

Childhood Abuse and Psychological Well-being of Patients with Borderline Personality Disorder

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The aim of the present study was to find the relationship between reported childhood abuse history and symptoms of Borderline Personality Disorder. The data was comprised of 60 participants (men=43, women=17) taken from different teaching hospitals of Lahore; Mayo Hospital Lahore, Ganga Ram Hospital Lahore, Punjab Institute of Mental Health and Fountain House. The data was collected with the help of Demographic Questionnaire, Childhood Relation of Abuse Questionnaire (Bifulco & Brown et al., 1994), Wellbeing Affectometer-2 (Kamman & Flett, 1983) and Comprehensive Diagnostic Instrument for Personality Disorder (CDIP) (Dawood & Khan, 2010). Pearson product moment was employed to find the correlation between childhood abuse, Psychological Wellbeing and symptoms of Borderline Personality Disorder. Results showed significant positive relationship between symptoms of Borderline Personality Disorder and history of Childhood Abuse; with Punishment and Father Antipathy. There was a significant negative relationship among the scales of Childhood Abuse; Sexual Abuse, Father Antipathy and Wellbeing Affectometer-2 Scale-I. The scales of Father Neglect and Father Antipathy had significant negative relation with the Wellbeing Affectometer-2 Scale-II. The symptoms of Borderline Personality Disorder had significant positive correlation with Wellbeing Affectometer-2 Scale-II.

Keywords: Borderline Personality Disorder, Childhood Abuse and Psychological Wellbeing

Borderline personality disorder (BPD) is a common personality disorder marked by unstable moods, behavior, and relationships. It is a serious disorder and is harmful to relationships,

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causing friends and family to withdraw from the individual. It covers cluster of symptoms that include emotional deregulation, fear of abandonment (real or imaginal), intense and unstable interpersonal relationship, impulsivity and suicidality. There is growing evidence which suggest that there is an association of the childhood abuse and the symptoms of Borderline Personality Disorders (Zanarini, et al., 2002; Mclean, 2003; Lyskar, & Wickeett, 2004). Research has revealed that child abuse is correlated significantly with the severity of symptoms of Psychiatric Disorder (Fondacar, 1999; Bazirgianian , Cohen, & Brook, 1993). Borderline Personality Disorder is seen to be an indication of many other behaviors such as substance dependence, antisocial, and impulsive behaviors, that might be harmful and damaging to the individual and the society as well (Gunderson & Zanarini, 2010 ; Ferraz &Vállez, 2009). The role of psychological health and the personal well-being has also been studied along with personality disorders (Brayden & Maclean, 1995). The association of Personality Disorder and child abuse is also studied (Festinger, 2010). Moreover it is seen that Childhood Abuse was related to low level of Psychological Well Being and self-esteem. Childhood emotional abuse has also been observed to be negatively correlated with to the lower sense of self-esteem and lower sense of self control (Festinger, 2010).

There are a limited number of researches that have focused on the areas of borderline personality disorder. Previous studies have been done in Pakistan on prevalence of Personality Disorder (Yahya & Dawood, 2010); Emotional Intelligence, Personality Traits and Stress Coping Styles among Adults with mental disorders in which Borderline Personality, Anxiety and Depression were included (Safdar & Dawood, 2010). The present study will be helpful in determining the relationship of Borderline Personality Disorder and Psychological Wellbeing among the individuals who have been a victim of Child Abuse. The present research will also be helpful in appreciating the detrimental effects of childhood abuse and neglect and its relationship to Borderline Personality Disorder.

Borderline Personality Disorder

Personality Disorder is heterogeneous group of disorders defined by long lasting and enduring patterns of behavior and inner experience that are deviant. The problematic areas are manifested in

emotions, relationships and impulse control (Kring, Davison, Neale & Johnson, 2007).

