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**MATERNAL BORDERLINE PERSONALITY CHARACTERISTICS
AND FAMILY FUNCTIONING**

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ABSTRACT

This study was designed to assess the relations among maternal borderline personality traits, perceived parenting self-efficacy, parenting quality, and the development of 2- and 3-year-old children. 75 mother and child dyads were observed in the laboratory and provided assessments of maternal personality traits, parenting self-efficacy, and child behavior problems. Mothers with higher borderline personality features were more flat and less positive with their children, felt less effective as parents, and had children with poorer adjustment. Mothers who felt less effective as parents tended to parent in less growth-promoting ways, and had children with more problematic behavior. Advisor: Keith Crnic, Ph.D.

TABLE OF CONTENTS

List of Tables	viii
List of Figures.....	ix
Acknowledgements.....	x
Chapter 1: Introduction.....	1
Chapter 2: Literature Review.....	6
Borderline Personality Characteristics.....	6
Clinical features.....	6
Conceptualizations of borderline personality.....	7
Parent Personality Traits and Parenting Behavior.....	12
Normal personality traits and parenting behavior.....	13
Psychopathology personality traits and parenting.....	16
Borderline personality and parenting: research and possible links.....	18
The Role of Parenting Self-efficacy as a Mediator.....	22
Parent personality and parenting self-efficacy.....	23
Parenting self-efficacy and parenting behavior.....	24
Borderline personality traits and parenting self-efficacy.....	26
Effective Parenting and Child Development.....	28
Behavioral regulation.....	29
Emotion regulation.....	30
Adaptive representations of self and other.....	31

Studies of development in children of parents with psychopathology.....	33
Development in children of parents with borderline personality characteristics.....	33
Goals and Hypotheses of the Proposed Study.....	38
Chapter 3: Method.....	41
Participants.....	41
Procedures.....	42
Measures.....	44
Demographics.....	44
Maternal Borderline Personality Traits.....	44
Personality Assessment Inventory (PAI).....	44
Splitting Index (SI).....	46
Separation-Individuation Process Inventory (S-IPI).....	46
Parental Psychopathology.....	47
Beck Depression Inventory (BDI).....	47
State-Trait Anxiety Inventory Trait Anxiety subscale (STAI).....	48
Perceived Parenting Inefficacy.....	48
State Splitting.....	49
Parenting Behavior.....	51
Child Behavior.....	52
Child Behavior Checklist (CBCL).....	52
Child behavior coding.....	53

Chapter 4: Results.....	54
Preliminary Analyses.....	54
Data Screening.....	54
Data Reduction.....	55
Main Analyses.....	56
Prediction to Parenting.....	56
Relation between borderline personality characteristics and observed parenting.....	56
Relation between borderline personality characteristics and perceived parenting inefficacy.....	59
Relation between perceived parenting inefficacy and observed parenting behavior.....	60
Test of perceived parenting inefficacy as a mediator between borderline personality traits and parenting behavior.....	61
Prediction to Toddler Adjustment.....	61
Relation between borderline personality characteristics and toddler behavior.....	62
Relation between perceived parenting inefficacy and child behavior.....	63
Relation between observed parenting and child behavior.....	63
Parenting behavior as a mediator between perceived parenting inefficacy and child adjustment.....	65
Role of State Splitting in the Model.....	66
Moderating Effects of the Difficulty of the Childrearing Situation.....	67
Relation between borderline personality traits and perceived parenting inefficacy.....	67

Relation between borderline personality characteristics and state splitting.....	68
Test of state splitting as a mediator in the model.....	69
Chapter 5: Discussion.....	71
Prediction to Parenting.....	71
Prediction of Child Behavior.....	75
The Role of State Splitting in the Model.....	78
Evaluation of the Model.....	82
Conclusions and Future Directions.....	83
References.....	89
Appendix: Playtime Questionnaire.....	110

LIST OF TABLES

Table 1: Means and standard deviations for major measures.....	57
Table 2: Correlations between maternal borderline traits, perceived inefficacy, and observed parenting.....	58
Table 3: Correlations between maternal borderline traits, perceived inefficacy, parenting, and toddler behavior.....	62
Table 4: Relation between borderline traits, parenting inefficacy, and state splitting by task.....	68

LIST OF FIGURES

Figure 1: Model of relations among maternal borderline traits, perceived parenting inefficacy, parenting quality, toddler adjustment, and state splitting	39
Figure 2: List of measures.....	45
Figure 3: Relation between degree of challenge and maternal ambivalence, by level of maternal borderline traits.....	69

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Chapter 1

Introduction

In recent years, research linking the determinants of parenting, parenting behavior, and child outcome has greatly increased. Much of this work has been stimulated by Belsky's (1984) model of the determinants of parenting, which proposed that parenting is multiply determined by three general sources of influence: (a) the parent's developmental history and personal psychological resources, (b) the child's individual characteristics, and (c) contextual sources of stress and support, including marital relations, occupational experience, and the social network. Child outcome is then shaped by the parent's behavior, as well as child characteristics such as temperament. Of the various influences on parenting, there has been relatively less investigation into the influence of individual psychological resources, as compared to the other domains. The research that has been done, however, can be roughly divided into two broad areas: the influence of parents' normal personality characteristics on their parenting, and the influence of parental psychopathology. Of the two, the overwhelming percentage of data comes from the latter.

Although various investigations have been quite helpful in illuminating the difficulties in parenting faced by individuals with major psychopathology, the types of

parental pathology studied have been limited primarily to maternal depression and schizophrenia (see Downey & Coyne, 1990; Field, 1995, Goodman & Brumley, 1990; Gotlib & Goodman, 1999, for reviews). Most other types of pathology have been largely ignored. Of these, perhaps the most seriously understudied, and as this paper argues, one of the most important types of parental pathology to consider is that of borderline personality disorder.

Borderline personality disorder is characterized by a pervasive and chronic pattern of instability in interpersonal relationships, self-image, and affects, as well as marked impulsivity, which cause significant distress or impairment. Borderline personality disorder, like other personality disorders, is thus conceptually distinct from other forms of psychopathology that are assumed to have an acute onset and time-limited duration, although this is sometimes unclear in actual practice. Personality disorders are often comorbid with other psychopathology, such as depression. In fact, Corruble, Ginestet, and Guelfi (1996) concluded in their review that between 50-85% of outpatients and 20-50% of inpatients diagnosed with current major depression have concomitant personality disorders, with 10-40% of all depressed patients diagnosed specifically with borderline personality disorder. When a personality disorder diagnosis is comorbid with depression, it is associated with earlier onset of depression (Fava et al., 1996), 5.5 times the rate of relapse for depressive symptoms (Ilardi, Craighead, & Evans, 1997), greater life stress and poorer social support (Pfohl, Black, Noyes, Coryell, & Barrash, 1990; Pfohl, Stangl, & Zimmerman, 1984), and more frequent suicide attempts (Pfohl et al, 1990; and for a review, see Corruble et al., 1996). Further, there is wide recognition that clients with

personality disorders may account for a significant proportion of nonresponders to psychotherapy (e.g., Mays & Franks, 1985).

Because of the chronic nature of borderline personality pathology, and its pervasive effects across a wide range of situations, behavior, and relationships, it is likely to be particularly detrimental to parenting and child outcome. This is especially so given the necessity for parents to be able to function appropriately and consistently across a broad array of often challenging situations with their children. Caregivers with borderline characteristics may have difficulty being sensitive to children's needs as they change from moment to moment, as well as between longer-term developmental phases (Norton & Dolan, 1996). For example, in one early study, Rutter and Quinton (1984) noted that the presence of personality disorders across type in parents was more strongly associated with child adjustment problems than was parental depression. Indeed, many clinicians have had first-hand experience with the difficulty of working with parents with borderline personality qualities. Such parents are often unable to put their children's needs before their own due to their own level of difficulties, may become hostile towards the clinician when parent training sessions are attempted, or have such unstable lives that they frequently miss sessions altogether. Given these problems, Downey and Coyne (1990), in their review of maternal depression and its effects on parenting and children, urged researchers to examine the role of personality disorders in parenting and child development, given the high rate of comorbidity with depression.

Borderline pathology may affect parenting through both direct and indirect pathways. Parent-child interactions might be negatively affected by the impact of

borderline characteristics on feelings of parenting efficacy or through parents' abilities to regulate their own internal states. Borderline features might affect other systems as well, such as the quality of marital relationships, the ability of parents to develop external sources of social support, parents' success in the workplace, and even the ability of parents to maintain custody of their children. But despite the seemingly predictable and clinically observed impact that borderline personality characteristics appear to have upon the quality of parenting (and ultimately upon the adjustment of children), such influences and the mechanisms that underlie them have been seriously neglected in research to date.

This study was designed to determine if greater levels of borderline personality traits in mothers are related to lower feelings of parenting self-efficacy, less adaptive parenting behavior, and in turn, to poorer toddler adjustment. It was hypothesized that the objective difficulty of the childrearing situation may moderate the association between borderline characteristics and parenting self-efficacy, with stronger negative relations detected in more challenging situations. Moreover, the study was designed to test two mediational hypotheses: (a) whether the hypothesized link between borderline pathology and problematic parenting behavior is partially mediated by mothers' feelings of parenting self-efficacy in childrearing situations, and (b) whether the hypothesized link between lower parenting self-efficacy and poorer child adjustment is partially mediated by mothers' behaviors with their children. Lastly, as a secondary goal, the study was designed to test the hypothesis that the intrapsychic process of splitting may mediate the relation either between borderline traits and parental evaluations of self-efficacy, or between parenting self-efficacy and parenting behavior. When splitting, individuals have

difficulty in integrating positive and negative feelings and thoughts about themselves or other people. This process may have a mediational role in the model.

Research elucidating the nature of the links between borderline personality pathology, parenting, and child development and the mechanisms explaining such links has a number of important implications. First, from a research perspective, a more complete perspective on the impact of adult psychological dysfunction on the domain of parenting is gained. Second, to the extent to which child behavior is negatively affected by parental borderline features, developmental psychopathologists further understand risk factors for the development of child psychological disorders. Third, this study has important implications for clinical work with children and families. Although clinicians are often aware of the difficulties posed by parents with borderline traits for family functioning and treatment response, greater understanding of the specific mechanisms by which borderline characteristics affecting parenting and children will allow more effective interventions to be made.

Chapter 2

Literature Review

Borderline Personality Characteristics

Clinical features. Although the conceptualization of borderline personality has been a topic of intense controversy, clinicians from diverse perspectives largely agree on a number of central features (DSM-IV, 1994; Gunderson, 1984; Kernberg, 1975; Millon, 1992; Stone, 1990). In general, borderline personality as a syndrome is characterized by chronic and pervasive instability across various domains of functioning. First, individuals with borderline pathology have chaotic and conflictual interpersonal relationships. Sometimes they feel abandoned by others, and thus frantically attempt to establish connections. At other times, they angrily reject others in reaction to feelings of being smothered, or when there is a perceived hurt. Second, instability is also manifest in erratic and intense emotions, which tend to range between severe depression, emptiness, anger, anxiety, and excitement. At times the dejection may be so great that individuals with borderline pathology engage in suicidal or parasuicidal acts. Self-mutilation may function as an attempt to gain caretaking or attention from others, or as an attempt to feel real in response to profound depersonalization or derealization. Third, instability is apparent in the lack of a consistent and stable sense of identity; thoughts about oneself tend to change rapidly. Individuals with borderline characteristics may say one week that

they plan to pursue a certain career, and the following week, new plans have been laid in an entirely different direction. A fourth manifestation of instability, related to the affective lability and identity disturbance, is that people with borderline characteristics tend to act in impulsive and self-damaging ways, such as by lashing out at others, abusing substances, being sexually promiscuous, or engaging in reckless activities. Lastly, some authors have noted that transient psychotic experiences may be a part of the clinical picture for borderline pathology (e.g., Gunderson, 1984).

Conceptualizations of borderline personality. Conceptualizations of borderline personality have varied considerably, and have been the focus of considerable controversy. Biologically-oriented theorists have argued that the borderline syndrome is an affective spectrum disorder (e.g. Akiskal, 1981). Millon (1969, Millon & Davis, 1996), taking a biosocial perspective, proposed that borderline personality disorder is a more severe variant of some of the other personality disorders, and is characterized by cyclical variation in mood and behavior. Linehan (1993), who also adopts a biosocial theory, argues that the core pathology of borderline personality is emotion dysregulation, resulting from the combination of temperamental vulnerability and an early invalidating environment. It has also been suggested that borderline personality is an impulse spectrum disorder (Zanarini, 1993), or a trauma spectrum disorder (e.g., Herman & van der Kolk, 1987). Probably the most well-elaborated conceptualizations of borderline psychopathology, however, come from contemporary psychoanalytic perspectives. These theorists propose that there are central deficiencies in intrapsychic organization that give rise to the symptom presentations of borderline individuals. This emphasis on internal

phenomena and their impact on emotions, thoughts, and behaviors affords psychoanalytic perspectives particular strength in understanding the relation between internal processes and interpersonal relationships.

Kernberg (1976) has been one of the foremost writers on borderline pathology. He has focused on what he calls “borderline personality organization,” which is considered the midpoint on a developmental continuum of personality organization ranging from psychotic organization, to borderline, to neurotic organization at the highest level. Borderline personality organization is distinct from borderline personality disorder, in Kernberg’s view, in that it describes a level of functioning that is applicable to a number of character types (such as dependent, histrionic, etc.), rather than a specific disorder. Kernberg identified several central features of borderline personality organization, including good reality testing (unlike the psychotic level of development), use of primitive defense mechanisms, and the phenomenon of splitting under conditions of intense affect. Splitting is a defensive process in which, because the individual cannot integrate both positive and negative conceptualizations of himself or others, these positive and negative mental images are kept apart, or split, in order to protect the positive image from being destroyed. According to Kernberg (1976), split object representations are normative for early childhood. Early in development, children have parts of themselves that identify with good and bad aspects of their world, i.e. objects (Fairbairn, 1944; Kernberg, 1976; Mahler, Pine, & Bergman, 1975; Mahler, 1971). These good and bad feelings about the self and significant others are kept apart (or split) because the young child does not yet have the cognitive capacity to integrate them

(Kernberg, 1976). Thus when the child experiences positive affect, self and object representations are seen as completely good, whereas during negative affect states, self and objects are viewed as completely bad. In normal development, with sensitive caretaking and appropriate modulation of aggressive impulses, these split representations are eventually unified into stable, integrated representations that are comprised of both positive and negative parts. An integrated view of self allows for the realization of personal goals and normal self-esteem, and an integrated view of others enables appropriate evaluation of others, empathy, and a balance between autonomy and dependence on others (Kernberg, 1996).

Borderline individuals, however, do not achieve whole object relations, either because of deficiencies in the early caretaking environment, or due to a constitutional excess of aggression (Kernberg, 1976). Kernberg (1996) argued that when development is arrested at split object relations, a number of problems arise. First, splitting leads to identity diffusion, which causes problems in intimate relations due to alternating dependence and fears of abandonment, versus angry separation from others. Identity diffusion also leads to inconsistency in goals, seen in problems with making stable decisions and developing a productive life. Second, splitting engenders primitive affect displays. Because individuals with borderline pathology cannot integrate positive and negative feelings, these feelings become overwhelming due to their intensity and lack of modulation. There is considerable lability in affect, as the individual vacillates between enacting the role of the self or other, as it is represented internally. Third, Kernberg argues that splitting results in behavioral impulsivity. Intrapsychic processes become

acted out towards others and the self, rather than being appropriately modulated, as neurotic level individuals do.

