

## **Parental attitudes and severity of borderline personality traits: the mediational role of self-control and identity integration**

Krzysztof Kwapis, Jacek Prusak, Aleksandra Pohl, Agnieszka Krawczyk

Institute of Psychology, Jesuit University Ignatianum in Krakow

### **Summary**

**Aim.** The aim of this paper is to analyze the relationship between parental attitudes, self-control, identity integration, and traits of borderline personality disorder (BPD) in a non-clinical sample of adults. Additionally, it will examine the role of self-control and identity integration as direct predictors of BPD, and as potential mediators of the association between parental attitudes and BPD traits.

**Methods.** The study involved a group of 162 adults drawn from the general population. The study participants were asked to complete the Questionnaire of Retrospective Assessment of Parental Attitudes (KPR-Roc) by Plopa, one subscale of the Lifestyle Questionnaire 05/SK by Trzebińska, subscale Identity Integration of the Multidimensional Self-Esteem Inventory (MSEI) by O'Brien and Epstein in a Polish adaptation by Fecenec, and the Self-Control Scale (SCS) by Tangney et al. in the adaptation by Kwapis and Bartczuk.

**Results.** The results demonstrated a significant correlation of self-control and identity integration with parental attitudes (except from an excessively protective attitude presented by the mother and father), as well as negative correlations of both identity integration and self-control with BPD traits. Structural modeling analysis revealed that the mother's inconsequent attitude and identity integration have a direct impact on BPD traits, whereas the mother's excessively demanding attitude and self-control influence BPD traits only indirectly. An inconsequent father's attitude influences BPD traits in both direct and indirect ways. Self-control and identity integration are the mediators of the relationship between a mother's excessively demanding attitude and a father's inconsequent attitude with BPD traits. The impact of self-control on BPD traits is mediated by identity integration.

**Conclusions.** Parental attitudes of both the mother and father are associated with self-control, identity integration and BPD traits. Self-control and identity integration mediate the influence of the selected parental attitudes on BPD traits.

**Key words:** borderline personality disorder, parental attitudes, self-control, identity integration

## Introduction

Leading psychological theories that describe borderline personality disorder (BPD) in a psychodynamic perspective oscillate between the conflict model and the deficit model. The notions of deficit stress mainly the role of external reality which, when internalized, creates a deficit within representation. By contrast, the notions of conflict focus on contradiction within the intrapsychic world. There are also conceptualizations which prove that psychopathology of personality may be explained simultaneously within the conflict and the deficit model [1]. In the cognitive approach to borderline personality disorders, an interaction of three factors is emphasized: innate predispositions, learned features and traumatic events which generate disorder-specific false beliefs about self and others and the surrounding world. They coexist with relatively permanent patterns of coping with stress and patterns of interpersonal strategies. These, in turn, consolidate these inadequate beliefs and assumptions [1].

All psychological borderline personality theories admit that – on the most general level – it is features of the family environment in the childhood and adolescence as well as individual differences in temperament, in emotional vulnerability in particular, that increase jointly (on the interaction basis) the risk of the development of traits characteristic of BPD [2, 3]. Many studies focus on identifying exactly what abnormalities in the child's immediate environment and what temperament traits increase the risk of developing BPD. However, there is little research into the psychological process and mediators between the impact of the environment and the development of BPD traits. Therefore, the presented research takes into account not only the importance of a family environment in the form of parental attitudes for the development of the BPD traits, but also the importance of self-control and identity integration as predictors of BPD traits and also as mediators of the relationship between parental attitudes and BPD traits.

The currently leading theories of borderline psychopathology emphasize the importance of two fundamental problems underlying this disorder. The first, described in Linehan's biosocial theory, is emotion dysregulation, which consists of: heightened emotional sensitivity, slowness in returning to emotional baseline and inability to regulate intense emotional responses. Emotional dysregulation results in other BPD-specific behaviors, such as: suicidal urges, self-injury, unstable and stormy relationships, and other impulsive behaviors. Research suggests [9] that problems with emotion regulation are associated with executive functions of self, especially with inhibition, that is, the ability to control impulses and stop one's reactions. Studies also show that young people with BPD, compared to healthy people, prefer instant gratification and tend to skip gratifications that require a longer wait. It is associated with impulsiveness [10] and poor ability to delay gratification, which is one of the manifestations of poor self-control. Furthermore, emotional dysregulation may be manifested in the pathogenesis of the BPD through difficulties in self-control, understood as the functioning of self, thanks to which the self can overcome and change one's impulses, thoughts, moods, emotions, and behaviors [11, 12].

The second issue described in the personality disorder model by Kernberg [2, 13] and colleagues [4, 5, 14], is impairments in self-structure expressed in a poor identity

integration. Disruptions in the sense of identity were consequently referred to as the key feature of this disorder in several theoretical approaches [15–17]. Despite the fact that the sense of coherence and the sense of self-continuity are an “illusion produced by the capacity to function reflectively and mentalize, and they are created ‘online’, BPD patients seem to have a serious problem with creating both the sense of coherence and consistency, in particular in a highly engaging context, such as interpersonal relationships” [5]. The theory proposed by Kernberg [13], explaining the psychological pathomechanism of the disorder, indicates that identity diffusion, expressed in persistent inconsistency, lack of integration with sometimes distorted or fragmented representations of self and others, is characteristic for people with BPD [18]. Longitudinal studies (across 20 years) indicate that identity disorders are characteristic of individuals with BPD, recognized to a considerably greater extent than those with other personality disorders, both in the aspect of the identity’s instability and in determining one’s own identity by a negative image of self [18]. Moreover, research findings in this respect [19] show that there are four identity disturbance types in adults with BPD: role absorption, manifested by the tendency to determine oneself by a single role or function; painful incoherence, that is, a subjective sense of lack of coherence; inconsistency, namely, an objective lack of consistency in thoughts, emotions and behavior; and a lack of commitment to work, accomplishment of aims and values. It was also shown [20] that representations of the self and others are less coherent and less consistent in BPD individuals than in healthy ones. Also, in the new hybrid model of personality disorders in the DSM-5 (section III), disruptions of identity and self-direction are the main features of BPD. Despite the fact that difficulties in self-control and identity are indicated as the main features, there is a lack of research in which both issues are examined in the context of BPD.