Among the personality disorders, Borderline Personality Disorder is one of the most prevalent and most controversial disorder (Bradley, Conklin & Westen, 2007 as cited in Mary & Zarnani, 2005) Borderline Personality Disorder is defined as a disorder of emotion and affect. Impulsivity is the prominent feature of Borderline Personality Disorder. Recent studies have found that about 2% of American adults meet criteria for Borderline Personality Disorder BPD. Skodol(2002 as cited in Fonagy, & Bateman, 2004) stated the "Borderline Personality disorder as a complex and serious mental disorder that is a characterized by pervasive pattern of difficulties with emotion regulation and impulse control and instability of both in relationship and in self-image (p.1)". Diagnostic and Statistical Manual defined Borderline Personality Disorder as, "The essential feature of Personality Disorder is a pervasive pattern of instability of interpersonal relationships, self-image, and affects, and marked impulsivity that begins by early adulthood and is present in a variety of contexts, frantic efforts to avoid real or imagined abandonment (p. 706)."

Harter (1999 as cited in Clarkin, 1992) stated that the disruption in the relationship between child and caretaker can have detrimental effect on the development of sense of self and environment thus leading to the instable and poor conception of self. Brodsky, Cloitre and Dulit (1995) presented a research to estimate the prevalence of dissociative experiences in adult female with Borderline Personality Disorder and to explore the relationship between dissociation, self-mutilation, and childhood abuse. Fifty-two percent reported a history of self-mutilation, and 60% reported a history of childhood physical and/or sexual abuse. The participants who dissociated were more likely than those who did not do self-mutilate and to report childhood abuse.

Brown (2007) conducted a retrospective study that maternal lack of affection and rejection is critical determinant of depressive episode. Zaranani (2002) conducted to observe the severity of childhood abuse and the reported severity of symptoms in Personality. The data was gathered from sample of 290 inpatients. Results revealed that the severity of child abuse was correlated

significantly with the severity of symptoms of personality disorder. Majority of the inpatients were severely abused. Borderline personality share some features with anti-social personality disorder. Chapman and Cellucci (2007) examined the association of Borderline Personality Disorder (BPD) and Antisocial Personality Disorder (ASPD) with substance dependence among incarcerated females. Sample was gathered from 105 individuals. An ASPD diagnosis was associated with an earlier age at first arrest, along with greater childhood abuse and severity of alcohol dependence.

Yahia (2000) investigated rates of sexual abuse in Palestine society and determined the psychological effects of sexual victimization. Results of the study showed that abused participant reported higher level of psychoticism, hostility, anxiety and somatization, phobias depression and OCD as compare to non-abused patients.

Bokhary and Tauheed (2010) conducted a study on the patients of borderline personality to find out the perceived familial patterns among the participants. Five cases were studied in detail who were diagnosed with borderline personality disorder. Results of the study revealed that the perception of relationship was reported to be strained and disturbed.

Child Abuse

Child abuse and neglect is recognized as major problem. Histories have documented the occurrence and various forms of maltreatment. Major concern of researches is an attempt to understand the causes and correlates of child maltreatment (Wolfe & Jaffe, 1991). As defined by Kempe (1978) Child abuse happens when an adult whom a child trusts or depends on hurts, mistreats, or does not care for them. Physical neglect is an act of refusal to provide health care expulsion of child from home, inadequate supervision, conspicuous failure to provide protection from hazards. Educational neglect deals with the negligence with child educational needs. No specific reasons suggested for child abuse but some factors were stated in a study that might be a reason for child abuse some of these factors are size of family, birth order of the child, care taker of the child, lack of supervision (Kemp, 1978)

Psychological Well Being

Well-being is a complicated concept and difficult to define precisely. It is because psychological wellbeing is about to understand and to assess mental illness and then to treat it not just on focusing on the variables that are important in determining the well-being or healthy mental functioning. It also involves ability to manage complex environments to suit personal needs and values, meaningful goals and a sense of purpose in life. There are two most important dimensions of one's cognitive appraisals of life.

The concept of Subjective wellbeing is recognized as happiness in everyday language (Diener, Oishi, & Lucas, 2003). Diener (2000) suggests that SWB embodies two main aspects: cognitive and affective. The cognitive aspect refers to a global judgment of one's satisfaction with life. The affective aspect refers to the pleasant and unpleasant emotions and moods individuals' experience. Malik & Gul (2010) conducted a study to elucidate whether the trauma of abuse reflects upon the behavioral and emotional pattern in children. Abused and non-abused children (50 each) were drawn from 5 cities of Punjab. Univariate ANOVA revealed reliable differences of behavioral problems across abused and non-abused group. The study also revealed reliable differences in gender with a general trend for abused group than non-abused that was found more in girls than boys.

