

## Comparative Impact of Maternal vs. Paternal Rejection on the Symptoms of Borderline Personality Disorder in a Clinical Population

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### ABSTRACT

**Background:** Borderline Personality Disorder (BPD) refers to a serious mental health problem involving mood swings, lack of self-control, and unclear self-image, which is also associated with issues in childhood relationships.

**Objective:** This study aims to compare the impact of maternal versus paternal rejection on the severity of BPD symptoms in Bangladeshi populations.

**Methodology:** It was a cross-sectional descriptive study. The participants were selected purposively from five psychiatric outpatient departments of Bangladeshi hospitals. Structured Clinical Interview for DSM-IV Axis II Disorders (SCID-II), a socio-demographic questionnaire, and the Parental Acceptance-Rejection Questionnaire- Mother (PARQ-M) and Parental Acceptance-Rejection Questionnaire- Father (PARQ-F) were administered on 40 BPD-diagnosed subjects (age group 18–46). Data analysis was done by SPSS v26.0 software to conduct the analysis and conduct Pearson and Kendall's Tau-b correlation tests. Approval for the study was given by the Ethical Approval Committee of the Department of Clinical Psychology and the Ethical Approval Committee of the Biological Science at the University of Dhaka.

**Result:** Most of the participants were found to be women, with the average age being 28.2 years. The amount of maternal rejection (67.5%) was notably higher than the amount of paternal rejection (41%). The relationship between maternal rejection and the severity of BPD was strongly and positively correlated ( $r = 0.304$ ,  $p = 0.028$ ), whereas the correlation between paternal rejection and BPD severity was weaker but significant ( $\tau b = 0.210$ ,  $p = 0.044$ ). The regression model showed maternal hostility to be a significant predictor of BPD severity ( $\beta = 0.489$ ,  $p = 0.001$ ), with 23.9 percent of the variance being explained ( $R^2 = 0.239$ ). Scatterplots and residual plots confirmed the statistical results, pointing to them as the main causes of BPD severity.

**Conclusion:** Maternal hostility toward a child is much more strongly linked to the occurrence and severity of BPD symptoms compared to paternal acts of rejection. These findings highlight the value of paying attention to a mother's role in therapy for BPD.

**Keywords:** Borderline Personality Disorder, maternal rejection, paternal rejection, BPD symptoms, maternal hostility

### 1. INTRODUCTION

Borderline personality disorder (BPD) is a pervasive mental health condition where patients experience unstable emotional episodes, identity crisis, and impulsivity [1]. Symptoms included fear of abandonment, impulsive behavior, suicidal thoughts, mood swings, chronic feelings of emptiness, and anger issues [2]. Worldwide, 1.8% of the population is suffering from BPD according to studies [3], and the prevalence rate in South India is 15.2% [4]. In most cases, it remains undiagnosed or misdiagnosed as bipolar disorder because of the symptomatic similarities [5]. The worst outcome of BPD is suicidal attempts, which occur in approximately 25.63/100 cases every year [6]. The sympathetic part of the autonomic nervous system can hyperactivate in those with BPD, leading to

emotional or unreasonable responses [7]. In BPD, the hippocampus was found to be smaller, and this is associated with severe traumatic events that lead to the clinical features of the disorder [8]. Biological factors, environmental [9], or genetic influences [10] can develop BPD. Western review studies have indicated that insecure and disorganized attachment with parents is often seen in people with BPD [11]. Enduring physical or emotional abuse as a child can persuade a person

that their parents care less about them and end up rejecting them, impacting the child's attachment and later causing troubles in relationships and symptoms of Borderline Personality Disorder in adulthood [12]. Historically, researchers considered parental maltreatment, abuse, and neglect as the main psychosocial risk factors for people with BPD [13]. Although many studies explore parent-child relations, parental attachment, and parents with BPD, not much research has studied the differences between maternal or paternal rejection and BPD. Surprisingly, no prior studies exist in Bangladesh about the subject explored in this research. This study solely focused on comparing the influence of maternal rejection on BPD symptoms, in contrast to paternal rejection, in a clinical population of Bangladesh

