Received Date: 21 January 2025 I Accepted Date: 28 April 2025

RESEARCH ARTICLE

OPUS Journal of Society Research

Investigation of the Relationship Between Childhood Traumas, Dissociative Experiences and Self-Harm Behaviors in Borderline Personality Disorder Cases

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May 2025
Volume:22
Issue:3
DOI: 10.26466/opusjsr.1623679

Citation: Karataşoğlu, Y. (2025). Investigation of the relationship between childhood traumas, dissociative experiences and self-harm behaviors in borderline personality disorder Cases . *OPUS– Journal of Society Research*, *22*(3), 338-353.

Abstract

Borderline Personality Disorder is a frequently encountered clinical condition characterized by emotional dysregulation, impulsive behaviors, and instability in interpersonal relationships. Although numerous studies have examined the relationship between borderline personality disorder and childhood trauma, research conducted with clinically diagnosed samples remains relatively limited. The present study aims to explore the associations among childhood trauma, dissociative experiences, and self-injurious behaviors in individuals diagnosed with borderline personality disorder. The Childhood Trauma Questionnaire, Dissociative Experiences Scale, and Self-Injury Behavior Assessment Inventory were utilized as measurement tools. Participants were recruited through structured clinical interviews, and purposive sampling was employed in the data collection process. Data were analyzed using Spearman's rank-order correlation. The findings revealed significant and positive associations among childhood trauma, dissociative experiences, and self-injurious behaviors. Additionally, statistically significant correlations were observed among all subdimensions of the scales used in the study. These results highlight the importance of considering both childhood trauma and dissociative processes in understanding the etiology and clinical presentation of borderline personality disorder.

Keywords: *Borderline personality disorder, childhood trauma, self-Harm behaviors, dissociative experiences*

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Öz

Borderline Kişilik Bozukluğu klinik ortamlarda sık karşılaşılan ve yoğun duygusal dalgalanmalar, dürtüsel davranışlar ile ilişkisel istikrarsızlık gibi belirtilerle karakterize edilen bir kişilik yapılanmasıdır. Alanyazında borderline kişilik bozukluğu ile çocukluk çağı travmaları arasındaki ilişkileri inceleyen çok sayıda çalışma bulunmasına rağmen, tanı almış klinik örneklemle yapılan çalışmalar görece sınırlıdır. Bu çalışma, borderline kişilik bozukluğu tanısı almış bireylerde çocukluk çağı travmaları, dissosiyatif yaşantılar ve kendine zarar verme davranışları arasındaki ilişkileri incelemeyi amaçlamaktadır. Çalışmada, Çocukluk Çağı Ruhsal Travma Ölçeği, Dissosiyatif Yaşantılar Ölçeği ve Kendine Kasıtlı Zarar Verme Envanteri kullanılmıştır. Katılımcılarla klinik görüşmeler gerçekleştirilmiş ve veri toplama sürecinde amaçlı örnekleme yöntemi kullanılmıştır. Veriler, Spearman sıralı korelasyon analizi ile değerlendirilmiştir. Elde edilen bulgular, çocukluk travmaları, dissosiyatif yaşantılar ve kendine zarar verme davranışları arasında pozitif yönde anlamlı ilişkiler olduğunu ortaya koymuştur. Ayrıca, çalışmada kullanılan ölçeklerin tüm alt boyutları arasında da benzer yönde istatistiksel olarak anlamlı ilişkiler tespit edilmiştir. Bulgular, SKB'nin etiyolojisinde çocukluk travmalarının ve dissosiyatif süreçlerin dikkate alınması gerektiğine işaret etmektedir.

Anahtar Kelimeler: *Borderline kişilik Bozukluğu, çocukluk çağı travmaları, dissosiyatif yaşantılar, kendine zarar verme davranışları*

Introduction

Borderline personality disorder has increasingly become the focus of scholarly inquiry and clinical investigation in recent years. This increasing scholarly interest not only enhances the elucidation of the disorder's etiological framework but also enables the advancement of more effective and precisely targeted therapeutic interventions. The first definition of borderline personality disorder was stated as "borderline", which means "being on the border", in order to define the whole of the conditions between psychosis and neurosis. The definition of this concept was influenced by the fact that individuals are not impaired in their ability to evaluate reality as in the psychotic organization, but are not mentally healthy as in the neurotic organization (Türkçapar & Işık, 2000). In accordance with another definition, borderline personality disorder was reported as a disorder characterized by disruption of the balance in affect, the presence of impulsive experiences and persistent disorders in interpersonal relationships (Bozdağ & Yalçınkaya-Alkar, 2018).

Borderline personality disorder which typically manifests during adolescence or early adulthood, is a personality disorder marked by substantial psychological disturbances, high rates of comorbidity, and an increased risk of suicide (Infurna et al., 2016). The lifetime prevalence of borderline personality disorder has been reported between 5.5% and 5.9% (Gunderson et al., 2013; Johnson et al., 2008). Research conducted among psychiatric patients reveals that the prevalence of borderline personality disorder is notably high, with rates reaching 20% in inpatient populations and 10% in outpatient populations (Korzekwa et al., 2008; Zimmerman et al., 2008). These rates indicate that borderline personality disorder is a condition that exerts significant impact not only at the individual level but also on the healthcare system as a whole.

