

ASSOCIATION OF PERCEIVED PARENTING STYLES WITH GENERAL FAMILY FUNCTIONING IN YOUNG ADULTS WITH BORDERLINE PERSONALITY DISORDER

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ABSTRACT

OBJECTIVE

To examine the predictive association of perceived parenting styles with general family functioning in young adults with Borderline Personality Disorder (BPD).

STUDY DESIGN

Correlational design

PLACE AND DURATION OF STUDY

Different outpatient (both psychiatric & psychological) clinics in Karachi, Pakistan, including Institute of Clinical Psychology (ICP), Jinnah Postgraduate Medical Centre (JPMC), Dr. Aisha's Health Vision Hospital, and Karwan-e-Hayat, from June 2023 to January 2024.

METHOD

The study included 51 patients diagnosed with borderline personality disorder, aged between 18 and 25 years. The instruments used were Socio-demographic Information Form, Parental Authority Questionnaire (PAQ) and the McMaster Family Assessment Device (FAD).

RESULTS

The findings of the study highlighted that perceived permissive style of mothers and fathers ($\beta = .122$, $t = .751$, $p > 0.05$ and $\beta = -.171$, $t = -.789$, $p > 0.05$) did not significantly predicts the general family functioning, while perceived authoritative parenting of both parents ($\beta = -.400$, $t = -2.537$, $p < 0.05$ and $\beta = -.417$, $t = -2.312$, $p < 0.05$) significantly predicted general family functioning of participants of study. Moreover, perceived authoritarian parenting styles of mothers ($\beta = .387$, $t = 2.342$, $p < 0.05$) had a significant effect on general family functioning, while authoritarian approach of fathers ($\beta = .051$, $t = .270$, $p > 0.05$) did not affect the general family functioning of young adults with borderline personality disorder.

CONCLUSION

Authoritative parenting by both mothers and fathers was associated with improved family functioning, whereas maternal authoritarian parenting predicted higher dysfunction, suggesting the need for family-focused therapeutic interventions in BPD management.

KEYWORDS

Borderline Personality Disorder; Outpatients; Parents; Parenting; Young Adult.

INTRODUCTION

Parenting is a multifaceted and dynamic role that encompasses nurturing, guidance, and support to promote children's emotional and social development. Effective parenting requires a balance of warmth, discipline, and responsiveness tailored to individual needs. Positive parenting practices, such as active listening, validation of emotions, and consistent boundary-setting, can help foster a secure attachment between parent and child, promoting healthy development and resilience. Additionally, parents who model positive behaviours, such as empathy, kindness, and responsibility, can help their children develop essential life skills and values. By prioritising their relationship with their child and being responsive to their needs, parents can establish an enabling and loving environment that allows their kids to thrive.

A functional family environment promotes emotional growth and psychological stability. Cohesion, communication, and supportive relationships are central to fostering both growth and well-being.¹ Parents are integral to this system, and positive parenting practices are consistently linked with higher family cohesion and better overall functioning.^{2,3} For an individual, the early life experiences such as their interaction with parents and family are fundamental to their wellbeing. Neglect and abuse by parents and dysfunctional family style directly negatively affect their children's mental health.⁴

Parenting style is a crucial element in one's life. It has been emphasised that an individual's coping styles and their behaviour depend largely upon the type of parenting they have experienced in their life.⁵ The three distinct parenting styles introduced by researchers are categorised as Authoritative, Authoritarian and Permissive parenting.⁶ These parenting styles differ in levels of involvement and authority. In authoritarian parenting, parents have high demands of children, and they are usually unresponsive to the kids. Permissive parents have a high level of responsiveness to kids coupled with low levels of demands. Authoritative parents employ high warmth and high control, they are emotionally nurturing and responsive, and have clear and structured ways of control as well.⁶

Family functioning is another key factor that significantly impacts the mental health of individuals; it is the ability to meet the needs of the family members.⁷ A well-functioning family is characterised by six core dimensions: communication, problem-solving, affective responsiveness, affective involvement, roles, behaviour control.⁸

Personality issues refer to the patterns of personality development during childhood and adolescence is significantly influenced by parenting styles and interactions. Parents affect a child's growing personality by modelling behaviours, setting boundaries, and providing emotional support. A nurturing environment that encourages exploration, independence, and self-expression can foster healthy personality development, while excessive criticism, neglect, or overprotection can hinder it. By being available, validating the feelings, and promoting positive relationships, parents can help their child develop essential life skills, such as self-regulation, empathy, and resilience, ultimately contributing to a well-adjusted and confident individual.

