

Parenting borderline personality disorder: from awareness to action

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ABSTRACT

Personality is characterized as enormously ingrained pattern of behaviour that includes thinking about oneself and modes of perception. Traits are prominent aspects of personality and when these traits become inflexible and cause subjective distress then they turn out to be personality disorders. This research paper outlines the role of parenting in nurturing their children with borderline personality disorder. Also, creating the relationship between parents and their children through various intervention or therapies for management of borderline personality disorder. Majority of people diagnosed with borderline personality disorders face difficulties in maintaining stable interpersonal relationships and are characterized by haphazard state of mind. Individuals with borderline personality disorder are indulged in various self-harming or destructive activities and are at high risk of attempting suicide at some point of their life. Databases were extracted from the recent review of literature from past 10 years and it was found that the quality of early care and interactions with children are central to their development and later socio-emotional functioning. The research also gives evidence to the fact that, parent's level of psychosocial functioning before birth is associated with overall adjustment to parenting and parental psychological characteristics have been associated with improved parenting functioning. The findings also reported that mothers of children diagnosed with borderline personality disorder face a burden in their parenting role. Novel treatment approaches and targeted interventions are discussed to show how positive relationship with primary caregivers helps in coping up, children's sense of self and their relations with others.

Keywords: *Personality, Borderline Personality Disorder, Socio-Emotional Functioning, Interventions*

Borderline personality disorder

A mental illness characterized by continuous pattern of fluctuating moods and behaviour. It is marked by an inescapable pattern of instability in impulse control, interpersonal relationship and self-image. It is the commonly recognized personality disorder and begins by early childhood. People with BPD have high levels of distress, anger, depression, anxiety and might struggle with painful thoughts about themselves. They view

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things in extremes. For example, a person who is seen as friend one day can be considered as an enemy on the other day.

There are many signs and symptoms of BPD but it is not mandatory that everyone with this disorder experiences every symptom. Some other signs may include:

1. Being doubtful about self.
2. Impulsive and self-harming behaviour
3. Recurring suicidal thoughts
4. Experiencing chronic feeling of emptiness
5. Feeling of dissociation

The causes of BPD are not clear but researchers suggest that it is probably caused by genetics, brain functions and environmental, social and cultural factors.

Genetics- A person having close family member, such as parent suffering from BPD might be at higher risk of developing the disorder.

Brain Functions- People with borderline personality disorder might experience functional changes in areas of the brain where impulses and emotions are regulated.

Environmental, social and cultural factors- People with BPD are exposed to traumatic life events, unstable and hostile relationships.

Borderline personality disorder and parenting

Parenting means supporting the emotional, social, physical and intellectual development of child. A standard approach adopted or used by the parents in rearing their child is known as parenting style. The quality of parenting is considered more important as compared to the quantity of time we spend with our children. There are three different styles of parenting:

1. Authoritative parenting- Parent is more responsive and demanding.
2. Authoritarian parenting- Parents are demanding but not responsive.
3. Permissive parenting- Parents are not demanding but responsive.

It is perceived that role of parental attachment in relation to authoritative or permissive parenting style can be a risk factor in developing BPD among adolescents. Even parental displacement can cause a setback or breakdown of child. There exists a bidirectional effect of harsh punishments and low warmth from parents on adolescents suffering from BPD.

THEORETICAL BACKGROUND

Following Freud, Bowlby described the relationship with the primary caregiver as shaping children's sense of self and their relationships with others. He was the first person to analyse and test empirically the relationship between mother and her child. His research dates back to 1950, claiming that the child is dependent on the mother to help perform self-regulation, as in the early stages of child's life he/she is unable to do so independently. In such cases, the mother takes over the role of ego and super-ego and allow the child to learn and mature by himself/herself.

Parents who have experienced rejection or abuse in their early stages of childhood may have difficulty in sustaining intimate relationships and conflict over care and control. Holmes in 2003, described this as conflict over intimacy versus autonomy. In this an individual

struggle to maintain a sense of autonomous self-functioning but at the same time allow intimate engagement in relationships.

Heinicke (1984) described components of a parent's personality linked to successful parenting behaviour. Heinicke argues that parental psychological characteristics such as higher self-esteem, increased perspective-taking capacity and internal loss of control have been associated with improved parenting functioning and increased sense of parenting efficacy. Parent's level of psychosocial functioning before birth is related to overall adjustment to parental responsiveness in early childhood.

