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#### **ORIGINAL ARTICLE:**

# ASSOCIATION OF PERCEIVED PARENTING STYLES WITH GENERAL FAMILY FUNCTIONING IN YOUNG ADULTS WITH BORDERLINE PERSONALITY DISORDER (BPD)

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#### **ABSTRACT**

#### **OBJECTIVE**

To examine the predictive association of perceived parenting styles with general family functioning in young adults with BPD.

#### **STUDY DESIGN**

Correlational design

#### PLACE AND DURATION OF STUDY

The study was done at the Institute of Clinical Psychology, University of Karachi in six-month duration

#### **METHOD**

The present study included 51 patients diagnosed with borderline personality disorder, the sample aged between 18-25 years. The sample was taken from different out-patient clinics in Karachi. Instruments used in this study were, Socio-demographic Information Form, Parental Authority Questionnaire (PAQ) and The McMaster Family Assessment Device (FAD).

#### **RESULTS**

The findings of the study highlighted that perceived permissive style of mothers and fathers ( $\beta$ = .122, t= .751 p> 0.05 and  $\beta$ , -.171 t, -.789 p> 0.05) did not significantly predicts the general family functioning, while perceived authoritative parenting of both parents ( $\beta$ ,=-.400, t= -2.537, p< 0.05 and  $\beta$ , -.417 t, -2.312 p< 0.05) significantly predicted general family functioning of participants of study. Moreover, perceived authoritarian parenting styles of mothers ( $\beta$ = .387, t= 2.342 p< 0.05) had a significant effect on general family functioning, while authoritarian approach of fathers ( $\beta$ , .051 t, .270 p> 0.05) did not affect the general family functioning of young adults with borderline personality disorder.

#### **CONCLUSION**

Authoritative parenting of mothers and fathers significantly reduced the dysfunctional general functioning while the authoritarian parenting of mothers showed significant increase in the dysfunctionality of the general functioning of young adults diagnosed with borderline personality disorder.

### **KEYWORDS**

Family functioning, borderline personality disorder, perceived parenting styles.

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#### **INTRODUCTION**

Parenting is a multifaceted and dynamic role that involves nurturing, guiding, and supporting the development of children. Effective parenting requires a delicate balance of love, discipline, and guidance, as well as the ability to adapt to the unique needs and personalities of each child.

Positive parenting practices, such as active listening, validation of emotions, and consistent boundary-setting, can help foster a secure attachment between parent and child, promoting healthy development and resilience. Additionally, parents who model positive behaviors, such as empathy, kindness, and responsibility, can help their children develop essential life skills and values. By prioritizing their relationship with their child and being responsive to their needs, parents can establish an enabling and loving environment that allows their kid to thrive.

A functional and healthy environment is foundational for the emotional and psychological growth of an individual. A functional family has some crucial characteristics, such as; cohesion, clear communication, emotional support and effective conflict resolution, all of which are important to promote psychological wellbeing and growth<sup>1</sup>. Family functioning cannot be viewed in lens of individual's separate functioning but always as a unit. This unit is a combination of various sub-systems which includes parent child interactions, spousal interactions and so on. These sub-systems are interconnected and have continuous interactions with each other and these interactions together make a family structure<sup>2</sup>. Parents are the most integral element in a family. Positive parenting practices are linked to better family functioning<sup>3</sup>. Studies have also emphasized that parenting practices strongly associated with family functioning<sup>4</sup>. These family dynamics directly affect the behavior and their overall mental health<sup>5</sup>.

For an individual, the early life experiences such as their interaction with parents and family are fundamental for their wellbeing. Neglect and abuse by parents and dysfunctional family style directly negatively affect their children's mental health<sup>6</sup>. A meta-analysis on various past studies suggests that these negative early life experiences lead to the development of psychopathology in later life especially personality disorders, depressive disorders and anxiety disorders. This is because such experiences cause the development of early maladaptive schemas and these schemas play a crucial role in developing such psychopathology<sup>7</sup>.

Parenting styles is an important and crucial element in one's life. It has been emphasized that an individual's coping styles and their behaviors depend largely upon the type of parenting they have experienced in their life<sup>8</sup>. The three distinct parenting styles introduced by researchers<sup>9</sup>, categorized as Authoritative, Authoritarian and Permissive parenting. The parenting styles have been emphasized a lot in child rearing and have been focused in numerous researches. These parenting styles differ in levels of involvement and authority. In authoritarian parenting, parents have high demands from children and they are usually unresponsive to the kids. Permissive parents have a high level of responsiveness to kids coupled with low levels of demands. Authoritative parents employ high warmth and high control, these parents are emotionally nurturing and responsive and they have clear and structured ways of control as well<sup>9</sup>.

