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The link between parent-child relationships and the development of borderline personality disorder

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Abstract
The parent-child relationship (PCR) is considered as a central factor in most contemporary theories on the aetiology of borderline personality disorder (BPD). This systematic review aimed to answer the three following questions: (1) How is the PCR described by BPD participants and their parents in comparison to other normative and clinical groups? (2) Which aspects of the PCR are specifically associated with a BPD diagnosis in adulthood? (3) How can the facets of the PCR identified in the reviewed studies shed light on the general aetiological models of BPD? Forty studies were retained and divided into three categories: perspective of BPD probands, perspective of their parents and perspective of family. Borderline personality disorder participants consistently reported a much more dysfunctional PCR compared to normal controls. Comparisons with participants presenting DSM-IV Axis-I and Axis-II disorders were a lot less consistent. BPD probands rated more negatively the PCR compared to their parents. Low parental care and high parental overprotection may represent a general risk factor for psychopathology, different from normal controls but common to BPD and other mental disorders. An interesting candidate for a specific PCR risk factor for BPD appears to be parental inconsistency, but further studies are necessary to confirm its specificity.

Keywords: BPD, parent-child, emotional, aetiological, psychopathology

Introduction

Childhood sexual assault, according to some experts, is the most important specific social factor in the development of BPD. Those who have experienced sexual abuse as children are far more likely to have symptoms associated with borderline personality disorder (BPD) than those who did not. Persons suffering from a severe personality disorder are prone to report severe sexual abuse symptoms, including: higher rates of intra-familial abuse (72%), more perpetrators (35-79%), earlier onset of abuse (13-60%), use of force (93%), and penetration (33.4-44%). Regardless of the fact that an adult carer abuses 40-75% of borderline patients, Parents are not the only ones that conduct sexual assault on children in borderline samples. On top of that, some people may find it unbearable to remember parental incest when they recollect sexual abuse by grandparents, siblings, or other family members.

Having said that, many variables may increase the likelihood of developing borderline personality disorder (BPD), including sexual abuse. The correlation between sexual abuse in infancy and its effects on Western societies and BPD diagnosis is only minor, according to a meta-analysis of the available literature (including 19 North-American and 2 European studies) done before 1999 by Fossati, Mededdu, and Maffei. Interactions with the risk of sexual abuse and its effects on the development of borderline personality disorder (BPD) are both increased in situations when there are other types of disordered childhood experiences, such as abusive or dysfunctional parental conduct. Caregiver inconsistency, emotional detachment, and physical neglect are more often reported by patients with borderline personality disorder (BPD) who have experienced sexual abuse. They often originate from dysfunctional homes when parents are unable to provide adequate care due to financial hardship or excessive work demands. Be that as it may, those who suffer from borderline personality disorder are predisposed to experiencing relatives with a variety of mental health issues, including but not limited to: anxiety disorders, depression, troubled family dynamics, antisocial behaviour, and drug abuse. Previous studies have shown that instead of only looking at the frequency of sexual abuse, researchers should evaluate a variety of problematic childhood events.

The correlation between childhood maltreatment and borderline psychopathology has been the subject of very few investigations outside of Western Europe and North America. Recent findings from research in China and Japan add to our knowledge of the cultural factors that influence the development in cases when BPD is present.

Both Japanese and Chinese studies have shown that Boundary personality disorder (BPD) patients may sometimes encounter experienced emotional, physical, sexual, and neglect than non-BPD patients, which conforms to before research conducted in North America and Western Europe. Compared to North American research, those involving borderline patients reported lower rates of According to Huang, this is due to the fact that most people experience sexual assault as children. of China reports lower rates of sexual abuse. Furthermore, these investigations just used outpatient samples, therefore the results may not apply to inpatients with more severe disturbances. Incest, penetration, and recurrent abuse were more severe forms of childhood sexual abuse experienced by Chinese BPD patients. In addition, the characteristics that predict BPD were examined using multivariate analysis by Huang and colleagues. In China, researchers found BPD was shown to be more prevalent in cases when several risk factors were present. were present, including sexual abuse, maternal neglect, maternal physical abuse, and paternal antagonism. The Japanese research found that BPD was significantly predicted by emotional abuse, emotional neglect, and paternal overprotection. The writers have drawn the

conclusion that the findings are a reflection of cultural differences between Western and Far Eastern parenting approaches, with the latter being more collectivistic and the former being more authoritarian, marked by forceful control and little response. The complex origins of borderline personality disorder must be emphasised. includes problematic childhood experiences. The condition is thought to be the product which, in accordance with the multifactorial hypothesis of BPD development, is the result of a complicated interaction between environmental and biological factors. Quite the opposite the purpose of this research to investigate biological variables.

