Teacher-reported Dissociation in Young Children Whose Mothers Have Borderline Personality Disorder: A Problem with Self-Development

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Abstract

Borderline Personality Disorder (BPD) is a chronic disorder that is characterized by identity disturbance, affective instability, negative interpersonal relationships, self-harming behaviors, and transient dissociative symptoms such as depersonalization. The current study assessed dissociation in young children who are offspring of mothers with BPD, children who are themselves at high risk of developing BPD and how this may inform the development of BPD as a disorder of the self. Children aged 4-7, n = 31, whose mothers had BPD were compared with normative children matched for demographic variables, n = 31, whose mothers did not have BPD. Children whose mothers had BPD demonstrated more teacher-rated dissociation than did comparisons. Moreover, children’s dissociation was significantly correlated with their mothers’ borderline features of identity disturbance and self-harm. It was only marginally correlated with mothers’ borderline features of negative relationships and not correlated with mothers’ affective instability. Thus, in addition to offspring of mothers with BPD having more dissociation than comparisons, it was borderline features related to mothers’ own self-development (identity disturbance and self-harm) that were correlated with their children’s dissociation. Results are discussed as increasing our understanding of the development of dissociation, disruptions in early self-development, and how these factors may be precursors to the development of BPD.

Introduction

Borderline Personality Disorder (BPD)

- Dissociation is defined as “a disruption in the usually integrated functions of consciousness, memory, identity, or perception of the environment. The disturbance may be sudden or gradual, transient or chronic” (American Psychiatric Association, 2000, p. 822). It can be assessed categorically as a diagnosis or on a continuum. In the current study teachers assessed children’s dissociation along a continuum.

- BPD is a severe and chronic disorder characterized by identity disturbance, instability of self-image, affect, and interpersonal relationships, severe and/or transient dissociative symptomatology, such as depersonalization, impulsivity, self-injurious/suicidal behavior, fear of abandonment, and inappropriate outbursts of anger (American Psychiatric Association, 2000). The current study was most interested in BPD problems with self (identity disturbance and self-harm) thought to be most likely related to dissociation. Indeed, symptoms of identity disturbance, self-harming, and dissociation have led researchers to describe BPD as a disorder of the self (Westen & Cohen, 1993).

- Dissociation in its most benign form such as “highway amnesia” is considered normative. However, psychopathological dissociation such that occurs in relation to maltreatment, traumatic environmental factors, or a traumatic event is a “threat to optimal development of self” (Ogawa, Sroufe, Weinfield, Carlson, & Egeland, 1997, p. 856).

- The current study was designed to contribute to our understanding of dissociative symptomatology in offspring of mothers with BPD and how this may inform the development of putative precursors to the development of BPD in adolescence or early adulthood.

Developmental Psychopathology and Offspring of Mothers with BPD

- A mother’s psychopathology may have a significant impact on her child’s development.
• Offspring of mothers with BPD may be exposed to a variety of potential risk factors, including genetic inheritance, environmental factors, and inconsistent caregiving, which may increase their risk of developing some form of psychopathology (Linehan & Koerner, 1993; Torgersen, 1984; Torgersen et al., 2000). Specific domains of child development that may be affected negatively are attachment, self-regulation, and development of a stable and consistent sense of self (Macfie, 2009).

• 80% of offspring of mothers with BPD develop disorganized attachment (Hobson, Patrick, Crandell, García-Pérez, & Lee, 2005). Moreover, in a prospective study, Ogawa et al. (1997) demonstrated that disorganized attachment in the mother-child relationship as classified by the Strange Situation during infancy (birth to 24 months) significantly predicted dissociation in adolescents (16-17.5 years) and young adults (18-19 years). Thus, dissociation has been linked to disorganized attachment empirically (Ogawa et al., 1997) as well as theoretically (Liotti, 1999).

• Furthermore, in another longitudinal study, Carlson, Egeland, and Sroufe (2009), found that early relational experiences, such as attachment disorganization at 12-18 months were significantly correlated with borderline personality symptoms assessed at age 28.

• Thus, offspring of mothers with BPD are more likely to have disorganized attachment in infancy, which is associated with both the development of dissociation in adolescence and BPD itself in early adulthood. In the current study we assessed dissociation in young children age 4-7 to explore if they were already at risk for dissociation and BPD in adulthood.

**Dissociation in Children and Psychopathology**

- Dissociation manifests as disruptions in three different domains: identity, perception, and memory (American Psychiatric Association, 2000).

- However, dissociation may manifest itself differently in children than it does in adults. For instance, dissociation in children includes: frequent daydreaming or trance states, having vivid imaginary friends, unusual forgetfulness, difficulty learning from experience, sleepwalking, a poor sense of time, and/or sudden changes in the child’s outward manner, knowledge base and access to that knowledge, as well as abrupt shifts in age-appropriate behavior (Putnam, Helmers, & Trickett, 1993).

**Current Study**

- The current study assessed dissociation in young offspring of mothers with BPD and normative comparisons. Due to the high comorbidity of BPD and Major Depressive Disorder, MDD (Zanarini et al., 1998) and the detrimental effect MDD has on child development (Cicchetti & Toth, 1998), we controlled for maternal mood disorders.

**Hypotheses:**

1) When controlling for maternal mood disorders, children aged 4-7 whose mothers had BPD would demonstrate more dissociation than would normative comparisons.

2) In the sample as a whole, dissociation would be correlated with mothers’ self-reported borderline features.

**Method**

**Participants**

- \(N = 62\) young children, average age 5 years, 5 months, SD = 10 months.

