



# Borderline Personality Traits: The Roles of Childhood Teasing and Traumatic Experiences

Ali Ebrahimi<sup>1</sup>, Ehsan Taheri<sup>2</sup>, Elham Azamiyan<sup>3</sup>, Yazdan Naderi<sup>1</sup>, Narges Kabiri Samani<sup>2</sup>, Behnoush Asadollahi Dehkordi<sup>2</sup>, Zahra Asl soleimani<sup>1</sup>, Behrooz Dolatshahi<sup>4</sup>

<sup>1</sup> PhD Candidate, Student Research Committee, University of Social Welfare and Rehabilitation Sciences, Tehran, Iran

<sup>2</sup> MSc, Student Research Committee, University of Social Welfare and Rehabilitation Sciences, Tehran, Iran

<sup>3</sup> MSc, Tehran Institute of Psychiatry-School of Behavioral Sciences and Mental Health, Tehran, Iran

<sup>4</sup> PhD, University of Social Welfare and Rehabilitation Sciences, Tehran, Iran

## \*Corresponding author:

Ali Ebrahimi, Student Research Committee, the University of Social Welfare and Rehabilitation Sciences, Tehran, Iran  
Tel: 02171732000  
Email: Alipsychologist69@gmail.com

Received: 02 Dec. 2020  
Accepted: 27 May. 2021  
ePublished: 01 Feb.2022

## Abstract

**Background and Objective:** The relationship of borderline personality traits with childhood teasing and traumatic experiences is a major risk factor in the development of borderline personality disorder (BPD) symptoms; nonetheless, this relationship is not fully understood. The present study aimed to provide further evidence on the role of childhood teasing, traumatic experiences, and other pathological personality traits, such as negative affectivity, antagonism, psychoticism, disinhibition, detachment, depression, anxiety, and stress symptom, in the development of borderline personality disorder, especially in Iranian non-clinical populations.

**Materials and Methods:** A total of 385 college students were assessed by teasing questionnaire-revised (TQ-R), childhood trauma questionnaire (CTQ), Personality Inventory for DSM-5 Brief Form (PID-5-BF), the borderline personality scale (SIB), and the depression, anxiety, and stress scale (DASS-21).

**Results:** Descriptive statistics, Pearson Correlations, and stepwise regression analysis statistics were conducted to examine the relationship of borderline personality traits with childhood teasing and traumatic experiences. The current study supported the significant positive correlation of borderline personality disorder with PID-5-BF, such as negative affectivity, antagonism, psychoticism, disinhibition, detachment, depression, anxiety, and stress symptoms, as well as teasing and traumatic experiences in non-clinical individuals.

**Conclusions:** As evidenced by the results of this study, childhood traumatic experiences have a prominent role to play in the development of borderline personality psychopathology.

**Keywords:** Borderline personality traits, General populations, Personality traits, Teasing, Traumatic experience



## Background

The alternative model of The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), for personality disorders put an emphasis on the dimensional criteria of personality disorder. Borderline personality disorder (BPD) includes emotional lability, anxiousness and insecure separation from negative affectivity domain, depression from detachment domain, hostility from antagonism domain, as well as risk-taking and impulsivity as areas of disinhibition. To meet BPD criteria, one must score high in at least four of the seven facets, and at least one of them must be impulsiveness, risk-taking, and hostility [1].

Teasing experiences during childhood has been considered an influential factor in the psychopathology of BPD [2], increasing the possibility of anxiety and depression symptoms in

college students [2], non-clinical adult population [3], and patients with anxiety disorders [4]. Various studies have examined the relationship between childhood teasing and adult psychopathology according to the type of teasing [3]. The findings of these studies emphasized the importance of being victimized by peers, teasing experiences throughout childhood, its different effects based on the type of teasing, and the potential impact of these behaviors on mental development.

