

**Adolescent Borderline Personality Disorder, Associated Risk Factors and the Father-Daughter Dyad**

**A Literature Review**

## Introduction

Recent trends in the past decade on the study of borderline personality disorder (BPD) reveal a prominent focus on identifying the personality traits, environmental factors and features of their interpersonal relationships among the adolescent population. Recognizing that the disorder does not manifest in adulthood, current scholarship seeks to capture the specific risk factors relevant to this age group in an effort to expand the knowledge base of the disorder and apply this data to prevention and early intervention measures. In this literature review, 7 scholarly peer-reviewed quantitative research works were chosen for their focus on the complex collective and independent risk factors that are instrumental in the development of adolescent BPD and also those papers that highlight the newly emerging evidence of the role of the father-daughter dyad as an significant associated factor in the BPD developmental course.

Two scholarly articles, Skabeikyte and Barkauskiene (2021) and Bozzatello et al. (2019) provide systematic reviews of literature and summarize the clusters of risk factors, including personality traits, environmental disruptions, and dysfunctional interpersonal relationships. While there is some controversy on the discrete role of childhood abuse in the development of BPD in youth, these scholars acknowledge both the collective and independent roles of the mother and father as predictive factors in its development. A third study by Hawes et al. claims the shame-oriented self-concept present in adult BPD is also found in adolescent girls who subsequently are diagnosed with the disorder. Separately, the last four articles, those by C. Sharp et al., Infurnal et al., Vanwoerden et al., and Miljovitch et al., examine the topics of parental violence, boundary violations, insecure attachment, and antipathy on the development

of the disorder and each one finds a significant, but until recently, underrepresented role of the father as an associated factor in adolescent BPD. With the exception of C. Sharp et al., these four scholarly papers acknowledge the limited research on the role of the father and call for it as a new area for future study.

### Features of Borderline Personality Disorder

Criteria for Borderline Personality Disorder are found in the Diagnostic and Statistical Manual of Mental Disorders, Edition 5 (DSM-V). A person who is diagnosed with BPD exhibits features including “a persistent pattern of instability of interpersonal relationships, self-image, and affects, and marked impulsivity that begins by early adulthood and is present in a variety of contexts” (2017, p.663). An individual must meet 5 of the 9 diagnostic criteria which include: 1) frantic efforts to avoid real or imagined abandonment, 2) a pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of idealization and devaluation, 3) identity disturbance: markedly and persistently unstable self-image or sense of self, 4) impulsivity in at least two areas that are potentially self-damaging, 5) recurrent suicidal behavior, gestures, or threats or self-mutilating behavior, 6) affective instability due to a marked reactivity of mood, 7) chronic feelings of emptiness, 8) inappropriate, intense anger or difficulty controlling anger and 9) transient, stress-related paranoid ideation or severe dissociative symptoms (2017, p.663).

Three-quarters of individuals with BPD are female (2017) and among adolescents, the disorder is about 11% in psychiatric inpatients and about 50% in outpatient mental health clinics. Studies “indicate that early borderline pathology (before 19 years) predict long-term deficits in functioning” with symptoms that can last decades (Bozzatello et al., p.1).

Although the DSM-V, which was published only 4 years ago, acknowledges the diagnostic criteria can be present in early adulthood, according to C Sharp et al., it has only been over the past decade that BPD has been recognized as a disorder not discrete to adults. Consequently, diagnosing and treatment among adolescents has been scanty as clinicians have been reluctant to diagnose BPD when it can mimic normal “physiological adolescent upheaval” (Bozzatello et al., p. 2). Fortunately, in an effort to provide a knowledge base for the development of early intervention and treatment options, more recent and novel contributions to the body of literature have focused on BPD features and risk factors among the adolescent population and those scholarly works compose this literature review.

#### Associated Risk Factors in the Development of Adolescent BPD

In an attempt to determine whether features found in adults are also present in adolescences, Hawes et al., researched the association between adult borderline features and an “implicit shame-prone” self -concept among middle schoolers and young adolescents. Identity disturbances are a hallmark feature of BPD, as those with the disorder quite often have a self-image in which they perceive themselves as bad or evil (APA, 2017). The method of the study was to distribute questionnaires to over 400 parents and children ages 10-14 in a homogenous middle-class community in Australia and assess core components of BPD. What the researchers discovered is that a “shameful” self -schema, like that found in adults, is a significant and independent predictor of BPD among adolescent girls. The significance of this finding is that this “shame-prone” self-concept did not need to appear in conjunction with other BPD risk factors and was a gender -specific predictor found only among girls (Hawes et al., 2013).

