

**Influence of parental rejection on borderline personality disorder**

Shelina Fatema Binte Shahid

Ph. D Researcher

Registration: 36/2016-2017

Department of Clinical Psychology

University of Dhaka



September, 2022

PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

**Influence of parental rejection on borderline personality disorder**

**Shelina Fatema Binte Shahid**

B. Sc. (Hons.), M. Sc., M. Phil

A Dissertation submitted for the Degree of Doctor of Philosophy in Clinical Psychology,

Department of Clinical psychology,

University of Dhaka

**Supervisor**

Professor Dr. Mohammad Mahmudur Rahman

Department of Clinical Psychology

University of Dhaka

**Co-supervisor**

Dr. Farah Deeba

Associate Professor, Department of Clinical Psychology

University of Dhaka

**September, 2022**

PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

**Approval Sheet**

This is to certify that we have read the thesis entitled “Influence of parental rejection on borderline personality disorder”, submitted by Shelina Fatema Binte Shahid in partial fulfillment of the requirements for the Degree of Doctor of Philosophy in Clinical Psychology of the University of Dhaka, and that this is an original research carried out by her, under our supervision and guidance.

Supervisor: Dr. Mohammad Mahmudur Rahman

Professor

Department of Clinical Psychology

University of Dhaka

Dated: Dhaka

September, 2022

Co- supervisor: Dr. Farah Deeba

Associate Professor

Department of Clinical Psychology

University of Dhaka

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

**DECLARATION**

I declare that it is my own and original work. It is not submitted to other institutions for any other purposes or degrees. Information from other sources are cited in the text and references are given in the reference section of this thesis.

Signature:

Date:

Shelina Fatema Binte Shahid

Ph. D researcher

Registration no. 36, Session: 2016-2017

Department of Clinical Psychology

University of Dhaka

## **DEDICATION**

This dissertation is dedicated to my beloved father Md. Shahid Ullah, who was a very soft hearted and kind person, always proud of me. He used to perceive the best quality and potentiality in me. It was his dream about me to accomplish Ph.D. We dream together that come to reality now but I lost him during my Ph. D journey. I know if he is present, he would feel the greatest joy in his life. I deeply feel his absence at this moment of attainment. Thank you almighty Allah for the years I shared his presence and friendship. I miss you a lot Abbu in every step of my life.

Shelina Fatema Binte Shahid

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

**List of Contents**

<b>Contents</b>	<b>Page no.</b>
Title Page	1-2
Approval Sheet	3
Declaration	4
Dedication	5
List of Contents	6-8
Acknowledgement	9-10
Abstract	11-12
List of Tables	13-14
List of Figures	15-16
List of Appendices	17-18
<b>Chapter 1. Introduction</b>	<b>19-76</b>
Introduction	20-22
Background of the study	22-30
Problem statement	30-31
Purpose of the study	32

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

Research Questions	32-33
Overview of the Research Design	33-40
Philosophical Worldviews of this Study	40-43
Definition of Terms	43-49
Review of Literatures	49-64
Conceptual Framework of the present study	64-73
Significance of the Study	73-75
Research Objectives	76
<b>Chapter 2. Method</b>	<b>77-104</b>
Research Design	78-81
Participants and Settings	81-85
Quantitative Phase	81-83
Qualitative Phase	84-85
Study materials	85-92
Quantitative Phase	85-89
Qualitative Phase	89-92
Ethical Consideration	92-93
Data collection procedures	93-98

**PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER**

Quantitative Phase	94-96
Qualitative Phase	96-98
Data Analysis	98-104
Quantitative Phase	98-99
Qualitative Phase	99-104
<b>Chapter 3. Results</b>	<b>105-180</b>
Quantitative Findings	106-126
Qualitative Findings	126-180
<b>Chapter 4. Discussion</b>	<b>181-211</b>
Quantitative phase	182-191
Qualitative phase	191-203
Triangulation	203-207
Limitation	207-209
Conclusion	209-211
<b>References</b>	<b>212- 251</b>
Appendices	252-308



## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

### **Acknowledgement**

There are many peoples whose collaboration and support made me completed this research successfully. At first I am grateful to my supervisor and my mentor Dr. Mohammad Mahmudur Rahman, professor of clinical psychology, University of Dhaka for his wise and kind support and guidance. Without his guidance it was impossible to complete the research. I would like to give my heartfelt thanks to my co supervisor Dr. Farah Deeba, Associate professor of clinical psychology, University of Dhaka for her guidance. She always encouraged me to carry out my research when I lost my hope and did not get any meaning of doing things after losing my father and only brother during my research journey. Her inspiration gave me hope to complete my research work. I also want to show my heartfelt thanks to another great heart who always gave me courage and motivation, Mrs. Jobeda Khatun, chairman of clinical psychology department, university of Dhaka. I am grateful to Prof. Dr. Kamruzzaman Mojumder for his kind cooperation and support, who believed in me that I would be a good researcher. This statement encourage me a lot to enrich my knowledge in research. I would like to give thanks to the other faculties of clinical psychology department, university of Dhaka for their continuous support, especially Tarun Kanti Gayen, part time teacher of clinical psychology department, University of Dhaka. Thanks to Professor Kamal Uddin Chowdhury, Md. Abul Kalam Azad and Nazma Khatun, associate professor of Clinical Psychology and Shahnoor Hossain, Assistant professor of clinical psychology, University of Dhaka. I would like to give thanks to Bangabandhu Shiekh Mujib Medical University (BSMMU) authority for grant my study leave so that I could concentrate in my research work properly. I also want to show my gratitude to my colleagues of psychiatry department, BSMMU who always supported me mentally, especially Prof. Dr. Jhunu Samsun Nahar former chairman of psychiatry, BSMMU and Prof. Dr. Nahid Mahjabin Morshed,

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

chairman, department of Psychiatry, BSMMU. I want to thanks to my research assistants who did very hard work during covid-19 pandemic. Especial thanks to the trainees of psychotherapy specially to Nazia Binte Noor and M. A. Babu for their help and my MD psychiatry students of BSMMU who helped me a lot for referring me the participants of BPD patients. I would like to thanks to my colleague Jesan Ara, Associate professor of Psychology, Rajshahi University for her continuous support. I would like to show my special gratitude to my research participants for their cooperation in the Covid -19 pandemic time. Special acknowledgement and heartfelt gratitude to my beloved father Md. Shahid Ullah, without him it was impossible to enroll in Ph. D study and my only brother, Ahsan Ullah Jewel who always encourage me for this research. My application for study leave for Ph. D study typed by my brother and during the course work of my Ph. D he was passed away, suffering from colon cancer. I'm grateful for the support I received from my three sisters, Sathi, Sonia, Niloy and my brother in laws, Md. Delowar Hossain, Eng. Rasedul Islam and especially Md. Zahidul Karim, Associate Professor of Management studies, Jahangir Nagar University who himself is doing his Ph. D in USA. I am ever thankful to my husband S. M. Fayzur Rahman for his continuous support. Special thanks to my daughter Amirah Binte Fayzur who shared her time for my research work as she deserved my time but I could not give her properly, she always push me to finish the work. At last but not least I would like to show my heartfelt gratitude to my mother Aleya Begum for whom my existence have made a meaning.

Without these persons, this thesis would not be successfully completed, and I am truly grateful to them.

Shelina Fatema Binte Shahid

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

### **Abstract**

Borderline personality disorder is a serious mental disorder that affects individuals' life adversely. An explanatory sequential mixed method research was employed to understand the influence of parental rejection on BPD in the Bangladesh context. The present study had two phases: Quantitative and qualitative phases. In quantitative phase 40 adult participants of diagnosed BPD patients were selected from the outpatient department of Psychiatry of five different hospitals and clinic of Bangladesh by purposive sampling technique. The researcher applied the Structured Clinical Interview for Diagnosis-II (SCID-II) - BPD questionnaire, a demographic questionnaire, and Adult version of Parental Acceptance-Rejection Questionnaire (PARQ) for Father and Mother on BPD patients. Result showed that 67.5% participants faced rejection from both parents and 32.5% faced rejection from at least one parent. Results also showed, maternal ( $r = .304$ ,  $p = .028$ ) and paternal ( $r = .210$ ,  $p = .044$ ) rejection were positively correlated with BPD. The hostility of mother was also significantly correlated with BPD ( $r = 0.489$ ,  $p = .001$ ).  $R^2 = .239$  indicated 23.9% of the variance in BPD severity can be explained by mother's hostility [ $F(1, 38) = 11.960$ ;  $p < .001$ ]. From quantitative phase, 22 participants were selected purposively for the next qualitative phase. A semi-structured in-depth interview was undertaken. The grounded theory approach was used to analyze the data through open coding, axial coding, and selective coding and data were analyzed by Nvivo-10 software. Qualitative findings explored 65 different types of subjective experiences of perceived parental rejection that are associated with BPD. Seven broad behavioral patterns of parents were explored that directly influence the development of BPD from the participants' perspectives. The behavioral patterns were authoritarianism, hostility, neglect, lack of affection, lack of validation, lack of acceptance and lack of protection. A theoretical model was developed that explain the process of BPD

