



Associations Between BPD Incidence in Women and Family Factors During Childhood

Speaker: Daidan Lu
Professor: James Corona
Lecture #2

Welcome to my presentation!



Menu

Introduction & Reason for choosing this topic

Implicit RQ & Thesis idea

Claim 1-5

Counterargument based on Claim 5

Refutation based on Claim 5

Conclusion & Final thoughts

Brief intro on this topic:

Borderline personality disorder (BPD) is a mental illness more common in women than men.

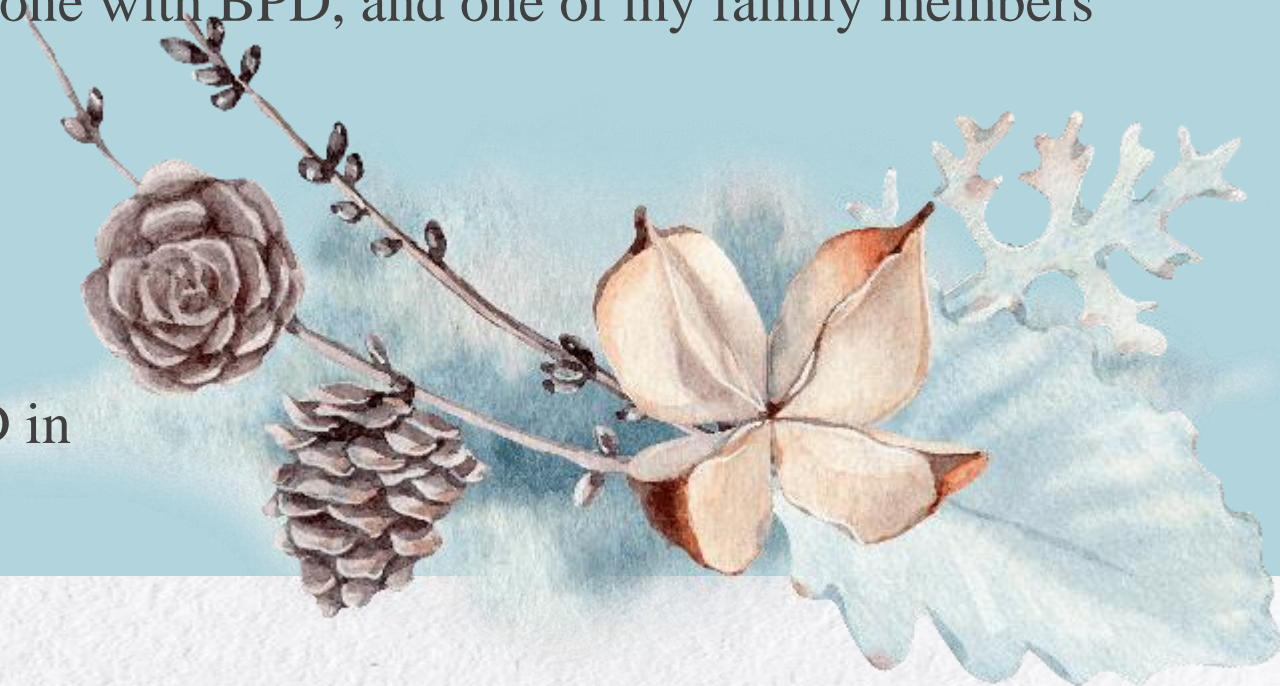
Symptoms: ineffective emotional regulations, unstable interpersonal relationships, distorted self-perceptions, and extreme emotions and behaviors concerning self-harm and suicidal attempts.

Why I chose this topic:

I grew up in a similar family environment as someone with BPD, and one of my family members suffers from related mental health issues.

There is a growing awareness of the impact of the family on one's mental health.

Learn about possible family-related causes of BPD in women for prevention.





Implicit research question:

Does the incidence of borderline personality disorder (BPD) in women relate to family factors during childhood?

Thesis idea:

The incidence of BPD in women is related to five major family factors during childhood.

Keywords of claims:

- a) parental neglect
- b) overprotection (excessive control)
- c) rejection of reasonable demands
- d) inconsistent parenting
- e) childhood maltreatment

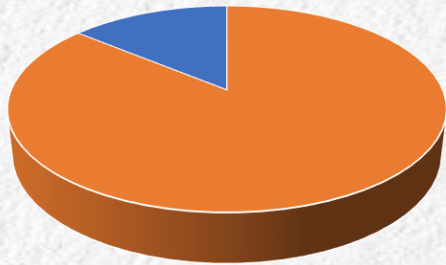


Claim #1

The incidence of BPD in women is associated with parental neglect manifested as a lack of care from parents during childhood.



