I May be Slightly Broken: Experiences of Children of Parents with Personality Disorders

Miriam Tepper, BSW, MSW Candidate

Supervising Faculty Member: Regina Praetorius, PhD, LMSW-AP

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Abstract

Child abuse is defined as any emotional, psychological or physical abuse or neglect inflicted on a child, that causes distress and impaired functioning for that child. A child's caregiver was reported to be the main source of child abuse, with increasing chances if the parent struggles with a mental health disorder and or co-morbid substance use disorder or physical issues. The mental health issues that have been noted as a significant source of abuse include a parent who struggles with a personality disorder including borderline personality disorder (BPD) and narcissistic personality disorder (NPD). These personality disorders stem from years of negative childhood beliefs and feedback with an underlying character trait of emotional dysregulation (ED). Research has noted that individuals experiencing abuse from a parent with NPD or BPD struggled to not only seek help, but were unable to complete their recommended treatment intervention due to many obstacles. Two of the main obstacles reported from adult survivors who did reach for help was losing their family members because they sought assistance and the individual not knowing that what he/she experienced as a child was considered abuse.

Key words: borderline personality disorder (BPD), narcissistic personality disorder (NPD), help seekers, non-help seekers, cycle of abuse.

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Introduction

Prevalence of Childhood Abuse and or Neglect

According to the National Child Abuse and Neglect Data System (NCANDS), childhood abuse is defined as any emotional or physical act inflicted on a child by an adult that causes emotional or psychological distress to that child. What are considered acts of childhood abuse differ according to the laws of each state; however, most states recognize four different categories of child abuse or maltreatment including physical abuse, neglect, psychological maltreatment, and sexual abuse. NCANDS is a data system that directly records information from Child Protective Service (CPS) on the different statistics regarding child abuse, from all 50 states in America, Puerto Rico, and District of Columbia. In 2017, CPS recorded over 3.5 million cases of child abuse that were either investigated or were assigned to another agency. From this number of cases, child victims rounded to 674,000, making that 9.1 victim per 1,000 children. This number includes 74.9% (504,545) of children who were neglected, 18.3% (123,065) were physically abused, 8.6% (58,114) were sexually abused, and psychologically maltreated at 5.7% (38,635). That same year, 85.6% of children experienced one type of abuse, while 14.4% experienced a combination of abuse. The most common combination of abuse that was recorded was neglect and physical abuse at 5.2%. Furthermore, in 2017, NCANDS recorded 1,720 deaths from abuse or neglect (NCANDS, 2017).

Typical Characteristics of Abusers

A child's caregivers are reported to have the highest prevalence for abusing their children. A parent with a mental health disorder or co-morbid disorders is at an even greater risk

of becoming a perpetrator. Comorbidity is the term used for individuals who have interactions with two disorders such as substance use and a mental health disorder. Rosenberg and Rosenberg (2018) found that individuals with co-morbid disorders have significantly poorer outcomes when it comes to treatment success. They tend to relapse more frequently and more severely than if they only had one disorder, causing significant distress for their loved ones. Additionally, research has shown that substance use disorders and the development of a mental health disorder seem to go together. Individuals with a mental health disorder are more likely to develop a substance use disorder and vice versa. According to the National Survey on Drug Use and Health, (2015) about 20.2 million U.S. individuals had a substance use disorder with 39.1% also having a mental health disorder. Furthermore, individuals with co-occurring disorders tend to need extensive care that are not readily available for various reasons including the unavailability or accessibility for the appropriate treatment options, stereotype, and social stigma for these individuals (Rosenberg & Rosenberg, 2018). Child victims with a parent who: 1) misuse or abuse alcohol (data from 31 states) reported at 12.1% (39,889 out of 329,364); 2) misuse or abuse drugs (data from 35 states) at 30.8% (112,319 out of 364,657); 3) who are struggling financially (data from 36 states) at 14.9% (60,297 out of 404,365); and 4) experiencing intimate partner violence (data from 36 states) at 27.2% (116,142 out of 426,611)—all maladaptive schemas for coping with stressful life situations.

Abuse as a Maladaptive Coping Mechanism and Personality Disorders.

The underlying commonality for all personality disorders is maladaptive schemas developed by individuals coping with stressful life situations. Abusing drugs or alcohol is one of the most common forms of maladaptive behaviors. Ryan et. al. (2013) uncovered a positive correlation between alcohol and drug use and the presence of Borderline Personality Disorder

(BPD) symptoms, and a positive correlation of drug use and symptoms of Antisocial Personality Disorder (ASPD) and BPD. Other research has noted that a co-morbid diagnosis of ASPD and BPD is common among substance abusers; 7 to 40% of male substance users show prevalence of ASPD, and 30 to 57% have symptoms of BPD. These individuals tend to have poorer treatment outcomes for substance abuse, possibly due to underlying personality disorders, therefore targeting early maladaptive schemas may produce better results (Ryan et al., 2013). These correlations are important for treatment facilities, and other treatment providers who can screen for these personality disorders and implement a treatment plan that also targets these personality disorders.

Cyclical Possibility of Victims Becoming Abusers

Personality traits are defined as ones perception of his/her environment both in social and personal contexts. When personality traits become inflexible and maladaptive, to the extent that it causes significant impairment of functioning, they are indicative of a personality disorder. Personality disorders are a group of mental illnesses in which: inner experiences and behaviors are markedly different from the expectations of one's culture; symptoms are present for a minimum of one year; symptoms are inflexible; symptoms can be traced back to adolescence or early adulthood; and maladaptive behaviors appear to be stable over time, but eventually resurface and lead to significant impairment or distress. Personality disorders are typically diagnosed in individuals 18 or older; exceptions may include a child under 18 exhibits signs of extreme maladaptive behaviors that are not attributed to a developmental stage or another mental health issue (e.g., early childhood traumatic head injury) (DSM-5; American Psychiatric Association [APA], 2013). Individuals with a personality disorder oftentimes have trouble dealing with every day stresses and have developed maladaptive ways of coping with them. These behaviors lead to abusive, stormy and unstable relationships, both at home and at work,

often hurting their loved ones physically and emotionally (Medline Plus, 2018). In relationships, individuals with a personality disorder are often the controlling, manipulative, and abusive spouse, psychologically damaging their children and other loved ones (Carver, 2014). These children often develop maladaptive ways of coping with their stressful environment setting the stage for a personality disorder later in life.