Thought, feeling, and behaviour may contribute to impairment in a person's life. These issues can manifest as rigid and maladaptive traits, such as excessive perfectionism, emotional dysregulation, or difficulties in relationships. Personality disorders, such as borderline, narcissistic, or avoidant personality disorder, can impact daily functioning, relationships, and overall well-being. Addressing personality issues often requires a comprehensive approach, including therapy, self-reflection, and skills development, to promote greater self-awareness, emotional regulation, and more adaptive coping strategies.

Borderline personality disorder (BPD) is a multifaceted disorder of personality that is majorly exhibited by poor self-image, impulsivity, and fear of abandonment. These characteristics disrupt their healthy interaction and interpersonal relationships. The disorder often emerges in late adolescence and early adulthood.⁹ These experiences are frequently reported as invalidating, overprotective, and emotionally detached from their caregiver, which hinders their ability to form secure attachments, regulate emotions and establish social relational in later life.¹⁰ The perceived parenting style during their formative years often shape their current perception of family dynamics, leading to strained relationships and emotional instability,¹¹ and interpersonal challenges commonly associated with BPD.¹² These findings underscore the profound influence of early family experience on the well-being, highlighting the need for family-centred therapeutic intervention for patients with BPD. The interplay between perceived parenting styles and general family functioning is essential for identifying the variables playing under BPD symptoms. Research suggests that interventions focusing on improving family communication, fostering supportive parenting practices, and addressing past emotional wounds can be beneficial in managing BPD symptoms and can enhance the quality of life.¹³

The present study aimed to examine the relationship between perceived parenting styles and family functioning among young adults diagnosed with BPD. An understanding of this association may aid in the development of family-centred therapeutic strategies and determine preventive interventions.

METHOD

Participants

The sample comprised 51 outpatients, aged between 18 and 25 years, diagnosed with BPD were recruited through purposive sampling technique from psychiatric and psychological clinics in Karachi, including the Institute of Clinical Psychology (ICP), Jinnah Postgraduate Medical Centre (JPMC), Dr Aisha's Health Vision Hospital, and Karwan-e-Hayat. The recruitment was based on their diagnosis of "Borderline Personality Disorder" as per DSM-5 criteria¹⁴ and clinical interview.

Inclusion Criteria

- Diagnosed cases of BPD
- Individuals with an age range of 18 to 25 years
- Participants with a minimum education level of intermediate were included

Exclusion Criteria

- Participants who had any comorbid, severe medical or neurological condition
- Participants below the age of 18 years and above 25 years
- Married participants
- Participants whose parents were not alive, or if their parents were either divorced or separated
- Participants who did not live with their biological parents, i.e., were adopted

Instruments

The participants' details were collected using a demographic form, which included questions related to personal details such as age, gender, education, occupation and marital status. It also had a section related to details regarding their family, such as family structure, socioeconomic status, birth order, and details of the parents like parents' living status, marital status, and history of medical and past psychiatric illnesses. The last section related to participants' medical details such as duration of psychotherapy, any other diagnoses, and history of hospitalisation was included.