Childhood traumas occupy a significant position in the etiology of borderline personality disorder. Recent research has extensively examined childhood trauma, leading to a more comprehensive understanding of its role in the etiology of various psychiatric disorders, including borderline personality disorder, within the domains of clinical psychology and psychiatry (Bornovalova et al., 2013; Menon et al., 2016; Paris & Zweig-Frank, 1992). Childhood traumas can be defined as experiences of neglect (emotional, physical) and abuse (sexual, physical) that individuals experience in the biological, social and psychological process starting from birth until the age of 18 (Demirkapı, 2013; Öztürk 2020). Individuals who have experienced childhood trauma are at a significantly higher risk of developing psychopathology and encountering negative outcomes in adulthood (Young et al., 2003). The relationship between borderline personality disorder and childhood trauma is considered more appropriately understood as a risk factor rather than a direct cause of the disorder (Paris, 1997). Moreover, the prevalence of childhood trauma among individuals with borderline personality disorder has been estimated to be approximately 70% (Cicchetti & Valentino, 2006). However, this relationship is often examined at a superficial level, and the association between childhood trauma and other psychopathological components accompanying borderline personality disorder is frequently addressed in isolation.

Dissociation, frequently observed in borderline personality disorder cases associated with childhood trauma, is used to describe a disruption in the continuity of mental structures that normally function in coordination, such as consciousness, identity, memory, and emotional integration (Spiegel & Cardena, 1990). Dissociation, a psychological phenomenon characterized by a detachment from one's thoughts, emotions, memories, and even sense of identity, constitutes a complex process encompassing various symptoms such as depersonalization, derealization, amnesia, and temporal distortions (Vermetten & Spiegel, 2014). Öztürk (2020) defines dissociation as the excessive and intensive integration efforts of people's divided and multiple consciousness system. Dissociative experiences have been linked to various adverse outcomes, including self-harming behaviors, substance dependencies, and academic underachievement in both childhood and adulthood (Öztürk, 2020; Şar & Öztürk, 2013). A growing body of empirical research highlights a strong association between childhood trauma and dissociative experiences (Lynn et al., 2019; Reinders & Veltman, 2021;

Vonderlin et al., 2018). Traumatic childhood experiences, including abuse, neglect, and loss, are frequently reported in individuals diagnosed with borderline personality disorder and dissociative disorders (Kutlu, 2018; Öztürk, 2003; Pasquini et al., 2008). Furthermore, childhood negative experiences such as sexual and physical abuse, emotional neglect, and exposure to disasters or war are recognized as significant etiological factors for dissociative disorders, with childhood trauma documented in up to 90% of cases (Brown & Anderson, 1991; Ogawa et al., 1997; Öztürk, 2020; Sadock et al., 2016; Şar et al., 2007).

Research suggests that approximately 80% of individuals with borderline personality disorder experience transient dissociative symptoms, including derealization, depersonalization, emotional numbing, and analgesia (APA, 2022; Bohus et al., 2020). Dissociation in borderline personality disorder is thought to be closely associated with emotional dysregulation, impaired identity, and difficulties in interpersonal relationships (Krause-Utz, 2022). Stress-related dissociation is considered a core symptom in individuals with borderline personality disorder (Bohus et al., 2021).

Another clinical phenomenon frequently identified in association with borderline personality disorder is non-suicidal self-injury (NSSI), which, much like dissociative experiences, exhibits a robust connection to histories of traumatic exposure. Conceptually defined as the deliberate infliction of harm upon one's own body in the absence of suicidal intent, self-injurious behavior is widely observed among individuals diagnosed with borderline personality disorder and is predominantly interpreted as a maladaptive strategy for regulating overwhelming emotional states (Favazza, 1996; Nock, 2010). Empirical findings indicate that both the prevalence and the behavioral diversity of NSSI are markedly elevated in individuals with borderline personality disorder compared to both clinical and non-clinical populations (Turner et al., 2015; Kerr et al., 2010). This tendency becomes even more pronounced in individuals with documented histories of childhood sexual or physical abuse, underscoring the central role of early relational trauma in the etiology of self-injurious patterns (Grattan et al., 2019; Noll et al., 2003).

In this context, the potential interplay between dissociative experiences and self-injurious behavior emerges as a particularly noteworthy clinical dynamic that merits systematic investigation. Dissociation is frequently conceptualized as an adaptive psychological response to intolerable traumatic stress, serving as an internal defensive mechanism that enables individuals to compartmentalize distressing experiences; however, it has been proposed that the persistent use of such dissociative strategies may, over time, extend into the behavioral domain, culminating in acts of self-harm (Franzke et al., 2015; Brand et al., 2013). Despite the conceptual plausibility of this association, the relationship between dissociation and self-injury has been the subject of only a limited number of empirical studies specifically within the context of borderline personality disorder. Moreover, the few available investigations have predominantly approached this relationship through the mediating lens of trauma, rather than as a direct and independent clinical construct. This gap in the literature underscores the necessity for comprehensive, integrative research designs that simultaneously address both dissociative processes and self-injurious behavior as interconnected phenomena within the psychopathological profile of borderline personality disorder.

