

THE IMPACT OF CHILDHOOD TRAUMA ON BORDERLINE PERSONALITY DISORDER

Nurina Hadini Hasya

Correspondence: nurinahhasya@student.ub.ac.id
Medical Student Faculty of Medicine Brawijaya University, Malang, Indonesia

REVIEW

OPEN ACCESS

ABSTRACT

Introduction – Currently borderline personality disorders has become a major focus of clinical findings. Borderline personality is defined as a disruption to the criteria for emotional instability, blurred identity, and spontaneous behavior that begins with adulthood. Usually, patients with borderline personality disorders have a trauma in their childhood where that trauma that makes their personality disturbed.

Methods – The author makes a literature review of the effect of trauma in childhood on borderline personality disorder based on literature that has been published and had correlation.

Results – Trauma that occurred at the time children will carry over to adulthood and affect the person's view about himself and others. Childhood trauma can include physical violence, sexual violence, abuse, emotional abuse, or perhaps just witnessing violence between families.

Discuss – There is an assumption that there is a relationship associated with abuse in childhood, difficulty controlling emotions. That is show that neglected emotions can be attributed to a lack of strategies for emotional regulation. This is possible argued that diverse types of traumas may influence the degree of difficulty in regulating different emotions.

Conclusion – there is a significant correlation with trauma in the childhood and borderline personality disorder. It is known that to prevent the occurrence of BDP, can be done with forget about childhood trauma. In summary, childhood trauma, is connected to unstable management of emotion control. Moreover, difficulty in managing the emotions have a big role between abusing emotion and acute borderline personality disorder.

Keywords: borderline personality disorder, childhood trauma, emotion.

Article History:

Received: April 21, 2021

Accepted: February 18, 2022

Published: September 30, 2023

Cite this as: Hasya, N.H. The Impact of Childhood Trauma on Borderline Personality Disorder. *Journal of Psychiatry Psychology and Behavioral Research*; 2023.4(2):33-36.

INTRODUCTION

Recently, borderline personality disorders have become a major focus of clinical findings¹. The borderline personality triggered by a therapist who focus of psychoanalysis, named Adolf Stern². On his patients who have this personality disorder, Stern identifies there is a negative trait during the therapy process because of his fickle attitude.

In the DSM-5, borderline personality determined as a disruption with the criteria for emotional instability, blurred identity, and spontaneous behavior that begins with adulthood.³ Borderline personality classified in axis II personality disorder as well included in personality disorders group B, namely people with behavior that is too dramatic, emotional, and erratic / erratic. This new diagnosis can be enforced if the person has turned 18 years old. Based on data of the DSM-5, the criteria for the borderline personality owned by someone can decrease with increasing age a person.³ Thing

is caused by increasing age, someone with borderline personality will start understand the events that are causes it to become borderline personality, and they are trying to avoid that event.

Study that said that genetics plays a role in as much as 42% of borderline personality disorders. But it is not certain what is inherited in these genetics.⁵ It could be instability of emotional management, or mood instability.⁶ In accordance with this study, there are also studies that compare groups with relatives who have BPD and another group without person with BPD and find that the group with BPD has a greater personality disorder as BPD than the control group.⁷

The reasons for suggesting the pathology based on borderline personality disorders have triggered affective disorders^{8,9,10} and developmental disorders^{11,12} of the patient. In this case, the one that is considered important from the origin of the disorder is a bad relationship with the caretakers.

Apart from genetics, parental psychopathology is also having an important character in the development of BPD. In this case, the most cases are due to neglect and lack of empathy from parents, bad relationships between families, poor communication between family members, and so on.¹³

Recent study said that there is a connection among trauma in childhood with bad experiences in adolescence. Patients with BPD usually said that they had a childhood trauma in the past.¹⁴ Apart from these things, repetitive trauma is also have a role in risk factor in the development of BPD. From this case, many studies suggest that repetitive trauma in childhood is significantly associated with BPD in adults. This trauma can include physical violence, sexual violence, abuse, emotional abuse, or perhaps just witnessing violence between families.¹⁵ Based on the research by Kitamura and Nagata (2014) concluded that childhood trauma is the main determinant for BPD, depression, and suicidal behavior. It was also conveyed that it was compared another personality disorder, then most childhood trauma related to BPD.¹⁶ Based on the data obtained, they concluded that 90% of individuals are experiencing physical and sexual violence at the time age children will experience BPD.¹⁶ Rasonabe also states that family factors (relationship with father, mother, and siblings) are very instrumental in the occurrence of BPD. A child who is experienced violence (which was done by the person expected protect it) will tend to looking at the world becomes uncomfortable and not safe. Hence, it is try to protect themselves with being aggressive.¹⁷

