Editorial

Relation of BPD Mother with Their Children

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Borderline personality disorder (BPD) is a complex and severe psychiatric disorder characterized by mood dysregulation, interpersonal instability, self-image disturbance, and markedly impulsive behavior (e.g., aggression, self-injury, suicide)[1]. In addition, people with BPD may have chronic, frequent, random feelings of emptiness, fear, and so on. These symptoms often lead them to use unhealthy coping mechanisms in response to negative emotions, such as alcohol abuse[2]. BPD has a long course, which makes treatment difficult and may have a negative impact on patients' quality of life[3]. Due to its clinical challenge, BPD is by far the most studied category of personality disorder[4]. This disorder is present in 1−3% of the general population as well as in 10% of outpatients, 15−20% of inpatients, and 30−60% of patients with a diagnosed personality disorder, and has a suicide rate of up to 10%. Families of individuals with serious mental illness often experience distress, and those with relatives diagnosed with BPD tend to carry a heavier burden compared to other mental illnesses. As early as the 20th century, scholars began describing BPD and summarizing its symptoms. However, there was some debate regarding the precise definition of BPD.

According to the "Neuro-behavioral Model" proposed by Lieb[1], the process of BPD formation is very complex and is determined by the interaction of several factors. The interaction between different factors can be complex and dynamic. Genetic factors and adverse childhood experiences may contribute to emotional disorders and impulsivity, leading to dysfunctional behaviors and inner conflicts. These, in turn, can reinforce emotional dysregulation and impulsivity, exacerbating the preexisting conditions. Genetic factors are an important factor in the development of BPD[5]. Psychosocial factors, including adverse childhood experiences, have also been strongly associated with the development of BPD[6]. Emotional instability and impulsive behavior are even more common in patients with BPD[7]. The current study is based on the "Neuro-behavioral Model" and conducts a literature review of previous scientific research on BPD through bibliometric analysis to reorganize the influencing factors.

BPD symptoms in adolescents have been shown to respond to interventions with good results, so prevention and intervention for BPD is warranted[8]. Prevention and early intervention of BPD has been shown to provide many benefits, including reduced occurrence of secondary disorders, improved psychosocial functioning, and reduced risk of interpersonal conflict[9].

The etiology of BPD is closely related to many factors, and its pathogenesis is often ignored by clinicians. The exploration of risk factors has been an important research direction in the study. Some studies have found that BPD is largely the product of traumatic childhood experiences, which may lead to negative psychological effects on children growing up. It has also been found that the severity of borderline symptoms in parents is positively associated with poor parenting practices[10].

One of the most problematic aspects of having a mother with borderline personality disorder is dealing with their emotional volatility. Borderlines seek support and validation from their child, which they could never get from their own parents.

Emotional Instability and Insecurity: Unable to take charge of their emotions, BPD moms could hardly be worse models for their kids. Children learn to gain control of their feelings because they're taught how by parents who help them appreciate things from a broader, more balanced, and rational perspective. But maturationally arrested BPDs can't do this themselves, doubtless because of their own inherited and trauma-generated deficits. Given their non-chosen limitations, BPDs are doing the best they can. They don't consciously mean to harm their children, yet they're cursed with enormous blind spots that all too easily can be passed onto their progeny. For example, their uncontrollable mood swings and the indiscriminate intensity of their emotional reactions may be involuntary.

Irresponsibility in Caretaking: As already alluded to, in several ways BPDs unintentionally parentify their children. When they've been triggered and regressed to a childhood ego state, they can self-deludedly mistake their child for an adult. Consequently, they'll insist – with the almost limitless power they hold over their offspring – that the child offer them the validation never received when they were in the custody of their own ignorantly irresponsible parents. Additionally, or alternatively, the child may be assigned parental responsibility for their younger siblings. As a result, such children may struggle in their efforts to evolve a sense of autonomy distinct from this mutually dependent caregiving role.

Inability to Validate Their Child's Thoughts and Feelings: Desperately needing their child to confirm

their perspective, rarely supported by their own parents originally, BPDs have great difficulty validating their child's emotions and viewpoints when they diverge from their own. And when, therefore, they're compelled to disconfirm their offspring's reality, they can be understood as gaslighting their child.

The tragic outcome of their obliviousness is that the child is left afflicted with self-doubt, unable to trust the truth of their personal experience. Moreover, the child – accidentally abandoned emotionally – is left with a distorted sense of reality, reduced confidence and self-esteem, and mistrust in their own judgment. That, in turn, can create irresolvable difficulties in comfortably asserting reasonable boundaries with others. Because their cognitions and emotions go down different paths, their boundaries don't feel reasonable.

Modeling Dysfunctional Methods of Coping with Stress: As much as kids learn to cope with adversity through observing how their dominant parent has handled disappointments and failures, they're also highly subject to developing mental disorders aligned to their caretakers. Their mother's primitive, dysregulated coping devices may well become their own. Inevitably, just as was true earlier for their unresilient mother, they'll wind up unconsciously manifesting retaliatory behaviours almost guaranteed to jeopardise their later attachments.

The Solution to This Enduring Dilemma Is Complicated: Seldom is there any simple solution for the widespread problems experienced by children of borderlines. If they can, non-defensively and protractedly, engage with a highly proficient therapist and receive what might best be designated "corrective re-parenting", they may finally be able to cultivate healthier beliefs, attitudes, and communication skills untenable in their youth. Beyond that, establishing warm, supportive, and understanding relationships – from friends in whom they can safely confide – can significantly advance positive change. That is, with a liberating growth mindset, they can grasp more fully what happened to them in childhood and begin to revise residual feelings of distrust and hyper-vigilance.

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