

COMMENTARY

Do Mothers With Borderline Personality Disorder Oscillate in Their Behavior Towards Their Children? Implications for Interventions: Commentary on Stepp, Whalen, Pilkonis, Hipwell, & Levine's Article "Children of Mothers With Borderline Personality Disorder: Identifying Parenting Behaviors as Potential Targets for Intervention"

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Maternal borderline personality disorder (BPD) may present a challenge for children's development (Macfie, 2009). Although the fertility rate for women with BPD is relatively low (McGlashan, 1986; Stone, 1990), BPD affects women exclusively during their childbearing years: from adolescence (Ludolph et al., 1990) through middle age (Paris, 1993). Stepp and her colleagues (Stepp, Whalen, Pilkonis, Hipwell, & Levine, this issue, pp. 76–91) provide a rich introduction to the need for interventions for offspring of women with BPD. They also provide a wide range of suggestions. Because there are so few studies in this area, however, it may be difficult to provide a rationale for an intervention based on empirical data and Stepp et al., sometimes seem to go beyond what is known.

For example, the authors conclude that a unique aspect of parenting in mothers who have BPD is: "oscillations between extreme forms of hostile control and passive aloofness" (abstract), which they also refer to as "overinvolvement and underinvolvement," "hostile control and passive, devaluing behaviors," and "harsh punishment and permissive strategies." Clinical theory supports the presumed centrality of oscillations in relationships to BPD (Melges & Swartz, 1989) and two of the nine symptoms of this disorder reflect oscillations: unstable and intense interpersonal relationships characterized

by alternating between extremes of idealization and devaluation, and affective instability due to significant reactivity of mood. However, it is not necessary to have either symptom to be diagnosed with BPD and there is currently no direct evidence of oscillations in parenting behaviors with offspring.

The authors suggest that if the pattern found between individuals with BPD and their therapists (Hobson, Patrick, & Valentine, 1998) generalizes to their offspring, oscillations between hostile control and passive devaluing would be a problem. However, as reported by Stepp et al. (this issue), studies of mothers with BPD find evidence of intrusive insensitivity with their 2- and 13-month old infants (Crandell, Patrick, & Hobson, 2003; Hobson, Patrick, Crandell, Garcia-Perez, & Lee, 2005), not oscillations in parenting behaviors.

As Stepp et al. (this issue), point out, individuals with BPD are more likely to be unresolved on the Adult Attachment Interview (George, Kaplan, & Main, 1984; Patrick, Hobson, Castle, Howard, & Maughan, 1994). However, unresolved AAIs are not unique to BPD and do not necessarily imply maternal oscillations between hostility and passivity in relationship to infants. For example, in the original conceptualization of parental behavior associated with unresolved adult attachment, it was suggested that maltreating parents may be frightening to a child and grieving parents frightened (Main & Hesse, 1990).

Disrupted communication with infants was found in 85% of mothers with BPD, 47% of mothers with depression, and 42% of mothers

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with no psychiatric diagnosis (Hobson et al., 2009). Stepp et al. (this issue), characterize disruptive communication in terms of the mothers being “frightened/frightening” and “frightening and disoriented”. However, Hobson et al. (2009) characterize them as “frightened/disoriented,” which is neither suggestive of oscillation nor unique to mothers with BPD.

Moreover, Stepp et al. (this issue), include a study as an example of the effect of parental personality disorder on offspring and of oscillations between over- and underinvolvement in parenting by individuals with BPD (Bezirgianian, Cohen, & Brook, 1993). However, the study did not sample mothers with BPD, but a normative population. This study found that BPD in adolescents was predicted by maternal inconsistency (with rules and discipline) only in the presence of overinvolvement (possessiveness and control through guilt). The mothers did not oscillate between over- and underinvolvement, and inconsistency does not necessarily imply oscillations between harsh punishment and permissive strategies. These mothers were characterized by “ego involvement” (one of three dimensions *purported* to be related to BPD), but no evidence was provided for the validity of the scale and maternal BPD was not assessed.

It may be true that mothers with BPD uniquely oscillate in interaction with their children, and Stepp et al. (this issue) cite a paper in preparation that may indeed show this. However, it would be important to see direct evidence before designing interventions around it. An intervention requires a rationale, specific goals, a clear protocol, and evidence of effectiveness. Stepp et al. propose a range of interventions including psychoeducation and parent training. It might be challenging, however, for mothers with BPD to learn to parent more effectively while still burdened by their symptoms.

What we do know, as reviewed by Stepp et al. (this issue), is that there are problems with attachment in offspring of mothers with BPD: disorganization in infancy (Hobson et al., 2005) and narrative representations of attachment relationships that include role reversal and fear of abandonment in early childhood (Macfie & Swan, 2009). Thus, an intervention that targets mothers' BPD symptoms and child attachment might be helpful.

Reflective functioning (mentalization) is the ability to understand one's own and others' behavior in terms of beliefs, feelings and motivations (Fonagy, Target, Steele, & Steele, 1998). Individuals with BPD score lower on reflective functioning than do individuals with other Axis I and II disorders (Fonagy et al., 1996). An intervention designed to improve reflective functioning has been found to be efficacious in reducing BPD symptoms immediately following treatment and at 18-month and 8-year follow-ups (Bateman & Fonagy, 1999, 2001, 2008). Moreover, maternal reflective functioning predicts secure attachment with infants (Fonagy, Steele, & Steele, 1991).

Dyadic Child-Parent Psychotherapy is designed in part to improve reflective functioning in mothers of infants, toddlers and preschoolers (Lieberman & VanHorn, 2005). As reviewed by Stepp et al. (this issue), Child-Parent Psychotherapy increased attachment security in depressed mother-toddler dyads (Cicchetti, Toth, & Rogosch, 1999) and improved narrative attachment representations in maltreated preschool-aged children (Toth, Rogosch, Manly, & Cicchetti, 2006).

A combination of individual therapy for mothers with BPD together with dyadic therapy for mothers and their children may have the dual benefit of ameliorating the mother's symptoms and improving her child's attachment security. Given that interventions may not only help at risk populations, but also test our theories (Cowan & Cowan, 2002), we also might learn more about the role of reflective functioning in BPD and in facilitating adaptive child development.

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