

**The Mediating Role of Adult Attachment in the Relationship Between Borderline
Personality Disorder Symptoms and Romantic Relational Aggression and Victimization**



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The Mediating Role of Adult Attachment in the Relationship Between Borderline Personality
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This year has had many obstacles for me to overcome. I chose to take a leave of absence from school for my last semester I was supposed to have at Allegheny, being the spring of 2022. Looking back and reflecting on that time in my life has made me realize that I did what was best for me and my health. It was difficult to accept the fact that I was not going to walk in the spring of 2022 with some of my closest friends. It took a lot of time for me to realize that it was for the best that I was not in school that semester. Coming back to a project that I haven't touched in almost a year was extremely difficult. I was scared that I would be completely lost and unable to complete my comp to the capacity that I had anticipated. However, with the overwhelming amount of support I received, I was able to do it. I want to first thank Dr. Stanger for being there for me the whole way through, not just for my comp, but being there for me when I needed it most, and I am so grateful to have her in my life not only as an advisor and professor, but as someone who was on my side the entire time, who supported and cared about me. I also want to thank my parents and sister for the constant support they give me, even on my worst days. They have been there for me through everything, and I just want them to know how much I love and appreciate everything they do for me, even on days where it might not seem like it. I do not know what I would do without them. They are my everything, and I love them more than they will ever know. I also want them to know that I will always be there for them as well.

Abstract

This study aimed to expand the literature on the role that attachment played in the relationship between borderline symptoms and relational aggression and victimization in romantic relationships. The study was conducted online at a small liberal arts college in the northeastern U.S.. Participants consisted of college students ($N = 32$, M student age = 19.4, 87.5% female, 9.4% male, 3.1% other) who were recruited through SONA and the Psychology department at Allegheny College. Participants were asked to complete three different questionnaires on SurveyMonkey assessing (1) borderline personality disorder symptoms, (2) adult attachment, and (3) romantic relational aggression/victimization. Three hypotheses were made: Hypothesis 1 was that participants who reported more BPD symptoms would also report more anxious adult attachment styles. To test Hypothesis 1, a Pearson's correlation was conducted. The correlation between BPD symptoms and anxious adult attachment style was significant ($r = .77, p < .001$); participants who reported higher levels of BPD symptoms also reported higher levels of anxious adult attachment. Hypothesis 2 was that participants who reported more BPD symptoms would also report more romantic relational aggression and romantic relational victimization. To test Hypothesis 2, two Pearson's correlations were performed in JASP to measure the degree of association between BPD symptoms and (a) romantic relational aggression and (b) romantic relational victimization. The correlation between BPD symptoms and relational aggression was significant ($r = .45, p = .01$); greater BPD symptoms were correlated with higher levels of romantic relational aggression. There was a positive correlation between BPD symptoms and romantic relational victimization, however the p-value was not significant ($r = .26, p = .15$); people reporting higher BPD symptoms did not show a consistent pattern in their level of romantic relational victimization. Finally, Hypothesis 3

was that the relationship between BPD symptoms and romantic relational aggression and victimization would be explained by participant anxious adult attachment styles and would be tested through a mediation analysis. Hypothesis 3 was not tested. The planned analysis involving romantic relational aggression was not completed because the reliability for this measure was low ($\alpha = 0.41$). For the planned analysis involving romantic relational victimization, although the reliability was high ($\alpha = 0.84$), the p-value was not significant for the correlation between BPD symptoms and relational victimization ($p = .15$), meaning there is no association for attachment to mediate.

The Mediating Role of Adult Attachment in the Relationship Between Borderline Personality Disorder Symptoms and Romantic Relational Aggression and Victimization

Borderline Personality Disorder (BPD) is characterized by persistent and pervasive cognitive, emotional, and behavioral dysregulation (Crowell, et al., 2009). Individuals with BPD also show instability in interpersonal relations, self-image, and behavior (Koster et al., 2018). It is among the most severe and perplexing behavioral disorders (Crowell, et al., 2009). The underlying characteristics of BPD are deemed as emotional instability, lack of self-control, and interpersonal hypersensitivity (Koster et al., 2018). People with BPD may experience mood swings and display uncertainty about how they see themselves and about their role in the world (“Borderline Personality Disorder”, 2017). They also tend to view things in extremes, such as being all good or all bad (“Borderline Personality Disorder”, 2017). Their opinions of others can also change rather quickly (“Borderline Personality Disorder”, 2017). For example, a person whom the individual may see as a friend one day could be considered an enemy the next day (“Borderline Personality Disorder”, 2017). These kinds of shifting feelings can lead to intense and unstable relationships (“Borderline Personality Disorder”, 2017). Other symptoms or signs include: distorted and unstable self-image or sense of self, impulsive and dangerous behaviors (such as spending sprees, unsafe sex, reckless driving, binge eating, self-harming behaviors, such as cutting, and recurring thoughts of suicidal behaviors or threats) (“Borderline Personality Disorder”, 2017).

In the United States, recent research has shown that 1.6% of the population has BPD (Salters-Pedneaul, 2020). The actual prevalence may even be higher than 1.6% because in a recent study, over 40% of people diagnosed with BPD had been previously misdiagnosed with other disorders like bipolar disorder or major depressive disorder (Salters-Pedneaul, 2020). BPD

is a disorder that is often misunderstood and misdiagnosed and usually has a large impact on the patient's life. Recently, psychopathology researchers and theorists have begun to understand fundamental aspects of BPD such as unstable, intense interpersonal relationships, feelings of emptiness, bursts of rage, chronic fears of abandonment and intolerance for aloneness, and lack of a stable sense of self as stemming from impairments in the underlying attachment organization (Levy, 2005). By providing clear and easily understood research, people can better understand BPD and help those who are diagnosed with BPD or experience BPD symptoms. Therefore, the present study aims to expand the literature on borderline personality disorder symptoms and their impact on the quality of romantic relationships by examining the influence that insecure attachment has on relational aggression within the relationships.