MANAGEMENT AND TREATMENT

BPD is considered somewhere difficult to treat but evidence based psychological treatments and techniques are appropriate to treat BPD. Some of them are discussed below:

Validation Technique

Validating can take many forms but first, parents should listen to their children with full attention. Engaging with warmth, repair wounds. Parents don't always have to be rigid with their roles. You can just sit with your child sometimes and communicate your own feelings to them. Articulating and encouraging your child feelings, makes them believe in their own ability to achieve goals.

Psychotherapy

A first – line treatment for BPD is psychotherapy. Therapist provides one-on-one session between therapist and patient or in a group setting which help people to teach interaction with others and how to effectively express themselves. It is important for patients to trust their therapist and get along with them. Example of psychotherapies used for BPD patient involves:

Dialectical Behaviour therapy – It includes concepts like mindfulness and acceptance. It teaches skills to control intense emotions, reduce self-harming behaviour and improve relationships.

Cognitive Behavioural therapy – It helps people in changing their core beliefs and behaviours. It helps in reducing range of mood and anxiety.

Transference- focused therapy – This helps an individual to understand their interpersonal difficulties and emotions. It is also called psychodynamic psychotherapy.

Schema- focused therapy – It aims to identify unmet needs which may be helpful for survival at some point of life.

Medication

Medicines are not always used as the primary treatment for BPD. Medications are recommended by psychiatrist to treat some specific symptoms like mood swings and depression. Usually there are different side effects caused by the medication in different people.

Recovery

Managing emotions, thoughts and behaviours take time but with treatment, people with BPD recover. Treatment can improve your ability to feel better about yourself. After recovery,

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people achieve a good social life and there's a good chance of not developing the symptoms again.

Aim

To highlight the prominence and relationship between parenting and borderline personality disorder.

Objectives

1. To examine the parent-child relationship.
2. To know about the factors that create disturbances in development of child.

REVIEW OF LITERATURE

Ana moscoso, Maria speranza, Alexender Pham- Scottez (2019) Traumatic life events and maladaptive interaction are determinants for BPD. Sample comprised of 85 BPD adolescents. Findings support the fact that adolescents with BPD attempt suicide during early childhood. Attempts were seen more in girls as compared to boys. The pattern of behaviour is usually repeated. The research also talks about intervention strategies.

Florange JG and Herpertz SC (2019) the study aimed to examine parent- child relationships and its implication of BPD on parenting. Self- report and interview data by parents were focused. It was found that parents with BPD suffer from parenting stress which directly effects the formation of parent-child relationship. Many interventions and treatments were discussed.

Mahan, R.M., Simmons, M.L., Kors (2018) the research gives an overview of maternal control and BPD. The findings give evidence to the fact that control was positively associated with all the mothers diagnosed with BPD, but further it was found that maternal insatiability can be a risk factor in developing borderline features among adolescents.

Martin Brune, Sarah Walden, Marc- Andreas Edel, Giancarlo Dimaggio (2016) Borderline personality disorder is associated with interpersonal difficulties during childhood. Neglecting parent can become a cause of functional and structural changes in brain. 30 patients diagnosed with BPD were taken as a sample for the study. Findings suggested that parental care was associated with metalizing skills and the childhood trauma negatively impacted the patients.

Stephanie D. stepp, Diana J. whalen, Lori N. scott and Maureen zalewski (2014) the study examines bidirectional effect of parenting. Harsh punishments and low warmth by parents can be a cause in development of BPD. By examining the association through autoregressive latent trajectory, the research finds out that symptoms and parenting to some extent are related, having a reciprocal relationship.

Reinelt E., Stopack M. and Barnow S. (2014) The research suggest that overprotecting and rejecting parenting style intercede the longitudinal transmission of BPD symptoms from mother to child. Maladaptive interaction between mother and child were associated with increasing risk of the youth symptoms in BPD such as impulsivity and dissociation.

Elizabeth A. Courtney- Seidler, Dena Klein, Alec L. miller (2013) this research article examines the developmental bases of borderline personality disorder which includes genetic, neurobiological and biosocial theory. According to the findings, metallization based

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treatment and dialectical behaviour therapy are considered effective novel treatments for adolescents suffering from Borderline personality disorder.

