

The Influence of Attachment Styles on the Development of Post-Traumatic Stress Disorder (PTSD) and Borderline Personality Disorder (BPD): A Comprehensive Review

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ABSTRACT

Attachment patterns possess a substantial role in the emergence of Post-Traumatic Stress Disorder (PTSD) and Borderline Personality Disorder (BPD), especially in those who were subject to childhood abuse. This extensive review compiles data from 45 literature investigating the impact of attachment insecurity on PTSD and BPD symptoms. Attachment anxiety and avoidance appear to aggravate emotional dysregulation, dissociation, and interpersonal problems, making them more vulnerable to both conditions. Mentalizing impairments, self-compassion, and neurobiological changes such as increased amygdala activation mediate these connections. Furthermore, the overlap between PTSD, BPD, and attachment-related disorders makes differentiated diagnosis difficult. According to meta-analytic data, secure attachment is a protective factor, whereas insecure attachment enhances the association between early trauma and psychopathology. These findings emphasise the need of attachment-informed therapies in trauma recovery and personality disorder therapy.

Keywords: Attachment styles, Post-traumatic Stress Disorder, Borderline Personality Disorder, Childhood Trauma

Bowlby (1969) proposed attachment theory, which states that “early caregiver-child interactions impact emotional and psychological development, resulting in attachment styles such as secure, anxious, avoidant, or disorganised.” Secure attachments foster resilience, but insecure or disorganised relationships are associated with mental health problems such as PTSD and BPD (Levy et al., 2010). Attachment disruptions, frequently caused by trauma or neglect, result in emotional dysregulation and interpersonal problems, which are common in PTSD and BPD. Secure attachment protects against these conditions, but insecure attachment styles exacerbate symptoms, particularly in trauma settings (Kanninen et al., 2003). Attachment disruptions caused by childhood abuse lead to symptoms of BPD such as diminished memory and executive dysfunction. Both environment and individual aspects influence trauma reactions, which improves knowledge for therapeutic approaches. (Minzenberg et al., 2008).

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Attachment Styles: Definition and Types

Attachment styles, initially proposed by Bowlby and then developed by Ainsworth, are based on the standard and constancy of caregiving during pivotal phases of development, resulting in internal frameworks of attachments. These models impact emotional regulation, stress reactions, and interpersonal dynamics. Ainsworth's "Strange Situation" experiment (1970s) revealed four major attachment styles: secure, anxious-preoccupied, dismissive-avoidant, and disorganised, which continue into adulthood and shape romantic, family, and professional interactions.

- **Secure attachment:** formed by regular caring, which leads to trust and emotional control (Simmons et al., 2009). Secure people have sound, harmonious relationships and can cope with stress constructively (Crowell & Waters, 1994).
- **Anxious-Preoccupied Attachment:** Caused by uneven caring, resulting to reliance, emotional instability, and fear of abandonment (Zhang, 2024).
- **Dismissive-Avoidant Attachment:** Develops as a result of emotional maltreatment, prioritising independence above emotional connection, causing issues with intimacy and self-expression (MacDonald & Borsook, 2010).
- **Disorganised Attachment:** Caused by trauma or abuse, it results in contradicting behaviours and emotional uncertainty, compromising emotional control and relationship stability (Paetzold et al., 2015).

Attachment styles significantly impact mental health and relationships. Secure attachment promotes resilience, while insecure styles contribute to emotional dysregulation, increasing the risk of mental health disorders like anxiety, depression, PTSD, and personality disorders (Nguyen et al., 2024).

Post-Traumatic Stress Disorder: Overview

Post-Traumatic Stress Disorder (PTSD) is a mental health illness caused by witnessing or going through an awful incident, such as encountering fatalities, serious injuries, or assault. It manifests in four primary symptom clusters: intrusion symptoms, such as flashbacks and nightmares (Michael et al., 2004); avoidance symptoms, in which people avoid reminders of the trauma (Thompson & Waltz, 2010); negative cognition and mood changes, such as guilt, shame, and emotional numbness (Byllesby et al., 2017); and arousal and reactivity symptoms, such as hypervigilance and irritability (Shepherd & Wild, 2014).