BPD and Interpersonal Relationship Difficulties

BPD often begins in adolescence or early adulthood; however, it is not necessarily a lifelong disorder (Biskin, 2015). Many patients retain residual symptoms later in life; however, these residual symptoms may not be predictable (Biskin, 2015). One of the most disruptive roles of BPD has to do with relationships, and their quality and duration (Bouchard et al., 2009). There is acute and chronic instability in affective, cognitive, motivational, and behavioral systems that induce volatile interpersonal bonds and severe affiliative problems (Bouchard et al., 2009). Theoretically, attachment insecurity, identity diffusion, mentalization problems, and emotional reactivity should systematically disrupt couple formation processes and outcomes through nonoptimal partner choice, conflicting relationship goals, dysfunctional communication patterns, risk regulation difficulties, and diverse forms of physical and psychological violence (Bouchard et al., 2009). The disorder is often characterized as one of dysregulation, of emotions, behavior, self, and cognition, in the context of perceived rejection or criticism (Lazarus et al.,

2018). Consistent with this characterization, BPD has been discussed by many as a disorder of disturbed attachment, with symptoms often emerging in relationships with attachment figures such as romantic partners (Lazarus et al., 2018). For individuals with prominent BPD features, romantic relationships may pose particular difficulties in terms of emotion regulation (Lazarus et al., 2018). In fact, there is evidence that romantic relationships of those with BPD are characterized by anxiety and distrust, low levels of satisfaction, high levels of distress, and frequent breakups and reunions (Lazarus et al., 2018). Patients diagnosed with BPD are at risk of being both abusive and victimized in close relationships (Bouchard et al., 2009). In a community sample, BPD symptoms were related to higher levels of seriousness of daily conflict with romantic partners and greater daily hurt feelings reported by partners (Lazarus et al., 2018). Dysfunction in romantic relationships may reflect BPD-related sensitivities and attempts at affective regulation that could potentially be damaging to relationships (Lazarus et al., 2018). However, a significant proportion of those suffering from BPD (ranging from 20-30%), are currently involved with a romantic partner in the context of dating, cohabiting, or married (Bouchard et al., 2009).

Attachment

The goal of attachment is to create an external environment in which a child develops an internal model of the self that is safe and secure. Secure attachment to a caregiver allows a child to explore his or her world with confidence that the caregiver is available when needed (Agrawal et al., 2004). This type of attachment should engender a positive, coherent, and consistent self-image and a sense of being worthy of love, combined with a positive expectation that significant others will be generally accepting and responsive (Agrawal et al., 2004). Children who do not develop secure forms of attachment with their caregivers are at a risk for developing

forms of insecure attachment as they mature. Parent-child relationships influence children's social and emotional development (Kerns et al., 2014). Over time, repeated experiences with attachment figures lead children to develop general expectations about the availability and accessibility of those attachment figures, which can lead to chronic anxiety if children come to believe that attachment figures are not consistently available, protective, and comforting (Kerns et al., 2014). Bowlby (1973) suggested that children experience anxiety when they have doubts about the availability or accessibility of attachment figures, especially when they experience difficult or disturbing events (Kerns et al., 2014). Insecure ambivalent children, who experience inconsistent primary care, may be most prone to experience anxiety because they are chronically worried about the availability of attachment figures (Kerns et al., 2014). Alternatively, some researchers suggest that disorganized children, who perceive themselves as helpless and vulnerable, and their caregivers as frightening and unable to protect them, may be the ones who are at the greatest risk for developing internalizing problems, such as BPD (Kerns et al., 2014). BPD can be reliably diagnosed in adolescents as young as 11 years (Guilé et al., 2018). The clinical prevalence of BPD ranges from 11% in adolescents consulting at an outpatient clinic to 78% in suicidal adolescents attending an emergency department (Guilé et al., 2018).

Characteristics of having insecure forms of attachment in adulthood may include being needy, manipulative, and angry within a relationship (Agrawal et al., 2004). These interpersonal features are reflected in two prototypes of insecure attachment: the preoccupied (anxious) form, characterized by clingy, entangled, angry, and dependent behaviors, and the fearful/disorganized (avoidant) form, characterized by fearfulness and conflict towards dependency (Choi-Kain et al., 2009). Those who have an insecure-avoidant style of attachment typically develop models of themselves as being suspicious, aloof, and skeptical and of significant others as being basically

unreliable or overly eager to commit themselves to relationships (Austin, 2001). In adults, it is characterized by the fear of closeness and the tendency to avoid dependence on others (Li et al., 2012). They are afraid of connections with other people and typically apply deactivation strategies, like convincing themselves that they are better off alone rather than in a relationship (Li et al., 2012). Those who display an insecure-anxious style tend to develop models of themselves as being misunderstood, unconfident, and underappreciated and of significant others as being typically unreliable and either unwilling or unable to commit themselves to permanent relationships (Li et al., 2012).

An association between borderline personality disorder and insecure forms of adult attachment have been repeatedly observed in empirical literature (Critchfield et al., 2008). Studies have shown that adult romantic attachment styles are based on self-reported histories with significant others (Scott et al., 2009). Numerous studies have demonstrated that there is a significant relationship between BPD features and self-reported attachment anxiety or preoccupied attachment styles in both nonclinical and clinical samples (Scott et al., 2009). The DSM-IV criteria for BPD describes the first and second highest diagnostic criteria as being the disorder's characteristic interpersonal style "unstable and intense" with "vacillations between extremes of idealization and devaluation," with frantic efforts to avoid abandonment—also referred to clinically as an intolerance of aloneness (Choi-Kain et al., 2009).