Masterson (1972; 1976; Masterson & Rinsley, 1975), also writing from a psychoanalytic perspective, has proposed that borderline personality disorder results primarily from problems in the separation-individuation process that occurs in the early parent-child relationship. Optimally, parents allow their toddler-age children to begin to develop as individuated, autonomous beings, while still supporting them sensitively (Mahler, Pine, & Bergman, 1975). Masterson argued that the parents of individuals with borderline characteristics instead encouraged symbiotic clinging, and threatened love withdrawal when their children made bids for autonomy. In order to protect the image of the good parent in the face of pain caused by the parent's withdrawal, the child splits the positive and negative affective states experienced in relation to the parent. Thus borderline pathology most centrally concerns ambivalence about separation and a consequent lack of assertiveness in relationships, given the fear that becoming autonomous would mean a loss of parental love. In adult relationships, then, individuals with borderline pathology intensely fear engulfment by others, and may become quite hostile in order to push others away and avoid being subsumed. At other times, the fear of engulfment shifts towards an intense fear of abandonment, and these individuals make coercive attempts to have people care for them. When individuals with borderline pathology feel that they are being rejected and/or insufficiently nurtured (feelings that may occur frequently and with only minimal provocation), they often make frantic efforts to avoid being abandoned by others through temper outbursts, expressions of anxiety,

suicidal threats, or self-mutilation. This vacillation between fear of engulfment versus fear of abandonment is chronic, and contributes to impulsivity of behavior and perpetual problems in interpersonal relationships.

Given that psychoanalytic explanations for borderline personality characteristics have not been empirically validated, recent research has attempted to identify etiological factors in the development of borderline pathology. Reviewers of the literature (Links, 1992; Marziali, 1992; Zanarini, Dubo, Lewis, & Williams, 1997) note that several domains of early childhood functioning have been examined as possible predisposing experiences: neurological deficiencies, early childhood neglect and abuse, early separation and loss, and biparental failure in caregiving. These reviews have concluded that there is evidence that individuals diagnosed with borderline personality disorder do in fact have a greater frequency of developmental neurological problems. Moreover, a very high proportion have experienced neglect, physical or sexual abuse (often chronic), and many report that both their fathers and mothers had serious difficulties with childrearing such as underinvolvement, or problems related to their own psychopathology. With regard to parental loss, Links (1992) notes that the association of loss with borderline features may be too simplistic, and more complex etiological models should be tested. Indeed, it is difficult to know how specific any of the risk factors mentioned are for the etiology of borderline personality. The studies of etiological factors conducted thus far in the literature have all relied on retrospective accounts from individuals diagnosed with the disorder, or developmental histories gleaned from chart

reviews (Marziali, 1992). There have been no prospective longitudinal studies examining the development of borderline personality characteristics.

What might be the relation between the potential risk factors that have been empirically identified, and theoretical conceptualizations of borderline personality? It is argued that empirically identified risk factors are not inconsistent with any model of borderline personality reviewed thus far. The models that perhaps differ most from the focus on specific childhood risk factors are the psychoanalytic conceptualizations, with their orientation toward intrapsychic dynamics. Issues of biparental failure, abuse or neglect, or parental separation, however, fit into the psychoanalytic model of the caretaking environment as malevolent or deficient. The risk of neurological deficiency that may cause problems with regulatory functions is similar to Kernberg's (1976) proposal that a constitutional excess of aggression is a salient etiological factor. In summary, as a number of authors have argued (Marziali, 1992; Millon, 1992; Zanarini, 1997), it is likely that borderline personality, like other forms of psychopathology, develops due to the complex interaction of a number of risk factors. Our etiological models should thus allow for multiple pathways to the same outcome.

Parent Personality Traits and Parenting Behavior

One of the central theses of this study is that borderline personality traits of parents affect their parenting behavior. Although there is little research linking borderline traits in particular to parenting behavior, there is a growing literature linking other kinds of parent personality traits with parenting behaviors, and this area is now reviewed. For organizational purposes, studies linking childrearing to parents' personality traits within

the normal range of functioning are considered first, followed by a review of links between psychopathological personality traits and parenting. At the end of this section, possible problems in the parenting of individuals with borderline personality characteristics are considered.

Normal personality traits and parenting behavior. Since Belsky (1984) first proposed a conceptual model in which parental personality functioning was seen as an important determinant of parenting behaviors (and through parenting, of child development), a number of theoretical and empirical works have examined this association. Heinicke (1984) proposed that parent personality may be divided into three areas: (a) parents' adaptation-competence, or the ability to calmly and flexibly solve problems, (b) capacity for positive sustained relationships, comprising empathy and positive mutuality, and (c) positive self-development characterized by autonomy and confidence rather than insecurity. He presented a comprehensive review linking prebirth parental functioning to later parental responsiveness in early childhood (Heinicke, 1995). In line with Belsky's and Heinicke's frameworks, links between parental characteristics such as higher self-esteem, internal locus of control, better perspective-taking, and less emotional distress, and more adaptive child-rearing skills have been found in both African-American and Caucasian-American families with children ranging in age through infancy (Biringen, 1990; Stevens, 1988), middle childhood (Engfer & Schneewind, 1982; Gerris, Dekovic, & Janssens, 1997; Taylor, Roberts, & Jacobson, 1997), and adolescence (Gondoli & Silverberg, 1997). These studies included both observational and self-report measures of parenting, whereas psychological

characteristics were self-reported. Parents' abilities to regulate their own emotions, another aspect of personality functioning, have also been linked to their ability to help their children regulate their emotions. For example, Del Carmen, Pedersen, Huffman, and Bryan (1993) found that maternal prenatal trait anxiety and management of infants' distress at 3 months of age predicted infants' attachment security at 1 year. The authors suggested that maternal management of infant distress might mediate the link between the management of their own distress and infant attachment security. Gottman, Katz, and Hooven (1997) likewise reported that when parents report being aware of their own sadness, they are more likely to report that they coach their children about negative emotions, although it is not yet known if these reports correspond to actual coaching of children.

Due to limitations of these studies in examining only one or two personality characteristics in isolation as they relate to parenting, other investigations have taken a more systematic approach to measuring personality by selecting instruments based on the Big Five dimensions of neuroticism, extroversion, openness to experience, conscientiousness, and agreeableness (e.g., Goldberg, 1992; McCrae & Costa, 1987). Investigators have found, in samples ranging from toddlers (Belsky, Crnic, & Woodworth, 1995; Kochanska, Clark, & Goldman, 1997) to children under 8 years of age (Losoya, Callor, Rowe, & Goldsmith; 1997), that lower parental neuroticism and higher agreeableness are related to more adaptive parenting, including less frequent expression of negative affect towards children, less frequent use of power, and more sensitivity, responsiveness, positive affect, and cognitive stimulation. Links between parental

extroversion and parenting behavior have been equivocal, with some studies finding associations with positive parenting only (Belsky et al., 1995; Losoya et al., 1997), and another finding no relation to either positive or negative parenting behaviors (Kochanska et al., 1997). Methodologies in these investigations have varied in quality, with some using observational measures of parenting (Belsky et al., 1995; Kochanska et al., 1997), and one using only self-reports of parenting (Losoya et al., 1997).

From a different perspective, attachment theory suggests that an important aspect of adult functioning is thoughts and feelings about attachment relationships. It is thought that individuals develop mental representations, or working models, for relationships based in part upon actual experiences with caregivers, but also upon their abilities to reflect upon and coherently assess these interactions with early caregivers (Main, Kaplan & Cassidy, 1985). These working models of attachment thus might well be considered a part of personality functioning, as they are thought to be fairly stable and traitlike constellations of emotions and cognitions about relationships, that are not mere reflections of actual experience. Attachment theorists suggest that parents who value attachment relationships and are themselves secure are more likely to be sensitive and responsive to their own children, thus facilitating the development of security in their offspring. Parents who either dismiss the importance of attachment relationships, or who are preoccupied and conflicted about them, are less likely to facilitate child security (Main, Kaplan, & Cassidy, 1985). Indeed, mothers and fathers with nonautonomous states of mind with respect to attachment has been found to be less warm and provide less structure for children (Cohn, Cowan, Cowan, & Pearson, 1992), and for mothers,

insecurity has also been related to lower provision of emotional support, controlling or confusing behaviors (Crowell & Feldman, 1988), poorer preparation for separations (Crowell & Feldman, 1991), and less sensitivity (Das Eiden, Teti, & Corns, 1995). These investigations have all utilized laboratory-based observations, with children averaging about 3 years of age for each study. Using home-based observations, Slade, Belsky, Aber, and Phelps (1999) found that mothers' adult representations of attachment, as measured when their children were 12-months-old, were related to parenting when children were 15 and 21 months of age. Specifically, insecure mothers were more likely to display negative affect with their children than secure mothers, but no differences were found on maternal positive affect. In summary, well-designed multimethod research from both personality and adult attachment perspectives indicate that parental psychological functioning within the normative range appears to be linked to parenting quality.

Psychopathology personality traits and parenting. Evidence for the relation between parental personality characteristics and their parenting behavior also comes from studies of parents with psychopathology. Several major reviews of maternal depression (Downey & Coyne, 1990; Field, 1994; Gotlib & Goodman, 1999) have indicated that depressed mothers frequently behave in unresponsive, hostile, and ineffective ways toward their children across a range of ages. For example, with infants, depressed mothers are less contingently responsive (e.g., Field, Sandberg, Garcia, Vega-Laher, Goldstein, & Guy, 1985). With toddler and preschool age children, depressed mothers tend to spend less time in mutual engagement (Goldsmith & Rogoff, 1997), and are more frequently oriented towards coercion, retaliation, and revenge than are nondepressed

mothers (Kochanska, Kuczynski, & Maguire, 1989). With middle childhood aged children and adolescents, mothers with high levels of depression tend to be critical of their children (e.g., Goodman, Adamson, Riniti, & Cole, 1994). A recent metaanalysis concluded that maternal depression is most strongly associated with irritability and hostility towards children, is associated to a somewhat lesser degree with disengagement, and is weakly associated with reduced rates of play with children (Lovejoy, Graczyk, O'Hare, & Neuman, 2000). The investigators found that infants experienced more negative parenting from depressed mothers as compared to preschoolers or older children.

Studies of parents with other types of psychopathology have been conducted as well. Parents with schizophrenia have been shown to exhibit less affectional involvement and responsiveness with their 2-5-year-old children and provide a poorer quality physical environment as compared to well and depressed mothers (Goodman & Brumley, 1990), and are less likely to believe that parents can respond to babies' demands for reciprocity (Cohler, Gallant, Grunebaum, Weiss, & Gamer, 1980). Mothers with anxiety disorders have been found to have children with a high frequency of insecure attachment, and maternal criticism has been found to be significantly associated with child psychopathology and behavioral inhibition for mothers with anxiety disorders, but not for mothers with other types of psychopathology (Manassis, Bradley, Goldberg, Hood, & Swinson, 1994). As a caveat, it should be noted that these studies, as well as other studies reviewed earlier, do not demonstrate any causal effects of personality on parenting, as designs have been correlational and nonexperimental in nature. Nonetheless, they suggest

that consistent with Belsky's (1984) proposal, parental psychopathology such as depression and schizophrenia may be an important determinant of parenting quality.

Borderline personality and parenting: research and possible links. Although the publication of recent theoretical and clinical writings (Lawson, 2000; Westman, 2000) attest to growing interest in the parenting of individuals with borderline personality characteristics, little research has been conducted in this area. A few investigations have examined the childrearing behavior of parents with personality disorders in general, irrespective of type. In an early study, Rutter and Quinton (1984) examined the functioning of families with a child below 15 years of age in which one or both parents was a psychiatric patient. Children with parents who were diagnosed with a personality disorder were exposed to greater levels of parental hostility, as assessed by parental report. This early study was helpful in bringing this issue to the attention of the field, but was limited by its reliance on parental reports of their own behavior. As well, given that the personality disorder assessments were pre-DSM-III (thus prior to the creation of Axis II), it is difficult to know how they might correspond to contemporary criteria.

In reviewing the literature, only a small number of published studies were found that examined parenting according to specific types of pathological personality traits. Probably the most interest thus far has concerned parental antisocial personality disorder and its effects on parenting quality. Patterson and his colleagues (e.g., Patterson & Capaldi, 1991; Patterson & Dishion, 1988) have argued that ineffective parental discipline and monitoring practices are the mediating factors in the link between parental and child antisocial traits, finding some evidence that parental antisocial traits contribute

above and beyond the effects of social disadvantage in families with middle school age boys. In a sample of adolescent mothers, Cassidy, Zoccolillo, and Hughes (1996) found that the severity of maternal antisocial history was associated with maternal unresponsiveness with infants.

Limited evidence links other personality disorder characteristics to problematic parenting as well. In an experimental design, Thompson and Zuroff (1998) found that highly dependent mothers tended to punish their adolescents' attempts at autonomy, and rewarded mediocre problem-solving ability. Thus dependency appeared to be associated with poor interpersonal boundary maintenance in parenting, through use of aggression in response to a perceived loss. Hans, Bernstein, and Henson (1999) found that Cluster B personality disorder symptoms (which include antisocial, borderline, narcissistic, and histrionic personality disorders) were related to harsh, unresponsive, and insensitive parenting with infants, even after controlling for maternal substance use. Moreover, for those children remaining with their mothers at age 10, these personality characteristics were linked to children's perceptions of their mothers as rejecting. DeMulder, Tarullo, Klimes-Dougan, Free, and Radke-Yarrow (1995) compared the parenting of affectively ill and well mothers with and without comorbid personality disorders in 3 laboratory observations when their children were toddlers, early school age, and preadolescent. They found that for well mothers, higher reports of Cluster A (paranoid, schizoid, and schizotypal) symptoms were related to greater critical behavior when their children were toddlers, and less engagement when children were early school age. In unipolar depressed mothers, less engagement with their children was linked to higher rates of Cluster A

personality disorder symptoms at all three time periods, to avoidant personality symptoms during the first two periods, and to antisocial symptoms during toddlerhood. Critical parenting behavior was also associated with greater antisocial symptoms at Time 1 for unipolar mothers, and with fewer reports of paranoid and self-defeating symptoms. For bipolar mothers, greater dependent and obsessive-compulsive personality symptoms were related to greater engagement during toddlerhood and early school age. Of particular relevance to the proposed study, greater borderline symptoms in bipolar mothers were associated with higher engagement at all three ages. This greater engagement may reflect poor boundary maintenance between mothers and children, consistent especially with borderline and dependent personality pathology. In summary, evidence from a handful of studies is beginning to point to possible problems in parenting by individuals with personality disorders in general, and including borderline personality disorder.

Despite the dearth of research investigating the parenting behavior of individuals with borderline traits, hypotheses can be made on the basis of theory and observation of their general interpersonal relations. It is likely that the flip-flopping needs for autonomy and nurturance, the split object representations, and the intensity of emotions seen in borderline people have profound consequences for parenting. Parents with high borderline characteristics may often show extreme affects and act out separation-individuation difficulties with their children. At moments when they feel good about their children or there is a fear of abandonment, they may shower them with affection, indulge their whims, and place few constraints on their behavior. At these times, parents may

look towards their children for nurturance, thus exhibiting reversal of caregiver and receiver roles. This enmeshment may have significant consequences for how these parents respond to children's natural desire for autonomy. When such parents perceive that their children are attempting to establish independence, perhaps particularly in the toddler and adolescent years, they may react with intense fear that their children will leave them. They may attempt to squash these initiatives by becoming enraged with their children, or exhibiting such tremendous anxiety that their children feel guilty and suppress their natural desires to separate. The flip to fear of engulfment in the borderline parent is inevitable, however. Borderline parents may easily begin to feel that their children are too draining for them, want too much, or act too badly. They may have difficulty with the amount of dependence that small children have on them. These feelings may be communicated to their children through withdrawal or hostility.

Even when issues of attachment and engulfment are not at the surface for borderline parents, their characteristic intensity and instability of emotions likely impact parenting. When children misbehave, parents may not be merely be frustrated, but may fly into rages. At other times, they may be happy with their children, and form an idealized image of them as completely wonderful. Inconsistency may also be manifest in other types of behavioral instability as well, such as by changing household rules frequently, and not following through with threatened consequences.