These conclusions supported the fact that teasing experience is a form of emotional maltreatment and exerts adverse effects on the emotional health of BPD adults. Experiments on childhood teasing demonstrated that teasing experiences during childhood led to difficulties in anger management and increased impulsivity that is central aspects of BPD [1]. Moreover, thinking styles associated

with BPD, such as sadness, unloveliness, fear of abandonment, and negative self-image [5], are deemed as consequences of teasing experience [6].

People affected by teasing experience often report feelings of abandonment, isolation, and anxiety [7]. Some studies revealed a positive correlation between the BPD and childhood abuse experiences, especially the emotional type. It has been also theorized that childhood early maladaptive environment impairs secure attachment base that contributes to the development of symptoms of BPD [8].

### Objectives

The present study aimed to provide further evidence regarding the role of childhood teasing, traumatic experiences, and other pathological personality traits, such as negative affectivity, antagonism, psychoticism, disinhibition, detachment, depression, anxiety, and stress symptom in the development of borderline personality disorder, especially in Iranian non-clinical populations. To the best of our knowledge, no study has been conducted on the relationship of borderline personality disorder with teasing experiences and childhood trauma experiences. This first step can shed more light on borderline personality disorder and its contributing factors.

### Materials and Methods

This cross-sectional descriptive study was approved by the Student Research Committee, the University of Social Welfare and Rehabilitation Sciences, Tehran, Iran (ir.uswr.rec.1397.48). The participants were selected via the convenience sampling method. The sample size was calculated at 284 cases considering Type I error rate,  $\alpha = 0.05$ , and Power  $(1-\beta) = 0.8$ ; nonetheless, due to the possibility of attritions, the sample size increased to 385 subjects.

The inclusion criteria entailed (a) the age range of 18-35 years (b) willingness or motivations to participate in the stud. On the other hand, the exclusion criterion was a history of any psychiatric disorder according to the self-report checklist (Have you already been referred to a psychiatrist or used psychiatric medications?). Before the commencement of the study, the participants were provided with the aims of the study, signed the informed written consent, and were assured of the confidentiality of their personal information.

Thereafter, the following questionnaires were administered to the participants: teasing questionnaire-revised, childhood trauma questionnaire, the Personality Inventory for DSM-5 Brief Form (PID-5-BF), The Borderline Personality Scale (STB), and Depression Anxiety Stress Scale (DASS-21). It is noteworthy that due to the COVID-19 pandemic,

about 60% of the data was collected online through WhatsApp, Telegram, Instagram, and Google Doc link. In the next step, 385 participants (female 100 and male 285), within the age range of 18-35 years (mean age= 26.3 and SD= 0.83), and response rate more than 95% from May 2019 to November 2019 completed the aforementioned questionnaires. Finally, 339 valid participants were eligible for data analysis. Data were analyzed in SPSS software (version 18.0).

### The Persian version of the teasing questionnaire-revised

The teasing questionnaire-revised (TQ-R) is a 29-item scale (0= never to 4= always) that measures the childhood teasing experience. It encompasses the following components: 1) performance, 2) academic, 3) social behavior, 4) family backgrounds, and 5) appearance. The TQ-R is considered a reliable tool ( $\alpha = 0.87$ ). Cronbach's alpha coefficients of TQ-R components are as follows: academic ( $\alpha = 0.84$ ), appearance ( $\alpha = 0.78$ ), social behavior ( $\alpha = 0.70$ ), performance ( $\alpha = 0.58$ ), and family backgrounds ( $\alpha = 0.48$ ) [9]. The Persian version of the TQ-R is reliable ( $\alpha = 0.92$ ), indicating the good reliability of this scale. Cronbach's alpha coefficients of its subscales were in the range of 0.73-0.85, pointing to the good reliability of the subscales [10].

### Depression Anxiety Stress Scales

This scale measures the severity of depression, anxiety, and stress symptoms. The factor analysis of this scale yielded three factors: depression, anxiety, and stress [11]. The validity and reliability of this questionnaire have been evaluated in Iran and reported as 0.80, 0.76, and 0.77 for depression, anxiety, and stress, respectively. The internal consistency for depression, anxiety, and stress scales were obtained at 0.81, 0.74, and 0.78, respectively. The Persian version of DASS-21 consists of three dimensions of depression, anxiety, and stress which were in line with the dimension of the original DASS-21 Scale [12].