Literature Review

Paola Bozzatello, *et al*. (2021): The correlation between early life experiences and the emergence of borderline personality disorder (BPD) in adolescence has been the subject of much study. Childhood trauma is one of several potential risk factors for the development of borderline personality disorder (BPD), according to the most popular explanations among order to find out if particular types of borderline personality disorder (BPD) are more common among people who experienced trauma as children, such as sexual and physical abuse or neglect. We searched PubMed for studies published during the last 20 years to make conclusions about its causes and effects on its clinical presentations. Mood, anxiety, obsessive-compulsive disorder (OCD), somatoform, dissociative, addictive, psychotic, and comorbidities are common among individuals with borderline personality disorder (BPD), which commonly stems from traumatic events experienced during childhood. These cases often have a long duration, are quite severe, and are resistant to treatment. Childhood maltreatment is more common among those with severe personality disorder than among individuals with other types of personality disorders. Early life trauma has long-lasting impacts on several biological systems, including the hypothalamic-pituitary-adrenal (HPA) axis, neurotransmission pathways, endogenous opioid systems, grey matter volume, and white matter connections. Growing research suggests that environmental variables, including emotional and physical neglect, interact with genes, including FKBP5 polymorphisms and CRHR2. variations.

Ellen F Finch, *et al*. (2019) [4]: The "treatment as usual" (TAU) treatment for BPD is typically seen as ineffectual or perhaps iatrogenic in this evidence-based medicine age. The purpose of this meta-analysis was to assess the efficacy of TAU for BPD by pooling information from randomized controlled trials that included manualized psychotherapies and included TAU as one of their treatment arms. A thorough bibliographic search was used to identify the studies. Sixteen research were deemed eligible for inclusion. The effect sizes were computed and pooled using Comprehensive Meta-analysis V3 software. In 11 trials, Hedges' g for the main outcome category of BPD symptoms improved somewhat to moderately under TAU settings (95% CI: 0.246, 0.495). Included as secondary outcomes were self-harm/suicidality, global functioning, and general psychopathology. In 14 trials, Hedges' g was 0.119 (95% CI [0.025, 0.214]) and in 10 studies, g was 0.254 (95% CI [0.123, 0.384]), indicating minor improvements in general psychopathology and global functioning, respectively. There was no discernible impact on changes in suicidality or self-harm (four trials; g = 0.003; 95% CI [-0.193, 0.199]). Based on these results, it seems unlikely that TAU for BPD is intrinsically iatrogenic. Therefore, ordinary accessible care might be a viable alternative to specialized therapy for BPD if necessary. All rights reserved, 2019 APA, PsycINFO Database Record.

Carlijn J. M. Wibbelink, *et al*. (2022) [3]: Dialectical Behaviour Therapy (DBT) and Schema Therapy (ST) are two examples of the specialized evidence-based therapies for borderline personality disorder (BPD). The reasons for the reported individual disparities in treatment response to ST and DBT, which have been noted across research, remain largely unexplained. Crucial questions in psychotherapy research include determining which treatments are most effective and why. The current research aims to a) better understand the processes of change in both DBT and ST, and b) locate patient traits that foretell treatment response (i.e., treatment selection), so that medication for BPD diagnosis may be more effectively implemented. Furthermore, DBT and ST will be assessed for their clinical efficacy and cost-effectiveness. Methods Several outpatient clinics in the Netherlands are a randomized clinical study involving many centers called BOOTS that takes place in a typical clinical context. One hundred and twenty people will be recruited and assigned to either DBT or ST at random. Each patient participates in a 25-month programme that combines individual and group therapy. From baseline to the three-year follow-up, data is gathered. Literature review, semi-structured interviews with 18 expert physicians, and a patient representative from the Borderline Foundation of the Netherlands utilized to identify potential factors that might foretell how well patients will react to their therapy. Additionally, the evaluation considers the BPD treatment-specific (ST: beliefs and schema modes; DBT: emotion regulation and skills usage), BPD treatment-generic (a safe and authentic therapy environment); and non-specific (attachment and therapeutic relationship) systems of change. Reduction or elimination of BPD symptoms is the main indicator of success. Functioning, other self-reported symptoms, and wellbeing are secondary end indicators. Subject under consideration Researchers hope this study's findings optimized treatments for borderline personality disorder (BPD) patients by answering the question, "Which treatment - DBT or ST - works the best for which BPD patient, and why?" This, in turn, will benefit society as a whole and individuals living with BPD (e.g., by reducing the risk of overtreatment and treatment harm) through improving economic productivity and treatment efficiency.