There are three groups or clusters of personality disorders. Cluster A includes individuals who have eccentric or odd personalities such as paranoia, schizoid, or schizotypal personalities. Cluster B include individuals who have highly dramatic personalities such as borderline personality disorder, narcissistic personality disorder, antisocial personality disorder and histrionic personality disorder. Cluster C includes individuals who have extreme fears or anxieties such as obsessive-compulsive disorder, dependent personality disorder and avoidant personality disorder. This paper will focus on three of the four cluster B personality disorders, borderline personality disorder, narcissistic personality disorder and antisocial personality disorder. Disorders in this cluster are known to cause the most damage in interpersonal relationships, making it one of the leading causes for psychological maltreatment and abuse for children and other vulnerable individuals (Carver, 2014). Furthermore, these personality disorders are one of the most under/misdiagnosed mental health issues. The reason many go undiagnosed is because of the nature of these disorders. Individuals with a personality disorder lack self-awareness, blaming others for their own shortcomings and interpersonal issues. They are unable to admit that their maladaptive behaviors are hurting their relationships and do not believe that they need support or guidance. Additionally, personality disorders are hard to diagnose. A clinician must first rule out the presence of any Psychotic disorders, anxiety and

depressive disorders, Post Traumatic Stress Disorder (PTSD), Substance use disorder and other medical conditions that may cause a personality change (APA, 2013).

Prevalence of Borderline, Narcissistic, and Antisocial Personality Disorders

Borderline Personality Disorder (BPD) is characterized as one who exhibits extreme rage or hostility towards others, is emotionally unavailable, fluctuates ones identity and values, experiences intense abandonment fears, and has a history of unstable interpersonal relationships (Andrea, 2006). According to the American Psychiatric Association approximately 2% of the population suffer from BPD. BPD is often comorbid with other mental health issues such as: anxiety, depression, substance use disorder and eating disorders. Many times, these other illnesses will cause one to end up in an in-patient unit where BPD symptoms become apparent and an official diagnosis is given. This usually occurs in adults ages 18 to 35, occurring 2 to 4 times more often in women than men. Men who exhibit similar symptoms are usually diagnosed with narcissism and/or antisocial personality disorders, rather than BPD (APA, 2013).

Narcissistic Personality Disorder (NSPD) is characterized as one who has an exaggerated sense of self, desires to be the center of attention (grandiosity), lacks empathy, and has a strong need to be recognized as superior to others. It also includes characteristics of pervasive preoccupation with egotism, admiration, and entitlement. Individuals with this personality embellish their accomplishments/talents, have a sense of entitlement, lack empathy or concern for others, and are preoccupied with envy and jealousy. It is important to note that their sense of entitlement and inflated self-esteem are unrelated to real talent or accomplishments. Furthermore, their sense of entitlement leads them to believe they deserve special attention, privileges, and consideration in social settings, and are entitled to punish those they believe did not provide their required respect, admiration, or attention (Carver, 2014). Prevalence of this

disorder is 0%-6.2%. Furthermore, 50-60% that are diagnosed with this disorder are male (APA, 2013).

Antisocial Personality Disorder (ASPD) is one who violates or completely disregards the rights of others. ASPD, can only be diagnosed in individual over 18, with a history of a conduct disorder. Less than 1% of the U.S. population is diagnosed with ASPD (Psychology Today, n.d.). Of the 1% about 70% of individuals diagnosed with ASPD, were males with an alcohol use disorder, from prison, a substance abuse program, or other legal settings. Low socioeconomic status (poverty) and/or sociocultural factors (migration), also have a high prevalence for diagnosis of ASPD (DSV-5, 2013). This is one of the most complex personality disorders, and almost impossible to treat with the intervention methods developed so far. (Psychology Today n.d.).

Purpose of the Study

The purpose for this research is to understand how to connect victims with resources by learning what assisted current seekers accessing help. Previous research focused on individuals who sought treatment and the challenges they experienced throughout the process. However, there was a gap in research regarding what prompted one to reach out for assistance. This study will target adults 18 and older who have sought treatment from an abusive childhood, to understand the differences between help seekers and non-help seekers. Questions such as, what prompted individuals to seek help at the time they did, and thoughts about why their siblings have not sought assistance, will be explored. Understanding this information can provide insight into why non-help seekers did not reach out for help and provide improved understanding in regard to encouraging help and understanding the cycle of abuse.

Literature Review

Personality disorders develop over time, from a history of faulty and misguided beliefs about oneself (Dimaggio et. al., 2017). This can stem from a childhood of poor or false feedback from adult figures in one's life causing a false sense of identity to develop. Dimaggio et. al. uncovered the underlying characteristic associated with all personality disorders as emotion dysregulation (ED). ED can be explained with the following example, an individual who experiences feelings of anger will not be able to control these feelings and may start throwing things and yell at anyone who gets in their way. These individuals lack the capacity to regulate their emotions causing interpersonal difficulties, anxiety, aggression, avoidance and personal conflicts. Once specific emotions are triggered, individuals with a personality disorder have a hard time controlling those feelings, often resorting to destructive behaviors. Dimaggio et. al., concluded that ED is associated with BPD, NSPD, and ASPD differently. ED for BPD occurs when one feels vulnerable or unappreciated. When this happens individuals with BPD with resort to anger and shaming, targeting whoever is in their way. Additionally, individuals with BPD will often resort to self-harming behaviors or suicidal thoughts as a way of seeking attention and generating guilt as punishment for the one they perceived has hurt them (Dimaggio et. al., 2017). For example, a child tells his/her mother with BPD that he/she is moving into the college dorm with friends, for the full college experience. This triggers mother's extreme abandonment fears, where instead of being supportive, she tells her child that she will hurt herself, and the child will have to live with the fact that it is his/her fault for her doing so. Prevalence of ED for NPD is controversial. Often times they will over control their feelings when they have feelings of anger, shame or vulnerability. However, there are times when they can longer control these feelings and will resort to either shaming those around him/her or inflate one's accomplishments, in order to