The theory of parental attitudes created by Plopa [21] underlines the importance of parents’ attitudes in the process of identity formation. Attitudes shape the nature of the parent–child relationship and are of key importance in the process of individualization of a child. In early adulthood, two indicators of a relative success of this developmental process are: formation of a coherent and mature identity; and the ability to form close relationships. Therefore, the condition of forming a mature identity is the accomplishment of a sufficient level of autonomy and individualization.

Plopa’s theory describes five parental attitudes: acceptance–rejection; excessively demanding; autonomy; inconsequent; and excessively protecting. The acceptance in the acceptance–rejection attitude is related to an unconditional acceptance of a child. A parent creates a climate that facilitates a free exchange of emotions and thoughts. She or he teaches the child to trust people and the world, and is emphatic and sensitive to the child’s needs. She or he makes sure the child feels safe and loved. The rejection is associated with avoiding attachment to the child, not perceiving his or her mental needs and problems. The parent’s activity is limited only to satisfying the child’s material needs. Whereas the parent who assumes an excessively demanding attitude treats the child ruthlessly, in accordance with a rigidly adopted model of upbringing. He or she perceives themselves as an authority in all matters related to the child and does not understand the child’s needs, in particular, the need for autonomy. He or she

does not take into account the child's abilities and strictly enforces his or her orders. The parent who assumes an autonomy attitude allows the child to make his or her own decisions adjusted to her or his developmental needs and teaches the child to solve problems. The parent shows various alternatives and their consequences, and provides advice and a partnership discussion. He or she respects the child's opinions, even if he or she does not accept them to a full extent. In the inconsequent attitude, the parent's attitude toward the child is varying, dependent on mood and frame of mind. Interest in the child's matters is interlaced with excessive interference and nervousness. Instability in the parent's behavior causes the child to create an emotional distance and hide his or her problems, as well as lock up in her or his own world. The excessively protecting parent treats the child as a person who needs constant care and concern. When confronted with a child's manifestations of autonomy, he or she reacts with fear. The parent does not realize the child's need for experience and increasing freedom as he or she grows up, or the fact that getting involved in all the child's matters incites rebellious behavior toward the parents. With excessive concern about the child's future, the parent inhibits formation of the child's identity.

Many studies [6] indicate that there is a strong relationship between BPD and the invalidation childhood experience associated with parental care. Invalidating environment may be the result of negative parenting practices, which, however, do not have to be accompanied by trauma or abuse by caretakers (sometimes too much identified with the reasons for this personality disorder). In addition to other unfavorable parenting practices, Linehan lists non-acceptance and rejection of emotions expressed by the child, questioning the reasons for their emotional states and behaviors presented by them, as well as irregular reinforcements of extreme emotional reactions of the child and oversimplification of the child's problems. According to Linehan's model, these behaviors, interacted with the child's emotional vulnerability, result in difficulties in the adequate recognition, understanding and naming of emotions, as well as their regulation and control [6, 8, 22]. Among other factors related to the parental attitudes that facilitate the disclosure and consolidation of BPD traits are: ignoring; negating; overreacting to the child's thoughts, emotions and opinions [23], and criticism [24]. This kind of parental behavior resembles an excessively demanding and inconsequent attitude in Plopa's theory [7, 21].

The relationship between the invalidating family environments and borderline features may be affected by parental gender. Previous studies [22, 25] have revealed that the inappropriate attitude of mothers, not fathers, is a significant predictor of BPD symptoms in non-clinical samples. For example, longitudinal studies [26] have shown that there is a relationship between maternal overprotection and BPD symptoms. Research [25] also indicates the relationship between the development of BPD traits and the invalidating attitude of the mother and maternal inconsistency combined with high maternal over-involvement [27]. Another study [28] indicates that harsh maternal parenting contributes more to emotional dysregulation in children than harsh paternal parenting. The research conducted by Mącik [7] showed that the mother's inconsequent attitude and an excessively protective father were the most important predictors of BPD traits, while the excessively demanding and autonomy attitude of

the father were associated with a lower severity of BPD traits. However, the issue of the different impact of maternal and paternal attitudes on the development of BPD traits has received little recognition.

The presented research aims to examine the relationship between parental attitudes, self-control, identity integration, and BPD traits in a non-clinical sample of adults, and set the role of self-control and identity integration as direct predictors of BPD and as potential mediators of the relationship between parental attitudes and BPD traits. First, correlations among all variables were checked to verify the hypotheses regarding relationships of parental attitudes, self-control and identity integration with BPD traits. Based on earlier research and theoretical considerations, we anticipated that the following attitudes are associated with poorer identity integration, self-control and greater severity of BPD traits: inconsequential father and mother; excessively demanding father and mother; excessively protecting mother; rejecting father and mother; and parents limiting autonomy.

These types of parenting practices can evoke intense emotions such as anxiety, anger, shame, and guilt, and contribute to emotional instability and impulsiveness, responsible for difficulties in self-control. In addition, an inconsequential, authoritarian, rejecting or overly protective parent is probably not a good model for learning self-control skills, as such attitudes indicate his/her impulsiveness and his/her own self-control difficulties, which is consistent with studies on emotional expression socialization [29, 30].

Considering the role of parental attitudes in the process of individuation, which leads to the formation of identity, it should be expected that parental attitudes would be associated with both the level of identity integration and borderline traits. It seems that attitudes that ignore the child's autonomy, such as an excessively demanding attitude, or an overly protective attitude, can contribute to poor identity integration and development of borderline traits. This justification is consistent with the recognition of BPD as a disorder of autonomy [31]. An excessively demanding attitude may be particularly important, because it limits the possibility of choosing one's own values and goals and blocks one's expression and experience, which a growing child, consequently, finds inappropriate. This type of attitude makes it difficult to identify one's needs, feelings and desires and hinders the development of individuality and personal identity. The same holds true with the attitude of rejection, because this attitude deprives the need for safe dependence and hinders the internalization of a parent's positive references to the child. The non-accepting attitude is internalized and contributes to the development of the self-image as an invalid and worthless person. The inconsequential attitude seems to depreciate both the development of autonomy and the need for dependence and may have a particularly adverse effect on the process of individuation and identity formation, and thus on the severity of BPD traits. The aforementioned research allows us to assume that an inconsequential and overly protective attitude of the mother is associated with BPD. The role of the father's attitudes seems to be of lesser importance, although the studies conducted so far to check the differences in the impact of mother's and father's attitudes are far from clear.

