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# Child-Parent Attachment Styles and Borderline Personality Disorder Relationship

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**Abstract**: Many studies have focused on the attachment styles and their impact on human functioning and relationships (Bretherton, 1992). Some attachment styles have been associated with pathological way of human overall functioning, and it has already been observed that insecure attachment style in childhood may be associated with personality dysfunction (Brennan & Shaver, 1998).
The purpose of this study is to investigate how people diagnosed with borderline personality disorder (BPD) describe their attachment style to the primary caregivers from their memories from childhood. This study was conducted in Germany in an inpatient psychiatric clinic. Fifteen participants represented a convenience sample, of patients already diagnosed with BPD. For this study Adult Attachment Interview (AAI) was used. The AAI is a semi-structured interview focusing on the early attachment experiences and their effects based on Attachment Theory.The results indicated that people diagnosed with BPD showed both preoccupied

and dismissing child-parent attachment style,however it was the dismissing attachment style that dominated in our sample. The findings supported the hypothesis that participants who showed dismissing attachment style also used positive adjectives to describe the relationship with their primary caregiver, and those with the preoccupied attachment style used negative adjectives to describe the relationship with their primary caregiver.
Even though, study was conducted with small number of participants, the study did provide evidence that there is a relationship between BPD and attachment styles in childhood. Threfore, the study offered contribution to the already existing knowledge and research findings regarding the influence of attachment style on BPD development.

**Keywords:** Attachment, Personality disorder, Borderline Personality Disorder (BPD), child, childhood.

## Introduction

Many studies have focused on the attachment formation, attachment styles and their impact on human functioning and relationships (Bretherton, 1992). Some attachment styles have been associated with pathological way of human overall functioning, and it has already been observed that insecure attachment style in childhood may be associated with personality dysfunction (Brennan & Shaver, 1998). However, to date no studies have been able to consistently show what attachment style is associated with borderline personality disorder (BPD). It has been suggested that BPD is related to more than one attachment style (Lenzenweger & Clarkin, 2005). Others, however, tested this proposal and found that people who were diagnosed with BPD, would mostly describe anxious and avoidant attachment style to the parents in childhood (Keinänen, Johnson, Richards, & Courtney, 2012).
To better understand this relationship the study was designed to examine the relationship between BPD and child-parent attachment styles in childhood, captured by the Adult Attachment Interview (AAI). Specially, we were interested in finding out how people diagnosed with BPD perceive their attachment to their primary caregivers. This information will be collected by conducting a semi-structured interview.

In 2013 the Diagnostic and Statistical Manual of Mental Disorders 5th Edition (DSM-5) considered an alternative model of personality disorder diagnosis. With the introduction of the possibility that personality disorders, and with it BPD, may be viewed as extensions of normal personality and not be separate pathological categories, new window of scientific opportunity opened. Furthermore, it has already been established by many researchers and theorists, that the BPD is to be considered a serious disorder, and as such it required more understanding related to its definition and causality. So far, it has been established that attachment style in childhood years, between a child and their primary caregiver may be related to the personality disorder development (Brennan & Shaver, 1998). In summary, this study is designed to examine how people with BPD view their attachment to their primary caregiver.

*Attachment Theories*

The attachment theory is based on the premise that the attachment between mother and her child plays a significant role in personality and personality disorder development (Collins, 1996). Mary Ainsworth and John Bowlby both contributed to the development of the attachment theory. Bowlby was first to examine the relationship between mother and her child and test it empirically (Bowlby, 1958). His research dates as early as 1950, and one of the early claims was that the child is dependent on the mother to help perform self-regulation, as the child in early stages of his/her life is unable to do so independently. In this case, the mother would take a role of ego and super-ego and allow child to slowly learn to self-regulate and mature (Bowlby, 1951). He, therefore, recognised that there is a fundamental difference on how infants appraise the presence and absence of the primary caregiver, and that this could be tested empirically. His research further developed and it showed that personality dysfunction may be related to poor emotional regulation, relationship problems, and skewed mental presentations of the world (Lenzenweger & Clarkin, 2005).

Some of the earlier work of Bowlby proposed that children change their emotional state when separated from their mothers and would express this emotional state mostly as anger or despair. Bowlby (2005) was interested in

finding out the drive behind the distress displayed by infants during the separation from their primary caregiver. He observed that infants display extreme behaviour, such as crying, screaming, clinging, to prevent the separation from happening. Later, he interpreted this type of behavior as immature defense mechanisms that were activated by infants to avoid emotional pain associated with the separation.

Bowlby stipulated that all children have an innate motivational system that is designed to initialize and promote closeness between the child and the primary caregiver, a system that is mostly needed when there is a sign of threat or danger This system responds to internal factors, such as presence of a threat or absence of the caregiver, and external factors, such as fear, anxiety, illness, as child notices the limits of his mastery of the environment. Furthermore, this system should help with the re-instatement of the security and reduction of threat with help to the primary caregiver. This would mean that the child would perceive the primary caregiver as someone who provides safety in difficult times. (Bowlby,1958).