- \(n = 31\) children and their mothers with BPD, \(n = 31\) normative mother-child dyads.

- The sample as a whole was a low income community based sample.
• Groups were matched on maternal education, occupational status, income, child age, race, and gender. See Table 1.

• Mothers with BPD were referred by their clinicians in outpatient settings and recruited by flyers placed in the community.

• Mothers without BPD were recruited from Boys and Girls Clubs, schools, and flyers placed in the community.

Procedure & Measures

Demographics

• Mt. Hope Family Center Demographic Questionnaire (MHFC, 1995). Demographics of sample were assessed and matched for the BPD and comparison group.

BPD Diagnosis

• Structured Clinical Interview for Axis II Disorders, SCID-II (First, Gibbon, Spitzer, Williams, & Benjamin, 1997). A structured interview was conducted with mothers of all participants to categorically assess BPD status.

• Structured Clinical Interview for Axis I Disorders, SCID-I (First, Gibbon, Spitzer, & Williams, 1996). A structured interview was also conducted to assess MDD as a control variable.

Borderline Features

• The Personality Assessment Inventory, PAI (Morey, 1991). Mothers rated themselves on items of the PAI that assess symptoms of identity disturbance, affective instability, negative relationships, and self-harm.

Dissociation

• The Child Dissociative Checklist, CDC (Putnam et al., 1993). Children’s teachers reported the child’s dissociation on this 20-item behavioral dissociation assessment measure that in this sample had an internal consistency of Cronbach’s α = .83

Results

Hypothesis 1

• As hypothesized, controlling for maternal mood disorders, children whose mothers had BPD demonstrated significantly more dissociation than did normative comparisons in an ANCOVA, $F(1, 57) = 5.21, p < .05$.

Hypothesis 2

• As hypothesized, using Pearson’s Correlations, children’s dissociation was significantly positively correlated with their mothers’ borderline features identity disturbance ($r = .26$, $p < .05$) and self-harm ($r = .28$, $p < .05$). Children’s dissociation was only marginally correlated with negative relationships ($r = .23$, $p < .10$). Contrary to hypothesis, children’s dissociation was not significantly correlated with affective instability ($r = .19$, $p > .10$). See Table 2.

Discussion

• Children whose mothers had BPD demonstrated more dissociation than normative comparisons. This finding is important because it suggests the presence of a specific risk factor associated with the intergenerational transmission of dissociation as a symptom of BPD from mothers with BPD to their offspring. This transmission of dissociation may also contribute to disrupted self-development and the potential for future development of BPD or borderline features such as identity disturbance.
• Also, data suggests that children’s dissociation is correlated with maternal borderline features specifically related to self-disturbance and not with other features. Children’s dissociation was significantly correlated with maternal identity disturbance and self-harm, but not with negative relationships or affective instability. Difficulties with children’s self-development in the form of dissociation may be related to their mothers’ difficulties with self-development and make the development of BPD more likely in adolescence/early adulthood for these children.

• This may also suggest an intergenerational transmission of dissociative symptoms associated with BPD including a disrupted and unstable sense of self, affect, and relationships, as well as depersonalization. Additionally, this may suggest that dissociation in children may be an indicator for development of BPD later in life, especially for offspring of mothers with BPD.

• Dissociation has also been associated with maltreatment in children, specifically sexual and physical abuse (Macfie, Cicchetti, & Toth, 2001a; Macfie, Cicchetti, & Toth, 2001b), which is another high risk group for developing BPD as well as a disrupted sense of self (Rogosch & Cicchetti, 2005). Egeland and Susman-Stillman (1996) demonstrated that dissociation is an important factor in the intergenerational transmission of maltreatment. Thus, the higher levels of dissociation in the children may increase the potential for intergenerational transmission of a continued cycle of dissociation, maltreatment, disorganized attachment, and even BPD through the generations.

• The potential intergenerational transmission of these various BPD risk factors should be studied further in order to better understand how they each may contribute to developmental psychopathology and disrupted self-development specifically.

Table 1. Sample Characteristics

<table>
<thead>
<tr>
<th>Variable</th>
<th>Whole Sample</th>
<th>BPD</th>
<th>Comparison</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Age (years)</td>
<td>5.42 (.87)</td>
<td>5.39 (.92)</td>
<td>5.45 (.85)</td>
</tr>
<tr>
<td>Mother’s Annual Income</td>
<td>32,867 (28,981)</td>
<td>31,119 (20,096)</td>
<td>34,615 (36,022)</td>
</tr>
<tr>
<td>Mother’s Hollingshead Education &amp; Occupation Index</td>
<td>37.67 (14.94)</td>
<td>35.40 (15.07)</td>
<td>39.94 (14.70)</td>
</tr>
<tr>
<td>Child’s Gender (Female)</td>
<td>53%</td>
<td>58%</td>
<td>48%</td>
</tr>
<tr>
<td>Minority Children</td>
<td>10%</td>
<td>7%</td>
<td>13%</td>
</tr>
<tr>
<td>Hispanic Children</td>
<td>10%</td>
<td>10%</td>
<td>10%</td>
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Table 2. Correlations between Child Dissociation and Maternal Borderline Features

<table>
<thead>
<tr>
<th></th>
<th>Affective Instability</th>
<th>Identity problems</th>
<th>Negative relationships</th>
<th>Self-harm</th>
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</thead>
<tbody>
<tr>
<td>Child Dissociation</td>
<td>.19</td>
<td>.26*</td>
<td>.23†</td>
<td>.28*</td>
</tr>
</tbody>
</table>

†p < .10; *p < .05
References


