQ, depression, aggressiveness, psychopathic symptoms like poor impulse control, emotion dysregulation, anti-social behaviour, and so on (McLeod S.A, 2007).

III. ANALYSIS OF REVIEW OF LITERATURE

The main aim of this paper was to critically evaluate literature from the past five years (2011- 2016), that may indicate whether childhood trauma (abuse and neglect) are predictive of BPD symptomatology in adulthood. Nine papers, from various journals have been reviewed thoroughly. Though many scholars have been studying and testing BPD to find out the possible causes for over a decade now, there is still a lack of clarity about the underlying factor that is mediating between these childhood experiences and the development of BPD symptoms in adulthood.

Fossati et al (2016) wanted to study the mediating relationship of emotional dysregulation between certain forms of childhood abuse and BPD symptoms. They also wanted to know to what extent is the association between BPD symptoms and emotional dysregulation are explained by the presence of childhood abuse and attachment disturbances. The findings indicated a strong relationship between self- reported emotion dysregulation and BPD features in adulthood. Additionally, both emotion dysregulation and BPD features had significant associations with childhood abuse and attachment disturbances. The study also found that BPD features were associated with insecure attachment styles such as anxious/ ambivalent or preoccupied/ fearful attachments. Infurna et al (2016) were interested in studying a broad variety of adverse childhood experiences in a sample of adolescent patients with BPD, and whether different dimensions of childhood adversities such as maltreatment, parental bonding and family attachment, have an independent effect on the likeliness to develop BPD symptomatology. The overall results of the study were consistent with the aim of the study. A strong association was seen between BPD symptoms and a history of childhood maltreatment, especially neglect and sexual abuse. Antipathy from father was observed to be the most frequent type of parental antipathy. The role of father has not been studied in depth, until now and this finding may be beneficial to study BPD psychopathology in adulthood; though maternal deprivation was still the predominant factor in the BPD group. This study also found that a history of sexual abuse in adolescence was also a very important predictor for adult psychopathology.

Katalin Merza et al (2015) conducted a study to explore the relationship between childhood traumatic experiences and BPD in Hungary. Overall, the results of the study indicate that adverse childhood experiences, including neglect, emotional abuse, physical abuse, sexual abuse and witnessing trauma were more prevalent among BPD than the other two groups. The results also indicated that BPD patients had experienced severe emotional neglect, including parental disinterest, under involvement, and physical neglect by caretakers. Merza and colleagues also found that the BPD group reported experiences of severe sexual abuse, and the results indicated that more severely impaired BPD patients, reported more severe abuse, regular abuse, multiple penetrators, more incest, and abuse before the age of 6. Additionally, they found that sexually abused BPD patients seemed to come from more chaotic family environments that those who had not been sexually abused. Lastly, from this study it was concluded that forms of abuse such as intrafamilial physical abuse, and genital fondling and / or penetration were the strongest predictors of BPD pathology. Silvia Fernando et al (2013) conducted a study to identify the possible early life stressors that might have a role in the development of BPD in adulthood.

The overall findings of the study were: BPD patients reported a high level of childhood abuse and more clinically relevant difficulties in emotion regulation, i.e., a higher level of cognitive reappraisal and lower level of expressive suppression, as a result of emotional neglect and emotional abuse (e.g., verbal assaults and humiliation, etc), respectively, during childhood. But, physical and sexual abuse were not found to have any effects on emotion regulation difficulties.

Liliana Ferraz et al (2013), conducted a study to determine the relationships between impulsivity- related traits and a history of childhood sexual abuse and the role they have in the development of the tendency to engage in suicidal behaviours in patients with BPD. Suicidality was assessed by conducting structured interviews, during which, a detailed history of previous suicidal behaviour is obtained and a number of parameters were assessed (e.g., number of suicide attempts in the lifetime, age at first suicide attempt, etc).

Overall, the results of the study show that a hostile temperament and a history of sexual abuse during childhood, together may increase the risk for suicidal behaviour in individuals diagnosed with BPD. On the other hand, impulsiveness, as a whole, did not seem to have any association with suicidal behaviour. Self – aggressive behaviours observed in individuals diagnosed with BPD, appear to be related to highly emotional states such as anger and hostility, which is consistent with previous research (e.g., Soloff et al, 2000; Evren et al; as cited from Liliana Ferraz et al., 2013). Childhood abuse can influence certain aspects of personality

development, including a distorted sense of self, relationships and regulation of emotions. Hence, aggressive or hostile behaviours could also be a consequence of the traumatic experiences in childhood. The findings of this study are also consistent with the theory of Soloff et al, 2008 (as cited from Liliana Ferraz et al., 2013) that, adverse childhood experiences and temperamental issues are both risk factors for suicidal behaviour in BPD. This study highlights the necessity to assess impulsivity and hostility/aggression as two separate risk factors. The limitations of this study were that: only one group of individuals was tested during the study- those diagnosed with BPD, so, there was no control group, so as to compare the results of both groups. Again, self- report measures were used to measure the different parameters of assessment, thus increasing the chances for response bias. Lastly, Comorbidity was not taken into account, as suicidality may also be a consequence of depression.

