

## Brief Article

## Prediction borderline personality disorders relay on negative life events

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### Abstract

**Background:** Borderline personality disorder (BPD) is a chronic condition that warrants further empirical investigation. The aim of this research was to investigate prediction of BPD symptomatology relay on recent life experience.

**Methods:** Data for the current study was collected from students of Shiraz university. Sample consisted of 120 undergraduate students. The ages of the sample ranged from 18-26 with an average age of 19.55. Forty-four participants were men (36.6%) and fifty-six participants were women (46.6%). Instruments were used in this study include: Inventory of College Students' Recent Life Experience (ICSRLE; Kohn, Lafreniere, & Gurevich, 1990) and Five-Factor Borderline Personality Inventory (FFBI; Mullins-Sweatt et al., 2012).

**Results:** Revealed non-significant effects for gender on total borderline personality scores, five subscales of FFBI and negative life events. Also these results showed negative life events predicted borderline personality traits.

**Conclusion:** Negative life events could predict borderline personality traits.

**Declaration of Interest:** None.

**Key words:** Borderline Personality Disorder, Psychological Trauma, Students.

### Introduction

Although the etiology of BPD has yet to be definitively identified, several factors are implicated in its development, such as problematic attachment relationships and adversity in early life events (Hooley & Wilson-Murphy, 2012). "The goal of attachment is the creation of an external environment from which the child develops an internal model of the self that is safe and secure" (Agrawal, Gunderson, Holmes, & Lyons-Ruth, 2004, p. 95). Attachment theory posits that the pattern of interaction and the emotional bond between primary caretakers and infants serves as a template for intimate interactions in later life. Children whose needs are consistently met and who have developed an

Emotional bond with their primary caregiver generally go on to develop healthy relationship patterns and consistent self-images (Agrawal et al., 2004). The typical results of a secure attachment differ drastically from patterns seen in those diagnosed with BPD (i.e., unstable relationships marked by fear of abandonment). Considering these findings, it is warranted to examine borderline personality pathology in samples of older adolescents and young adults. Borderline personality disorder is associated with adverse life events in childhood. Specifically, separation from or loss of parental figures in early childhood is reported in approximately 20% to 40% of those diagnosed with BPD (Bradley, Conklin, & Westen, 2007). Additionally, childhood

maltreatment (i.e., neglect, cruelty, physical and sexual abuse) is implicated in the development of BPD, and studies have found an incidence of childhood abuse in 81% of individuals diagnosed with BPD (Bradley et al., 2007). In addition to traumatic experiences in childhood, unstable family and social environments have also been theorized and empirically supported in the manifestation of BPD symptoms (Linehan, 1993). Adverse events in social contexts during adolescence and late adulthood are also closely linked to the onset of BPD symptoms (Fall & Craig, 1998).

Attachment theory may be important in explaining the development of BPD features. Based on the work of Ainsworth and Bowlby (1991) personality dysfunction is congruent with attachment experience during critical periods of development in early childhood. Particularly, BPD features are associated with insecure, strained, and disorganized attachments between a child and caregiver. An insecure attachment may develop from several adverse events including: neglect, maltreatment, and abuse (Kaehler & Freyd, 2009). Failure to overcome early adverse life events contributes to the development of an emotional bond associated with maladaptive views about the self and others (i.e., negative self-image and distrustfulness of others; Lyddon & Alford, 2007). In keeping with this position, events associated with inconsistent, uncaring, and/or over - controlling parenting is believed to lead to the development of maladaptive relationship beliefs and problematic attachment patterns that are characteristic features of BPD (Hooley & Wilson-Murphy, 2012). Specifically, the type of attachment pattern that is characteristic of BPD is disorganized, marked by numerous adverse life events (Agrawal et al., 2004).

Early life events of those diagnosed with BPD are consistent with early life events that result in disorganized attachment styles. A study found that disconnected parental behavior (e.g., frightening/threatening behaviors, keeping the child at a distance, unpredictable behaviors, and contradictions in speech and behavior toward the child) predicted disorganized attachments (Out, Bakermans-Kranenburg, & Van IJzendoorn, 2009). These types of early experiences closely match the invalidating environment that is thought to facilitate the development of BPD

(Linehan, 2003). In invalidating environments, communication of inner experiences is met by inappropriate and erratic responses by caregivers (Linehan, 1993). It is hypothesized that invalidating parents are less warm and caring toward their children and respond to their children's' needs with less compassion (Robertson, Kimbrel, & Nelson-Gray, 2013). Therefore, it can be concluded that unstable family environments contribute to the development of disorganized attachments and, in turn, to the onset of BPD features. Additionally, individuals who are diagnosed with BPD and individuals with disorganized attachment styles experience similar traumatic experiences in early childhood. As previously noted, maltreatment (Carlson, 1989), abuse, and neglect (Stronach et al., 2011) have been empirically linked to disorganized attachments. Neglect, cruelty, physical and sexual abuse have been empirically linked to individuals diagnosed with BPD (Bradley et al., 2007). Overall, the similarities between early experiences of those with disorganized attachments and those with BPD suggest that disorganized attachments may facilitate the development of BPD. Moreover, it is theoretically and empirically supported that traumatic events common within disorganized attachments are antecedents in the development of BPD (Prunetti, Framba, Barone, Fiore, Sera, & Liotti, 2008).