Parental Authority Questionnaire (PAQ):¹⁵ It was developed to assess perceived parenting styles, and it is a widely used scale to measure different styles of parenting. PAQ comprises two separate scales having 30 items each for mother and father to assess their parenting styles. The statements are answered on a 5-point Likert type scale, which starts from 1 representing strongly disagree, to 5 which represents strongly agree. With a Cronbach's alpha score between 0.74 and 0.87, the scale exhibits strong reliability as well as good discriminant and criterion validity.¹⁵

The McMaster Family Assessment Device (FAD):¹⁶ This scale comprises 60 items which measure 7 different domains of family functioning. Current research employed the subscale of general functioning (GF) only. The GF subscale consists of 12 items (item numbers 1, 6, 11, 16, 21, 26, 31, 36, 41, 46, 51, 56). The statements are scored on a 4-point Likert type scale. Higher scores indicate poor family functioning.¹⁶ Research suggests that FAD has good reliability between 0.72 to 0.92, while the General Functioning subscale also has a high reliability, i.e., 0.90.¹⁷

Procedure

Before commencement, the ethical approval for the research was sought from the Ethical Review Board of the Institute of Clinical Psychology, University of Karachi (ref. No. ICP-1(101)/5293). The respective authors of PAQ and FAD scales were approached for permission to use the tools, which was granted. After institutional approvals, potential participants diagnosed with BPD were approached for informed consent and confidentiality assurance.

The respondents were informed about the objectives of the study, their voluntary participation, confidentiality, complete privacy of their information and their right to withdraw. A written informed consent form was given to them to sign, and any queries from their side were answered. They were then presented with the demographic form and both the questionnaires of the study, i.e., PAQ and FAD. Any issues and queries from the participants were answered by the researcher. The participants were thanked after the completion of data collection. Data were then analysed using SPSS version 25.

RESULTS

The results showed that the 51 participants, aged between 18-25 years (Mean = 22.55, SD = 1.629). Among them, 16 (31.4%) were male and 35 (68.6%) were female. Out of them, 44 participants (86.27%) were educated up to graduation, while only 7 (13.72%) were educated till intermediate. Majority of the sample lived in nuclear family systems (56.9%), while 43.1% lived in joint families. A total of 22 patients (43.1%) were receiving treatment for last six months only, 10 (19.6%) participants were under treatment for one year and two years each, while only 9 (17.7%) patients had a history of treatment for more than two years. Out of the sample, 14 (27.5%) participants were first born, 17 (33.3%) were middle born, 15 (29.4%) were last born while 5 (9.8%) were single born.

Table 1
Multiple Regression of Perceived Parenting Styles of Mother and General Functioning.

Parenting Styles	B	β	t	Sig
Constant	2.356		3.016	.004
PR	.012	.122	.751	.457
AV	-.029	-.400	-2.537	.015
AN	.029	.387	2.342	.023

Note. PR: Permissive Parenting, AV: Authoritative Parenting and AN: Authoritarian Parenting

Table 2
Multiple Regression of Perceived Parenting Styles of Father and General Functioning.

Parenting Styles	B	β	t	Sig
Constant	4.000		4.662	.000
PR	-.015	-.171	-.789	.434
AV	-.031	-.417	-2.312	.025
AN	.004	.051	.270	.788

Note. PR: Permissive Parenting, AV: Authoritative Parenting and AN: Authoritarian Parenting

Authoritative parenting predicted better family functioning ($\beta = -0.400$ for mothers; $\beta = -0.417$ for fathers), whereas authoritarian parenting by mothers predicted poorer family functioning ($\beta = 0.387$, $p < 0.05$). Permissive parenting was not a significant predictor.

DISCUSSION

The findings of the present study demonstrate the predictive role of perceived parenting styles in determining the overall family functioning among young adults diagnosed with borderline personality disorder (BPD). The results indicated that the authoritative parenting style of both mothers and fathers significantly predicted better general family functioning, whereas the maternal authoritarian parenting style was associated with increased dysfunction. In contrast, permissive parenting styles of both parents and the authoritarian style of fathers were not significant predictors of general family functioning.