### Borderline Personality Scale

Borderline Personality Scale (STB) consists of 24 yes/no items designed to evaluate borderline personality patterns. The internal consistency of the original version of STB was reported ( $\alpha = 0.80$ ). The internal consistency of The Persian version of STB was ( $\alpha = 0.84$ ), and the test-retest reliability was 0.77 [13, 14].

### Childhood trauma questionnaire

The childhood trauma questionnaire (CTQ) is a 28-

item scale that assesses childhood traumatic experiences. The items are rated on a 5-point Likert scale (1= "never correct" to 5= "very often correct"). The internal consistency of the original English version of CTQ was reported as 0.89 for emotional abuse, 0.82 for physical abuse, 0.92 for sexual abuse, 0.89 for emotional neglect, and 0.66 for physical neglect [15, 16]. The test-retest reliability of The Persian version of CTQ-P was ( $\alpha=.90$ ). The CTQ-P consists of four dimensions: nonsexual abuse ( $\alpha=.26$ ), sexual abuse ( $\alpha=.85$ ), emotional neglect ( $\alpha=.34$ ), and physical neglect ( $\alpha=.60$ ) [17].

#### Personality questionnaire for DSM-5

The Personality Inventory for DSM-5 Brief Form (PID-5-BF) is a 25-item scale that measures five personality domains. A medium to large correlation was found between PID-5-brief domains and the PID-5 long form. The internal consistency of PID-5-BF was acceptable to good ( $\alpha=.66$ , ranging from 0.56-0.74) [18]. The reliability of the Persian version of this questionnaire by internal consistency method was  $\alpha=0.83$  to  $\alpha=0.89$ , and test-retest coefficients were 0.77 to 0.87 for the subscales, indicating the optimal reliability of the Persian version of PID-5-brief [19].

#### Statistical Analysis

Data were analyzed in SPSS software (version 18.0) [20], using descriptive statistics, Pearson Correlation coefficient, and stepwise regression analysis to investigate the relationship of borderline personality disorder with teasing and traumatic experiences during childhood.

## Results

Descriptive Statistics for the DASS, STB, PID, and TQ-R scales are presented in Table 1. The mean, standard deviation, as well as minimum and maximum scores for each variable, are displayed as well.

Precise correlation coefficient values between total scores of STB, PID, TQ-R, DASS, and CTQ, as well as their subscales, are depicted in Table 2. Significant direct correlations were found between all variables ( $r= 0.88$  to  $0.11$ ). Nonetheless, the following relationships were not significant: between TQ-R- Academic and STB- Hopelessness, and STB- Impulsivity ( $r= 0.00$ , and  $0.09$ ), and TQ-R -Family background with STB- Impulsivity ( $r= 0.07$ ), and TQ-R- Appearance with STB- Impulsivity ( $r= 0.07$ ), and TQ-R-total with STB- Impulsivity ( $r= 0.10$ ), and Childhood physical abuse with STB- Hopelessness and PID- Negative affectivity ( $r= 0.09$  to  $0.09$ ), and CTQ-Childhood sexual abuse with STB- Hopelessness, STB- Impulsivity, and PID- Negative affectivity ( $r= 0.06$ ,  $0.08$ , and to  $0.08$ ), and TQ Childhood physical neglect with PID- Negative affectivity, and PID- Disinhibition ( $r= 0.01$  to  $0.08$ ) was significant.

These correlations demonstrated that high levels of borderline personality traits were linked to high teasing levels, abuse, stress, anxiety, and depression. In addition, all forms of abuse showed a moderate direct correlation with teasing. Furthermore, there was a correlation between the sub-domains of teasing and borderline personality traits. There was a direct association between each sub-domain of teasing and borderline personality traits, although these correlations are not very robust ( $P<0.00$ ,  $P<0.01$ ).