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

development due to parental rejection. Overall findings suggested that perceived parental rejection might have made an influence on BPD development. Employing the findings, mental health service providers might become aware of the parent's role about one of the risk factors of BPD that might contribute as a preventive measure.

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

**List of Tables**

<b>Tables</b>	<b>Page no.</b>
Table 1. Number of Participants in each Age Category	106
Table 2. Sex and Marital Status of Participants	107
Table 3. Tests of Normality, Skewness, and Kurtosis	110
Table 4. Number of Participants Who Experienced Parental Rejection	111
Table 5. Means and Standard Deviations of PARQ-M Total and PARQ-F Total	111
Table 6. The T-Test between PARQ-M Total and PARQ-F Total	112
Table 7. Number of Participants Reporting the Different Severities of Parental Rejection	112
Table 8. Participants who experienced parental love from one parent but rejection from the other parent	113
Table 9. T-Test for PARQ-F Total Scores between Married and Unmarried Participants	116
Table 10. Pearson correlation between SCID-II Total Score and PARQ-M Total	118
Table 11. Kendall's correlation between SCID-II Total Score and PARQ-F Total	119
Table 12. Pearson correlation between SCID-II Total and PARQ-M Hostility and PARQ-M Undifferentiated Rejection	120
Table 13. Significant Kendall's correlations between SCID-II Total and subscale scores of PARQ-F	121
Table 14. Coefficients of Regression Analysis Model for PARQ-M Hostility and	124

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

## PARQ-M Undifferentiated Rejection with SCID-II Total Score

Table 15. Coefficients of Regression Analysis Model for PARQ-M Hostility with SCID-II Total Score	125
Table 16. Summary of Regression Analysis Model for PARQ-M Hostility with SCID-II Total Score	126
Table 17. ANOVA of Regression Model for PARQ-M Hostility with SCID-II Total Score	126
Table 18. Demographics of Participants in the Qualitative Phase	127-128
Table 19. Number of participants facing rejection from mother, father, and both parents	128
Table 20. PARQ-M Severity and PARQ-F Severity of Qualitative Phase Participants	129
Table 21. List of Nodes Describing the Subjective Experience of Parental Rejection	130-133
Table 22. Nodes representing Authoritarianism	151
Table 23. Nodes representing Neglect	153
Table 24. Nodes representing Hostile Behavior	155
Table 25. Nodes representing Lack of Acceptance	157
Table 26. Nodes representing Lack of Affection	159
Table 27. Nodes representing Lack of Validation	160
Table 28. Nodes representing Lack of Protection	161

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

**List of Figures**

<b>Figures</b>	<b>Page no.</b>
Figure 1. Explanatory Sequential mixed methods design	37
Figure 2. Explanatory Sequential mixed methods design in this study	79
Figure 3. Distribution of SCID-II Total Scores	108
Figure 4. Distribution of PARQ-M Total Scores	109
Figure 5. Distribution of PARQ-F Total Scores	110
Figure 6. Clustered Bar Chart of PARQ-M Severity vs PARQ-F Severity	114
Figure 7. Clustered Bar Charts of SCID-II Total Score vs PARQ-M Severity	115
Figure 8. Clustered Bar Charts of SCID-II Total Score vs PARQ-F Severity	116
Figure 9. Scatterplot of PARQ-M Total vs SCID-II Total Score	117
Figure 10. Scatterplot of PARQ-F Total vs SCID-II Total Score	118
Figure 11. Scatterplot of SCID-II Total Score vs PARQ-M Hostility and PARQ-M Undifferentiated Rejection	122
Figure 12. P-P Plot of Residuals for PARQ-M Total, PARQ-M Hostility, and PARQ-M Undifferentiated Rejection	122
Figure 13. Residual vs Predicted Plot for PARQ-M	123
Figure 14. Residual vs Predicted Plots for PARQ-M Hostility and PARQ-M Undifferentiated Rejection	123