However, this traumatic experience in childhood is believed to be the biggest contributor in playing the role of BPD development which is supported by many factors that supported by the high level of comorbidity between BPD and post-traumatic stress disorder which has now been named as "complex post-traumatic stress disorder".¹⁸

METHOD

The author makes a literature review of the effect of trauma in childhood on borderline personality disorder based on literature that has been published and had correlation.

RESULT

In general, all traumas showed a significant association with BPD symptoms. However, sexual harassment is the only one that shows a tremendous impact compared to others in development of BPD. Due to the large number of unclear overlaps between childhood traumas, difficulties in childhood may be one of the necessary excitements of this exemplar. For example, there is a significant relationship between childhood bullying with the development of BPD.¹⁹ This study leaving the impression that past dangerous events as possible play a role in the personality disorder.

Trauma that occurred at the time children will carry over to adulthood and affect the person's view about himself and others. Childhood trauma can include physical violence, sexual violence, abuse, emotional abuse, or perhaps just witnessing violence between families. Riggs confirm too that the upbringing traumatized the child, that is parenting that is often neglected the child's emotional experience, cold, and inconsistent.²⁰ In the DSM-5 stated that if individual experienced trauma in childhood, then he was will have heart wounds. To close his wounds the individual will do risky

behavior in order to get attention from other people. That behavior appears to be included in the BPD criteria.³

Children who experience physical abuse will develop negative feelings such as fear, hurt, feelings rejected / not accepted by the environment, which causes in child adulthood tend to love to seek intimacy from other people and do everything they can to avoid feeling rejected / afraid left by someone else. So as with children who experience violence sexual threat is very likely to be threatened by the culprit to remain silent and not tell the experience to anyone. Thus, they were very scared and ashamed but cannot reveal his feelings so consequently the process emotional processing and ways expressing emotions (emotion regulation) inside the child will be disturbed.¹⁶ This is also in line with the results research from Lestari, Faturochman, and Kim (2010) who concluded that the child's trust in their parents will develop into trust in others and trust in yourself alone. Accordingly, if a child believe in parents, the child's ability will be more optimal looking at the world to be a place secure. Several things can be done so that children believe in their parents is honest, thoughtful, warm, and child support.²¹

DISCUSS

Traumatization in childhood and lack of emotional regulation can identify BPD patients who have reactions to chronic traumatic events compared to BPD patients who are affected by secondary dysregulatory effects who have no etiology.^{22,23}

This study not only guides us to make a diagnosis, but can also serve as the basis for clinical research related to different BPD treatment targets depending on etiology.²⁴⁻²⁸

Childhood trauma has been playing a big role as an etiological factor in such psychiatric conditions.²⁹⁻³² This makes it possible to conceptualize various adaptations to trauma in their childhood, or other trauma from multiple personality disorders to severe abuse, borderline personality disorder represents other forms of adaptation associated with abusing, panic, and anxietas which represents the experience of dissociative somatic of the bad events.³³

Child abuse is essential for the BPD especially in female patients. Epidemiological data show that girls are more likely to be a sexual abuse victimization more than boys.³⁴ In addition, sexual harassment appears to have a prelonger mark than physical abuse.³⁵ Thus, girls may be more frequently exposed to bordeline personality disorder more over than boys. The main finding of this study is that there is an assumption that there is a relationship associated with abuse in childhood, difficulty controlling emotions. That is show that neglected emotions can be attributed to a lack of strategies for emotional regulation. And emotional abuse can be linked to strategy of non-functioning emotional control. In our study of this type of abuse, we found that there are no specific effects on sexual and physical abuse or on difficulty in controlling the emotion. Even though, physical abuse and sexual harassment in the past has been linked so many times with adversarial and emotionally regulated behaviors, such as self-injurious behavior predicted as a result of sexual harassment. But the inability to regulate emotions is more severe if the patient has a history of emotional abuse than sexual harassment.²³ Furthermore, emotional trauma may not have been adequately studied in previous research. In fact, this is possible argued that diverse types of traumas may influence the degree of difficulty in regulating different emotions. For example, if there has been

physical abuse in the past, this may cause to more combative or violent behavior.^{24,36}