Arjan C. Videler, *et al*. (2019) [2]: In order to provide a modern take on BPD from a lifespan viewpoint. Possible consequences for evaluation, therapy, and research are addressed, and the life span disorder's progression is addressed. New Discoveries When compared to typical teenage growth, the first characteristics of (BPD) appear throughout adolescence. From adolescence until late life, Diagnostic symptoms that may indicate the presence of BPD include a transition in symptoms from suicidality, impulsivity, and feelings of instability leading to dysfunctional social functioning and long-term functional impairments, with periods of improvement and setbacks. Dimensional models with BPD seem to be more applicable

across all age groups and life stages. Throughout a person's lifetime, treatments tailored to their age are necessary. Summary Symptoms and limitations associated with borderline personality disorder (BPD) might emerge at different stages and in different settings, starting from adolescence and persisting into old age. What we know about BPD (borderline personality disorder) in later life is limited, but our understanding of its inception and early course is expanding. While borderline personality disorder (BPD) may be accurately diagnosed in adolescents using the DSM's categorical criteria, dimensional models seem to be more age-neutral and applicable even into old age. There is hope for a clinical staging model with BPD that may help explain the disorder's variable presentation and direct treatment choices over the lifespan.

Anouk Aleva, *et al*. (2022) [1]: A common misconception is that the mean-level of borderline personality traits peaks between the ages of 17 and 22, however this meta-analysis of cross-sectional data tries to dispel that myth. Axis II Personality Disorders in DSM-IV (SCID-II) qualities associated with borderline personality disorder. We looked for relevant papers in Scopus and PsycINFO. The research included information from 168 samples totaling 25,053 people. Individuals' ages ranged from 14.35 to 51.47 years, with a mean of 29.01 and a standard deviation of 8.52; their borderline personality characteristics ranged from 0 to 8.10, and the sample size was 4.59 with a standard deviation of 2.34. The confirmatory ANOVA did not reveal the anticipated peak between the ages of 17 and 22. However, an exploratory GAM analysis confirmed that 29.4 years was the maximum. Careful consideration is required when interpreting these findings due to the fact that different patterns emerged during the construction of GAM models for the population, patients, and BPD groups. According to age differences in community samples, the mean-level of borderline personality characteristics decreased linearly with time, which is statistically significant. There was a linear upward trend in the BPD samples. To determine whether this result is valid for changes within individuals, more longitudinal research is needed, since this study only compared participants on a mean-level.

Parenting-Related factors in Bpd

Maladaptive Parenting

Psychosocial elements that put adolescents and toddlers at risk for developing borderline personality disorder include maladaptive parenting styles, which include abusive and neglectful parenting styles, domestic violence exposure, parental conflict, and childhood maltreatment. Children and adults who experienced verbal or physical abuse at the hands of their mothers had a nearly threefold greater risk of borderline personality disorder (BPD), according to a meta-analysis of ten studies. This prospective longitudinal research followed 6,050 moms and their children over time to find out if there was a correlation between less-than-ideal parenting, parental conflict when the kids were little, together with the signs of borderline personality disorder when they were older. The Family Adversity Index was used to evaluate many risk factors within the family, including but not limited to: housing, financial hardships, poor partner relationships, maternal affective disorder, drug addiction, and criminal activity. Parental aggressiveness, resentment, and physical aggression, such as punching or screaming, are determinants of borderline personality disorder and other personality disorders. Borderline personality disorder (BPD) symptoms are more common in children from dysfunctional households, according to statistical studies. These youngsters typically see less-than-ideal parenting and greater levels of parental conflict by the age of eleven.

Over Children in the Community, an innovative program, researched for a full sixteen years study (CIC study) looked at the link between how parents raised their offspring, as well as the probability that develop a personality disorder as adults. A total of 593 households were selected from the neighborhood to make up the sample. Children were questioned at several stages of their lives, including infancy (mean age 6 years), youth (mean ages 14 and 16 years), the transition to adulthood (mean age 22 years), and maturity (mean age 33 years).

Parenting Styles

A child's conduct differs according per the teachings of the parent’s style, which in turn determines the child's coping style. Authoritarian, authoritative, and permissive were the three distinct parenting stances identified by Baumrind. Authoritarian parenting is characterised by severe tactics such as physical punishment, screaming, and orders; it is high control but low warmth. There is two-way communication in homes where the parent is authoritative (warm and controlling), who sets strict limits while also being compassionate and caring. A permissive parent is one who is very warm but not very controlling; they don't set many rules or give many directives.

