Review article

A Soul Laid Bare by Trauma

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Abstract

During treatment, most patients share their traumatic experiences, which can be a precipitating factor in the development of various psychiatric disorders. In numerous studies, traumatic experience has been highlighted as a possible etiological factor in the development of different personality disorders. Traumatic experiences in developmental stages of personality can result in disturbances in the ability to maintain feelings of security and individual identity in adulthood. Therefore, it is not difficult to imagine the dimension of the impact of trauma on overall personality sensitivity and the inability to achieve individuation, separation and overall personality cohesion. The most prevalent studies on the traumatic impact on personality development are related to borderline personality disorder (BPD). They point to the existence of a combination of genetic and environmental factors in the development of BPD, particularly the combination of biological vulnerability and exposure to traumatic experiences during childhood. Developing preventive programs and initiating psychotherapy in a timely manner, along with the use of contemporary pharmacotherapeutic treatment algorithms, can protect individuals at high risk of developing disorders or minimize disorder symptoms later in the lives of those affected.

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Introduction

The era of misunderstanding patients with personality disorders, coupled with a sense of helplessness in the face of their varied manifestations, is long behind us. Once, successful inpatient treatment of these specific conditions seemed unimaginable due to the inability to create an adapted environment, insufficiently educated staff, and numerous transferential and countertransferential feelings. With the development of various psychotherapeutic techniques (psychoanalytic and cognitive-behavioral methods), as well as the implementation of specific treatment programs and modern psychopharmacotherapy, the treatment of patients with personality disorders is successfully conducted both in hospital and day hospital settings. The foundation for the possibility of such dynamic work lies primarily in creating an adequate therapeutic environment and, accordingly, in the long-term education of the different profiles of staff treating patients with personality disorders, which represents the basis of therapeutic success (1, 2).

During treatment, the majority of patients often disclose their traumatic experiences, which can serve as precipitating factors for the development of various psychiatric disorders. In numerous studies, traumatic experience has been highlighted as a potential etiological factor in the development of different personality disorders.

Personality disorders and traumatic experiences

Psychoanalytic theories of personality prioritize the needs of the child, as well as the infantile aspects of the adult, as constant seekers of instinctive gratification. Adequate care for the child is interpreted as a delicate balance between sufficient gratification that creates emotional security and comfort, and developmentally appropriate frustration, allowing the child to learn, in finely titrated doses, how to replace the pleasure principle and ultimately develop into a stable personality (3). Margaret Mahler (4) took a further step in conceptualizing the essential elements for personality development by considering the phases of the separation-individuation process that take place up to the third year of a child's life. Traumatic experiences in these developmental stages can result in impaired ability to maintain a sense of security and individual identity in adulthood. Therefore, it is not difficult to imagine the dimension of the impact of trauma on overall personality sensitivity and the inability to achieve individuation, separation and overall personality coherence.

Each newborn differs in temperament from birth. Innate differences encompass levels of activity, aggressiveness, reactiveness, ability to achieve comfort, as well as similar factors that can influence developmental trajectory toward a psychopathological direction (3). Understanding the concepts of basic security and identity, self, attachment, developmental delay and deficits, shame, affect regulation, trauma and attachment have contributed to the understanding of narcissism (5–10). The histories of masochistic personalities are filled with pain, traumatic experiences, unresolved losses and highly critical parents. Similarly, this is observed in depressed individuals who internally believe there is no one out there for them. The etiology of masochistic personality development is still not fully understood, but gender differences in response to trauma and abuse have been noted (3). Abused girls more commonly develop masochistic patterns such as stoicism, sacrificing and experiencing moral victory through physical defeat. In contrast, abused boys are more likely to develop sadism by identifying with aggression (11).

Recent research suggests the existence of a genetic predisposition that can be activated by early traumatic experiences. Childhood abuse can affect the development of the orbitofrontal cortex, which is considered the moral center in the brain (12–14). A correlation has been observed between the expression of genes that regulate noradrenaline and consequently affect neurotransmitters and the X chromosome, with later development of antisocial behavior in

individuals who have been exposed to abuse (15).

The correlation between the impact of traumatic experiences and the development of borderline personality disorder (BPD)

Borderline Personality Disorder (BPD) is a significant public health concern due to its prevalence, complex clinical presentation, and limited pharmacotherapeutic efficacy (16, 17). It is characterized by emotional instability, cognitive and identity disturbances, impulsivity and severe difficulties in interpersonal relationships, often accompanied by frequent suicidal ideation and a suicide rate of 10% (18).

The most prevalent research of the traumatic impact on personality development are associated with studies on BPD. They suggest a combination of genetic and environmental factors in the development of BPD, particularly the interplay between biological vulnerability and exposure to traumatic experiences during childhood (19).

It is hypothesized that BPD arises as a maladaptive neurodevelopmental response to stress, as research indicates altered behavioral and physiological stress response among affected individuals, including dysfunction of the hypothalamic-pituitary-adrenal (HPA) axis (18).