Relational Aggression & Victimization

Impairment in relationships is common for an individual who experiences BPD symptoms. Two specific ways in which people can struggle within a relationship are relational aggression and relational victimization. Relational aggression is a form of aggression that is characterized by attempts to harm or threaten others through purposeful manipulation and

damage to interpersonal relationships (Mahar et al., 2018). It is different from physical aggression in that it often occurs without physical force or even threat of it (Mahar et al., 2018). It can target perceptions, feelings, or behaviors but is more specific in that it always targets relationships (Mahar et al., 2018). Relational aggression can encompass an array of emotionally hurtful behaviors and has been depicted into three subgroups: relational, indirect, and social (Crothers et al., 2009). These behaviors are often carried out in front of a victim; for example, a girl telling her friend that they will no longer be friends unless she does something the girl wants (Crothers et al., 2009). Although both females and males tend to use relationally aggressive behaviors with similar frequencies, females appear to be more negatively affected by such behaviors because of the harm to their relationships, which they intensely value (Crothers et al., 2009).

Several studies have revealed that relational aggression is linked to BPD features (Ostrov et al., 2011). Given that BPD symptoms include chronic anger and efforts to avoid abandonment, individuals with BPD symptoms may be susceptible to using relational aggression as a means to express hostility and control relationships so as to avoid abandonment (Ostrov et al., 2011). Additionally, adult attachment styles are also linked to relational aggression. Evidence has shown that insecure romantic attachment predicts higher levels of relational aggression, and that both men and women who feel insecurely attached to their partners are more likely to be more relationally aggressive towards them (Oka et al., 2016). Furthermore, people who perceive their partners to be insecurely attached are more likely to be relationally aggressive (Oka et al., 2016).

Relational victimization is another way in which people who experience BPD symptoms can struggle within their interpersonal relationships. Relational victimization is associated with poor coping, self-defeating and delinquent behaviors, anxiety, depression, and loneliness (Dahlen

et al., 2013). While not much research has been done on romantic relational victimization, a growing body of literature shows that relational aggression and victimization can exact a considerable toll on the optimal functioning of college students (Dahlen et al., 2013). Dahlen et al. (2013) dove into victimization in college students and found that the correlates of relational victimization were also similar for peer and romantic contexts; students who reported higher levels of both forms reported greater depression, anxiety, stress, loneliness, academic burnout, and alcohol-related social problems. This was consistent with previous studies linking relational victimization and social exclusion to depression, anxiety, and a variety of self-defeating behaviors (Dahlen et al., 2013). It is reasonable to expect that relationally aggressive behaviors, such as gossip, spreading malicious rumors, and social exclusion, may be extremely disruptive during this period (Dahlen et al., 2013). Further findings demonstrate that romantic relational victimization appears to be particularly toxic among college students (Dahlen et al., 2013). On the flip side, a lot more is known about peer relational victimization, especially in adolescents. While the correlates of relational aggression and victimization are well understood in children and early adolescents, far less is known about the nature of these behaviors in late adolescents and early adulthood (Dahlen et al., 2013). Relational victimization has been associated with anxiety and self-defeating behaviors (Dahlen et al., 2013). Instability of interpersonal relationships is a key criterion in the diagnosis of BPD in adolescents (Runions, 2020). The flip side of peer acceptance is peer rejection, either subjective, wherein a child reports being shunned or excluded by peers, or objective, where the child is reported by peers as being disliked and ostracized (Runions, 2020). Behaviors that may lead to subjective self-report of peer rejection may range from unintentional signals of exclusion from social interactions to overt, aggressive expressions from peers that would qualify as peer victimization (Runions, 2020).

The Present Study

The study aimed to examine BPD symptoms among college students and the impact they had on romantic relationship quality, measured by romantic relational aggression and victimization. In addition, this study examined whether insecure attachment explains the relationship between BPD symptoms and romantic relational aggression and victimization. With the lack of research on one romantic partner presenting with BPD symptoms, this study was geared towards providing more significant research among this topic. There were three hypotheses within this study. Hypothesis 1 was that participants who reported more BPD symptoms would also report higher levels of anxious and avoidant adult attachment styles. Hypothesis 2 was that participants who reported more BPD symptoms would also report more romantic relational aggression and romantic relational victimization. Finally, Hypothesis 3 was that the relationship between BPD symptoms and romantic relational aggression and victimization would be mediated by participants' anxious and avoidant adult attachment styles.

Methods

Participants

The study participants consisted of undergraduate students at a small liberal arts college in the northeastern United States. Participants were recruited through SONA and the Psychology department at Allegheny College. Out of the participants in this study, all 32 met the criteria and answered all of the questions asked on SurveyMonkey. 87.5% of participants identified as female ($n = 28$), 9.4% as male ($n = 3$), and 3.1% as other ($n = 1$). 15.6% of the participants were freshmen ($n = 5$), 56.3% sophomores ($n = 18$), 21.9% juniors ($n = 7$), and 6.3% seniors ($n = 2$). The mean age for the study was $M = 19.4$ with a minimum age of 18 and a maximum age of 22.

43.8% of participants identified as being single ($n = 14$), 40.6% as taken ($n = 13$), and 15.6% as it's complicated ($n = 5$). Each participant was also placed in a drawing for a \$5 gift card to a local business.