It has been suggested that the main premise of the attachment theory is that child develops mental representations, also known as working models, that "consist of expectations about the self, significant others, and the relationship between the two" (Pietromonaco & Barrett, 2000). It is believed that the working models consist of a specific content related to the self and the attachment figure. This content is ought to be based on specific interpersonal details, as well as emotions associated with that content and experiences. It has further been suggested that the working models involve processes, which influence how and what information is retrieved, how that information is evaluated, and what they tend to remember.

Bowlby used the term working models "to describe the internal representations that individual develops of the world and of significant people within it, including the self" (Collins, 1996, p. 810). These working models could be interpreted as schemas developed in early years of life, mostly determined by the primary caregiver's emotional availability, and their response to the infant's needs, with the purpose of security and comfort gain. Furthermore, these schemas assist to creation of the child's ideas about "(a) whether or not the attachment figure is judged to be the sort of person who in general responds to calls for support and protection; [and] (b) whether or not the self is judged to be the sort of person towards whom

anyone, and the attachment figure in particular, is likely to respond in a helpful way" (Bowlby 1973, p. 204). These schemas are likely to be generalised views of others' responsivensess, warmth and security, and worth of self . This way of thinking and interpretation of people and their behavior should help predict future behavior of others. The mental representations are likely to evolve over time, however, it is likely that early working models remain influential across life span (Collins, 1996). These mental representations help understand attachment as it transcends time and space and how relationships are formed (Crowell & Treboux, 1995).

The work on attachment style was largely influenced by the work of Mary Ainsworth, as she developed Ainsworth's theory further to include the technique she called a strange situation. She analyzed the bond between the primary caregiver and the child and proposed that there are three distinct patterns of child's attachment, namely, secure, ambivalent (insecure), and avoidant. The secure attachment is reflected in the internal working model between self and attachment figure, and their interaction. Ainsworth has observed that if the primary caregiver was able to give comfort and protection, while simultaneously allowing free exploration of the environment, an infant is likely to develop and show secure attachment style and is likely to view self as valued and reliable ((Bretherton,1992). It has also been suggested that those infants who were separated from their mothers and want to approach their mother upon reuniting and are easily comforted by her, are thought to have a secure working model of attachment (Pietromonaco & Barrett, 2000).

Those children with primary caregiver who is unable to attend to the child's needs and is reacting with rejection when a child is attempting to receive comfort or exploration, are likely to show pathological attachment style. Those who showed insecure attachment cried more and explored less even if the mother was present. They would refute the contact with the mother after a brief separation, and with it show an avoidant insecure working model of attachment (Pietromonaco, et al., 2000). Those children who were avoidant displayed indifferent behavior to the mother regardless of her presence or absence (Bretherton, 1992). Nevertheless, when a child responds with anger and hostility by pushing the mother away after brief separation, this child would show an anxious-ambivalent working model of insecurity (Pietromonaco, et al., 2000). Furthermore, it has been suggested

that there is a fourth attachment style, considered a mixture of avoidant and ambivalent, namely disorganized style, where children display an inability to develop consistent strategy to deal with stress situations (Crowell & Treboux, 1995). We must therefore mention that Ainsworth's work was proven valuable, as she provided us with the empirical evidence of presence of different attachment styles.

*Personality disorder and Borderline Personality Disorder Diagnostic Criteria*

The general criteria for personality disorder, specific diagnostic features of all personality disorders currently present in the DSM-5 are presented in the following text. Later on we will present specific diagnostic features of BPD.
The APA has presented a set criteria and the Table 1 will present those as outlined in the DSM-5.

Table 1 *General Personality Disorder Diagnostic Criteria*

| *Criteria* |
|---|
| A. An enduring pattern of inner experience and behaviour that deviates markedly from the expectation of the individual's culture. This pattern is manifested in two (or more) of the following areas:<br>1. Cognition (i.e., ways of perceiving and interpreting self, other people, and events).<br>2. Affectivity (i.e., the range, intensity, lability, and appropriateness of emotional response).<br>3. Interpersonal functioning.<br>4. Impulse control. |
| B. The enduring pattern is inflexible and pervasive across a broad range of personal and social situations. |
| C. The enduring pattern leads to clinically significant distress or impairment in social, or other important areas of functioning. |
| D. The pattern is stable and of long duration, and its onset can be traced back at least to adolescence or early adulthood. |
| E. The enduring pattern is not better explained as a manifestation or consequence of another mental disorder. |
| F. The enduring pattern is not attributable to the physiological effects of abuse (i.e., a drug abuse, a medication) or another medical condition (e.g., head trauma). |

Adapted from "Diagnostic and Statistical Manual of Mental Disorders 5th Edition" by American Psychiatric Association, p. 663). Copyright by the American Psychiatric Association.