As we can see that trauma in childhood can influence the process of emotional management and have a very harmful effect. Although the trauma such physical and sexual can be linked to other causes.²⁶ However, the consequences of such an adverse event differ between the perpetrator and the victim.²⁷ A literature in 2003 said that trauma experiences, have a worst effect on difficulty of controlling the emotion. What we should pay attention to is that abusing in childhood is characterized by high levels of betrayal.²⁸

BPD is a complex disease that requires special attention related to treatment. Studies related to PTSD have said that recovery associated with such traumatic memories is very important. The consolidation of the trauma is a condition for development of anger and feeling management, and disposition; the ratification of the trauma is a requirement to reunite identity to start a good relationship with others. The PTSD state is often undiagnosed at the onset of the traumatic event; these patients may show the good improvement once the association between symptoms and that trauma is recognized by the examiner. Whether some of the therapeutic reactions in patients by making proper observations of current patient symptoms with past trauma events remains to be studied.³⁶⁻⁴⁰

Although we have shown that there is a specific relationship with past trauma and difficulty with management the emotions, the effects of trauma on childhood are still considered to be many varieties.⁴¹ Childhood trauma is problematical a model for unstable emotional, and not all child victims of past abuse

develop into BPD. Thus, we have to think about how to protect children who are at risk for that.⁴²

However, trauma in their childhood have a related to this personality disorder symptoms. There were a big correlation for event in their past and influence the management of emotion.⁴³ Management of controlling the emotion is regarded as one of the symptoms of personality disorder. Another study has shown that the management of emotion may play a big effect in mental disorders. Marx Sloan (2002) found that excessive ordinance also plays an important role in the development of the symptoms in victims of sexual abuse.^{44,45} Moreover, Lanius and consequently said in their study support the different forms of post-trauma self-management which are by hyperarousal or numb of emotion.⁴⁶

In this case, the management effect in the treatment of BPD is hoped to help patients to develop and express their emotions correctly in life.^{47,48} Finally, from the explanation above can be agreed that childhood trauma was experiencing or feeling the impact of a traumatic event that is repeated, chronic, prolonged, and interpersonal in early life.⁴⁹ These traumatic events usually occur in the immediate family environment of the child and the child is neglected in an educational, emotional, and physical way and is subjected to physically and emotionally inadequate treatment. Trauma from childhood will negatively affect various psychological functions such as views of oneself and others, self-regulation and ways of expressing emotions.⁴⁹

CONCLUSION

There is a significant correlation with trauma in the childhood and borderline personality disorder. It is known that to prevent the occurrence of BDP, can be done with forget about childhood trauma. In summary, childhood trauma, is connected to unstable management of emotion control. Moreover, difficulty in managing the emotions have a big role between abusing emotion and acute borderline personality disorder.

