

Mothers with Borderline Personality Disorder

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Children of mothers with Borderline Personality Disorder (BPD) are a particularly vulnerable population who have thus far been relatively neglected in the empirical research within the field of clinical psychology. This paper aims at identifying the need for increased research on the psychosocial outcomes of these children. Diagnostic characteristics of the disorder, such as problems with interpersonal relationships and instability of sense of self, impede a mother with BPD's ability to face the challenges associated with parenting and negatively affect her explicit parenting behaviors. These maladaptive parenting behaviors of the mother with BPD are anticipated to negatively affect child development. This paper explores the cognitive and social/emotional development of children of mothers with BPD. Increased research on this population is called for and future directions are suggested.

Borderline Personality Disorder (BPD) is a pervasive disturbance of personality that is marked by a pattern of unstable relationships, a history of impaired self image, identity problems, and recurrent, severe impulsivity that is present in a variety of psychosocial domains (American Psychological Association, 2000). It affects approximately 2% of the general population, about 10% of patients seen at outpatient health care clinics, and about 20% of psychiatric inpatients (APA, 2000; Paris, 1999).

Researchers have long been interested in examining the familial patterns of BPD. Masterson (1976) once commented that "the mother of any borderline is herself a borderline," and since then, research in this area has focused on the increased prevalence of psychopathology in biological families (e.g., Links, Steiner, & Huxley, 1988). Family members of those with BPD are at an increased risk for a myriad of psychopathological diagnoses. The prevalence rate of Borderline Personality Disorder is five times greater in first degree relatives of people with BPD than in the general population (APA, 2000; Links et al., 1988; Paris, 1999) with an even higher prevalence of subsyndromal phenomenology of the disorder in first degree relatives (Zanarini et al., 2004). Additionally, Substance Dependence, Antisocial Personality Disorder and recurrent mood disorders (primarily, unipolar depression) are commonly diagnosed within the family of origin (APA, 2000; Links et al., 1988).

Nonetheless, despite the fact that approximately 75% of BPD sufferers are women, many of whom are in their child bearing years (APA, 2000), little attention has been paid to the psychosocial development of children whose mothers have BPD. It is hypothesized that children of mothers with BPD will suffer a myriad of psychosocial problems resulting from the mother's borderline symptoma-

tology; however, there is very little empirical evidence to date that addresses the unique effects of a maternal diagnosis of BPD on a child's development. It is the aim of this paper to highlight the importance of and need for increased research focus on children of mothers with BPD.

Scant research exists to validate the notion that essential features of Borderline Personality Disorder directly interfere with a parenting efficacy, despite the predictions of the attachment literature suggesting that maternal BPD should have negative ramifications for the developing child. For example, mothers with BPD, by the very nature of the disorder, display low levels of warmth, and high levels of intrusiveness and hostility. The mother's inability to display "good enough" parenting interferes with healthy child development. Likewise, Borderline Personality Disorder by its very nature interrupts the mother's ability to be emotionally available for her children. A mother with BPD's unresolved mental representations (from her own early childhood experiences) may act as "ghosts in the nursery" that impede the her ability to be fully present and emotionally available to her child (Hobson, Patrick, & Valentine, 1998; Hobson et al., 2005).

It should be noted that psychosocial development of children with fathers with Borderline Personality Disorder is an equally important area of study. However, the focus shall be given to mothers with BPD due to the gender differences of the diagnosis and the uniqueness of the symbiotic relationship in infancy, as well as to be consistent with prior literature on BPD.

This paper begins with a brief review of the literature on the diagnosis of Borderline Personality Disorder and the early experiences of adults with BPD. This review is followed by an exploration of the ways in which the characteristic features of the diagnosis may come into play within the mother-child relationship. An overview of the limited research on the development of children of mothers with BPD is then presented, and future directions are suggested.

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Attachment Status and Early Experiences of Mothers with BPD

According to the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition – Text Revision* (APA, 2000), individuals are considered to have Borderline Personality Disorder if they meet at least five of the following nine diagnostic criteria: frantic efforts to avoid real or imagined abandonment; a pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of idealization and devaluation; identity disturbance; impulsivity in at least two areas that are potentially self-damaging; recurrent suicidal behavior, gestures, threats or self-mutilating behavior; affective instability due to a marked reactivity of mood; chronic feelings of emptiness; inappropriate, intense anger or difficulty controlling anger; and transient, stress-related paranoid thoughts or severe dissociative symptoms (APA, 2000).