## 2. METHODOLOGY

The study followed a cross-sectional descriptive study design to find out the differences between maternal and paternal rejection that might affect the development of Borderline Personality Disorder (BPD). Through a purposive sampling technique, participants were chosen from the outpatient departments of psychiatry at five hospitals in Bangladesh. The study involved 40 adult individuals between 20 to 45 years of age who had a BPD diagnosis. To meet the purpose of this study, the following three tools were used: Structured Clinical Interview for DSM-IV Axis II Disorders, demographic questionnaires, and the Adult Parental Acceptance-Rejection Questionnaire for the mother (PARQ-M) and the Adult Parental Acceptance-Rejection Questionnaire for the father (PARQ-F). SPSS 26.0 was used to examine the interactions of maternal and paternal rejection and BPD symptom severity using various statistical tests, such as Pearson correlation and Kendall's Tau-b tests.

### Inclusion criteria

Participants aged 18 to 46 years.

- Individuals with BPD diagnosed by registered psychiatrists.
- Proficiency in Bengali is required to grasp the questions of the interview.

### Exclusion criteria

- Presence of other serious psychiatric issues such as schizophrenia and bipolar disorder.
- History of cognitive dysfunction or intellectual disability.
- People are currently undergoing intensive treatment for mental and physical health problems.
- Unable or refusing to take part in the entire interview or assessment.

The protocol of this study was approved by the Ethical Approval Committee of the Department of Clinical Psychology and the Ethical Approval Committee of the Biological Science at the University of Dhaka. All the involved individuals with specific inclusion and exclusion criteria gave their written consent and were protected with confidentiality, privacy, and the right to withdraw at any moment.

## 3. RESULT

The study included the majority of respondents who were young adult females. Most participants were not married. Diversity in education and socio-economic status was found in this study.

**Table 01: Socio-demographic Characteristics of Participants**

Variable	Frequency	Percentage (%)
<b>Age</b>		
18-19	4	10.0
20-29	19	47.5
30-39	14	35.0
40+	3	7.5
<b>Gender</b>		
Male	7	17.5
Female	33	82.5

Marital Status		
Married	18	45.0
Unmarried	20	50.0
Other (Divorced)	2	5.0

Table 01 interprets the socio-demographic profile of the 40 participants was prepared using descriptive statistics. The average age was  $28.2 \pm 7.72$  years (with a standard deviation of 7.72), and females made up 82.5% of the participants. The level of education among participants ranged from primary to postgraduate, and 80% said they had a middle socioeconomic status.

**Table 02: Cross-tabulation of Maternal and Paternal Rejection Levels**

Severity Level	PARQ-M (%)	PARQ-F (%)
Significantly More Rejection	67.5%	41.0%
High Rejection	10.0%	15.0%
Increasing Rejection	10.0%	10.0%
Parental Love	12.5%	33.0%

Table 02 shows that the Severity of parental rejection was determined by looking at different PARQ severity classifications. In particular, 67.5% of teens were rejected by both of their parents, whereas only 32.5% were rejected by a single parent.

**Table 3: Kendall's Tau-b for Paternal Rejection vs. SCID-II**

Variable Pair	Kendall's Tau-b	p-value
PARQ-F Total vs SCID-II	<b>0.210*</b>	<b>0.044</b>

#### **P < 0.05 (1-tailed)**

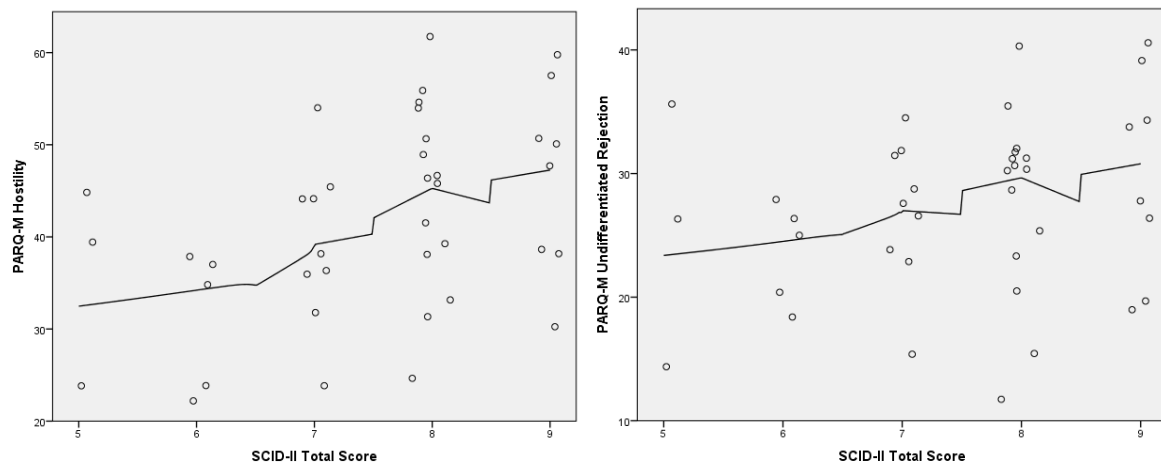
In Table 3, Kendall's tau-b correlation was used to assess how rejection by a father is connected to BPD, since the data were non-linear. The link between being rejected by one's father and the severity of BPD was significant ( $P=0.044$ ), but it was not very strong.