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

Figure 15. Combining Nodes into Major Categories of Parental Rejection	151
Figure 16. Psychological Process by which Parental Rejection influences the development of BPD symptoms (i.e. cognitive, emotion, physical and behavioral symptoms)	164-165
Figure 17. Maintenance Cycle of Anger of BPD participants	168
Figure 18. Theoretical Model of Development of BPD as a Consequence of Parental Rejection	169-170
Figure 19. Non-rejecting components of parenting those might prevent BPD development	177-178



## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

<b>List of Appendices</b>	<b>Page no.</b>
Appendix 1. Ethical approval from ethics committee of Department of Clinical Psychology, University of Dhaka	252
Appendix 2. Ethical clearance from ethical review committee of faculty of Biological science, University of Dhaka	253
Appendix 3. Permission letter for data collection from National Institute of Mental health, Sher-e Bangla Nagar, Dhaka	254
Appendix 4. Permission letter for data collection from Sir Salimullah Medical College and Mitford Hospital, Dhaka	255
Appendix 5. Permission letter for data collection from Dhaka Medical College Hospital, Dhaka	256
Appendix 6. Permission letter for data collection from Bangabandhu Sheikh Mujib Medical University, Shahbag, Dhaka	257
Appendix 7. Permission letter for data collection from Prottoy Medical Clinic, Baridhara, Dhaka	258
Appendix 8. Written Consent paper of Participants	259
Appendix 9. Demographic Questionnaire	260
Appendix 10. Structured Clinical Interview for Diagnosis-II (SCID-II) –	261

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

## BPD questionnaire

Appendix 11. Adult version of Parental Acceptance-Rejection Questionnaire	262
For Mother (PARQ-M).	
Appendix 12. Adult version of Parental Acceptance-Rejection Questionnaire	263
For Father (PARQ-F)	
Appendix 13. Topic guide for semi-structured In-depth interview	264
Appendix 14. Google form of demographic questionnaire, Adult version	265-308
of Parental Acceptance-Rejection Questionnaire for Mother	
(PARQ-M) and Adult version of Parental Acceptance-Rejection	
Questionnaire for Father (PARQ-F).	

**CHAPTER 1****INTRODUCTION**

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

### **Introduction**

Personality disorder is a pervasive type of disorganized mental condition that affects individual's social and personal life which destroys their overall wellbeing. Person with personality disorder has the difficulty to adjust with their surroundings and suffer trivial distress in every sector of life. There are 10 different types of personality disorders, they are- paranoid personality disorder, schizotypal personality disorder, schizoid personality disorder, histrionic personality disorder, obsessive-compulsive personality disorder, narcissistic personality disorder, antisocial personality disorder, dependent personality disorder, avoidant personality disorder and Borderline personality disorder (American Psychiatric Association [APA], 2013).

Borderline personality disorder (BPD) is a serious, pervasive pattern of mental disorder. The major features of BPD are the persistent form of instability in impulse control, emotion regulation, self-perception, and interpersonal dealings. There are 9 major symptoms of BPD, they are- fear of being abandoned, disturb relationships, identity crisis, lack of impulse control, self-harm or suicidal behavior, excessive mood swings, chronic empty feeling, anger outburst, paranoid ideation (APA, 2013).

Long-term follow-up studies on BPD showed that the disorder was associated with a high mortality rate due to suicide (Angst et al., 2005). According to Rodante et al. (2019) one-third of the BPD patients had taken suicidal attempts within 24 months (Rodante et al., 2019, as cited in Söderholm et al., 2020). Söderholm et al. (2020) found that suicidal ideation of BPD patients was strongly associated with the severity of BPD features. Bassett et al.(2017)overviewed that BPD is strongly associated with attempted suicide and childhood trauma (Bassett et al., 2017, as cited in Husain et al., 2021). Therefore patients suffering from BPD need more attention than individuals with other mental illnesses (Zanarini, 2001).

