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Childhood trauma, proactive coping, and borderline personality among adults

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Abstract

Research on the factors causing borderline personality (BP) has not been done although Indonesian adults are showing several behaviors classified under BP criteria. According to the theory, childhood trauma and proactive coping play a role against BP. Therefore, research is done to find out the relationship between childhood trauma, proactive coping, and borderline personality. The researcher expects to prevent the occurrence of BP by understanding the relationship. Participants in this study aged 20-40 years (N = 247). The results of this study shows relationship between childhood trauma, proactive coping and BP, R = .548 (p <.01). Childhood trauma and proactive coping contribute for 29.3% of BP. Childhood trauma affects BP (t = 4,130) and proactive coping affects BP (t = - 6,319). From this data, it is concluded that BP can be prevented by avoiding childhood trauma and increasing proactive coping.

Keywords: borderline personality; childhood trauma; proactive coping; Indonesian adults

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1. Introduction

According to DSM-5, borderline personality disorder criteria include feelings of fear of being abandoned, unstable and intensive interpersonal relationships, identity disorder, repeated suicidal attempts, affective instability, chronic empty feeling, improper behavior, and stress related to paranoid thinking or dissociation symptom. Some researchers have concluded that there are several factors affecting borderline personality (BP). These BP factors include neurobiology and genetics (Craighead, 2013 in Keppen, 2014; Paris & Frank, 1992; and Torgersen et al., 2000), childhood trauma (Kitamura & Nagata, 2014; Kuijpers, Van Der Knaap, Winkel, Pemberton, & Baldryuijpers, 2011) and adult attachment behavior (Halgin & Whitbourne, 2010; Kaehler, Freyd, & Jennifer, 2012).

In addition, other factors affecting BP are post-traumatic stress disorder (Golier et al., 2003; Kuijpers et al., 2011), depression (Kitamura & Nagata, 2014), personality traits (Clarkin, Hull, Cantor, & Sanderson, 1993), dissociation (Kulacaoglu, Solmaz, Ardic, Akin, & Kose, 2017), and coping (Fiksenbaum, Greenglass, & Eaton, 2006; Greenglass & Fiksenbaum, 2009; Xu, Liu, Ding, Mou, Wang, & Liu, 2017; Uskul & Greenglass, 2005). The environmental factor contributing to the occurrence of BP includes social support (Rasonabe, 2013; Sansone, Hahn, Dittoe, & Wiederman, 2006). While, demographic factors contributing to BP include socioeconomic status (Sajadi, Zargar, Honarmand, & Arshadi, 2015) and age (Aldwin, 1994; Coolidge, Segal, Hook, & Stewart, 2000; Segal, Hook, & Coolidge, 2001).

Based on these factors, the purpose of this study is to determine the relationship between childhood trauma and coping with BP. This research is done in Indonesia because there have been many reports about individuals who did violent actions, who lost their jobs because of drug misuse and of the easy decisions of having a marriage but then having a divorce (Andri, 2007). It is interesting to find that this reality has not produced a research about BP di Indonesia. According to Distel (2009), these kinds of behaviors should not be overlooked as they may be the initial signs of BP. By finding the relationship between childhood trauma, coping and BP, the finding of this research will be an innovative and significant one in Indonesia as it will develop the theories learnt in clinical psychology, and thus becomes applicable for therapists and the immediate community.

Kernberg states that early childhood experience greatly affects the personality of the child (Keppen, 2014). Borderline personality disorder is triggered by the failure of children integrating good-bad judgement of themselves and their mothers, resulting in a non-adaptive defense mechanism or an improper problem-solving method. Grebot, Paty, and Girarddephanix (2006) concluded that defense mechanism is considered as coping, while adaptive self-defense mechanism is considered as proactive coping. Further, people having behavior of proactive coping are considered as people having no criteria of BP.

According to the psychoanalysis view, Gunderson (2011) stated that individuals can have BP due to their childhood trauma. Childhood trauma is a child's perception of parenting that includes parental antipathy, abandonment, physical abuse, sexual abuse, psychical violence, and witnessing violent behavior perpetrated by the people surrounding them (Crowell, Beauchaine, & Linehan, 2009; Kitamura & Nagata, 2014). Compared with another personality disorder, individuals who experience BP often recall their childhood as a painful period. They bring the feeling of pain which finally affects many of their behaviors in adult stage. Individuals experiencing trauma as well as BP criteria will demonstrate risky behaviors, lonely and hollow feelings. (Coursehero, 2016) also concluded that childhood trauma causes interpersonal relationships disorders, unconstructive problem solving, failed integration of viewing people differently in positive and negative sides. This failure affects their view as adults that people should be completely good and completely evil.