There are opinions suggesting that the presence of a trauma history in borderline personality disorder cases should be taken into consideration during treatment planning. It has been emphasized that individuals with borderline personality disorder who have a history of trauma often meet the diagnostic criteria for dissociative disorders as well. In the treatment of such cases, it is underlined that comprehensive assessments and treatment planning specifically addressing dissociative experiences and traumatic histories are essential (Kleindienst et al., 2011; Marshall-Berenz et al., 2011; Zlotnick et al., 2003). The primary objective of this study is to examine the relationship between childhood trauma, dissociative experiences, and self-harming behaviors in individuals with borderline personality disorder. While numerous studies have been conducted on borderline personality disorder, research that specifically addresses the etiology of this disorder, particularly in relation to

childhood trauma, is limited, especially studies involving clinical case examples. Another key aim of the study is to contribute to the clinical practice of psychotherapists working with borderline personality disorder cases by enhancing their ability to develop treatment plans that not only incorporate object relations and fundamental psychotherapeutic approaches but also address childhood trauma and the dissociative symptoms that often accompany borderline personality disorder in its etiology.

A substantial body of empirical research has consistently demonstrated that exposure to traumatic experiences during childhood compromises the development of emotional regulation capacities and creates a psychological foundation conducive to the emergence of dissociative defense mechanisms both of which are central to the psychopathological profile of borderline personality disorder (Şar & Öztürk, 2013; Dalenberg et al., 2012). Drawing upon this evidence, the first hypothesis of the present study posits that childhood trauma significantly predicts an increased prevalence and severity of dissociative experiences among individuals diagnosed with borderline personality disorder. Moreover, both psychodynamic and behavioral theoretical frameworks contend that childhood trauma is implicated in the disruption of self-cohesion, which in turn may give rise to self-injurious behaviors as a maladaptive affect-regulation strategy (Linehan, 1993; Yates et al., 2008). Consistent with this view, the second hypothesis asserts that the presence of childhood trauma is positively and significantly associated with the likelihood and frequency of self-injurious behaviors in individuals with borderline personality disorder

Finally, dissociative experiences and self-injurious behavior are conceptualized as interrelated manifestations of trauma-related defensive processes, wherein dissociation may not only serve as a psychological mechanism for mitigating the emotional impact of traumatic experiences but may also, over time, translate into concrete behavioral expressions such as self-harm (Brand et al., 2013; Franzke et al., 2015). Accordingly, the third hypothesis of the study anticipates a significant and positive association between dissociative experiences and self-injurious behaviors within the clinical population of individuals diagnosed with borderline personality disorder.

Method

Participants

The present study employed a single-center, cross-sectional research design. Preliminary interviews were conducted with 45 individuals who had been diagnosed with borderline personality disorder between 2021 and 2024 and were receiving follow-up treatment at a private psychiatric outpatient clinic. Of these, six individuals declined participation, resulting in a final sample comprising 39 participants. The participants ranged in age from 23 to 43 years, all possessed at least a high school diploma, and demonstrated adequate literacy levels for self-report assessment. The inclusion criteria required participants to be between the ages of 20 and 55, to have received a formal diagnosis of borderline personality disorder from a psychiatrist in accordance with DSM-5 diagnostic criteria, and to have provided written informed consent prior to participation. Individuals with a history of neurological conditions such as epilepsy, dementia, or brain tumors as well as those presenting with psychotic features were excluded from the study. Following a structured clinical interview conducted by a psychiatrist, sociodemographic data were collected from each participant. Subsequently, on the same day, a battery of standardized self-report questionnaires was administered individually using the paper-and-pencil method.

Measures

Sociodemographic Form

The sociodemographic form was designed for the participants included in the study sample. This form consists of 20 questions that gather data on the participants' age, gender, marital status, educational attainment, income level, history of psychiatric diagnoses, place of residence, cohabitation

status and whether they have ever attempted suicide.

The Childhood Trauma Questionnaire (CTQ): The Childhood Trauma Questionnaire (CTQ) is a self-report instrument developed by Bernstein et al. (1994) to assess traumatic experiences during childhood. The scale consists of 28 items and encompasses five subscales: Emotional Abuse, Physical Abuse, Sexual Abuse, Emotional Neglect, and Physical Neglect. Each item is rated on a 5-point Likert scale ranging from 1 (Never True) to 5 (Very Often True). The Turkish adaptation of the CTQ was conducted by Şar, Öztürk, and İkizkardeş (2012), who reported a high internal consistency with a Cronbach's alpha coefficient of 0.93. In the present study, the internal consistency of the CTQ, as measured by cronbach's alpha, was calculated to be 0.94 (see Table 2).