restore their inner balance again. The following is an example to illustrate this; individuals with NSPD gets turned down for a job promotion or a pay raise, when they feel they have earned it. Instead of self-reflecting to see why they have been turned down, they will blame the boss for not seeing what a good employee they are and look for another job where they will be fully appreciated. ED is also associated with ASPD, however Dimaggio et. al., did not specify how it shows up for this specific disorder (Dimaggio et. al., 2017). It is possible that ED for ASPD is their inability to feel remorse and understand cause and effect of their behaviors. For example, it is common that individuals with ASPD are in and out of prison for attempted murder of their loved ones. When asked why they tried killing their loved one, the response is usually that they had this feeling they could not control, and they do not know what has triggered it.

Age, Gender and Race Differences

Children growing up with a parent who cannot regulate his/her emotions are often the target of these angry outbursts and shaming. The younger the child the greater the likelihood that that child will be maltreated. Across the 50 U.S. states, Puerto Rico and District of Columbia, 2.53 per 1,000 children younger than one are abused, 11.7 per 1,000 are one, 11 and 10.4 per 1,000 are three and four, and the numbers of reported cases continue to decline with age. This does not necessarily mean that there is less abuse occurring as a child gets older since a child may hide the abuse much better with age. When it comes to abuse and gender differences, NCANDS did not find a significant discrepancy between the two, as evident by the percentages reported with boys at 48.6% (8.6 per 1,000 children) and girls at 51% (9.5 per 1,000 children).

When comparing the percentage of child victims and the number of children among the different races living in the United States, American Indians and Alaska Native population reported the highest rate of child victimization at 14.3 per 1,000 children. Next, the African

American population reported 13.9 per 1,000 children as victims, then Caucasians at 8.1 per 1,000, and lastly Latinx have been recorded at 8 per 1,000 children as victims.

Diagnosing Borderline Personality Disorder

People diagnosed with BPD have distinctive character traits that lead to patterned behaviors that are pervasive, causing unstable interpersonal relationships, fluctuating affect, and changing self-image. Patterned behaviors usually start in early adulthood and present themselves in a many different contexts. To diagnose an individual with BPD one has to meet five out of the 9 following criteria: 1) will do anything to avoid real or imagined abandonment; 2) interpersonal relationships fluctuate from being ideal to devalued; 3) lack self-identity or self-image; 4) impulsivity with spending money, sex, driving, and or eating habits; 5) recurrent suicidal behaviors, or threats; 6) marked mood swings; 7) chronic feelings of emptiness; 8) incontrollable angry outbursts; 9) dissociates, is transient, and may express stress-related paranoia (APA, 2013). The defining feature of BPD that clinicians look out for is “the turn.” One could be having typical conversation with an individual, if that individual gets triggered by something you said, a complete change in mood will occur from calm to anger or rage. This leads to others associated with this individual feeling confused, shame, and a sense of walking on eggshells.

Diagnosing Narcissistic Personality Disorder

There are two pathologies NPD: grandiosity or arrogance, and vulnerable narcissism. An individual diagnosed with grandiose narcissism will have thoughts of fantasized admiration, and an unfounded sense of power (Mechanic & Barry, 2014). To keep up with their feelings of grandiosity, they will often exploit others people’s feelings by insinuating that they have either physical pain, or sickness to mask their vulnerability (Kealy, 2016). On the other hand,

individuals who exhibit symptoms of vulnerable narcissism tend to socially withdraw and resort to intense outbursts of anger. Research has shown that the underlying characteristic for these behaviors is attributed to ones struggle with self-doubt and shame, a threat to ones perceived self-image, and when respect or acknowledgment is not received when they think it was deserved (Mechanic & Barry, 2014). Furthermore, NSPD is often associated with somatic symptoms such as perceived or real symptoms of feeling physically ill. Men who have intense somatic symptoms showed a positive correlation of narcissistic grandiosity then vulnerability, while a positive correlation for somatic symptoms severity and narcissistic vulnerability was found in women (Kealy, 2016). Using physical illness is a maladaptive way of protecting oneself from being discovered as damaged.

Narcissism is set apart from other personality disorders with the need for constant admiration, feelings of grandiosity, and a lack of empathy. These individuals feel superior to others and will usually exaggerate their achievements and talents. They are also preoccupied about fantasies of being the most powerful, beautiful, successful, and brilliant human being out there. They feel “special” or “unique” which leads to a feeling of entitlement that their needs are more important than those of others. Interpersonally, they will take advantage of anyone whom they believe will further their success. Individuals with narcissism lack empathy, feel envious of others, and will cover up this envy by appearing haughty, arrogant, or more successful than their rivals. These traits usually begin in early adulthood however, a child cannot be diagnosed with narcissism because most of the characteristics that define narcissism are normal for a developing child. Only if five of these traits persist during adulthood and are pervasive, maladaptive and unyielding, to the point that it causes significant distress to those around them, is a diagnosis given (APA, 2013).