Family functioning is another crucial factor that significantly impacts the mental health of individuals; it is the ability to meet the need of the family members<sup>10</sup>. A well-functioning family is characterized by six core

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dimensions: communication, problem-solving, affective, responsiveness, affective involvement, roles, behavior control<sup>11</sup>. A well-functioning family able to maintain balance among these elements and supports emotions opens communication, and constructive conflict resolutions. However, families with rigid role structure, poor communication and limited emotional involvement often aggravate the emotional and relational difficulties faced by young adults with borderline personality disorder<sup>12,13</sup>.

Personality issues refer to patterns of the personality development during childhood and adolescence is significantly influenced by parenting styles and interactions. Parents affect the child's growing personality by modeling behaviors, setting boundaries, and providing emotional support. A nurturing environment that encourages exploration, independence, and self-expression can foster healthy personality development, while excessive criticism, neglect, or overprotection can hinder it. By being available, validating the feelings, and promoting positive relationships, parents can help their child develop essential life skills, such as self-regulation, empathy, and resilience, ultimately contributing to a well-adjusted and confident individual.

Thought, feeling, and behavior may contribute to impairment in a person's life. These issues can manifest as rigid and maladaptive traits, such as excessive perfectionism, emotional dysregulation, or difficulties in relationships. Personality disorders, such as borderline, narcissistic, or avoidant personality disorder, can impact daily functioning, relationships, and overall well-being. Addressing personality issues often requires a comprehensive approach, including therapy, self-reflection, and skills development, to promote greater self-awareness, emotional regulation, and more adaptive coping strategies.

Borderline personality disorder is multifaceted disorder of personality which is majorly exhibited by poor self-image, impulsivity, fear or abandonment. These characteristics disrupt their healthy interaction and interpersonal relationships. The disorder often emerges by late adolescence and early adulthood<sup>14</sup>. The prevalence of this disorder is more frequent in women than in men<sup>15</sup>. The Prevalence of this disorder is high in general population i.e. 1-3 %  $^{16}$ . 30-90 % Patients with BPD had reported adverse childhood events<sup>17</sup>. These experiences are frequently reported as invaliding, overprotective, and emotional detached from their caregiver which hinders their ability to form secure attachment, regulate emotions and establish social relational in later life<sup>18</sup>. The perceived parenting style during their formative years often shape their current perception of family dynamics, leading to strained relationship and emotional instability<sup>19</sup>, and interpersonal challenges commonly associated with BPD<sup>20</sup>. These finding underscore the profound influence of early family experience on the well-being, highlighting the need for family-centered therapeutic intervention for patients with BPD. Further, an important factor which can cause patients to fear mistreatment by healthcare professionals can be a source of barriers to care<sup>21</sup>. The interplay between perceived parenting styles and general family functioning is essential for identifying the variables playing under BPD symptoms. Research suggests that interventions focusing on improving family communication, fostering supportive parenting practices, and addressing past emotional wounds can beneficial in managing BPD symptoms and enhance the quality of life<sup>22</sup>.

The present study was done to understand the association between perceived parenting styles and general family functioning among the youth diagnosed with this disorder. Identifying the association may provide an in-depth understanding of one's family functioning and parenting approaches and how these

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two factors affect one's mental health specifically in youth who have BPD. The complex interplay between parenting practices and family functioning in the development and exacerbation of BPD symptomatology can further be explored.

#### **METHOD**

#### **Participants**

Sample of the current study included 51 patients diagnosed with borderline personality disorder (N=51) recruited from different outpatient clinics in Karachi (both psychiatric & psychological) including Institute of Clinical Psychology (ICP), Jinnah Postgraduate Medical Center (JPMC), Dr. Aisha's Health Vision Hospital, and Karwan-e-Hayat, using purposive sampling technique. Participants' aged between 18-25 years (M = 22.55, SD = 1.629) were recruited. Participants were recruited based on their diagnosis as "Borderline Personality Disorder" as per DSM  $5^{23}$  and clinical interview.

#### **Inclusion Criteria:**

- Diagnosed cases of BPD were included.
- The individuals with age range between 18 to 25 years.
- Participants with a minimum education level of intermediate were included

#### **Exclusion Criteria:**

- Participants who have any other comorbid severe medical or a neurological condition.
- Participants below the age range of 18 years and above 25 years were excluded.
- Married participants were also excluded from the study.
- Participants whose parents were not alive or if their parents have divorced or separated.
- Participants do not live with their biological parents i.e., adopted, were not included.