The nature of the experience, personal history of trauma or pre-existing mental health disorders, lack of post-trauma assistance, and possibly genetic or biological variables all contribute to the development of PTSD. PTSD can have a substantial impact on everyday life, including difficulties in interpersonal relationships, job or school performance, and physical health.

Psychotherapy treatments include “Trauma-Focused Cognitive Behavioural Therapy (TF-CBT), Eye Movement Desensitisation and Reprocessing (EMDR), and Prolonged Exposure Therapy”, which help process and reinterpret traumatic experiences (Wampold et al., 2010). Medications like selective serotonin reuptake inhibitors (SSRIs) are frequently recommended to control symptoms, while self-help groups provide crucial social support (Steckler & Risbrough, 2011).

Borderline Personality Disorder: Overview

Borderline Personality Disorder (BPD) is a complicated and sometimes misunderstood mental health disorder characterised by persistent instability in emotions, relationships, self-

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image, and behaviour. Individuals with BPD frequently exhibit powerful emotional reactivity, impulsivity, and chronic fears of abandonment, resulting in substantial life disruptions. (Leichsenring et al., 2010).

Dialectical Behaviour Therapy (DBT), which incorporates cognitive-behavioral techniques with mindfulness to improve emotional regulation (Lynch et al., 2006), and Cognitive Behavioural Therapy (CBT), which focuses on identifying and changing negative thoughts and behaviors (Levy et al., 2018), are two effective therapies for emotional and behavioral dysregulation. Mentalization-Based Therapy (MBT) helps people comprehend their own and others' mental states, which improves interpersonal functioning (Bateman & Fonagy, 2004). Pharmacological therapies, such as antidepressants, mood stabilisers, and antipsychotics, may also help manage symptoms (Levy et al., 2018).

Overlap between PTSD, BPD and Attachment Styles

PTSD, attachment styles, and BPD are linked by early relational trauma and emotional dysregulation. Insecure attachment styles, formed in childhood due to inconsistent caregiving, create vulnerabilities that contribute to both PTSD and BPD. Emotional dysregulation is a hallmark feature of both disorders (Voestermans et al., 2020)

Attachment-Based Therapy focusses on insecure attachment, whereas Trauma-Informed Care recognises the impact of early trauma. DBT for BPD and EMDR for PTSD help to heal dysfunctional attachment patterns and increase emotional stability.

In conclusion, Insecure and disorganised relationships, which are frequently influenced by early trauma, increase the risk of developing PTSD and BPD. Addressing attachment disruptions in treatment can help persons with these illnesses control their emotions and enhance their relationship stability.

Objective

This study will use a comprehensive assessment of previous research to investigate the effect of attachment styles on the development of PTSD and BPD, finding patterns, risk factors, and treatment implications.

METHOD

A systematic review was conducted to examine the role of attachment styles in PTSD and BPD. A comprehensive search of PubMed, PsycINFO, and Google Scholar identified studies published between 2017 and 2025. Inclusion criteria required studies to focus on attachment styles in relation to PTSD or BPD, including original research, systematic reviews, meta-analyses, and theoretical reviews published in English. Editorials, commentaries, conference abstracts, dissertations, and non-English publications were excluded.

The selection process involved title and abstract screening, followed by full-text review based on inclusion and exclusion criteria. From the initial search, 45 articles were selected for the final review. Key data on study aims, methods, and findings were extracted, and studies were assessed for quality. Findings were synthesized narratively to identify common themes, patterns, and research gaps in the interplay between attachment, PTSD, and BPD.