It was also expected that there would be a positive relationship between self-control and identity integration, and a negative relationship between self-control and

identity integration with BPD traits. Poor self-control, manifested in a poor ability to control impulses and emotions, fosters the experience of intense and threatening emotional states (such as anxiety, shame, guilt, and aggression), which, according to Kernberg's theory [13], triggers coping strategies such as denial and splitting – as a consequence of which there may be a problem with the integration of various aspects of self-experience, leading to diffusion or poor identity integration. Therefore, it is anticipated that poor self-control favors identity diffusion, which in turn translates into the severity of borderline traits.

Next, based on the obtained correlation results and theoretical conclusions, a model was built to present the relationships between parental attitudes, self-control, identity integration, and BPD traits. At the same time, in the tested model, self-control and identity integration are treated both as variables that are directly related to BPD and as mediators of the attitude–trait relationship. It was anticipated that inappropriate attitudes translate into difficulties in self-control. On the other hand, difficulties in self-control are reflected in poor identity integration and, as a consequence, in the characteristics of BPD (Figure 1).

## Method

### Participants

The study involved 180 participants; however, due to missing data in the test sheets, 18 participants were excluded from further analysis. The final sample includes 162 adults (61.1% were women) aged from 18 to 49 years with a mean age of 23.7 ( $SD = 10.45$  years). Participation was voluntary and not compensated. The sample came from the general population, which is a frequently used solution [32] due to the dimensional approach to personality disorders, which means that the more severe the traits and reactions characteristic of a given disorder, the more reasonable it is to suppose that personality is dysfunctional. Assuming a dimensional approach, it is necessary to conduct research on samples from the general population to obtain a full distribution of the severity of reactions and traits that are symptoms of personality disorders [32].

### Measures

*The Parental Attitudes.* In order to assess parental attitudes, the Questionnaire of Retrospective Assessment of Parental Attitudes (KPR-Roc) by Plopa was used [21]. The questionnaire consists of two versions used for retrospective assessment of the mother's and father's attitudes. Each version consists of 50 statements, grouped in five dimensions, which correspond to five parental attitudes: acceptance–rejection, excessively demanding, autonomy, inconsequent, excessively protecting. The scales have good psychometric properties, with a high internal consistency: Cronbach's alpha ranged from 0.86 to 0.93 for maternal attitudes and from 0.84 to 0.90 for paternal attitudes. Examinees indicate on a five-point scale how strongly they agree or disagree with each statement.

*The features of borderline personality disorder.* In order to assess participants' features of BPD, one subscale of the Lifestyle Questionnaire 05/SK designed to measure personality disorders was used [33]. The items refer to everyday reality in Poland. The scale consists of 11 items regarding thoughts, behaviours, feelings, and interpretations of events and situations that correspond to the symptoms of BPD. The items of the questionnaire are rated on 7-points scale ranging from 0 ("never") to 6 ("very often"). The scale has good psychometric properties, with high internal consistency in the nonclinical sample: Cronbach's alpha = 0.85 [33].

*Identity integration.* In order to assess participants' identity integration, a subscale of the Polish adaptation of the Multidimensional Self-Esteem Inventory (MSEI) was used [34, 35]. This 10-item subscale assesses the level of identity integration (e.g., "Sometimes it is hard to believe that my different characteristics constitute the same person") and shows acceptable reliability in nonclinical samples (Cronbach's alpha ranged from 0.69 to 0.77). Participants were asked to rate all items on a 5-point Likert scale (1 = "Do not agree at all" and 5 = "Totally agree").

*Self-control.* To measure self-control, a short version of the Self-Control Scale by Tangney et al. [12] in the adaptation of Kwapis and Bartczuk [36] was used. The scale consists of 13 statements, assessed by the examined person on a scale from 1 ("Not at all like me") to 5 ("Very similar to me"). The tool has good psychometric properties, reliability measured by Cronbach's alpha in various samples ranges from 0.83 to 0.91.

## Results

### Primary analysis and correlations

There were no univariate and multivariate outliers in the data. The normal distribution of each variable was assessed based on the values of skewness and kurtosis. Both skewness (from 0.068 to 0.563) and kurtosis (from -0.359 to -0.931) indicate that all the variables have a normal distribution. For the correlation analysis the Person's  $r$  coefficient was used. Means, standard deviations and correlations for all the variables are presented in Table 1.

Table 1. Means, standard deviations and correlations for all the variables ( $N = 162$ )