**Table 04: Pearson Correlation for Maternal Rejection vs. SCID-II**

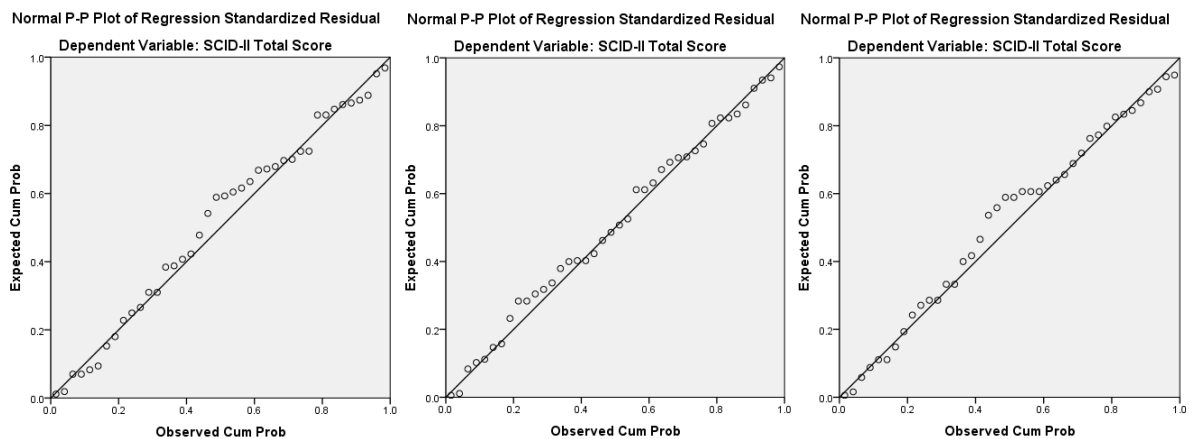
Variable Pair	Pearson r	p-value
PARQ-M Total vs SCID-II	0.304*	0.028

#### **P < 0.05 (1-tailed)**

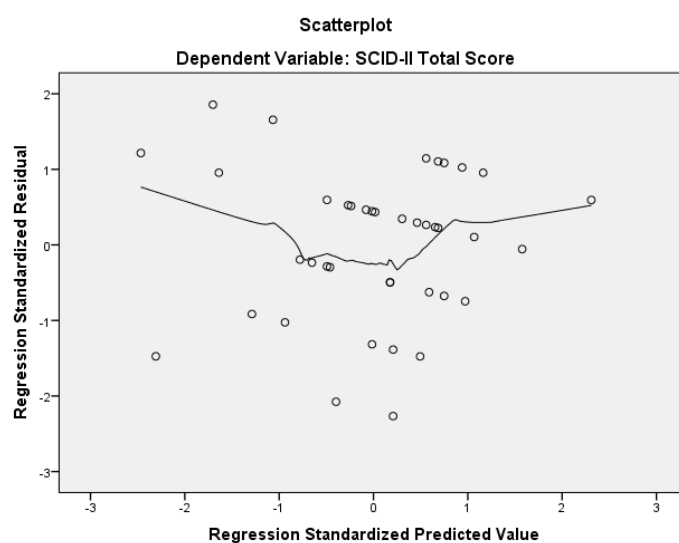
Table 4 reveals that Pearson's correlation was employed to study the link between maternal rejection and the level of BPD, because all assumptions for parametric evaluation were satisfied. Maternal rejection has a strongly significant ( $P=0.028$ ) link with how severe BPD was, such that higher levels of perceived maternal rejection led to more severe BPD.