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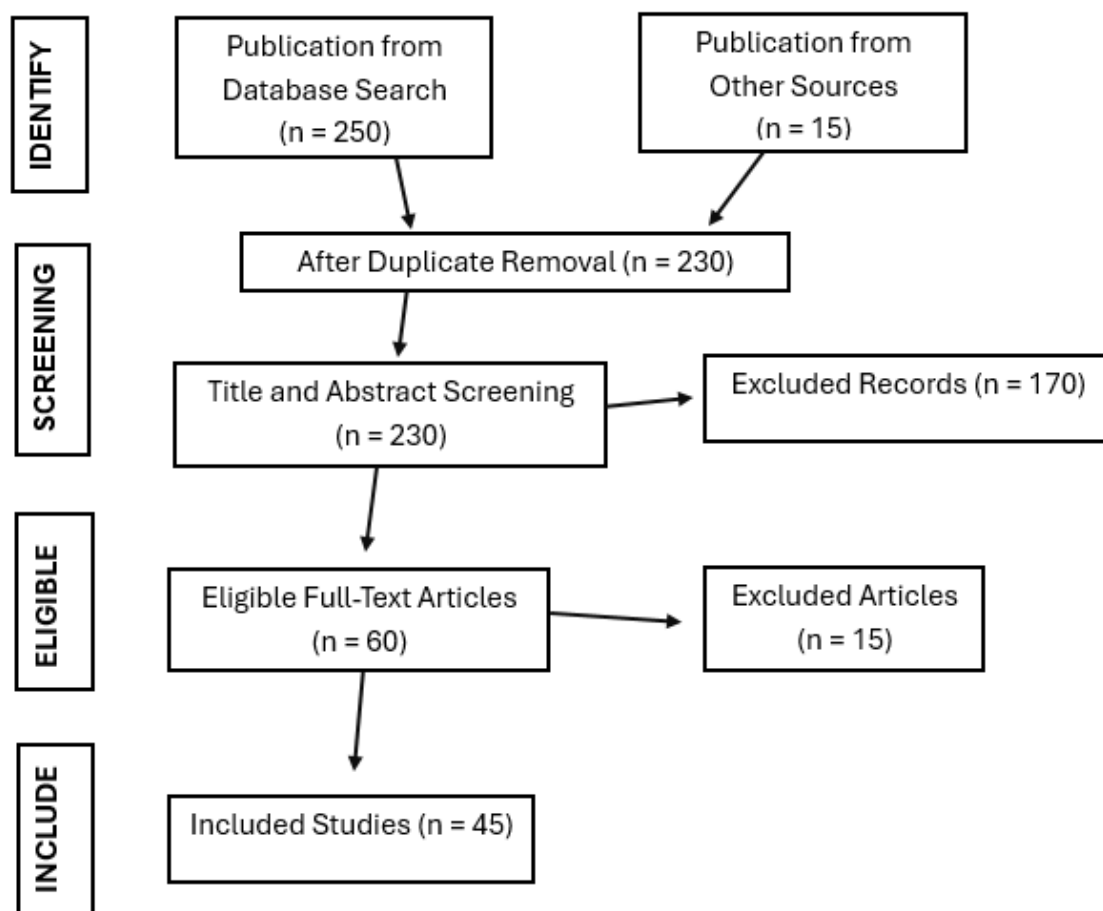


Figure 1 PRISMA Flow Diagram

RESULTS AND DISCUSSION

This review synthesizes the findings from 45 studies examining the relationships between attachment styles and psychological disorders such as Borderline Personality Disorder (BPD) and Complex Post-Traumatic Stress Disorder (cPTSD). A recurring theme throughout the literature is the significant role that insecure attachment plays in exacerbating emotional dysregulation and symptom severity in individuals with BPD and PTSD.

For instance, Badoud et al. (2017) found that individuals with BPD exhibit insecure attachment styles and diminished reflective functioning, suggesting that reflective functioning moderates the relationship between insecure attachment and BPD severity.

The Role of Attachment in Trauma Responses

- **Insecure Attachment and Psychological Disorders**

Many studies have demonstrated that insecure attachment styles contribute to the development and persistence of PTSD and BPD symptoms. McClure and Parmenter (2017) showed that intimate partner violence (IPV) perpetration is linked to childhood abuse and neglect, which, in turn, leads to attachment issues later in life. Crow and Levy (2019) further found that attachment anxiety increases the likelihood of developing BPD features in individuals with a history of childhood abuse, while secure attachments tend to mitigate these negative effects. Barazzone et al. (2018) and Marshall and Frazier (2018) emphasized

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the protective role of secure attachment in managing the effects of trauma, suggesting that interventions aimed at enhancing attachment security could significantly aid in trauma recovery.