If a self-schema of shame is one of the core predictors among adolescent girls, what are some of the other risk factors? Recent research shows there are several environmental factors, family dynamics and personality traits that are associated with the emergence of BPD symptoms in adolescents. First, maternal BPD constitutes a risk for one's offspring (Skabeikyte & Barkauskiene, 2021). Secondly, childhood temperaments of "affective instability, negative affectivity, negative emotionality, inappropriate anger, poor emotional control, impulsivity and aggression" (Bozzatello et al. 2019, p.5) and "low levels of sociability and shyness in middle childhood" are predictive traits (Skabeikyte & Barkauskiene, 2021, p. 6). Thirdly, co-morbid psychopathologies such as conduct disorder; oppositional behavior, ADHD, self-injuries, depression, anxiety, and substance use disorder are risk factors (Bozzatello, 2019; Skabeikyte & Barkauskiene, 2021). Fourthly, a childhood experience of being bullied is a fourfold risk factor to developing BPD among adolescent girls rather than boys (Bozzatello, 2019). Fifth, low socio-economic status and economic adversity are linked to the development of the disorder.

At the core of the disorder is a problem of interpersonal relationships and identity distress; therefore, much literature has focused on disturbances found in the mother-child dyad and the home environment involving caregiver maltreatment. As for the parental relationship, Vanwoerden et al. evaluated how four boundary violations including role reversal, intrusiveness, enmeshment, and spousification in a parent-child relationship influenced the development and maintenance of BPD throughout adolescence. Using a multi-method approach of questionnaires and interviews, the researchers recruited 301 adolescents and their parents for their study. They found parental guilt induction through verbal abuse and psychological control had strong, positive relations to emerging adolescent's BPD traits. Psychological control, in this study, was defined as an attempt by a parent to influence a child's behavior by "manipulating

what they think and feel, which can be carried out by pressuring a child through inducing guilt such that they will comply with parental requests” (Vanwoerden et al., 2017 p. 468).

BPD features were also high among children who perceived maternal triangulation. Perception of boundary violations by the child demonstrates that the child has a coping threshold in the parent-child dyad that impacts her sense of autonomy and self. In these relationships, mothers “have a preoccupied or unresolved-insecure attachment” and “present as passive, helpless or inconsistent in their own parenting and may serve to elicit nurturance from their own children using maladaptive methods” (Vanwoerden et al., 2017 p. 468). The authors point to a 2011 study that those with a BPD diagnosis perceived their mothers during their childhood as incapable of acting in a responsible and protective parental role (Vanwoerden et al., 2017).

If the literature demonstrates the association between the parental relationship, specifically that of the mother-child, with adolescent BPD, where does abuse and maltreatment come into play as risk factors? Current research is conflicting and controversial. There is evidence that sexual abuse and exposure to inter-parental violence are significant predictors of BPD. Other research shows childhood trauma as a predictor but only in combination of poor parental relationships. Researching inter-parental violence, C. Sharp, et al. recruited 1042 1<sup>st</sup> and 2<sup>nd</sup> year high school students in the southeast USA and followed them for 5 years. They administered at different points, the Family of Origin Violence questionnaires, the 24-item Borderline Personality Feature Scale for Children and surveyed parent (caregiver)-child relationship quality. What they found was an association between exposure to inter-parental intimate partner violence (IPV) and higher levels of BPD features at the inception of the study and a divergence from the typical decline in features at the 5-year follow-up (C. Sharp, et al., 2020).

