

ORIGINAL ARTICLE

Differential Patterns of Parenting – A Comparative Study of Mothers and Fathers of Young Adults with Borderline Personality Disorder

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ABSTRACT

Background: Parenting practices significantly influence the emotional and behavioral development of offspring, with distinct maternal and paternal contributions potentially affecting the severity of Borderline Personality Disorder (BPD). **Aim of the study:** To compare differential parenting patterns between mothers and fathers of young adults diagnosed with BPD and to examine their association with symptom severity. **Methods & Materials:** A cross-sectional comparative study was conducted at BSMMU and NIMH, Dhaka, enrolling 50 young adults with BPD and their parents. Parenting dimensions, styles, expressed emotion, attachment, and empathy were assessed using validated instruments. Data were analyzed with t-tests, chi-square, Pearson correlations, and logistic regression. **Results:** Mothers exhibited higher care, authoritative parenting, and empathy, whereas fathers demonstrated greater overprotection, authoritarian style, and avoidant attachment. Maternal care negatively correlated with BPD severity ($r=-0.43$, $p=0.001$), while paternal overprotection showed a positive correlation ($r=0.40$, $p=0.003$). Multivariable analysis identified low maternal care and high paternal overprotection as independent predictors of dysfunctional parenting. **Conclusion:** Mothers and fathers of young adults with BPD display distinct but complementary parenting patterns that influence symptom severity. Targeted family-based interventions addressing maternal warmth and paternal engagement may improve psychosocial outcomes in BPD.

Keywords: Borderline Personality Disorder, Parenting Patterns, Maternal Care, Paternal Overprotection, Expressed Emotion, Young Adults

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INTRODUCTION

The term “personality” denotes the distinctive characteristics that differentiate individuals based on their observable behaviors. When these behaviors and inner experiences become rigid and maladaptive, impairing normal functioning, psychiatrists classify the condition as a personality disorder [1]. Borderline Personality Disorder (BPD) is defined by pervasive emotional instability, poor impulse control, unstable interpersonal relationships, and a distorted self-image [2]. The lifetime prevalence of BPD is around 5.9%, while its point prevalence is about 1.6%, with similar lifetime rates among both adult boys and girls [3]. Compared to other personality disorders, BPD occurs more frequently in clinical settings appearing in approximately 6.4% of primary care patients, 9.3% of psychiatric outpatients, and 20% of psychiatric inpatients [4]. Notably, around 80% of treated BPD patients are females, possibly because females are more likely to seek mental health care. In Bangladesh, the prevalence of BPD among psychiatric patients has been reported to be 3.6% [5]. Over recent decades, researchers have increasingly focused on the family environment and parenting styles as key factors influencing the onset and progression of BPD [6]. The family

context shapes a child’s emotional regulation, self-perception, and interpersonal functioning core domains often impaired in BPD. Families of individuals with BPD tend to display lower cohesion, more conflict, and inconsistent communication patterns compared to healthy families [6-8]. Particularly, mothers with BPD often exhibit heightened intrusiveness, emotional unavailability, and reduced sensitivity toward their children [9-11]. Despite understanding what constitutes good parenting, such mothers frequently report low parental self-efficacy and elevated parenting stress, which may perpetuate emotional dysregulation in offspring [12,13]. While maternal influences have been well documented, far less is known about paternal roles in the context of BPD. Evidence suggests that fathers’ traits and parenting styles may contribute uniquely to the emotional and behavioral outcomes of offspring [7,14]. For instance, fathers of BPD patients have been observed to score higher in novelty seeking and lower in persistence and self-directedness, compared to fathers of healthy controls. In contrast, mothers of BPD patients tend to show lower self-directedness, indicating distinct but complementary familial patterns in the transmission of BPD related traits [6]. Similarly, paternal borderline symptoms have

been linked to poorer emotional regulation and interpersonal difficulties in young adult offspring [7,14]. Moreover, recent findings show that negative parenting experiences such as inconsistency, rejection, or lack of emotional validation are often seen among adolescents and young adults who go on to develop BPD [15]. Borderline Personality Disorder (BPD) often develops from early family and parenting influences. While maternal roles in emotional and behavioral development are well-studied, paternal contributions remain less explored. Mothers and fathers may exhibit distinct parenting styles that differently affect offspring's emotional regulation. Understanding these variations can help identify familial risk factors and guide family-based interventions for BPD management.

This study aims to compare the differential parenting patterns of mothers and fathers of young adults diagnosed with borderline personality disorder.