Although adverse early childhood events have been identified as antecedents in the development of BPD, recent social experiences during adolescence and emerging adulthood contribute to unstable relationship patterns that are characteristic of BPD. Interpersonal Psychotherapy (IPT) posits that mental conditions, like BPD, arise from three components: symptom function, social and interpersonal relations, and personality and character problems (Weissman, Markowitz, & Klerman, 2000). BPD is characterized by a high level of social dysfunction (Hulbert, Jennings, Jackson, & Chanen, 2011); therefore, adverse life events associated with social and interpersonal relations component of IPT may be helpful in explaining the onset and exacerbation of BPD features.

BPD is marked by numerous disruptions in social functioning, such as anxiety, fear of aloneness, a need for intimacy but fear of

rejection, and erratic feelings in relationships (Drapeau & Perry 2004). These features are often activated in response to environmental-social cues in adolescence and adulthood (e.g., in response to perceived criticism from a partner; Scott, Levy, & Pincus, 2009). Recent events of social rejection and isolation are thought to be key factors in the development and exacerbation of BPD (Herpertz, 2013). Specifically, a longitudinal study found that multiple types of peer victimization (i.e., exclusion from play, teasing, and rumors) was a predictor of BPD symptoms (Wolke, Schreier, Zanarini, & Winsper, 2012). Similarly, other researchers found evidence for a strong association between recent bullying events and the expression of BPD symptoms (Sansone, Chang, Sellbom, & Jewell, 2013).

More recent negative events are also associated with the maintenance of BPD symptoms. Pagano and colleagues (2004) reported that individuals with BPD experience greater incidents of negative life events over time, which are accompanied by increased rates of symptoms. It was reported that individuals with BPD reported more incidents of negative events and fewer incidents of positive events than those with other personality disorders (Jovev & Jackson, 2006). Similarly, Jovev and Jackson (2006) found that those with BPD had lower levels of functioning, perceived daily life hassles as more intense, and experienced more frequent negative life events especially in the interpersonal domains of life. Overall, considering these findings, it is expected that greater reports of negative life events would be positively associated with self-reported BPD features.

The aim of this research was to investigate prediction of BPD symptomatology relay on recent life experience.

## Methods

Data for the current study was collected from students of Shiraz University. Sample consisted of 120 undergraduate students. The ages of the sample ranged from 18-26 with an average age of 19.55. Forty-four participants were men (36.6%) and fifty-six participants were women (46.6%). Instruments were used in this study include:

Inventory of College Students' Recent Life Experience (ICSRLE; Kohn, Lafreniere, & Gurevich, 1990). The ISCLRE is a 49-item self-report instrument that measures the extent to which respondents experienced adversity/hassles over the past month. Each item is rated on a 4-point Likert scale ranging from 1 to 4 (not at all part of my life, only slightly part of my life, distinctly part of my life, and very much part of my life; Kohn et al., 1990). Kohn et al. (1990) and Osman et al.'s (1994) major findings were that the full 49-item scale total score can be used to measure a single construct, called 'hassles', and 37 of the items have a structure of seven factors to measure subscales. The subscales are labeled developmental challenge, time pressure, academic alienation, romantic problems, assorted annoyances, general social mistreatment, and friendship problems. Total scores range from 0 to 196, with higher scores indicating more exposure to stressful, adverse events. The ICSRLE has been found to have good internal consistency estimates in college student samples ( $\alpha = .92$ ; Osman, Barrios, Longnecker, & Osman, 1994). Additionally, the ICSRLE has demonstrated excellent construct validity with other measures of negative life events and distress (Osman et al., 1994). For the current study, analysis revealed that the negative life events variable had good reliability ( $\alpha = .95$ ).

Five-Factor Borderline Personality Inventory (FFBI; Mullins-Sweatt et al., 2012). The FFBI is a 120-item self-report measure of borderline personality traits based on the Five factor model of personality. For the purpose of the current study, a total score will be used to assess borderline personality symptomatology. Each item is rated on a 5-point Likert scale from 1 (strongly disagree) to 5 (strongly agree). Total scores range from 240 to 1200 with higher scores reflecting the presence of more maladaptive borderline personality traits. The FFBI has been found to have good internal consistency in a sample of undergraduate students. In addition, the FFBI has demonstrated good convergent validity with other measures of personality functioning (Mullins-Sweat et al., 2012). Good internal consistency was found for the total BPD score ( $\alpha = .98$ ) in the current study.