LiseLaporte et al (2011), conducted a study in order to systematically investigate whether BPD patients and their siblings experience similar childhood adversities (abuse and/ or neglect) and whether they have different psychopathology and trait profiles. It was found out of all the siblings of BPD patients, only three pairs were concordant for BPD, the rest of them were psychopathology- free. Due to this, the influence of temperamental factors must be taken into account. Another finding was that, though the siblings were subjected to the same kind of adversities, only one ended up developing BPD, i.e., although both sisters, in a pair, grew up with the same maladaptive parenting and intra- familial physical or sexual abuse, only one of them developed BPD. In addition to this, the study also found that there were marked differences in personality traits, as well as impulsivity and affective stability. Thus, personality trait profiles play an important role in the development of BPD.

IV. DISCUSSION

The aim of this literature review was to determine whether adverse childhood events predict the development of BPD in adulthood. A lot of research has been conducted into identifying the specific causes of BPD, yet, none of the studies have produced concrete evidence which identifies the specific causes for BPD as such. However, there have been many speculations regarding the possible precursors or predictors of BPD, that might indicate a possibility of BPD in adulthood, at an early age. It is important to diagnose BPD as early as possible so that it can be treated. Sexual abuse was one the main and more severe precursors of BPD symptomatology in adulthood. Sexual abuse by caregiver and intrafamilial sexual abuse was the strongest predictors. Activities such as Genital fondling, penetration, etc., were common. The more severe the childhood sexual abuse was, the more severe the BPD psychopathology was in adulthood (Merza et al., 2015). Sexual abuse was seen to result in extremely hostile nature and aggressiveness in the individual, that was seen to further result in self- harming and suicidal behaviour (Ferraz et al., 2013; Laporte et al., 2011).

The other strong predictor of BPD symptomatology, was Emotional abuse. Emotional abuse was observed to be in the form of parental antipathy, familial neglect in the form of communication and neglect and/ or under-involvement from mother, father and any other caretakers, and also witnessing domestic violence and separation between parents. This often leads to affect processing problems such as emotional suppression, low levels of cognitive appraisal, etc., and impulsivity and excessive emotional fluctuations, i.e., mood swings, which can be detrimental to the development of an individual. (Merza et al., 2015; Infurna et al., 2016; Fossati et al, 2016).

Physical neglect seemed to have lesser effect on the development of BPD, compared to sexual abuse, emotional abuse, and neglect. Evidence suggests that physical abuse may lead to psychotic symptoms such as midbrain activation (like the activation of the Amygdala), in response to negative stimuli. fMRI scans have been used to view this (Nicol et al., 2015). Attachment problems during childhood were found to have significantly affected the individuals diagnosed with BPD. The attachment disturbances involve parental neglect by both mother and father, as well as a dysfunctional family systems characterised by emotionally unavailable parents, affectionless control parenting style, anxious attachment and preoccupied/ fearful parenting styles., and physical neglect, etc. (Dijke et al., 2013;Infurna et al., 2016) that may lead to emotional dysregulation in adulthood (Merza et al., 2015; Fossati et al., 2016).

Although all the studies are suggestive of different adverse experiences during childhood are precursors for BPD in adulthood, they may not be the only predictors of BPD. Studies suggest that personality trait profiles such as temperamental sensitivity and impulsivity may also influence emotional regulation in BPD (Laporte et al., 2011). In addition to this, these childhood adversities such as physical, emotional and sexual abuse, as well as attachment disturbances like neglect, may be precursors for other symptomatology like Major Depressive Disorder or Post Traumatic Stress Disorder (Caravalho et al., 2014; Dijke et al., 2013).

V. IMPLICATIONS OF THE STUDY

Although there were many important findings in the studies evaluated in this literature review, there were a few common limitations that were observed in all the studies.

Firstly, all the information about childhood maltreatment was obtained through the use of self- report measures such as questionnaires, which solely depended on the recollection or memory of the individual. An individual diagnosed with BPD is usually associated with dissociative stream of thoughts and extreme emotional fluctuations, which may have been triggered whilst answering the questions regarding their past experiences. Thus, there may be memory bias or response bias in such cases. There is a need for studies involving the use of interview method. This is beneficial because, interviews allow free- flowing answers from the participant and, especially semi or unstructured interviews, which is more flexible and allows additions and modifications.

Secondly, a cross- sectional research- design was employed in all the studies, it didn't allow the researches to test causal relationships between variables. Additionally, cross- sectional studies are a one- time only method of research, which is not enough when studying disorders. Since, while studying disorders, follow-ups are required pretty often. There is a need for longitudinal studies because, longitudinal method enables following a participant for a long period of time where the course of the disorder can be observed.

Thirdly, all studies, except one (Infurna et al., 2016) assessed adult samples. This is a limitation because, adults may not be able to recollect their childhood experience very accurately, as the gap is vast. Whereas, the gap between adolescence and childhood experiences is much lesser, and the recollection of these experiences will be much more accurate. Thus, there is a need for more studies using adolescent samples, so as to produce better results.

Fourthly, in order to validate the responses of the participant, the near family members, i.e., parents, siblings and so on, must be interviewed and then the reports must be compared with that of the participant, such as in the case of Laporte et al., 2011.
Lastly, in all the studies that have been assessed, childhood adversities cover only abuse and attachment disturbances. There is no mention about the impact of loss and bereavement as an aspect of childhood trauma. Also, there was very little focus on the impact of witnessing domestic violence, substance abuse, separation of parents, as well as abandonment (short – term as well as long- term). There is no focus on the loss of a parent or both parents due to death, and the bereavement involved with that. Thus, future research must include loss and bereavement as a form of emotional abuse in childhood.

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