METHODS & MATERIALS

This study was conducted in the Outpatient Department (OPD) and Inpatient Department (IPD) of Psychiatry at Bangabandhu Sheikh Mujib Medical University (BSMMU) and the National Institute of Mental Health (NIMH), Dhaka, Bangladesh. It was a cross-sectional comparative study carried out over two years, from August 2019 and August 2021. The study focused on identifying differential parenting patterns among mothers and fathers of young adults diagnosed with Borderline Personality Disorder (BPD). A total of 50 young adults (aged 18–25 years) fulfilling DSM-5 diagnostic criteria for BPD were enrolled along with their respective parents, forming a clearly defined study cohort. Participants were selected using a purposive sampling method, ensuring both parental participation whenever possible.

Inclusion Criteria

- Young adults aged between 18 and 25 years.
- Confirmed diagnosis of Borderline Personality Disorder (DSM-5).
- Availability of at least one biological parent willing to participate.
- Ability to read and understand Bangla or English.

Exclusion Criteria

- Presence of psychotic disorder or intellectual disability in the young adult.
- Parents with cognitive impairment, active psychosis, or substance dependence.
- Non-biological caregivers or step-parents.

Data Collection

Data were collected using a structured three-phase approach. In the first phase, patients attending the Outpatient and Inpatient Departments of Psychiatry at BSMMU and NIMH were interviewed to confirm the diagnosis of borderline personality disorder (BPD) using DSM-IV-TR criteria and the Structured Clinical Interview for DSM-IV Axis I Disorders (SCID-II). This ensured diagnostic accuracy and reliability. Eligible patients were informed about the study purpose, procedures, and ethical considerations, and informed written consent was obtained. In the second phase, socio-demographic and clinical information—including age, sex, marital status, education, occupation, family income, residence, and family history of psychiatric illness—was recorded using a semi-structured questionnaire developed based on a review of relevant literature. The third phase

involved assessment of perceived parenting styles of both parents using the Parental Authority Questionnaire (PAQ). The PAQ is a 30-item self-report tool rated on a 5-point Likert scale, classifying parenting into authoritative, authoritarian, or permissive styles. The Bangla version of the PAQ, validated in 2019, demonstrated satisfactory reliability and validity. Each interview lasted approximately 50 minutes, ensuring comprehensive data collection without participant fatigue.

Outcome Measures

The primary outcome was the difference between mothers and fathers in parenting dimensions and emotional characteristics. Secondary analyses included correlation between parental factors and the severity of BPD in young adults, as well as identification of predictors for dysfunctional parenting patterns.

Statistical Analysis

Statistical analyses were performed using SPSS software (version 23). Continuous variables were expressed as mean \pm standard deviation (SD), while categorical variables were summarized as frequency and percentage. For group comparisons between mothers and fathers, the *independent t-test* was applied for quantitative variables and the *chi-square test* for categorical variables. Pearson's correlation coefficient was used to assess the relationship between BPD severity and parental variables. Multivariable logistic regression analysis identified independent predictors of dysfunctional parenting. A *p-value* ≤ 0.05 was considered statistically significant.

RESULT

According to Table 1, the respondents' mean age of 20.8 ± 1.9 years. Most participants were in the 18–21 age range, 68.00%, with the remaining 32.00% aged 22–25 years. The average duration of BPD symptoms was 4.4 ± 2.0 years, and 66.00% of participants had at least one current psychiatric comorbidity. About 74.00% were receiving antipsychotic or antidepressant medications at the time of assessment. Educational attainment was nearly balanced, with 46.00% of participants having 12 years or fewer of formal education, and 54.00% having more than 12 years. The majority of participants were students, 78.00%, followed by housewives, 16.00%. Mothers had a mean age of 49.5 ± 6.2 years, and fathers were slightly older, 52.0 ± 6.9 years. Educational levels did not differ significantly, with 38.00% of mothers and 47.92% of fathers having 12 years or fewer of schooling ($p = 0.32$). Only 30.00% of mothers were employed compared to 89.58% of fathers ($p < 0.001$). Marital status of mothers: 92.00%, and fathers: 93.75% (Table 2). Table 3 shows that mothers have higher levels of warmth and care (26.1 ± 5.0) than fathers (21.8 ± 5.8), while fathers reported higher overprotection (16.7 ± 4.4 vs. 14.5 ± 4.0). In terms of parenting style, mothers scored higher on authoritative dimensions (6.0 ± 1.7 vs. 4.8 ± 1.8), whereas fathers scored higher on authoritarian dimensions (5.3 ± 1.9 vs. 4.1 ± 1.5). High expressed emotion was observed more frequently among fathers (60.42%) than among mothers (44.00%). Fathers reported higher avoidant attachment scores (3.5 ± 0.9 vs. 3.0 ± 0.8 ; $p = 0.003$), while maternal anxious attachment scores were slightly higher (3.3 ± 0.9 vs. 3.0 ± 0.9 ; $p = 0.07$). Parental empathy was greater in mothers (12.9 ± 3.4) than in fathers (10.4 ± 3.8 ; $p < 0.001$) (Table 4). Table 5 describes that higher maternal and paternal care were negatively correlated with severity (maternal $r = -0.43$, $p = 0.001$; paternal $r = -0.32$, $p = 0.02$), whereas overprotection was positively correlated (maternal $r = 0.36$, $p = 0.009$; paternal $r = 0.40$, $p = 0.003$). Higher maternal care was associated with