The characteristically depressed, hostile, and empty emotional state of the borderline parent undoubtedly has effects upon parenting apart from the emotional lability discussed above. Here the effects on parenting and child development are likely

to be similar to what has been discussed in the extensive literature on depressed parents. Depressed parents are often unresponsive and hostile to their children. They have been described as being in a “brown-out” in regard to parenting (Downey & Coyne, 1990), wherein their overall level of engagement is quite low. Borderline parents, who often struggle with depression chronically or episodically, likely parent in these ways during depressed periods. In fact, they would likely fall into the more extreme end of the range of depressed parents, because their depressions are typically quite chronic and severe, and often include suicidality or parasuicidal gestures such as self-mutilation. In summary, it is likely that the chronic interpersonal difficulties displayed by individuals with borderline personality characteristics become manifest in the parent-child relationship. Although parenting is taxing and frustrating for most people at times, deficiencies in regulatory capacity that are related to borderline features may make parenting an even more difficult job for individuals with this form of psychopathology.

The Role of Parenting Self-efficacy as a Mediator

By what mechanisms do borderline traits in parents potentially influence their parenting behavior? Although multiple mediators likely exist, this study proposes that one key mediator is parents’ feelings of self-efficacy in parenting situations. Parenting self-efficacy refers to parents’ expectations about the degree to which they can effectively influence their children’s behavior (Grusec, Hastings, & Mammone, 1994). Specifically, it is hypothesized that greater borderline traits will make it more likely that parents feel threatened and ineffective in various normal childrearing situations, and in turn, that poorer parenting self-efficacy will serve to reduce the quality of their parenting behavior.

Whereas all parents may feel threatened at times by the arduous task of raising children, it is likely that borderline parents are more frequently and intensely threatened by childrearing. This happens because these parents are chronically vulnerable to interpersonal stress in general and because they have difficulty integrating positive and negative feelings about themselves and others. Although relations between parenting self-efficacy, parent personality, and parenting behavior have not been established before in parents with borderline characteristics, some research linking these constructs in normal populations has been conducted.

Parent personality and parenting self-efficacy. Although there is a dearth of research examining the origins of parents' feelings of self-efficacy in childrearing situations, a few researchers have demonstrated that parent personality appears to be one important determinant. Teti and Gelfand (1991) found that mothers of infants who reported higher levels of depression also felt themselves to be less effective as parents in a report of global self-efficacy. Writing from an attachment theory perspective, Grusec, Hastings, and Mammone (1994) proposed that parents' working models of relationships may shape feelings of self-efficacy in parenting, in that internal working models include feelings of relative control in social interactions. Indeed, Grusec, Adam, and Mammone (1993) found that in a group of parents of 4-7-year-olds, parents who were classified as dismissive of attachment relationships saw themselves as having less power than their children in difficult child rearing situations, as compared to secure or preoccupied parents. Preoccupied parents perceived that they had greater power than their children in general, but experienced many negative thoughts about parenting in a difficult laboratory-

based situation, and attributed their failure to their children's personalities. This study was methodologically stronger than that of Teti and Gelfand (1991) in that parenting self-efficacy was assessed not only in general, but also with respect to a laboratory interaction with the child. Although few in number, these studies begin to demonstrate that parent personality characteristics may affect parents' feelings of self-efficacy in childrearing situations.

Parenting self-efficacy and parenting behavior. Not only has parents' feelings of efficacy been linked to their personality characteristics, but developmentalists have also argued that parents who feel more efficacious in their parenting role are more likely to display more growth-promoting parenting (Johnston & Mash, 1989). This research stems from Bandura's (1977, 1982) proposal that when individuals have low self-efficacy, they become emotionally aroused and preoccupied with themselves, and that these conditions interfere with their ability to perform effectively. In support of this assertion, Teti and Gelfand (1991) found that for mothers of infants, greater maternal self-efficacy was related greater maternal competence observed in the home. Moreover, in a well-designed series of studies with both descriptive and experimental designs, Bugental and her colleagues have investigated the parenting behavior of parents with low levels of perceived control over child behavior. They have used laboratory-based observations to show that such caregivers tend to be sensitized to and cope ineffectively with difficult child behavior in comparison to caregivers who believe themselves to have higher power (Bugental & Shennum, 1984). Specifically, mothers of elementary school aged children who have low perceived control tend to show higher levels of autonomic arousal, display

more dysphoric affect to the child, and use more punitive force and negative evaluation in teaching situations, particularly when the child appears unresponsive or only ambiguously responsive to caregiver direction (Bugental et al., 1993; Bugental, Blue, & Lewis, 1990; Bugental, Lewis, Lin, Lyon, & Kopeikin, 1999). They may give negative messages to children with sarcasm or condescension, and say positive or neutral statements with voice quality that is inconsistent with the content of the message (Bugental, Mantyla, & Lewis, 1989). As well, mothers with low perceived control are more likely to report being abusive towards their children at home, as well as to use high levels of nonabusive but coercive caregiving in laboratory observations (Bugental, Blue, & Cruzcosa, 1989). Bugental and her colleagues have concluded that paradoxically, mothers who believe that they have low power in childrearing situations tend to use a high degree of coercive power in childrearing situations in order to attempt to establish a higher degree of power over children, whereas mothers who believe that they have high power in childrearing settings in fact use less power (Bugental et al., 1999). This appears moderated by the actual difficulty of the childrearing situation, in that difficult child behavior elicits a more coercive response among mothers with low perceived power. Evidence for the association between parenting self-efficacy and competent parenting is not unequivocal, however. Brody, Flor, and Gibson (1999) found in a sample of African-American mothers with 6-9-year-old children that self-efficacy unexpectedly was not directly related to adaptive parenting, although efficacy beliefs were linked to mothers' competence-promoting developmental goals, and these in turn were related to competent parenting. Overall, though, this group of studies demonstrates that in most instances,

parenting self-efficacy does indeed appear to shape actual parenting behavior in important domains such as emotion regulation and use of force and negative evaluation.

Borderline personality traits and parenting self-efficacy. This study proposes that parents with borderline personality characteristics are more likely to feel ineffective and thus threatened in childrearing situations, and that poor parenting self-efficacy will then affect their ability to parent competently. As in Bandura (1989), this paper conceptualizes self-efficacy not as a global, fixed, personality trait, but rather as a system which is dynamic and subject to modification on the basis of changes in the demands of the task, the situational determinants, and individual developmental processes. It is proposed that although parents may have global notions of parenting self-efficacy, parenting self-efficacy is likely appraised on a moment-to-moment basis in childrearing situations, probably most often at an unconscious level. Whereas most parents may sometimes feel ineffective, especially when confronted with particularly challenging child behavior, it is thought that parents with higher borderline characteristics will likely feel more challenged and ineffective in childrearing than do parents with less of these problematic characteristics. Moreover, as in Bugental's research (Bugental et al., 1993; Bugental et al., 1990; Bugental et al., 1999), it may be that the difficulty of the childrearing situation will moderate this association. Specifically, a stronger association between borderline characteristics and parenting self-efficacy may be found in more challenging contexts than in easier ones.

In addition, it is proposed that the vulnerability to splitting seen in individuals with borderline personality characteristics may be the critical factor mediating the

relation between borderline characteristics and perceptions of parenting self-efficacy. Alternatively, splitting may mediate the relation between self-efficacy and parenting behavior. As discussed earlier, the term splitting describes a difficulty in integrating positive and negative feelings and thoughts about oneself or other people, and is manifest in rapidly shifting feelings about self and other from the extremes of idealization to devaluation. In the first possible model, it is proposed that at moments when borderline parents are confronted with a difficult childrearing situation, they are likely to engage in the process of splitting by beginning to think in extremes of devaluation or idealization of themselves or their children. This process of splitting would make it more likely that they feel ineffective as parents. In this model, splitting is seen as a level of mental representation that underlies self-efficacy ratings. Splitting would thus mediate the hypothesized relation between borderline characteristics and evaluation of parenting self-efficacy on a moment-to-moment basis. Alternatively, it may be that when high borderline parents feel threatened and ineffective as parents, this in-the-moment appraisal of low self-efficacy activates the use of split representations, and then this splitting contributes to maladaptive childrearing behavior. In this second model, splitting is conceptualized as a defense mechanism that is activated when faced with a threat from poor self-evaluation. Specifically, a negative evaluation of ones' parenting might create a need for splitting, in order to protect the good self or object from destruction. For example, a mother might respond to a negative self-evaluation by perceiving the child in that moment as all-bad, thus protecting herself from further harm. Here, splitting would mediate the proposed relation between parenting self-efficacy and parenting behavior.

Although there is no current research evidence for these processes, the hypothesis that splitting is involved is based on theoretical conceptualizations of borderline personality, splitting, and its effects on affect, cognitions, and behavior. Yet it remains to be determined where splitting best fits in the model.

Effective Parenting and Child Development

This paper suggests that borderline parents are likely to display less adaptive parenting, partially mediated by feelings of parental self-efficacy, and that poorer parenting will in turn be related to poorer child development. Although this hypothesized relation between parenting and child development has not been investigated with reference to parents with borderline personality characteristics, developmentalists have produced much empirical and theoretical work that examines what parents do that facilitates or interferes with competent child development. Although a full review of such work is beyond the scope and thesis of this paper, several of the major perspectives will be summarized. With respect to parenting, this proposal focuses particularly on parent-child interaction as a method of socialization, rather than other aspects of parental influence such as direct instruction or management of children's opportunities (Parke, Ornstein, Rieser, & Zahn-Waxler, 1994). With respect to child development, perhaps the most salient domains related to the interplay of borderline personality characteristics, parenting, and child outcome are behavioral regulation, emotion regulation, and the development of adaptive representations of self and other. These three socialization foci are critical early developmental competencies. Each will be discussed individually,

although it is clear that there is an organizational complexity to these constructs that directs their hierarchical integration across time.

Behavioral regulation. The emergence of behavioral regulation is perhaps the most immediate goal of most parents in their socialization efforts. To this end, Baumrind's (1973, 1991) classic research distinguished three child rearing types: authoritative, authoritarian, and permissive. Authoritative parenting is characterized by a firm and consistent style of discipline within the context of warmth. Authoritarian parenting, in contrast, describes the use of rigid, power-assertive, and harsh forms of discipline, in a context that is low in warmth. Permissive parents tend to have an affectionate, warm relationship with their children, but are overly lax in discipline. A fourth style of parenting, called uninvolved/neglecting, was later proposed by Maccoby and Martin (1983), and is characterized by low levels of both warmth and discipline.

Of the four types, authoritative parenting has consistently been found to be associated with the most adaptive behavioral regulation in children. In contrast, preschoolers with authoritarian parents tend to demonstrate less independence and social responsibility, with boys also showing higher rates of anger and defiance; children of permissive parents tend to be impulsive, aggressive, and lacking in independence or the ability to take responsibility for their actions (Maccoby & Martin, 1983). Older children with neglecting parents have been found to be impulsive, aggressive, and noncompliant (Baumrind, 1991). In adolescence, sons of authoritarian parents tend to be lower in cognitive and social competence as compared to sons of authoritative parents (Baumrind, 1991). Adolescents with permissive parents have been found to be relatively disengaged

from school, and display more deviant behaviors than do their peers with authoritative parents (Lamborn, Mounts, Steinberg, & Dornbusch, 1991); those with neglecting parents also have more serious difficulties with delinquency and poor school performance (Baumrind, 1991; Lamborn et al., 1991; Steinberg, Lamborn, Darling, Mounts, & Dornbusch, 1994).

Other work has examined the mechanisms by which parents facilitate the development of behavioral self-regulation. Research on interactions in which parents attempt to elicit compliance from toddler and preschool age children has found that more adaptive forms of child response—compliance and refusal through self-assertiveness and negotiation, as opposed to defiance or passive noncompliance—are related to maternal use of control plus explanations, rather than power-assertive control strategies (Crockenberg & Litman, 1990; Kuczynski, Kochanska, Radke-Yarrow, & Girnius-Brown, 1987; and see Kopp, 1982). With older children, Patterson and his colleagues (e.g. Patterson, 1982; Patterson, Reid, & Dishion, 1992) have described a dynamic of coercive family process. This is a vicious cycle in which parents respond to children's misbehaviors with coercive and inconsistent attempts to control their children, which only backfire by causing children to intensify their oppositionality. Parents then respond with an increased level of coercion and harshness, and the cycle continues with level of distress on both sides increasing, and children ultimately failing to learn appropriate behavioral controls.

Emotion regulation. Emotion regulation is akin to behavior regulation, and consists of a variety of processes that are responsible for monitoring, evaluating, and

modifying emotional reactions to facilitate accomplishing one's goals (Thompson, 1994). Parents assist their children to develop adaptive emotion regulation skills in ways that vary by developmental level of the child. Because infants have limited capacities for self-regulation, they rely heavily on caregivers for external support (Kopp, 1989; Sroufe, 1996; Thompson, 1990). Parents help infants modulate their level of arousal by engaging in or withdrawing from play (Brazelton, Koslowski, & Main, 1974), and soothing negative affect (Kopp, 1989). As children mature, regulation is increasingly shared between children and parents. Parents may give implicit messages, such as during child social references, in order to facilitate emotion regulation (e.g., Campos & Stenberg, 1981; see Walden, 1991, for a review). Assistance with children's negative affect states continues at this age, and has been linked to constructive anger reactions (Eisenberg & Fabes, 1994), and social competence at age 8 (Gottman, Katz, & Hooven, 1997). Parents may also explicitly discuss emotions when children can verbally process such information, and willingness to discuss emotions has been found to relate to children's awareness and understanding of others' emotions (Denham, Cook, & Zoller, 1992; Dunn & Brown, 1994). In general, failures on the part of caregivers to sensitively shift to coregulation of the child's emotions are thought to contribute to the development of maladaptive patterns of emotion regulation in the child (Calkins, 1994; Sroufe, 1996), which constitute a risk for psychopathology (Cole, Michel, & Teti, 1994; Malatesta & Wilson, 1988).

Adaptive representations of self and other. Both object relations and attachment theorists have argued that an important aspect of healthy development is the formation of

adaptive internal representations of self and other, referred to as object representations by the former, and representational or internal working models by the latter. Each theory argues that adaptive parenting is crucial for children to successfully achieve integrated representations of self and other, and that these representations influence the quality of later relationships. For example, Winnicott (1958; and see Greenberg & Mitchell, 1983) emphasized the holding environment provided by the mother, which allowed for healthy child development. Mahler (1971; Mahler, Pine, & Bergman, 1975) stated that parental sensitivity to the child's changing needs over the course of the phase of separation-individuation allows children to develop whole object relations and emotional object constancy. Bowlby's (1969) attachment theory, derived in part from psychoanalytic theory, emphasized that when attachment figures act towards children in responsive and sensitive ways, children develop views of the caregiver as trustworthy, and view themselves as worthy of care, i.e., secure attachment. Emotional disturbance develops when parents are not sensitive and responsive, so that children view their parents as not wanting them, and view themselves as essentially unlovable, i.e., anxious attachment.

Empirical evidence for the association between parental behavior and children's mental representations of self and other come largely from the attachment theorists. Researchers in the attachment tradition observe children's overt responses to reunion with their caregivers after a period of separation in order to determine attachment security; these overt responses are presumed to reflect internal representations of the relationship. After a substantial amount of research, a recent meta-analysis found that maternal sensitivity and responsiveness are significantly related to children's attachment

security (De Wolff & van IJzendoorn, 1997), providing some evidence that children's mental representations of the world are indeed shaped by parent-child interaction.

Studies of development in children of parents with psychopathology. Thus far, studies establishing the influence of parent-child interaction on child outcome within normal populations have been reviewed. Studies of development in children of parents with psychopathology have also been conducted, and come primarily from the literature on maternal depression. A number of reviews (Downey & Coyne, 1990; Gelfand & Teti, 1990; Gotlib & Goodman, 1999) have established that maternal depression is associated with poorer child outcome across a range of domains, presumably in part through its effects on parenting. For example, children of depressed parents have exaggerated and complex representations of interpersonal conflict and distress (Zahn-Waxler, Kochanska, Krupnick, & McKnew, 1990), inferior social referencing in infancy (Pelaez-Nogueras, Field, Cigales, & Gonzalez, 1994), show higher rates of insecure attachment (e.g. Teti Gelfand, Messinger, & Isabella, 1995), and are less popular with peers in elementary school (Goodman, Brogan, Lynch, & Fielding, 1993). These children also tend to have higher rates of psychopathology themselves than do the children of nondepressed parents (e.g. Orvaschel, Walsh-Allis, & Ye, 1988). Thus across behavioral, emotional, and representational domains, children appear to be negatively influenced by parental psychopathology, and this association appears to be in part due to problematic parenting.