#### Instruments

The demographic details were collected by using a demographic form which included questions related to personal details such as age, gender, education, occupation and marital status. It also had a section related to details regarding their family such as family structure, socioeconomic status, birth order, and details of the parents like parents living status, marital status, and history of medical and past psychiatric illnesses. The last section related to participants' medical details such as duration of psychotherapy, any other diagnosis, and history of hospitalization was included.

#### **Parental Authority Questionnaire**

Parental Authority Questionnaire<sup>24</sup> was employed in the present study. PAQ was developed to assess perceived parenting styles and it is a widely used scale to measure different styles of parenting given by Baumrind in 1967. The PAQ is comprised of two separate scales having 30 items each for mother and father to assess their parenting styles. The statements are answered on a 5-point Likert types scale which starts from 1 representing strongly disagree to 5 which represents strongly agree<sup>24</sup>. The PAQ has 0.74 to 0.87 value of Cronbach's alpha which shows that the scale has high reliability along with good discriminant and criterion validity<sup>24</sup>.

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### The McMaster Family Assessment Device (FAD)<sup>25</sup>

This scale is comprised of 60 items which measures different 7 domains of family functioning. Current research employed the subscale of general functioning (GF) only. The GF subscale is comprised of 12 items (item number 1, 6, 11, 16, 21, 26, 31, 36, 41, 46, 51, 56). The statements are scored on a 4-point likert type scale. higher scores indicate poor family functioning<sup>25</sup>. Research suggests that FAD has good reliability between 0.72 to 0.92, while the General Functioning subscale also has a high reliability i.e., 0.90<sup>26</sup>.

#### **Procedure**

In the initial stage, a formal approval was sought form local ethical review committee. The respective authors of scales including PAQ and FAD were approached and granted permission to use the scales in the study. After the approval, different outpatient psychological and psychiatric clinics were approached with a permission letter stating the research objectives, goals, and a booklet containing the study questionnaires for their review and approval to collect data. After getting the approval from the institutions, the identified cases of BPD by the respective clinical psychologists and psychiatrists were approached to take consent for the participation in the study. The respondents were informed about the objectives of the study, their voluntary participation, confidentiality, complete privacy of their information and their right to withdraw. A written informed consent form was given to them to sign and any queries from their side were answered. They were then presented with the demographic form and both the questionnaires of the study i.e., PAQ and FAD. Any issues and queries by the participants were answered by the researcher. The participants were thanked after the completion of data collection. Data was analyzed on SPSS 25.

### **RESULTS**

The results showed that 51 participants were aged between 18-25 years (M = 22.55, SD = 1.629). Among them 16 (31.4%) were male and 35 (68.6%) were female. 44 participants (86.27 %) were educated till graduation while only 7 (13.72 %) were educated till intermediate. Majority of the sample lived in nuclear family systems (56.9 %) while 43.1 % lived in joint families. 22 patients (43.1 %) were taking treatment for last six months only, 10 (19.6 %) participants were under treatment for one year and two years each while only 9 (17.7 %) patients had a history of treatment for more than two years. 14 (27.5 %) participants were first born, 17 (33.3 %) were middle born, 15 (29.4 %) were last born while 5 (9.8 %) were single born.

### Table 1

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Multiple Regression on perceived parenting styles of mother and General Functioning

Note. PR: Permissive Parenting, AV: Authoritative Parenting and AN: Authoritarian Parenting

Parenting styles	В	β	t	Sig	
Constant	2.356		3.016	.004	
PR	.012	.122	.751	.457	
AV	029	400	-2.537	.015	
AN	.029	.387	2.342	.023	

In Table 1, results of multiple regression showed significant findings,  $R^2$  = 0.632, F= 10.404 \*p < 0.000. Perceived parenting style of mother accounted for 63% of variance in the general functioning. Furthermore, the coefficients of multiple regression showed perceived authoritative ( $\beta$ ,=-.400 t= -2.537 p< 0.05) and perceived authoritarian parenting styles ( $\beta$ = .387 t= 2.342 p< 0.05) of mother were significant predictor of general functioning. While perceived permissive parenting styles of mother had could not predict general family functioning among young adults with BPD.

 Table 2

 Multiple Regression on perceived parenting styles of father and General Functioning

Parenting styles	В	β	t	Sig	
Constant	4.000		4.662	.000	<del></del>
PR	015	171	789	.434	
AV	031	417	-2.312	.025	
AN	.004	.051	.270	.788	

Note. PR: Permissive Parenting, AV: Authoritative Parenting and AN: Authoritarian Parenting

Results showed the model ( $R^2$  = 0.594, F= 8.538 \*p < 0.000) was significant and perceived parenting styles of father accounted for 59% of variance in the general functioning. The perceived authoritative parenting style of fathers ( $\beta$ , -.417 t, -2.312 p< 0.05) was a significant predictor of the general functioning while perceived permissive and perceived authoritarian parenting styles of father did not predict the general functioning in young adults with borderline personality disorder (see table 2 for details).