Parental neglect



■ BPD participants ■ Other

Female participants with BPD recruited in Netherlands and Germany reported significantly higher childhood parental neglect than the control groups (Krause-Utz et al., 2019, p. 6).

According to the research of Merza et al. (2015), in which 85% of BPD participants were Hungarian women, 86% of BPD participants self-reported a childhood history of physical and emotional neglect from their caregivers (p. 115).

Parental neglect is a general family factor related to the BPD in women in different contexts but not limited to one specific culture.



Claim #2

The occurrence of BPD in women is correlated to overprotective parents with excessive control during childhood.



According to Fletcher et al. (2014), participants represented by women with BPD were more likely to have caregivers with excessive control and protection during childhood, and they could be more negatively affected by this parenting style than the participants with bipolar II disorder in the control group (p. 57).

Bipolar II disorder: a mental illness similarly characterized as suffering from severe emotional loss of control

Women with BPD reported more environmental influences.



Japanese female participants with BPD depicted their parents as significantly overprotective and overcontrolling in their early years, which could be more common in Japanese culture, especially for women (Machizawa-Summers, 2007, p. 271).

Therefore, in East Asian countries influenced by Confucian culture, young girls are more likely to have parents who are authoritarian caregivers, making them vulnerable to BPD.

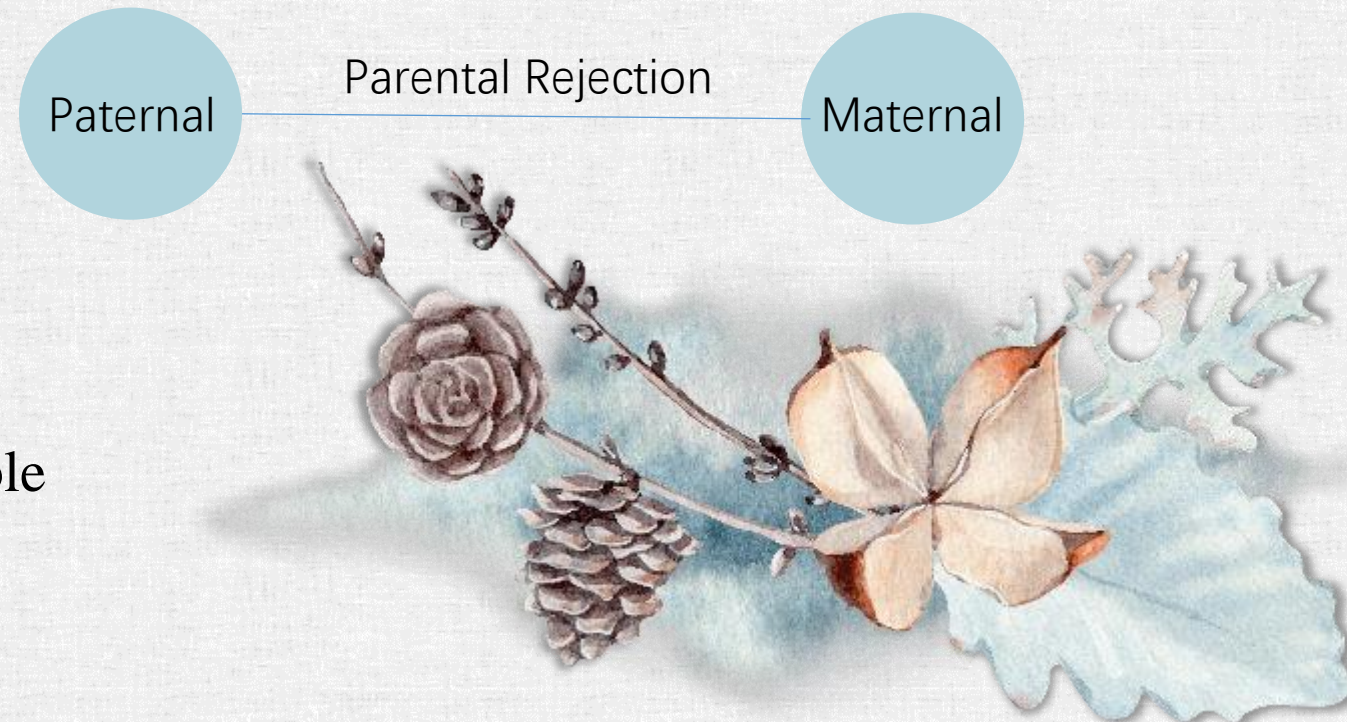


Women with BPD may have an unempathetic caregiver who rejects their reasonable demands during childhood.