Diagnosing Antisocial Personality Disorder

Antisocial Personality Disorder (ASP) is characterized as an individual who shows a complete disregard for theirs or the safety of others, are incapable of showing remorse, and gain pleasure by deceiving others (Shore et. al., 2014). According to the DSM-5, there are four categories associated in diagnosing Antisocial Personality Disorder in individuals. These categories are: 1) is at least 18 years old, 2) pervasive pattern of complete disregard and violation of the rights of others, 3) there is evidence of a conduct disorder beginning in one's preadolescent years, and 4) symptoms are not associated with a diagnosis of other mental health issues (e.g., schizophrenia or bipolar). Behavior patterns for violating other individuals' rights usually start in childhood or early adolescence and can present itself in seven different ways. A child who indicates three or more of these behaviors may be at risk for developing antisocial personality disorder. 1) A child who does not conform to social norms and commits acts that may cause his/her arrest; 2) one who frequently lies, is deceitful and conns others; 3) fails to plan and acts impulsively; 4) often gets into physical fighting or assaults others; 5) disregards the safety of others and is often times involved in reckless behaviors (e.g., drunk driving); 6) is irresponsible and cannot hold down a job nor keep good financial records; 7) lacks the ability to feel remorse, or rationalizes his/her mistreatment of others.

Conduct disorder is a child who is involved in activities that violates the basic rights of others or societal norms, which starts in childhood, or early adulthood. There are four main categories for conduct disorder: one who destroys property, is belligerent to people and animals, is deceitful or steals from others, or seriously violates laws/rules. These symptoms usually start showing in childhood, and continue to worsen a child enters adulthood. These individuals lack empathy, are callous, cynical, and cannot relate to the feelings of others. They may physically

hurt their spouse and then blame the spouse elucidating that “he/she had it coming” or “life’s unfair” (APA, 2013). They tend to be unreliable when supporting a family, emotionally and financially. They may be involved in multiple sexual partners with no remorse or regret. They are often extremely opinionated, and self-assured.

Genetic and Environmental Factors for Cluster B Personality Disorders

Torgersen et. al. (2008) conducted a study involving twin siblings to understand whether Cluster B personality disorders are combination of hereditary and environmental factors. Results from the study showed that both hereditary and environmental factors play a role for the development of personality disorders. This is can be further explained through the following example: one may have the gene for a specific disorder such as diabetes, but if one exercises and is careful about what they eat, that gene may never be expressed. The same is true for these personality disorders. One may be more prone to developing BPD because of one’s temperament, but the disorder may never be expressed if one’s environment nurtures healthy expression for one’s inborn traits.

Clinicians are reluctant to diagnose adolescents with a Cluster B personality disorder in individuals younger than 18, reasons including social stigma, and the reliability of the diagnosis among youths and their inherent lack of emotional stability. Early assessment and intervention for individuals with BPD can prevent a future of suffering and impairment both emotionally and socially. Clinicians can look out for three critical components when determining if an adolescent may have warning signs for BPD. These includes an individual who is more emotionally vulnerable, is growing up in an invalidating environment (thoughts and feelings are often disregarded, unheard, or minimized) and a close relative has BPD. One who is more emotionally vulnerable has a heightened emotional reaction to other individual’s negative mood states,

leading to unstable and impulsive reactions indicative of BPD. Additionally, if the same child is living in an invalidating environment with emotional neglect or abuse (which has been reported as one of the most salient invalidating environments), maladaptive schemas will start developing including self-harming behaviors often associated with BPD. Furthermore, family history studies have found genetic correlations with BPD at 40% heritability rates, suggesting genetic vulnerability increasing the risk for the development for this disorder (Courtney-Seidler, 2013).

Genetic and shared family environment was found to contribute to the development of different levels of NSPD. However, according to Torgersen et. al., (2008) genetic factors did not account for much of the development of this disorder. Not much else is yet known of this diagnosis.

Results from a monozygotic twin study conducted by Beaver, Vaughn and Delisi (2013), confirmed previous studies that genetic factors are 40 to 50% responsible for the diagnosis of APSD. One factor that predicted a higher score on the ASPD adult scale was a low score on ones ability to maintain emotional self-control. Other non-shared environmental factors include lack of parental socialization, individual's association with delinquent peer groups, and low birth weight (Beaver, Vaughn & Delisi, 2013). Other research also identified that one's environment can predispose one to aggressive behaviors (committing crimes associated with ASPD), including childhood maltreatment, family adversity, and low socioeconomic status (Tuvblad & Baker, 2011).

Neurobiology

Neurobiology or behavioral neuroscience is the branch of psychology that studies the unique relationship between the brain and behavior. Recent advances in neuroscience and brain

imaging technology, including MRI, fMRI, and PET scans, have dramatically increased our understanding of how the brain impacts human behavior. Biological psychologists believe that human behavior is due to a combination of physiological and genetic factors (Johnson, 2014). Physiological factors include concepts of how the brain functions and communicates with the nervous system and hormones, and how changes in these structures can affect behavior. For example, medication can be prescribed to help increase communication among the different brain networks responsible for mood stabilization, alleviating symptoms of various mental health disorders. Geneticist are scientists that study the process of how and what percent of genes are inherited from one's parents and its impact in shaping one's inborn temperament (Garret & Hough, 2018). These two factors both play a critical role in the development of mental illness including personality disorders.

fMRI studies have showed that individuals with Borderline Personality disorder have enhanced amygdala activity, where individuals who have psychopathic and antisocial personality disorders have shown decreased activity in the amygdala. Additionally, a diminished prefrontal cortex leads to more aggressive behaviors, with men have less gray matter in the prefrontal cortex than women increasing the chances for antisocial behaviors to develop (Garrett & Hough, 2018). This may account for why men are more often diagnosed with ASPD rather than BPD which is more commonly diagnosed in women.

A few hormones play a role in one's level of aggression and ability to control these behaviors. Research has shown that testosterone is directly linked with high levels of aggression, while high levels of serotonin and cortisol are inversely linked to levels of aggression. This means that higher levels of testosterone increase one's response to anger while decreases one's response to fear, leading to more aggressive behaviors associated with BPD, and ASPD. Higher

levels of serotonin and cortisol increases activity in the prefrontal cortex allowing one to control their aggressive and antisocial behaviors. To illustrate this, low levels of serotonin and high levels of testosterone were found in violent alcoholic males (Garrett & Hough, 2018). This may account for the reasons why antidepressants are prescribed as a therapeutic treatment modality for BPD, ASPD, and NSPD. Antidepressants increase one's levels of serotonin helping individuals with these personality disorders better control their impulse to act out aggressively towards others.