REFERENCES

1. Stern A: Psychoanalytic investigation of and therapy in the borderline neuroses. *Psychoanal Q* 1938; 7:467-489
2. Keppen & Kimberly. (2014). The effects of childhood abuse on the etiology of borderline personality disorder. A research paper presented to the faculty of the Adler Graduate School.
3. American Psychiatric Association (APA). (2013). *Diagnostic and statistical manual of mental disorders (DSM-5)*. Washington, DC: APA Publishing
4. Distel MA, Trull TJ, Derom CA, Thierry EW, Grimmer MA, Martin NG, et al. Heritability of borderline personality disorder features is similar across three countries. *Psychol Med* 2008;38:1219 – 29.
5. Skodol AE, Siever LJ, Livesley WJ, Gunderson JG, Pfohl B, Widiger TA. The borderline diagnosis II: Biology, genetics, and clinical course. *Biol Psychiatry* 2002;51:951 – 63.
6. Goodman M, New A, Siever L. Trauma, genes, and the neurobiology of personality disorders. *Ann NY Acad Sci* 2004;1032:104 – 16.
7. White CN, Gunderson JG, Zanarini MC, Hudson JI. Family studies of borderline personality disorder: A review. *Harv Rev Psychiatry* 2003;11:8 – 19.
8. Klein D: *Psychopharmacology and the borderline patient*, in *Borderline States in Psychiatry*. Edited by Mack J. New York, Grune & Stratton, 1975 13.
9. Akiskal HS: Subaffective disorders, dysthymic, cyclothymic and bipolar II disorders in the borderline realm. *Psychiatr Clin North Am* 1981; 4:25-46 14.
10. Akiskal HS, Chen SE, Davis GC, et al: Borderline: an adjective in search of a noun. *J Clin Psychiatry* 1985; 46:41-47
11. Kernberg O: *Borderline Conditions and Pathological Narcissism*. New York, Jason Aronson, 1975 11.
12. Adler G: *Borderline Psychopathology and Its Treatment*. New York, Jason Aronson, 1985
13. Fruzzetti AE, Shenk C, Hoffman PD. Family interaction and the development of borderline personality disorder: A transactional model. *Dev Psychopathol* 2005;17:1007 – 30.
14. Zanarini, M. C., Williams, A. A., Lewis, R. E., Reich, R. B., Vera, S. C., Marino, M. F., ... Frankenburg, F. R. (1997). Reported pathological childhood experiences associated with the development of borderline personality disorder. *American Journal of Psychiatry*, 154, 1101–1106.
15. Graybar SR, Boutilier LR. Nontraumatic pathways to borderline personality disorder. *Psychotherapy* 2002;39: 152 – 62.
16. Kitamura, T., & Nagata, T. (2014). Suicidal ideation among Japanese undergraduate students: Relationships with borderline personality trait, depressive mood, and

