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MALADAPTIVE PARENTING AND PEER GROUP BULLYING AS PATHOLOGICAL PATHWAYS TO BORDERLINE PERSONALITY DISORDER SYMPTOMS IN EARLY ADULT: CASE REPORT

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CASE REPORT **OPEN ACCESS**

ABSTRACT

Introduction – Maladaptive experiences during adolescene have been consistently linked with borderline personality disorder. BPD is a serious mental illness characterized by pervasive pattern of instability in affect regulation, impulse control, interpersonal relationships, and self-image. Tthere was an interrelated relationship between parenting experiences and the development of BPD symptoms. Children who reported chronic bullying had a fivefold increase in the likelihood of developing BPD symptoms.
Methods – Presented the case of patient, 20 years old young male with symptoms of borderline personality disorder turned out to have maladaptive parenting and history of became victim by peer group bullying since childhood. Data were taken from interviews and mental status examinations in psychiatric clinics, then a literature review was carried out.
Results – The development of borderline personality disorder in adult linked with report of low care parenting, involves coldness, indifference, and rejection. BPD is also inevitable from hereditary risk factors.
Discuss – There is a direct significant association between being victim of bullying and development of BPD. Empathy is one important aspect of social behavior that may not function in BPD. Atypical depressed patients with affective dysregulation first diagnosed with borderline personality disorder if do not meet the diagnostic criteria for bipolar disorder.
Conclusion – Borderline personality disorder (BPD) is very prone to occur in young adults. Starting from affect dysregulation, inability to impulse control, unstable interpersonal relationships, and unstable self-image that begin to develop in children and adolescents when exposed to environmental risk factors. Risk factors that are very often influencing are family and peer group relationships. BPD is also an entry point for developing into bipolar disorder. Therefore, effective interventions should be targeted, early preventing the development of affect dysregulation in the development of the borderline personality disorder by reducing exposure to environmental risk factors.

Keywords: borderline personality disorder, maladaptive parenting, bullying.

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INTRODUCTION

Maladaptive experiences during adolescene have been consistently linked with borderline personality disorder (BPD), for example being abuse and neglect, have parent hostility and resentment issue, exposure to domestic violence and parent conflict, and bullying experiences during childhood.[1]

BPD is a serious mental illness characterized by pervasive pattern of instability in affect regulation, impulse control, interpersonal relationships, and self-image.[2] BPD has received great attention from the community because it is associated with a high risk of suicide, continuous use of mental health services, severe psychosocial functioning, and high social and economic costs to society.[3] BPD is diagnosed when it meets 5 of the 9 criteria contained in the Diagnostic and Statistical Manual for Mental Disorders, Fifth Edition (DSM-5).[4] This criteria should not be met exclusively in certain periods such as depression or the other mental state disorder. The diagnosis of BPD in childhood and adolescence has been a controversial topic to date. However, it clearly needs to be underlined, that BPD may not appear suddenly in early adulthood, but has appeared gradually starting with the onset of BPD precursor symptoms during childhood or early adolescence.[2,3]

Prospective study by C. Belsky show that Children who experienced harsh parenting between 5 until 10 years were at

greatly increased risk of developing BPD symptoms if they also had a positive family history of psychiatric illness Belsky,caspi).[5] Then prospective study by McKenzie J. reported that any form of abuse, for example physical, sexual or emotional abuse, acts as a trigger for temperament effect on BPD symptoms that appear at least 2 years later.[6] In a recent study by W. Stepp that examined the development of BPD symptoms and parenting styles from 14 years to 17 years of age, it showed that there was a relationship between the development of BPD symptoms and parenting styles, for example by giving harsh punishments to their children and not showing warmth in the family.[7] From the research results, it was found that there was an interrelated relationship between parenting experiences and the development of BPD symptoms. Children and adolescents spend more time with their friends than with their families as they grow and develop. Furthermore, problematic peer interactions may represent a prominent developmental risk for borderline symptoms in adolescence.[8] Recent research has highlighted the experience of bullying during childhood as a potential risk factor for the onset of BPD in both adult and adolescent populations. One cohort study by Wolke D et al reported that children who reported chronic bullying had a fivefold increase in the likelihood of developing BPD symptoms.[9].

METHOD

Presented the case of 20-years-old male with chief complaints of emptiness, decreasing of activity, and reduced concentration. The patient stated that he had felt that feeling stronger for the past 6 months with several times of suicidal ideation. The patient was examined with psychiatric interview, mental status examination, and head to toe generalized examination. The literature review was carried out following the findings examination data of the case.

This case report was approval and permitted by Rumah Sakit Universitas Brawijaya, patient and his families. Ethical clearance was permitted by Ethical Team in Faculty of Medicine Brawijaya University (No.135/EC/KEPK/07/2020).

CASE REPORT

A young adult male, 20 years old, came to the Psychiatry Clinic with chief complaints of feeling emptiness, decreasing of activity, and reduced concentration. The patient stated that he had felt that feeling stronger for the past 6 months. There have been several times the patient thought of committing suicide but it could never done by him. However, there were several times when he was so active and passionate in carrying out campus organizational activities, even patients tend to like to do work that is not his part until he forget to take a rest.