Self-Harming Behavior Asessment Inventory: The Self-Harming Behavior Assessment Inventory was developed by Klonsky and Glenn (2009) to assess the frequency and functions of non-suicidal self-injury (NSSI) behaviors. The Turkish adaptation of the scale was conducted by Bildik et al. (2013). The inventory consists of two sections: the first assesses the presence of self-injurious behaviors, while the second evaluates the underlying functions. The functional section comprises two subscales Social and Autonomous with items rated on a 3-point Likert scale (ranging from 0 to 2). In the original validation study, the internal consistency for the total functional score was reported as Cronbach's alpha = 0.93. In the present study, the internal consistency coefficient was found to be exceptionally high, with a cronbach's alpha of 0.98 (see Table 2).

Dissociative Experiences Scale: The Dissociative Experiences Scale was developed by Bernstein and Putnam (1986) to measure dissociation in clinical and normal samples. Each item of the scale is scored from 0 to 100 in 10-point intervals and the scale consists of 28 items in total. The mean score is calculated by dividing the total score by the number of items. Mean scores exceeding 25–30 on the Dissociative Experiences Scale are indicative of pathological dissociation in participants (Aydemir Köroğlu, 2009; Öztürk, 2020). The Turkish validity and reliability study of the scale was conducted by Yargıç et al. (1995). The internal consistency of the scale in the present study was calculated to be cronbach's alpha 0.93 (see Table 2).

Procedure

Ethical approval for the study was obtained prior to its implementation, and all necessary legal authorization procedures were completed. Participants were fully informed about the purpose, scope, confidentiality protocols, and their rights regarding voluntary participation in the study. Following this, written informed consent forms were signed. No data were collected without prior consent. All data collection procedures were conducted in the same clinical setting and under the supervision of the same clinician. After the interview, participants deemed eligible were individually administered the sociodemographic information form and the psychometric scales used in the study. The assessments were conducted in a quiet environment, following a fixed order, and lasted approximately 30–40 minutes. Participants' responses were anonymized and used solely for research purposes.

Data Analyses

In this study, statistical analyses were performed using IBM SPSS 27 software. First, normality tests were conducted to determine whether the scales were suitable for normal distribution. According to the normality test results, the p-values of Kolmogorov-Smirnov (K-S) and Shapiro-Wilk (S-W) tests were less than 0.05 for all scales and sub-dimensions. Spearman correlation analysis was used to determine the direction and strength of relationships between scales. Frequency analysis was used to analyze the distribution of demographic variables. All analyses were performed with a 95% confidence interval, and the significance level was set at $p < 0.05$.

Findings

This section delineates the descriptive statistics and correlation analysis results concerning the demographic characteristics of the participants and the scales employed in the study. Initially, the sociodemographic distribution of the participants is presented, followed by the reliability and normality indices of the scales. Subsequently, the interrelationships among the primary variables are reported.

Table 1. Demographic Characteristics of the Participants

Gender	**N**	**%**
Female	23	50,9
Male	16	41,0
Age		
20-27	19	48,7
28-35	14	35,9
36+	6	15,4
Educational Attainment		
High School	5	12,8
Bachelor's Degree	19	48,7
Master Degree and higher	15	38,5
Marital Status		
Married	11	28,2
Single	24	61,5
Divorced	4	10,3
Comorbidity		
Yes	25	64,1
No	14	35,9
Total	39	100,0

According to Table 1, 59% (n = 23) of the participants were female, while 41% (n = 16) were male. In terms of age distribution, 48.7% (n = 19) of the participants were between 20 and 27 years old, 35.9% (n = 14) were between 28 and 35 years old, and 15.4% (n = 6) were 36 years or older. Regarding educational attainment, 12.8% (n = 5) were high school graduates, 48.7% (n = 19) held a bachelor's degree, and 38.5% (n = 15) had a master's degree or higher. Concerning marital status, 28.2% (n = 11) of the participants were married, 61.5% (n = 24) were single, and 10.3% (n = 4) were divorced. Additionally, 64.1% (n = 25) of the participants reported having a comorbidity, whereas 35.9% (n = 14) reported no comorbid conditions. The total number of participants was recorded as 39.

Descriptive Statistics and Reliability Analysis of the Scales

The mean scores, standard deviations, normality test results, and internal consistency coefficients for the scales utilized by the participants are presented in Table 2. According to the Kolmogorov-Smirnov and Shapiro-Wilk tests, all scales and subscales deviate from normal distribution ($p < .05$). Consequently, the relationships between the key variables were examined using Spearman's rank correlation analysis.

Table 2. Descriptive Statistics, Normality Tests and Cronbach's Alpha Values of the Variables