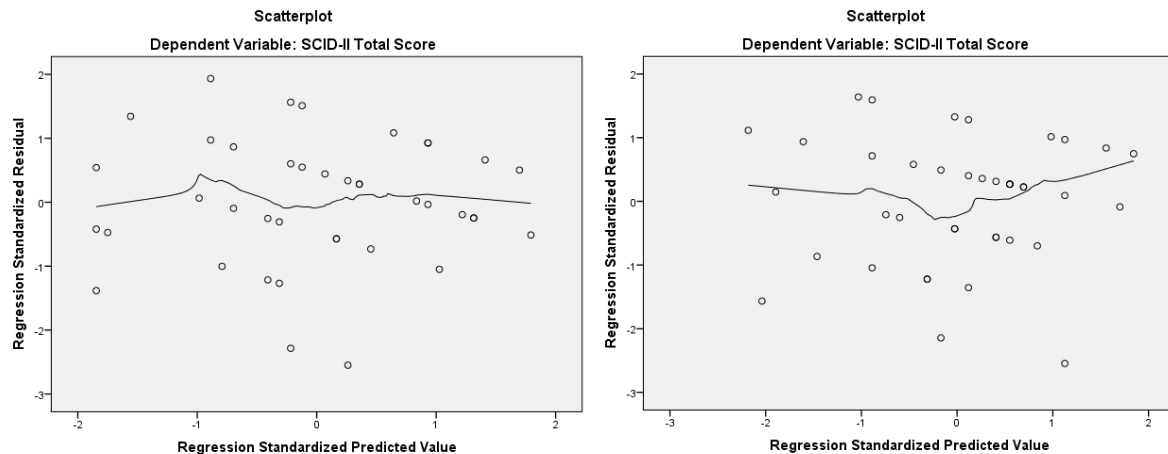
**Figure 01: Scatterplot of SCID-II Total Score vs PARQ-M Hostility and PARQ-M Undifferentiated Rejection**



**Figure 02: P-P Plot of Residuals for PARQ-M Total, PARQ-M Hostility, and PARQ-M Undifferentiated Rejection**



**Figure 03: Residual vs Predicted Plot for PARQ-M**



**Figure 04: Residual vs Predicted Plots for PARQ-M Hostility and PARQ-M Undifferentiated Rejection**

Graphs 1, 2, 3, and 4 clearly show that people exposed to more maternal rejection had greater BPD symptoms than those who were victims of paternal rejection.

**Table 05: Coefficients of Regression Analysis Model for PARQ-M Hostility with SCID-II Total Score**

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	5.225	.678		7.704	.000
	PARQ-M Hostility	.055	.016	.489	3.458	.001

**a. Dependent Variable: SCID-II Total Score**

Table 05 shows that mothers' hostility is a significant predictor of BPD severity. The  $R^2$  value (.239; table 16) indicates that 23.9% of the variance in BPD severity can be explained by mother's hostility [ $F(1, 38) = 11.960$ ;  $p < .001$ ]. The  $R^2$  value was used instead of the adjusted  $R^2$ , because the adjusted  $R^2$  tests multiple independent variables against the regression model.