Development in children of parents with borderline personality characteristics. There are no studies available that examine the development in children of parents with borderline personality characteristics in particular. Some top-down research (studies

examining the development of children of parents who have psychopathology), however, has studied parents diagnosed with personality disorders across types. Rutter and Quinton (1984) found that children of parents with personality disorders (across types) were more likely to display behavior problems or have a diagnosable psychiatric disorder, according to maternal and teacher reports. The authors found that parental hostility appeared to be the factor most strongly associated with child disturbance, but was especially so in the presence of parental personality disorder. Indeed, parental personality disorder appeared to be more strongly associated with child adjustment problems than was parental depression. In a more recent study, Laucht, Esser, and Schmidt (1994) found that two-year-old children of parents with personality disorders (also across types, but most were antisocial) displayed poorer cognitive development in standardized testing as compared to children of parents with other kinds of psychopathology including primarily anxiety disorders and minor affective disorders. Moreover, mothers with personality disorders reported that their children had more behavior problems than did mothers with other disorders. Unfortunately, this study did not assess child behavior problems through observation. In a sample of adolescent mothers, mothers with more severe antisocial histories had babies who were observed to be more passive (Cassidy et al., 1996).

Other studies relevant to this area take a bottom-up approach, identifying children who are maladjusted, and examining their parents for personality disorder characteristics. Polan and his colleagues (1991) found that personality disorders occurred at higher rates in mothers of children with failure to thrive syndrome, as compared to normal children.

Lizardi and Klein (2000) found that the parents of adults with early-onset dysthymia were more likely to have personality disorders (assessed through direct interviews with the parents, family interviews, and treatment records) as compared to the parents of adults without a mood disorder diagnosis. Moreover, adult children of personality-disordered parents were more likely to report having experienced early childhood adversity, including abuse, poorer quality of relationships with parents, and parental overprotection. Lahey, Russo, Walker, and Piacentini (1989) found that in a clinical sample, mothers of children diagnosed with conduct disorder were more likely to have elevated scores on MMPI scales associated with antisocial behavior, although the mothers of children diagnosed with ADHD did not tend to show such elevations.

Following the limited evidence from both top-down and bottom-up studies, this paper contends that if borderline personality characteristics negatively affect parenting quality, it is also likely that child development will in turn be negatively impacted. It is recognized that parental borderline traits may interact with other components of the family context in ways that lead to maladaptive child development, such as by assortative mating (i.e., that borderline individuals may choose partners with psychopathology), high marital conflict related to the parent's instability, poor social support due to chronic interpersonal difficulty, loss of income due to inability to maintain employment, etc. Borderline personality characteristics and their behavioral manifestations may also impact the child directly, rather than through any mediating family factor. For example, self-mutilation or overdosing by a parent in front of a child will certainly impact that child's adjustment, but here the effect is direct rather than mediated by a specific

parenting behavior. Lastly, parental borderline traits may also be related to child maladjustment through genetic transmission of problematic personality characteristics. Given the preliminary state of this line of inquiry, however, this paper focuses specifically upon ways in which borderline personality traits may negatively impact child development through the mechanism of parent-child interaction. Again, as research evidence is unavailable, speculations are offered.

Earlier, possible problems in parenting for individuals with borderline pathology were proposed; implications of these parenting problems for child development are now considered. First, it was suggested that parents with high borderline features may have difficulty encouraging appropriate development of autonomy in their children, while simultaneously providing a secure base. Thus children of borderline parents may have difficulty in the separation-individuation process and demonstrate insecurity. Second, it was proposed that parents with borderline pathology may at times feel overwhelmed by their children's dependence on them, and may communicate this through withdrawal, hostility, or hysterical behavior. This will likely have consequences for children's self-concepts; they would likely develop representations of themselves as unlovable, worthless, or bad, very much as their parents did. In fact, it is quite possible that children of borderline parents almost inevitably become impaired in their ability to achieve whole object relations, i.e., integrating positive and negative thoughts about self and other. Since these parents have themselves not made such an achievement, they likely cannot facilitate their children's ability to do so. It may be that children of borderline parents only can achieve this important developmental task within the context of another

significant relationship, either with the other parent, if one is available, or with an extrafamilial adult. Lawson (2000), however, suggests that borderline parents may have split perceptions between children, seeing one child as generally all-good and another child as no-good. Outcome for the all-good child would involve psychological conflict related to the mother's need for merger with the child. Outcome for the no-good child would likely be the eventual development of borderline personality characteristics, due to the parent's negative projections that lead the child's self-concept to be grounded in self-hatred.

Behavioral regulation is likely to be impaired as well. To the extent that parents with significant borderline traits are themselves behaviorally impulsive and inconsistent in their discipline techniques, children probably have difficulty learning appropriate behavioral control. Parents may punish perceived misdeeds through of shame- or guilt-inducing techniques, leading not only to poor learning of appropriate behavior, but impaired self-esteem. Alternatively, if parents ignore inappropriate child behavior because they see them as all-good, children miss opportunities to learn behavioral regulation skills. Moreover, children may not learn adaptive skills about how to deal with emotions. They may not appreciate that emotions can exist on any other level except for very intense, that emotions can be discussed with another person, or that emotions can be mixed and ambivalent, due to poor parental modeling of emotion regulation and poor parental coregulation of the child's emotions.

In sum, studies of parents with and without psychopathology have demonstrated that children's development is clearly impacted by the quality of their interactions with

their parents. Parenting requires thoughtful attention to the developmental goals and needs of the child. The emotional, behavioral, and cognitive demands of competent parenting can stress even the most functional individuals across time, but may be particularly problematic when the integrity of parents' psychological functioning is compromised, as is the case in borderline personality pathology.

Goals and Hypotheses of the Proposed Study

Based on the review of the literature, a model for the hypothesized connections among borderline personality traits, parenting self-efficacy, parenting behavior, and child development has been developed (Figure 1). The goal of this study is to test this model. First, higher borderline personality characteristics are hypothesized to have a positive relation to perceived parenting inefficacy, and an inverse relation to parenting quality and child adjustment. Second, perceived parenting inefficacy is proposed to have a negative relation to parenting quality and to child adjustment. Third, parenting quality is hypothesized to relate to healthy child outcome. Two mediational hypotheses concerning the interrelation of these major constructs are proposed as well. First, it is proposed that parenting inefficacy mediates the relation between borderline personality characteristics and parenting quality. Second, parenting quality is hypothesized to mediate the relation between parenting inefficacy and child adjustment. If these major hypotheses are supported, several hypotheses elucidating the mechanisms by which the major constructs relate to each other are made. First, as depicted in Figure 1, the objective challenge of the childrearing situation is hypothesized to moderate the relation between borderline

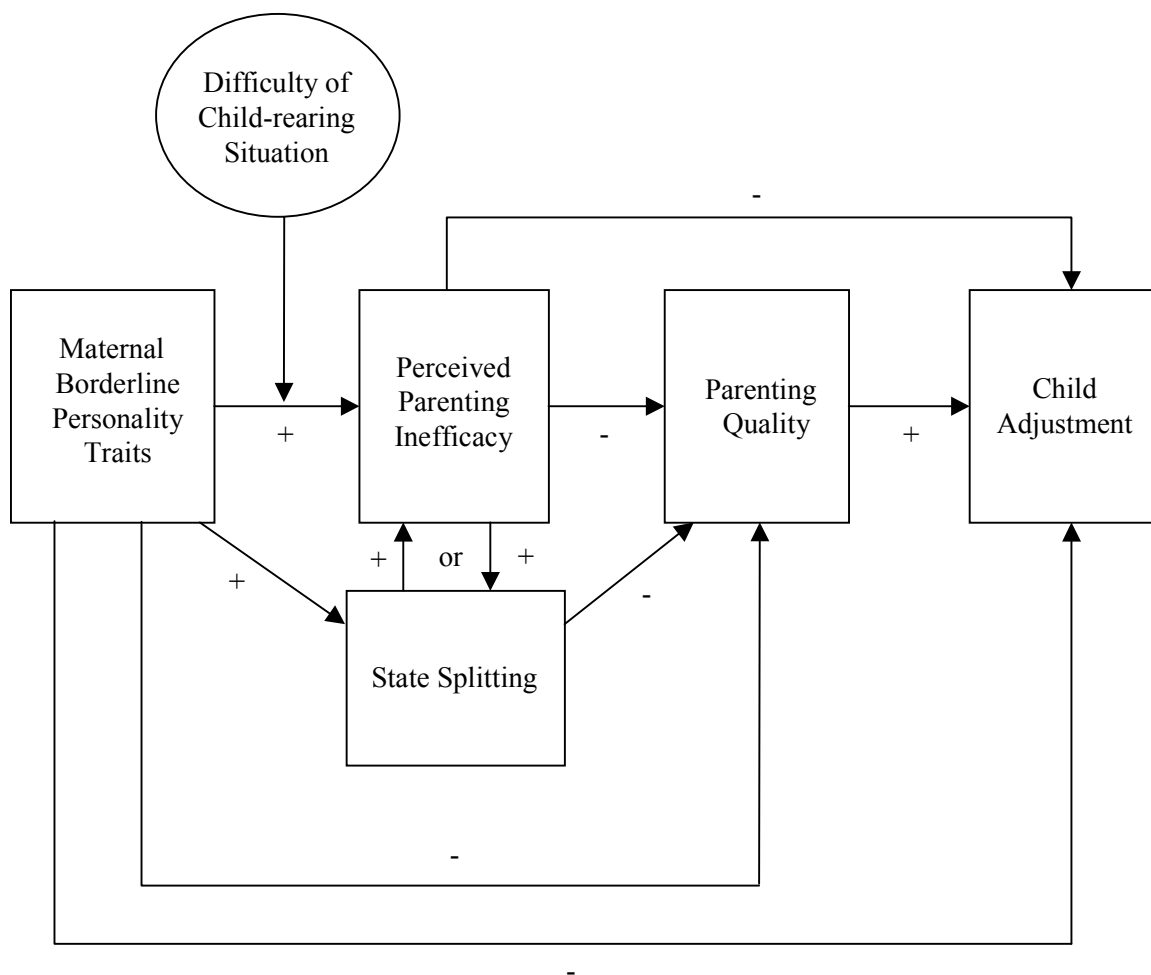


Figure 1: Model of relations among maternal borderline traits, perceived parenting inefficacy, parenting quality, toddler adjustment, and state splitting

characteristics and evaluations of parenting self-efficacy. Specifically, this relation is thought to be stronger in challenging child-rearing situations versus easy situations.

Second, several secondary hypotheses regarding the role of splitting in the model are made. It is thought that the objective difficulty of the challenging situation will moderate

a positive relation between borderline characteristics and splitting. Moreover, the competing hypotheses described earlier for the relation of in-the-moment splitting in reaction in a childrearing context to the major components of the model will be tested. Specifically, the first possibility is that splitting mediates the relation between borderline personality characteristics and perceived parenting inefficacy; the second possibility is that splitting mediates the link between parenting inefficacy and parenting quality. The relative power of splitting to mediate those two associations will be used to determine the best placement for splitting in the model.

Chapter 3

Method

Participants

Participants were 75 mothers and their 24-48-month-old children. In order to maximize the possibility of obtaining a sample of mothers with sufficient range at the high end of borderline personality traits, the initial recruitment strategy was to recruit dyads from outpatient psychotherapy clinics. Under this initial plan, it was required that the mother or one of the children in the family was in psychotherapy. The child in therapy did not need to be the target child for the study. Local clinicians were contacted to request permission for advertisements of the study to be left in their waiting rooms. Because this initial strategy did not generate sufficient participation, a second recruitment plan was adopted. Specifically, participants were recruited from the general community as well as from outpatient clinics. Flyers were posted in community centers that tend to be used by parents and children, agencies that may be used by an at-risk population such as welfare assistance offices, and daycare centers. This dual recruitment strategy yielded a total of 75 dyads, with 24 recruited from clinical settings, and 51 as nonclinical participants. Mothers averaged 30.5 years of age ($SD = 6.03$), and the mean household income was \$24,000 ($SD = \$21,000$). Eighty-eight percent of mothers were Caucasian,

1% African-American, 4% Asian-American, 3% Latina, and 4% were of other racial/ethnic origin. The mean age of children was 34 months ($SD = 6.51$), with 68% female. Eighty-one percent of children were Caucasian, 4% African-American, 6% Asian-American, 1% Latina, and 8% were of other racial/ethnic origin.

Procedures

Mothers who contacted the project were first screened by phone. Children with moderate to severe cognitive or physical developmental delays were ruled out. For callers who met study criteria, a laboratory observation was scheduled and mothers were sent a packet of questionnaires regarding demographics, their own personality characteristics, and child behavior. On the day of the visit, mothers returned the questionnaires and completed the 45 min videotaped observation.

In the laboratory observation, mothers and children first engaged in a 10-min free play. Immediately following, mothers completed a brief questionnaire about their feelings of parenting self-efficacy in the play session, and then were asked to write an open-ended description of the child which served as a measure of state splitting. Five minutes were allowed for free descriptions, during which time the experimenter played with the child. The order of presentation of the self-efficacy questionnaire and free description were counter-balanced, with half the participants receiving the self-efficacy questionnaire first and the free description second, and the other half receiving these measures in the opposite order.

Mothers and children then engaged in a more challenging 5-min joint problem-solving task, designed to be frustrating for the dyads. Children were presented with a

tower of interlocking blocks, and asked to replicate it using additional pieces.

Distracter pieces that did not belong in the tower were included. Mothers were told to let their children try on their own first, but that they could help if needed. The experimenter introduced a kitchen timer and demonstrated the sound it made when it went off.

Children were told that if they completed the task before the timer went off, they would be given a prize. The timer was then set for 5 minutes and left on the table, and the wrapped prize placed in view of the dyad. Similar tasks have been used with mother-toddler dyads by other investigators (e.g., Erickson, Sroufe, & Egeland, 1985; Youngblade & Belsky, 1992). Two-year-olds were given a somewhat smaller tower than will 3-year-olds, and only one distracter piece, whereas 3-year-olds were given 2 distracters.

Following this challenging task, children were given the prize (regardless of whether they completed the task). Mothers then immediately filled out the self-efficacy questionnaire about their experience in the challenging task, and completed a second free description of their child. Again, the experimenter played with the child during this 5-min period. As before, the order of the self-efficacy questionnaire and the free description was counter-balanced across participants, with mothers receiving the questionnaires in the order opposite to that of the first presentation. Families were paid \$25 for their participation in the study, once all components were completed.

For each dyad, permission was also obtained to contact a second adult who knew the child. A questionnaire about the child's behavior was sent by mail to this person, and was returned by mail.

Measures

A list of measures for each construct is presented in Figure 2.

Demographics

Data on socioeconomic variables, child age, mothers' marital status, family composition, ethnicity, and current involvement in treatment were gathered.

Maternal Borderline Personality Traits

Personality Assessment Inventory (PAI). Three subscales from the PAI (Morey, 1991) were administered: the Borderline Features scale (PAI-BOR), and two validity scales, Positive Impression Management (PIM) and Infrequency (INF). All three scales have a 4-point Likert scale format (0 = False, not at all true, 1 = Slightly true, 2 = Mainly true, 3 = Very true). The PAI-BOR scale is a 24-item index intended to measure borderline personality characteristics. High scores indicate poor control over emotions and anger, intense and conflictual interpersonal relationships, confusion about identity and self-worth, and behavioral impulsivity including self-destructiveness. It has an internal consistency of $\alpha = .87$ in a normative sample, and $\alpha = .91$ in a clinical sample. In this study, internal consistency was $\alpha = .91$. Test-retest reliability was $r = .90$ in the normative sample. The scale has demonstrated adequate convergent and discriminant validity in clinical, community, and college student samples (Morey, 1991), and has been successfully used to predict both level of concurrent functioning in college students (Trull, 1995) as well as functioning of these students in a 2-year follow-up (Trull, Useda, Conforti, & Doan, 1997).

