



An examination of the relationship between childhood emotional abuse and borderline personality disorder features: The role of difficulties with emotion regulation

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ABSTRACT

Childhood abuse has been consistently linked with borderline personality disorder (BPD) and recent studies suggest that some forms of childhood abuse might be uniquely related to both BPD and BPD features. In addition, difficulties with emotion regulation have been found to be associated with childhood abuse, BPD, as well as BPD features. The present study examined (1) whether frequency of childhood emotional abuse is uniquely associated with BPD feature severity when controlling for other forms of childhood abuse and (2) whether difficulties with emotion regulation accounts for the relationship between childhood emotional abuse and BPD feature severity. A sample of undergraduates ($n = 243$) completed the Childhood Trauma Questionnaire – Short Form, Difficulties in Emotion Regulation Scale, and Borderline Symptom List–23. Multiple regression analyses and Structural Equation Modeling were conducted. Results indicated that frequency of childhood emotional abuse (and not sexual or physical abuse) was uniquely associated with BPD feature severity. In addition, while there was no direct path between childhood emotional abuse, childhood physical abuse, or childhood sexual abuse and BPD features, there was an indirect relationship between childhood emotional abuse and BPD features through difficulties with emotion regulation. These findings suggest that, of the different forms of childhood abuse, emotional abuse specifically, may have a developmental role in BPD pathology. Prevention and treatment of BPD pathology might benefit from the provision of emotion regulation strategies.

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Introduction

Borderline personality disorder (BPD) is a severe and debilitating disorder that represents 20–40% of psychiatric inpatient admissions (Geller, 1986; Grant et al., 2008; Lieb, Zanarini, Schmahl, Linehan, & Bohus, 2004). Approximately 84% of individuals with BPD engage in suicidal behavior (Soloff, Lynch, & Kelly, 2002), and 8% die by suicide (Pompili, Girardi, Ruberto, & Tatarelli, 2005). BPD is not only problematic in clinical populations, but also in the general population, where BPD features exist along a continuum (Trull, 2001). Higher BPD features in the general population are associated with significant negative outcomes such as academic dysfunction, meeting lifetime criteria for a mood disorder, relationship dysfunction, and alcohol use problems (e.g., Stepp et al., 2005; Trull, 2001). Thus, BPD features pose a significant problem not only for those

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with BPD diagnoses, but among individuals in the general population as well. Indeed, examination of key factors associated with the development of BPD features serves significant clinical utility, as it would provide important implications for both prevention and intervention efforts.

Several developmental models suggest that BPD pathology (i.e., BPD or BPD-features) is shaped by a combination of biological and environmental mechanisms, the latter of which includes social and attachment-related disturbances. Perhaps one of the most prominent models of BPD pathology is Linehan's (1993) biosocial model, which proposes that BPD is the result of a transaction between an individual's biological predisposition to difficulties with emotion regulation and an invalidating social rearing environment, or one that communicates that "the individual's private experiences and emotional expressions are not [...] valid responses to events" (Linehan, 1993, p. 50). Other models similarly emphasize the critical role of the individual's social rearing environment in the development of BPD. Zanarini and Frankenburg (1997) have proposed a multifactorial model, the first of which consists of a traumatic home environment. These traumas include a variety of factors, ranging from prolonged early parental separation to emotional and sexual abuse. Recently, Hughes, Crowell, Uyeji, and Coan (2012) proposed a developmental model nested within the social baseline theory (Coan, 2008), which suggests that the development of BPD might be due to a child's lack of social proximity to or responsiveness from relevant caregivers, which subsequently disrupts the individual's ability to effectively regulate their emotions. Thus, a common theme across various developmental models of BPD is an emphasis on a disrupted social rearing environment that is likely characterized by different forms of childhood abuse. Consistent with this model, there is a robust body of literature indicating an association between BPD pathology and a history of childhood abuse. Up to 91% of individuals with BPD diagnoses report experiencing some form of childhood abuse (Zanarini et al., 1997), including elevated levels of childhood sexual, emotional, and physical abuse (Davidson, Devaney, & Spratt, 2010; Spatz Widom, Czaja, & Paris, 2009; Zanarini et al., 2002). In addition, individuals with BPD diagnoses report abuse by more than one person and multiple forms of abuse compared to clinical and nonclinical samples (Bierer et al., 2003; Brown & Anderson, 1991; Herman, Perry, & Van, 1989; Hernandez, Arntz, Gaviria, Labad, & Gutiérrez-Zotes, 2012; Ogata et al., 1990; Pietrek, Elbert, Weierstall, Müller, & Rockstroh, 2013). Further, females with BPD experience higher levels of emotional and physical abuse than their non-BPD sisters, suggesting that the severity of abuse within the family environment may be associated with the disorder (Laporte, Paris, Guttman, Russell, & Correa, 2012).