Children whose parents exhibited a dominant parenting style were shown to have a lower likelihood of to exhibit behavioural issues in a study of 108 African American preschoolers. It was shown that female carers those who were less well-off financially and educationally reported a higher degree of behavioural difficulties in their children. Both authoritarian and permissive parenting styles were linked to lower levels of education, but the former was linked to poorer income. According to other research, unreasonably permissive parenting is more common among moms who were victims of sexual or physical abuse as children.

Parental Psychopathology

There is strong biological predisposition, as heritability estimates range from 42% (BPD traits) to 69% (full BPD criteria), and family studies reveal that first-degree relatives of patients with BPD have a 4- to 20-fold higher diagnosis/trait rate than the general population. Despite the lack of a definitive genetic variation or biological mechanism linked to borderline personality disorder (BPD), the traditional stress-diatheses model proposes that a predisposition towards the disorder whereas being exposed to potentially dangerous environmental conditions throughout childhood can increase the likelihood of its development. This is consistent with Bronfenbrenner and Ceci's bioecological theory, which states that parenting and other environmental factors significantly influence the likelihood that a child's preexisting biological risk factors will cause them to develop a mental disorder.

Childhood Trauma and Kernberg's Borderline Personality Organization

The American Psychological Association (2013) found that very few empirical research has looked at how traumatic

events in infancy might predict personality disorders using the dimensional model that was adopted in DSM-5, namely the Alternative Model of Personality Disorders, or AMPD. In contrast to physical and sexual abuse, emotional abuse and neglect are more strongly linked to personality dysfunction and maladaptive traits, such as detachment and psychoticism, according to research that used the Inventory of Personality Organisation (IPO), an instrument developed within Kernberg's framework to evaluate borderline personality organisation (Kernberg & Clarkin, 1995). (Review: Back *et al*., 2021).

Looking specifically at a Japanese university student sample, the full version of the IPO (i.e., with the subscales named primitive defenses, identity diffusion, reality testing, aggression, and moral values) found low to moderate links between BPO and neglect, emotional abuse, and, to a lesser extent, sexual abuse and punishment (Igarashi *et al*., 2010). Uji *et al*. (2013) found that Japanese college students' BPO, as measured by the complete IPO version, was associated with their propensity to experience and generate unpleasant life events. In adult patients in the USA, there were modest to somewhat moderate relationships of childhood adversity and different forms of adult trauma with BPO on the three main subscales of the IPO: basic defenses, identity diffusion, and reality testing (Espinosa & Rudenstine, 2018). Last but not least, a condensed this IPO iteration discovered weak to moderate correlations between BPO and childhood trauma, specifically abuse and neglect, in community samples of German adults and young adults.

Conclusion

Childhood trauma is very common in borderline personality disorder (BPD) subjects and is the main environmental element in BPD development (Martín-Blanco *et al*., 2014). Trauma-Focused Cognitive-Behavior Therapy (TF-CBT), Alternatives for Families - Cognitive Behavioral Therapy (AF-CBT), relaxation training, and social skills training are potentially useful interventions for children who have endured childhood maltreatment and have difficulty with social, emotional, and psychological development as well as the ability to foster and sustain interpersonal relationships. This study employed a meta-analytic strategy to explore how the relative importance of all forms of childhood maltreatment contributes to BPD in adults, treatments for CM, interventions for BPD, as well as the examination of the potential moderating effects of the type of CM and the type of BPD symptomology being measured. The finding of overall effect size for CM as it contributes to BPD in adults of 0.34 supports a medium effect. Balancing this medium effect with multiple forms of interventions for both CM and BPD in adults should persuade patients and therapists to recognize the benefits of therapy.

Several psychotherapeutic approaches have been demonstrated to be effective in the treatment of adults to help manage symptoms of BPD, such as cognitive behavioral therapy (CBT), schema-focused therapy (SFT), and dialectical behavior therapy (DBT), and pharmacotherapy (O'Connell & Dowling, 2014). These theoretical orientations help individuals recognize and modify core beliefs and behaviors that cause inaccurate perceptions of themselves and others, decrease impulsivity, learn skills to control intense emotions/emotion regulation, reduce self-destructive and suicidal behaviors, and improve relationships through mindfulness and acceptance or being aware of and attentive to the current situation and emotional state (Fassbinder, Schweiger, Martius, Wilde, & Arntz, 2016; National Institute of Mental Health (NIMH), 2011; Neacsiu & Linehan, 2014). Additional research into all forms of CM as it contributes to BPD is warranted. An emphasis on using standardized measures to evaluate outcomes will be important in analyzing results for validity and reliability.

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