## Results

Forty-four participants were men (36.6%) and fifty-six participants were women (46.6%). These results suggest men report similar levels of borderline personality traits ( $M=291.89$ ,  $SD=78.97$ ) when compared to women ( $M=286.42$ ,  $SD=81.85$ ). These results suggest men report similar levels of negative life events ( $M=96.59$ ,  $SD=27.18$ ) when compared to women ( $M=97.85$ ,  $SD=24.41$ ). ANOVA revealed non-significant effects for gender on total borderline personality scores,  $F=, p>, \eta^2=$  and on negative life events,  $F=, p<, \eta^2=$ . Results also revealed a non-significant effect for gender on extraversion ( $F=1.59, p>0.2$ ), agreeableness ( $F=1.01, p<0.3$ ), conscientiousness ( $F=0.001, p<0.9$ ), emotional instability ( $F=0.52, p<0.4$ ), and intellect ( $F=0.23, p<0.6$ ). Bivariate correlations were conducted to determine the relationships among total borderline personality traits and negative life events. Total borderline personality scores were positively correlated with reports of negative life events ( $r=0.74$ ). Regression revealed prediction borderline personality traits relay on negative life events ( $F=130.99, p<0.0001, \beta=0.73, R^2=0.54$ ).

## Conclusion

Non-significant gender differences among self-reports of negative life-events and BPD features were revealed. Interestingly, these findings suggest women and men self-report comparable estimates of borderline personality characteristics. This result is inconsistent with previous findings suggesting borderline personality disorder occurs more frequently in women than men (APA, 2013; Sharp, Michonski, Steinberg, Fowler, Frueh, & Oldham, 2014; Sansone & Sansone, 2011b). The lack of gender differences in the current study could be a result of how borderline personality features were measured. The FFBI contains several subscales that contribute to a total BPD score. It is possible that subscale scores had a cancelling-out effect that reduced gender differences for total BPD scores. For instance, behavioral dysregulation and rashness are subscales of BPD total scores that are highly associated with impulsivity and behavioral

acting out. In turn, impulsivity and behavioral acting out are two behavioral patterns reflective of how emerging adult men manage threats to self-esteem (Sharp et al., 2014) and consistent with gender-role expectations for emerging men in terms of emotional expression (Genuchi & Valdez, 2014). Alternatively, affective dysregulation and despondence are two different features of BPD total scores that are highly associated with instances of emotional turmoil and emotional vulnerability/sensitivity (Mullins-Sweatt et al., 2012), two conditions by which women commonly self-report more difficulties (Bloise & Johnson, 2007). Therefore, it is possible that men's higher impulsivity-related scores canceled out women's higher emotional vulnerability-related scores resulting in similar overall total BPD scores for each gender. Future research may look to examine gender differences among unique features of BPD (i.e., impulsivity vs. emotional vulnerability) rather than a total BPD score. This may clarify if and how men and women differentially experience and manifest symptoms of BPD. Such a line of inquiry may enable clinicians to develop more targeted gender-specific treatment plans for BPD.

Results indicate that negative life events are positively and directly associated with reports of BPD traits. This result indicates that individuals who experience more negative life events also report higher levels of BPD traits. These results are consistent with previous research indicating a strong relationship between indices of stress and BPD pathology (Bradley, Conklin, & Westen, 2007; Fall & Craig, 1998; Linehan, 1993).

However, due to restrictions on the research design, the current study cannot speak on a causal pathway between negative life events and BPD features. Using longitudinal and experimental designs can help clarify the role of negative life events in terms of contributing to the onset and exacerbation of BPD features. Specifically, it is important that researchers determine stress as a risk factor versus a vulnerability factor to BPD symptoms. The distinction between risk factors and vulnerability factors is important in terms of devising effective treatment plans. Specifically, treatment

plans focused on reducing the activation of vulnerability factors over risk factors appear more effective in terms minimizing debilitating symptoms and enhancing life-promoting resources (Ingram, Atchley, & Segal, 2011).

Ingram and colleagues (2011) define vulnerability as the susceptibility to emotional pain and directly attribute the concept to the onset and maintenance of psychopathology. Risk factors, on the other hand, describe the extent to which individuals have an increased likelihood of developing a psychological disorder (Ingram et al., 2011). Risk factors speak to the features associated with probability of developing a disorder, while vulnerability is concerned with the mechanisms that cause the disorder (Ingram et al., 2011). The clarification of stress as either a vulnerability factor or risk factor could potentially influence how theories conceptualize underlying etiological influences of BPD features. This in turn, will direct more beneficial lines of inquiry to support prevention and intervention efforts.

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