It has been mentioned earlier that according to Kernberg's psychoanalysis, coping also plays a role against the existence of BP. Shikai, Uji, Shono, Nagata, and Kitamura (2008) argues that childhood trauma affects how adult individuals do coping. Participants who experience childhood trauma (get physical and psychological distress) will feel helpless in changing the situation. Individuals who feel this way will tend to use non-proactive coping.

Greenglass and Fiksenbaum. (2009) raises the term proactive coping which includes active coping and adaptive passive coping since there is no absolute negative coping if done properly. In proactive coping, individuals have an initiative in solving the problems. They will try to convert every obstacle into an opportunity to move forward. Thus, they are not close to be depressed (one of the criteria of BP) but are eager to find a way out. Individuals with proactive coping will try to plan the steps before doing something. They also learn from his own successful experience solving problems in the past. Individuals reflecting in his actions tend to avoid impulsive and risky behaviors.

2. Method

2.1 Participant

To gather the data during the try-out and the actual research, the researchers were assisted by 28 enumerators. The enumerators were chosen through a recruitment process. It is these numerators who sent out invitations for the gathering with the criteria that the research participant should be in between 20-40 years old and are married. Before the gathering, the participants were asked to fill in the BP Scale in between the November-December 2017 period. Participants consist of 247 people residing in Semarang. Semarang is the capital city of Central Java province (Indonesia) which has a high rate of suicidal behavior (Biro Pusat Statistik, 2015). Suicidal behavior is one of many criteria of BP.

2.2 Scale

To collect the data, the researcher used three scales. They are BP Scale, Childhood Trauma Scale and Proactive Coping Scale. Each of these scales has five possible answers, which are very unsuitable, unsuitable, suitable, and highly suitable. All of the scales in this research are self-created. The procedures taken in formulating the scales are, firstly, deciding the BP aspects, which are based on childhood trauma and proactive coping theories. Secondly, indicators from each aspect that becomes the blue-print is made. In devising the indicators, 13 individuals having the research criteria mentioned, were interviewed and became the items for this research. Next, an evaluation on the language used by the 13 participants was done to check on the content validity by 14 experts in Clinical Psychology and Research Methodology. As the next procedure, a try-out is given to 210 individuals who have the same criteria as the participant sample for this research.

The Borderline Personality Scale consists of 35 items. Examples are "my mood is easy to change", "I've tried hurting myself". Meanwhile, the Childhood Trauma Scale consists of 24 items. Examples are "parent arguments make me feel afraid that they will get divorced", "I am sad because my parents kicked me". The Proactive Coping Scale consists of 28 items. Examples are "I tend to sort my problems out so that they will be easily solved", and "I do everything without planning".

Table 1 describes the validity of the discrimination index for each item, and the reliability coefficient of the scales. With the BP reaching .5 in the discrimination index item, and .8 in the reliability coefficient, it means that the scale is valid and reliable. The result of the .6 in the discrimination index item and .8 for the reliability coefficient for both scales of Childhood Trauma and Proactive Coping shows that the scales are valid and reliable, too. This is supported by Azwar's research result in 2014, where the BP, Childhood Trauma and Proactive Coping item can be validated if the coefficient is above .3 and the scale is considered reliable if the reliability is more than .6.

Table 1

Scale of Validity and Reliability

Scale	Discrimination Index	Reliability Coefficient
Borderline Personality	.5	.8
Childhood Trauma	.6	.8
Proactive Coping	.6	.8

3. Result

In the research, after knowing the validity and reliability of the scales used for the research, a number of results are found. The first is the descriptive data from the respondents, which shows that the participants in the research have a low childhood trauma and a proactive coping experience (see Table 2). This means that the BP category is regarded as only a potential category. Based on the regression analysis, however, it is shown that there is a significant relationship between childhood trauma, proactive coping, and BP (r=0.548, $p < .01$).

Table 2

Descriptive Data of Research Variable (N=247)

Variable	Hypothetical mean	Hypothetical mean	Empirical mean	Category
Borderline personality	87.5	17.5	75.13	Moderate
Childhood trauma	60.0	12.0	43.17	Low
Proactive coping	70.0	14.0	83.86	High

In making the category from each score result, the score is categorized into the low, medium and high range. To make the category, an empirical and hypothetical statistic is needed. In the empirical one, the average and standard deviation used is from a score received after participants feed in the scale. Meanwhile, the hypothetical scale, average, and standard deviation used comes from a measurement used before participants fill in the scale. The empirical mean/ average score of the empirical statistics can help decide in which mean and hypothetical's standard deviation can give something to remember by.