In the psychoanalytic literature, Borderline Personality Disorder is a disorder rooted in pre-oedipal disturbances in the mother-child relationship. Many adults with BPD were raised in disorganized families marked by dissolution, emergencies, and feats for survival (Golomb et al., 1994). Many recall their own parents as insensitive, neglectful, unempathic, overprotective, and intrusive (Newman & Stevenson, 2005; Paris, 1999). Family environments were often chaotic, and the varying emotions of the child were not validated (Newman & Stevenson, 2005; Paris, 1999). It is noteworthy that many adults with BPD had a history of childhood abuse, loss, and trauma (APA, 2000; Feldman et al., 1995; Millon, Blaney, & Davis, 1999; Trull, Stepp, & Durrett, 2003) and continue to struggle from unresolved issues resulting from this trauma into their adult years.

Thus, almost all adults with BPD maintained a “disorganized” pattern of attachment during childhood (Holmes, 2005). Children with a disorganized pattern display an inconsistent and unorganized response to the attachment relationship (Davies, 2004). Their lack of consistency in attachment behaviors may develop out of a dynamic in which the disorganized child feels frightened and perceives the mother as frightening (Davies, 2004; Stevenson-Hinde & Verschueren, 2002). In fact, the child’s inability to sustain a secure attachment in childhood plays a tremendous role in the etiology of the disorder above and beyond the effects of the childhood trauma (see Trull et al., 2003). As adults, individuals with BPD continue to display maladaptive attachment behaviors, typically revealing maladaptive “enmeshed” or “unresolved” pattern of adult attachment (Crandell, Patrick, & Hobson, 2003; Hobson et al., 2005).

Mothers with BPD in the Parental Role

Mothers with BPD are characterized by a history of broken relationships and marked instability in multiple domains of their lives. It is anticipated that the characteristic behaviors of BPD will infiltrate the mother-child relation-

ship as much as it interferes with other relationships. As such, the characteristic features of borderline symptomatology create an environment that is non-conducive to the optimal social and emotional development of children. This section will illuminate how borderline features and unresolved early experiences interfere with a mother with BPD’s ability to parent effectively.

Borderline Symptoms in Context of Parenting

Characteristic symptoms of Borderline Personality Disorder are likely to hinder the ability of a mother with BPD to parent effectively, thereby negatively affecting the social and emotional development of the child. For instance, adults with BPD typically display a pattern of unstable relationships and a host of interpersonal problems (APA, 2000). They generally show a disorganized way of dealing with interpersonal stress and frequently fluctuate between extreme idealization and devaluation of others (Holmes, 2005; APA, 2000). It is suggested that the mother-child relationship is not protected from these interpersonal problems. Likewise, people with BPD often cross interpersonal boundaries and role expectations. Many people with BPD, for instance, will be empathic towards, and care for, other people only under the expectation that the other person will “be there” for them on demand (APA, 2000). Many habitually make impractical claims that others are not “there” enough and make unrealistic demands for amount of time spent together. They often inappropriately respond with intense anger to even brief separations or slight changes in plans (APA, 2000). Concomitantly, a mother with BPD tends to treat the child as a “need gratifying object” as opposed to an individual, an autonomous person. Such behaviors, mixed with the powerful, alternating idealization and devaluation characteristic of BPD, are likely to obviate a positive mother-child relationship and negatively affect the child’s developing interpersonal skills and sense of self.

Moreover, effective parenting by the mother with BPD is compromised by instability in her sense of her own self. Overall, those with BPD maintain a negative self-image and feelings of worthlessness. It is also typical for adults with BPD to make abrupt changes in aspirations, vocation, sexual identity and values (APA, 2000). Since it is through the unique relationship with the mother that the infant develops a sense of self, this distorted, unpredictable, and fluctuating self image of the mother is likely to have negative effects on the child’s own self image.