It is important to note that only when personality traits are inflexible and maladaptive, and cause significant distress or impairment in functioning, can a personality disorder be considered. Furthermore, it is important to evaluate if the symptoms are present over a long period of time, and evaluate if the symptoms were also evident in early adulthood. As some transient situational stressors and mental states may impact the personality development and change, it is important to evaluate if the traits are stable over time and not due to the situational changes (American Psychiatric Association, 2013).

To further understand the general diagnostic criteria, it is important to note that personality disorders are divided in three clusters. The APA (2013) has outlined the different clusters and rationale behind it. They are as follows: Cluster A is divided into paranoid, schizoid and schizo-typal personality disorders. The Cluster B is divided into borderline, narcissistic, histrionic and antisocial personality disorders. The Cluster C is divided into avoidant, dependent and obsessive-compulsive personality disorders. (American Psychiatric Association, 2013).

One personality disorder, attracting increasing scientific interest, is the BPD. This disorder is characterised by "persistent and pervasive cognitive, emotional, and behavioural dysregulation", and it is considered "among the most severe and perplexing behavioural disorders" (Crowell, Beauchaine, & Linehan, 2009, p. 495). Due to the severity of this disorder, the empirical research has focused on uncovering causal factors of the disorder development, with limited success (Crowell, et al., 2009). In the DSM-5, revisions were made and the following paragraphs will provide newest version of the diagnostic criteria of the BPD.

APA provided a set of diagnostic features of the BPD that needs to be met for the disorder to be diagnosed. Table 2 will show a dignostic criteria that need to be met in order for the BPD to be diagnosed.

Table 2 *Diagnostic Criteria of Borderline Personality Disorder*

| *Diagnostic Criteria* |
|---|
| A pervasive pattern of instability of interpersonal relationships, self-image, and affects, and marked impulsivity, beginning in early adulthood and present in a variety of contexts, as identified by five (or more) of the following: |
| A. Frantic efforts to avoid real or imagined abandonment. (Note: Do not include suicidal or self-mutilating behavior covered in criterion 5). |
| B. A pattern of unstable and intense interpersonal relationships characterised by alternating between extremes of idealization and devaluation. |
| C. Identity disturbance: markedly and persistently unstable self-image or sense of self. |
| D. Impulsivity in at least two areas that are potentially self-damaging (e.g., spending, sex, substance abuse, reckless driving, binge eating). (Note: Do not include suicidal or self-mutilating behavior covered in criterion 5). |
| E. Recurrent suicidal behavior, gestures, or threats, or self-mutilating behavior. |
| F. Affective instability due to a marked reactivity of mood (e.g., intense episodic dysphoria, irritability, or anxiety usually lasting a few hours and rarely more than a few days). |
| G. Chronic feelings of emptiness. |
| H. Inappropriate, intense anger or difficulty controlling anger (e.g., frequent displays of temper, constant anger, recurrent physical fights). |
| I. Transient, stress-related paranoid ideation or severe dissociative symptoms. |

Adapted from "Diagnostic and Statistical Manual of Mental Disorders 5th Edition" by American Psychiatric Association, p. 663). Copyright by the American Psychiatric Association.

According to the APA, the most important aspect of the BPD is the instability in different areas of functioning, such as relationships, how patients see themselves, their affected instability and impulsivity. This group of patients shows perceptual problems, exibit extreme reactions to real or imagined separtion or rejection, it shows fear and tries to avoid real or imagined abendonment. They react with fear or anger when faced with separation, and changes in plans. The idealisation of important people can easily change to devaluation, if the patient believes they did not receive enough care, love and affection as expected. They also show very unstable self-image, and will show identity disturbances with sudden shifts in goals, values and motivation. In addition, sexual preferences may also change due to the unstable self-image (American Psychiatric Association, 2013).

Furthermore, a person with BPD will also show some level of impusivity, that is deemed as self-damaging. Some of the impulsive behaviours include reckless driving, gambling, unsafe sex, substance abuse or eating disturbancies. Some people may exibit self-mutilating bahaviours such as cutting, burning, or nail bitting. In addtion, suicial gestures, and/or attempts are common among this group of people. Reactive mood is a common feature exhibited by people suffering from BPD. They will often show periodic changes in mood, from fear, to anger, irritability or dysphoria. At times, paranoid ideation or dissociation may also be exhibited by this patient group (APA, 2013).

To the above named main features, associated features may also be exhibited. For example,those people may sabotage their positive outcomes by ending a task short before its completion. They may also show transient.psychosis-like symptoms, when placed under pressure. The BPD may co-occur with other mental disorders, such as depression, anxiety, posttraumatic stress and bipolar disorder. In addition, other personality disorders may also co-occur (APA, 2013).