The research also finds that childhood trauma and proactive coping play a role of 29.3% in BP. The childhood trauma affects BP (t= 4.130) and the proactive coping affects BP (t= - 6.319). Thus, the percentage of 29.3% is acquired from the adjusted R square's score like shown in Table 3.

Table 3

Model Summary b

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
	.54	.30	.29	6.20

Note. a. Predictors: (Constant), Proactive coping, childhood trauma.
b. Dependent Variable: Borderline personality

With childhood trauma and proactive coping playing as much as 29.3% towards the occurrence of BP, as much as 70.7% is found to be in the form of the other factors that influences BP. The other factors in this case may consist of neurobiology (Torgersen et al., 2000), behavior attachment (Halgin & Whitbourne, 2010) and social support from others (Rasonabe, 2011). The standard deviation of 6.20 reveals that there is an error in estimating the BP. However, because it does not go over the 17.5 standard deviation of BP, it is concluded that the childhood trauma and proactive coping is still under control.

The role of childhood trauma and coping in BP can be formulated like shown in Table 4. The unstandardized and standardized coefficients are being compared in the model. Although they were quite different as seen by the numbers, the toleration of childhood trauma and proactive coping turns out to have the same result.

Table 4

The role of childhood trauma and coping in BP

Model	Unstandardized Coefficients		Standardized Coefficients	*t*	Sig.	Collinearity Statistics	
	B	*SE B*	β			Tolerance	VIF
(Constant)	95.84	7.78		12.32	.00		
Childhood trauma	.24	.06	.26	4.13	.00	.86	1.16
Proactive coping	-.49	.077	-.40	-6.32	.00	.86	1.16

Note. a. Dependent Variable: Borderline personality.

To test the difference of BP between men and women, there was a need to see the normality and homogeneity, too. Based on the results of data analysis, it was found that the BP data in men and women was normally distributed (Z = 1.34, $p > .05$) and homogeneous (F = .92, $p > .05$). Table 5 shows that the difference in test result concludes that there is no difference in BP between men and women ($t = -.28$, $p > .05$).

Table 5

Test of BP Difference Based on Gender

Gender	Average	T-test	Probability
Male	1.89	-0.28	0.78
Female	1.90		

4. Discussions

The findings in this study reinforce the theory that childhood trauma plays a direct role in borderline personality (BP). This is similar to the results of previous research, among others, the results of research from Herman, Perry, and Van Der Kolk (1989); Kitamura and Nagata. (2014), Kuijpers et al. (2011), Rasonabe (2013), and Sansone et al. (2011). Individuals having childhood trauma of violence (physical violence, psychic violence, emotional neglect, sexual abuse, and witnessing violent behavior) committed by people surrounding will experience splitting, further explained as willingness to engage in risky behavior in order to get others' attention as well as to cover the wound of his heart. This is considered as one of several criteria of BP (DSM-5, 2013).

The results furthermore show that there is a low BP in childhood trauma category. This indicates that individuals do not need to experience high trauma to potentially experience BP. Kaehler and Freyd (2012), prove that childhood traumas of various types (low, moderate, and high) play a significant role of causing BP in men. However, in female participants, only moderate and high trauma plays a role of causing BP. It is shown that both female (68%) and male (32%) participants experiencing low trauma can play a role in causing moderate BP. Therefore, childhood trauma should not be perceived by any individuals.

Participants with childhood trauma feel pain the most when somebody hurt them and when witnessing violence. Children can sense hatred of their surroundings when they got hurt physically. They cannot understand the words yet, however their body can feel the pain; they will immediately understand when they are hated or unloved. Moreover, if physical violence is done by parents or caregivers who are actually expected to love them. This is consistent with the results of several researchers concluding that the physical abuse experienced in childhood has a major role in BP as compared to other personality disorders and depression (Chu & Dill, 1990; Shearer, Peters, Quaytman, & Ogden, 1990; Westen, Ludolph, Misle, Ruffins, & Block, 1990).

A child whose body is hurt will feel confused of deciding how to react, either to love or to hate. This kind of condition is what triggers the occurrence of BP. In some individuals, this pain feeling is issued to "redeem" their past mistakes. Furthermore, this pain will be assumed as a way to overcome their grief or guilt. Later, as adults, they would hurt himself, engage in risky behavior, and even conduct suicide attempts to cover his pain. This pattern will be continuously going and forming BP.