Female BPD patients tended to experience denial from parents in childhood, and paternal rejection without respect for their needs was an indicator of BPD in the future (Laporte & Guttman, 2007, p. 136).

Parental rejection with punishment in childhood was significantly correlated with the incidence of BPD in women, while the emotional warmth from mothers was a protective factor (Huang et al., 2014, p. 43).

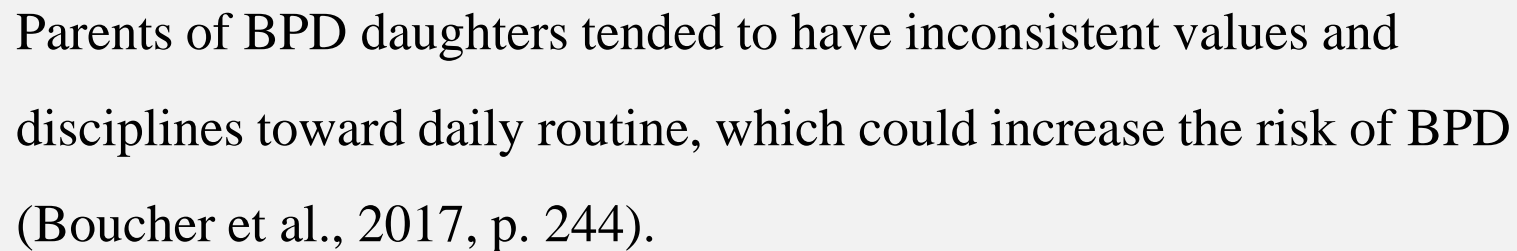
These findings reveal the importance that both parents accept and respect a girl's understandable needs early in life.





Claim #4

Female BPD patients may experience confusing and disorganized parenting styles during childhood due to their caregivers' inconsistent responses to similar stimuli in daily life.



Contradictory messages and behavioral conflicts conveyed from parents to their children may be triggers for BPD (Allen et al., 2005, pp. 346-347).


Inconsistent guidance can be confusing for adults, let alone contradictory instructions from intimate caregivers when a child cannot yet distinguish right from wrong.






Childhood maltreatment from their family is
also a high-risk factor for BPD in women.





The long-term research indicated that abused children were more likely to be diagnosed with BPD by age 40, and there was an increased risk of BPD for girls with sexual or physical abuse in childhood experience (Widom et al., 2009, pp. 441-443).

childhood maltreatment
↓
BPD in middle age



Children with experiences of harsh treatment by caregivers, including physical abuse, were more likely to develop BPD than children with no history of abuse (Belsky et al., 2012, p. 261).

Children are vulnerable to child abuse within families, and young girls are especially prone to family-related maltreatment due to the physiological characteristics of females.

Gender-differentiated BPD incidence

Counterargument



There is no clear association between the incidence of BPD in women and family-related childhood maltreatment.

Compared with their sisters without BPD, family-related childhood maltreatment history was not necessarily related to the development of BPD in women but more to personality traits (Laporte et al., 2011, pp. 457-458).




Participants: twin or non-twin sisters who grew up in the same family environment

Individual personality traits → BPD in women

Refutation

The previous explanation ignores the significant interaction between childhood maltreatment and other factors such as personality traits. Instead, there is clear evidence that family-related abuse during childhood negatively impacts the development of BPD in women.



Parental child abuse might increase BPD incidence, and children with BPD-related temperaments could be more vulnerable to the interaction of maltreatment experiences (Joyce et al., 2003, pp. 758-759).





According to Martín-Blanco et al. (2014), most female BPD participants reported a history of child abuse in their families. Specific temperaments, such as the personality traits that individuals tend to show excessive aggression and hostility to blame others, could interact with the history of maltreatment to create high-risk factors for BPD (pp. 315-316).

The interactions with personal traits put some women in danger even though the effects of childhood maltreatment within families do not exist alone.



Conclusion

Parental neglect

Excessive control

Parental rejection

Confusing parenting styles

Childhood maltreatment

Strong correlations

No meaningful correlations

Final thoughts

The purpose of seeking potential family factors associated with BPD in women is not to blame parents or find the source of hatred. Instead, the awareness of the relationship between BPD in women and family factors in their early life is essential to ease the suffering of female patients and help them form healthy family relationships in the future.



Thanks for your attention!

Daidan Lu

Sources:

Pictures in the slides are downloaded from www.ypppt.com.

All images are copyrighted by this website.