

## The Relationship between Childhood Trauma, Attachment Style and Self-Knowledge in People with Borderline Personality Disorder

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### ABSTRACT

**BACKGROUND AND OBJECTIVE:** The Psychology of "self" is defined as the ordering of human experience and behavior. The aim of this study was to examine the relationship between childhood and attachment damages with the integrity of the "self" in people with borderline personality disorder.

**METHODS:** This descriptive correlation study was conducted on 100 patients with borderline personality disorder referred to a psychiatric clinic in Sari hospital, aged 55-18, who were selected by convenience sampling method. Evaluation of the "cohesion" was done using 12-item questionnaire cohesive self-knowledge, 12-item childhood damages of Boglas Brimner and attachment styles of Hazan and Shaver.

**FINDINGS:** The emotional damage had a negatively correlation with 0.23 secure attachment ( $p < 0.05$ ). Physical damage in childhood had a significant negative correlation with an avoidant attachment style and the correlation coefficient was 0.231 ( $p < 0.05$ ). General damages in childhood had a positive and significant relationship with ambivalent attachment style and the correlation coefficient was 0.239 ( $p < 0.05$ ).

**CONCLUSION:** According to the results of this study, safe and avoidant attachment styles had negative relationship with physical and emotional damages in childhood, whereas ambivalent attachment style was positively correlated with childhood damages.

**KEY WORDS:** *Integrative Self-knowledge, Childhood Damages, Attachment Styles, Borderline Personality Disorder.*

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## Introduction

Bowlby in his attachment theory has stated that separation anxiety and physical care functions in close relationships are important. In addition, he has emphasized on the importance of interpersonal experiences as a source of individual differences in regulation of emotion throughout life (1). Insecure attachment may cause a certain type of dysfunction in "self" and emotion regulation, especially in interpersonal relationship as clinical observations on patients with borderline personality disorder confirmed this (2). Borderline personality disorder is a dysfunction caused primary damage in life (3). VanDijke and colleagues in his research showed that borderline personality disorder is associated with down-regulation of emotions and fear of loss (4). Pearleman showed simple mother inconsistencies and disabilities in baby's needs are due to anxiety or depression that can also be seen by the baby as an overwhelming separation. Attention disabilities may cause by the inability of the situation inside the mother, such as anxiety, depression, or external conditions. Therefore, a mother's emotional absence with physically present, may have the same damaging effects such as real separation (5).

Continuation of attachment style in the process of transformation is the new research topics in this field and the obtained results confirmed this continuity. Features of attachment styles establishing within mother-child relationship framework, are determinant of the ideas and experiences of the individual from interpersonal emotional relationship. When the two main types of attachment (secure and insecure) is divided; resulted that secure attachment than the insecure attachment is damaged during childhood. Not only physical ignoring, but also emotional and sexual abuses in people with secure attachment is much less of insecure attachment (7). Thus, according to the importance of early years of life in the formation and creation of self-integration and the role of childhood damages and the type of attachment style in creating it, this study was conducted to examine the relationship between childhood damages and attachment styles with self-consistency in patients with borderline personality disorder.

## Methods

This descriptive study using correlation method was done on 100 patients with borderline personality

disorder referred to Imam Khomeini psychiatric clinic and the available sampling method was used. Patients with borderline personality were entered in study according to psychiatrist evaluation and least literate to understand the questionnaires.

Moreover, patients with mental retardation and psychosis status were excluded from study. For the diagnosis of borderline personality, (SCID-II) which is a Semi-structured interview was used. SCID-II diagnosis is based on DSM-IV evaluating the personality disorders (Axis II). This interview runs as self-reported. Reliability and validity of the interview has been confirmed by research of Malo et al. In test-retest design, reliability with interval of 84 hours for borderline personality disorder was reported 87%. The reliability of the Persian version of this test using test-retest design, was tested and reliability of 87% was obtained (8).