- **Mechanisms Linking Attachment to PTSD and BPD**

Several studies highlight the mediating role of emotional dysregulation in the relationship between attachment and trauma responses. Erkoreka et al. (2021) found that attachment anxiety mediates the relationship between childhood trauma and emotional dysregulation in BPD patients. Bertele et al. (2022) and Jittayuthd and Karl (2022) also underscored that emotion regulation difficulties mediate the link between childhood maltreatment and BPD symptoms, and that rejection sensitivity is a significant predictor of PTSD symptoms. These findings suggest that vulnerable attachment styles exacerbate trauma responses.

The Interplay of Trauma Types

- **Betrayal Trauma**

Choi and Kangas (2019) examined the effects of betrayal trauma, particularly among mothers, and found that higher levels of betrayal trauma were associated with greater distress and trauma symptoms. This underscores the importance of targeted interventions that address emotion regulation difficulties in individuals affected by betrayal trauma.

- **Childhood Maltreatment**

Guy (2022) and Ferrajão et al. (2024) explored the relationship between childhood maltreatment and heightened PTSD and BPD symptoms, reinforcing the need for early intervention strategies for at-risk populations. Specifically, Ferrajão et al. (2024) demonstrated a strong connection between adverse childhood experiences (ACEs) and the likelihood of developing PTSD, with certain types of abuse strongly correlating with CPTSD diagnoses.

The Impact of Attachment on Treatment Outcomes

- **Therapeutic Implications**

The comorbidity of CPTSD and BPD, as discussed by Lee and Choi (2023), highlights the necessity for integrated treatment approaches that address both conditions concurrently. These approaches should incorporate attachment-focused interventions designed to enhance emotional regulation skills. Peng and Ishak (2025) further suggested that fostering self-compassion can mediate the effects of attachment issues on CPTSD symptoms, potentially improving treatment outcomes. Cushing et al. (2023) also found that insecure attachment styles are positively related to PTSD symptoms, reinforcing the need for therapies targeting attachment styles in treating trauma-related disorders.

- **Identity Disturbance in BPD**

A central feature in BPD is identity disturbance, which is closely linked to attachment anxiety. Schulze et al. (2022) identified emotional abuse as a strong predictor of BPD across various domains. Wojtynkiewicz and Sekowski (2022) further suggested that a weak sense of identity mediates the relationship between attachment anxiety and BPD symptoms, indicating that therapeutic strategies focused on identity enhancement may be beneficial for individuals with insecure attachments.

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• Neurobiological Considerations

Recent studies, including Bernheim et al. (2022), have begun to investigate the neurobiological underpinnings of attachment styles and trauma responses. They found increased brain activation in areas related to emotional processing in BPD patients exposed to attachment-related stimuli. This suggests that neurobiological factors may interact with psychological constructs like attachment security, offering insight into the brain's role in emotional regulation and trauma responses.

• Complex Interactions Among Disorders

The comorbidity of trauma-related disorders is a complex issue. Ford and Courtois (2021) proposed that while Complex PTSD (cPTSD) and BPD often co-occur, they remain distinct syndromes requiring tailored treatment approaches. Similarly, Sarr et al. (2024) explored the diagnostic challenges posed by overlapping symptoms between autism spectrum disorder and attachment disorders, emphasizing the need for accurate diagnoses to guide treatment.

Future Research Directions

Future studies should focus on longitudinal effects of attachment styles on psychological outcomes over time. Fraley et al. (2020) suggested that understanding the factors that contribute to long-term changes in attachment security is critical for developing effective interventions. Zagaria et al. (2024) proposed a new definition of attachment trauma, emphasizing its biological and relational dimensions. Further exploration of these factors in the context of psychological disorders could provide valuable insights for targeted treatment strategies.