- childhood abuse experiences. *American Journal of Psychology and Behavioral Sciences*, 1(2), 7-13.
17. Rasonabe, M. B. (2013). Predisposed borderline personality disorder (PreBPD). *ISS & MLB. ISS*. September 24-26, pp 1004.
 18. Lewis KL, Grenyer BF. Borderline personality or complex post-traumatic stress disorder? An update on the controversy. *Harv Rev Psychiatry* 2009;17:322 – 8.
 19. Sansone RA, Lam C, Wiederman MW. Being bullied in childhood: Correlations with borderline personality in adulthood. *Compr Psychiatry* 2010;51:458–61.
 20. Riggs, S. A. (2010). Childhood emotional abuse and the attachment system across the life cycle: What theory tell us. *Journal of Aggression, Maltreatment, and Trauma*, 19(1), 5-51.
 21. Lestari, S., Faturachman., & Kim, U. (2010). Trust in parent-child relationship among undergraduate students: Indigenous psychological analysis. *Jurnal Psikologi*, 37(2).
 22. Herman, J. L. (1992). *Trauma and recovery*. New York, NY: Basic Books.
 23. Burns, E. E., Jackson, J. L., & Harding, H. G. (2010). Child maltreatment, emotion regulation, and posttraumatic stress: The impact of emotional abuse. *Journal of Aggression, Maltreatment & Trauma*, 19, 801–819.
 24. Briere, J., & Runtz, M. (1990). Differential adult symptomatology associated with three types of child abuse histories. *Child Abuse & Neglect*, 14, 357–364
 25. Hankin, B. L. (2005). Childhood maltreatment and psychopathology: Prospective tests of attachment, cognitive vulnerability, and stress as mediating processes. *Cognitive Therapy and Research*, 29, 645–671.
 26. Rose, D. T., & Abramson, L. (1992). Developmental predictors of depressive cognitive style: Research and theory. In D. Cicchetti & S. L. Toth (Eds.), *Developmental perspectives on depression* (Vol. 4, pp. 323–350). New York, NY: University Rochester Press.
 27. Freyd, J. (1996). *Betrayal trauma: The logic of forgetting childhood abuse*. Cambridge, MA: Harvard University Press.
 28. Goldsmith, R. E., Chesney, S. A., Heath, N. M., & Barlow, M. R. (2013). Emotion regulation difficulties mediate associations between betrayal trauma and symptoms of posttraumatic stress, depression, and anxiety. *Journal of Traumatic Stress*, 26(3), 376–384
 29. Bliss EL: Multiple personalities: a report of 14 cases with implications for schizophrenia and hysteria. *Arch Gen Psychiatry* 1980; 37:1388-1397 36.
 30. Horevitz RP, Braun BG: Are multiple personalities borderline? *Psychiatr Clin North Am* 1984; 7:69-87
 31. Putnam FW, Post RM, Guroff JJ, et al: One hundred cases of multiple personality disorder. *J Clin Psychiatry* 1986; 47:285- 293
 32. Sachs R, Goodwin J, Braun B: The role of childhood abuse in the development of multiple personality, in *Multiple Personality and Dissociation*. Edited by Braun B, Kluft R. New York, Guilford Press, 1986
 33. Van der Kolk B: The trauma spectrum: the interaction of biological and social events in the genesis of the trauma response. *J Traumatic Stress* 1988; 1:273-290
 34. Finkelhor D: *Sexually Victimized Children*. New York, Free Press, 1979
 35. Pagelow M: *Family Violence*. New York, Praeger, 1984
 36. Kardiner A: *The Traumatic Neuroses of War*. New York, Hoeber, 1941
 37. Niederland WG: The role of the ego in the recovery of early memories. *Psychoanal Q* 1965; 34:564-571
 38. Horowitz MJ: *Stress Response Syndromes*. New York, Jason Aronson, 1976 44. Herman JL: *Father-Daughter Incest*. Cambridge, Harvard University Press, 1981
 39. Danieli Y: The treatment and prevention of long-term effects and intergenerational transmission of victimization: a lesson from Holocaust survivors and their children, in *Trauma and Its Wake: The Study and Treatment of Post-Traumatic Stress Disorder*. Edited by Figley CR. New York, Brunner/Mazel, 1985
 40. Rieker PP, Carmen E: The victim-to-patient process: the disconfirmation and transformation of abuse. *Am J Orthopsychiatry* 1986; 56:360-370
 41. Briere, J., & Jordan, C. E. (2009). Childhood maltreatment, intervening variables, and adult psychological difficulties in women: An overview. *Trauma, Violence, and Abuse*, 10(4), 375–388
 42. Campbell-Sills, L., Forde, D. R., & Stein, M. B. (2009). Demographic and childhood environmental predictors of resilience in a community sample. *Journal of Psychiatric Research*, 43, 1007–1012.
 43. Paivio, S. C., & Laurent, C. (2001). Empathy and emotion regulation: Reprocessing memories of childhood abuse. *Journal of Clinical Psychology*, 57, 213–226.
 44. Koenigsberg, H. W., Harvey, P. D., Mitropoulou, V., Schmeidler, J., New, A. S., Goodman, M., . . . Siever, L. J. (2002). Characterizing affective instability in borderline personality disorder. *American Journal of Psychiatry*, 159, 784 –788
 45. Van Dijke, A., Van der Hart, O., Ford, J. D., Van Son, M., Van der Heijden, P., & Buhring, M. (2010). Affect dysregulation and dissociation in borderline personality disorder and somatoform disorder: Differentiating inhibitory and excitatory experiencing states. *Journal of Trauma and Dissociation*, 11, 424 – 443.
 46. Lanius, R. A., Hopper, J. W., & Menon, R. S. (2003). Individual differences in a husband and wife who developed PTSD after a motor vehicle accident: An functional MRI case study. *American Journal of Psychiatry*, 160, 667– 66
 47. Allen, J. G. (2001). *Traumatic relationships and serious mental disorders*. London, England: Wiley.
 48. Courtois, C., & Ford, J. D. (Eds.). (2009). *Treating complex traumatic stress disorders: An evidence based guide*. New York, NY: Guilford Press.
 49. Damayanti, A. (2018). Pengaruh Trauma Masa Kanak Terhadap Kelekatan Dewasa pada Dewasa Awal yang Pernah Menyaksikan KDRT Ditinjau Dari Kepribadian. Indonesia: Universitas Airlangga.