Insecure family environment coupled with parental criticism, witnessing family violence, overall emotional or physical neglect, as well as psychological, physical or sexual abuse in childhood are considered significant etiological factors in the development of BPD (20). Research points to childhood abuse as a potentially pathogenic factor. Cross-sectional studies utilizing retrospective reports have found that 30 to 90% of patients with BPD experienced sexual, physical or emotional abuse during childhood (20–22).

The stress-diathesis model assumes the development of BPD in genetically vulnerable individuals exposed to childhood abuse. According to this model, the stressor of abuse functions as a negative environmental risk factor for disorder development (23). Whether childhood abuse is viewed as an environmental risk factor or as a direct cause of BPD development, research has shown an association between the severity of abuse and higher levels of BPD symptoms and overall psychosocial dysfunction (20).

Bandelow and his team investigated the association between traumatic life events in childhood, parental styles and attitudes, family factors and birth risk factors in subjects with BPD compared to healthy controls (24). The study confirmed the association of BPD with severely disrupted family environments characterized by parental separation, growing up in foster families, adoption, family violence or crime, inappropriate parenting styles, lack of care and love and a high frequency of childhood sexual abuse in the patient group (24).

An increasing number of studies and systematic reviews are focused on environmental, temperamental, psychopathological and neurobiological factors that may be associated with the early onset of personality disorders, particularly BPD (25). Results from researchers at the University of Turin, Italy, have shown an association between earlier onset of BPD and poorer social functioning and traumatic events, including abuse, neglect and dysfunction in the family environment (26). The study aimed to identify factors independently associated with early onset of BPD, with the goal of characterizing a population at high clinical risk. Among BPD symptoms, only impulsivity was linked to early onset. It was concluded that a greater number of traumatic events and poorer impulse control lead to a significant reduction in the time interval before seeking psychiatric help (26).

Conclusion

Traumatic experiences over a lifetime shape personality, as their intensity and frequency can make it dysfunctional and cause a whole range of psychiatric disorders. In that sense, one of the most researched, but also one of the most stigmatized conditions in psychiatry is certainly

BPD. With their clinical presentation, elicitation of various countertransferential feelings and communication with the therapist through the phenomenon of projective identification, patients with BPD present clinicians with a great therapeutic challenge.

BPD can be understood as a modified, neurodevelopmental disorder resulting from maladaptive responses to trauma and stress (18). In other words, the clinician is faced with a soul laid bare by trauma, in which sensitivity to stress and excessive reactivity mediate the development and maintenance of disorder symptoms. In BPD, exposure to trauma is considered a risk factor in early life development, while acute stress moderates the symptoms pathway (18). All of this points to extremely fragile personality structures that often resort to highly immature defense mechanisms for survival in the intimidating interpersonal relationships they so desperately need (27).

It is considered that stressful events in early life, especially childhood traumas, negatively impact brain development through epigenetic mechanisms (19). Therefore, it is of great importance to better understand the interactions of risk factors and identify individuals at high risk of developing the clinical picture of the disorder. Therefore, it is crucial to enhance our understanding of the interplay among risk factors and to identify individuals at a high risk of developing the clinical manifestation of the disorder. The development of preventive programs, timely initiation of psychotherapy along with the application of contemporary pharmacotherapeutic treatment algorithms, can protect individuals at high risk of developing the disorder or minimize the symptomatology of the disorder later in the lives of those affected (19). Considering that predisposing factors for BPD are present in childhood and prodromal symptoms often emerge in young age, particularly in early adolescence, protecting this population of souls laid bare by trauma should be a priority in public health action.

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Duša ogoljena traumom

Sažetak

Tijekom liječenja većina pacijenata dijeli svoja traumatska iskustva, što može biti čimbenik koji potiče razvoj različitih psihijatrijskih poremećaja. U brojnim studijama, traumatsko iskustvo istaknuto je kao mogući etiološki čimbenik u razvoju različitih poremećaja ličnosti. Traumatska iskustva u razvojnim fazama osobnosti mogu rezultirati poremećajima u sposobnosti održavanja osjećaja sigurnosti i individualnog identiteta u odrasloj dobi. Stoga nije teško zamisliti dimenziju utjecaja traume na ukupnu osjetljivost osobnosti i nemogućnost postizanja individuacije, separacije i opće kohezije osobnosti. Najzastupljenije studije o traumatskom utjecaju na razvoj osobnosti odnose se na granični poremećaj osobnosti (BPD). One ukazuju na postojanje kombinacije genetskih i okolišnih čimbenika u razvoju BPD-a, posebno kombinacije biološke ranjivosti i izloženosti traumatskim iskustvima tijekom djetinjstva. Razvijanje preventivnih programa i pravovremeno započinjanje psihoterapije, uz korištenje suvremenih algoritama farmakoterapijskog liječenja, može zaštititi osobe s visokim rizikom od razvoja poremećaja ili smanjiti simptome poremećaja kasnije u životu pogođenih osoba.