Furthermore, a mother with BPD’s inability to adequately regulate her own emotions may obstruct her ability to cope with the varying affective states of her child (Newman & Stevenson, 2005; Paris, 1999). It is common for mothers with BPD to feel anxious, estranged, confused, or overwhelmed by their infants (Hobson et al., 2005; Holman, 1985; Newman & Stevenson, 2005). When these parents get stuck in their own “defensive and entangled organization of thought” (Crandell, Fitzgerald, & Whipple,

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1997, p. 250), they prevent their children from integrating certain affective experiences and behaviors.

Mothers with BPD, for instance, are characteristically volatile and have difficulty controlling intense, inappropriate anger that is often precipitated by environmental changes and/or intense abandonment fears (APA, 2000; Paris, 1999). Their strong outbursts of anger can be detrimental to the developing child, and many children of mothers with BPD are victims of verbal and/or physical abuse (Newman & Stevenson, 2005). Glickhauf-Hughes & Mehlman (1998) suggest that “a mother’s hostility, rage, and destructive behavior may be disguised as love, making it difficult for a child to trust his or her own perceptions of reality” (p. 296).

Additionally, a mother with BPD’s inability to adequately regulate her emotions causes her to inappropriately react to environmental stimuli. Her inability to regulate her emotions often yields impulsive and self-mutilating behaviors. People with BPD, for example, frequently engage in gambling, substance abuse, reckless driving, binge eating and other self-destructive behaviors. Roughly 8-10% of patients with BPD commit suicide, and an even higher percentage (roughly 70%) attempt suicide or engage in behaviors that are physically harmful (APA, 2000; Paris, 1999; Trull et al., 2003). The psychological effects of this self-mutilating behavior on the children can be enormous. Specifically, children bereaving a parent after suicide feel immense guilt, question ‘why,’ and suffer from complicated and internal grieving (Emerson, 2003). These children feel isolated and angry, and face an increased risk of experiencing Post Traumatic Stress Disorder symptoms and other psychopathology (Cerel, Fristad, Weller, & Weller, 2000; Emerson, 2003).

Early Experiences and Child Attachment

Research consistently demonstrates that a parent’s adult attachment status is associated with infant attachment status (Crandell et al., 1997). Many BPD mothers’ own childhood attachments to their primary caregivers were “disorganized,” and they continue to suffer from “enmeshed” or “unresolved” attachments in adult relationships (Crandell et al., 2003; Hobson et al., 2005; Holmes, 2005). Thus, it is logical that the children of mothers with BPD display a high level of disorganization (Holmes, 2005; Lyons-Ruth & Jacobvitz, 1999).

It has been found that a mother with BPD’s maladaptive childhood attachment status is passed down to the next generation through the replication of the unresolved trauma in the mother’s life (for a discussion of the extent of transmission, see Crandell et al., 1997; Crandell et al., 2003; Van IJzendoorn, 1995). In fact, the manner in which a mother reflects on past trauma in her own life is related to the quality of the relationship between the mother and her own child (Crandell et al., 1997; Van IJzendoorn, 1995). The mother with BPD’s history of childhood trauma becomes replicated in her own family through the reproduc-

tion of a maladaptive family environment and explicit parenting behaviors. Feldman, Zerkowitz, Weiss, Vogel, Heyman, & Paris (1995) discovered that families of mothers with BPD, similar to the families of origin of mothers with BPD, were significantly less cohesive, less organized and marked overall by more instability than families without borderline pathology.

Unresolved Trauma and Explicit Parenting Behaviors

Unresolved trauma, which is associated with BPD, often obstructs a mother’s ability to parent effectively. Parents who are unable to reflect back on their childhood history and integrate their experiences have a limited capacity for emotional availability to their children (Crandell & Hobson, 1999). Specifically, a mother with BPD may lack the capacity to respond appropriately to her children by projecting past material into the mother-child interaction (Crandell et al., 1997). For example, defensive splitting may interfere with the parent-child relationship via the mother with BPD’s perception of the child as either “all good,” who needs to be saved, or “all bad,” who needs to be reprimanded (Newman & Stevenson, 2005, Glickhauf-Hughes & Mehlman, 1998). Even the act of care giving itself may trigger painful memories from the mother’s history of trauma, making it very difficult for the mother with BPD to cope with the daily challenges of parenting (Main, 1995). These triggers often causes her to engage in maladaptive, “frightened/frightening” behaviors, whereby she is both frightening to the child and frightened herself at the same time (Holmes, 2005; Hobson, et al, 2005). In this way, mothers with BPD are often classified as “high risk” parents (Newman & Stevenson, 2005), at risk of child abuse and/or drastically overprotective behaviors.