Advances in neurobiology can improve treatment modalities and their effectiveness for clients with a personality disorder. Furthermore, clinicians who work with young children who are environmentally exposed to these behaviors and are genetically vulnerable for developing these personality disorders and can use this knowledge to better tailor their intervention plan, preventing a future of social and emotional dysfunction.

Why do some seek Treatment while Others do not?

According to experts from community hospitals treatment centers, patients diagnosed with BPD are hard to engage in treatment, with 15 to 77%, dropout rate within the first three months of treatment. Less than three months of treatment is considered early dropout, since it usually takes at least a year to change maladaptive habits, to healthier ones. Some potential predictive variables were identified: a) low sociodemographic characteristics (young age, low education and occupational status); b) personality and psychological factors (low motivation to change, increased anger hostility, impulsive behaviors, increased anxiety, and avoidant personality traits); c) symptom severity and comorbid diagnosis (substance use disorder) will decrease chances of completing treatment recommendations (Panfilis et. al., 2012).

Individuals with BPD and ASPD have the highest prevalence for having a substance abuse problem when compared to other personality disorders. However, these individuals often times only seek treatment for their substance abuse issue while one's symptoms of BPD and ASPD go untreated. This complicates effective treatment for these individuals leading to an increase probability of relapses. Rehabilitation centers intervening for individuals with a drug or alcohol problem can utilize this information to screen for these personality disorders and offer treatment for early maladaptive behaviors often associated with BPD and ASPD for better treatment outcomes (Shorey et. al., 2014).

According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), individuals who may have NSPD, usually seek treatment due to depressed moods. To the researcher's knowledge, there are no known statistics for individuals seeking treatment for symptoms of NSPD.

Method

Original Method

Qualitative phenomenological research design guided the literature review and was used to guide data collection. Phenomenologists focus on how a specific group of individuals experience an event (e.g., the phenomena of grief as a universal experience). This method allows the researcher to review previous articles related to one's topic in order to deepen understanding of a specific life experience (Creswell, 2007). The researcher gathered information from relevant articles on BPD, NPD and ASPD, and summarized in the introduction and the literature review. This provided pertinent material regarding the events that help explain the phenomenology of personality disorders, and why this topic is important to continue researching. Additionally,

reading these articles showed a gap in the current studies. Many articles focused on individuals with borderline personality disorder who sought help from an abusive childhood, possible reasons why some of these individuals may drop out of treatment earlier than what clinicians would recommend, and recommendations for improving retention rates for this population. However, very few articles on ASPD and NPD treatment statistics and options. There were also no studies found regarding child abused victims who did not seek help, reasons why they did not do so, and potential ways to help these individuals.

To continue gathering data on this topic, the researcher conducted interviews over Zoom with adult survivors who have had or are currently seeking psychotherapy treatment to heal from childhood abuse. The researcher applied for IRB approval in January of 2019. She filled out the IRB application form, and created consent form that outlined the basic ideas of the study, who will be involved, potential benefits and risks for participants. After the first meeting, IRB required more documents for approval. A second attempt for approval was made in May, 2019, which included added detailed descriptions of how the researcher was going to protect potential participants, the flyer that will be sent to two organizations that will help advertise this study to their groups members, email explaining the importance of this study, a screening survey, a list of questions that will be asked during the zoom meeting, and a thank you email. Approval was not granted, so a third attempt was made in the beginning of June 2019 with additional questions that may be asked to participants over zoom, and corrections to the IRB application and consent form. The third attempt was also denied, due to additional corrections needed to the IRB application and consent form. A fourth attempt for IRB approval was sent in the middle of June. Approval was granted in July (Appendix A: Approval letter). Once the thesis committee approved the research proposal, the researcher reached out to the group leaders of these two

organizations and sent them the flyer with the email explaining the purpose of the study, why this topic is important to research, and how to contact the researcher if group members are interested in participating. These group leaders posted the flyer at their agency and explained this study to their group members when they met up. Interested members will then email the researcher, stating they are interested in participating in this research. The researcher will email potential participants a consent form explaining in more details the purpose of the study, including potential risks and benefits. Once consent is given a screening survey will be sent out to determine if potential participants meet the criteria for this research. Inclusion criteria are: English speaking Adults (18+), abused physically, emotionally or mentally, or witnessed abuse, and is currently receiving services at an agency. A client who describes being hurt by a parent, or witnessed a parent hurting another loved one would qualify. Potential participants also must have a sibling or close family member (e.g., cousin) who experienced similarly but did not get help. Participants are also asked to provide the names and the numbers for the individuals that can provide support if needed. Individuals that qualify will then be asked to be interviewed over Zoom to gather more detailed information. For added protection, prior to the Zoom meeting, participants will be asked to pick pseudonyms for themselves and other loved ones who will be discussed during the interview (no link will be noted anywhere between one's pseudonym and real name). During the interview, questions were asked about why they sought help when they did, what type of help was sought, and their views as to why their sibling did not seek help were asked. At the end of each interview a thank you email was sent to each participant, including a reminder to whom they can reach out if they feel the need for some added support. These interviews were going to be transcribed by rev.com and stored at a UTA box secure server along with the consent forms.

