Mothers with BPD and their Children’s Development: What do We Know?

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Overview

- Child development tasks
- BPD and these tasks
- Two questions
- At risk: Children whose mothers have BPD
- Caveat about “mother bashing”
- What do we know?
- What more do we need to know?
- What kinds of interventions can help?
Child Development Tasks

- **Attachment**—1st year
- **Self-development** (autonomy)—toddlerhood
- **Self-regulation**—preschool
- **Peer relationships, school functioning** 6-12
- **Romantic relationships and identity**—adolescence
- **Adult attachment**
- **Representations**
- **Cascading effects of success/failure**
BPD and these Tasks

BPD has been conceptualized as a disorder of:

1. **Attachment** (Fonagy et al., 2000)—Fear of abandonment, volatile relationships

2. **Self-development** (Westen & Cohen, 1993)—Identity disturbance, dissociation, emptiness

3. **Self-regulation** (Posner et al., 2003)—Impulsivity, inappropriate anger, self-harm, suicidal behavior

4. **Representations** (Nigg et al., 1992)—malevolent, unempathic
Two Questions

1. How well can mothers with BPD support their children’s development if struggling with similar issues?
2. Is BPD in part a disorder with origins in early child development?
At risk: Children Whose Mothers have BPD

- Study of children whose mothers have BPD may help answer these questions
- Offspring of women with BPD are at higher risk than the general population to develop psychopathology, including BPD
  - Large genetic component to BPD (Torgersen et al., 2000)
  - Relatives of those with BPD more likely to have BPD (White et al., 2003; Zanarini et al., 2004)
Caveat about “Mother Bashing”

Psychology/psychiatry has an ignominious history:

- “Schizophrenogenic mothers” (Fromm-Reichman, 1948) caused schizophrenia
- “Refrigerator mothers” (Bettelheim, 1967; Kanner, 1949) caused autism
- Need to blame the disorder not the individual
- BPD makes it challenging to be a parent, but love for child not in doubt
- Problems may occur in offspring, but not the mother’s “fault”
What do We Know? 1) Attachment

- Mothers with BPD more **insensitively intrusive** when infants 2 and 13 months than normative comparisons (Crandell et al., 2003; Hobson et al., 2005)
- Mothers with BPD less **affectively positive and interactive** when infants 3 months than depressed or normative comparisons (White et al., 2011)
- **80% disorganized** at 13 months (Hobson et al. 2005)
- Children more **neglected** age 4-7 (Reid et al, 2007, April)
What do we Know? 2) Self-development

- No research on toddler offspring of women with BPD
- Self development addressed again in adolescence w/identity
What do we Know? 3a) Self-regulation in young children

- **Temperament**—Offspring age 4-7 more fearful, more frustrated, less effortful control than normative comparisons (Mena et al., under review)

- **Behavior problems**—Offspring age 4-7 more emotionally reactive and withdrawn, with more affective & anxiety disorders and ADHD than normative comparisons (Campion et al., 2007, April)
What do we Know? 3b) Self-regulation in adolescents

- Offspring age 4-18 more **impulse control disorders** than norm comps (Weiss et al., 1996)
- Offspring age 11-18 more **emotional and behavior problems** than norm and clinical comps (Barnow et al., 2006)
- Offspring age 14-17 more **aggression** (incl. relational) & self-harm than norm comps (Swan et al., 2009, April)
- Offspring age 14-17 more **stress** which correlated with their own **borderline features**; mothers’ borderline features correlated with adolescents’ (Watkins et al., 2011, April)
What do we Know? 4a) 
Representation in Young Children

- In completing the beginnings of videotaped stories, offspring age 4-7 created narratives in which, compared with norm comps:
  - **Attachment**—More negative parent-child relationship expectations, role reversal, fear of abandonment
  - **Self-development**—More incongruent and shameful representations of the self
  - **Self-regulation**—incl. less narrative coherence, more intrusion of traumatic themes (Macfie & Swan, 2009)
What do we Know? 4b) Mothers’ and Children’s Representations

- BPD Mothers more likely to be preoccupied/unresolved on AAI rather than dismissive (van IJzendoorn, 1995)
- Preoccupied/unresolved is correlated with children’s narrative representations of attachment (fear of abandonment, role reversal,) self (incongruent child, confusion between fantasy/reality) and self-regulation (destruction of objects)
- Mothers’ parenting mediates between preoccupied/unresolved and children’s fear of abandonment (Macfie et al., under review)
What do we know? 5) Adolescence

- **Identity development.** BPD mothers show less support for *autonomy* and less *closeness* with their teens, and their adolescents age 14-17 are more likely to “recant” (change their opinions to placate their mothers; Frankel et al., 2009, April) than norm comps.

- **Romantic attachment.** Offspring age 14-17 more likely to be *preoccupied* and *fearful* wrt romantic attachment than norm comps (Watkins et al., 2009, April).
What More do we Need to Know?

- **Processes** underlying atypical development of offspring **age 12 months to 5 years** at the level of physiology (esp. stress), behavior, and representations in **longitudinal study**

- Follow these children to **adolescence/early adulthood** to see which do/do not develop BPD

- **Challenges**—Choice of comparison groups, controls, recruitment
What kinds of intervention can help?

- **Dyadic child-parent psychotherapy** (Lieberman, 1992) has increased attachment security and changed narrative representations in maltreated children (Toth et al., 2002) and children of depressed mothers (Cicchetti et al., 2000)

- Improve **mother’s understanding of self and others** (Bateman & Fonagy, 1999, 2001, 2008) associated with lowering of BPD symptoms and secure attachment with infants (Fonagy et al., 1991)

- Foster secure attachment with **other caregiver(s)**—FAMILIES CAN HELP!
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