|                           | M    | SD    | 1       | 2       | 3      | 4       | 5       | 6       | 7       | 8     | 9       | 10      | 11            | 12             |
|---------------------------|------|-------|---------|---------|--------|---------|---------|---------|---------|-------|---------|---------|---------------|----------------|
| 1. Mother's acceptance    | 3.76 | 0.874 |         |         |        |         |         |         |         |       |         |         |               |                |
| 2. Mother's autonomy      | 3.62 | 0.822 | 0.73**  |         |        |         |         |         |         |       |         |         |               |                |
| 3. Mother's protecting    | 3.52 | 0.753 | 0.34**  | -0.02   |        |         |         |         |         |       |         |         |               |                |
| 4. Mother's demanding     | 2.88 | 0.852 | -0.57** | -0.69** | 0.24** |         |         |         |         |       |         |         |               |                |
| 5. Mother's inconsequent  | 2.47 | 0.982 | -0.61** | -0.54** | 0.02   | 0.72**  |         |         |         |       |         |         |               |                |
| 6. Father's acceptance    | 3.48 | 0.972 | 0.42**  | 0.33**  | 0.22** | -0.14   | -0.22** |         |         |       |         |         |               |                |
| 7. Father's autonomy      | 3.65 | 0.781 | 0.41**  | 0.49**  | 0.10   | -0.27** | -0.23** | 0.79**  |         |       |         |         |               |                |
| 8. Father's protecting    | 2.73 | 0.792 | 0.20*   | 0.05    | 0.53** | 0.15    | 0.08    | 0.45**  | 0.14    |       |         |         |               |                |
| 9. Father's demanding     | 2.82 | 0.948 | -0.29** | -0.31** | 0.11   | 0.36**  | 0.35**  | -0.57** | -0.71** | 0.13  |         |         |               |                |
| 10. Father's inconsequent | 2.69 | 0.99  | -0.37** | -0.34** | 0.09   | 0.36**  | 0.46**  | -0.65** | -0.64** | 0.00  | 0.83**  |         |               |                |
| 11. Identity integration  | 2.95 | 0.742 | 0.22**  | 0.22**  | -0.11  | -0.29** | -0.29** | 0.21**  | 0.24**  | -0.07 | -0.26** | -0.31** |               |                |
| 12. Self-control          | 2.85 | 0.533 | 0.33**  | 0.35**  | -0.14  | -0.40** | -0.38** | 0.25**  | 0.30**  | 0.02  | -0.33** | -0.36** | 0.57**        |                |
| 13. Borderline            | 2.12 | 1.147 | -0.29** | -0.30** | 0.10   | 0.35**  | 0.42**  | -0.19*  | -0.25** | 0.08  | 0.33**  | 0.42**  | <b>-0.66*</b> | <b>-0.53**</b> |

\*  $p < 0.05$ ; \*\*  $p < 0.01$



The obtained results show significant correlations of self-control with parental attitudes. At a moderate level, self-control correlated negatively with the mother's excessively demanding attitude. There were also significant but low correlations with the mother's inconsequential attitude, the father's inconsequential attitude, the mother's autonomy attitude, the father's excessively demanding attitude, the mother's acceptance–rejection attitude, the father's autonomy attitude and the father's acceptance–rejection attitude (the order reflects the values from the strongest to the weakest correlation). There was no relationship between self-control and an excessively protective attitude. Additionally, self-control correlates negatively and moderately with identity integration and with the severity of BPD traits.

The results regarding the integration of identity and parental attitudes indicate significant, though low correlations with the father's inconsequential attitude, the mother's inconsequential attitude, the mother's excessively demanding attitude, the father's excessively demanding attitude, the father's autonomy attitude, the mother's acceptance–rejection, the mother's autonomy, and the father's acceptance–rejection (same order as above). There was no relationship between identity integration and an excessively protective attitude. Additionally, integration correlates negatively and moderately with the severity of borderline traits.

The results regarding the relationship between attitudes and the severity of borderline traits reveal that there is a moderate correlation with the inconsequential attitude of the mother and father; low correlation with an excessively demanding attitude of the mother and father, the mother's autonomy attitude, the mother's acceptance–rejection attitude, and the father's autonomy attitude; and very low correlation with the father's acceptance–rejection attitude. No relationship was observed with the overprotective attitude of the mother and father.

### Structural modeling

Based on the above theories and research results, as well as on the correlations obtained in the presented research, a theoretical model was created in which relationships between attitudes, self-control, identity integration, and borderline traits were included. The model takes into account the inconsequential attitude of the mother and father and the excessively demanding attitude of the mother and father, because these attitudes obtained the highest level of correlation. The model was examined using structural modeling. The analysis of structural equations was carried out using the AMOS 21 package. It was anticipated that the inconsequential attitude of the mother and father, as well as the excessively demanding attitude of the mother and father, have an impact on self-control and that their influence on the borderline personality traits is mediated by self-control. In addition, identity integration was anticipated to mediate between self-control and borderline traits. Attitudes were also expected to be directly related to the severity of borderline traits. Thus, two mediators are present in the model: self-control and identity integration. Self-control acts as a partial mediator between attitudes and borderline traits, while identity integration is a mediator between self-control and borderline traits. The model determines the cause-effect relationship between: attitudes

and self-control; attitudes and borderline traits; between self-control and integration of identity and borderline traits; and between identity integration and borderline traits. Additionally, covariance relationships between attitudes were determined (Figure 1). Model fit was assessed using the standardized chi-square value. According to Bollen [37] its value below 3.0 indicates that the model is well fitted to the data. Model fit was also examined using the following indicators: the comparative fit index (CFI), incremental fit index (IFI), and the root mean square error of approximation (RMSEA). As recommended [38, 39], a CFI and IFI value above 0.90 indicates the acceptable model fit, and the RMSEA should be 0.080 or less.

Before checking whether the assumed model fits to the data, two other models were previously checked. The first only considered the paths between attitudes and identity integration. These paths were insignificant. In the second model, the order of mediators was the reverse: direct paths between attitudes and integration were tested, which in turn influences self-control. In other words, it was examined whether the model in which identity integration is a predictor of self-control is better fitted to the data. Model fit indices show that it is not well fitted:  $CMIN/\chi^2(4, N = 162) = 5.845$ ;  $p < 0.001$ ; CFI = 0.965; IFI = 0.966; RMSEA = 0.173 [0.11; 0.245]. This suggests that difficulties in self-control contribute to poor identity integration rather than poor identity integration contributing to difficulties in self-control.