lower odds of a high dysfunctional parenting profile (AOR =0.83, 95% CI =0.75–0.91, $p < 0.001$), whereas greater paternal overprotection (AOR = 1.12, 95% CI = 1.03–1.22, $p =0.009$) and higher young adult BPD severity (AOR =1.47,

95% CI =1.09–1.91, $p =0.006$) significantly increased the risk. 1.64, $p=0.19$) and higher parental education (AOR =0.71, $p =0.31$) were not significant predictors (Table 6).

Table – I: Baseline characteristics of the study sample (young adults) (n = 50)

Characteristics	Frequency (n)	Percentage (%)
Age (years)		
18-21	34	68.00
22-25	16	32.00
Mean \pm SD	20.8 \pm 1.9	
Gender		
Male	18	36.00
Female	32	64.00
Duration of BPD symptoms (years)	4.4 \pm 2.0	
Current psychiatric comorbidity (≥ 1)	33	66.00
Antipsychotic/antidepressant use	37	74.00
Education		
≤ 12 years	23	46.00
> 12 years	27	54.00
Occupation		
Student	39	78.00
Housewife	8	16.00
Service holder	3	6.00

Table – II: Demographic characteristics of parents — mothers vs fathers

Baseline characteristics	Mothers (n = 50)		Fathers (n = 48)		P value
	Frequency (n)	Percentage (%)	Frequency (n)	Percentage (%)	
Age (years), mean \pm SD	49.5 \pm 6.2		52.0 \pm 6.9		0.018
Education — ≤ 12 years	19	38.00	23	47.92	0.32
Employed	15	30.00	43	89.58	<0.001
Marital status — married	46	92.00	45	93.75	0.69
History of psychiatric disorder (self-report)	7	14.00	4	8.33	0.2

Table – III: Parenting dimensions (Parental Bonding Instrument / equivalent) — mothers vs fathers

Parenting dimension	Mothers (n = 50) Mean \pm SD	Fathers (n = 48) Mean \pm SD	P value
Care (higher = more warmth)	26.1 \pm 5.0	21.8 \pm 5.8	<0.001
Overprotection (higher = more control)	14.5 \pm 4.0	16.7 \pm 4.4	0.004
Authoritative style score	6.0 \pm 1.7	4.8 \pm 1.8	0.001
Authoritarian style score	4.1 \pm 1.5	5.3 \pm 1.9	<0.001
Permissive style score	3.5 \pm 1.1	3.7 \pm 1.2	0.58

Table – IV: Expressed Emotion & Attachment-related measures — mothers vs fathers

Measure	Mothers (n = 50)		Fathers (n = 48)		P value
	Frequency (n)	Percentage (%)	Frequency (n)	Percentage (%)	
High Expressed Emotion	22	44.00	29	60.42	0.046
Adult Attachment - anxious, mean \pm SD	3.3 \pm 0.9		3.0 \pm 0.9		0.07
Adult Attachment - avoidant, mean \pm SD	3.0 \pm 0.8		3.5 \pm 0.9		0.003
Parental empathy scale (range 0–20)	12.9 \pm 3.4		10.4 \pm 3.8		<0.001

Table – V: Correlations between BPD severity (young adult) and parental dimensions (Pearson r)

Parenting variable	Maternal r (p)	Paternal r (p)
Care	–0.43 (0.001)	–0.32 (0.02)
Overprotection	0.36 (0.009)	0.40 (0.003)
Authoritative	–0.38 (0.005)	–0.30 (0.03)
Authoritarian	0.34 (0.01)	0.35 (0.009)
Expressed Emotion (high = 1)	0.31 (0.02)	0.34 (0.010)