Malik(2010) conducted another study which focused child abuse and neglect from parental figure and patterns of acceptance and rejection from parents in Pakistani culture. A sample of 200 children of age 8-12 years. The results indicated that in comparison to mildly abused to severely abused children perceived their parents more rejecting. Mother education and family size were also related to abuse. Individuals with Reported childhood abuse and with symptoms of borderline personality tend to have poor perception of psychological well-being.

Hypotheses

1. There is positive relationship between Childhood Abuse and the presence of the symptoms of Borderline Personality Disorder.
2. There is negative relationship between presence of the symptoms of Borderline Personality Disorder and Psychological Well Being.

3. There is a negative relationship between Childhood Abuse and Psychological Wellbeing.

Method

Research design

In the present study Correlation research design was used.

Sampling

A sample comprising of 60 (men=43, women=17) participants with the symptoms of Borderline Personality Disorder was collected. Participants' of age 20 to 45 years were taken from different teaching hospitals of Lahore; Mayo Hospital Lahore, Ganga Ram Hospital Lahore, Punjab Institute of Mental Health and Fountain House.

Inclusion Criteria. The participants who could understand Urdu language and comprehend the items were included in the study.

Exclusion Criteria. Individuals with the history of psychosis of having any neurological deficits were excluded from the study.

Assessment Measures

In the present study following instruments were administered:

Demographic Questionnaire. It was developed by the researcher to take an account of the demographic variables such as age, gender, education level, profession of the participants, family system, religion, religious inclination, marital status, number of siblings. Few questions about substance intake, runaway history, psychological illness in family and questions regarding childhood experience were included in the questionnaire.

Comprehensive Diagnostic Instrument for Personality Disorder (CDIP): (Dawood & Yahya, 2010). Comprehensive diagnostic instrument for personality disorder (CDIP) was used to screen the participants with Borderline Personality Disorder. It has two parts, first consisted of screening questionnaire for all Personality Disorders (24 items). It is scored on a 4 point scale (0 to 4) .The second part included 12 subscales one for each Personality

Disorder including Depressive and Passive Aggressive Personality Disorder. The detail of items in each subscale as are as follows: Paranoid Personality disorder (20 items), Schizoid (16 items), Schizotypal (13 items) Anti-social (27 items), Borderline (22), Histrionic (18), Narcissistic (21), Avoidant (18), Dependent (23), Obsessive Compulsive (23), Depressive (10), and Passive Aggressive personality disorder Sub scale consisted of 10 items (Safdar & Dawood, 2010).

Childhood Experience of Abuse Care and Abuse (Bifulco & Brown 1994). The CECA.Q was administered to measure childhood abuse and neglect. Childhood Experience of Care and Abuse CEAQ has subscales measuring different forms of abuse including Parental loss, Parental neglect, Antipathy (hostile or cold parenting), Physical and Sexual abuse before age 17. High concurrent validity was demonstrated with the Parental Bonding Instrument; Antipathy: $\alpha = 0.350-0.737$ and Neglect: $\alpha = 0.69-0.72$. this questionnaire was translated and used in the present research after taking permission.

Well Being Affectometer-2 (Kamman & Flett, 1983). This instrument was administered in the present research to measure current level of well-being and satisfaction. The Well Being Affectometer-2 contains both negative and positive statements regarding Psychological Well Being. It also covers emotions such as contentment, hope, and problem solving, happiness, clear-headedness and hopelessness, loneliness. It consists of two parts. Part-A contains 19 items and part-B contains 20 items. The total items are 39. These items are scored on five point scale (1=not at all, 2=occasionally, 3=sometime, 4=often, 5=all of the time). The test re-test reliability of is 0.80. The split half reliability of Urdu version is 0.75 and test re-test reliability is 0.88.

Procedure

Pilot study was conducted on a sample of five individuals with the symptoms of Borderline Personality Disorder. The aim of the pilot study was to tackle the problems of comprehension of language and concepts used in questionnaire. There was no major problems encountered during data collection. Descriptive and correlation analysis was done to analyze the data. For the main study the permission was sought from the heads of departments for data

collection. A sample of 60 individuals (men=43, women=17) with an age range of 20-45 years was collected for main study.