Natalie Dinsdale, Crespi, Bernard (2013) people with BPD may show enhancement in patterns of social cognition. Data was presented at comparable levels. Empirical evidence for enhancement was seen as inconsistent. The author further gave a new model to explain BPD paradox which aimed at processing increase in empathy and decrease in social functioning among people with BPD.

Andrew M Chanen, Michael Kaess (2012) this research aims on studies of infants and of young people with borderline pathology. This borderline pathology exists from experimental psychopathology, genetics and precursor signs and symptoms. Temperamental state abnormalities that resemble aspect of the BPD occur in adolescents.

C.Winsper, M.Zanarini and D.wolke (2012) the findings indicated a relationship between borderline personality disorder and maladaptive parenting using a prospective sample. Children who experience suboptimal parenting, adverse family events and more conflict might be at higher risk of BPD. Children can even have poor cognitive abilities.

Prof Falk Leichsenring DSC, Prof Eric, Antonia s New MD (2011) the research article leads to a better understanding and treatments for BPD. The course of disorder is unstable and is characterized by range of impairments. The causes are still not clear and there is no evidence suggesting that one psychotherapy more effective than other.

Anath Golomb, Pamela Ludolph, Drew westen (2010) research finding suggests that disturbance in interaction between mother-child relationship are bases of etiology of BPD. Many empirical studies show that borderlines received unempathetic mothering. Mothers usually fell stress in raising their daughter diagnosed with BPD. The result were same as predicted in the beginning of the study, mother- child relationship plays a central role in genesis of BPD.

Hui Green Cheng, Yueqin Huang, Baohua Lui (2011) the aim of the research was to analyse the association between parental control and parental personality disorder. Sample comprised of high school students. For assessment personality diagnostic questionnaire was used. Results suggest that role of parenting is associated with occurrence of BPD. Control is considered as main aspect of etiology of borderline personality disorder.

Susanne Horz, Stephan Doering, Anna Buchheim, Michael Rentrop, Peter Schuster, Cord Benecke, Phillip Martius, Peter (2010) to find the level of association between transference-focused psychotherapy with treatment of experienced community psychotherapist. Two groups were taken. Both groups enhanced in the domains of anxiety and depression and the transference-focused psychotherapy, without making any group differences.

Marilyn I. Korzekwa, Paul F.Dell and Clare pain (2009) people diagnosed with BPD suffer from dissociation. The research examines an association between dissociative disorder and BPD which is apparently not well analyse by clinicians. The findings provide new measures in the role of disorganized attachment in bases of dissociation in BPD.

DISCUSSION AND CONCLUSION

Personality is characterized as enormously ingrained pattern of behavior that includes thinking about oneself and modes of perception. Traits are prominent aspects of personality and when these traits become inflexible and cause subjective distress then they turn out to be personality disorders.

Majority of people diagnosed with borderline personality disorders face difficulties in maintaining stable interpersonal relationships and are characterized by haphazard state of mind. Individuals with borderline personality disorder are indulged in various self-harming or destructive activities and are at high risk of attempting suicide at some point of their life. In all of these critical situation and incidents, the role of parenting in nurturing their children plays a huge role.

The quality of early care and interactions with children are central to their development and later socio-emotional functioning. Overprotecting and rejecting parenting style restrict the growth of child and increase the risk of developing BPD symptoms in child. Maladaptive interaction between mother and child, limited coping strategies, social adversities and unempathetic mothering are also considered as bases of etiology of BPD. The research also gives evidence to the fact that, parent's level of psychosocial functioning before birth is associated with overall adjustment to parenting and parental psychological characteristics have been associated with improved parenting functioning. Parents own history of being parented majorly impact their behaviour. One of the researches has also outlined the manner in which parental 'state of mind' with respect to attachment is predictive of child attachment status. So, it can be said that insecurely attached parents are more likely to have insecurely attached babies. Thus, parenting is cause, not an effect of BPD. Borderline personality disorder is considered difficult to treat but some evidence based psychological treatments and techniques are considered appropriate like psychotherapy, validation technique and medications etc, but parents need to understand that managing emotions and thought needs time. After recovery people can achieve their social goals but the attachment with children shouldn't only be constricted to sensitivity. Parents need to analyse the child's feeling and desires and make them feel better.

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Conflict of Interest

The author declared no conflict of interest.

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