Procedure

Participants completed a series of three surveys on SurveyMonkey asking them about general borderline personality disorder symptoms, adult attachment, and romantic relational aggression/victimization. They read through the consent form and if they agreed to participate, they continued onto the questionnaires. The entire procedure was done online. A link was provided at the end of the study for additional resources, including help lines and additional information on borderline personality disorder.

Materials

Demographics

Basic information regarding the participant's age, gender, class year, and relationship status was collected. This all occurred at the beginning of the study, and the participant had the option to refuse to answer these questions.

Questionnaire 1 - Borderline Personality Disorder Symptoms

The questionnaire that was used to assess general BPD symptoms is called the Borderline Personality Questionnaire (BPQ). The 80-item true/false questionnaire is divided into nine subscales (Chanen et. al., 2008). The subscales are as follows: impulsivity (9 items), affective instability (10 items), unstable relationships (8 items), self-image (9 items), suicide/self-mutilation (7 items), emptiness (10 items), intense anger (10 items), and quasi-psychotic states (7 items) (Chanen et. al., 2008). The overall score was used from the German version of the BPQ, with higher scores representing more borderline personality

symptoms. An example item from this measure is, “I often do things without thinking them through”. In past samples, this score had high internal consistency ($\alpha = 0.95$) and test-retest-reliability ($r = 0.94$; Henze et al., 2013). However, it was noted that the criterion validity ($r = 0.60$) and the cut-off value (49) must be interpreted with caution due to the small sample size (Henze et al., 2013). In the present sample, reliability was high ($\alpha = 0.95$). Seven items were taken out of this study’s version of the BPQ, all seven being from the suicide/self-mutilation subscale. This subscale contained questions about self-harm and suicide, which at this college, we are not equipped to provide the support needed to a student who may answer a higher score on that type of question.

Questionnaire 2 - Adult Attachment

A 18-item measure of adult attachment style, The Experiences in Close Relationships-Revised (ECR-R) Questionnaire, measured individuals on two subscales of insecure attachment: anxious and avoidant (Fraley et al., 2000). Subscale scores were created by averaging participant scores on the appropriate items. The statements referred to how the participant generally experienced relationships, not what was just happening in the current relationship (if they are in one), and ranged from 1 = ‘strongly disagree’ to 7 ‘strongly agree’ (Fraley et al., 2000). An example item from the anxious attachment subscale is, “I often worry that my partner will not want to stay with me”. In this sample, the reliability was high ($\alpha = 0.95$). Of note, due to an error in data collection, only the anxious attachment subscale was available to be used in data analysis.

Questionnaire 3 - Relational Aggression/Victimization

The following questionnaire came from a study done on college students who completed the self-report measure of romantic relational aggression and victimization (Linder et al., 2002).

The items in this study were a subscale of the original measure. The items ranged on a 1 = “not at all true” to 7 = “very true” scale. A total score of relational aggression and victimization was calculated through the mean of each item in the subscale, where higher scores represented greater romantic aggression and victimization, respectively. An example item from the relational aggression subscale is, “I have threatened to break up with my romantic partner in order to get them to do what I wanted.”. An example item from the relational victimization subscale is, “My romantic partner doesn’t pay attention to me when they are mad at me”. This scale has shown adequate reliability in previous samples (α romantic relational aggression = .73; α romantic relational victimization = .72, Linder et al., 2002). In this sample, the reliability for romantic relational aggression was low (α = 0.41). The reliability for romantic relational victimization was high (α = 0.84).

Design & Data Analysis Plan

This was a correlational study. I used Pearson’s correlations to analyze the associations between borderline symptoms, adult attachment styles, and relational aggression and victimization. To test Hypothesis 1, I performed one Pearson’s correlation in JASP to measure the degree of association between BPD symptoms and anxious attachment style. To test Hypothesis 2, I performed two Pearson’s correlations in JASP to measure the degree of association between BPD symptoms and (a) relational aggression and (b) relational victimization. If BPD symptoms were associated with romantic relational aggression and/or relational victimization, I planned to test Hypothesis 3 by performing up to two mediation analyses to examine anxious attachment as a mediator of the relationship between BPD symptoms and (a) relational aggression and/or (b) relational victimization, controlling for participant age and gender.

Results

Descriptive Statistics

Out of the participants in this study, all 32 met the criteria and answered all of the questions on SurveyMonkey. For the Borderline Personality Questionnaire (BPQ; Chanen et. al., 2008), participants reported a mean score of $M = 25.7$ ($SD = 14.2$), where a score of 1 was equal to true and a score of 0 was equal to false. For the Experiences in Close Relationships-Revised (ECR-R) Questionnaire (Fraley et al., 2000), which used a scale of 1 “strongly disagree” to 7 “strongly agree”, participants reported a mean score of $M = 3.7$ ($SD = 1.4$) on the attachment anxiety subscale, where lower scores indicate greater attachment anxiety. For the self-report measure of romantic relational aggression and victimization (Linder et al., 2002), which used a scale of 1 = “not at all true” to 7 = “very true”, participants reported a mean score for the romantic relational aggression subscale of $M = 1.7$ ($SD = 0.5$) and for the romantic relational victimization measure, $M = 2.0$ ($SD = 1.3$).

There was a marginally significant, positive correlation between BPD symptoms and age ($r = .34, p = .06$). This means that older participants reported greater BPD symptoms. There was a significant, positive correlation between adult anxious attachment and age ($r = .40, p = .03$). This means that older participants reported greater anxious attachment styles. There was no correlation between age and romantic relational aggression ($r = .01, p = .96$). This means that age was not associated with someone’s level of romantic relational aggression. There was a significant, positive correlation between romantic relational victimization and age ($r = .36, p = .04$). This means that older participants reported higher levels of romantic relational victimization. There was no correlation between romantic relational aggression and romantic relational victimization ($r = .06, p = .75$). There was a marginally significant, positive

correlation between adult attachment and romantic relational aggression ($r = .34, p = .06$). This means that those who reported greater anxious attachment styles reported higher levels of romantic relational aggression. There was a positive correlation between adult attachment and romantic relational victimization, however, the p-value was not significant ($r = .27, p = .13$). This means that people reporting higher levels of anxious attachment did not show a consistent pattern in their level of romantic relational victimization.