In summary, this review highlights the significant role of attachment styles in understanding the complexities of PTSD and BPD. The integration of findings across various studies enriches our understanding of the intricate relationships between attachment, trauma, and psychological disorders. By exploring the neurobiological, emotional, and relational aspects of attachment, this review points to critical areas for future inquiry.

Table 1. Key Research Findings

S.No.	Author(s)	Research Design	Key Findings
1.	Peng & Ishak (2025)	Survey Research	Attachment anxiety and avoidance contribute to CPTSD symptoms, with self-compassion serving as a mediator between attachment issues and symptoms, especially affecting self-organization.
2.	Salavati & Selby (2025)	Experimental Research	BPD and PTSD often co-occur, both linked to childhood maltreatment, with emotion dysregulation as a common feature. Overlap is observed in symptoms like re-experience, avoidance, and low self-esteem.
3.	Laceulle (2024)	Cross-sectional study	This study on adolescents showed that childhood trauma and attachment styles correlate with higher BPD-profile scores, with preoccupied attachment having the most significant effect.
4.	Ferrajão et al. (2024)	Experimental Research	Exposure to 2-3 ACEs linked with PTSD; 4-5 ACEs related to higher PTSD likelihood.

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S.No.	Author(s)	Research Design	Key Findings
			Sexual abuse, bullying, violence, and near-drowning associated with CPTSD. Fearful attachment linked with PTSD diagnosis.
5.	Zagaria et al. (2024)	Systematic Review	Six key areas of research were identified: 1) Infant disorganized attachment, 2) Unresolved adult attachment, 3) Fearful adult attachment, 4) Complex PTSD, 5) Early adverse experiences, 6) Biological effects of trauma. A new definition of attachment trauma (AT) is proposed, emphasizing its distinct biological and relational consequences.
6.	Sarr et al. (2024)	Empirical Study	Challenges in differentiating autism, attachment disorders, EUPD, and CPTSD were explored through expert consensus. Overlapping symptoms and diagnostic difficulties highlight the need for refined diagnostic practices.
7.	Costanzo et al. (2024)	Correlational study	Insecure attachment styles mediate the development of BPD following childhood maltreatment.
8.	Lee & Choi (2023)	Latent Class Analysis	Childhood abuse is a significant risk factor for high comorbidity and different BPD subtypes.
9.	Cushing et al. (2023)	Meta Analysis	Secure attachment has a weak negative relationship with PTSD, while insecure attachment types are positively linked to PTSD, with maltreatment strengthening this connection.
10.	Ensink et al. (2023)	Experimental Research	Mentalizing about early relationships impacted re-experiencing trauma symptoms. Attachment influenced PTSS via mentalizing. Enhancing mentalizing can reduce trauma-related symptoms.
11.	Maciel et al. (2023)	Experimental Research	Attachment anxiety remains stable, while attachment avoidance increases over time, especially in those with higher PTSD scores, younger age, and non-White races.
12.	Montena (2023)	Experimental Research	Insecure attachment linked to self-reported inhibition deficits; no significant moderation of trauma-decision-making relationship. Further research needed with a larger sample.
13.	Erucar & Yilmaz (2023)	Experimental Research	Intolerance of Uncertainty (IU) mediated the relationship between anxious/avoidant attachment and PTSD. Attachment-oriented therapies combined with IU interventions may improve PTSD outcomes.
14.	Obi-Obasi et al. (2023)	Comparative study	Higher attachment insecurity levels were found in adolescents with BPD, though insecurity was not exclusive to the disorder.
15.	Avraham et al. (2022)	Cross-sectional study	Narcissistic vulnerability mediates the relationship between insecure attachment and