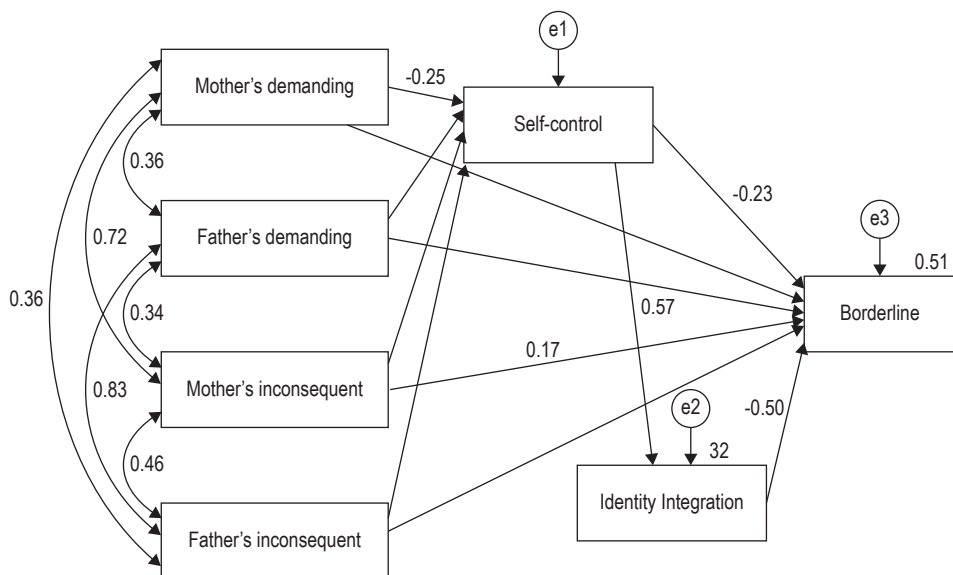


Figure 1. Path model of parental attitudes and borderline personality traits as well as self-control and identity integration as mediators

However, the results of the assumed model show that it is well fitted to the data ( $\text{CMIN}/\chi^2(2, N = 162) = 0.822$ ;  $p = 0.511$ ;  $\text{CFI} = 1$ ;  $\text{IFI} = 1$ ;  $\text{RMSEA} = 0.000$  [0.000; 0.109]), but many paths are insignificant. There were no hints in the modification indices for adding new paths (Figure 1).

The insignificant paths were removed one at a time until the model was well fitted and only with significant paths. Based on the values of path coefficients and the level of significance, the insignificant path between the father's demanding attitude and self-control was removed first. Then, the path between the mother's demanding attitude and the severity of borderline traits was removed. Subsequently, the insignificant relationship between the father's demanding attitude and borderline traits was removed, followed by the relationship between the mother's inconsequential attitude and

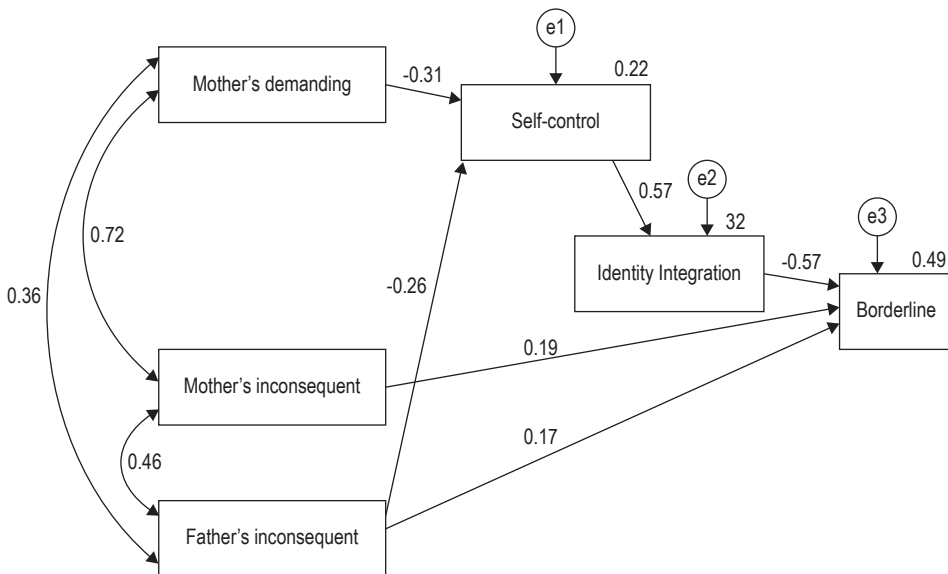


Figure 2. Path model of parental attitudes as well as self-control and identity integration as mediators of borderline personality traits after removing insignificant paths

self-control. The last insignificant path removed concerned the relationship between self-control and borderline traits ( $B = -0.27$ ;  $p = 0.061$ ). The final form of the model is presented in Figure 2. Model fit indicators show that it is well fitted to the data:  $\text{CMIN}/\chi^2(2, N = 162) = 1.243$ ;  $p = 0.208$ ;  $\text{CFI} = 0.996$ ;  $\text{IFI} = 0.996$ ;  $\text{RMSEA} = 0.039$  [0.000; 0.115]. All paths are significant.

As can be seen in Figure 2, there are three covariances between the inconsequential attitude of the mother and father and the mother's excessively demanding attitude in the model. The mother's inconsequential attitude and identity integration have only a direct impact on borderline traits. An excessively demanding mother's attitude and

self-control only indirectly affect the severity of these traits. The father's inconsequent attitude exerts a direct and indirect impact.

The direct impact of the mother's inconsequent attitude on the severity of borderline features in standardized units is 0.19;  $p < 0.01$ . These results mean that a higher inconsequent attitude of the mother translates into greater severity of traits. Also, the direct impact of identity integration on borderline traits is  $-0.57$ ;  $p < 0.01$ . This means that the increase in identity integration reduces the severity of borderline traits.

The father's inconsequent attitude has a direct and indirect impact on the severity of borderline traits. The direct impact in the standardized units is 0.16;  $p < 0.01$ . The total impact (direct and indirect effects) is 0.24;  $p < 0.01$ . Thus, if the father's inconsequent attitude is one standard deviation higher, the severity of borderline traits is higher by 0.24 standard deviation, of which 0.16 of this deviation results from the direct impact of the father's inconsequent attitude, and 0.09 from the influence mediated by self-control and identity integration.

An excessively demanding mother's attitude has only indirect effects on borderline traits. The mediator of this influence is first self-control and then integration of identity. The impact is 0.10;  $p < 0.01$ , which means that an increase in the severity of the mother's demanding attitude increases the severity of borderline traits.