**Table 1.** Descriptive Statistics for DASS-21, STB, PID, TQ-R, and CTQ variables (N=339)

Variable	Minimum	Maximum	Mean	SD
DASS-21 total	.00	60.00	18.13	12.52
STB- Hopelessness	.00	6.00	1.49	1.62
STB- Impulsivity	.00	15.00	3.02	2.37
STB-total	.00	6.00	1.08	1.30
PID- Negative affectivity	.00	15.00	5.9235	3.23878
PID- Antagonism	.00	13.00	4.0979	2.65685
PID- Perceptual dysregulation	.00	15.00	4.0409	3.18511
PID- Disinhibition	.00	15.00	5.6804	3.02546
PID- Detachment	.00	15.00	4.4690	3.03453
TQ-R- Performance	.00	9.00	1.44	1.75
TQ-R- Academic	.00	21.00	3.60	3.96
TQ-R- Social	.00	27.00	2.90	3.80
TQ-R -Family background	.00	9.00	1.10	1.70
TQ-R- Appearance	.00	30.00	3.84	5.08
CTQ-Childhood emotional abuse	.00	25.00	7.3077	4.35856
CTQ-Childhood physical abuse	.00	25.00	5.6529	3.90863
CTQ-Childhood sexual abuse	.00	21.00	5.6637	3.70896
CTQ-Childhood emotional neglect	5.00	51.00	11.5000	5.18379
CTQ-Childhood physical neglect	2.00	18.00	8.0324	3.64336

Note. DASS-21= (Depression, anxiety and stress scales), TQ-R= Teasing Questionnaire-Revised, CTQ =Childhood Trauma Questionnaire, PID= Personality Inventory for DSM-5

**Table 2.** Correlations between total scores for STB, PID, TQ-R, DASS, and CTQ, as well as their subscales (n=339)

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	
1. DASS-total	-																						
2. STB- Hopelessness	0.55**	-																					
3. STB- Impulsivity	0.47**	0.41**	-																				
4. STB- Stress related paranoid/Dissociativ e symptoms	0.35**	0.34**	0.49**	-																			
5. STB-total	0.60**	0.72**	0.88**	0.70**	-																		
6.PID- Negative affectivity	0.62**	0.36**	0.41**	0.34**	0.48**	-																	
7.PID- Antagonism	0.48**	0.31**	0.41**	0.35**	0.48**	0.39**	-																
8.PID psychoticism	0.52**	0.26**	0.51**	0.48**	0.54**	0.47**	0.50**	-															
9.PID- Disinhibition	0.43**	0.27**	0.37**	0.28**	0.40**	0.49**	0.45**	0.50**	-														
10.PID- Detachment	0.56**	0.42**	0.31**	0.27**	0.37**	0.49**	0.41**	0.50**	0.44**	-													
11.TQ-R- Performance	0.25**	0.15**	0.12*	0.27**	0.22**	0.18**	0.31**	0.30**	0.22**	0.19**	-												
12.TQ-R- Academic	0.21**	0.00	0.09	0.15**	0.10*	0.18**	0.22**	0.30**	0.13*	0.21**	0.54**	-											
13.TQ-R- Social	0.32**	0.18**	0.11*	0.22**	0.20**	0.20**	0.29**	0.29**	0.25**	0.27**	0.62**	0.49**	-										
14-TQ-R -Family background	0.28**	0.17**	0.07	0.19**	0.17**	0.19**	0.26**	0.27**	0.24**	0.22**	0.57**	0.47**	0.70**	-									
15.TQ-R- Appearance	0.27**	0.12*	0.07	0.12*	0.14*	0.16**	0.26**	0.24**	0.22**	0.20**	0.56**	0.57**	0.70**	0.68**	-								
16. TQ-R-total	0.33**	0.14**	0.10	0.19**	0.18**	0.23**	0.33**	0.35**	0.25**	0.27**	0.75**	0.77**	0.84**	0.78**	0.90**	-							
17.CTQ-Childhood emotional abuse	0.38**	0.27**	0.24**	0.27**	0.32**	0.25**	0.33**	0.43**	0.31**	0.32**	0.35**	0.21**	0.39**	0.40**	0.41**	0.42**	-						
18.CTQ-Childhood physical abuse	0.19**	0.09	0.16**	0.26**	0.20**	0.09	0.29**	0.35**	0.18**	0.18**	0.33**	0.17**	0.40**	0.40**	0.42**	0.40**	0.73**	-					
19.CTQ-Childhood sexual abuse	0.18**	0.06	0.08	0.22**	0.14**	0.08	0.22**	0.31**	0.16**	0.12*	0.35**	0.20**	0.40**	0.38**	0.42**	0.43**	0.63**	0.75**	-				
20.CTQ-Childhood emotional neglect	0.29**	0.25**	0.19**	0.11*	0.25**	0.12*	0.25**	0.15**	0.17**	0.25**	0.17**	0.14**	0.25**	0.25**	0.22**	0.26**	0.31**	0.13*	0.06	-			
21.CTQ-Childhood physical neglect	0.20**	0.17**	0.18**	0.30**	0.26**	0.01	0.26**	0.29**	0.08	0.15**	0.30**	0.18**	0.41**	0.45**	0.39**	0.41**	0.49**	0.58**	0.50**	0.44**	-		
22. CTQ total	0.32**	0.22**	0.21**	0.31**	0.30**	0.14**	0.34**	0.43**	0.22**	0.26**	0.42**	0.27**	0.52**	0.52**	0.51**	0.54**	0.84**	0.85**	0.80**	0.46**	0.78**	-	