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S.No.	Author(s)	Research Design	Key Findings
			PTSD symptoms, particularly in attachment anxiety.
16.	Bertele et al. (2022)	Experimental study	Childhood maltreatment (CM) has a strong correlation with BPD, with emotion regulation difficulties mediating the CM-BPD relationship.
17.	Guy (2022)	Experimental Study	Childhood maltreatment is linked to higher symptoms of both PTSD and BPD, with non-binary participants reporting more BPD symptoms. Early intervention is suggested.
18.	Herzog et al. (2022)	Experimental Study	Childhood trauma leads to rigid self-views, lack of social confidence, impulsivity, and instability, with elevated dopamine and impaired control of negative social feedback contributing to these behaviors.
19.	Jittayuthd and Karl (2022)	Cross-Sectional Study	Vulnerable attachment and rejection sensitivity, along with low social support, significantly predict PTSD symptoms, highlighting its importance in interventions.
20.	Al-Shamali et al. (2022)	Systematic Scoping Review	Dissociation in BPD is linked to higher symptom severity, self-harm, and poor treatment outcomes, with cognitive and emotional impacts, revealing significant research gaps.
21.	Löffler et al. (2022)	Experimental Study	BPD patients have altered perception of pleasant touch, finding it less pleasant and intense than healthy controls. Negative touch perception is linked to increased dissociative experiences, while positive touch perception reduces these feelings.
22.	Bernheim et al. (2022)	fMRI Study	Increased brain activation in BPD patients (e.g., amygdala) to personalized attachment stimuli highlights the role of abandonment and aloneness in BPD, supporting hypermentalization in attachment distress.
23.	Doyle et al. (2022)	Longitudinal Study	AS social is the strongest predictor of BPD symptoms, with attachment anxiety linked to AS global and physical. AS levels decreased after 6 months of therapy.
24.	Wojtynkiewicz & Sekowski (2022)	Theoretical Model Testing	A weak sense of identity mediates the link between attachment anxiety and BPD symptoms, with attachment avoidance also influencing BPD via identity. Enhancing identity may reduce BPD symptoms in insecurely attached men with AUD.
25.	Powers et al. (2022)	“Exploratory Structural Equation Modeling”	A three-factor model (ICD-11 PTSD, DSO, BPD) best fit the data, distinguishing CPTSD and BPD, while a two-factor model (DSM-5 PTSD and DSO/BPD) was also supported, emphasizing PTSD’s diagnostic structure.

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S.No.	Author(s)	Research Design	Key Findings
26.	Schulze et al. (2022)	Correlational Study	Emotional abuse was the strongest predictor of BPD, with identity disturbance being central and closely linked to attachment anxiety. Attachment and social support partially mediated the ACE-BPD relationship.
27.	c Karatzias et al. (2021)	Empirical study	Secure and fearful attachment styles relate to disturbances in self-organization, highlighting the need for targeted attachment treatments for CPTSD symptom severity.
28.	Gleeson et al. (2021)	Systematic review	Meta-analyses revealed a weak positive association between secure attachment and posttraumatic development, with implications for therapeutic practice.
29.	Levin et al. (2021)	Longitudinal study	Trauma's effects on the sense of aging in veterans and spouses show that both influence each other's subjective aging, underlining the complex interplay of psychological elements in trauma-related aging.
30.	Erkoreka et al. (2021)	Empirical study	Insecure attachment links childhood trauma to personality issues in BPD, with attachment anxiety mediating relationships between trauma and emotional dysregulation.
31.	Ford & Courtois (2021)	Review article	Both cPTSD and BPD can co-occur, but they are distinct syndromes, with various dimensions influencing these disorders, impacting treatment strategies.
32.	Voestermans et al. (2020)	Comparative study	Significant attachment dysfunction is found in personality disorder patients, emphasizing the need for attachment-focused therapy to address childhood trauma.
33.	Gander et al. (2020)	Qualitative study	Higher trauma-related attachment material correlates with more severe personality dysfunction in adolescents, suggesting attachment trauma's role in personality development.
34.	Huang et al. (2020)	Cross-sectional study	Attachment insecurity and reduced mentalizing mediate the relationship between childhood trauma and PTSD symptoms, highlighting the importance of addressing attachment in PTSD treatment.
35.	Fraley et al. (2020)	Longitudinal study	Life events cause rapid changes in adult attachment; however, most individuals return to previous security levels, with about 25% experiencing lasting changes based on event perceptions.
36.	Sciarrino et al. (2020)	Correlational study	Attachment anxiety is linked to all PTSD symptoms in veterans, while attachment avoidance is associated with cognitive and affective alterations, highlighting attachment's role in PTSD severity.