Also, self-control has only indirect effects on borderline traits of  $-0.32$ ;  $p < 0.01$ , which means that the higher the self-control, the lower the severity of the traits. This influence is mediated by identity integration, which means that the higher the self-control, the higher the identity integration and, consequently, the lower the severity of the traits. If the examined variables were ordered in terms of their direct impact on borderline traits (i.e., according to standardized direct effects) from the most important to the least important, the order would be: integration of identity; mother's erratic attitude; and father's erratic attitude. However, if we rank according to the combined impact (direct and indirect effects), this order changes: identity integration; self-control; the father's inconsequent attitude; the mother's inconsequent attitude; and the mother's demanding attitude. The whole model explains 49% ( $R^2 = 0.49$ ) of the variance in the severity of borderline personality traits.

## Discussion

Based on the presented theoretical approaches and research results, it was anticipated that parental attitudes would be related to both self-control and the level of identity integration, as well as borderline traits. The obtained correlations confirmed these predictions. First, parental attitudes are related to identity integration. Positive relationships have been noted between the mother's and father's attitudes of acceptance and autonomy and identity integration. The strongest relationships were observed in terms of an excessively demanding and inconsequent attitude of both the mother and father, which favors poorer identity integration. Both of these attitudes are associated with neglect of both the need for safe dependence and autonomy, which hinders the process of the child's individuation and identity formation, because this process requires an optimal balance between the needs of belonging, closeness and intimacy and the

needs of distance, separation and autonomy. Identity development requires balancing autonomy and dependence according to age [21, 31].

According to Kernberg's theory [16], in the process of developing the identity, an internalization of experienced parental references takes place (formation of an internal relationship with an object), which serve as the building elements of identity. Internalization of the inconsequent attitude of the parent, characterized by instability depending on his or her mood (e.g., sometimes expressing love; sometimes expressing indifference or rejection), contributes to an inconsistent self-image as both loved and indifferent. It is the opposite for attitudes that respect the autonomy and need for belonging, dependence and closeness. Both the mother's and the father's attitude of autonomy and acceptance favor the integration of identity.

Secondly, an identical relationship pattern was obtained between parental attitudes and personality characteristics in BPD. This finding is in line with previous results [40] showing that aversive parenting (i.e., authoritarian, permissive and psychologically controlling forms of parenting) significantly predict borderline traits. Assuming, according to the theory, that difficulties in identity are a pivotal problem of this personality disorder and that parental attitudes play an important role in forming identity, the identity of the relationship pattern is understandable. The resulting strong negative correlation between identity integration and the severity of borderline traits confirm the theory and research predictions. The mediational role of identity integration between parental attitudes and BPD traits suggested by theory and correlation was tested in the model.

Thirdly, the pattern of relationships between attitudes and self-control is also similar to the aforementioned relationships. The results indicate that excessively demanding and inconsequent parents can contribute to self-control difficulties. These types of attitudes generate emotional difficulties and impulsiveness, which are responsible for failures in self-control. In this context, the next obtained result is important, indicating a positive and moderate relationship between self-control and integration, which means that the lower the self-control, the lower the integration. This relationship is best explained in the context of inappropriate parental attitudes that prompt intense emotions and impulses that impede self-control, which in turn can trigger coping strategies such as suppression, denial or other defenses described in borderline psychopathology, for example, splitting. As a consequence of their actions, there is a problem with the integration of various aspects of self-experience, leading to diffusion or poor integration of identity. This type of relationship was tested in the model proposed in the presented research.

The tested model focused on an excessively demanding and inconsequent attitude of both parents. First, the impact of attitudes on self-control and the severity of borderline traits, the effect of self-control on the integration of borderline identity and traits and the impact of integration on the severity of these traits were examined. Attitudes were a predictor of self-control and the severity of borderline traits. Self-control was a direct predictor of borderline traits and a mediator of attitude–trait relationships. Identity integration was a direct predictor of the severity of BPD traits and a mediator of the self-control–BPD trait relationship. The model was well fitted to the data, but many paths were insignificant. After their removal, a model was obtained in which the inconsequent attitude of the mother and father and identity integration had a di-

rect impact on borderline traits (Figure 2). Furthermore, self-control had a significant impact on identity integration. The excessively demanding attitude of the mother was indirectly related to borderline traits – through self-control and identity integration – as was the father's inconsequential attitude. Self-control only had an indirect effect on the severity of borderline traits through identity integration. The results are in line with the predictions underlying the theoretical model. Attitudes, apart from a direct impact on borderline traits, are also involved in developing self-control, which translates into identity integration. The results show that a demanding attitude of the mother and an inconsequential attitude of the father reduce the level of self-control, which translates into poorer identity integration and a greater severity of borderline traits. The indirect impact of a demanding attitude of the mother, inconsequential attitude of the father and direct impact of self-control on identity integration explain 32% of the variance in identity integration.

However, the most important factor for the severity of borderline traits is identity integration, and it is under the direct influence of self-control and indirect influence of the mother's demanding attitude and the father's inconsequential attitude. The second-most important factor is self-control, which is partly influenced by the same attitudes (they explain 22% of the variance in self-control), but its effect on the severity of borderline features is mediated entirely by identity integration. This means that the more intense the mother's demanding attitude and the father's inconsequential attitude, the poorer the self-control and, consequently, the lower the identity integration, while the lower the identity integration, the greater the severity of borderline personality traits. The third in terms of impact on the severity of traits is the father's inconsequential attitude, the impact of which is both direct and indirect, with the direct impact being stronger. Next comes the direct impact of the mother's inconsequential attitude, and lastly, the mother's demanding attitude, the influence of which is mediated by self-control and identity integration. The whole model explains up to 49% variance in the severity of borderline traits.