Bivariate Correlation Results

To test Hypothesis 1, a Pearson's correlation was performed in JASP to measure the degree of association between BPD symptoms and anxious attachment style. The correlation between BPD symptoms and anxious attachment style was significant ($r = .77, p < .001$). This means that there was a strong correlation between BPD symptoms and anxious attachment style, where participants who reported higher levels of BPD symptoms also reported higher levels of anxious attachment. To test Hypothesis 2, two Pearson's correlations were performed in JASP to measure the degree of association between BPD symptoms and (a) romantic relational aggression and (b) romantic relational victimization. First, the correlation between BPD symptoms and romantic relational aggression was significant ($r = .45, p = .01$). This means that there was a strong positive correlation between BPD symptoms and romantic relational aggression, where greater BPD symptoms were correlated with higher levels of romantic relational aggression. Finally, there was a positive correlation between BPD symptoms and romantic relational victimization, however the p-value was not significant ($r = .26, p = .15$). This means that people reporting higher BPD symptoms did not show a consistent pattern in their level of romantic relational victimization.

Planned Mediation Analysis

No mediation analyses were completed. The planned analysis involving romantic relational aggression was not completed because the reliability for this measure was low ($\alpha = 0.41$). This means that if a mediation analysis was performed, the results would be unreliable. For the planned analysis involving romantic relational victimization, although the reliability was high ($\alpha = 0.84$), the p-value was not significant for the correlation between BPD symptoms and relational victimization ($p = .15$). This means that there is no association for attachment to mediate.

Discussion

The present study aimed to examine the effects of borderline personality disorder symptoms on romantic relationship quality among college students, measured by romantic relational aggression and victimization. In addition, the study aimed to examine whether an insecure attachment style explains the relationship between BPD symptoms and romantic relational aggression and victimization. Three hypotheses were made in this study. Hypothesis 1 was that participants who reported having more BPD symptoms would also report greater levels of insecure adult attachment styles. Hypothesis 2 was that participants who reported that they had more BPD symptoms would also report higher levels of romantic relational aggression and victimization. Finally, Hypothesis 3 was that the relationship between BPD symptoms and romantic relational aggression and victimization would be explained through an insecure adult attachment style by participants. My results partially supported my hypotheses. I found in this study that participants who reported having more BPD symptoms also reported higher levels of anxious attachment. I also found that participants who reported having more BPD symptoms had higher levels of romantic relational aggression. Finally, I found that participants who reported

having more BPD symptoms did not consistently show a pattern in their level of romantic relational victimization.

BPD Symptoms and Attachment

Hypothesis 1 was that participants who reported more BPD symptoms would also report higher levels of insecure adult attachment styles. I only examined the association between BPD symptoms and anxious adult attachment, due to a data collection error that impacted my ability to also examine avoidant attachment. The result was that there was a positive correlation between BPD symptoms and anxious adult attachment styles, meaning that participants who reported having more BPD symptoms also reported higher levels of anxious adult attachment styles. This finding supported my hypothesis and can be explained by previous research done on adult attachment and BPD symptoms. Insecure attachment styles can begin at a young age, where some children do not develop a secure attachment style with their caregiver, which could potentially lead to having insecure attachment issues that carry over into adulthood (Kerns et al., 2014). Developing this form of attachment could be explained by parents who showed inconsistent emotional availability to their child while they were growing up (Lo, 2021). At times, they could have been nurturing, whereas at other times, their mood changed by becoming cold, rejecting, detached, or even cruel (Lo, 2021). As an anxious child, one might have sought constant assurance, approval, and attention from others (Lo, 2021). As an adult, one may demand these from their romantic partner (Lo, 2021). Anxiously attached adults who report high BPD symptoms may relate to having a fear of abandonment and instability in interpersonal relationships, which are key factors in the diagnosis of BPD (Lo, 2021).

BPD Symptoms and Romantic Relational Aggression and Victimization

Hypothesis 2 was that participants who reported having more BPD symptoms would have higher levels of romantic relational aggression and victimization. Part of my hypothesis was supported by these findings. In support of my hypothesis, I found a significant correlation between BPD symptoms and levels of romantic relational aggression. I found that participants who reported having more BPD symptoms also reported having higher levels of romantic relational aggression. However, the second part of Hypothesis 2 about the relationship between BPD symptoms and levels of romantic relational victimization was not supported. I found that participants who reported having higher BPD symptoms did not show a consistent pattern in their levels of romantic relational victimization. These results can be explained by previous research done on romantic relational aggression and victimization. Several studies have demonstrated that relational aggression is linked to BPD features (Ostrov et al., 2011). Given that BPD symptoms include chronic anger and efforts to avoid abandonment, individuals with BPD symptoms may be susceptible to using relational aggression as a means to express hostility and control relationships so as to avoid abandonment (Ostrov et al., 2011). This finding can also be related back to the findings between BPD symptoms and anxious adult attachment, where one who is anxiously attached to their partner, they fear abandonment, which could also explain why participants who reported higher BPD symptoms also reported greater levels of romantic relational aggression and become aggressive towards their partner.