#### 4. DISCUSSION

Borderline personality disorder is a severe psychological problem that has negative impacts on the lives of individuals. The socio-demographic statistics of the study on the impact of Borderline Personality Disorders of maternal vs paternal rejection revealed that the participants with BPD were roughly 28.2 years old ( $SD = 7.72$ ). The previous researcher stated that, out of the three groups, the borderline subjects were the youngest and had an average age of 24.44 years [14], which was close to the finding of this study. According to the study, a majority (82.5%) of participants were female and only 17.5% were male, suggesting more cases of BPD among females than males lately. The American Psychological Association noticed that women were much more likely than men to have BPD in both forensic and clinical populations [15]. Previous studies have shown that there is a higher frequency of Borderline Personality Disorder in females than in males, which aligns with the current study [16] [17]. Other researchers found that women are overly represented in clinical settings, including up to 75% of BPD diagnoses [16]. In the qualitative part of the study, it revealed that those who had low scores on PARQ showed love based on parenting, but when asked about love, they explained that they had faced a lot of rejection and most of them admitted to great rejection, though this did not come up in the close-ended survey questionnaire. The PARQ report indicated that some participants stated they did not feel their parents loved them, but the interviews discovered that most of these individuals had suffered from high parental rejection, but did not admit it in the survey. In a few cases, a lack of harsh judgment by parents, especially fathers, made people feel loved, as there was nothing bad to be upset about. In Bangladesh's culture, mothers are expected to be caring, so participants were likely to report more instances of fatherly love in the survey. As a result of this gap, the public might be more critical of maternal rejection and less critical of the way fathers handle their roles. Moreover, PARQ doesn't consider cultural variations since the assessment includes the same questions for mothers and fathers, even

though they have different roles and hopes in society. According to Aktar and Nahar *et al.*, 2014, in their cross-cultural research, it was revealed that parental acceptance and rejection vary across nations [18]. Based on numerous studies, there was a strong link between remembering rejection from a parent and feeling rejected in a current intimate relationship [19] [20] [21] [22]. There was a significant yet moderate relationship between how rejected people felt by their father and their BPD symptoms ( $\tau b = 0.210$ ,  $p = 0.044$ ). The results are similar to what Rohner *et al.*, 2005 found, suggesting that rejection by fathers usually has a milder mental impact compared to rejection by mothers, especially in groups where the main caregivers are mothers [21]. Similarly, a study by Nickell *et al.*, 2002 discovered that maternal warmth and rejection are especially important in forming borderline traits [12]. Based on a 2012 meta-analysis, being rejected by one's father is connected to fewer emotional and psychological issues than being rejected by one's mother, mainly in Asian cultures [21]. These similar results strongly suggest that while paternal rejection is important, it appears to matter less than maternal rejection in causing BPD symptoms. Pearson Correlation for Maternal Rejection vs. SCID-II data indicates that maternal rejection strongly influenced BPD traits, matching the key point from Steele *et al.*, 2019 that maternal hostility played an important role in increasing childhood risk of BPD [23]. Additionally, Schuppert and co-authors (2012) found that adolescents who show BPD symptoms report stronger feelings of rejection and lower levels of warmth from their mothers [24]. The findings from the regression analysis are reflected in the table and charts, in line with Bourvis *et al.*, 2017, who pointed out that stress and parental rejection, mainly from mothers, increase problems with emotional control [7]. In the same way, Macfie *et al.*, 2017 found a direct link between high levels of maternal BPD symptoms and tough parenting practices, which led to emotional difficulties in the child [25]. Overall finding confirms the theoretical assumption that parents, usually mothers in the Bangladeshi cases, exert greater influence on affecting the emotional and behavioural outcomes of individuals with BPD.

## 5. LIMITATION

The data collection was completely dependent on participants' self-stated information, which could be biased due to memory issues or the urge to present themselves in the best light. Due to the limited sample size and cross-sectional study method, it is difficult to interpret whether maternal or paternal rejection might severely impact the development of Borderline Personality Disorder (BPD).

## 6. CONCLUSION

This study pointed out that maternal rejection makes a stronger impact on Borderline Personality Disorder (BPD) symptoms in Bangladeshi patients than paternal rejection. Present data showed that maternal hostility was one of the main contributors to the disease's severity. The results indicated that caring of parents, especially, mother, within the Bangladeshi cultural context is necessary in effective BPD treatment.

### Abbreviation

**BPD** – Borderline Personality Disorder

**PARQ-M** – Parental Acceptance-Rejection Questionnaire–Mother

**PARQ-F** – Parental Acceptance-Rejection Questionnaire–Father

**SCID-II** – Structured Clinical Interview for DSM-IV Axis II Disorders

**DSM-IV** – Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition

**SD** – Standard Deviation

**R<sup>2</sup>** – Coefficient of Determination

**APA** – American Psychological Association

**SPSS** – Statistical Package for the Social Sciences

**$\tau b$**  – Kendall's Tau-b (Correlation Coefficient)

### Conflicts of Interest

The authors declare no conflicts of interest.

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