*Research findings of studies on attachment and personality development*

John Bowlby (1958) has observed that some researchers would believe that the child would be positively attached to the mother based on the physiological needs, such as food and warmth, and this attachment would only be present due to the mother meeting the physiological needs, and not due to any social needs. He called this type of behavior secondary drive. However, he also found that this research did not fully explain the relationship between the mother and her child, as other findings proposed that the infant attaches to the breast of the mother, and would therefore relate to the mother because of her provision of the milk, also called primary object sucking (Bowlby, 1958). However, after reviewing Melanie Klein's findings, he concluded that, even though she proposed that children attach to the mother because of the food, she also observed in her research that children seemed to react to the mother at other times, outside feeding time, and would take time out from the feeding to observe and communicate with the mother.

He also reviewed Piaget's findings, and concluded that in the initial phase, namely in the first months of infant's live, he does not seem to differentiate

between self and the object, this object being the mother. Bowlby suggested that the child may differentiate between self and the mother earlier as proposed by Piaget. He further stipulated that the rejection to the clinging behavior may be a harbinger to disturbances development (Bowlby, 1958). Bowlby's findings served as a stepping stone for further research in the area of disturbances development between mother and her child, specific to the clinging and refusing behavior of the mother.

Levy reviewed a large body of literature and found that there is a consensus that attachment style, specifically insecure attachment style, and human psychopathology. However, he did note that although a relationship between attachment and psychopathology has been reported, it remains unclear how attachment styles related to specific personality disorders (Levy, 2005).

Newman, Stevenson, Bergman and Boyce (2007) investigated an interaction between the parent diagnosed with BPD and her infant. They recruited 17 mothers diagnosed with BPD and 21 mothers who did not meet the BPD diagnostic criteria. As a measure of maternal efficacy and satisfactions they utilised Parenting Stress Index - Short Form and Parenting Sense of Competence Scale. They found that mothers with BPD were rated as inconsistently sensitive, somewhat insensitive or highly insensitive compared to the mothers who did not meet the criteria of BPD, who were rated generally or highly sensitive. Furthermore, mothers with BPD were rated as inconsistent or non-optimal in their efforts to structure their activities with the infant compared to the control group. Lastly, they reported that none of the mothers with BPD were rated as optimally responsive to their infants (Newman, Stevenson, Bergman, & Boyce, 2007). Their findings also suggested that mothers diagnosed with BPD experienced significant amount of stress in their parenting role. These findings, although not directly related to the attachment style of the mother to her child, show that mothers who are diagnosed with BPD show significant distress relating to their own infant and this could impact on the attachment between the two.

A review conducted by Keinänen, Johnson, Richards and Courtney (2012) focused broadly on the psychosocial factors that are likely to contribute to BPD development. They found that among other variables, problematic rearing styles were significantly associated with in BPD development. In addition, aversive parental behavior, lack of parental affections, denial of

the right for thoughts and feelings, parental inability to protect children as well as physical and emotional neglect were associated with personality disorder development. They further uncovered that people diagnosed with BPD showed anxious and avoidant attachment style, especially when other variables such as sexual abuse and maltreatment were also present in childhood. They concluded, based on the reviewed studies, that people diagnosed with BPD show insecure attachment style, and that this attachment style is likely to be exhibited in adult relationships (Keinänen, Johnson, Richards, & Courtney, 2012).

Agrawal, Gunderson, Holmes and Lyons-Ruth (2004) also conducted a review on studies with the main focus on attachment and the borderline personality disorder. They viewed the goal of secure attachment as "the creation of an external environment from which the child develops an internal model of the self that is safe and secure" and proposed that people diagnosed with BPD are likely not to meet this goal (Agrawal, Gunderson, Holmes, & Lyons-Ruth, 2004, p. 95). With that in mind, they reviewed 13 studies that mainly focused on attachment styles and BPD. They found that all of the studies reported negative relationship between BPD and secure attachment. Furthermore, they found that people with BPD showed preoccupied, unresolved, dismissing and fearful attachment style. One study showed that about 29.8% also showed a secure attachment style (Agrawal, Gunderson, Holmes, & Lyons-Ruth, 2004). Based on the review of the 13 studies, Agrawal, et al. concluded that there is a strong association between BPD and insecure forms of attachment, with most common forms of attachment being unresolved/preoccupied and fearful (Agrawal, et al., 2004).

Mosquera, Gonzales and Leeds (2014) examined a role of insecure and disorganised attachment in development of BPD. They found that people with BPD are likely to show intolerance to being on their own due to their fears of "calm introjection". Their need to hold onto people or fear of being left alone and rejected could be traced to the insecure attachment of the primary caregiver.

They pointed out that most of the reviewed studies show that people with BPD are likely to show disorganised or insecure pattern of attachment, and only those who received adequate social support were likely not do develop a personality disorder. They also found that parents who are overly

protective, yet not able to regulate their own emotions and show tolerance, also generate insecure attachment to their children (Mosquera, Gonzalez, & Leeds, 2014).