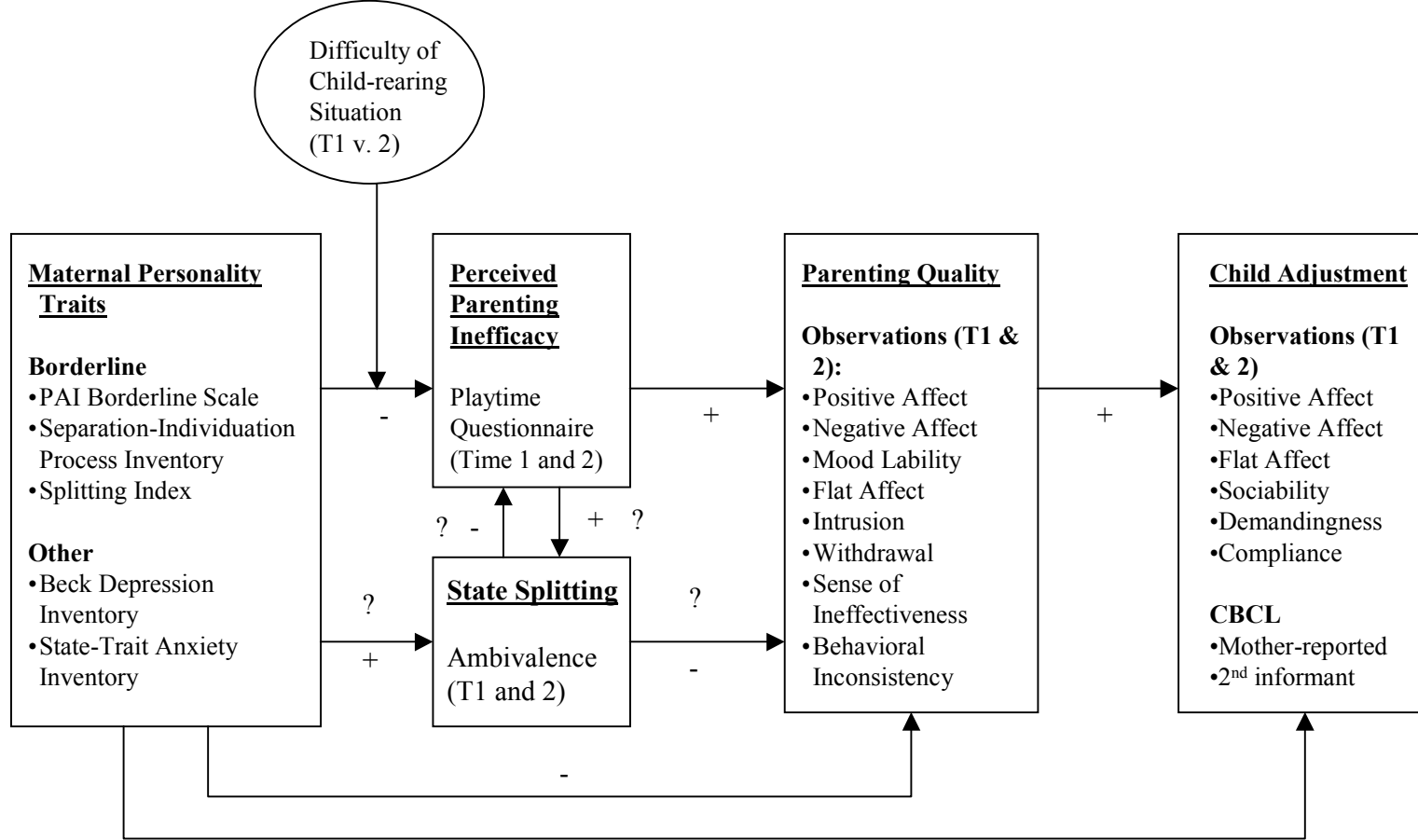


Figure 2: List of measures

The PIM validity scale contains 9 items, and measures the tendency for respondents to present themselves in a very favorable light. Morey (1991) suggests that if a T-score ≥ 68 on the PIM is obtained, the profile should not be interpreted. The PIM scale has an internal consistency of $\alpha = .71$ in a normative sample, and $\alpha = .77$ in a clinical sample. In this study, internal consistency was found to be $\alpha = .70$. Test-retest reliability was $r = .81$ in the normative sample.

Splitting Index (SI). The SI (Gould, Prentice, & Ainslie, 1996) is a 24-item measure designed to assess the splitting defense mechanism. The measure uses 5-point Likert scale ratings, ranging from 1 (strongly disagree) to 5 (strongly agree). High scores indicate that the respondent has difficulty integrating positive and negative perceptions of self, family, or others. The measure is designed to measure splitting as a personality trait, not as a momentary state. With an undergraduate student sample, the SI has been found to have good 1-month test-retest reliability ($r = .86$) and internal consistency ($\alpha = .92$). Internal consistency in this study was $\alpha = .93$. Convergent validity was adequately supported by high positive correlations with measures of borderline and narcissistic personality disorders, depression, and negative affectivity, and significant negative correlations with self-image stability and self-esteem. Discriminant validity was largely supported by lack of correlations with two out of three measures of cognitive complexity. In this study, internal consistency was found to be good ($\alpha = .93$).

Separation-Individuation Process Inventory (S-IPI). The S-IPI (Christenson & Wilson, 1985) is a 39-item self-report inventory intended to measure disturbances in the childhood processes of separation and individuation as manifested in adult pathology.

High scores on this scale indicate poor psychological boundaries with others, intolerance of aloneness, and difficulties with issues of control and trust in relationships. Ratings are made on a 10-point Likert scale ranging from 1 (not characteristic) and 10 (very characteristic). Possible scores range from 39 to 390. Patients diagnosed with borderline personality disorder were found to score significantly higher on this test than did university employees. With a cutting score of 190, 70% of borderline personality disordered patients and 92% of the control participants were correctly classified. Christenson & Wilson (1985) found that internal consistency was $\alpha = .92$; data on test-retest reliability was not available. In the current project, internal consistency was $\alpha = .93$.

Parental Psychopathology

Two widely used self-report measures psychopathology were administered to mothers to facilitate comparison of this sample to other populations.

Beck Depression Inventory (BDI). The BDI (Beck, Ward, Mendelson, Mock, & Erbaugh, 1961) is an extensively used 21-item self-report measure that assesses current affective, cognitive, motivational, and physiological symptoms of depression. Each item includes four self-evaluative statements that are scored from 0 to 3, with higher scores indicating greater symptomatology. The BDI has been found to correlate with psychiatric ratings of depression in both psychiatric and student samples (Beck, Steer, & Garbin, 1988; Bumberry, Oliver, & McClure, 1978). Test-retest stabilities for nonpsychiatric samples range from .60 to .83, and from .48 to .86 for psychiatric patients. Internal consistency in this project was $\alpha = .90$. Cutoff scores have been established, with 0-9

reflecting no or minimal depression, 10-18 reflecting mild to moderate depression, 19-29 indicating moderate to severe depression, and 30-63 reflecting severe depression (Beck et al., 1988).

State-Trait Anxiety Inventory Trait Anxiety subscale (STAI Form Y-2). Trait anxiety refers to relatively stable individual differences in anxiety-proneness. The T-anxiety scale of the STAI (Spielberger, 1983) is a 20-item scale that has been extensively used to assess trait anxiety in both research and clinical practice. Higher scores indicate higher levels of anxiety. Internal consistency was found to be $\alpha = .91$ in the normative sample and $\alpha = .95$ in the present study; the test-retest correlation in the normative sample was $\alpha = .77$. Good convergent and divergent validity has been established. The mean score for normal adult women is $M = 34.79$ ($SD = 9.22$). Normative data for female neuropsychiatric patients was not available in the test manual, but the mean score of male neuropsychiatric patients was $M = 47.74$ ($SD = 13.24$).

Perceived Parenting Inefficacy

Maternal perceptions of parenting self-efficacy were measured twice during the laboratory procedure: (a) after the free play, and (b) after the challenging parent-child interaction task, in order to assess how mothers experience those situations. Thus parenting self-efficacy is not measured as a trait, but rather as a state that is induced in response to a particular childrearing situation. Because parenting self-efficacy has not typically been assessed in this manner, a self-report questionnaire was designed for use in this project. Mothers were given a questionnaire with 10 statements about feelings and thoughts that they may have had during the play time, and were asked to indicate the

extent to which they agreed with the statements based on their experience of the interaction they just had with their child. Items included statements such as “Nothing seemed to work when I was playing with my child just now” (see Appendix A for full questionnaire). Statements were rated on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). Higher scores indicate greater perceptions of parenting inefficacy. Some statements were adapted from previous measures of parenting self-efficacy including the negative thoughts ratings used by Grusec et al. (1993) and the Parenting Sense of Competence scale (Johnston & Mash, 1989). Internal consistency was found to be good, with $\alpha = .82$ after free play and $.91$ after the problem-solving task.

State Splitting

Mothers’ degree of splitting in response to the two laboratory interactions were assessed immediately following each interaction. Because there is no measure of splitting that captures this construct in a state rather than trait fashion, the Assessment of Qualitative and Structural Dimensions of Object Representations coding system (Blatt, Chevron, Quinlan, Schaffer, & Wein, 1992) was employed to assess this construct. In Blatt et al.’s coding system, respondents are asked to generate a free response description of a significant individual in their lives (e.g., father, mother, child, etc.). Free responses are then coded for a series of 12 characteristics attributed to the person, designed to assess the respondent’s quality of object representations regarding the significant other. The coding system has been primarily used for descriptions of parents. Validity of the system has been demonstrated in studies finding that clinical participants tend to be rated as having lower conceptual level than participants from nonclinical samples (Blatt, Wein,

Chevron, & Quinlan, 1979; Bornstein, Galley, & Leone, 1986; Bornstein, Galley, Leone, & Kale, 1991), and conceptual level ratings by clinical participants tend to rise over the course of therapy (Diamond, Kaslow, Coonerty, & Blatt, 1990; Gruen & Blatt, 1990).

Mothers provided two free descriptions: (a) after free play, and (b) after the challenging task. For the first, they were given a sheet of paper with instructions at the top to “Please describe your child,” and in the second the instructions read “Please continue to describe your child.” Although all variables from the original coding system were scored, only one, degree of ambivalence, was used for this study. According to Blatt et al. (1992), degree of ambivalence indicates the extent to which the respondent reflects ambivalent or conflictual feelings about the person. Codes are on a 5-point scale (1 = no ambivalence, descriptions are all positive or negative, 2 = some ambivalence, descriptions are primarily positive or negative, 3 = moderate ambivalence, 4 = marked ambivalence, and 5 = extreme ambivalence, evidencing both highly positive and highly negative valuations). In this study, either low or high scores were interpreted as evidence for high splitting, because low scores are indicative of either extreme idealization or devaluation of the child, and high scores reflect highly ambivalent responses in the same description, with a lack of coherence. Moderate level scores indicate low splitting, in that the mother would exhibit a balanced and coherent account of both positive and negative attributes of the child. Interrater reliability found in studies using Blatt et al.’s (1992) coding system with an older version of the ambivalence code utilizing a 3-point scale has averaged $r = .62$ (Bornstein, Galley, & Leone, 1986; Bornstein & O’Neill, 1992; Quinlan,

Blatt, Chevron, & Wein, 1992). Studies using the current 5-point scale version have averaged $r = .81$ (Blatt et al., 1992; Blatt, Stayner, Auerbach, & Behrends, 1996; Levy, Blatt, & Shaver, 1998). Greater ambivalence in parental and therapist descriptions has been found to relate to greater psychopathology (Blatt et al., 1996; Bornstein & O'Neill, 1992) and insecure attachment in adulthood (Levy et al., 1998).

Two coders were trained to rate ambivalence of maternal descriptions of the child. All ratings were coded to consensus between these two raters. Interrater reliability was $r = .88$, calculated between these consensus ratings and those of a master coder, with 20% of the observations coded by all raters.

Parenting Behavior

Parent behavior was coded from the videotapes of the two 10-min interactions in the laboratory observation sessions. Ratings were made for the free play and problem-solving situation separately. Seven aspects of parental behavior were coded for each episode: (a) positive affect, involving expressions of pleasure, affection, or warmth toward the child in facial expressions or tone of voice, (b) negative affect, involving expression of frustration, disapproval, or hostility toward the child, (c) mood lability, describing the tendency to quickly shift between positive and negative mood states, (d) flat affect, in which the parent demonstrates little to no emotional expression in the interaction with the child, as evidenced in subdued or neutral facial expressions, or monotonic voice quality, (e) intrusiveness, describing overstimulating parental activity that is insensitive to the child's needs, and involves imposing the parent's agenda on the child, (f) withdrawn behavior, in which the parent is passive and uninvolved with the

child, (g) sense of ineffectiveness, in which the parent appeared to feel ineffective in regard to parenting the child, as indicated by a range of behaviors including tension, frustration, sarcasm, and nervous laughter, and (g) behavioral inconsistency, or the tendency to make shifts in behavior towards the child that are not an appropriate response to the child's needs. Scores were on a 5-point scale ranging from 1 to 5, with 1 indicating a low frequency or intensity of the behavior, and 5 indicating high frequency/intensity. Several codes (i.e., positive affect, negative affect, intrusiveness, and withdrawn behavior) were based on a coding system used by Belsky, Putnam, and Crnic (1996). Two coders (different than the raters for state splitting) trained for a period of approximately 4-5 months. All codes were made to consensus, and interrater reliability was established by calculated Pearson product-moment correlations between consensus ratings and those of a master coder on 20% of the data. Reliability could not be established on withdrawn behavior, given its low frequency, so this variable was dropped. Reliabilities ranged from $r = .76$ to $.87$.

Child Behavior

Child Behavior Checklist (CBCL). Mothers were asked to complete the CBCL (Achenbach & Edelbrock, 1983) for 2-3-year-old children. As well, mothers were asked for permission to contact another adult who knew their children well, and a second CBCL was sent to this person. The CBCL yields broad-band internalizing (i.e., anxiety-based) and externalizing (i.e., aggression-based) scores as well as a total problem behavior score. Achenbach, Edelbrock, and Howell (1987) showed that these subscale scores discriminate between children who were and were not referred for mental health services,

and that test-retest reliability across 1 week was $r = .87$ and across 1 year was $r = .69$.

Total raw scores were used.

Child behavior coding. Child behavior was coded from the two play interactions in the videotaped laboratory observation. Free play and challenging play situations were coded separately. Six ratings were used: (a) positive affect, indicating the extent to which the child is satisfied, pleased, excited, or affectionate with the mother, (b) negative affect, based on child crying, fussiness, body tension, anger, or frustration, (c) flat affect, involving little to no emotional expression of either a positive or negative valence, (d) sociability, capturing the degree to which the child initiates social interactions with the parent and responds to the parent's initiations, (e) demandingness, indicating the extent to which the child makes persistent and/or negative bids for attention, and (f) compliance, or the degree to which the child is appropriately compliant with the parent's attempts to manage the child's behavior, considering both frequency and immaturity of noncompliant actions (e.g., defiance being considered less mature than ignoring the parent). Scores were on a 5-point scale ranging from 1 to 5, with 1 indicating a low frequency or intensity of the behavior, and 5 indicating high frequency/intensity. Two coders (different than the coders for parent behavior or state splitting) trained for a period of 4 months. Consensus ratings were made for all codes, and interrater reliability was established with a master coder on 20% of the data using Pearson product-moment correlations. Reliabilities ranged from $r = .67$ (flat affect) to $.94$ (compliance).

Chapter 4

Results

The major goal of the study was to elucidate the relations among maternal borderline traits, parenting inefficacy, parenting quality, and child adjustment. Several mediational hypotheses regarding the interrelation of these constructs were also made. For ease of presentation, these results are divided into two sections: prediction to parenting and prediction to toddler adjustment. Secondary hypotheses regarding the role of state splitting in the model were also made; these results are discussed next. Lastly, findings are presented regarding the degree of challenge of the childrearing situation as a moderator for the relations among borderline traits, parenting inefficacy, and state splitting.