	N-M	**SD-K-S (p- value)**	**S-W (p value)**	**Cronbach's Alpha (a)**
Childhood Trauma Questionnaire	39- 85,21	16.84-0,001	0.000	0.94
Emotional Abuse	39- 18,33	4.22-0,000	0.000	0.83
Physical Abuse	39-10,21	2.5-0.005	0.002	0.74
Physical Neglect	39-13,18	3.20-0,000	0.000	0.86
Emotional Neglect	39-19,10	4.72-0,000	0.000	0.88
Sexual Abuse	39-9,59	3.86-0.001	0.000	0.91
Over Protection/ Control	39-14,79	3.16-0.000	0.002	0.80
Dissociative Experiences Scale	39-26,36	12.88-0.016	0.004	0.93
Inventory of Statements About Self-injury	39-39,56	26.67-0.009	0.001	0.98
Autonomic Functions Subscale	39-16,77	10.74-0.000	0.000	0.96
Affect Regulation	39-3,49	2.25-0.003	0.000	0.78
Preventing Suicide	39-2,95	2.32-0.019	0.000	0.87
Labeling Distress	39-4,08	2.36-0.000	0.000	0.86
Preventing Dissolution	39-3,59	2.47-0.000	0.000	0.84
Social Functions Subdimension	39-22,79	16.48-0.029	0.003	0.91
Interpersonal Boundaries	39-3,41	2.35-0.001	0.000	0.97
Interpersonal Interaction	39-3,21	2.33-0.035	0.000	0.81
Taking Revenge	39-2,87	2.24-0.016	0.001	0.83
Thrill Seeking	39-2,03	2.59-0.000	0.000	0.78
Bonding with Peers	39-2,33	2.47-0.000	0.000	0.95
Resilience	39-3,23	2.40-0.002	0.000	0.89
Autonomy	39-3,15	2.27-0.015	0.000	0.86
Self-Concern	39-2,56	2.28-0.000	0.000	0.82
Self-Punishment	39-2,67	2.33-0.000	0.000	0.84

According to Table 2; the normality test results, the p-values of Kolmogorov-Smirnov (K-S) and Shapiro-Wilk (S-W) tests were less than 0.05 for all scales and sub-dimensions. This indicates that the

data are not suitable for normal distribution. Reliability analysis revealed that Cronbach's Alpha (α) values for all scales and sub-dimensions were above 0.70 (Taber, 2018). These results indicate that the level of reliability of the scales and sub-dimensions used is high.

Relationships Between the Variables

In order to test the principal hypotheses of the study, the associations between childhood trauma, dissociative experiences, and self-harming behaviors were analyzed using Spearman's rank correlation method. The results of the analysis, which are presented in Table 3, indicate the presence of significant and positively directed correlations among the variables.

Table 3. Examination of the Relationship Between Main Variables

	1	2	3	4	5
1-Childhood Trauma	-				
2-Dissociative Experiences	.47**	-			
3-Self- Injurious Behavior	.50**	.44**	-		
4-Autonomic Functioning	.40*	.37*	.93**	-	
5-Social Functioning	.50**	.45**	.99**	.88**	-

***p < 0.01, *p < 0.05 Name of the applied test: Spearman Correlation Test*

Figure 1. Examination of the Relationship Between Main Variables

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
1- Childhood Trauma	1																				
2- Emotional Abuse	.81**	1																			
3- Physical Abuse	.62**	.47**	1																		
4- Physical Neglect	.77**	.54**	.29	1																	
5- Emotional Neglect	.60**	.50**	.55**	.57**	1																
6- Sexual Abuse	.74**	.46**	.41**	.56**	.23	1															
7- Over Protection/Control	.50**	.47**	.20	.35*	.26	.21	1														
8- Dissociative Experiences	.47**	.29	.26	.25	.24	.56**	.43**	1													
9- Self- Injurious Behavior	.50**	.35*	.37*	.31	.16	.69**	.13	.44**	1												
10- Autonomic Functioning	.40*	.19	.39*	.29	.10	.66**	.05	.37*	.93**	1											
11- Affect Regulation	.41**	.21	.33*	.31	.06	.60**	.17	.33*	.79**	.83**	1										
12- Preventing Suicide	.26	.00	.30	.18	.00	.64**	-.05	.32*	.80**	.90**	.71**	1									
13- Labeling Distress	.40*	.22	.23	.35*	.13	.64**	-.04	.29	.86**	.85**	.78**	.76**	1								
14- Preventing Dissolution	.48**	.27	.31	.36*	.05	.68**	.21	.40*	.82**	.84**	.85**	.69**	.76**	1							
15- Social Functioning	.50**	.35*	.34*	.27	.15	.66**	.14	.45**	.99**	.88**	.77**	.76**	.85**	.80**	1						
16- Interpersonal Boundaries	.46**	.23	.43**	.24	.04	.67**	.06	.44**	.87**	.88**	.82**	.73**	.75**	.82**	.85**	1					
17- Interpersonal Interaction	.44**	.38*	.25	.27	.05	.55**	.08	.36*	.82**	.69**	.74**	.57**	.82**	.69**	.85**	.70**	1				
18- Taking Revenge	.53**	.42**	.47**	.22	.20	.61**	.12	.38*	.90**	.79**	.66**	.66**	.77**	.63**	.91**	.77**	.79**	1			
19- Thrill Seeking	.14	.14	.17	-.07	.02	.27	.00	.19	.74**	.65**	.39*	.61**	.56**	.48**	.75**	.50**	.60**	.69**	1		
20- Bonding with peers	.42**	.26	.17	.28	.20	.53**	.08	.39*	.83**	.69**	.54**	.59**	.76**	.64**	.84**	.67**	.68**	.76**	.57**	1	
21- Resilience	.43**	.28	.36*	.27	.14	.70**	.00	.50**	.89**	.85**	.74**	.79**	.83**	.76**	.89**	.79**	.77**	.79**	.57**	.68**	1
22- Autonomy	.49**	.30	.36*	.31	.13	.70**	.06	.36*	.93**	.90**	.82**	.79**	.83**	.86**	.91**	.84**	.77**	.83**	.66**	.69**	.84**
23- Self- Concern	.53**	.35*	.42**	.32*	.14	.68**	.17	.45**	.87**	.79**	.69**	.69**	.73**	.79**	.88**	.78**	.70**	.75**	.57**	.75**	.82**
24- Self-Punishment	.43**	.30	.45**	.22	.06	.65**	.07	.42**	.88**	.91**	.69**	.80**	.74**	.77**	.84**	.85**	.67**	.78**	.69**	.64**	.78**