Revised Method

Due to low participation rates, a new method was implemented using Reddit. Because this method uses publicly available secondary data, IRB approval was not required. Reddit is an online social media platform where people can interact, learn, and receive support from worldwide users. Reddit is considered one of the largest social news website used. One of the many topics included in Reddit are ideas related to mental health. Individuals can post under a pseudonym about their personal struggles and find a supportive community who have experienced similar situations. This allows for professionals, including individuals in the mental health field, to conduct additional qualitative research. Reddit functions by its many SubReddit communities. Any registered user can create a SubReddit, by posting a topic or shared interest. These SubReddits will contain a parent thread and many comments on that topic (Caplan & Purser, 2017). The researchers identified two core topics on Reddit: "*raised by a borderline"* and "*raised by a narcissist."* Each topic included numerous subreddits related to these ideas. Five were chosen for each core topic based on relevance for this research and the ones with the most comments. The five subreddits for "*raised by a borderlin*e" were: "My Almost Foster Care Story", "What I Sent to My Parents", "The Self-Blame Superpower", "I Miss My Sister with All of My Heart", and "I Made My Therapist Cry." The five subreddits for "*raised by a narcissist*" include: "My Twin Sister, While Sitting 20 Feet Away from Me, Sent Me a PM to my Account About How I Should Kill Myself. My Mom Smirked When I Cried", "I was the Golden Child. Until I went NC (no contact) and created chaos", "A small, seemingly very insignificant detail of my narcissistic upbringing that made everything start to click", "I have no kids. I have 7 younger siblings. I've changed enough diapers for a lifetime", and "Have you ever wondered what your

life would have been life if you were born into a loving, supportive family?" The comments for each of these subreddits were analyzed for common themes.

Results

Data collected from Reddit posts "*raised by a narcissist*" and "*raised by a borderline*" produced one main theme and four common sub-themes. Although these themes were similar for both categories, there were differences noted in each sub-theme. The main theme described the family dynamic of growing up in a household with a parent with BPD or NPD, where one child becomes the golden child (G.C.) and the other becomes the scapegoat (S.G.). One individual defined G.C. and S.G. as follow:

> Scapegoat. Used to identify the child or family member that the Narcissist targets with scorn and derision constantly. This child is treated worse than the others, given less attention and affection, and often abused to a greater degree. This is the opposite of the Golden Child [GC], which is the child the Narcissist loves more, usually because they fuel their n-supply (narcissistic supply). The Nparent will often shower praise on the GC for the same behavior they're scolding the Scapegoat for.

The first sub-theme includes the possible reasons why one child becomes the G.C., while others tend to become the S.G. The second sub-theme highlights the reasons why there is a low possibility of a G.C. seeking help vs the high possibility for a S.G. seeking help. The third sub-theme is how the dynamic changes once the G.C. or the S.G. leaves home. While the last sub-theme focuses on why most individuals growing up with a parent with BPD or NPD, do not seek help while they are young children and wait until they are older and independent.

Unique to Narcissism

Sub-theme 1: The G.C. and S.G. receive different treatment from their parent with NPD based on their level of intelligence and skills. The G.C. will be put on a pedestal and compared to other family members who do not level up. A previous G.C. noted that, “Dad put down mom and her intelligence and didn’t allow me to socialize because they were inferior.” This individual continues to explain that wanting their parent with NPD respect caused her to give up on her own personal enjoyments in order to please that parent, “because I still wanted all the attention and praise, I obsessed about studying even more, I cut off people. I enrolled in a very competitive school program.” There were many individuals that agreed with this concept.

Furthermore, conforming to the will of the parent with NPD allowed them to keep their status as the golden children. One individual commented, “I’ve seen this dynamic in families so many times… one child conforms.” Additionally, this type of nurturing for the G.C. creates a great risk for these individuals growing up and acting in a similar way to their parent.

> I was the scapegoat in my family. I had a brother just one year younger than me, who has also said and done horrible things. I was the scapegoat like you, and he was the golden child, who becomes the most similar to the narcissist when they grow up.

To further explain the nurturing a child may receive from a parent with NPD the following quotation was posted by a reddit user and unanimously agreed upon by the other users in that thread, “from a very early age, my dad made it clear that we were special, because we are of the best religious community, because we are smarter than average people, because our bloodline is superior.” Children growing up with a parent with NPD receive these messages daily and are expected to hold themselves as superior than most people around them. This is especially true for children who are considered the golden child and exhibit higher levels of intelligence than their siblings.

Sub-theme 2: The G.C. lives in a bubble not realizing that they are experiencing abuse and may abusing others by putting them down for not being as intelligent or skilled as them. One individual G.C. stated, “I never saw while I was being put on this pedestal she was being torn down.” Another individual further stated that, “your family doesn’t care about you, they care about how you can fit into their narrative and create a positive image for their buddies.” This statement is especially true for the G.C.s who are often put on a pedestal and blind to others’ suffering. The few G.C.s that were able to leave their family unit agreed with the previous two statements. They believed that by conforming to the will of their parents, they were loved and accepted. These individuals expressed feeling shame for putting down their siblings who were often times compared to them.

The children who did not show incredible intelligence or any special skills did not receive any attention from parents and oftentimes lived in the shadows of the G.C. praise and admiration. Although growing up as a scapegoat is not easy, it appeared to be a protective mechanism for those individuals and encouraged them to seek help. This individual identified as a scapegoat and stated that it was easier to leave because there was nothing keeping this individual at home. “I feel like golden children are plagued with a lot more doubts in regard to breaking off with their parents.” Furthermore, a statement from a commenter who related as the G.C. of the family: “I’ve been learning about narcissism, and there are so many posts from S.G. and not so many from G.C. Not many G.C. go away from the family unit.” It appears from this comment that the G.C. will rarely break ties with their family members. They have a much stronger bond and have more to lose by breaking that connection. Furthermore, G.C. learn to cope based on their parent’s admiration or disappointment and align their behaviors accordingly. However, for a S.G. they are often ignored by their parent with NPD and are forced to find that nurturing from other sources.

Theme 3: The hardest part for G.C. to leave home was the change from being considered the G.C. to now being the S.G. The reason it is challenging is illustrated in the following statements,

> Once you leave, they have no power over you and they know it. They will lash out, use your siblings as currency/hostages, spread rumors, all that jazz; It sounds like you are the only one in your family that is actually doing anything and it making them all try to tear you down.