Consent from participants was taken before administering the questionnaires. There was 76% response rate among total participants approached for data collection. The research participants were screened for Borderline Personality Disorder using Comprehensive Diagnostic Instrument for Personality Disorder CIPD, and then Childhood Experience of Care and Abuse (CEAQ) and Well Being Affectometer-2 were administered.

Results

The present study was conducted to find out the correlation of the Borderline Personality Disorder and the history of Childhood Abuse. Moreover the correlation of borderline personality disorder and the psychological well-being, Childhood abuse and psychological Well Being was also explored.

Table 1

Intercorrelation between Child Abuse, Psychological Well Being and Presence of Symptoms of Borderline Personality Disorder (BPD)
[N=60]

Child Abuse	Scale I (Well Being Affectometer)	Scale II (Wellbeing Affectometer)	BPD
Mother Antipathy	.042	.042	.05
Mother Neglect	-.06	-.09	.04
Father Antipathy	-.36**	-.22*	.22*
Father Neglect	.39	-.26*	.14
Punishment	.01	.02	.29*
Sexual Abuse	-.39**	.00	.11

Note: * $p < .05$, ** $p < .01$.

Table.1 shows that there is a significant negative correlation between well-being. Affectometer-2; Scale-I and Child Abuse; Scales of Sexual Abuse and Father Antipathy. However scales of Father Neglect and Mother Antipathy has non-significant positive relationship with Well Being Affectometer-2; Scale-I. Moreover, it has non-significant negative correlation with the Mother Neglect Scale. There is significant negative correlation between Well Being Affectometer-2; Scale-II and Childhood Abuse; Scales of Father Neglect and Father Antipathy. There is significant positive correlation between Well Being Affectometer-2; Scale-II and Childhood Abuse; Scales of Sexual Abuse, Mother Antipathy Scale and Mother Neglect Scale. There is no correlation between Sexual Abuse Scale and Scale II of wellbeing. Significant positive correlation between Childhood Abuse; Punishment Scale, Father Antipathy Scale and Borderline Personality Disorder is also observable in the table. There is non-significant positive correlation of Childhood Abuse; Sexual Abuse Scale, Mother Antipathy Scale, Father Neglect and Mother Neglect Scale with Borderline Personality Disorder (BPD).

Discussion

The present study was intended to find out the correlation of Borderline Personality Disorder and the Psychological Well Being of the individuals who have been abused in childhood. Moreover it was aimed to find out what type of abuse is majorly associated with the symptoms of Borderline Personality Disorder.

First hypothesis of the study stated that the childhood abuse will be positively correlated with the symptoms of Borderline Personality Disorder. Most of the literature accounts that Childhood abuse is an important factor contributing to the development of symptoms of Borderline Personality Disorder. The results of the present study are consistent with the results of the study done by McGuf & Thapar, (1992 as cited in Goldstein & Reynolds, 2011) reporting childhood abuse is an important factor in the symptom of Borderline Personality Disorder. Another study reported that the severity of reported child abuse will be correlated with the symptoms or the diagnosis of the Borderline Personality Disorder (Mary & Layane, 2001, as cited in Zanarini, et al., 2005). Risks of these disorders have been associated with prolonged institutional care, placement out of family and low socio economic status (McGuf &

Thapar, 1992 as cited in Goldstein & Reynolds, 2011). In another famous article Linda Baird theorized that childhood trauma or lack of attention from the parental figures is an important etiological factor for Borderline Personality Disorder. Bowlby (1987) came to the conclusion that attachment is a critical part of normal development (as cited in Fonagy & Bateman, 2004). In the present research most of the participants who were severely abused physically in their childhood reported symptoms of Borderline Personality Disorder. They also reported to have history of neglect from parents, severe physical punishment employed by parental figure and lack of attention to basic needs.

These results in case of second hypothesis are contradictory as positive correlation between Borderline Personality Disorder and Psychological wellbeing has been observed in present study. These result findings are not consistent with the majority of studies, that indicated that individuals with Borderline Personality Disorder will have low sense of Well Being. Brydan (1995) stated that individuals who have been sexually abused will be at risk of having problems in Wellbeing. Skodol et al. (2005) in another research stated that Personality Disorders contribute significantly to the impairment in social and emotional functioning (as cited in John & Guderson, 2008). Some of the researches have stated the reasons for high scores on Well Being scales. Some researchers have been found to be in favor of low score on wellbeing score (Mahari, 2007). However, in the present research high level of psychological wellbeing is reported. It can be attributed to the defensive style of participants with the symptoms of Borderline Personality Disorder.