Different forms of abuse rarely occur in isolation (Bierer et al., 2003; Briere & Elliott, 2003; Pérez-Fuentes et al., 2013). Notably, childhood sexual abuse is unlikely to occur in the absence of emotional abuse (Bagley, 1991; Sørbo, Grimstad, Bjørngaard, Schei, & Mirjam Lukasse, 2013) and childhood emotional abuse is the most likely to occur independent of other forms of abuse (Moeller, Bachmann, & Moeller, 1993). Accordingly, though sexual, physical, and emotional abuse are consistently associated with BPD, a smaller body of literature has examined whether a specific subtype of abuse might uniquely account for the disorder. Briere and Elliott (2003) found that childhood emotional abuse—and not physical or sexual abuse, or any form of neglect—predicted a BPD diagnosis among male participants. Similarly, in a sample of inner city substance users in which childhood abuse and neglect were examined as risk factors for BPD diagnoses, Bornovalova, Gratz, Delany-Brumsey, Paulson, and Lejuez (2006) reported that only emotional abuse was predictive of BPD diagnostic status. Emotional abuse is also relevant to BPD features more broadly; different facets of emotional abuse (i.e., degradation and ignoring), but not physical abuse, uniquely predict BPD features (Allen, 2008). Similarly, emotional abuse and neglect, compared to other forms of abuse and neglect, are most strongly associated with dissociative symptoms among individuals with BPD diagnoses (Watson, Chilton, Fairchild, & Whewell, 2006). Thus, extant evidence provide support for the disruption of the child's social rearing environment specified across several models, and further suggest that emotional abuse, specifically, may be a core facet of the social environment. This is theoretically concordant with Linehan (1993) and Hughes et al. (2012) theories, which propose the invalidating environment and lack of responsiveness, respectively, as hallmarks of the social rearing environment. Linehan's model, specifically, notes that an invalidating environment is characterized by a response to the individual's internal or private experiences (i.e., emotions). Thus, both theory and recent research have indicated emotional abuse as a potential "core" feature of the one's social environment that leads to the development of BPD pathology.

Given the established association between childhood abuse and BPD pathology, recent studies have aimed to delineate the specific mechanisms accounting for this relationship. Consistent with theories proposed by Linehan (1993) and Hughes et al. (2012), a handful of studies have identified difficulties with emotion regulation as an explanatory link between childhood abuse and BPD pathology. Difficulties with emotion regulation is a multi-faceted construct, and has been proposed to constitute a lack of awareness and acceptance of emotions, as well as failures to have access to and/or engage in emotion regulation strategies (Gratz & Roemer, 2004). Developmental theories identify the ability to regulate emotions as a major developmental milestone of childhood (see Cole, Michel, & Teti, 1994; Southam-Gerow & Kendall, 2002; Thompson, 1994), its acquisition of which is heavily reliant on parental guidance and support (e.g., Feng et al., 2008; Kopp, 1989). Given that individuals constituting the child's rearing environment (i.e., family members and others close to the family) are often perpetrators of childhood abuse, the development of these skills is likely disrupted among victims of childhood abuse. Consequently, rather than acquiring the skills necessary to tolerate and modify their emotions, these individuals experience increased emotional arousal, and have difficulties tolerating emotional distress and developing emotional awareness and understanding (Linehan, 1993; Thompson & Calkins, 1996).

Studies suggest that children with a history of childhood abuse are more likely to have difficulties with emotion regulation compared to children without (Shields & Cicchetti, 1998; Shipman, Schneider, & Sims, 2005; Shipman, Zeman, Penza, & Champion, 2000). Childhood abuse is also correlated with higher levels of emotional nonacceptance (Gratz, Bornovalova, Delany-Brumsey, Nick, & Lejuez, 2007) and lower levels of emotional understanding (Shipman et al., 2000). Moreover,

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