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

Researchers found that the sympathetic portion of autonomic nervous system is excessively stimulated in individuals suffering from BPD that might create extreme or illogical responses to others (Bourvis et al., 2017). Other researchers found that in BPD patients compare to control subjects, there was decreased of parietal cortex volume of right side (Irle et al., 2005). In BPD they also found that the size of hippocampus was condensed, which is associated to severe trauma linked clinical features (Irle et al., 2005). Linehan (1993) stated that BPD is a mental disorder that might be developed by the connections between particular environmental impacts and biological susceptibilities within individuals (Linehan, 1993; As cited in Crowell et al., 2009). Some research studies revealed that there is a great heritability of BPD, though the findings are very insufficient (Amad et al., 2014). Research showed that the amygdala and hippocampus are about 16% lesser in BPD individuals and lead to a neuroanatomical changes by experiencing trauma (Driessen et al., 2000).

Additionally in western countries, many studies examined the relationship between parental bonding, attachment styles, and BPD. A strong association between BPD and insecure and disorganized forms of attachment with parents has been found by reviewing 13 empirical studies (Agrawal et al., 2004). Most of the BPD patients tend to describe their interactions with parents as dysfunctional and troublesome (Zanarini & Frankenburg, 1997). Angela et al. (2002) explored that, the experience of childhood hardship influenced the quality of the perceived relations between parent and child. They mentioned that, if a child experienced physical or emotional abuse by their parents he /she might perceive their parents as less caring and rejecting which affects their positive attachment and bonding with their parents. They also stated that such experiences and perceptions may affect the quality of adult relationships (Angela et al., 2002).

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

Angela et al. (2002) stated that individuals who had problematic relationships with parents may display dysfunctional relationships with others which leads to relational difficulties, including symptoms of BPD. The literature review explored that parental maltreatment, abuse, and neglect historically gained attention as the psychosocial risk factors of BPD (Gunderson & Lyons-Ruth, 2008). Steele et al. (2019) stated that the parent-child relationship seems to be important background for understanding not only the psychosocial causes of BPD but also how the disorder spreads through generations. According to Schuppert et al. (2012), "Adolescents reported significantly less emotional warmth, more rejection and more overprotection from their mothers in the BPD-group than in the control group" (p.4). Though a good amount of research focuses on parent-child relation, parental attachment, and parental experience with BPD, however, there was an overall lack of research regarding the relationship between parental rejection and BPD. In fact, in Bangladesh, there were no studies about the present research topic. Subsequently, this research aimed to understand the possible relationship between parental rejection and BPD and the process of how parental rejection made to influence the development of BPD.

This chapter would provide the introduction of the study by discussing the background of the study and the context, followed by the problem statement, significance of the study, the purpose of the research, research questions, summary of the research design, definition of the terms and finally the research objectives.

### **Background of the Study**

Borderline personality disorder (BPD) is a mental disorder characterized by emotional deregulations, impulsiveness, and problematic relationships that begins by early adulthood and existent in a range of situations (APA, 2013). Major symptoms of BPD are unstable mood,

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

behavior, and relationship (McIntosh, 2014). Other symptoms of BPD include disturbed self-identity and self-image, rapid mood swings, feelings of emptiness, stress-related paranoia, involvement in risky behavior, self-harm, and fear of abandonment. Gunderson (2010) noted that common features of BPD are uncontrollable anger and depression. According to APA (2013) an individual with BPD have an intense fear of atonement and irritability that affects their interaction and for that reason, others have difficulty understanding the person. Suicidal behavior, self-injury, and substance intoxication are also common in BPD patients (Manning, 2011). The most distinguishing symptoms of BPD are intense fears of probable abandonment, sensitivity to negative criticism, and rejection (Gunderson, 2011).

BPD is common in both the general and clinical populations. Grant et al. (2008) estimated that the point prevalence of BPD was 1.4 percent and the lifetime prevalence was 5.9 percent in the US common people. Another recent study revealed that the lifetime prevalence of BPD is about 1.7 percent in general population(Gunderson et al., 2018).They also found that BPD is more predominant in Americans than Asian inhabitants and 75% of BPD patients were female (Grant et al., 2008). Several Chinese studies indicated the rate of BPD was 1.3% for outpatients in clinical settings (Xiao et al., 2006). The rate was 7.1% for both inpatients and outpatients (Yang et al., 2000). Another National Epidemiologic Survey suggests that 2.7% of adults in the United States meet diagnostic criteria for BPD, but on average, Asians have significantly lower rates of BPD and the rate was 1.2% (Tomko et al., 2014). Winsper et al. (2020) stated that the prevalence rate of cluster B personality disorders like BPD in lower-medium income countries were 1.5%.According to World Bank Group (2022) lower-medium income economies countries are those that have a gross national income (GNI) per capita between \$1,086 and \$4,255 and Bangladesh is listed as one of the lower-middle income country.

