

THE EXPERIENCES OF ADOLESCENT DAUGHTERS OF MOTHERS DIAGNOSED WITH BORDERLINE PERSONALITY DISORDER

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Abstract

This study aimed to describe, interpret and gain deep insight into the lived experiences of adolescent (aged 12–18) daughters with mothers diagnosed with Borderline Personality Disorder (BPD). As this disorder is characterized by substantial impairment in terms of interpersonal functioning and implies a deeply-rooted identity disturbance, the question is how this will affect the mothering abilities of women diagnosed with the disorder. Specifically, mothering adolescent daughters in the fifth developmental phase where they are confronted with identity forming versus identity confusion. It seems that the need of the adolescents for parental and specific maternal support is in discordance with the maternal capacities of BPD mothers. An anxious/ambivalent, avoidant, or insecure/disorganised attachment is likely to be established even before the child reaches the adolescent phase. The risk exists for a transgenerational pattern to develop and risk and protective factors play an important role in this regard.

This qualitative study was interpretative and phenomenological and eleven participants were interviewed on two occasions 6 months apart.

Keywords: *Borderline Personality Disorder, adolescent daughters, attachment, transgenerational pattern, parenting styles.*

1. Introduction

The study investigated the experiences of adolescent daughters (12 – 18 years) with mothers diagnosed with borderline personality disorder (BPD) and attempted to generate knowledge specific to psychology and to inform clinicians on treatment options and programme planning. The study also aimed to address the need in the literature about the therapeutic and emotional needs of adolescent daughters of mothers diagnosed with BPD and will expand on existing literature on this topic.

2. Attachment forming

According to Jung (1959) The Great Mother, as a universal archetype, emerges from a collective cultural repository and has ambivalences through her positive-negative nature. Mothers can open doors to their children's futures or keep their children looking through clouded windows at the world for the rest of their lives. As Rytovaara (2014, p. 212) puts it, "The Great Mother is seen to possess life and death, beginning and end". In this first relationship lies hidden the power of unlocking their potential, believing and trusting, hoping and finding the sweet spot of emotional attachment. If this relationship fails the child, it can have far-reaching consequences. Neumann (1955, p. 33) describes it as follows: "The Great Mother forms a unity in which positive, negative, and ambivalently balanced constellations stand side by side". An infant's first connection with another human being is with the mother or her replacement. Rytovaara (2014) states that the maternal archetype can be viewed from behind the mother one can explicitly remember; the mother can be an internal object and one's first reflection in the relational field.

This initial relationship between an infant and the mother will direct the child in a variety of manners, may cause the development of psychopathology in later life, influence later relationships and the ability to connect emotionally to others, and be the cornerstone of the child's self-esteem. Research by Thompson et al. (2022) stated that different people can have different attachment relationships with children and in different contexts and children can as a result draw on different working models based on their different attachment experiences. Allen (2021) noted that each developmental period encompasses different psychological changes that will bring along unique child-parent interactions and different attachment-related emotions and cognitions which will affect the interpretation of those measures.

Thompson et al. (2022) refer to some attachment researchers who will include proximity maintenance as another important function of attachment relationships. Attachment relationships also differ from other close relationships in being secure or insecure with the latter being represented by attachment anxiety, avoidance, or disorganisation (Thompson et al., 2022).

Evidence exists that there is an association between an insecure attachment style during childhood and mental health issues (for example depression and self-harm) in late adolescence. IWM's derive from the child's relationships with attachment figures and it guides the child's interaction with these attachment figures (Thompson et al., 2022). From the child's perspective, the early parent-child relationship is a summary of the interaction history across multiple contexts they have with the parent. Theodore Waters (2021, p. 82) explains that IWM's "contain multiple constructs that unfold in a particular developmental sequence, change in latent structure, and undergo extensive generalisation and elaboration across development".