BPD symptoms were not correlated with romantic relational victimization. Relational victimization is associated with poor coping, self-defeating and delinquent behaviors, anxiety, depression, and loneliness (Dahlen et al., 2013). Symptoms or signs of BPD include: distorted and unstable self-image or sense of self, and impulsive and dangerous behaviors (“Borderline Personality Disorder”, 2017). This research demonstrates that relational victimization and BPD

symptoms are related, where one who experiences BPD symptoms and relational victimization engage in similar behaviors. Knowing the relationship between BPD symptoms and relational victimization, the results of this study could possibly be a result of participants not reporting enough BPD symptoms. The results of the Borderline Personality Questionnaire (BPQ; Chanen et al., 2008), showed that participants reported a mean score of $M = 25.7$ ($SD = 14.2$), which is well under the cut off value for clinical significance, being 49 (Henze et al., 2013). Since the setting of this study was not clinical (i.e., participants were not recruited based on a BPD diagnosis), it is possible that the results showed no correlation among the sample of college students because there were less borderline personality symptoms among participants.

Additional Findings

While not a specific hypothesis, I also found a positive correlation between BPD symptoms and age, such that the older the participant was, more BPD symptoms were reported. Oftentimes, BPD symptoms are reported during adolescence or early adulthood, however, many people retain residual symptoms later in life, where they are not predictable (Biskin, 2015). Although previous research describes BPD symptoms as coming on at an earlier age, a possible explanation for this finding is that the participants could have had symptoms in their adolescent years and they may have retained them in their adulthood years. The younger participants could have reported less symptoms because they might have not experienced symptoms before or had a relief from symptoms they may have experienced in their adolescent years, and had not retained residual symptoms because that happens at later ages.

Interestingly, romantic relational aggression was not correlated with romantic relational victimization, which was unexpected. Previous research demonstrates that although there is some overlap in romantic relational aggression and victimization, there is also substantial

distinctiveness: romantic relational aggression and victimization are often only moderately correlated (Linder, 2002).

Another additional finding within this study was that there was a positive correlation between anxious attachment and relational aggression. This association makes sense because I found a significant positive correlation between BPD symptoms and anxious attachment as well as relational aggression. Anxious attachment is characterized by a lack of confidence in the sustainability of relationships and a strong desire for closeness and need for reassurance (Nasiriavanaki et al., 2021). It is also characterized by clingy, entangled, angry, and dependent behaviors (Choi-Kain et al., 2009). These characteristics demonstrate that when an individual experiences anxious attachment, it puts them at risk for also engaging in relational aggression behaviors. Relational aggression is a form of aggression that is characterized by attempts to harm or threaten others through purposeful manipulation and damage to interpersonal relationships (Mahar et al., 2018). It can target perceptions, feelings, or behaviors but is more specific in that it always targets relationships (Mahar et al., 2018). Relational aggression can encompass an array of emotionally hurtful behaviors and has been depicted into three subgroups: relational, indirect, and social (Crothers et al., 2009). When people develop characteristics of anxious attachment, they will do anything in their power to ensure that their partner does not abandon them. This is due to a fear of abandonment, another characteristic of anxious attachment. Since anxious attachment leads to dependent and angry behaviors and relational aggression behaviors consist of threatening and emotionally hurtful behaviors, it is possible that the person who is anxiously attached to their partner can use these behaviors of relational aggression to ensure that their partner does not abandon them by manipulating them to stay in the relationship.

Limitations

This study had several limitations. The first limitation was that the sample size only consisted of 32 participants. Essentially, the participant pool was limited due to the location of the study. With there only being a certain number of psychology students and classes at the college, recruiting participants was difficult. If there were more available participants, resulting in a larger sample size, the study sample would be more representative of the actual population. With a sample size so small, it is difficult to have a clear understanding of how this sample and the results would compare to a larger population.

The next limitation was that this sample consisted of only college students at a small liberal arts school, where the student population is well under 2000. This only allowed for a small number of participants to be in this study, where all of them were from the Psychology department, and were recruited through the Psychology department and SONA, which limited the types of college students in this study. If more students were recruited from other departments, the sample size could have been more generalizable to the broader college community. Another limitation with recruiting only college students is that not all students attend college after they graduate high school. Some people go straight into the workforce or military. The stressors of being a college student are quite different from people who choose not to attend college. If this study was conducted among a general population of this age range, the results could differ from those of a strictly college student sample. Another factor that was limited among these participants was age. The age range of participants was 18 to 22, where $M = 19.4$. Future research could consider how BPD symptoms relate to adult attachment and romantic relational aggression and victimization in an older sample.

Another limitation in this study was that only one of the two adult attachment styles was measured, which was anxious adult attachment. People who experience an anxious attachment

style tend to be overly needy. They are often anxious and uncertain, lacking in self-esteem. They crave emotional intimacy but worry that others don't want to be with them (Robinson et al., 2022). . The other attachment style, avoidant, was not measured. Avoidant adult attachment style is characterized by fearfulness and conflict towards dependency (Choi-Kain et al., 2009). Those who have an insecure-avoidant style of attachment typically develop models of themselves as being suspicious, aloof, and skeptical and of significant others as being basically unreliable or overly eager to commit themselves to relationships (Austin, 2001). Instead of craving intimacy, they're so wary of closeness they try to avoid emotional connection with others. They'd rather not rely on others, or have others rely on them (Robinson et al., 2022). Hypothesis 1 in this study was that participants who reported more BPD symptoms would also report higher levels of insecure adult attachment styles. The results demonstrated that there was a positive correlation between BPD symptoms and anxious adult attachment styles, meaning that participants who reported having more BPD symptoms also reported higher levels of anxious adult attachment styles. With that being said, if avoidant attachment was measured, the results may differ. Research has demonstrated that some fundamental aspects of BPD include: chronic fears of abandonment and intolerance for aloneness (Levy, 2005). This research leads in the direction of anxious attachment within relationships, where avoidant attachment is the complete opposite, where an individual tries to avoid relationships with others. Thus, if avoidant attachment were measured in this study, the hypothesis that would be made for this measure would differ from that of anxious attachment. I would hypothesize that if participants reported more BPD symptoms, that they would report lower levels of avoidant attachment styles.