Note: \*\*p<0.00, \*p<0.01

As depicted in Table 3, there was not a significant difference in the correlation between borderline personality traits and childhood trauma based on gender (correlation coefficients between STB and CTQ were 0.30 and 0.31 in females and males, respectively). Moreover, there was not a significant difference in the correlation between borderline personality traits and teasing experiences based on gender (correlation between STB and TQ in women=0.20, in men= 0.15).

The regression analysis was used to test whether teasing had a strong relationship with borderline personality traits. Table 4 provides detailed information on predictor variables. Depression symptoms (Beta=.829) at P<0.000 and childhood teasing (Beta=.085) were significant predictors of borderline personality traits. The adjusted R2 value was 0.68, signifying that predictive variables could explain 68% of the variance of borderline personality traits (Table 4).

**Table 3.** Compare score of borderline personality traits based on gender (ANOVA)

		Sum of Squares	df	Mean Square	F	Sig.
<b>Hopelessness</b>	Between Groups	.214	1	.214	.081	.776
	Within Groups	900.030	343	2.624		
	Total	900.243	344			
<b>Impulsivity</b>	Between Groups	3.334	1	3.334	.592	.442
	Within Groups	1910.478	339	5.636		
	Total	1913.812	340			
<b>Dissociative and paranoid symptom</b>	Between Groups	11.798	1	11.798	7.115	.008
	Within Groups	568.764	343	1.658		
	Total	580.562	344			
<b>STB total</b>	Between Groups	40.491	1	40.491	2.022	.156
	Within Groups	6747.196	337	20.021		
	Total	6787.687	338			

**Table 4.** Stepwise regression analysis statistics of depression childhood trauma and teasing experiences on borderline personality traits

variables	R	R Square	Adjusted R Square	Std. Error of the Estimate	F	Sig.	B	beta	T	Sig.
1 (Depression)	.829a	.688	.687	2.33	661.0	.000b	2.337	.829	.829	.829
2 (TQ)	.833b	.694	.692	2.31	339.5	.000c	.032	.085	2.522	.012

a. Dependent Variable: STB borderline personality traits, b. Predictors: (Constant), depression, c. Predictors: (Constant), depression, TQ

**Discussion**

The current study supported the significant positive correlation of borderline personality traits (negative affectivity, antagonism, psychoticism, disinhibition, detachment, depression, anxiety, and

stress symptom) with childhood teasing and traumatic experiences in healthy individuals. As illustrated by the results, traumatic experiences in childhood have a key role to play in the development of borderline personality

psychopathology. Analyses indicated that BPD was associated with elevated rates of all included subtypes of childhood adversity, with noticeable effects when considering emotional abuse and neglect. Moreover, a significant moderate correlation was detected between borderline symptoms and childhood adversity experience, especially emotional abuse.