Table – VI: Multivariable logistic regression — predictors of high dysfunctional parenting profile

Predictor	Adjusted OR	95 % CI	P value
Maternal care (per 1-point increase)	0.83	0.75–0.91	<0.001
Paternal overprotection (per 1-point increase)	1.12	1.03–1.22	0.009
Parent psychiatric history (yes vs no)	1.64	0.76–3.53	0.19
Young adult BPD severity (per 5-point increase)	1.47	1.09–1.91	0.006
Parental education (> 12 y vs ≤ 12 y)	0.71	0.33–1.55	0.31

DISCUSSION

Borderline Personality Disorder (BPD) is closely linked to parenting issues, so understanding how mothers and fathers differ in their parenting patterns is important to explain its impact on young adults [16]. This study examined parenting differences in mothers and fathers of young adults with BPD, showing distinct patterns linked to symptom severity. In this study, the mean age of parents (mothers 49.5 ± 6.2 years, fathers 52.0 ± 6.9 years) was consistent with prior family-based BPD studies, indicating that the parental study typically represents a late middle-aged group still engaged in active caregiving [17]. A notable gender difference in employment (30% mothers vs. 89.6% fathers) reflects the sociocultural distribution of parental roles in collectivistic societies [18]. Mothers in this study demonstrated significantly higher care and empathy scores, along with a more authoritative parenting style, while fathers exhibited greater overprotection and authoritarian tendencies. These findings align with the results of Petrowski et al., where maternal warmth and paternal control were recurrent features in families of patients with BPD and mood disorders [19]. The significantly higher level of high expressed emotion among fathers (60.4%) than mothers (44.0%) in our sample indicates a tendency for paternal criticism or emotional overinvolvement, potentially reinforcing affective instability in offspring. Hooley & Hoffman (1999) demonstrated that high expressed emotion environments are predictive of relapse and emotional dysregulation across various psychiatric conditions, including BPD. Our results support this notion, as both maternal and paternal expressed emotion showed positive correlations with BPD severity [20]. In attachment-related dimensions, fathers displayed higher avoidant attachment scores, whereas mothers trended toward anxious attachment, echoing findings by Agrawal et al., who reported gender-specific attachment patterns in BPD families [21]. This pattern may reflect culturally mediated parental roles—maternal hyper-responsiveness and paternal emotional distance—both of which can contribute to maladaptive attachment development in offspring [22]. Correlation analysis revealed that low parental care and high overprotection were significantly associated with greater BPD severity, consistent with prior studies [23]. Notably, maternal care ($r = -0.43$, $p = 0.001$) showed a stronger inverse correlation with symptom severity than paternal care ($r = -0.32$, $p = 0.02$), reinforcing the pivotal role of maternal warmth in emotional regulation. Logistic regression confirmed maternal care as a significant protective factor (AOR 0.83, $p < 0.001$), while paternal overprotection independently predicted dysfunctional parenting (AOR 1.12, $p = 0.009$). Similar trends were observed in longitudinal models by Eyden et al., where parental overcontrol predicted affective instability and self-harming behaviors in BPD offspring [11]. Interestingly, permissive parenting did not differ significantly between parents, and parental education or psychiatric history were not significant predictors of dysfunctional parenting. This supports the multidimensional nature of parental influence in BPD development, where emotional attunement and control, rather than socioeconomic or educational status, play a central role [10].

Limitations of the study: The study has several limitations. Its cross-sectional design prevents causal inferences between parenting patterns and BPD severity. The sample was relatively small and recruited from tertiary care centers, limiting generalizability to the broader population. Self-reported measures may introduce recall and social desirability biases. Fathers were slightly underrepresented,

and non-biological caregivers were excluded, potentially overlooking broader family dynamics. Finally, cultural factors unique to Bangladesh may influence parenting styles, limiting the applicability of findings to other sociocultural contexts.

CONCLUSION

This study demonstrates distinct differential parenting patterns between mothers and fathers of young adults with Borderline Personality Disorder (BPD). Mothers exhibited higher care, authoritative parenting, and empathy, while fathers showed greater overprotection, authoritarian tendencies, and avoidant attachment. Both maternal and paternal factors correlated significantly with BPD severity, with lower maternal care and higher paternal overprotection emerging as independent predictors of dysfunctional parenting. These findings highlight the complementary yet divergent roles of mothers and fathers in shaping emotional regulation and interpersonal functioning in offspring with BPD. Recognizing these differential patterns can inform targeted family-based interventions, emphasizing maternal warmth and paternal engagement to mitigate symptom severity and improve psychosocial outcomes.

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