## Materials and methods

This study was designed to examine the relationship between BPD and child- parent attachment styles in childhood, captured by the Adult Attachment Interview (AAI). particularly, we WERE interested in finding out how people diagnosed with BPD perceive the attachment to their primary caregivers.

*Hypotheses*

Based on the theoretical concepts and existing research findings, we assume that:

Hypothesis 1: people diagnosed with BPD will show an insecure attachment style, and that preoccupied attachment style will dominate.

Sub-hypothesis 1.1: The use of different adjectives will be dependent on the attachment style to describe the relationship between them and their primary caregivers.

Sub-hypothesis 1.2: The individuals with dismissing attachment style will use positive adjectives to describe the attachment, but will be unable to recall specific memories that fit those adjectives.

Sub-hypothesis 1.3: The individuals with preoccupied attachment style will use negative adjectives to describe the attachment, and will be able to recall

*Participants*

Fourteen women and one man aged between 18 and 54 years participated in this study, the mean age being 33 years. Participants were selected based on three selection criteria: they must have had a prior diagnosis of borderline personality disorder as a primary diagnosis, they had to be older than 18 years of age, and they had to show clear distance from suicidal thoughts and behaviour.

General Participant Information are as follows. Two participants stated they were single (13.3%), 6 participants stated they were living de facto (40%),

one participant stated they were married for the first time (6.7%), one participant stated they were married for more than one time (6.7%), and 5 participants stated they were separated or divorced (33.3%). Additionally, 3 participants stated they were housewives (20%), 2 participants worked full time (13.3%), 1 participant worked part time (6.7%) and 9 participants stated they were not working (60%). From the total of 15 participants, 3 completed primary school (20%), 5 completed secondary school (33.3%), 5 completed high school (33.3%), one participant started but did not complete apprenticeship (6.7%) and one participant acquired university degree (6.7%).

The rationale to include 15 participants was based on the in part qualitative nature of this study. This was a convenience sample, as those patients who met the selection criteria and were being treated in the inpatient clinic between December 2015 and January 2016 were asked to participate. A total of 15 patients were asked to participate. All agreed to participate in the study.

*Adult Attachment Interview (AAI)*

To assess attachment in childhood this study will use the AAI written in German language. The AAI is a semi-structured interview focusing on the early attachment experiences and their effects based on Attachment Theory. The interview contains 20 questions and can be used with participants who are 16 years or older. The interview can last from 40 minutes to 2 hours. The participants were initially asked general questions about their family situation. Following, the participants were asked to describe the relationship to their mother and father, and were subsequently asked five adjectives to describe their relationship to each one of the parents during early childhood with accompanied memories to each adjective. Other questions focused on the closeness to each one of the parents, other significant members of the family, and parental threatening behaviour. In addition, participants were asked about how the childhood experiences may have influenced the development of their personality. Furthermore, they were asked about their childhood loss experiences.

To better understand the complexity of the AAI, the analysis of the AAI will be extracted from the adult attachment interview protocol by George, Kaplan and Main (1996). To analyse the interview, a researcher needed to

create the transcript from the audio recording. The analysis in three stages will follow.

The first stage compromises a 9-point scale where a participant's childhood experiences with each parent are rated. Attention is paid to love, rejection, role reversal, pressure to perform and neglect. The second stage contains questions relating to idealisation, anger and rejection and is also rated on the 9-point scale with each parent. The third stage refers to the state of mind with respect to the experiences, and are assessed through testing of the discourses relating to the overall coherence of transcript, lapses in monitoring of reasoning, or discourse relating to the discussion of traumatic events. The discourse required adherence to the four specific Grice's maxims. Quality is achieved when the participant appears truthful and there is evidence in what they say. This maxim is violated, when the participant speaks generally positively, however, showing specific examples that contrast that general description. Quantity is achieved when a participant provides concise and full answers. This maxim is violated when participants answer questions with "I do not remember", or go off tangent by describing situations beyond appropriate conversation. Relation is achieved when the participant's description is relevant to the topic presented. This maxim is violated, when the participant starts discussing current relationship with their parents, even though they were asked to describe the relationship to the parent in childhood. Lastly, manner is achieved when the participant speaks in clear and orderly manner. This maxim is violated when the participant fails to complete sentences or uses psychological jargon.