3. Borderline Personality Disorder

Seen against this background, mothers diagnosed with borderline personality disorder (BPD) have specific challenges to build and maintain stable relationships with their offspring. As this disorder is known for long-standing impairment in various domains of life, including identity disturbances (Lieb et al., 2004), volatility in interpersonal challenges and difficulties with impulse and affect regulation (Fineberg et al., 2018), such mothers might experience severe challenges to form stable mother-daughter relationships.

In probing the personality structure of BPD, the primary concern is the ego-structure pathology which included nonspecific manifestations of ego-weakness (e.g., a lack of anxiety tolerance) as well as defence strategies such as primitive idealization, splitting, excessive projection and projective identification and omnipotence that can be associated with devaluation (Kernberg, 1967, 1975). The question is how this will affect the mothering abilities of women diagnosed with the disorder. Specifically, mothering adolescent daughters (aged 12 – 18) who find themselves in the fifth developmental phase when they are confronted with identity forming versus identity confusion (Erikson, 1950). In this phase, attachment has already been established but a revision of the internal working models usually occurs as adolescents are better equipped than younger children to critically review their internal working models.

When the maternal IWM is based on low maternal expectations and trust, it will probably be carried over from one generation to the other (Bretherton, 1992). The major objective of this study was to investigate the risk factors for developing a transgenerational pattern and determine what elements will protect the adolescent daughter from this repeated pattern.

4. Research methodology

This qualitative study is situated within the context of the hermeneutic phenomenological worldview and aims to describe, interpret, and gain deep insight into the lived experiences of adolescent (aged 12 – 18) daughters with mothers diagnosed with BPD. Eleven adolescent daughters were selected for participation. The selection process took place according to principles of interpretative phenomenological analysis (IPA), which recommends that participants be selected due to their insight into the investigated phenomenon (Pietkiewicz & Smith, 2014). The recruitment process strived to find a sample that met the homogeneity criteria and the participants were interviewed by the researcher herself (as a clinical psychologist) by means of in-depth, semi-structured interviews on two occasions, six months apart. The researcher purposively sought adolescent daughters with mothers who were diagnosed with BPD. The sample was taken from participants residing in the North West Province in South Africa. As the mothers were all diagnosed with BPD by psychiatrists in private practice, it can be assumed that most of them are from more affluent families. The data were analysed through a thematic analysis and four themes were deduced from the interviews: (1) experiencing complex interpersonal dynamics, (2) experiencing emotional dysregulation, (3) not managing the system and (4) having positive expectancies.

5. Research findings

It became evident from the interviews with the adolescent daughters that they experience a significant amount of inconsistent behaviour from their mothers, which might contribute to the elevated anxiety levels that some participants reported. They also reported high levels of conflict in their mother relationships and generally in their lives. Stepp et al. (2013) stated that mothers diagnosed with BPD are more likely to be intrusively insensitive, being critical and communicating negatively with frightening comments, as was reported by several participants in this study. Self-esteem issues existed in most of the

participants. The mother-daughter relationships were compromised, and a lack of trust towards their mothers existed in most cases. Participants reported regular disruptive changes in their family environments as their mothers would engage in divorce proceedings or separations and relocate, leading to educational adjustments. Several participants in the study moved in with their grandparents due to their troublesome mother relationships or their mother's disruptive interpersonal problems. Reversed role expectations were clear from a couple of interviews, and some participants mentioned having a sister-like relationship with their mothers or perceiving their mothers as their best friends. Stepp et al. ((2013) stated that mothers diagnosed with BPD tend to engage in role confusion and may reinforce their children to take on a parental or friend role. It can also be expected that these mothers may experience high levels of distress in fulfilling their maternal duties, which could lead to abuse due to frustration and feelings of hopelessness (Stepp et al., 2013). Several participants in this study mentioned their mother's substance (alcohol and medication) and physical abuse and neglect, contributing towards the role confusion that exists between some of the mothers and daughters.