#### Discussion

The findings of the present study shown in table 1 and 2 represented the predicted role of the perceived parenting styles in the family functioning which is characterized by the cohesiveness, tolerance and response to the internal external stress and coping. Further in depth analysis specified the contribution

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of perceived permissive style of mothers and fathers did not significantly predict the general family functioning while perceived authoritative style was a significant predictors of general family functioning of in borderline personality disorder. Moreover, perceived authoritarian parenting styles of mothers had a significant effect while authoritarian approach of fathers did not affect the general family function of the sample. Analysis highlighted that the authoritative parenting of mothers and fathers significantly reduces the dysfunctional general functioning while the authoritarian parenting of mothers shows significant increase in the dysfunctionality of the general functioning of young adults diagnosed with borderline personality disorder. These findings gain support by the previous studies emphasizing that individuals with BPD receiving less support in their mother-child interactions increases stress in BPD patients. It is therefore inferred in previous literature that BPD cases reared in families are more likely have dysfunctional parenting leading to less cohesiveness and high level of frustration and stress<sup>27</sup>. Biosocial model posits that children experiencing environments where emotional experiences are not validated more likely result into the BPD symptoms. This notion marks the captious function of parenting in nurturing the emotional regulation susceptibility in children<sup>27</sup>.

Establishing a warm and caring relationship between children and parents leads to vigorous conditions significant for the development. Acceptance and expression of love in families help in the development of maturity, happiness, and positive emotions<sup>28</sup>. Children raised by authoritarian parents on the contrary are likely unhappy, nervous, insecure, and lack in purpose. Permissive parenting raises aggressive, impulsive children with low self-control and lack of autonomous functioning<sup>29</sup>. These results are in correspondence with the literature describing that authoritative environments help the children to develop high self-esteem, competence of the individual in social situation, and such children learn to use adaptive coping mechanisms leading to healthy personality traits. On the contrary, any sort of deviance from such a harmonious approach consequently can lead to negative personality development. Thus, authoritative parents play a significant role to reduce the probability for personality disorders and help their children to grow confident, accountable, and are able to regulate their emotions. They are more likely to grow in adults with higher self-esteem and high performance in academics<sup>30</sup>.

Surprisingly the findings of the study indicated that permissive parenting of both mother and fathers and the authoritarian parenting of fathers are not showing significant association with the dysfunctional pattern of reduce general family functioning in borderline cases. These findings of the current study gain the support from certain literature emphasizing the inconsistent results regarding the dysfunctionality like depression in children grown up by the permissive parents. Researchers found that permissive parenting affects the children in both positive and negative ways<sup>31, 32</sup>. They also explained that likewise the parenting styles, the cultural factors also play an important role to effect the parenting in a family. This is further discussed and explained that the behaviors of children are differently interpreted in certain cultures as cultures has effects on the manner the parents have their parenting<sup>33</sup>. In the same way in Pakistani culture children consider it their obligation to respect the parents and the parenting styles are considered disciplinary approaches which are believed to be common values of the society. Therefore, these are more likely not perceived to be associated with any problem or a distress. Researchers<sup>34,35</sup> described parenting styles to be different in collectivist and individualist cultures as they stated that there is difference of goals of the parenting in both cultures. In collectivist cultures, individuals are trained to suppress their own emotions and value others desires to maintain good relationships and in such cultures

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the obedience to parental authority is important, where children are expected to follow their parents' wishes and adopt their beliefs<sup>34</sup>.

### **Conclusion**

Parenting is a prime responsibility and an important aspect of the family. The way parents nurture their children establish grounds for their functioning in family and in the society. Parenting and parenting styles have been under consideration of research for decades and considered significant in the development of children. Positive parenting nourishes growth in all aspects particularly the emotional and psychological well-being however the maladaptive parenting styles have detrimental effects with lethal consequences of developing psychopathology. Current study is a small step to explore the association of parenting styles with the general family functioning of the young adults diagnosed with borderline personality disorder. The findings of the study considered authoritative parenting characterized by well-formed boundaries, firm rules along with warmth and care exerts its role to reduce dysfunctions in the family functioning of the young adults BPD as compared to the authoritarian and permissive parenting styles. The findings are considered to be significant in treatment of young adults emphasizing on the domain of parenting. Such findings underscore the therapeutic importance of inclusion of parents in the preventive and treatment approaches. Further, looking into the limitations of this study, it is important for the future research to focus on inclusion of other variables like demographic variables, cultural constructs and comorbidity of other mental health issues. The age bracket can be extended beyond the current age range.

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