In general, BPD patients showed higher negative affectivity, detachment, psychoticism, antagonism, and disinhibition. There was a positive association between negative affectivity and borderline personality disorder symptoms. The higher rank of negative affectivity agrees with the studies conducted on BPD patients and referred to it as the strongest predictor of this disorder [21]. There is a positive link between detachment and borderline personality disorder symptoms. This finding is in line with the previous researcher's proposition that early dysfunctional schemas, such as abandonment, emotional deprivation, abuse, mistrust, social withdrawal, dependency, and inability to self-control, are common in borderline personality disorder [22].

In agreement with the results of a study by Krueger et al. who pointed to a positive correlation between antagonism and BPD [23], in the present research, another trait that showed a moderate positive correlation with BPD symptoms was antagonism characterized by aggressiveness and supremacy. Moreover, in compliance with previously conducted research, a link was detected between the disinhibition facet and BPD symptoms in the present study [21]. It has been now proposed that inhibition is related to all aspects of emotion dysregulation, apart from the non-acceptance of emotional responses. What is known about disinhibition is that this personality trait does not contribute to emotional responses to daily events [24].

Furthermore, in the current study, BPD symptoms displayed a positive average correlation with depression, anxiety, and stress. It seems that people are reporting BPD symptoms, experience depression, anxiety, and stress as well. It is compatible with the comorbidity of major depression in the course of BPD that was 83% in a large study [25]. Dysregulation in emotion was considered to play a central role in BPD depressed individuals [26].

On a final note, the results of this study found no significant differences in the correlation of BPD traits with teasing and childhood traumatic experiences. The findings of the current research are in line with the studies which indicated no gender differences in the reported frequency of teasing [27]. In comparison with boys, girls are

more seriously affected by negative consequences of bullying, including mental health disorders [28]. Such gender differences are partly attributable to the diverse types of victimization that boys and girls experience [29].

### Conclusions

This unique study examined the relationships among childhood adversities, peer teasing, DSM-5 personality traits, stress, anxiety, and depression in people with BPD symptoms. Four significant findings have emerged from our study. First of all, the participants reported all kinds of childhood traumas with a great emphasis on emotional abuse. Secondly, the majority of participants recalled the history of peer teasing, especially in social and family domains. Thirdly, a positive correlation was observed between BPD symptoms and all facets of DSM-5 personality traits. Finally, subjects with BPD symptoms experienced stress, anxiety, and depression which demonstrate the strongest association with BPD symptoms.

Further direction for research is to explore these variables in inpatients and outpatients with BPD. It is hoped that the result of this study will be of help in the clinical implication and etiology of BPD. Among the notable limitations of the current study, we can refer to the fact that the participants of this study were the general population; therefore, great caution should be exercised in the generalization of results to the clinical sample and it is necessary to use a clinical population in future studies. Furthermore, it is suggested to use different assessment methods, and not just self-rated tools. Despite the aforementioned limitations, the current study provided another piece of evidence on the critical role of childhood teasing and traumatic experiences in the development of borderline personality psychopathology.

### Compliance with ethical guidelines

The University of Social Welfare and Rehabilitation Sciences Ethics Committee approved this study (code number ir.uswr.rec.1397.48).

### Acknowledgments

The authors' deepest appreciation goes to all participants of this study.

### Authors' contributions

AE: designed the study and drafted the manuscript. NKS, BAd, ZAS: gathered the data. YN: has done data analysis. ET and EA: review and editing. BD: Technical Comments.

### Funding/Support

This study was financially supported by the Student Research Committee, the University of Social Welfare and Rehabilitation Sciences, Tehran, Iran (grant number 2280).

### Conflicts of Interest

The authors declare that they have no conflict of interest.

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