Although the presented research was not conducted on a clinical sample, its results may suggest that the borderline pathology includes poor identity integration and low self-control, with integration partially dependent on self-control. This interpretation, however, requires research on a sample of patients diagnosed with BPD, which should be conducted in order to check if the model of relations between variables discussed here is found in this kind of population. This is consistent with the aforementioned theories of BPD psychopathology [5, 13], which emphasize the importance of identity consistency (or rather the lack thereof) and the importance of various types of self-regulation, including self-control [8, 9, 11], and studies showing the relationship between BPD traits and disturbance in identity and self-control. Furthermore, the obtained results suggest that difficulties in self-control contribute to poor identity integration rather than poor identity integration contributing to difficulties in self-control. This means that poor self-control in terms of thoughts, emotions and impulses promotes the diffusion of identity, that is, that identity integration significantly depends on self-control. It is possible that deficits in self-control contribute to emotional instability and the intensity of impulses that hinder the formulation of an integrated identity and a sense of stability

and consistency of the self. In turn, poor self-control is influenced by an excessively demanding attitude of the mother and an inconsequential attitude of the father.

The results also suggest that attachment styles shaped by parental attitudes can be an important component of this type of personality pathology. Studies show that there is a positive correlation between BPD and an anxious-ambivalent and avoiding attachment style [41].

### Limitations of the study and proposals for further research

A considerable limitation of the study is the measurement of borderline personality disorder characteristics in the general population rather than in patients with a clinical diagnosis. Although we adopted a dimensional view of the characteristics of personality disorders, in order to determine if the findings apply to the clinical population it is necessary to repeat the study with a sample of patients diagnosed with borderline personality disorder. The fact that the study was conducted on a general population may have been particularly significant for the strength of the found relationships and for the role of specific parental attitudes.

A major limitation of the research is not taking into account all parental attitudes in the structural model. Attitudes that had the strongest relationships with other measured variables were included. This was influenced by having too few respondents to test a model consisting of so many variables. Another limitation of the research is not taking into account the influence of gender of the subjects. Perhaps the influence of the parents' attitudes on self-control, identity integration and borderline personality traits in men and women is different. Moreover, culturally-related differences in the upbringing of girls and boys may manifest themselves in different attitudes of parents towards girls and boys; for example, fathers are more demanding of sons than daughters [42]. The role of participants' gender should be taken into account in further studies concerning parental attitudes, self-control, identity integration, and borderline personality disorder traits.

The relationship between self-control and identity integration needs to be deepened. Based on the presented research, it is difficult to determine whether the problem of self-control is more related to the intensity of emotions and impulses resulting from the frustration of needs and immaturity of personality, or deficits in the ability of their general understanding, naming and attribution, as pointed out by Linehan [8].

### Conclusions

1. Parental attitudes of the mother and father are related to self-control, identity integration and the severity of borderline traits.
2. The results indicate that the impact of parental attitudes on the severity of borderline traits is mediated by self-control and identity integration, which applies to the inconsequential attitude of the father and the excessively demanding attitude of the father and mother.
3. The mother's inconsequential attitude is the only attitude directly related to borderline traits.



4. Self-control and identity integration have an impact on the severity of borderline traits, with self-control being fully mediated by identity integration.
5. The tested model of direct and indirect relationships between the inconsequent and demanding attitude of the mother and the inconsequent attitude of the father, self-control, integration of identity, and BPD traits explain 49% of the variance.

## References

1. Cierpiałkowska L, Sęk H. *Psychologia kliniczna*. Warsaw: PWN; 2016.
2. Kernberg OF. *Identity: Recent findings and clinical implications*. *Psychoanal. Q.* 2006; 75(4): 969–1004.
3. Leichsenring F, Leibling E, Kruse J, Antonia SN, Frank L. *Borderline personality disorder*. *Lancet*. 2011; 377(9759): 74–84. Doi: 10.1016/S0140-6736(10)61422-5
4. Fonagy P, Bateman A. *The development of borderline personality disorder – A mentalizing model*. *Journal of Personality Disorders*. 2008; 22(1): 4–21.
5. Luyten P, Campbell C, Fonagy P. *Borderline personality disorder, complex trauma, and problems with self and identity: A social-communicative approach*. *J. Pers.* 2019; 88(1): 88–105.
6. Musser N, Zalewski M, Stepp S, Lewis J. *A systematic review of negative parenting practices predicting borderline personality disorder: Are we measuring biosocial theory's 'invalidating environment'?* *Clin. Psychol. Rev.* 2018; 65: 1–16. Doi.org/10.1016/j.cpr.2018.06.003
7. Mącik D. *Early maladaptive schemas, parental attitudes and temperament, and the evolution of borderline and avoidant personality features – the search for interdependencies*. *Psychiatr. i Psychol. Klin.* 2018; 18(1): 12–18.
8. Crowell SE, Beauchaine TP, Linehan MM. *A Biosocial Developmental Model of Borderline Personality: Elaborating and Extending Linehan's Theory*. *Psychol. Bull.* 2009; 135(3): 495–510.
9. Wingenfeld K, Rullkoetter N, Mensebach C, Beblo T, Mertens M, Kreisel S et al. *Neural correlates of the individual emotional Stroop in borderline personality disorder*. *Psychoneuroendocrinology*. 2009; 34(4): 571–586.
10. Lawrence KA, Allen JS, Chanen AM. *Impulsivity in borderline personality disorder: Reward-based decision-making and its relationship to emotional distress*. *J. Pers. Disord.* 2010; 24(6): 785–799.
11. Vega D, Torrubia R, Marco-Pallarés J, Soto A, Rodriguez-Fornells A. *Metacognition of daily self-regulation processes and personality traits in borderline personality disorder*. *J Affect Disord.* 2020; 267: 243–250. Doi.org/10.1016/j.jad.2020.02.033.
12. Tangney JP, Baumeister RF, Boone AL. *High self-control predicts good adjustment, less pathology, better grades, and interpersonal success*. *J. Pers.* 2004; 72(2): 271–324.
13. Kernberg O. *Borderline Personality Organization*. *Journal of the American Psychoanalytic Association*. 1967; 15(3): 641–685.
14. Verhaest Y, Luyten P, De Meulemeester C, Lowyck B, Vermote R. *Mentalizing and interpersonal problems in borderline personality disorder: The mediating role of identity diffusion*. *Psychiatry Res.* 2017; 258: 141–144. Doi.org/10.1016/j.psychres.2017.09.061.
15. Jørgensen CR. *Disturbed sense of identity in borderline personality disorder*. *J. Pers. Disord.* 2006; 20(6): 618–644.