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

So it assumed that as a lower- medium income country, the prevalence of BPD in Bangladesh might be proximate to 1.5%. Therefore there was no prevalence study on BPD that has been reported yet in Bangladesh.

Consequences of BPD are very devastating. BPD can damage many areas of individual life. Palmer (2015) noted that symptoms of BPD negatively affect intimate relationships, jobs, school, social activities, and self-image that causing in repeated job changes or losses, not completing an education, multiple legal issues, conflict-filled relationships, marital stress, or divorce. They also viewed that person with BPD might involve with self-injury, such as cutting or burning, and frequent hospitalizations (Palmer, 2015 as cited in Mayo Clinic Staff, 2019). Palmer (2015) also observed, individuals with BPD might also involve in abusive relationships, unplanned pregnancies, sexually transmitted infections, motor vehicle accidents, and physical fights and due to impulsive and risky behavior they attempted and even completed suicide (Palmer, 2015 as cited in Mayo Clinic Staff, 2019). As a result, individual suffering from BPD could not get peace in their life, frequently feels unhappy, and feels lifelong emptiness.

BPD is a disturbing mental health condition that doesn't just impact the person who is suffering from BPD, it also impacts everyone who is in a relationship with them, including, romantic partners, parents, siblings, friends, and their offspring. (National Institute of Mental Health [NIMH], 2017, as cited in Salters-Pedneault, 2020). It has been found that there is a relationship between BPD and attachment problems with romantic partners (Scott et al., 2009). Salters-Pedneault (2020) noted that for family members, observing an intimate one suffering from BPD is stressful and the family members frequently feel helpless while viewing their valued ones with BPD are shut off in self-destructive activities, such as cutting, burning, attempting suicide that might lead to accidental death. They also noted that in addition to the



## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

chronic stress, many of the BPD family members experience severe psychological suffering, due to their impulsive behaviors and the frequent mood swing allied with BPD (Kay et al., 2018, as cited in Salters-Pedneault, 2020). As a result person with BPD and their family members could not be concentrated on their work as well as could not utilize their potentiality properly, could not enjoy a happy relationship, and passed their lives in great misery. In this way, BPD is becoming a family as well as a social burden.

According to Dunn et al. (2020), "Parents with BPD traits represent themselves as experiencing considerable challenges in their role as a parent and these included the impact of emotional intensity, social isolation and lack of positive parenting models to draw upon" (p.1). Therefore a person with BPD as a parent further might reject their child for their disturbing behaviors learned from their parents. Eventually, the maladaptive parenting behavior of the person with BPD falls their offspring at greater risk of developing psychiatric symptoms (Steele et al., 2019, as cited in Dunn et al., 2020). Thus it would run from generation to generation. Several studies have found that particularly in first-degree relatives there would be an increased risk of developing BPD (Gunderson et al., 2011). Eyden et al. (2016) found that there is an association between BPD symptoms in parents and their children.

Individuals' relationship with their parents and family has a strong effect on what they believe about other people and how they see the world. (NHS, 2019). It shapes his or her thought pattern and personality. According to Rohner, "Parental love is the single most important factor in a child's life" (as cited in Rohner, 2021, p-3). If anybody had unresolved fear, anger, and distress from childhood, it could lead to a range of slanted thinking patterns in adulthood, such as suspecting other people to oppress him (NHS, 2019). The person with BPD might overemphasize others' reactions, expecting others to be more responsible to fulfill his desires,

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

and behaving such that as if other people are guilty of his sorrows and think that other people do not value him.