Preliminary Analyses

Data Screening

The questionnaire data were first examined for invalid responses. Three participants scored greater than $T = 68$ on the Positive Impression Management scale of the PAI, thus invalidating their data. These participants were dropped from all analyses, leaving a total of 72 subjects. Data were then screened for outliers. Outlier scores were reduced to bring them within several points from the next highest scores.

Several variables were significantly skewed (BDI, parent negative affect, flat affect, intrusion, and feelings of ineffectiveness during both tasks, and child flat affect, demandingness, and compliance, during both tasks). Square root transformations were made for these variables to improve the distributions.

Data Reduction

To reduce the data, several composites were formed. First, the PAI Borderline scale, SIPI, and SI were combined to form a borderline personality composite variable, with $\alpha = .90$. Second, parenting variables were examined for sufficient variability; mood lability, withdrawn behavior, and behavioral inconsistency did not have sufficient variability and thus were dropped from further analyses. Next, observations of parenting behavior were collapsed over task, and a parenting behavior composite was formed by combining parental positive affect (reversed), flat affect, observed feelings of ineffectiveness, and negative affect ($\alpha = .76$). This composite variable was named affective dysregulation. Parental intrusive behavior did not correlate with other variables highly enough to be included in the composite, and was thus left as a single variable. Lastly, child behaviors were collapsed over task, and two child behavior composites were formed. A child positive behavior composite was formed by combining child positive affect and sociability ($\alpha = .76$). A child negative behavior composite was formed by combining child negative affect, demandingness, and compliance (reversed), with $\alpha = .75$. Child flat affect was not sufficiently highly correlated with other variables, and was dropped.

Main Analyses

Because the focus of this report is on borderline personality characteristics measured in a dimensional fashion across the continuum, rather than on diagnosed borderline personality disorder, data from clinical and nonclinical participants were combined. To assess the acceptability of combining the groups, t-tests for mean differences were run for each variables, and the main analyses were also conducted in parallel for each group separately. Although means on some variables (borderline traits, depression, anxiety, child positive behavior) were significantly different between groups, when the main analyses were run for each group separately, only two significant differences and two trends emerged out of 33 analyses. Given these relatively few differences, the groups were combined, resulting in improved power. Means and standard deviations of raw scores are presented in Table 1 for all measures, although the analyses used transformed scores. Sample sizes vary by measure because some participants had missing data (due to not returning questionnaires or the experimenter's error in not recording the observation).

Prediction to Parenting

Relation between borderline personality characteristics and observed parenting. It was predicted that mothers with higher borderline personality characteristics would tend to display less adaptive parenting across various parenting situations. To test this hypothesis, Pearson product-moment correlations were calculated between the borderline personality composite variable and observed parenting variables (affective dysregulation and intrusion), collapsed across lab task (see Table 2). Neither correlation reached

Table 1: Means and standard deviations for major measures

Measure	<u>M</u>	<u>SD</u>	Range
PAI Borderline scale (t-score)	56.51	12.50	0-100
Separation Individual Process Inventory	120.80	58.50	39-390
Splitting Index	2.32	.75	1-5
Beck Depression Inventory	10.19	8.54	0-63
State-Trait Anxiety Inventory: Trait scale	40.89	12.57	20-80
Self-reported parenting inefficacy	18.80	5.01	10-50
State splitting	2.04	.69	1-5
Observed parent behaviors			
Positive affect	3.70	.80	1-5
Negative affect	1.42	.51	1-5
Flat affect	1.29	.67	1-5
Feelings of ineffectiveness	1.31	.55	1-5
Intrusion	1.24	.51	1-5
Observed child variables			
Positive affect	3.11	.79	1-5
Sociability	3.54	.95	1-5
Negative affect	2.15	.77	1-5
Demandingness	1.42	.57	1-5
Compliance	4.47	.82	1-5
CBCL total raw score: Mother reported	38.89	22.39	
CBCL total raw score: 2nd informant	27.63	18.44	

significance.

To better understand the data, correlations were also calculated with each of the four components of the affective dysregulation composite, again across task (see Table 2). One correlation was significant. Higher borderline personality traits were associated with greater displays of flat affect with children. Thus mothers with more borderline

Table 2: Correlations between maternal borderline traits, perceived inefficacy, and observed parenting

Variable	<i>n</i>	Affective Dysreg.	Intrusion	Positive Affect	Negative Affect	Flat Affect	Sense of Ineffec.
Borderline traits	71	.19	.05	-.18	.09	.30**	-.07
Perceived par. inefficacy	71	.38**	-.10	.21†	.39***	.24*	.38***

characteristics tended to be more flat with their children. Similar analyses were also conducted for each lab task individually; Z-score transformations of the resulting coefficients were compared by t-tests, revealed that there were no significant differences between them.

Next, analyses were conducted to examine whether the relation between borderline personality characteristics and observed parenting might follow a disjointed function, e.g., parents with lower levels of borderline traits might display adaptive parenting, whereas mothers with higher levels of such traits might show more maladaptive parenting. An ANOVA approach was taken, with the sample divided into two groups via a mean split on the borderline composite. There was a trend for affective dysregulation across lab task to vary by level of borderline personality traits ($F(1, 69) = 3.15, p = .08$), with mothers in the top 50% of the sample on borderline personality traits evidencing significantly more affective dysregulation with their children than those who endorsed a lower degree of borderline traits. When analyzed separately by task, mothers with higher borderline traits were significantly more affective dysregulated than mothers with lower levels of borderline traits only in the problem solving task, ($F(1, 69) = 4.21, p$

< .05). Intrusion across task (and in analyses by task) was not related to level of borderline personality characteristics.

Similar analyses were also conducted to examine associations with each individual component of the affective dysregulation composite across task. A MANOVA was conducted with the same IV, but with each individual parenting variable as DVs. The overall MANOVA was significant (Wilks' $\lambda = 2.84$, $p < .05$). Follow-up univariate ANOVAs showed that mothers with high borderline traits were significantly lower on positive affect ($F(1, 69) = 3.98$, $p < .05$) and higher on flat affect ($F(1, 69) = 9.10$, $p < .01$) than mothers with low borderline traits. The two groups of mothers did not differ on negative affect, or observed sense of ineffectiveness. When analyzed separately by task, mothers with high borderline traits were significantly less positive than mothers with lower borderline traits only in the problem solving task, ($F(1, 69) = 3.93$, $p < .05$). There was a trend for mothers with higher borderline traits to be more flat than mothers with lower borderline traits in the free play task, ($F(1, 69) = 3.35$, $p < .10$), and the former were significantly more flat than the latter in the problem solving task, ($F(1, 69) = 13.93$, $p < .001$).

Relation between borderline personality characteristics and perceived parenting inefficacy. It was hypothesized that mothers with greater borderline characteristics would perceive themselves as less effective in their parenting across various parenting situations than mothers with lower levels of borderline traits. A Pearson product-moment correlation was calculated between the borderline composite and mothers' reports of parenting inefficacy, collapsed across lab task. It was found that mothers with higher

borderline traits tended to feel less effective in their parenting, as assessed immediately following interactions with their children ($r(72) = .38, p < .001$). Separate analyses by task revealed that there was no significant difference in the size of the correlations between borderline traits and parenting inefficacy for the free play versus problem solving tasks.

Relation between perceived parenting inefficacy and observed parenting behavior.

Mothers who perceived themselves as less effective parents were predicted to display poorer quality parenting across various parenting situations. To test this hypothesis, correlations were calculated between perceived parenting inefficacy (collapsed across task) and observed parenting behavior. Maternal perceived inefficacy in parenting was found to relate to greater maternal affective dysregulation with children (see Table 2), but not to maternal intrusion. Thus mothers who felt less effective in their parenting also tended to display more affective dysregulation with their children, but were not more intrusive. Sizes of correlations did not significantly differ in the free play versus problem-solving tasks. Next, as in earlier analyses, correlations were also calculated with each component of the affective dysregulation variable across tasks (see Table 2). Across task, mothers who perceived themselves to be less effective as parents were significantly more likely to display negative affect, flat affect, and observed feelings of inefficacy, as compared to mothers with higher parenting self-efficacy, and there was a trend toward less displays of positive affect. In t -test analyses comparing the magnitude of the correlations for each lab task, only one difference emerged: there was a trend for

borderline traits to correlate more highly with maternal negative affect during the problem solving task as compared to the free play task ($r = .49$ vs. $.21$, $p < .10$).

Test of perceived parenting inefficacy as a mediator between borderline personality traits and parenting behavior. The Baron and Kenny (1986) procedure for testing mediation was used to test whether perceived parenting inefficacy mediated the relation between borderline personality traits and observed maternal flat affect. Flat affect was chosen as an outcome because it was the only parenting variable that had a significant association with borderline personality characteristics (as discussed earlier), which is the first criterion for demonstrating mediation. A series of regression analyses was conducted. First, perceived parenting inefficacy was regressed on the borderline composite, yielding $\beta = .37$, $p < .001$. Second, maternal flat affect was regressed on the borderline composite, resulting in $\beta = .30$, $p < .01$. For the third regression, in Step 1, perceived parenting inefficacy was entered as a predictor of flat affect, and in Step 2, the borderline composite was added as a predictor. Results indicated that when the borderline composite was entered after controlling for perceived parenting inefficacy, the coefficient was slightly reduced to $\beta = .25$, $p < .05$ as compared to its magnitude when entered alone, with R^2 reduced from $.09$ to $.05$. Thus it appears that perceived parenting inefficacy partially mediated the relation between borderline personality characteristics and parenting behavior.

Prediction to Toddler Adjustment

Relation between borderline personality characteristics and toddler behavior. It was predicted that mothers with higher levels of borderline traits would be more likely to

have children with less adaptive behavior, as observed in lab tasks and as reported by mothers and second informants. To test this proposition, correlations were first calculated between the borderline composite and observed child behavior (positive and negative behavior composites). Neither correlation was significant (see Table 3). Correlations between the borderline composite and each individual child variable were also not significant. Thus children's degree of positive and negative behavior in the laboratory did not vary according to the level of their mothers' borderline traits. Similar analyses for each lab task separately yielded the same findings.

Correlations were then calculated between borderline personality traits and CBCL reports (see Table 3). Mothers with higher borderline traits were significantly more likely to have children with greater behavior problems, as reported by both mothers and importantly, second informants as well (although less so).

Table 3: Correlations between maternal borderline traits, perceived inefficacy, parenting, and toddler behavior

Measure	Positive child beh. ($n = 71$)	Negative child beh. ($n = 71$)	CBCL (Mother) ($n = 70$)	CBCL (2nd informant) ($n = 59$)
Borderline personality traits	.07	.11	.51***	.28*
Perceived parenting inefficacy	.04	.35**	.40***	.25†
Maternal affective dysreg.	-.21†	.40***	.11	.21
Maternal intrusion	-.12	.04	-.05	.11

Relation between perceived parenting inefficacy and child behavior. It was hypothesized that mothers who perceived themselves to be less effective in their parenting would have children with poorer adjustment. Accordingly, Pearson product moment correlations were calculated between mothers' perceived parenting inefficacy and observed child behavior across task (see Table 3). Perceived parenting inefficacy was not related to positive child behavior, but was significantly correlated with negative child behavior. Mothers who reported greater feelings of parenting inefficacy had children who displayed more negative behavior. Findings were identical in analyses for each separate lab task.

Correlations were also calculated between perceived inefficacy across task and CBCL reports (see Table 3). There was a significant correlation between greater inefficacy and higher CBCL scores as reported by the mother, and a trend in the same direction with CBCL scores as reported by the second informant. Thus mothers who felt more ineffective in their parenting tended to have children with greater behavior problems. Correlations between perceived inefficacy for each task separately and CBCL scores revealed identical findings for maternal reports of child behavior problems.

CBCLs reported by the second informant were associated with perceived parenting inefficacy only in the problem solving task ($r = .24, p < .10$).

Relation between observed parenting and child behavior. Mothers who displayed less adaptive parenting were predicted to have children with poorer adjustment across childrearing situations. Initially, correlations were calculated between observed parenting and observed child behavior, both across task (see Table 3). Greater maternal affective dysregulation was found to significantly relate to more negative child behavior, and a trend was found for greater maternal affective dysregulation to be associated with less positive child behavior. Thus mothers who were more affectively dysregulated had children who acted more negatively and somewhat less positively. Maternal intrusion was not related to either positive or negative child behavior. Analyses by each task separately revealed identical findings.

Correlations were also calculated between observed maternal behavior and CBCL reports. Although associations were not significant between affective dysregulation or intrusion and CBCL reports from either the mother or the second informant (see Table 3), some significant relations emerged when using the individual parenting variables. Specifically, observed sense of ineffectiveness was associated with greater toddler behavior problems as reported by the second person ($r(59) = .31, p < .05$). Mothers who acted in ways that indicated that they felt ineffective tended to have children with more behavior problems. Analyses by each task separately revealed that this finding only held for the free play task ($r(70) = .37, p < .01$, vs. $r(70) = .20$, n.s., for the problem solving task). Across tasks, there was a trend for maternal flat affect to be associated with greater

child behavior problems as reported by the mother ($r(70) = .21, p = .08$), so that mothers who displayed more flat affect had children with greater behavior problems. Analyses for each task separately showed that this relation only held during problem solving ($r = .25, p < .05$, vs. $r = .14$, n.s. for free play). No other associations between parenting variables and CBCL scores were significant, either across task or for tasks individually.¹

Parenting behavior as a mediator between perceived parenting inefficacy and child adjustment. It was hypothesized that parenting behavior would partially mediate the relation between perceived parenting inefficacy and toddler adjustment. Affective dysregulation and negative child behavior were chosen as variables to test mediation, as they had earlier demonstrated significant associations with parenting inefficacy. As the first step in demonstrating mediation, affective dysregulation was regressed on perceived parenting inefficacy, resulting in $\beta = .38, p < .001$. Second, the negative child behavior composite was regressed on parenting inefficacy, yielding $\beta = .34, p < .01$. Lastly, a third regression was conducted in which affective dysregulation was entered in the first block and perceived inefficacy in the second, predicting to negative child behavior. It was found that the contribution of perceived inefficacy was meaningfully reduced, with $\beta = .19, p = .10$, as compared to when it was entered alone. R^2 was reduced from .14 to .03. Thus maternal displays of affective dysregulation do appear to partially mediate the

¹ Predictions to CBCL scores were also run separately for boys and girls, and using internalizing and externalizing scores rather than total scores. No meaningful differences by gender or internalizing versus externalizing were found.

relation between mothers' perceptions of parenting inefficacy and negative child behavior.

A second test of mediation was run, assessing whether maternal affective dysregulation mediated the relation between mothers' perceived parenting inefficacy and child behavior problems (CBCL - Mother). In the first step for demonstration of mediation, affective dysregulation was regressed on perceived inefficacy, resulting in $\beta = .38, p < .001$. Second, CBCL scores were regressed on perceived inefficacy, yielding $\beta = .40, p < .001$. For the third regression, in the first step, affective dysregulation was entered in the prediction of CBCL scores, with perceived inefficacy entered in the second step. The contribution of perceived inefficacy was found to be $\beta = .42, p < .001$. The R^2 changed from .16 when perceived inefficacy was entered alone to .15 when it was entered after affective dysregulation, a negligible change. Thus the coefficient of perceived inefficacy was not lowered after controlling for affective dysregulation, indicating that maternal affective dysregulation did not mediate the relation between maternal perceptions of inefficacy and CBCL scores reported by mothers.

Role of State Splitting in the Model

The next goal was to determine the relation of maternal state splitting to other constructs. Pearson product-moment correlations were calculated between the state splitting measure (i.e., ambivalence toward the child) and 1) the borderline composite, 2) parenting variables, and 3) perceived parenting inefficacy, with scores collapsed over task for variables measured twice. Results indicated that when collapsed over task, state splitting was not significantly related to either the borderline composite or to perceived

parenting inefficacy. State splitting was significantly related to maternal affective dysregulation ($r(71) = .43, p < .001$), but not to maternal intrusion. Thus mothers who felt more ambivalent towards their children tended to exhibit more affective dysregulation in parenting at those moments.