Reekum & Links (1996) conducted a research on Impulsivity, defensive functioning, in Borderline Personality Disorder. (as cited in Silk, et al. 1998). In the present study the defensive response style of participants with Borderline Personality Disorder may be responsible for higher scores on scale of Well Being Affectometer-2 and thus reflecting improved psychological wellbeing. Kerenberg (1977) pointed that the characteristic feature of Borderline patients is their defense mechanism. In the light of this theory the high scores on scale of Well Being Affectometer-2 may be attributed to the obvious content of the questionnaire, defensive attitude of majority of the participants that was observed when they were questioned regarding their Psychological Well Being.

There is evidence which shows their defensive style actually allows them to present healthy picture of their relationships.

Archer & Ball (2010) study on MMPI shows there Characteristics of male and female adolescent in patients with of Borderline Personality Disorder, showed elevation on many of the clinical as well as validity scales of MMPI including F scale (faking good) MMPI profiles of Borderline patients shows psychological turmoil with anger and projection employed to defend against the feeling of being mistreated. BPD appeared to have superficial interpersonal relationship without warmth attachments (as cited in Paris, 1993). This can be related to the response style of the participants of the present study.

The third hypothesis of the study stated that there will be a negative correlation between the Psychological Well Being and the reported Child Abuse history. The hypothesis is partially approved as there is a significant negative correlation between Well Being Affectometer-2; Scale-I and Child Abuse; Scales of Sexual Abuse and Father Antipathy. However scales of Father Neglect and Mother Antipathy has non-significant positive relationship with Well Being Affectometer-2; Scale-I. Moreover, it has non-significant negative correlation with the Mother Neglect Scale. There is significant negative correlation between Well Being Affectometer-2; Scale-II and Childhood Abuse; Scales of Father Neglect and Father Antipathy. There is a non-significant positive correlation between Well Being Affectometer-2; Scale-II and Childhood Abuse; Scales of Sexual Abuse, Mother Antipathy Scale and Mother Neglect Scale. There is no correlation between the Sexual abuse scale and Scale II Wellbeing Effectometer.

Bardyen and Maclean (1995) hypothesized that women who have been sexually abused in their childhood would be more disturbed psychologically. The results of the present study showed low scores on psychological Well Being Scale. The results of the present study also showed the significant negative relationship of psychological wellbeing and sexual abuse. Faller and Ziefert (1981) have identified some of the personality characteristics of abused children such as low self-esteem and social isolation, excessive dependency. (as cited in Desai, 2010) In the current study the low score on Psychological Well Being are due to low score on the items

dealing with these characteristics. Personality Disorders contribute significantly to impairment in social and emotional functioning and reduced Well Being. Sexual abuse is related to low score on Psychological Wellbeing scale (Brayden & Maclean, 2003).

On the basis of above stated findings, it is concluded that there is significant relationship between Childhood Abuse and Borderline personality Disorder. Psychological Wellbeing among individuals of Borderline personality Disorder is reported to be positive on scale: I Wellbeing. A significant negative relationship was found between different scales of child abuse and psychological wellbeing. Overall, it is concluded that individuals suffering from Borderline personality Disorder had disturbed family patterns and neglect from parental figures and poor state of well being.

Limitations

- This study lacked control group for comparison which limited its scope.
- Limited sample size restricts the generalizability of the study.
- Indigenous tool to measure symptoms of Borderline Personality Disorder was used, however other tools were translated. It may be a reason of low correlations.

Strengths

- Borderline Personality Disorder is not a well-researched disorder. The present study was an effort to elucidate pattern of childhood abuse and neglect in participants of Borderline Personality Disorder.
- This study is important in highlighting the relationship between Borderline Personality Disorder and Wellbeing.
- This study incorporated indigenous tool of Borderline Personality Disorder which has sound psychometric properties.

Future Directions

- This study was an important contribution in finding the correlation between Borderline Personality Disorder and Psychological wellbeing.

- In future qualitative studies can be designed to further understand the pattern of reported wellbeing and effect of childhood abuse in depth.
- Further outcome studies can be planned with patients of Borderline Personality Disorders.

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