Parenting experiences, particularly warmth, neglect, overprotection, and rejection, play a vital role in the formation and development of personality (Rohner, 1986). In Bangladesh, a study was conducted on the Relationship between parental rejection and personality, where it was found that maternal rejection is positively correlated with psychoticism and neuroticism (Shahid et al., 2009). Enormous research literature indicated that universally the quality of parent-child interactions considered by parental acceptance and rejection is a major predictor of psychological functioning and development (Khaleque & Rohner, 2002; Rohner, 1975, 2002; Rohner & Rohner, 1980, as cited in Rohner & Khaleque, 2002, p.3). Studies showed that parenting defined by punishments and excessive control could help to develop a pattern of hostility and a lack of socialization in children (Houston & Vavak, 1991). There are different causes of developing BPD. As BPD is a personality disorder it is assumed that negative parenting experiences also have an impact in forming and developing BPD. Furthermore, maladaptive parenting is subsidizing to turbulences in emotion regulation, which is one of the major symptoms of BPD (Hughes et al., 2012).

There are various environmental factors, which can cause BPD. Such as emotional, physical, or sexual abuse in childhood, faced chronic fear or distress as a child, neglected by one or both parents, if he or she has grown up with another family member who had a serious mental disorder(NHS, 2019).From the researcher's clinical experiences it was observed that watching continuous relationship problems in parents, over-controlling parenting style, neglecting parenting, and using frequent punishment in a disciplinary manner are also made an impact on the individual with BPD. From five systematic reviews Steele et al. (2019) found that the

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

development of borderline personality pathology, predicted by maladaptive parenting. Several factors were identified as predictors of early BPD onset: precocious environmental factors, child and adolescent temperamental characteristics, early psychopathological features and neurobiological correlates

Several biopsychosocial factors have been identified as risk factors for the development of BPD, likely- Physical and sexual abuse, childhood trauma, biological factors, such as a highly reactive temperament, growing up in a dysfunctional family, parental rearing styles, early childhood hardships, disorganized attachment, controlled-care giving and growing up in an invalidating environment(Boucher et al., 2017). From this previous study, it appeared that no single risk factor is accountable for causing BPD (Boucher et al., 2017; NHS, 2019). Cameron et al. (2019) discovered that a multifaceted combination of organic, mental and societal impacts causes BPD. Another study also showed that BPD can rise by the collaboration among adversarial life experiences and hereditary susceptibility (Distel et al., 2011). According to Zanarini et al. (1994) EEG finding showed slight abnormalities in the BPD patients and they recommended that as childhood maltreatment is a risk aspect for BPD development, continuous distress in childhood could cause everlasting practical abnormalities which might create symptoms of BPD (Zanarini et al., 1994). It was found that high level of parental rejection that created continuous distress is connected with low emotion regulation along with children (Cummings & Davies, 1994; McLeod et al., 2007) which is one of the most important symptoms of BPD. Bornoalova et al. (2013) showed that there is a connection between BPD characters and childhood abuse that rises due to genetic predisposition that counted as vulnerabilities of heredity (Bornoalova et al., 2013). Several studies showed that parenting features and environment of family produce a susceptibility for BPD (Fonagy & Bateman, 2007). But of all psychosocial

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

factors, most research has indicated that there is an association between parenting practices and BPD, with the understanding that parenting is a cause, but not a consequence of BPD (Stepp et al., 2014).

Parenting practice mostly involved with BPD are aggressive parenting, (where parents use frequent physical punishment) and neglectful parenting or poor parenting that include neglecting a child's basic physical and emotional needs. Moreover, poor parenting includes inadequate protection from repeated abuse by the other parent, another family member, or an outsider (Addelman, 2019). These include repeated physical, emotional, or sexual abuse by someone within or outside of the family itself and inconsistent, unsupportive care. People with BPD report high rates of childhood sexual abuse and physical abuse (Menon et al., 2016). Forty to 76 percent of the person with BPD experienced sexual abuse, 25 to 73 percent had suffered from physical abuse in their childhood, but about one-third of people with BPD experienced no abuse (Merza et al., 2015, as cited in Salters-Pedneault, 2020). Moreover researcher recommend that emotional and physical neglect might be more closely related to the development of BPD than physical or sexual abuse (Salters-Pedneault, 2020). According to Zanarini et al. (2002) up to 84% of BPD patients experienced emotional abuse and neglect before the age of 18 from their both parents.

According to Rohner's Parental Acceptance-Rejection (PAR) theory, "Parental rejection refers to the absence or withdrawal of warmth, affection, or love and presence of a variety of physically and psychologically hurtful behaviors by parents towards their children" (Rohner et al., 2009, p. 5). According to PAR theory, there are four types of parental rejection- Cold and unaffectionate, hostile and aggressive, indifferent and neglecting, and undifferentiated rejection (Rohner et al., 2009).