Classification of attachment categories is as follows. A participant will show secure-autonomous attachment when they show value in attachment experiences, experiences are internally consistent, responses are clear, relevant and reasonably concise. They have high scores on the overall coherence of the transcript and overall coherence of mind. A participant will show dismissing attachment when Grice's maxim of quality as well as quantity are violated. Those participants will usually idealise parents but also show insistence upon lack of memory from childhood as well. This response is related to infant avoidance. A participant will show preoccupied attachment, when they appear confused, angry, or preoccupied with attachment figures. Grice's maxim of manner will be violated as the participant will use angry preoccupied speech or vague explanations. This

response is related to infant ambivalence. A participant will show unresolved-disorganised attachment when they show lapses in the monitoring of reasoning when reporting traumatic events. Those participants will show coherent way of speaking but will also show lapses in attention lasting not more than two or three sentences. This response is related to the unresolved/disorganised infant attachment status.

In relation to the psychometric studies of the AAI, it has been consistently shown that attachment styles remain stable across a period of time, with high degree of test-retest reliability, unrelated to most measures of intelligence and unrelated to memory and social desirability (Bakermans-Kranenburg & van Ijzendoorn, 1993; Sagi, van IJzendoorn, Scharf, Koren-Karie, Joels, & Mayseless, 1994).

*Procedures*

The participants were instructed to sign a consent form prior to the receiving the questionnaires. The participation was voluntary and confidential. The information regarding the interview was provided. All of the participants agreed for the interview to be audio recorded, no names were mentioned to maintain confidentiality. At the end of the interview all of the participants were provided with an opportunity to discuss any difficult parts of the interview.

For the purpose of the assessment of AAI we have decided to use Interpretative Phenomenological Analysis (IPA). It is an approach of psychological qualitative research, with a focus to offer insight into how a person, in a given situation, makes sense of that situation. It relates to the experiences that are of personal significance to the person. It is used predominantly to assess the development of important relationships (Wilson & MacLean, 2011). We have used this analysis to explore how participants describe their relationship with their primary caregivers with the focus on the meaning of the experiences and with it associated events. However, the AAI is designed to also explore discourse, different text and speech, information collected from the interview. Therefore, a discourse analysis will be utilised to test Grice's maxim as proposed in the AAI manual.

## Results and discussions

In this study, 10 participants (66.7%) described a dismissing attachment style, 4 participants (26.7%) described preoccupied attachment style and one participant (6.7%) described a secured attachment style in childhood. The following Table 3 will show the distribution of the attachment styles as captured by the Adult Attachment Interview.

Table 3 *The Childhood Attachment Styles based on the AAI*

| | | Secure Attachment | Preoccupied Attachment | Dismissing Attachment | Unresolved Attachment |
|---|---|---|---|---|---|
| 1 | | low | Low | medium | low |
| 2 | | low | Low | medium | low |
| 3 | | low | Medium | low | low |
| 4 | | low | Low | medium | low |
| 5 | | low | Medium | low | low |
| 6 | | low | Low | medium | low |
| 7 | | low | Medium | low | low |
| 8 | | low | Medium | low | low |
| 9 | | low | Low | medium | low |
| 10 | | low | Low | medium | low |
| 11 | | low | Low | medium | low |
| 12 | | medium | Low | low | low |
| 13 | | low | Low | medium | low |
| 14 | | low | Low | medium | low |
| 15 | | low | Low | medium | low |
| Total | N | 15 | 15 | 15 | 15 |
| | Std. Deviation | 0.258 | 0.458 | 0.488 | 0.000 |
| | Mean | 1.07 | 1.27 | 1.67 | 1.00 |

The following paragraphs are aimed to presenting the findings related to the postulated hypotheses.

Hypothesis 1: People diagnosed with BPD will show an insecure attachment style, and that preoccupied attachment style will dominate.

As we can see in the table 3 the results indicated that people diagnosed with BPD showed both preoccupied and dismissing child-parent attachment style, however, in this group of participants it was the dismissing attachment style that dominated (frequency of low score = 5 (33.3%), and medium score = 10 (66.7%)) compared to preoccupied attachment style (frequency of low score = 11 (73.3%), and medium score = 4 (26.7%)). Accidental finding in this study was that the participants who were under the age of 35

also showed dismissing attachment style, however, those above the age of 35 showed a preoccupied attachment style.

To further analyse the relationship between 4 attachment styles Spearman's Rho was performed. The results indicate that there is a significant negative relationship between preoccupied and dismissing attachment style $r = -.85$, $p < .01$. Furthermore, one sample t-test was conducted to compare preoccupied and dismissing attachment style, as those two attachment styles showed the highest means. The results suggested that there is a significant difference in scores for preoccupied attachment style ($M = 1.25$, $SD = 4.58$) and dissmissing attachment styles ($M = 1.67$, $SD = 0.488$) at the $p < 0.01$ level. The results are displayed in the Table 4.