Integrative self-knowledge questionnaire: this questionnaire was made by Ghorbani et al including 12 articles that responder states his/her status about each question on a continuum five grade including mostly true, mostly false specifies. Results show the reliability and validity of this scale. In study of Ghorbani et al obtained alpha for the scale in Iran and America was 0.81 and 0.83, respectively (11-9).

**Hazen Shaver Adult Attachment Scale:** This scale consisted of 15 items, which has three sub-scale secure attachment, ambivalent style, avoidant style. Hazan and Shaver obtained the retest reliability of the questionnaire 81% and also reported the Cronbach alpha reliability of 78% (13, 12). This questionnaire has been validated by Boughar Rahimian and colleagues. Cronbach's alpha reliability of this tool in this study for total test, ambivalent style, avoidant style and safety style were 75%, 83%, 81%, and 77% indicating good reliability (14).

**Short form- early traumatic experiences self-report questionnaire:** This questionnaire was made by Boglas Brimner. The short form questionnaire evaluate four basic aspects of possible damages occurred before the age of 18 including the overall damage, physical abuse, emotional abuse and sexual abuse. In short form questionnaire, correlation of each items with total vulnerable subgroups is between 23% to 57%, correlation with the subgroup of physical abuse between 37% to 63%, between 56% to 75% for emotional subgroup and for subgroup of sexual abuse between 57% to 78%. In addition, a high level of internal consistency with Cronbach's alpha for subscale

of the overall damage, physical, emotional, sexual damages was calculated 70%, 75%, 86%, 87%, respectively (15). In this study, descriptive and inferential statistical models and SPSS software version 22 was used.

## Results

This study included 62 males (8.60%) and 40 females (2.39 percent). Participants aged 18 to 55 years and 1.44% were high school graduates (table 1). Mean damage score was  $67.4 \pm 29.36$  and integrative self-knowledge was  $26.6 \pm 29.45$  (table 2). General childhood damages showed no significant relationship

with none of attachment styles. There was no relationship between sexual trauma and attachment styles as well. Among them, the emotional damage had a significant negative relationship with secure attachment ( $p < 0.05$ ,  $r = -0.23$ ). In addition, physical damage in childhood showed a significant negative correlation with an avoidant attachment style ( $p < 0.05$ ,  $r = -0.231$ ). General injury in childhood, had a significant positive relationship with its ambivalent attachment style ( $p < 0.05$ ,  $r = -0.239$ ) (table 3). The results indicated that there is no significant correlation between self-knowledge with childhood damages. Moreover, no significant relationship between self and subscales of childhood damages was seen ( $p < 0.05$ ).

**Table 1. Frequently distribution of demographic variables**

| Population-cognitive features | Age range      | N(%)     | Cumulative percentage |
|-------------------------------|----------------|----------|-----------------------|
| Age range                     | 18 to 20 years | 19(18.6) | 18.6                  |
|                               | 21 to 25 years | 28(27.5) | 46.1                  |
|                               | 26 to 30 years | 30(29.4) | 75.5                  |
|                               | 31 to 35 years | 18(17.6) | 93.1                  |
|                               | 36 to 40 years | 3(2.9)   | 96                    |
|                               | 41 to 46 years | 2(2)     | 98                    |
|                               | 47 to 55 years | 2(2)     | 100                   |
| Grade                         | Primary        | 4(3.9)   | 3.9                   |
|                               | Guidance       | 23(22.5) | 26.4                  |
|                               | Diploma        | 45(44.1) | 70.6                  |
|                               | Collegiate     | 30(29.4) | 100                   |
| marital status                | Single         | 56(54.9) | 54.9                  |
|                               | Married        | 35(34.3) | 89.2                  |
|                               | divorced       | 11(10.8) | 100                   |