Infurna et al.'s (2016) body of literature hypothesized that female adolescences with BPD would have higher rates of childhood maltreatment, negative parental bonding, and impaired family functioning. Ninety-one adolescent female inpatients who participated in the study were administered the German version of the Childhood Experience of Care and Abuse Questionnaire to evaluate their exposure to parental antipathy, neglect, and abuse before the age of 17. The results showed a strong link between adolescent BPD and an upbringing involving childhood maltreatment. Specifically, and independently, sexual abuse, antipathy from the father, and low maternal care were the highest predictors of BPD features (Infurna et al., 2016). Yet conversely, in Bozzatello et al.'s 2019 systematic review of 79 studies, evidence showed trauma experiences do not present independently from poor parent-child dynamics in the emergence of borderline symptoms in adolescence. Rather (Bozzatello et al., 2019) claim:

It is required that both abuse and these features of early childcare-child interaction are present and produce their effects. Experiences of child abuse and neglect reciprocally interact with genes expressions influencing the emergence and timing of normal developmental processes and predicting child or adolescent borderline personality (p.4).

#### Father-Daughter Dyad in Adolescent BPD

Despite these controversial findings regarding maltreatment and trauma as risk factors for BPD in the lives of adolescents, what is emerging in the body of current literature are the importance of not only the mother, but also the father's significant role, in the parent-child dyad as predictors of BPD features in adolescents. In the study by C. Sharp, et al. on inter-parental intimate partner violence and the development of borderline features in adolescents, the authors found that a low-quality father-child relationship is a risk factor for adolescents. Relatedly, those children with higher quality paternal relationships reported a faster decline in

borderline features during the duration of the study. From this, the authors suggest, “violence between parents is associated with (perhaps unintended) disregard for a child or adolescent’s perspective” (C. Sharp et al., 2020, p. 8) and further elaborates on how a lack of parental mentalizing could be an all-important factor in the development of BPD. Correspondingly, Infurna et al. found there was a greater frequency of antipathy or invalidation from fathers in their BPD sample, and cites a Fonagy and Bateman (2008) study: “an invalidating and rejecting caregiving environment marked by parental criticism likely impairs a child’s reflective capacities and sense of self which may in turn lead to BPD development” (Infurna et al., 2016 p. 186).

Miljkovitch et al. (2018) found in their study on adolescent BPD and attachment is that the quality of the attachment to the father is what best-differentiated borderline from control adolescents. These scholars examined borderline personality disorder in adolescence as a “generalization of disorganized attachment,” hypothesizing that those with the disorder are more likely to have a dysfunctional and conflicting relationship with both parents, while non-clinical controls experience a safe and dependable relationship with at least one caregiver. Disorganization is defined “conflicting attachment strategies, (e.g., as approach and avoidance) toward a caregiver, who represents both a secure base and a source of threat” (Miljkovitch et al., 2018, p.2). In their comparison of the two groups (36 BPD adolescents and 30 control participants), the results of the logistic regression analysis not only confirmed these hypotheses but also, “revealed that over and above what was accounted for by reported trauma, what best distinguished borderline from control adolescents was a combination of disorganization toward each parent, insecurity toward the father, and deactivation of the attachment system in the relationship with the mother” (Miljkovitch et al., 2018, p.6). Deactivation with the mother was characterized by restricted communication with the child. Yet, significantly, it was a secure father-daughter dyad that best distinguished borderline from control adolescents. What this

discovery illustrates in the development of adolescent BPD is that the strength of the father-child dyad can have either a deleterious or protective effect when combined with an insecure maternal relationship (Miljkovitch et al., 2018).

### Conclusion

The current quantitative literature on adolescent BPD has primarily focused on predictive factors that can assist clinicians identify, monitor and treat high-risk youth populations with the goal of successful early intervention and treatments. Robust independent and collective risk factors are found in adolescent personality traits, abusive environmental constructs and dysfunctional interpersonal relationships. Amongst the salient risk factors that is percolating to the forefront of the most recent literature is the role of the father's care, which "has not yet been explored in depth within BPD research" (Infurna et al., 2016, p.196) and thus, "more research is needed to understand the specific role of fathers in healthy or abnormal socio-cognitive development" (Milijovitch et al., 2018, p. 7).

While the literature is scanty on the relationship between an insecure paternal attachment and an adolescent borderline girl's shame-oriented self-concept, the influential role of perception from both parties might be a key factor in the qualitative questions of how and why this father-daughter dyad contributes to the young borderline's problems of interpersonal instability and identity disturbances. The issue to be explored as a gap in the literature is how does the father's perception of his daughter influence her perception of herself? On a more focused level, how might there be a connection between the father's capacity for mentalizing his daughter as expressed in their relationship, her perception of that dyad, and her developing self-concept?

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