Many commenters considered themselves G.C. agreed with this sentiment. They have expressed extreme pain regarding losing not only the support from their parents, but also from their siblings. Because of this, many returned home only to remain in their family's good grace. A post from a S.G. explained that "Your siblings don't hate you they don't even know you." This commenter went on to explain that it is often the narcissistic parent that will turn the siblings against the child that left and put blame on them for all of their personal failings and wrong doings. Furthermore, while the siblings are still reliant on their parents, "For them to love us means they are betraying our Nmom or choosing sides." This may be too much for the siblings still at home to bare and many are not ready to lose the support of their parents. Additionally, according to many Reddit posters when a sibling moves out, especially if that sibling was the G.C., they finally receive the attention they have been waiting for their whole life. It can be deduced that the bond with their parents will be that much stronger and much harder to break, leading to an increase in likelihood for that child to mimic their parent's behaviors as they get older.

Sub-theme 4: Majority of the Reddit users that were included in this research explained that they did not know that what they were going through was considered abuse. Many of them

used the term “parentified”, to explain the process of being forced to take care of their younger siblings while neglecting their own needs. The following statement was written by a Reddit user who explained being parentified at a young age by raising her younger siblings. “I’m 19 now and never knew this was a form of abuse, I thought it was normal and I just wanted to make everyone happy and have an easier life. Even if it meant sacrificing my independence just so I can raise my younger siblings (who were 5 and 1 years old).” These individuals grow up with feelings of guilt and shame for letting their parents down and then feel undeserving of love because of the way they have acted. One individual responded to this idea:

> Don't feel guilty, you were a CHILD. All you know is your own environment at that stage, you don't know what's normal and I think each child WANTS to love their parents and desperately wants to be loved by them. The worst thing we grow up with in my opinion is the feeling that we are not OK, there is something wrong with us, we are not worthy of love or even being liked, basically we end up disliking ourselves and full of guilt and shame about ourselves and our past.

Unique to BPD

Sub-theme 1: Although the dynamic of G.C. and S.G. is present with a parent who struggles with Borderline tendencies (similar to the narcissistic dynamic) they are treated differently. The child who is considered the G.C. will not necessarily receive special treatment which is prevalent with a parent with NPD. Instead, they will be provided with their basic needs and appear to be favored when compared to the treatment the S.G. receives. While the S.G. in a narcissistic dynamic is often ignored and compared to their sibling who is the G.C., the S.G. from a borderline dynamic is usually the source of all stress and is blamed for every failure and mishap. They are treated markedly differently from the rest of their siblings and are oftentimes

denied some of their basic needs including food and clothing. The following statement from an S.G. illustrates this idea, “In true BPD/NPD fashion, they know how to push buttons and use scare tactics without crossing the boundary of harassment or terroristic threatening.” This individual and many other reddit users who identified as the S.G. agreed that their parent with BPD new how to tow the line of creating an abusive and fearful environment, but never left any evidence of abuse. Children who are the S.G. and grow up with a parent with BPD use self-blame as a protective mechanism and are oftentimes afraid to do anything for fear of tipping the scale. One individual identified that, “I’m afraid of doing certain things because I’m afraid of an unrelated avalanche happening of bad things because of that one thing I did.” This hinders their ability to seek support as a child but may be the reason they eventually seek help when they get older in order to overcome that fear.

Theme 2: When a child leaves home with a parent with BPD the parent and siblings often turn against this child. An individual who identified as an S.G., expressed the following sentiment regarding her sister, “She is definitely my mom’s favorite. And while she isn’t mean to me like your sister is, she is pretty blind to mom’s dramatics and favoritism. I just keep her at a friendly distance.” Many members on “*raised by a borderline”* who identified as the S.G. agreed with the previous statement. They expressed that the siblings who were not being horribly mistreated were blind to the fact that one of their siblings was receiving the brunt of the abuse. Furthermore, the siblings who were not the S.G. would often times mimic the parent with BPD, “My sister was very sweet when she was little, but I believe became more like my mother as she got older, and I do think she is fully borderline now.” A possible reason for this phenomenon can be attributed to the fact that these siblings were receiving some level of care that kept them from seeking help and had a strong desire to please their parent with BPD. However, it is important to

note that these children are still being abused by their parent with BPD and are at a greater risk for developing borderline when they get older because of the way they were nurtured.

However, Reddit users commented on their confusion regarding why they were able to leave home and seek help while their siblings could not and ended up just like their parent with BPD. One commenter noted that, “Why my sister ended up uBPD (undiagnosed borderline personality disorder) and I ended up with some semblance of self-awareness, I’ll never know.” This may mean that the development of borderline is not strictly environmental. There are other factors including personality, specific treatment received from one’s parent that play a role in the development of borderline.

Sub-theme 3: As with the narcissistic dynamic, the same sibling dynamic occurs when one sibling moves away from the home. “My sister who was the G.C. still, I think, really believes I am the source of all the problems in our family.” The S.G. at home continues to be the scapegoat even after they leave, and the siblings who live at home form a pact with their parent with BPD against the S.G. One commenter expressed, “I lost my little sister and brother to their personality disorders. My sweet little sister is a borderline who never really saw me, my smart big brother has become a narcissist who uses people.”

Sub-theme 4: Another possible reason why individuals did not seek help while experiencing the abuse from their parent with BPD was due to not knowing it was considered abuse. If they would have known it was considered abuse, they would have sought help earlier not only for them, but also for their siblings. The following statements illustrate this idea:

> If I had known then what I know now, it might not have felt quite as hopeless somehow; It makes you doubt your own sanity to know that what you're going through isn't right, but somehow thinking it's not abuse.

Many individuals agreed that the worst part of growing up with a mom who exhibited borderline symptoms was the fact that no one saw the abuse, and reaching out for help felt impossible for the fear of people not believing them or minimizing the abuse they were experiencing. The following statements illustrate this idea: "Her abuse was 100% invisible to everyone but her kids;" "The things they did destroyed me, but it was never felt real enough to complain about or seek help for, because unless you have bruises everyone else thinks you're just not getting along with them or something." Furthermore, individuals experiencing the emotional abuse from their parent with BPD agreed with the following poignant idea, "I always thought it was so twisted for me to wish for physical abuse, but I knew the pain was temporary, and it meant I could actually have a reason to feel the way I did."