**Table 2. Average score of self-questioning, attachment and childhood injury**

| Group                      | Mean±SD    | Min | Max |
|----------------------------|------------|-----|-----|
| Total damage               | 36.29±4.67 | 27  | 48  |
| General injury             | 13.99±1.97 | 10  | 18  |
| Physical injury            | 7.01±1.83  | 5   | 10  |
| Emotional damage           | 6.57±1.85  | 5   | 10  |
| Sexual trauma              | 8.72±1.44  | 5   | 10  |
| Avoidant attachment        | 13±4.21    | 5   | 21  |
| Secure attachment          | 14.21±3.79 | 5   | 24  |
| Ambivalent Attachment      | 13.16±4.25 | 5   | 25  |
| Integrative Self-knowledge | 45.29±6.26 | 26  | 56  |

**Table 3. Correlation matrix of variables**

|                            | 1      | 2      | 3      | 4      | 5     | 6       | 7     | 8     | 9 |
|----------------------------|--------|--------|--------|--------|-------|---------|-------|-------|---|
| Total damage               | 1      |        |        |        |       |         |       |       |   |
| General injury             | 0.71** | 1      |        |        |       |         |       |       |   |
| Physical injury            | 0.68** | 0.34** | 1      |        |       |         |       |       |   |
| Emotional damage           | 0.63** | 0.19   | 0.22*  | 1      |       |         |       |       |   |
| Sexual trauma              | 0.59** | 0.27** | 0.20*  | 0.23*  | 1     |         |       |       |   |
| Avoidant attachment        | -0.03  | 0.12   | -0.23* | -0.03  | 0.08  | 1       |       |       |   |
| Secure attachment          | -0.03  | 0.04   | 0.09   | -0.23* | 0.04  | -0.28** | 1     |       |   |
| Ambivalent Attachment      | 0.15   | 0.24*  | -0.05  | 0.13   | 0.06  | 0.16    | 0.05  | 1     |   |
| Integrative Self-knowledge | -0.09  | -0.15  | 0.13   | -0.13  | -0.09 | -0.05   | -0.06 | -0.01 | 1 |

\* $p < 0.05$ , \*\* $p < 0.01$

## Discussion

Based on this findings, emotional damage had negative relationship with secure attachment in childhood, physical damages had a significant negative correlation with avoidant attachment style and general damages in childhood had a significant positive correlation with ambivalent attachment style. These findings are similar to results of Bateman and colleagues believe that in patients with borderline personality disorder, disorganized attachment style is formed in connection with annoying experiences with caregivers. In addition, the results of a study done by Louise Clark and colleagues investigating the impact of childhood abuse and adult attachment style in relationships of clinical care of breast cancer is in line with our findings (17, 16).

The results showed no significant relationship between self-coherence with childhood injuries. This finding is not consistent with results of Carlson and his colleagues indicated that child abuse (24-18Mahgy) is one of the most important estimators of borderline personality disorder (18). According to results of this study, integrative self-knowledge showed no significant relationship with any attachment styles. This finding is not consistent with results of Carlson and his colleagues showed disorganized attachment style / confused baby (18 months), is the most important predictor of borderline personality disorder (18). No significant relationship between integrative self-knowledge with childhood injuries can be attributed to sample all received a psychiatric

diagnosis of borderline personality disorder. Because borderline personality disorder in psychodynamic theory involves a continuum stated that people can be given different types of these disorder according to severity of the damage to the structure of personality, they can acquire different form of integrative self-knowledge. This can result in heterogeneous samples and reduce the variance of integrative self-knowledge. It can be said in explaining the no significant relationship between attachment styles and integrative self-knowledge that because people with borderline personality disorder formed our sample that key features of them is inability to form close relationship with the mother and consolidation in the autistic psychosis, therefore, these people have no understanding of the attachment relationship. In fact, they have not an internal representation of primary care to develop a coherent "self" based on this internal representation.

This research faced with some research and practical constraints including being a cross-sectional study, study on the similar sample, concerns of people presented at the meeting to answer questions in their questionnaires because of insecurity and lack of external and internal studies relevant to this research.

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