



Family Functioning and Parental Invalidation of Depressed Adolescents with Borderline Personality Disorder Traits

Mbekou Valentin^{1*}, MacNeil Sasha¹, Mikedis Theodora¹, Malinski Cecilia¹, Zanga Jean-Chrysostome¹ and Renaud Johanne^{1,2}

¹Standard Life Centre for Breakthroughs in Teen Depression and Suicide Prevention and Douglas Mental Health University Institute, Canada

²McGill Group for Suicide Studies, McGill University, Canada

*Corresponding author: Mbekou Valentin, Outpatient Clinic of Depressive and Suicidal Disorders, 6875 Lasalle Boulevard, Montreal, Quebec, H4H 1R3, Canada, Tel: 514-761-6131; Fax: 514-888-4466; E-mail: Valentin.mbekou@douglas.mcgill.ca

Received date: June 16, 2015, Accepted date: August 19, 2015, Published date: August 27, 2015
Reproduction in any medium, provided the original author and source are credited.

Abstract

Background:

Parental invalidation is thought to contribute to severity of borderline personality disorder (BPD) severity. Certain family functioning environments may foster more invalidation than others. The current study serves to examine how dysfunctional family functioning may allow for BPD symptoms development through the fostering of invalidating environments.

Method: 60 female adolescents completed the Borderline Symptoms List (BSL-23), the Family Adaptability and Cohesiveness Evaluation Scale (FACES-V), and the Invalidated Childhood Environment Scale adapted for adolescents (ICES-A) at baseline of a 20-week dialectical-behavioural therapy.

Results: Only maternal invalidation was positively correlated with severity of BPD symptoms. Furthermore, symptoms of BPD are the emotional dysregulation of individuals with

Also, the clinical sample used in the study presented with a restricted upper-bound range of symptoms, thus limiting generalizability.

Conclusions: These findings highlight the need to work upon the family environment for the treatment of BPD symptoms, especially in adolescence before symptoms become consolidated.

Keywords: Adolescent; Borderline personality disorder; Family environment

Introduction

Borderline personality disorder (BPD) is an important mental health problem characterized by a pervasive pattern of instability of interpersonal relationships, self-image, and affectivity. It is further characterized by impulsivity, recurrent suicidal behaviours or self-harm. Dysregulation vulnerabilities interact with invalidating childhood environments to contribute to the further development and maintenance of emotional dysregulation, which is at the core of BPD

PD is thought to be sustained within the context of an invalidating childhood environment. An invalidating caregiver will inappropriately respond to the child's communication of private experiences through punishment, trivialization, or otherwise extreme responses [2]. In contrast, validating caregivers acknowledge the child's emotions, help them to experience, and accept emotions appropriately. Consequences of invalidating caregivers are such that the child does not learn to label private emotional experiences as valid, normative and trustworthy. The individual does not learn to tolerate distress, or form realistic goals or expectations; instead the individual develops a pattern of oscillating between emotional inhibition and extreme emotional states observed in BPD [2,3]. Research has provided evidence for the role of invalidating childhood environments in the development and maintenance of emotion dysregulation and BPD symptomatology. Firstly, an investigation of risk factors for BPD showed an important association between BPD and deranged family environments. Patients with BPD experienced more separation from their parents (growing up in foster homes), experienced more criminality and violence in the family (parental violence towards children, or spousal violence), and parents displayed inappropriate rearing styles with less care and validation towards their children [4]. In an adult community sample, research revealed that perceptions and/or experiences of parental invalidation during childhood accounted for the largest association

with emotion dysregulation [5]. Counter evidence also exists, however, indicating that parental invalidation is not always related to BPD symptomatology [6,7]. ~~YfYZ:fYz~~there is a need for further research to examine the association between invalidating environments and the development of BPD traits.

familial cohesion and adaptability in relation to the expression of borderline symptoms in adolescents, who may be at particular risk for experiencing negative consequences. The aim of the current study is to provide initial evidence for the contribution of familial cohesion and adaptability to borderline symptomatology. This study aims to investigate if unbalanced family systems extreme in demand and cohesion engender a maladaptive familial dynamic in which parental invalidation can occur, thereby facilitating the development of borderline symptoms in adolescence. It is thus hypothesized that unbalanced family systems will predict more parental invalidation as a negative communication style. Furthermore, it is hypothesized that parental invalidation will be a mediator for the relationship between unbalanced family systems and severity of BPD symptoms.

Method

Participants

Sixty-three female adolescents aged between 13 and 18 years of age

Measures

Invalidating environment: Y

Despite these limitations, this study highlights the importance of identifying early developmental risk factors that could help in the