This study was also limited because the reliability for romantic relational aggression was low ($\alpha = 0.41$). This made it difficult to interpret the results of findings that involved that measure and thus my results must be interpreted with caution.

Finally, the last limitation in this study was that the sample was not clinical. It is unknown whether these participants have a diagnosis of BPD or not. The study only looked at the amount of reported symptoms an individual was experiencing and was not used for diagnostic purposes. It could be beneficial for future research to include a clinical sample, where participants already have the diagnosis of BPD, where these associations may have been even stronger.

Future Directions

As a future direction, it could be beneficial to bring this study into a clinical setting, where researchers can replicate the present study with a sample of young adults who have a BPD diagnosis. The present study demonstrated that people who reported having more BPD symptoms experienced higher levels of anxious attachment and relational aggression, however, showed that people who reported more BPD symptoms were not consistently reporting higher levels of relational victimization. By conducting this study in a clinical setting, it allows researchers to thoroughly examine each participant and their experiences with BPD and romantic relationships. They could possibly use additional research methodologies to assess romantic relational aggression and victimization to have a better understanding of the experiences that each participant has with those variables. The relational aggression and victimization questionnaires in this study were short, only consisting of a few questions each. The addition of open-ended qualitative questions could provide additional insight into these associations.

One variable that could be added to this study would be avoidant attachment. The present study did not measure avoidant attachment among participants, so it could be beneficial to look into the relationship between BPD and avoidant attachment and whether that has an impact on relational aggression and victimization within romantic relationships.

Finally, another direction that could be beneficial in expanding the research on this topic would be to examine these associations among individuals who are currently in a romantic relationship. The present study was open to anyone in the college, where not all participants were in a relationship. This could be beneficial because participants might have different experiences with insecure attachment styles and relational aggression and victimization when they are in a relationship and have BPD symptoms than those who are not in a relationship. The sample size was too small to conduct these analyses in the present study.

Clinical Implications

The results of the present study could also inform our interventions for people with BPD symptoms and help them to manage their symptoms more effectively. Psychotherapy, sometimes called “talk therapy,” is the first-line treatment for people with BPD (“Borderline Personality Disorder”, 2017). The gold standard therapy for treating BPD is Dialectical Behavioral Therapy (DBT). This treatment was developed specifically for individuals with BPD (“Borderline Personality Disorder”, 2017). DBT uses concepts of mindfulness or awareness of one’s present situation and emotional state (“Borderline Personality Disorder”, 2017). DBT also teaches skills to help people control intense emotions, reduce self-destructive behaviors, and improve relationships (“Borderline Personality Disorder”, 2017). The results from this study demonstrated that people who reported more BPD symptoms had more anxious attachment styles and experienced more relational aggression within their relationships. For someone who is in

treatment for BPD, DBT skills can be useful in managing symptoms. Although DBT focuses on improving relationships, the results of the present study suggest that there could be more treatments focused directly towards adults who are anxiously attached to their partners. Clinicians could gain an understanding of the types of behaviors that their patients are experiencing that demonstrate a sense of anxious attachment within their relationship, and to help the patient develop more secure attachment styles by providing them with different skills to help them be proactive in shifting towards a more secure attachment style. Also, DBT is separated into four main skill categories, one of them being interpersonal effectiveness. The goal of this category is to work on strengthening and maintaining balance within relationships. This type of intervention could be useful for those who are relationally aggressive within their relationships. Relational aggression involves the manipulation and damaging of relationships. Strategies to work on maintaining healthy relationships instead of manipulative ones could be added to the interpersonal effectiveness category to help BPD patients to not be relationally aggressive towards their partner.

Conclusion

This study demonstrated that people who reported more BPD symptoms had more anxious adult attachment styles with their romantic partner. They also reported more romantic relational aggression when having reported more BPD symptoms. This current study worked to expand the literature on the role that attachment played in the relationship between borderline symptoms and relational aggression and victimization in romantic relationships.

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Appendix

Questionnaire 1: BPQ

Study ID: _____ Date: ____/____/____

Instructions: Please put a circle around the response that you feel best DESCRIBES YOUR USUAL SELF (for the past two years or longer) in relation to each statement. Circle T if you think the statement is true. Circle F if you think the statement is false. There are no right or wrong answers and there are no trick questions. Please respond as honestly as you can, but don't ponder too long over each item.

Please answer every question, even though sometimes you may find it hard to decide.