Patient actually feels that he have abnormal personality since 5th or 6th grade of elementary school. Patients tend to be a gloomy and moody person, he find it difficult to make friends and get along with other people, have difficulty maintaining friendships and relationships for a long time, and always feel abandonment or not made a priority by his friends. The patient feels that he is a person who is difficult for others to understand, sometimes even the patient does not understand himself, because sometimes the patient feels good about himself, but the other times he hate himself, and wondering why he still alive.

The unpleasant experience that the patient most does not forget is that the patient used to be bullied by his friends in elementary school and his parents who were bad at him. According to the patient, his parents are authoritarian towards him, his parents like to compare patients with other people, and like to underestimate the patient, patient also admits that he often gets violence both verbally and physically from his parents. Therefore the patient does not have a close and good relationship with his parents, even the patient does not care if something bad happens to his parents.

On physical examination, the generalist status was within normal limits. At mental status, the patient appearance was looks good and appropriate for his age, psychomotor were normal, and have a cooperative attitude. Anhedonia and irritable moods were found with broad affects, a flow of thought logorrhea with the content of preoccupation, depersonalization, and self-injurious ideas. There were lack of concentration and attention and apathy behavior in the patient. Awareness, orientation, memory, reading and writing skills, visuospatial skill, the ability of abstract thought, and cognitive abilities were all good. The patient's discriminative insight degree is grade 5 (aware of the disease and the factors associated with the disease but do not apply it in practice behavior).

RESULT

In this case, the patient is a 20 year old young male who has personality traits that are included in the diagnostic criteria for patients with borderline personality disorder (BPD), the patient has a pervasive pattern of instability of interpersonal relationship, self image, and affect, where the emergence of personality traits like this begins in early adulthood. In this case the patient fulfill 6 of the 9 BPD criteria based on the DSM-V.

In this case, the patient also received unpleasant experiences from maladaptive parenting since childhood, such as being treated authoritatively by his parents, compared to other people, being belittled for his achievements, and often treated with violence both verbally and physically from his parents. The problem become arised after received bullying from his friends since the patient was in the elementary school.

DISCUSS

BPD’s criteria were fulfilled with the first criteria is that the patient feels as if he is being abandon by his close relatives and does not feel prioritized by his relatives. The second criteria is that the patient have a pattern of unstable and intense interpersonal relationsip, it can be seen from the patient's relationship with his friends who tend to last only for a short time, the patient doesn’t have close friends, and the attitude of the patient who tends not to care about his family. The third criteria is the patient has identity disturbance of unstable self image, marked by the patient can’t understand himself, because sometimes the patient feels good about himself, but the other times he hate himself, and wondering why he still alive. The next criteria are the presence of recurring suicidal thoughts from within the patient, the presence of chronic feelings of emtiness, and the patient's difficulty in controlling his mood.[4]

According to research by Patrick, et al., the development of borderline personality disorder in adult linked with report of low care parenting, involves coldness, indifference, and rejection, it usually relates to parents who have emotionally inaccessible and unwilling behavior to offer any comfort for

their child, but who is also demanding and intrusive their child.[10] Besides that, bpd is also inevitable from hereditary risk factors.[5] Although it cannot be clearly ascertained from this case, according to the patient's admission the patient's father had explosive emotions while the patient's mother tended to have unstable emotions.

According research by Winsper, et al., there is a direct significant association between being victim of bullying and development of BPD.[3] The victims of children bullying are prone to irritability, anxiety, and a tendency to retaliate when being attacked. Then, they will be vulnerable to having low self-esteem and low social competence. At the end, once a child is being victimized of bullying, this pattern tends to persist for months or years even after the environment of the child has changed.[11] Over the time a person who gets bad treatment from their surroundings will show dysregulated behavior and if faced with negative interactions continuously, then that person tends to have an emotionally unstable pattern of interactions.[12] One important aspect of social behavior that may not function in BPD is empathy. Empathy is a multifaceted phenomenon that requires the ability to share emotional feeling to another people which is called affective empathy, and the ability to understand and perspectives another people's experiences is called cognitive empathy.[13] In this case, patient won't be able to share his emotion. In this case the patient has difficulty to sharing the emotions he feels with others, sometimes the patient has excessive emotions, but sometimes the patient finds it difficult to express his feelings to others, so the other people think the patient is a complicated person. but then patients also tend not to care about how other people feel, especially his feelings for his parents.

From the study by Perugi, et al., That there were overlapping symptoms between atypical depression, bipolar type 2, and borderline personality disorder. It has been explained that the diagnosis of bipolar disorder is made when there is major depression plus hypomania and / or cyclothymic or hyperthyymic temperament, major depression in bipolar disorder may be seen as a feature of atypical depression. Bipolar disorder can occur if there are comorbidities with anxiety disorders, personality disorders cluster B, and cluster C. BPD is a cluster B personality disorder. Than this can explain why atypical depressed patients with affective dysregulation are often diagnosed with borderline personality disorder.[14]

CONCLUSION

Borderline personality disorder (BPD) is very prone to occur in young adults. Starting from affect dysregulation, inability to impulse control, unstable interpersonal relationships, and unstable self-image that begin to develop in children and adolescents when exposed to environmental risk factors. Risk factors that are very often influencing are family and peer group relationships. BPD is also an entry point for developing into bipolar disorder. Therefore, effective interventions should be targeted, early preventing the development of affect dysregulation in the development of the borderline personality disorder by reducing exposure to environmental risk factors.

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