16. Kernberg O, Caligor E. *A psychoanalytic theory of personality disorders*. In: Lenzenweger M, Clarkin J, editors. *Major Theories of Personality Disorder. 2nd ed.* New York: Guilford; 2005. p. 114–156.
17. Livesley J. *Toward a Genetically-Informed Model of borderline personality disorder*. J. Pers. Disord. 2008; 22(1): 42–71.
18. Gad MA, Pucker HE, Hein KE, Temes CM, Frankenburg FR, Fitzmaurice GM et al. *Facets of identity disturbance reported by patients with borderline personality disorder and personality-disordered comparison subjects over 20 years of prospective follow-up*. Psychiatry Res. 2019; 271: 76–82. Doi.org/10.1016/j.psychres.2018.11.020.
19. Wilkinson-Ryan T, Westen D. *Identity disturbance in borderline personality disorder: An empirical investigation*. Am. J. Psychiatry. 2000; 157(4): 528–541.
20. Beeney JE, Hallquist MN, Ellison WD, Levy KN. *Self – Other Disturbance in Borderline Personality Disorder: Neural, self-report, and performance-based evidence*. Personal Disord. Theory, Res. Treat. 2016; 7(1): 28–39.
21. Plopa M. *Kwestionariusz Retrospektywnej Oceny Postaw Rodziców (KPR-Roc)*. Podręcznik. Warsaw: VIZJA PRESS & IT; 2008.
22. Keng S-L, Soh CY. *Association between childhood invalidation and borderline personality symptoms: self-construal and conformity as moderating factors*. Borderline Personal Disord. Emot. Dysregulation. 2018; 5(1): 19.
23. Sturrock B, Mellor D. *Perceived emotional invalidation and borderline personality disorder features: A test of theory*. Personal Ment. Health. 2014; 8: 128–142.
24. Cheavens JS, Zachary Rosenthal M, Daughters SB, Nowak J, Kosson D, Lynch TR et al. *An analogue investigation of the relationships among perceived parental criticism, negative affect, and borderline personality disorder features: The role of thought suppression*. Behav. Res. Ther. 2005; 43(2): 257–268.
25. Sturrock BA, Francis A, Carr S. *Avoidance of affect mediates the effect of invalidating childhood environments on borderline personality symptomatology in a non-clinical sample*. Clin. Psychol. 2009; 13(2): 41–51.
26. Arens EA, Grabe H-J, Spitzer C, Barnow S. *Testing the biosocial model of borderline personality disorder: Results of a prospective 5-year longitudinal study*. Personal Ment. Health. 2010; 5: 29–42.
27. Chanen AM, Kaess M. *Developmental pathways to borderline personality disorder*. Curr. Psychiatry Rep. 2012; 14(1): 45–53.
28. Chang L, Schwartz D, Dodge KA, McBride-Chang C. *Harsh Parenting in Relation to Child Emotion Regulation and Aggression*. J. Fam. Psychol. 2003; 17(4): 598–606.
29. Crespo LM, Trentacosta CJ, Aikins D, Wargo-Aikins J. *Maternal Emotion Regulation and Children's Behavior Problems: The Mediating Role of Child Emotion Regulation*. J. Child. Fam. Stud. 2017; 26(10): 2797–2809.
30. Eisenberg N, Cumberland A, Spinrad TL. *Parental Socialization of Emotion*. Psychol. Inq. 1998; 9(4): 241–273.
31. Ryan RM. *The developmental line of autonomy in the etiology, dynamics, and treatment of borderline personality disorders*. Dev. Psychopathol. 2005; 17(4): 987–1006.
32. Trzebińska E, Balsam K. *Samoocena w zaburzeniach osobowości*. Przegląd Psychol. 2013; 56(1): 97–116.
33. Trzebińska E, Lasota O. *Styl Życia: narzędzie do pomiaru zaburzeń osobowości*. In: Trzebińska E, editors. *Szaleństwo bez utraty rozumu. Z badań nad zaburzeniami osobowości*. Warsaw: SWPS “Academica” Publishing House; 2009. p. 104–113.

34. O'Brien EJ, Epstein S. *MSEI. Wielowymiarowy Kwestionariusz Samooceny. Podręcznik*. Warsaw: Psychological Test Laboratory of the Polish Psychological Association; 2009.
35. Fecenec D. *Wielowymiarowy Kwestionariusz Samooceny MSEI. Polska adaptacja. Podręcznik*. Warsaw: Psychological Test Laboratory of the Polish Psychological Association; 2008.
36. Kwapis K, Bartczuk R. *The development and psychometric properties of the polish version of the self-control scale*. Ann. Univ. Mariae Curie-Skłodowska Sect. J., Paedagog. 2020; 33(3): 123-144.
37. Bollen KA. *Structural equations with latent variables*. New York: Wiley; 1989.
38. Kline R. *Principles and practices of structural equation modelling (Fourth Edition)*. New York: The Guilford Press; 2016.
39. Tabachnick BG, Fidell LS. *Using multivariate statistics. 6th ed*. New York: Pearson; 2013.
40. Nelson DA, Coyne SM, Swanson SM, Hart CH, Olsen JA. *Parenting, relational aggression, and borderline personality features: Associations over time in a Russian longitudinal sample*. Dev. Psychopathol. 2014; 26(3): 773–787.
41. Dacko M. *Zaburzenia osobowości a styl przywiązania u osób w bliskich związkach partnerskich*. Curr. Probl. Psychiatrii. 2011; 12(4): 428–432.
42. Kennedy Root A, Rubin KH. *Gender and parents' reactions to children's emotion during the preschool years*. In: Kennedy Root A, Denham S, editors. *The role of gender in the socialization of emotion: Key concepts and critical issues New Directions for Child and Adolescent Development*. San Francisco; 2010; 128: 51–64.

Address: Krzysztof Kwapis  
Jesuit University Ignatianum in Krakow  
31-501 Kraków, Kopernika Street 26  
e-mail: krzysztof.kwapis@ignatianum.edu.pl