1. I often do things without thinking them through. T F
2. I often become depressed or anxious 'out of the blue'. T F
3. People often leave me. T F
4. I am rarely disappointed by my friends. T F
5. I feel inferior to other people. T F
6. I have threatened to hurt myself in the past. T F
7. I do not believe that I have the skills to do anything with my life. T F
8. I rarely get angry at other people. T F
9. Sometimes I feel like I am not real. T F
10. I will not have sex with someone unless I have known them for quite some time. T F
11. I sometimes feel anxious or irritable and become sad a few hours later. T F
12. When people close to me die or leave me, I feel abandoned. T F
13. I often exaggerate the potential of friendships only to find out later that they will not work out. T F
14. If I were more like other people I would feel better about myself. T F
15. I have deliberately tried to hurt myself without trying to kill myself. T F
16. In general, my life is pretty boring. T F
17. I frequently get into physical fights. T F
18. People are sometimes out to get me. T F
19. My friends have told me that my mood changes very quickly. T F
20. I am afraid to spend time alone. T F
21. People who seem trustworthy often disappoint me. T F
22. I have made a suicide attempt in the past. T F
23. I often feel like I have nothing to offer others. T F
24. I have trouble controlling my temper. T F
25. I can read other people's minds. T F
26. I have tried 'hard' street drugs (e.g. cocaine, heroin). T F
27. My mood frequently alternates throughout the day between happiness, anger, anxiety and depression. T F
28. When my friends leave, I am confident I will see them again. T F
29. My friends often disappoint me. T F
30. I have cut myself on purpose. T F
31. I often feel lonely and deserted. T F
32. I have no difficulty controlling my temper. T F
33. I sometimes see or hear things that others cannot see or hear T F
34. It is not unusual for me to have sex on the first date. T F
35. I sometimes feel very sad but this feeling can change quickly. T F

36. People often let me down. T F
37. I wish I could be more like some of my friends. T F
38. I used to try to hurt myself to get attention. T F
39. I am often different with different people in different situations so that sometimes I am not sure who I am. T F
40. I easily become irritated by others. T F
41. Sometimes I can actually hear what other people are thinking. T F
42. I get high on drugs whenever I feel like it. T F
43. I rarely feel sad or anxious. T F
44. No one loves me. T F
45. When I trust people, they rarely disappoint me. T F
46. I feel that people would not like me if they really knew me well. T F
47. I get angry easily. T F
48. It is impossible to read others' minds. T F
49. I sometimes feel very happy but this feeling can change quickly. T F
50. I find it difficult to depend on others because they will not be there when I need them. T F
51. The relationships with people I care about have lots of ups and downs. T F
52. I feel comfortable acting like myself. T F
53. I have never made an attempt to hurt myself. T F
54. I rarely feel lonely. T F
55. I often find that the littlest things make me angry. T F
56. Sometimes I can't tell between what is real and what I have imagined. T F
57. When I drink, I drink too much. T F
58. I consider myself to be a moody person. T F
59. I have difficulty developing close relationships because people often abandon me. T F
60. My friends are always there when I need them. T F
61. I wish I were someone else. T F
62. I feel like my life is not interesting. T F
63. When I am angry, I sometimes hit objects and break them. T F
64. I often receive speeding tickets. T F
65. I often feel like I am on an emotional 'roller coaster'. T F
66. I feel like my family has deserted me. T F
67. I am very comfortable with who I am. T F
68. I often do things impulsively. T F
69. My life is without purpose. T F
70. I am not sure what I want to do in the future. T F
71. At times I eat so much that I am in pain or have to force myself to throw up. T F
72. People tell me that I am a moody person. T F
73. The people I love often leave me. T F

74. In social situations, I often feel that others will see through me and realise that I don't have much to offer. T F
75. I have been in the hospital for trying to harm myself. T F
76. I often feel empty inside. T F
77. Others often make me angry. T F
78. I often become frantic when I think that someone I care about will leave me. T F
79. I am confused about my long-term goals. T F
80. Others say I'm quick tempered. T F

Questionnaire 2: The Experiences in Close Relationships-Revised (ECR-R)

Scale:

The statements below concern how you feel in emotionally intimate relationships. We are interested in how you *generally* experience relationships, not just what is happening in a current relationship. Respond to each statement by selecting a number to indicate how much you agree or disagree with the statement. (1=Strongly Disagree, 7=Strongly Agree)

1. I'm afraid that I will lose my partner's love.
2. I often worry that my partner will not want to stay with me.
3. I often worry that my partner doesn't really love me.
4. I worry that romantic partners won't care about me as much as I care about them.
5. I often wish that my partner's feelings for me were as strong as my feelings for them.
6. I worry a lot about my relationships.
7. When my partner is out of sight, I worry that he or she might become interested in someone else.
8. When I show my feelings for romantic partners, I'm afraid that they will not feel the same about me.
9. I rarely worry about my partner leaving me.
10. My romantic partner makes me doubt myself.
11. I do not often worry about being abandoned.
12. I find that my partner(s) don't want to get as close as I would like.
13. Sometimes romantic partners change their feelings about me for no apparent reason.
14. My desire to be very close sometimes scares people away.
15. I'm afraid that once a romantic partner gets to know me, they won't like me for who I really am.
16. It makes me mad that I don't get the affection and support I need from my partner.
17. I worry that I won't measure up to other people.
18. My partner only seems to notice me when I'm angry.

Questionnaire 3: The Self-report measure of romantic aggression and victimization

Directions: This questionnaire is designed to measure qualities of adult social interaction and close relationships. Please read each statement and indicate how true each is for you, **now and during the last year**, using the scale below. Write the appropriate number in the blank provided.

- 1 – Not at all true
- 2
- 3
- 4 – Sometimes true
- 5
- 6
- 7 – Very true

Romantic relational aggression

1. I have threatened to break up with my romantic partner in order to get them to do what I wanted.
2. I try to make my romantic partner jealous when I am mad at them.
3. I have cheated on my romantic partner because I was angry at them.
4. I give my romantic partner the silent treatment when they hurt my feelings in some way.
5. If my romantic partner makes me mad, I will flirt with another person in front of them.

Romantic relational victimization

1. My romantic partner tries to make me jealous as a way of getting back at me.
2. When my romantic partner is mad at me, they won't invite me to do things with our friends.
3. My romantic partner has threatened to break up with me in order to get what they want.
4. My romantic partner doesn't pay attention to me when they are mad at me.
5. When my romantic partner wants something, they will ignore me until I give in.