Table 4 Relationship between Attachment Styles

| | | | AAI Secured | AAI Preoccupied | AAI Dismissing | AAI Unresolved |
|---|---|---|---|---|---|---|
| Spearman's rho | Secure | Correlation Coefficient | 1.000 | -.161 | -.378 | . |
| | | Sig. (2-tailed) | . | .566 | .165 | . |
| | | N | 15 | 15 | 15 | 15 |
| | Preoccupied | Correlation Coefficient | -.161 | 1.000 | -.853** | . |
| | | Sig. (2-tailed) | .566 | . | .000 | . |
| | | N | 15 | 15 | 15 | 15 |
| | Dismissing | Correlation Coefficient | -.378 | -.853** | 1.000 | . |
| | | Sig. (2-tailed) | .165 | .000 | . | . |
| | | N | 15 | 15 | 15 | 15 |
| | Unresolved | Correlation Coefficient | . | . | . | . |
| | | Sig. (2-tailed) | . | . | . | . |
| | | N | 15 | 15 | 15 | 15 |

**. Correlation is significant at the 0.01 level (2-tailed).

Sub-hypothesis 1.1: The use of different adjectives will be dependent on the attachment style to describe the relationship between them and their primary caregivers.

The findings supported the hypothesis as those participants who showed dismissing attachment style also used positive adjectives to describe the relationship between them and their primary caregiver, and those with the preoccupied attachment style used negative adjectives to describe the relationship between them and their primary caregiver.

Sub-hypothesis 1.2: The individuals with dismissing attachment style will use positive adjectives to describe the attachment, but will be unable to recall specific memories that fit those adjectives. There is a general consensus, that those participants who showed a dismissing attachment style, also described a relationship with the mother as loving, nice, sincere, important, intensive (Table 5).

Table 5 *Adjectives used to describe the relationship to the mother-dismissing attachment style*

| *Adjective* | *Frequency* | *Adjective* | *Frequency* |
|---|---|---|---|
| Loving | 8 | Thankful | 1 |
| Demanding | 1 | Close | 2 |
| Protective | 1 | Fear | 2 |
| Intensive | 1 | Not trusworthy | 2 |
| Role model | 1 | Caring | 1 |
| Trustworthy | 3 | Mindful | 1 |
| Sincere | 1 | Strong | 1 |
| Nice | 1 | Normal | 1 |
| Important | 1 | | |

The hypothesis 1.2 was supported by all of the participants who showed dismissing attachment style, described a relationship or the mother as mostly positive, however, they displayed a significant problems when they were asked to give concrete examples related to those adjectives. They mostly gave non-specific answers or stated they cannot recall any situations related to the adjective used to describe the relationship to the mother.

The same participants also described their attachment to mother as non-rejecting, loving and non-neglectful. One participant described a strong pressure to perform from a very early age, and some reported having to look after their mother's well being from an early age, as mother was seen as overextanding and not capable to take care of the children adaquately. Furthermore, this group of participants had idealising mental represenation of the relationship to the mother, because they described the attachment as loving, nice, sincer, close, trustworthy, however throughout the interview gave numerous examples that contradict these descriptions. For example participant 9 described a positive relationship to the mother, however, described the relationship in other parts of the

interview as partly negative by saying: “My mother would behave in a certain way I could not understand… she would flip out, she would run away from me and I never knew where she was and why she did it …or will she kill herelf”.

As it can be seen from the prior example, this group of participants violated Grice’s maxim of quality. Furthermore, they also violated Grice’s maxim of quantity. They idealised their mother but showed inconsistence upon lack of memory from childhood. They also answered many questions related to the recollection of information from the past with “I do not know”. For example, participant 11 gave very similar answers. She stated: “I can not remember much from my childhood… but I think it was good.”

Sub-hypothesis 1.3: The indiviudals with a preoccupied attachment style will use negative adjectives to describe the attachment, and will be able to recall vivid memories consistent with those adjectives. This hypothesis was also supported as those participants who described a preoccupied attachment style to the primary caregiver in childhood also used negative adjectives such as fear, confusion, anger, being alone, misunderstanding to describe the relationship to their mother (see Table 6).

Table 6 *Adjectives used to describe the relationship to the mother-preoccupied attachment style*

| *Adjective* | *Frequency* | *Adjective* | *Frequency* |
|---|---|---|---|
| Fear | 2 | Pain | 1 |
| Confusion | 1 | No help | 1 |
| Anger | 2 | Rejection | 1 |
| Being alone | 1 | Sadness | 1 |
| Misunderstanding | 2 | Disgust | 1 |
| Treatening | 1 | Not wanted | 1 |
| | | Not loved | 1 |
| | | *Annoying* | *1* |

This group of participants responded to the questions angrily, and preoccupiedly with the relationship to the mother. When they responded to the questions, it was with great detail and strong emotional involvement. They also stated in the interview that experiences with their mothers influenced their personality as adults. They were more interested in giving detail about their experiences with the primary caregiver and were less interested in the flow of the interview. The participant 3 was asked to describe the adjective "not being wanted" she stated: "I… she wanted to kill me…she wanted to hit me with an ax… one time she hit me so that my nose started bleeding". The participant 5 responded to the description of the adjective "anger" with " My mother would come out of the pub with a red head, drunk… I was so angry for being sent to bed and no one noticed that I was there… (or)… I was disgusted by my mother… she laughted sometimes … her hands… I did not want to be touched by her".