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S.No.	Author(s)	Research Design	Key Findings
37.	Torres et al. (2020)	Genetic epidemiological study	PTSD symptoms correlate with interpersonal difficulties, which may contribute to chronicity, suggesting that attachment styles might influence genetic risk for PTSD.
38.	Smith & South (2019)	Meta-analysis	Insecure attachment patterns, especially attachment anxiety, are linked to BPD features, indicating the complex interplay between attachment styles and relationship functioning.
39.	Choi & Kangas (2019)	Cross-sectional survey	High betrayal trauma results in greater distress and trauma symptoms in mothers, underscoring the importance of addressing emotion regulation difficulties in such cases.
40.	Crow & Levy (2019)	Correlational study	Attachment anxiety increases the likelihood of BPD features in individuals with childhood abuse, while secure attachments mitigate the negative impacts of abuse.
41.	Matthies et al. (2018)	Comparative study	Common mechanisms link Separation Anxiety Disorder (SAD) and Borderline Personality Disorder (BPD), suggesting that addressing separation anxiety could enhance BPD treatment strategies.
42.	Marshall & Frazier (2018)	Literature review	Insecure attachment styles correlate with increased PTSD symptoms, while secure attachment is linked to fewer symptoms. This emphasizes the importance of social support and attachment security in trauma recovery.
43.	Barazzone et al. (2018)	Systematic review	Findings suggest secure attachment helps manage trauma effects, while insecure attachment increases vulnerability, highlighting the importance of considering attachment security in therapeutic contexts.
44.	McClure & Parmenter (2017)	Primary research	IPV perpetration is associated with childhood abuse and neglect, while victimization correlates with similar traumas and anxious attachment, highlighting the link between childhood trauma and attachment patterns.
45.	Badoud et al. (2017)	Cross-Sectional Study	Investigated BPD, reflective functioning, and insecure attachment in BPD patients and healthy controls. Found that BPD individuals exhibit insecure attachments and reduced RF capacities, suggesting that RF moderates the connection between insecure attachment and BPD severity.

CONCLUSION

This review accentuated the significance of attachment patterns in the onset, magnitude, and persistence of BPD and CPTSD, especially in people with a history of childhood trauma. Insecure attachment is highly associated with emotional dysregulation, which worsens symptoms in both ailments, whereas secure attachment acts as a protective factor, reducing

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trauma-related outcomes. Attachment-related emotional dysregulation is well recognised as a major mediator in the trauma-psychopathology relationship.

The findings highlight the significance of attachment-focused therapies for emotional regulation and recovery. Tailored therapies that address individual trauma histories, such as betrayal and early mistreatment, are critical for successful therapeutic outcomes. Future study should look into how attachment security, neurobiological underpinnings, and integrated therapy methods might improve clinical interventions and long-term recovery for people with BPD and CPTSD.

Limitations

While this review provides valuable insights into the relationship between attachment styles and the development of PTSD and BPD, several limitations warrant consideration:

- Variability in methodologies limits generalizability due to differences in sample sizes, populations, and measurement tools.
- Cross-sectional designs restrict causal inferences; longitudinal studies are needed.
- Limited cultural diversity reduces applicability beyond Western populations.
- Reliance on self-reports introduces biases like social desirability; multi-method approaches are needed.
- Secure attachment's role in resilience and recovery remains underexplored.
- Other psychological factors like personality traits, coping mechanisms, and social support require further study.

Recommendations

Based on the findings and limitations of this review, several recommendations can be made for future research and clinical practice:

- Conduct longitudinal studies to establish causal links between attachment styles, PTSD, and BPD.
- Enhance sample diversity for culturally relevant findings and interventions.
- Utilize multi-method assessments, including interviews, observations, and physiological measures.
- Examine secure attachment's protective role in resilience against PTSD and BPD.
- Explore the efficacy of attachment-based interventions in treatment outcomes.

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