***p<0.01, *p<0.05 Name of the applied test: Spearman Correlation Test*

According to Table 3, significant and positive correlations were observed between childhood trauma and dissociative experiences (r = .47, p < .01), self-harming behaviors (r = .50, p < .01), autonomous functioning (r = .40, p < .05), and social functioning (r = .50, p < .01). Furthermore, dissociative experiences were positively correlated with both self-harming behaviors (r = .44, p < .01) and autonomous (r = .37, p < .05) and social functioning (r = .45, p < .01).

Relationships Between Subscales

Figure 1 illustrates a diagram that visually summarizes the relationships between the primary variables of the study and their corresponding subscales. The correlation coefficients, along with the directionality and significance levels, are presented

When examining the subscales of childhood trauma, the strongest correlation was found in the emotional abuse subscale (r = .81, p < .01). The most significant correlation with dissociative experiences was observed in the childhood sexual abuse subscale (r = .56, p < .01). Similarly, a significant relationship was found between childhood sexual abuse and self-harming behaviors (r = .69, p < .01).

A relationship was also identified between the subscales of self-harming behaviors and dissociative experiences. Positive correlations were found between dissociative experiences and both autonomous functioning ($r = .33$, $p < .05$) and social functioning ($r = .45$, $p < .01$). Additionally, significant positive relationships were observed between childhood trauma and the subscales of autonomous functioning ($r = .40$, $p < .05$) and social functioning ($r = .50$, $p < .01$).

Discussion and Conclusion

This section will first examine the demographic characteristics of the participants in relation to the existing literature, followed by a discussion of the study's hypotheses within the context of prior research.

Initially, we hypothesized a relationship in which childhood traumatic experiences increase the frequency and severity of dissociative experiences in individuals diagnosed with borderline personality disorder and our findings support this hypothesis. A significant proportion of the participants reported a history of childhood trauma, which was found to be associated with the presence of dissociative experiences. These results suggest that childhood trauma may be a critical risk factor in the emergence of dissociative symptoms in individuals with borderline personality disorder. The relationship between borderline personality disorder and childhood trauma is considered not as a direct causal link but within a framework that emphasizes the effect of traumatic experiences on psychopathological development (Paris, 1997). Indeed, previous research has reported that approximately 70% of individuals diagnosed with borderline personality disorder have experienced traumatic events during childhood (Lieb et al., 2004; Valentino et al., 2006; Widom et al., 2009). These findings align with the results obtained in our study. Furthermore, the literature on the etiology of dissociative disorders has highlighted a close association between dissociative symptoms and experiences such as childhood sexual abuse, emotional neglect, and physical violence (Sadock et al., 2016; Şar et al., 2007; Brown & Anderson, 1991). In a meta-analysis conducted by Vonderlin et al. (2018), strong links were reported between dissociation and physical, emotional, and sexual abuse by primary caregivers. In this context, the findings of our study are largely consistent with the existing literature and underscore the importance of childhood trauma as a significant variable in understanding dissociative experiences in individuals with borderline personality disorder.

Secondly, the present study proposed that childhood traumas are significantly associated with the emergence of self-harming behaviors in individuals diagnosed with borderline personality disorder. The findings obtained support this hypothesis and are largely consistent with previous research. Literature frequently emphasizes that neglect, physical, and sexual abuse experienced during childhood are significant risk factors for the development of self-harming behaviors, particularly in individuals diagnosed with borderline personality disorder (Yates et al., 2008; Grattan et al., 2019). It has been suggested that such behaviors may emerge as a coping strategy for dealing with childhood trauma and can be considered a form of externalization of the individual's internal pain. In Brodsky et al.'s (1995) study, it was reported that a significant proportion of individuals who engage in self-harming behaviors had experienced physical and/or sexual abuse. Turner et al. (2015) stated that self-harming behaviors are observed more frequently, more severely, and in more varied forms in individuals diagnosed with borderline personality disorder. Even among individuals without a formal diagnosis, those exhibiting borderline personality disorder traits are known to engage in self-harming behaviors (Vega et al., 2017). Numerous studies have shown that repeated self-harming behaviors, along with suicide attempts, are frequently observed in cases of borderline personality disorder, with rates reported to reach 70–75% (Kerr et al., 2010). In early studies conducted by Zanarini et al. (1990), self-harming behaviors were detected in the vast majority of individuals diagnosed with borderline personality disorder, and similar rates were reported in a more recent study by Andrewes et al. (2019). Consistent with these findings in the literature, our current study also indicates that individuals exposed to childhood trauma, particularly within the context of borderline personality

disorder, are more likely to exhibit self-harming behaviors, and this relationship has been clearly supported. Several studies (Fliege et al., 2009; Kongur, 2022; Sourander et al., 2006) highlighting that traumatic experiences are a key determinant in the etiology of such behaviors further strengthen our findings.