The results suggest that authoritative parenting, which is characterised by warmth, responsiveness, and consistent boundaries, fosters emotional stability, open communication, and family cohesion. Such qualities are protective factors against emotional dysregulation and interpersonal difficulties in BPD. This aligns with previous research highlighting that authoritative parenting enhances resilience, empathy, and social competence in children.¹⁸⁻²¹ On the contrary, authoritarian parenting, which is defined by high control and low emotional warmth, may impair emotional dysregulation and stress among individuals with BPD. This observation supports the biosocial model of BPD, which posits that children growing up in invalidating environments are more prone to develop difficulties in emotional regulation and interpersonal functioning.¹⁸

The study's observations are consistent with the findings of Okorodudu, who observed that strict, punitive parenting styles contribute to anxiety and maladaptive behaviours among adolescents.¹⁹ Similarly, Pearson reported that emotionally distant or harsh parenting undermines adolescents' capacity for emotional regulation.²⁰ In contrast, Sanvictores and Mendez emphasised that authoritative parenting promotes secure attachment, self-esteem, and adaptive coping, which together support functional family interactions.²¹

Interestingly, the paternal authoritarian and permissive styles did not significantly predict family functioning. This may be attributed to cultural norms prevalent in South Asian societies, such as in Pakistan. In the collectivist contexts, paternal authority culturally endorsed and is traditionally viewed as a

form of protection and discipline rather than emotional distance.^{23,24} Within such frameworks, parental control is often interpreted as a sign of care and moral guidance, and thus may not be perceived as detrimental to family functioning, especially when embedded within a setting of cultural acceptance and family interdependence.

In Pakistani families, parenting roles commonly allocate emotional and daily caregiving to mothers and financial/authority positions to fathers. Therefore, maternal interactions may have a more immediate influence on perceived family functioning in young adults. This cultural framing is consistent with cross-cultural perspectives on parenting, which highlight that the social meaning of parenting behaviours varies in the traditional context.^{22,24}

From a clinical perspective, the results demonstrate the potential benefit of family-based therapeutic interventions for individuals with BPD. The incorporation of parents into treatment, especially through practices of psychoeducation, emotional validation training, and communication skills, may result in improvement of family harmony and treatment adherence.

Limitations

This study offers valuable insight into how perceived parenting styles influence family functioning among young adults with borderline personality disorder, however, it has certain limitations which should be acknowledged. The sample was relatively small and recruited from outpatient clinics in Karachi, limiting generalisability to other populations and geographic regions. Its correlational study design prevents causal inferences, as directionality between parenting perception and family functioning cannot be demonstrated. The reliance on self-report measures may introduce recall or social desirability bias, and the use of Western standardised instruments may not fully capture regionally unique parenting practices.

CONCLUSION

Parenting plays a pivotal role in determining emotional development, interpersonal relationships, and overall wellbeing of the family. The current study demonstrates that authoritative parenting of both mothers and fathers significantly contributes to improved family functioning, while maternal authoritarian parenting is associated with increased dysfunction among young adults with Borderline Personality Disorder. These findings support the importance of warm, consistent, and structured parenting in promoting emotional stability and family harmony.

Clinically, these results emphasise the need to involve parents and families in therapeutic interventions for BPD. Parent-focused psychoeducation that stresses upon emotional validation, effective communication, and adaptive boundary-setting can enhance both patient outcomes and family cohesion.

Recommendations

Future studies should recruit larger and more diverse samples to improve generalisability across different socioeconomic and cultural groups in Pakistan. Longitudinal and mixed-

method designs must be employed to establish causal relationships and gain deeper contextual insights into family functioning and parenting. The use of multi-informant data collection including parents, siblings, and clinicians shall minimise self-report bias. The development of culturally adapted parenting programmes with emphasis on empathy, validation, and constructive discipline that align with local cultural values. Lastly, integration of family-based psychoeducation in therapeutic approaches should be prioritised to enhance emotional regulation and relational functioning among BPD patients.

CONFLICT OF INTEREST

Authors declare no conflict of interest related to this study

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DISCLOSURE

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4.	Nida Rasheed	Department of Psychology, Sir Syed University of Engineering and Technology, Karachi, Pakistan.	Part of manuscript writing, and references

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