Crandell et al. (1997) empirically verified that the manner in which mothers mentally organized and accurately perceived their childhoods predicted the manner in which the mothers interacted with their children. Thus, mothers identified as having a ‘secure’ attachment in childhood interacted more fluidly and synchronistically with their children than mothers identified as ‘insecure.’ Congruently, a mother with BPD’s history of traumatic early experiences and a maladaptive attachment status results in behavioral patterns that are less supportive of child autonomy. Mothers with BPD tend to interact with their children in an “intrusively insensitive” manner (Hobson et al., 2005). These interactions may interfere with the child’s developing ability to relate to other people within the environment and yield myriad interpersonal problems for the child.

Development in Children of Mothers with BPD

Despite the difficulties mothers with BPD have with emotional regulation and the importance of the mother-child relationship in a child’s social and emotional development, there is little known at present about the psychoso-

cial development in children of mothers with BPD. To date, the strongest research examining the psychosocial outcomes of these children is a small pilot study conducted by Weiss, Zelkowitz, Feldman, Vogel, Heyman, and Paris (1996). Weiss et al. (1996) confirmed that children of mothers with BPD, compared to children with mothers without BPD, had a significantly higher number of psychiatric diagnoses and scored higher on a global rating of impairment. The authors demonstrated that children of mothers with BPD are at an increased risk for developing impulse control disorders and borderline tendencies of their own. Even when childhood trauma was controlled for, significant group differences in functioning between children of mothers with and without BPD were found; approximately 20% of the variation in child functioning and 8% of the variation in borderline pathology was accounted for by maternal diagnosis alone. Weiss et al.'s findings provide insight into the development of children of mothers with BPD. However, the study was limited by a small sample size and lack of attention to comorbid diagnoses, and it has not been replicated to date. These preliminary results point to the need for further research with larger sample sizes inclusive of mothers with comorbid diagnoses.

The following section examines the attachment status of children raised by mothers with BPD and reviews the attachment literature in order to illuminate potential cognitive, interpersonal and affective problems in these children.

Attachment Status of Children

Children of mothers with BPD show a significantly higher prevalence of 'disorganized' attachment than children of mothers without BPD (Hobson et al., 2005). Mothers with BPD's intrusive insensitivity, affective deregulation, confusion over role expectations, and unresolved traumatic experiences have been identified as possible precursors for this disorganization (see Van IJzendoorn et al., 1999; Hobson et al., 2005). Disorganization in children typically arises in response to recurrent stress. In the case of children of mothers with BPD, children's disorganized responses develop out of what Main (1995) refers to as an *approach-avoidant dilemma*. The stress associated with borderline symptomatology (e.g., erratic or volatile behavior) causes children to simultaneously cling to and push away from their caregiver. In other words, in times of danger or stress, the child searches for the mother as a "secure base" to cling to, but in the case of a mother with BPD, it is often the mother herself who is posing the threat.

Behavioral disorganization in children is inherently maladaptive and therefore of concern to mental health professionals working with children of mothers with BPD. Research shows that disorganization in childhood attains modest levels of long term stability and is linked to a host of pathological sequelae (Holmes, 2005; Van IJzendoorn et al., 1999). Disorganized children face stress management problems, frequently engage in externalizing behaviors, and

may even face dissociative behaviors later in life (Lyons-Ruth & Jacobvitz, 1999; Van IJzendoorn et al., 1999).

Cognitive Development

There is little known about cognitive development in children of mothers with BPD specifically, but high levels of 'disorganized' attachment status suggest that these children will face significant cognitive impairments. Attachment security with the primary caregiver is correlated with intellectual development and functioning of children in that responsiveness and attunement, maternal involvement, and emotional sensitivity support healthy cognitive development (see Crandell & Hobson, 1999 for a brief overview of the literature). Hence, a mother with BPD's intrusive insensitivity and unpredictability is bound to negatively affect a child's cognitive development.