The third hypothesis posited that a significant and positive relationship would exist between dissociative experiences and self-harming behaviors in individuals diagnosed with borderline personality disorder. The research findings statistically confirm this assumption and suggest that dissociative processes may play a significant role in the cognitive and emotional foundation of self-harming behaviors. This finding aligns with previous studies (Franzke et al., 2015; Brand et al., 2013) that propose dissociative defense mechanisms developed in response to traumatic experiences manifest behaviorally, particularly in the form of self-harming behaviors. Dissociative processes are characterized by symptoms such as a loss of integrity in self-perception, disconnection from reality, and emotional numbing, which are associated with individuals' tendencies to externalize their internal pain through physical means. The literature frequently emphasizes the significant relationship between dissociative experiences and self-harming behaviors. Brand et al. (2013) reported that the majority of individuals diagnosed with dissociative identity disorder engage in self-harming, experience suicidal ideation, and a portion of them attempt suicide with fatal outcomes. Franzke et al. (2015) demonstrated that dissociation may play a mediating role in the relationship between childhood trauma and self-harming behaviors. In particular, for individuals with a history of childhood trauma, self-harming behaviors that emerge alongside dissociative symptoms may serve to restore psychological integrity or discharge emotional intensity. Similarly, Derin and Öztürk (2018) and Öztürk (2020) emphasized that self-harming behaviors are commonly observed in individuals with intense dissociative symptoms. In light of these findings, the current study suggests that dissociative experiences should be considered a significant psychopathological process in the emergence of self-harming behaviors in individuals with borderline personality disorder.

When examining the relationships among subscales, the findings of the present study indicate that among the subdimensions of childhood trauma, emotional abuse demonstrates the strongest association with dissociative experiences. This result holds significant meaning both from the perspectives of developmental psychopathology and psychoanalytic theory. Particularly during early childhood, the organization of the self is largely shaped by the emotional relationship established with the primary caregiver. According to Bowlby's attachment theory, the experience of secure attachment plays a crucial role in the formation of internal working models, which structure the child's representations of self and others (Bowlby, 1969). Emotional abuse characterized by patterns of devaluation, humiliation, neglect, or emotionally manipulative treatment represents one of the most severe early threats to the integrity of the self. This disruption can be conceptualized as damage to the "relationship with the primary object." In this context, Winnicott's concept of the "good enough mother" posits that a child's emotional development progresses in a healthy manner through processes of mirroring and consistency (Winnicott, 1960). Emotional abuse, by contrast, invalidates or negates the child's affective experiences, potentially leading the child to perceive their own self as fragmented, unworthy, or dangerous. From this perspective, dissociative experiences may be understood as defense mechanisms that emerge in response to early emotional violations, particularly those involving relational trauma during key stages of self-formation (Howell, 2005). The strong correlation between emotional abuse and dissociation observed in this study appears to reflect precisely such a pattern, wherein early attachment-related trauma undermines the continuity of the self, giving rise to fragmented subjective experiences.

Secondly, the finding that childhood sexual abuse is highly associated with both dissociative experiences and self-injurious behaviors reflects a well-established reality that has long been emphasized in the literature. Psychoanalytic theories in

particular have argued that the symbolic and corporeal significance of sexual abuse exerts a uniquely profound traumatic impact on the child, surpassing the psychological consequences of other forms of maltreatment. Freud's trauma theory proposed that sexually charged experiences in childhood may function as "excessively stimulating external events" capable of inducing a structural rupture within the psyche (Freud, 1920/1955). Sexual abuse, through the violation of bodily boundaries, transforms the body into a source of fear, shame, and guilt, ultimately distorting the individual's bodily self-representation and encoding the body as a site of threat and vulnerability (van der Kolk, 1996).In this context, dissociative symptoms may emerge as attempts to reconstruct the shattered mind-body unity, whereas self-injurious behaviors can be interpreted as somatic expressions of unconscious rage, guilt, or a need for control directed toward the body. The strong association observed in this study between the sexual abuse subscale and both dissociative symptoms and self-harming behaviors is therefore consistent with psychoanalytic interpretations and clinical observations, underscoring the profound and enduring psychological imprint of sexual trauma.

Thirdly, the significant correlations identified between dissociative experiences and the subdimensions of the Self-Injurious Behavior Assessment Scale—autonomous functioning and social functioning—indicate that dissociation is not confined to internal cognitive disruptions, but is also meaningfully related to behavioral and interpersonal dysfunction. Autonomous functioning reflects an individual's capacity for emotional self-regulation, impulse control, and adaptive coping with internal distress. Dissociation, by disrupting these regulatory processes through states of detachment and fragmentation, may undermine autonomous behavioral control. For example, dissociative individuals may engage in actions without conscious awareness of their emotional states, which can manifest as impulsive self-injurious behaviors (Allen, Console & Lewis, 1999). Moreover, the relationship between dissociation and the social functioning subdimension highlights the interpersonal vulnerabilities often observed in dissociative individuals. Some theorists argue that dissociation stems from a failure to integrate internal and external relational representations, which contributes to unstable and fragmented social bonds (Howell, 2005). This inability to establish relational continuity may lead to identity confusion and difficulty maintaining stable interpersonal relationships. The association observed in this study between dissociation and social functioning is particularly reflective of the identity diffusion, abrupt shifts in relational patterns, and emotional disengagement that characterize borderline personality disorder.