Children witnessing violence (quarrels happening between parents or brothers) will tend to feel more fearful and insecure compared to hearing derogatory words. Feelings of fear, insecurity, and being hated are at the main cause of BP. In addition, witnessing quarrels from their surrounding invites children learning about unhealthy interpersonal relationships. They will imitate the pattern and apply the pattern so that their interpersonal relationships are full of disputes and unsustainable relationships. Therefore, parents' marriage should be cultivated in stable condition. Clear marital status (married or divorced) is somehow better for the children compared to witnessing quarrels between parents every day (Wibhowo, 2012). Based on the Childhood Trauma Scale, the feeling of neglect by parents is considered low. However, the interview results show a fact that children living with no parents were likely to have higher BP compared to those living with their parents. They feel no ignorance, at least, although living in an inharmonious family.

Proactive coping of an individual is negatively related to BP. This means that the more an individual able to do proactive coping, the lower the value of BP. Millon and Davis (in Bijttebier & Vertommen, 1999) however stated that improper use of coping can indeed predict the presence of personality disorders. Kernberg (in Schwan-rosenwald, 2007) added that non-adaptive or primitive self-defense mechanisms will contribute to BP. The mechanisms of self-defense include aggression, repression, denial, fantasy, and reaction-formation. In addition, Grebot, Paty, and Girarddephanix (2006) stated that there were found similarities between the mechanism of self-defense and coping.

Using the same coping aspect with Greenglass and Fiksenbaum. (2009), Deisinger, Cassisi, and Whitaker (1996), in their research, found that active coping, planning, and resource management were inversely related to personality disorders. More active coping resulted to lower BP potential. Coping with the avoidance aspect gives big influence to the occurrence of personality disorder. Deisinger's research subjects are individuals aged 18 years and over. Gardner, Archer, and Jackson (2012) concluded from his research that reducing the use of emotional coping and increasing the use of adaptive coping resulted to reduction of aggression and impulsivity on BP criteria. Thus, it can be concluded that proactive coping is related to BP.

Several interesting results were found, it turned out to attempt low result in respondents' criteria of impulsive and suicide attempts. The reason was due to fear of sin and norm. In other words, culture and norms can somehow control some BP criteria. However, the fear of sin and norms cannot fully be adjusted as a standard or limitation of someone not either doing suicide attempts or being impulsive because norms prevailing in today's society are not kept stricter than in the previous times. This is in accordance with research conducted by Techasrivichien et al. (2016) about sexual behavior in Thailand. The results show that there was a shift in sexual behavior due to dramatic norm value shifts in society. This dramatic shift is not only happening in Thailand but is also happening in other Asian countries, such as Indonesia. The cause is not a brain structure change, but purely the shift in norms and cultures. Thus, individuals cannot just rely alone on the norms but should further enhance the proactive coping ability to reduce the BP.

Average results of BP criteria were found in things related to personal feelings. Emotional instability, identity disorder, and fear of being left behind are considered as strong criteria for the occurrence of BP in Semarang society. Proactive coping ability is therefore needed to reduce the BP criteria.

The interaction between childhood trauma and proactive coping contributes fairly to the BP. Individuals experiencing childhood trauma would feel helpless in changing the situation. They consider their caregivers as a figure who cannot give a sense of security and warmth. Individuals who feel this way will tend to use coping oriented to emotion or passive coping. Passive copping is not always imprecise but if it is continuously used when facing problems, then the problem is never solved and actually raises psychological disorders (Shikai et al., 2008). The results are similar to the research results found by Akers-Douglas, (2011). Having homeless people subject, Akers-Douglas concluded that traumatized individuals would use non-adaptive coping, such as problem avoidance. Furthermore, it would result to the symptoms of psychical disorders.

This study, thus reveals that both men and women have same potential level of having BP, that was due to

no difference results in BP criteria. These findings are in accordance with Goodman (2013) and Potter's research (in Barich, 2014) with the exceptional difference in the BP profile possessed by men and women.

5. Conclusion

Based on the discussions above, it is concluded that this research reveals several finding. First, childhood trauma plays a significant role in the borderline personality. The higher the childhood trauma, the higher is the borderline personality that the individuals possess. Second, the proactive coping contributes a negative relationship to the borderline personality. Thus, the higher the proactive coping, the lower is the borderline personality that the individuals possess. This research also affirms the practical recommendations of, first, for adults childhood trauma contributes to individuals' personality in their adulthood. Therefore, parents are not supposed to engage in both physical and psychological abuse, neglectful and antipathy action. Second, the individuals experiencing childhood trauma are not supposed to focus on the past but on the current and future problem solving. Third, for the therapists, rather than focusing on the past experiences, therapists are supposed to guide clients to focus on the problem solving in order to avoid BP occurrence. Lastly, since there is a probability difference between the men and women as respondents for this research, it is suggested that there ought to be further research that specifically deal with the BP profiles in men and women.

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