This group of participants described being rejected from their primary caregiver, reported neglect, lack of love, and role reversal but did not report pressure to perform. For example participant 8 described rejection by saying: "I often felt rejected, I still have this in front of my eyes. I would chew on my nails, or hit some things… (or)… I did pee in bed and when I did it my mother would take my head and push against the sheets… I would have to lie for an hour or so there". In relation to the role reversal the same participant stated: "When I was 9 years old my mother met a new partner and she spent most of the time at his place without taking me there. I was alone at home and had to get myself ready for school".

The mental representation of the attachment for this group was associated with anger and devaluation. This can be seen from the adjectives this group of participants used to describe the attachment to the primary caregiver. The participant 5 described an attachment to the mother with following words: "I knew she was my mother, but I did not have any attachment to her… she could not show it… I waited in the orphanage for her… she never came".

Furthermore, this group of participants violated Grice's maxim of manner as they were preoccupied with angry speech and explanations. For example the participant 3 stated: "When I was 14 years old I was

sexually assaulted. My mother did not care even though she knew I was scared but that did not interest her… she was away for 3 days. I did not have anything to eat. And it did not interest her, she would hit me anyway". The participant 7 also spoke in anger when describing the adjective of being misunderstood. She stated: "It was very often that no one understood how I felt and I would be hurt no matter what happened or if I was good or bad. I was the one who was accused at the end and I would be the one who would be hurt".

Only one participant was able to reflect on the positive and negative experiences from the past in a consistent manner with clear and concise explanations. He was the only male participant. Even though he described his attachment to his mother as distant, fair, and hysterical, he was able to give examples to these adjectives and was able to reflect on those in a truthful and continuous manner.

**Conclusions and recommendations**

As noted in the literature review earlier, wide body of literature suggested that, firstly, there is a significant relationship between personality dysfunction and insecure attachment style (Keinänen, Johnson, Richards, & Courtney, 2012; Newman, Stevenson, Bergman, & Boyce, 2007), secondly, insecure attachment styles, such as unresolved/preoccupied and fearful, would be the most common forms of attachments (Agrawal, Gunderson, Holmes, & Lyons-Ruth, 2004). Our study also found that insecure attachment styles are most common forms of attachment, a view shared by a wide body of literature, however, our findings indicated that the dismissing and preoccupied styles are the most common in this group of participants.

As we can see from the above tested hypotheses, the people who show symptoms of borderline personality disorder, recall insecure attachment betweeen self and the primary caregiver, however, there is no single attachment style that was solely related to this disorder. This shows again the complexity of the disorder, and with it the complexity in uncovering the possible risk factors that contribute to its development. For our findings, and findings of other researchers, we can state that there is a significant relationship between child-parent attachment and BPD, however, the extent of causality between the two remains unclear.

Longitudinal studies may be able to contribute more to the anwer of causality between those two factors.

Notwithstanding, our findings, even though based on the scores from a very small group of participants, not only are in line with the past and current research findings, but are in line with that Attachment theory that described the child-parent attachment styles in the manner presented above. This shows the sound basis of the attachment theory, specifically the attachment styles and the Grice's maxim violations descibed by those attachment styles.

The results of this study did provide some evidence that there is a relationship between BPD attachment styles in childhood, however, this study has also some limitations.

Firstly, the number of participants is very low, namely total of 15. The time constraints related to the complexity of the AAI analysis did not allow more than 15 participants to be interviewed and data to be analysed. Nevertheless, such low number of participants posed problems with generalising of the findings.

Secondly, application of the AAI has a great levele of the complexity in the interview, as well as interview recording, encoding and analysis. Threfore some analytical bias cannot be absolutely excluded.

As we have seen in the prior chapters, it has been proposed that some attachment styles have been associated with pathological way of human overall functioning, and it has already been observed that insecure attachment style in childhood may be associated with personality dysfunction (Brennan & Shaver, 1998). Following an extensive review of the literature, we have come to the conclusion that to date no studies have been able to consistently show what attachment style is associated with borderline personality disorder (BPD). And as it has been suggested that BPD is related to more than one attachment style, this study was supported the current body of knowledge and evaluate attachment style and BPD relationship (Lenzenweger & Clarkin, 2005).

We are confident that the findings of this study are relevant as they show, consistent with many studies that BPD is a complex disorder, and that variables, such as child-parent attachment style are related to this disorder. The BPD occurrence is not declining, and therefore we ought to expand our research relating to this phenomenon even further to

improve our diagnostic criteria, treatment plans and outcomes, and may be in near future, develop early screening and preventions strategies to reduce the occurrence of such debilitating, for the patient and the practitioner, taxing disorder

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