Crandell & Hobson (1999) conducted a study of intellectual functioning in children of mothers with a 'secure' vs. 'insecure' adult attachment status. They found that children of 'insecure' mothers scored an average of 19 points lower on the Stanford-Binet test than children of 'secure' mothers. Likewise, neurobiological studies reveal that disorganized children have increased levels of cortisol and decreased mental development (Hertsgaard, Gunnar, Erickson, & Nuchmias, 1995). Since most children of mothers with BPD display high levels of disorganization, it is reasonable to presume that children of mothers with BPD are significantly stressed children who are placed at a cognitive disadvantage (Holmes, 2005). It is likely that the attachment status of children of mothers with BPD mediates the relationship between the mother's psychopathology and the child's level of cognitive functioning.

Interrelatedness and Affective Regulation in Children of Mothers with BPD

Since children of mothers with BPD typically display a disorganized behavioral pattern and are forced to consistently cope with their mother's borderline symptomatology (including their maladaptive interpersonal relations, repeated broken relationships, and affective deregulation), it would be expected that children of mothers with BPD would show deficits in interpersonal relatedness. While there is very minimal research in this area at present, there is evidence to suggest that infants of mothers with BPD have an alternative way of dealing with interpersonal stress than children with mothers without BPD (Crandell et al., 2003). During the 'Strange Situation' experimental paradigm designed to elicit secure base attachment behaviors, infants of mothers with BPD are less available for positive engagement with a stranger (Hobson et al., 2005). These infants become less satisfied from the mother-child interaction after the interpersonally stressful separation than children of parents without BPD. Crandell et al. (2003) discusses how this alternate mode of coping reflects the child's

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expectation that the parent will not return to soothe the child in times of high stress.

It is noteworthy that exploratory evidence finds that children of mothers with BPD also show signs of affective dysregulation during the experimental 'Still Face Procedure.' In the Still Face Procedure, children of mothers with BPD show a pattern of dazed glare and glance away from the parent more frequently than children of mothers without BPD (Crandell et al., 2003). Crandell et al. found that, whereas children of mothers with and without BPD presented with similar affect before the procedure, children of mothers with BPD showed a rapid decline during and after the procedure. They maintained an overall depressed affect and exhibited more dazed looks than the control group. Additionally, children of mothers with BPD scored lower on measures of behavioral organization under stress (Hobson, 2005) and required more time to recover from the stressful situation. These preliminary findings regarding emotional conflict in children of mothers with BPD is bolstered by psychoanalytic observations. Anecdotal reports describe children of mothers with BPD as having tendencies toward defensive splitting, and displaying "emotional needs through denial, acting-out, self destructive behavior and role reversals...[and] frequently express fears of abandonment and engulfment" (Glickauf-Hughes & Mehlman, 1998, p. 300).

There is also evidence to suggest that, even in middle childhood, children of mothers with BPD may display problems with interpersonal relatedness and affective regulation. Follow-up studies show that disorganized children have more difficulty engaging in 'democratic' play with peers at ages six and seven. These children often make executive decisions and are overall more controlling in interactions with both peers and parents. Additionally, disorganized children maintain an inability to appropriately resolve frightening situations in middle childhood years (see Holmes, 2005 for a brief overview of the research).

Future Directions

Children of mothers with BPD are a potentially disadvantaged group of children that are at risk for future psychopathology. However, as Crandell et al. (1997) demonstrated, attachment status is not completely stable, and children who are able to resolve early traumatic experiences are able to obtain an 'earned secure' attachment status in adulthood. Adults with an earned secure status function comparably to adults who had secure attachment status as children (Crandell et al, 1997). These findings hold great promises for the prognosis of children of mothers with BPD. With adequate attention and intervention, there is hope that children of mothers with BPD will overcome the risks associated with this maternal psychopathology.

Nonetheless, the long term psychosocial outcomes of children of mothers with BPD have thus far been neglected in empirical research. A few exploratory studies have

looked at infants of mothers with BPD, but these studies have been limited by small sample sizes, and have only targeted children in infancy. There is a need for more longitudinal studies that examine the long term outcomes of children who cope daily with a mother with BPD. Similarly, it is important for researchers to examine the effects of protective environmental factors that may buffer the effects of a mother with BPD, such as non-pathological fathers and/or extended family that may protect the child from the borderline patterns of instability. An increased knowledge regarding moderators of risk and the qualities of borderline symptomatology that affect children above and beyond the effects of disorganized attachment and/or childhood abuse is needed in order to adequately intervene in the lives of these vulnerable children.

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