Two competing hypotheses were advanced regarding the role of state splitting as a mediator. First, state splitting was postulated to mediate the relation between borderline traits and perceived parenting inefficacy. Alternatively, state splitting was hypothesized to mediate the relation between parenting inefficacy and parenting behavior. Both hypotheses were rejected, since state splitting was not related to borderline traits (Hypothesis 1) or to perceived inefficacy (Hypothesis 2), at least when collapsed across task.

Moderating Effects of the Difficulty of the Childrearing Situation

It was hypothesized that two relations in the model would be stronger under more challenging childrearing conditions (i.e., problem-solving task) as compared to less challenging conditions (i.e., free play): a) the relation between borderline characteristics and evaluations of parenting self-efficacy, and b) the relation between borderline characteristics and splitting. Thus in this section of the study, correlational analyses were conducted between these variables, in parallel for relations during the free play to those during the problem-solving task. The size of the associations for each task was then compared to determine if there was a significant difference between them.

Relation between borderline personality traits and perceived parenting inefficacy.

Pearson product-moment correlations were calculated between the borderline composite

variable and self-reported feelings of parenting inefficacy that mothers completed after both free play and the problem-solving task. Significant relations were found for both tasks (see Table 4), wherein mothers with more borderline traits tended to feel less effective in their parenting. As predicted, a somewhat stronger relation between

Table 4: Relation between borderline traits, parenting inefficacy, and state splitting by task

Variable	Borderline personality traits (<i>n</i> = 71)	
	Free play	Problem-solving
Perceived parenting inefficacy	.26*	.36**
State splitting	.37***	-.24*

borderline traits and parenting self-efficacy was found under more challenging child-rearing conditions, although converting the two to Fisher's Z-scores revealed that the difference between the two correlations was not significant.

Relation between borderline personality characteristics and state splitting.

Correlations were calculated between state splitting and the borderline composite, separately for each task. The results showed that although state splitting had not been related to borderline personality traits when collapsed over task, significant associations were found when examining each episode separately (see Table 4). Mothers with greater borderline traits felt higher ambivalence towards their children as compared to mothers with lower borderline traits, when measured after free play. After problem-solving, however, mothers with higher borderline traits were less ambivalent toward their children than mothers with lower borderline traits. So contrary to prediction, there was not a

stronger relation between borderline traits and state splitting (at least as measured by ambivalence toward the child) under more challenging conditions. Rather, it was in the opposite direction to the direction of association in the easier condition. This has been graphically depicted in Figure 3. As can be seen, mothers with lower levels of borderline

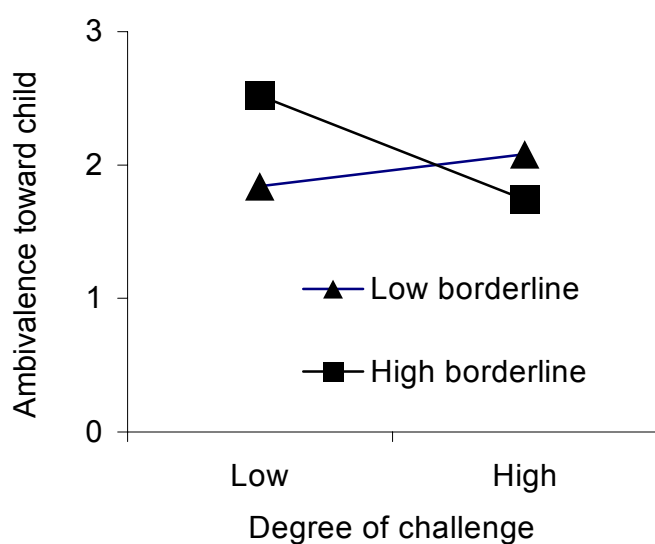


Figure 3: Relation between degree of challenge and maternal ambivalence, by level of maternal borderline traits

characteristics tended not to vary in degree of ambivalence towards their children according to how challenging the childrearing situation was. Mothers with higher levels of borderline traits, however, tended to be less ambivalent towards their children when assessed after the more challenging condition of problem-solving.

Test of state splitting as a mediator in the model. Earlier, the hypothesis that state splitting was a mediator in the model was rejected for state splitting collapsed across task. This issue was re-examined for each task separately. Recall that two competing

hypotheses were advanced: that state splitting mediated either (a) the relation between borderline traits and perceived parenting inefficacy, or (b) the relation between parenting inefficacy and parenting behavior. The second hypothesis was rejected because state splitting did not relate to perceived inefficacy during either lab task. The first hypothesis, though, was tested for free play. First, state splitting was regressed on borderline traits, yielding $\beta = .38, p < .001$. Second, perceived inefficacy was regressed on borderline traits, with $\beta = .26, p < .05$. Third, perceived inefficacy was regressed on borderline traits, after controlling for state splitting, which resulted in $\beta = .26, p < .05$. Because there was no change in the coefficient for borderline traits after controlling for state splitting, state splitting did not appear to mediate the relation between borderline traits and perceived inefficacy.

Chapter 5

Discussion

Borderline psychopathology in mothers may negatively impact parenting quality and child development. Problems with chronic emotion dysregulation may cause parents at times to express more hostility or anxiety, towards children, to be emotionally labile, or show an absence of positive involvement. Borderline psychopathology may create difficulties for parents in regulating appropriate boundaries with children, or being consistent in limit-setting and provision of nurturance. In turn, children may show disturbances in their development, such as behavior problems, insecurity about their self-worth, and problems in regulating their own affect.

Prediction to Parenting

The first set of findings from this study indicates that borderline symptoms are associated with the quality of parenting. Specifically, the more borderline symptoms a mother reports, the more flat and less positive the affective tone of her interaction with her young child. This may represent a manifestation of feelings of emptiness, which are common for individuals with borderline personality characteristics and often expressed through deadened, mechanical behavior. This finding provides partial support for the prediction that the emotional dysregulation associated with borderline personality

disorder may be present in the interactions of mothers with those disorders and their young children, and is consistent with the few studies on parental personality disorders (Cassidy et al., 1996; DeMulder et al., 1994; Hans et al., 1999; Rutter & Quinton, 1984; Thompson & Zuroff, 1998). This difference in emotional tone, however, was captured by an absence of positive emotion and not by overt hostility, intrusiveness, or contingent withdrawal. Therefore, there was no support for a hypothesis that borderline symptoms were associated with inappropriate anger or aggression in mothers of young children. The study design cannot rule out the possibility that borderline mothers do engage in such hostile behavior. In a more challenging situation, e.g., one in which the young child is highly demanding and upset, parents themselves may feel upset and angry. In a person with borderline personality features, this may trigger inappropriate angry behavior or withdrawal. Such circumstances, however, are beyond the ethical scope of laboratory-based developmental research and would require naturalistic observation perhaps in the home or a parent-child therapy context. In naturalistic settings, children have many more options and they exhibit a wider and potentially more difficult range or stressful range of behavior (Crnic & Greenberg, 1990). Likewise, there are competing demands for maternal attention much more so than in a structured lab context. Thus under more natural challenging conditions, borderline mothers may be prone to labile, intense emotions that might be expressed through overtly negative behavior with children.

The second set of findings provides some insight into the potential causes of the links between borderline functioning and parenting behavior. Specifically, as predicted, mothers with higher borderline traits tend to perceive themselves as less effective with

their young children, when assessed immediately following parent-child interactions. This study is the first to directly link maternal borderline personality characteristics to parenting self-efficacy, and is consistent with past research suggesting that mothers affected by other maladaptive parental personality traits such as depression and insecure adult attachment tend to feel less efficacious as parents (Grusec et al., 1993; Teti & Gelfand, 1991). This study, however, failed to replicate the finding of Bugental and her colleagues (1999) that problematic parent personality traits and parental feelings of control were more strongly related under more challenging childrearing conditions, although the data were in the direction of a difference. Why the lack of replication? One explanation could be that challenge may not affect high borderline mothers as it does mothers with low perceived control, as in Bugental's work. This seems unlikely, though, given the general clinical experience that borderline individuals feel threatened by difficult situations. More likely, the short laboratory task may not have presented sufficient challenge for the dyads in this study, as discussed above.

The third set of findings showed that mothers who felt less effective as parents were more affectively dysregulated with their children. This is consistent with past research that has found that parents who perceive themselves to have low control over children or to be ineffective as parents tend to show less competence and more negativity and coercion with children (Bugental et al., 1993; Bugental, Blue, & Lewis, 1990; Bugental et al., 1999; Bugental & Shennum, 1984; Johnston & Mash, 1989; Teti & Gelfand, 1991). Feelings of inefficacy, however, only slightly mediated the relation between borderline traits and maternal flat affect. Thus other mechanisms, such as

cognitions about children, may explain the relation between borderline traits and flatness in mothers. As a speculative example, mothers with borderline characteristics could have difficulty perceiving their children as enjoyable, and thus might be flat in their parenting. Although to date, research does not exist which links cognitions about children to parental behavior for mothers affected by borderline personality, developmentalists suggest that in general, appraisals of child behavior contribute to the organization of childrearing practices (Dix & Grusec, 1985). An alternative explanation of these findings is that borderline pathology may directly lead to flat affect in parenting, perhaps due to chronic feelings of emptiness as discussed earlier. This may be true regardless of how ineffective mothers feel at that moment in regard to parenting.

In summary, mothers with higher levels of borderline personality traits appear to be more dysfunctional in some aspects of their parenting than mothers with less borderline features, and appear to have lower feelings of efficacy in regard to parenting. Also, it was found that mothers who feel less effective as parents tend to be more affectively dysregulated with children, although these feelings of inefficacy do not appear to have a mediational role in the relation between borderline traits and affective dysregulation. Beyond the associations observed within more normative parenting contexts, these relations are consistent with the features of borderline personality disorder that concern empty, depressed emotional experience, issues of identity disturbance, and problems in self-soothing. Chronic, long-standing personality pathology such as borderline personality appears to negatively affect the parenting system through both expressed behavior and parental cognitions.

Prediction of Child Behavior

Borderline personality may have effects that stretch beyond the parenting system to child adaptation. In fact, both direct and indirect effects were suggested. As predicted, mothers with higher borderline characteristics had children with less adaptive behavior. This relation, however, was limited to child behavior problems as assessed by questionnaires, not to child behavior as observed in the lab. Nonetheless, this finding is important because maternal borderline traits were associated not only with mother-reported child behavior problems (as would be expected if a halo effect was present), but also with behavior problems as reported by an independent second informant (a more methodologically rigorous test). It may be that the questionnaire data tapped into a larger and possibly more valid set of child behavior, whereas the laboratory observations may have somewhat constricted the range of child activity. This may have made it difficult to find associations with a subtle process such as self-reported borderline traits, especially within the relatively lower range of pathology found in the present sample. Moreover, although there have been a few studies linking other parental personality disorders or personality disorders across types to less adaptive child functioning (Cassidy et al., 1996; Lahey et al., 1989; Laucht et al., 1994; Lizardi & Klein, 2000; Polan et al., 1991; Rutter & Quinton, 1984), this is the first study to establish relations between borderline personality traits and child behavior.

Consistent with a large body of research on parent-child interactions (e.g., Downey & Coyne, 1990; Maccoby & Martin, 1983; Parke & Buriel, 1998; Patterson, 1982) mothers who were more affectively dysregulated had children who were more

negative in observations, and there was a trend found towards children displaying less positive behavior. Conversely, relations between maternal behavior in the lab and reports of child behavior problems were more equivocal. Thus in this case, the opposite pattern of results was found as for borderline traits. Earlier, borderline traits were more closely linked to reported child behavior problems than to observed child behavior, whereas the opposite was true for maternal affective dysregulation. On one level, this is not surprising. Closer associations are likely to be found when assessing maternal and child behavior from the same situation, as in the latter. This difference, however, may also reflect real differences between borderline personality traits and affective dysregulation as they relate to child behavior. Problems in regulating emotions are a central component of borderline personality, but there are other aspects of borderline personality that may relate differentially to child behavior. Features such as identity disturbance, quickly changing thoughts about others, and fears of abandonment may impact child development in ways that are more closely tied to global assessments of behavior problems than is maternal affective dysregulation. For example, perhaps a mother who fears separation from her child may communicate this anxiety to the child, thus leading the child to have difficulty sleeping alone at night. The maternal affective dysregulation observed in the lab context may not have as close a relation to a wider array of child behaviors, such as this one.

As expected, mothers who perceived themselves to be less effective in parenting during laboratory observations tended to have children with poorer adjustment, as indicated by more observed negativity and greater child behavior problems as reported by

mothers and second informants. It is impossible to know the direction of influence here, although such considerations are obviously of great conceptual importance. Surely, mothers who feel ineffective may cause their children to act more negatively, or equally tenable is the notion that children who act negatively may cause their mothers to feel ineffective. Regardless, these interactions involve complex transactional processes, e.g., mothers who feel ineffective may act in ways that elicit negativity from their children, such as by being more negative or ingratiating, or less warm, and the resulting child negativity makes mothers feel even less effective. Nonetheless, it is interesting that this relation holds not only between mothers' reports of parenting self-efficacy regarding their experience with their child in the lab (from which child behavior was also assessed), but also between self-efficacy and child behavior problems in general. The independence of the methodology lends credence to such speculation.

In an attempt to model these complex processes more completely, analyses indicated that maternal displays of affective dysregulation appear to partially mediate the relation between perceived parenting inefficacy and child behavior. Specifically, it appears that mothers who feel less effective and more threatened by the childrearing situation become more dysregulated with their children, and thus influence their children to display more negative behavior. This lends support for the idea that not only may mothers feel ineffective because of children's negative behavior, but also that mothers who feel ineffective act in ways that cause negative child behavior. This mediational model did not hold, however, when predicting to child behavior problems. This is

understandable, given that mediational processes are more likely to hold within a given situation, rather than across situations.

In summary, it appears that borderline pathology in mothers may be important to consider not only in regard to parenting, but also as it relates to child development in the toddler and preschool years. As with the prediction to parenting, however, results for prediction of child development were not as ubiquitous as expected. Support was found, however, for the impact of parental beliefs about parenting efficacy on child adaptation, as mediated by mothers' levels of affective dysregulation.

The Role of State Splitting in the Model

A secondary goal of this study was to examine the process of intrapsychic splitting, or the inability to integrate positive and negative feelings about self and others, as it relates to maternal borderline personality traits and parenting processes.

Contemporary psychoanalytic theory suggests that the frequent use of the defense mechanism of splitting is a central feature of borderline personality, and that splitting operates as a defense mechanism to reduce anxiety and maintain self-esteem (Kernberg, 1975; McWilliams, 1994). All individuals may exhibit splitting when confronted by threatening circumstances, but those with borderline personalities are vulnerable to frequent splitting because they do not have more mature defenses in their repertoires (McWilliams, 1994). In consequence, they may be prone to intense, quickly shifting emotions and unrecognized contradictory thoughts about themselves or others. These distorted thoughts and feelings may have a tremendously negative impact on

interpersonal relationships. For example, a parent who cannot think of any positive things about her child when the child does something aversive might become intensely enraged.

The little research conducted on splitting (e.g., Gould et al., 1996) has measured it as a global construct, such as a personality trait. In contrast, this study attempted to capture the use of splitting in the moment, in order to understand how such “state splitting” relates to parenting processes at times of varying challenge, rather than only as a global construct. It was anticipated that mothers with higher borderline features would be prone to more splitting in general than those with low levels of such features, given different baseline anxiety levels; under challenging conditions, it was thought that this difference would be magnified. It was found that in a relatively unchallenging play situation, mothers with more borderline characteristics tended to show more splitting in the moment in regard to their children, consistent with expectations. In a more challenging problem-solving situation, though, mothers with more borderline traits split less. This second finding is in the opposite direction than was predicted. The reason for this pattern of results is unclear. Interpretation is difficult because the variability in ambivalence, used to measure splitting, was limited. On a scale of 1 to 5, most scores were from 1 to 3, indicating a range from perceptions of the child that were wholly positive or wholly negative, to recognition of both positive and negative traits. Descriptions indicating very high ambivalence, wherein positive and negative traits are presented in an unrecognized, contradictory manner, were typically not found. This is likely due to the limited range of borderline pathology found in the sample. In this

sample, then, it is not clear that an increase in ambivalence (e.g. a score of 3 versus 1) can be interpreted as splitting. Although from a theoretical perspective, the consequences of splitting for parenting would not necessarily operate differently for a borderline individual versus a non-borderline individual in any given moment (e.g., may cause a parent to feel completely negatively about a child for a moment, and thus become very angry), this problem in the interpretation of the measure makes it difficult to know if the concept of “state splitting” was even captured. Continuing the theoretical aside, though, it should be noted that splitting from a trait perspective (i.e., not state splitting) would operate differently for a more disturbed sample in that it would occur more frequently and intensely and thus contribute to greater functional impairment.