A lack of boundaries was one of the themes deducted from the interviews, and it can be assumed that some mothers used a permissive parenting style in which case there will be little emphasis on discipline and structure (Roman et al., 2016). Some of the daughter's mothers used a neglectful/disengaged parenting style and were detached from their daughters with little communication, low parental warmth and almost no limit-setting. The unpredictability and inconsistency in their mother's behaviour caused severe distress in most of the participant's lives, and it became evident that a mother with inconsistent behaviour causes more psychological distress than a consistently avoidant mother, for instance. Participants mentioned feeling insecure about what to expect from their mothers as it varies from being close to being detached. Their emotional withdrawal/detachment from their mothers (to protect themselves) can be understood from this perspective of unpredictability. Detachment became more manageable for participants who knew what to expect from their mothers than those exposed to continuous inconsistent maternal behaviour and experienced higher levels of distress.

A lack of consistency in forming attachments may result from a disorganised child who feels frightened and sees the mother as frightening, according to Davies (2004). Furthermore, a child's inability to sustain a stable and secure attachment in childhood contributes to BPD aetiology (Trull et al., 2003). The importance of parental and specific maternal support in the adolescent phase is in discordance with the maternal capacities of BPD mothers. The research indicates that adolescents whose mothers were diagnosed with BPD exhibited more delinquency, aggression and attention problems than mothers with no psychiatric diagnosis (Barnow et al., 2006). Adolescents with mothers diagnosed with BPD reported higher levels of depression, anxiety and lower self-esteem than adolescents of mothers diagnosed with other personality disorders, major depressive disorder and healthy controls (Barnow et al., 2006).

6. Conclusion

It became evident from the results that the younger adolescents (12 – 13 years) still expected their mothers to change and that their mother relationships would improve. Results indicated that the younger adolescents remained loyal towards their mothers. The findings reflect a commitment that externalised the reasons for their mother's behaviour as either being 'lifestyle' or the effect of her previously failed relationships, the maternal grandmother's role in her life, or other external factors. Secondly, the adolescents' expectations of their mothers were generally relatively low. In the middle phase of adolescence (14 – 15 years), the adolescent daughters gradually become more disillusioned, and when they reach the phase of being older adolescents (16 – 18 years), they tend to detach from their mothers, and they will eventually individuate to protect themselves. Thirdly, several risk and protective factors were identified that could contribute towards the transgenerational patterns to be formed or protect the child from that happening. These include environmental risk factors like childhood trauma and neglect, family dynamics (for example the role of the fathers or stepfathers) and the role of parental psychopathology and behaviour (for example the constant conflict). Environmental protective factors refer to the availability of psychological and psychiatric help. Individual risk factors include aspects like the child's psychopathology, temperament, and level of competence. Individual protective factors refer to the child's level of insight, IQ and resilience and low levels of maternal expectations. The role of peers can be regarded as either a risk or a protective factor.

The findings were in line with existing literature referring to childhood trauma and neglect as a significant risk factor (Zanarini et al., 2020), with up to 71% of BPD patients disclosing some form of abuse during childhood (Lieb et al., 2004; Widom et al., 2009). Unstable family dynamics, low socio-economic status of family, economic adversities (Cohen et al., 2008) and parental psychopathology and maladaptive behaviours are regarded as potential risk factors for developing BPD by Johnson et al. (2002), as well as the child's psychopathology (Stepp & Lazarus, 2017) and the child's temperament (Vaillancourt et al., 2014).

In summary a discordance exists between the needs of an adolescent daughter and the maternal potential of a mother diagnosed with BPD. These unfulfilled needs of the adolescent daughter occur in conjunction with an attachment style of either being anxious/ambivalent, avoidant or disorganised/insecure and contribute towards forming a transgenerational pattern. Risk and protective factors might contribute to or prevent this pattern from forming, and the potential role of early psychological interventions needs to be exploited.

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