Finally, the significant relationships identified between childhood trauma and both autonomous and social functioning subdimensions offer valuable insights into the neuropsychological and psychoanalytic underpinnings of borderline personality disorder. Early childhood trauma, especially when occurring during critical periods of brain development, may disrupt the maturation of brain regions implicated in emotion regulation and social cognition, such as the prefrontal cortex, amygdala, and hippocampus (Teicher & Samson, 2016). Such alterations can compromise both the individual's ability to regulate internal arousal and their capacity to sustain healthy social bonds. From a psychoanalytic perspective, these early traumatic experiences may inhibit the development of internalized "good object" representations, as described in object relations theory, and foster destructive relational patterns toward both self and others (Klein, 1946). As a result, affected individuals may develop maladaptive autonomous behaviors as a means of managing internal fragmentation and may engage in chaotic, inconsistent, and dependent interpersonal relationships later in life. Taken together, the findings of this study suggest that early trauma exerts enduring effects on both behavioral and interpersonal functioning within the context of borderline personality disorder, a conclusion that resonates with both neuroscientific and psychoanalytic frameworks.

Conclusion

In conclusion, the present study examined the relationships among childhood trauma, dissociative

experiences, and self-injurious behaviors in individuals diagnosed with borderline personality disorder. The findings revealed significant and positive associations among these variables. Notably, emotional and sexual abuse emerged as critical factors influencing these psychopathological processes, with dissociative symptoms and self-injurious behaviors appearing to reflect the long-term psychological impact of early traumatic experiences. The results underscore the importance of integrating a comprehensive understanding of early trauma histories into both the clinical assessment and psychotherapeutic treatment planning for individuals with borderline personality disorder

Limitations

Despite the hypotheses being supported by the data, several limitations should be considered when interpreting the findings of this study. First, the sample size was relatively small, which may have reduced the statistical power of the analyses and limited the generalizability of the results to larger and more diverse populations. This constraint was particularly evident in the restricted ability to perform subgroup or subscale-based comparisons.

Second, the absence of a control group represents a significant methodological limitation. The lack of comparison with either non-clinical participants or individuals diagnosed with alternative psychiatric disorders restricted the ability to assess the specificity of the observed associations. As a result, it remains unclear to what extent these relational patterns are unique to borderline personality disorder. Third, the statistical methods employed were limited to correlational analyses. While these analyses are valuable for identifying concurrent associations, they do not permit conclusions regarding the directionality or causality of the relationships among variables. Correlational designs are inherently limited to describing the co-occurrence of variables at a single point in time and are unable to determine whether one variable predicts or influences another. To clarify the developmental trajectories and causal mechanisms underlying these associations, future research would benefit from employing longitudinal and prospective designs, supported by parametric modeling approaches.

Finally, all instruments used in this study were self-report measures, which rely on participants' subjective evaluations. This approach introduces the potential for response biases, including social desirability, recall bias, and tendencies toward symptom exaggeration or minimization. Moreover, the fact that the instruments were administered in a clinical setting may have induced evaluation-related anxiety in some participants, which could have further affected the accuracy and validity of their responses. This constitutes an additional limitation to the reliability of the findings. Despite these limitations, the present study highlights the necessity of addressing borderline personality disorder not solely through the lens of classical defense mechanisms or object relations theory, as traditionally emphasized within the psychoanalytic literature, but also by incorporating often-overlooked dimensions such as childhood trauma and dissociative experiences. The findings derived from contemporary clinical samples underscore the essential role of dissociation and early traumatic experiences as integral components of borderline personality disorder's psychopathological structure. Dissociative symptoms frequently underrecognized in structural, dynamic, and transference-based psychoanalytic formulations are of particular significance, especially in light of their origins in trauma-related disruptions to self-cohesion. The therapeutic visibility and exploration of these fragmented self-structures are essential for effective intervention. In this regard, the current study emphasizes the importance of incorporating not only behavioral manifestations but also deeper, structural disintegrations of self-organization into psychoanalytic assessment and intervention strategies.

Recommendations for Future Research

Future studies would benefit from including comparative analyses across different diagnostic groups to help delineate the specific psychopathological markers distinctive to borderline personal-

ity disorder. Additionally, the use of objective, observer-rated assessment tools alongside self-report measures could help minimize response biases and increase the validity of findings. Expanding the size of clinical samples and employing longitudinal research designs will allow for a more nuanced exploration of the developmental interplay between trauma, dissociation, and self-injurious behavior. Such methodological advancements could substantially enrich the empirical and theoretical understanding of these complex interrelations within the field.

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