Another difficulty in the interpretation of these results is that the validity of this second administration may be suspect. This study attempted to use the Assessment of Object Relations to measure a state process that was anticipated to change over the course of minutes. This measure has previously been used to measure object relations as either stable traits (and thus given one time only), or as processes that change slowly over time (and thus the measure was given at intervals that differed by months). It may be that when some mothers were asked to write a second description of their child after a lapse of only 10 minutes, this measure could not validly capture changes. For example, perhaps borderline mothers were scored as less ambivalence during the second administration because their descriptions were less elaborated. This might be due to the effects of the second administration in rapid succession to the first, rather than any effects of the degree of challenge of the childrearing situation.

It is possible, though, that this unexpected finding might accurately represent processes in these populations. It is notable that mothers with low borderline features tended to be relatively stable in their perceptions of their children between the free play and problem-solving task. In contrast, borderline mothers shifted in their perceptions between tasks, which is consistent with the notion that borderline pathology is related to inconsistency in many spheres. It may be that the unstructured nature of the free play situation caused them to feel ambivalent towards their children, whereas the structure of the problem-solving task led them to have more clear feelings in one direction. Because of the potential problems in the validity of the measure, however, these thoughts are speculative. In sum, it does not seem possible to make a conclusive interpretation about this unexpected pattern of results.

It was also hypothesized that mothers who evidenced more splitting would feel less efficacious in their parenting, in the moment. This prediction was not supported. Mothers who evidenced more splitting in the moment, however, did show greater affective dysregulation with their children. This finding supported hypotheses. Again, it is difficult to draw firm conclusions from this pattern of results, given that the method used to measure splitting may have had poor validity. It is possible that mothers who had difficult experiences with their children during the observation period evidenced more dysregulation in their behavior, and were primed to discuss negative aspects of their child in descriptions as well as positive aspects (thus leading to a higher score on the splitting measure). For some mothers, though, those difficult experiences may not have made them question their abilities as parents, thus perhaps leading to a lack of association

between splitting and parenting self-efficacy. Given the possible validity problems in measuring state splitting in this study, it would be beneficial for future researchers to investigate alternative methods.

Evaluation of the Model

Having discussed the results of the study, it is helpful to consider the larger picture—is there support for the model proposed earlier in Figure 1? A review of the evidence indicates that full or partial support was found for almost all hypothesized relations in the model. Partial support was indicated by correlations between some measures but not others. For example, in considering the hypothesis that borderline traits would be negatively associated with parenting quality, mothers who reported higher borderline traits were more flat and less positive with their children but not more negative, withdrawn, or intrusive. Likewise, maternal affective dysregulation in parenting was related to observed child behavior, not reports of child behavior problems. Other instances of partial support exist as well, as earlier discussed. In further support of the larger model, two mediational hypotheses in the model were borne out. Specifically, there was some evidence that perceived parenting inefficacy mediates the relation between borderline characteristics and maternal flatness. Moreover, maternal affective dysregulation appeared to mediate the relation between perceptions of parenting inefficacy and observed negative child behavior, although that hypothesis did not hold true when predicting to child behavior problems. Only two hypotheses completely lacked support: (a) the difficulty of the child-rearing situation did not moderate the relation between borderline traits and parenting inefficacy, and (b) state splitting did not show the

expected relations with maternal borderline traits or parenting inefficacy, although it was inversely related to parenting quality. In summary, the total evidence indicates that the proposed model was largely supported.

Conclusions and Future Directions

Clinical experience indicates that parents with borderline personality traits tend to display parenting difficulties and have children whose development appears comprised by these problems. Yet this area has been seriously underresearched, with only a handful of studies conducted, generally on personality disorders across types. The present study adds to this limited body of research by demonstrating that mothers with greater borderline personality characteristics tend to be more flat and less positive with their children, feel less effective in their parenting, and have children with poorer adjustment. Although effects were limited in strength and number given the total number of analyses, and many questions remain regarding the impact of borderline pathology on families, this is an important sign that maternal borderline features affect parenting by mothers as well as child development.

Apart from the focus on borderline traits, this study also supports previous research in the area of parenting self-efficacy, parenting, and child development. The findings are consistent with previous work demonstrating that mothers who feel ineffective as parents tend to act in a less adaptive manner with their young children. This also supports Bandura's (1977; 1982) proposals that when individuals have low self-efficacy, that they become emotionally aroused and preoccupied with themselves, which interferes with performance. Moreover, this study extends previous research by

demonstrating that mothers' feelings of parenting inefficacy relate to problematic toddler/preschool behavior, with this relation found to be mediated by maternal affective dysregulation. This suggests that it is important to assess mothers' thoughts about parenting not only to understand parenting processes, but also to understand implications for child outcome.

Strengths and limitations of the study must be considered. The level of pathology in the sample was relatively low, with only some mothers showing high levels of borderline traits and only one or two at levels that could be diagnosed as indicative of the disorder. This may be viewed as either a limitation or strength. It is possible that associations with parenting, parenting self-efficacy, and child behavior were less strong than would be the case with a more disordered sample, and in this way, the restricted range of pathology in the sample limited findings. This would be true if there were a curvilinear relationship between maternal borderline traits and family functioning, such that as the level of maternal borderline traits increased, the quality of family functioning deteriorated exponentially. This does not seem improbable, as the impact of borderline personality traits may become greater as severity increases due to increasingly pervasive effects on domains of functioning that may interact with each other to create further dysfunction. In support of that contention, it should be noted that the two significant differences and two trends found when the main analyses were run separately for clinical and nonclinical groups were all in the direction of stronger relations with maladaptive behaviors in the clinical sample. Although the decision was made in this study to nonetheless combine the groups, given the relatively few differences for the number of

analyses, it would be beneficial for future researchers to recruit a purely clinical and more highly disordered sample. It also may be fruitful to make comparisons with a nonclinical sample. On the other hand, the fact that support was found for many hypotheses even though the pathology in the sample was primarily in the normal to subclinical range points to the generalizability of these findings for a community population. Thus this could be viewed as a point of strength as well.

A second limitation of this study is that associations may not have been as strong as predicted, particularly with parenting, if the laboratory observations artificially constricted the range of the dyads' behaviors (as discussed earlier). For example, in regard to parenting, relations were found with greater maternal flat affect and less positive affect. Other behaviors such as hostility, withdrawal or intrusion, however, which were predicted to be salient for parenting during the toddler stage when autonomy striving is central, did not relate to borderline traits. It may be that these behaviors would emerge under more challenging conditions such as naturalistic home observations. Future research should investigate these processes in the home environment. Along a related line, although this study had strengths in using multiple research methods including both questionnaire data and laboratory observations, it would be useful to also measure maternal personality disorder characteristics through interviews as well as self-reports.

A third limitation of the study is that the findings can only be generalized to parents with children who are toddler/preschool-aged. It may be that borderline personality characteristics are related to different parental and child behaviors in different developmental stages. How might parents with borderline characteristics interact with

infants, middle-childhood aged children, or adolescents? Infants rely heavily on their caregivers for regulation of arousal levels, provision of optimal stimulation, and fulfillment of basic needs. Some borderline parents may be easily overwhelmed by such complete dependency, and may either withdraw from their babies in helplessness and frustration or become angrily abusive. Other parents may idealize their infants, and perhaps exhibit fewer overt problems at this developmental stage. This may lead to later enmeshment, though. In middle childhood, critical competencies include continued development of appropriate behavior with adults and peers as well as emotion regulation capabilities. It may be difficult for parents affected by borderline pathology to be consistent in disciplinary efforts, and to facilitate affect regulation development through appropriate modeling and open discussion of emotions. They may also be too overwhelmed by their own issues to assist their children in developing activities outside the home, such as afterschool peer or community activities. In adolescence, where separation and individuation are again central issues, the parent-child relationship may be negatively affected by the difficulties that borderline individuals have in interpersonal boundary regulation. Adolescents' individuation efforts may stir up fears of abandonment and consequent anxiety and rage for borderline parents. Parents may respond through open retaliation or guilt induction in efforts to keep their children close. At other times, they may shift towards rejecting their teenage children. Other areas such as appropriate monitoring of teen activities may also be negatively affected by parental borderline pathology. In sum, the impact of parental borderline personality traits on parenting and

child development is likely to differ given the developmental stage of children. Future research in these areas would be useful.

A fourth limitation of this study is that it only investigated the parenting of mothers. Although borderline personality disorder is much more frequently diagnosed in women, it is likely that some fathers also exhibit borderline characteristics, although probably at a subthreshold level. It would be interesting to examine how fathers with high levels of borderline traits parent their children, and whether paternal borderline traits impact child development. Given that men do not often meet cut-off criteria for diagnosable borderline personality disorder, a dimensional approach such as that used in this study might prove to be more fruitful in such an endeavor.

This study had some additional strengths as well. It used a multimethod design of both self-reports and observations. It employed multiple measures of borderline personality characteristics and had second informants on the children's behavior in addition to maternal reports. These features add to the reliability and validity of the design. Moreover, it is notable that many aspects of the proposed model were supported even with a predominantly community sample and limited sample size. These findings are particularly significant since this area of research is in its infancy, and given the difficulty in using an empirical approach to assess constructs such as borderline personality and its interpersonal sequelae that do not always have manifestations easily observed in a brief, research context.

As a final note, this study has added to the research literature on maternal psychopathology and family processes by broadening the focus away from maternal

depression, which has been heavily investigated, toward maternal borderline personality characteristics, for which research efforts are still in infancy. In addition to the suggestions made earlier, it would also be beneficial to uncover the relations between maternal depression and maternal borderline personality as they affect parenting processes and child development. The two disorders are certainly highly correlated; borderline personality disorder rarely exists without depression, although the reverse occurs more frequently. It might be possible to obtain a sample of depressed but non-borderline mothers and compare their parenting to mothers with both high borderline traits and depression. This would be useful in understanding whether the findings of the maternal depression literature are specific to depression, or whether assessing maternal borderline personality characteristics can add any discriminatory power in the prediction of parenting and child outcome.

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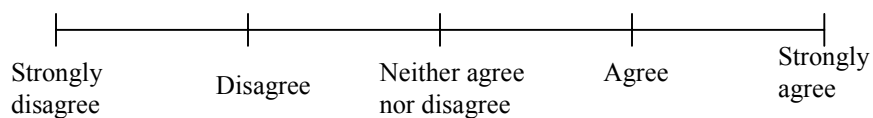
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APPENDIX

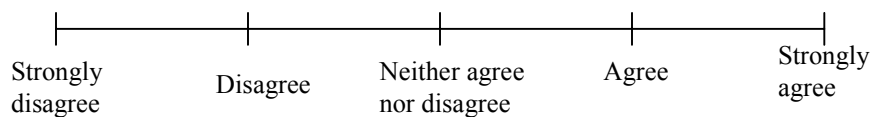
Playtime questionnaire

Listed below are some statements about the playtime you and your child just had. Please indicate the extent to which you agree or disagree with the statements. Please answer as honestly as you can. There are no right answers.

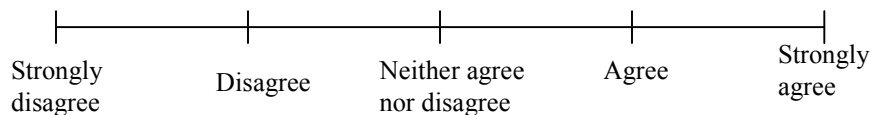
1. The playtime I just had with my child was stressful for me.



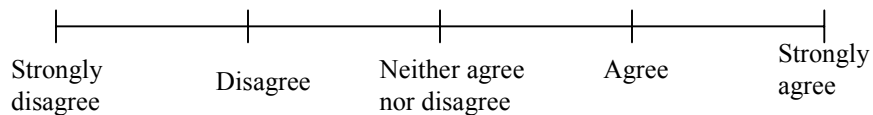
2. I was able to think of good ways of handling my child, even during difficult moments of the playtime.



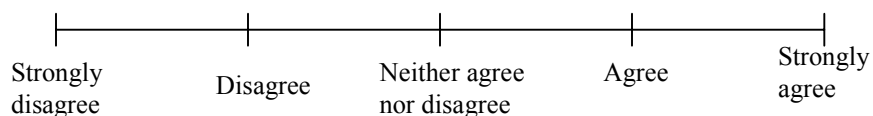
3. Playing with my child just now made me tense and anxious.



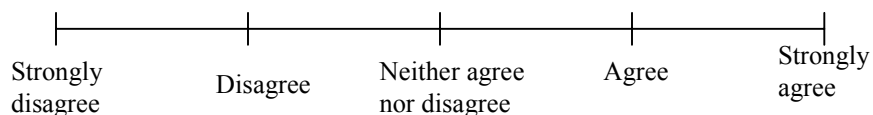
4. Nothing I did seemed to work when I was playing with my child just now.



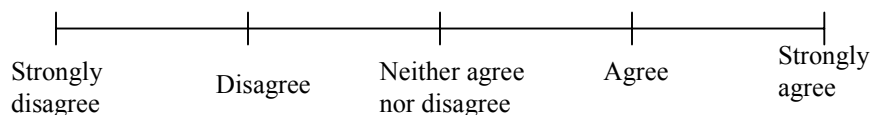
5. I felt in control of the situation during the playtime.



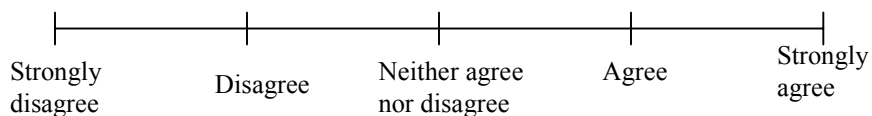
6. I didn't feel that I could take it much longer during the playtime.



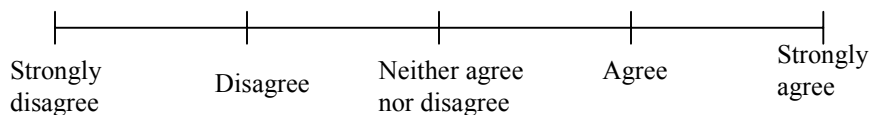
7. I felt like I knew what to say to my child during the playtime we just had.



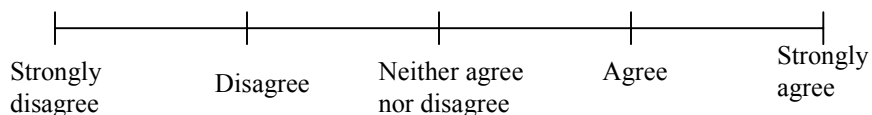
8. I was able to get my child to understand what I wanted when we were playing just now.



9. When my child and I were playing, I felt ineffective and helpless.



10. Considering the way I handled things in the playtime, I would be a good model for another parent who is playing with their child.



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PUBLICATIONS AND MANUSCRIPTS

Belsky, J., & Barends, N. R. (in press). Personality and parenting. In M. Bornstein (Ed.), Handbook of parenting (2nd ed.).

Barends, N. R., & Belsky, J. (2000). Adult attachment and parent personality as determinants of mothering in the second and third year. Unpublished manuscript.

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PRESENTATIONS

Barends, N. R., Crnic, K., & Belsky, J. (1999, April). Coparenting and child development in families with toddlers. Poster session presented at the biannual meeting of the Society for Research in Child Development.

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