Cycle of Abuse

Reading the Reddit comments on *raisedbyaborderline* and *raisedbyanarcissist* gave insight into the cycle of abuse associated with borderline personality disorder and narcissistic personality disorder. One individual explained:

> My mother had a similar childhood where she had to raise her younger brothers because her mother was a single mother who worked all day. My mother chose to have three kids and growing up she resented doing housework and if we even went near her or said something to her while she cleaned, she would go into a rage and scream at us. She says she hates doing housework because it reminds her of childhood. Now I've got a negative

> association with it because I always remember her going into silent treatment the day someone was going to come over and would angrily clean the house and scream at us to stay in our room. It made us never want to have friends over.

Another agreed with this statement and explained:

> My family is the same way, my nDad's mom is like the most psychotic narcissist ever and she turned her youngest son into a narcissist and he thinks she's like his queen. It's awful how narcissists ruin everything around them.

Discussion

Results indicate possible explanations for why some individuals seek help while others do not after experiencing abuse from their parent with BPD or NPD. The primary explanation was indicated by whether the child was an S.G. or a G.C. An S.G. was more likely to seek treatment than the G.C. The reason for this was attributed to the fact that the S.G. reaches a point where they feel they have nothing to lose by leaving home and reaching out for help, while the G.C. has seemingly much more to lose. Furthermore, the G.C. is oftentimes blind to the abuse the S.G. may be experiencing. Another explanation for the cyclical possibility for abuse regarding a family structure where a parent is either narcissistic or borderline.

Results aligned with findings from the literature and provided possible explanations for the ideas noted. These ideas include: a possible explanation for why some children seek help, while other siblings do not; a possible explanation for the low treatment success for both of these disorders; the possible role nature and nurture play in the development of BPD and NPD; the abusive dynamic created between a parent with NPD or BPD and their children; how these personality disorders develop over time; a possible explanation for why one child develops a

personality disorder similar to their parent while the other does not; and the prevalence of anger, shame, and hurt underlying these disorders. The explanation for some children seeking help is attributed to the idea of whether that child was a G.C. or S.G. According to Reddit users, an S.G. is more likely to reach out for help than a G.C. However, both an S.G. and G.C. who do seek help have a hard time persisting due to the lack of support. Their family members tend to turn against them and they become the object of blame and scorn. For many individuals this tends to be too big of an obstacle to overcome especially for a G.C. who loses their status abruptly.

The Reddit posts indicated that both nature and nurture play a role in the development of BPD and NPD. For children being raised by a parent with NPD, the child who was born with superior qualities was often put in the role of the G.C., while the remaining siblings were ignored or compared to the G.C. For the borderline, one child is often singled out as the S.G., while the other children are provided with their basic needs. However, nothing was noted as to why one child becomes the S.G. over the other siblings. All Reddit users agreed that both the G.C. and the S.G. are abused. This is a result of the unhealthy relationships that are created between the parent with NPD or BPD and their children. A G.C. growing up with a parent with NPD lives in the shadow of their parent and their whole life is spent trying to please their parent and follow every command. The S.G. with a parent with BPD develops a relationship that is characterized by fear, shame, guilt, and self-blame. Many Reddit users noted that their siblings used to be sweet, friendly and loving, but as they got older, they changed and started mimicking their parent with narcissistic or borderline tendencies, indicating that BPD and NPD develop over time with repeated exposure to an invalidating environment. This leads us to a possible explanation as to why some end developing a personality disorder while the other siblings do not. The G.C. in the narcissistic dynamic is more likely to develop a personality disorder similar to their parents due

to their inability to notice their siblings suffering while they are put on a pedestal. Furthermore, they are less likely to seek help for fear of losing their status as the G.C. The siblings who were not the S.G. in the borderline setting are more likely to develop BPD, because their environment has deemed manageable, making it less likely for them to seek help. The underlying feelings that survivors expressed after leaving home and seeking help was anger, shame, and self-blame. For some individuals these feelings may be too much to handle, hindering their ability to seek help.

Data from the Reddit posts and previous literature concluded that a S.G. is more likely to reach out for help, however from those who do seek help only a small percentage are able to make it through the recommended treatment course and intervention. Most leave the process in the middle. One of the reasons noted is the lack of support these individuals face as a result of reaching out for help. A G.C. is less likely to seek help, because of the attachment they have with their parent with NPD or BPD. They appear to receive something that keeps them engaged in the unhealthy dynamic, while causing them to live to in a world that is oblivious to others suffering. The G.C. who were able to reach out for help, realized that they were not only being abused, but experience guilt and shame for hurting their siblings who were targeted as the S.G. This idea also applied to the S.G. in which many of them wished that for physical abuse in order to validate that they were in fact experiencing abuse and can reach out for help. Therefore, increasing insight through education on healthy parental relationship, would allow for more G.C. and S.G. to acknowledge that what they went through is unhealthy and abusive, while increasing the likelihood for them to seek assistance and support at an earlier age. Furthermore, clinicians working with this population, providing a community of support would be important to implement at the start of the treatment process. This can help alleviate some of the fear these individuals face from losing one's family during this process and allow for better treatment

retention and outcome. Individuals who posted on Reddit shared that treatment was effective only when they had no contact with their family members. Individuals with partial contact admitted that they struggled to fully commit to therapy because they were still in contact with their family members. This is important information for clinicians to note, and may need to encourage no contact with family members during the treatment process. The fact that it is recommended to cut off contact with family members adds an additional obstacle for children to seek help.

Conclusion

This paper provides insight into the struggles of both S.G. and G.C. who were raised by a parent with borderline or narcissistic tendencies. Their struggles include, the different types of abuse they each experienced while growing up and the challenges of separating from their family while they set out on their journey of healing. Although each survivor had their own unique experiences, they share commonalities including lack of family support, feelings of shame and guilt, and similar difficulties with everyday living. Future Reddit research can provide increased insight regarding children who were raised by a parent with BPD or NPD to better target and improve the intervention methods for this population.

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