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

Rohner and Britner (2002) reported longitudinal evidence approving that parental rejection be likely to be everywhere to lead to the development of a variety of mental health problems, such as depression, conduct problems, substance abuse, and multiple behavior problems. From 2,000 studies in the United States and cross-culturally Rohner et al. (2005) also found that children universally required acceptance and if they felt rejection from their parents, worldwide nevertheless of differences in culture, ethnicity, age or gender have a tendency to develop psychological disturbance and appeared to develop behavior problems, depressive affects, substance abuse, and other mental health problems. PAR Theory indicated that worldwide parental rejection has a constant adverse influence on the emotional coping and the behavioral functioning of both children and adult persons (Rohner et al., 2005). According to Rohner et al. (2008) people with BPD perceived more paternal rejection than maternal rejection.

In the Bangladesh context, from the clinical practice of the researcher, it is found that patients with BPD mostly came with complain about severe and repeated parental rejection in their childhood. Generally, individuals make any interpretations of their parenting by their own cultural and contextual lenses. Moreover, a study on the relationship between parental rejection and personality conducted by Shahid et al. (2009), indicated that "parental rejection is not only related to personality but also may produce personality disorder and other psychological problems" (p.64). This study result supported by the previous study findings which suggested that worldwide parental rejection has an influence to develop psychological problems (Rohner et al., 2005). Thus Present study attempted to explore whether there is any relationship between perceived parental rejection and BPD in this context. If so, there are four types of perceived parental rejections, such as- unaffectionate, hostile, neglecting and undifferentiated rejection

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

(Rohner et al., 2009) from them which type of perceived parental rejection are most closely associated with BPD, and how perceived parental rejection influence the development of BPD?

### **Problem Statement**

In the regular clinical practice, the researcher received quite a several BPD cases in recent days, which even seems that the number of referrals is at an increase. So the clinical experience of the researcher revealed that nowadays BPD is increasing considerably in Bangladesh. One study in Bangladesh was intended to measure the pattern of psychiatric disease amongst the inpatients in a psychiatric private clinic, which revealed that among the 304 patients BPD patients were 3.6% (Fahmida et al., 2009). Another study on "Psychiatric Morbidity among the Patients Attended in a Psychiatric OPD in North East Part of Tertiary Level Hospital of Bangladesh" revealed the same result that among the 304 patients BPD patients were 3.6% in a psychiatric OPD (Islam et al., 2020). Therefore it is a serious concern for our country as BPD could damage individuals' life adversely. Not only has that it become a family as well as a social burden. But as per researcher's knowledge, there are no studies in Bangladesh that investigated the possible risk factors of BPD. Though in western countries many studies had been conducted which found that, several psychosocial factors like-childhood trauma, disorganized attachment, growing up in a invalidating environment including parenting experience were the risks factors of BPD development (Boucher et al., 2017).

The present researcher learned from the clinical experiences and through a literature review that there are patients with BPD who have perceived rejection from their parents (Rohner et al., 2008). Those BPD patients were badly affected and became disorganized in their life. Moreover in Bangladesh, people are not aware of their mental health and about positive parenting. Present researcher observed through her clinical experiences that most of the people

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

do not know that parenting can affect their child's mental health and it may create mental health disorders. It is a custom in this culture that whenever anybody gives birth he or she would automatically be a parent and needs no parenting training. In this context, it was thought that lack of knowledge about parenting, parental rejection would be a common phenomenon in Bangladesh. Moreover, in Bangladesh, it is very usual to use physical punishment frequently. Parents believe that without punishment no child could be disciplined. Physical punishment refers to hostility towards the child that indicates one kind of rejection according to Rohner's PAR theory. On the other hand, physical punishment is forbidden in most western countries. In western countries, several studies revealed that parental rejection was associated with psychological maladjustment and BPD (Rohner et al., 2008).

In Bangladesh, any research on the possible relationship between perceived parental rejection and borderline personality has not appeared yet. So there was a scope to see that in our cultural context where punishment is obligatory for disciplinary manner, whether parental rejection influence to development of BPD, if so which types of behavioral patterns those are perceived as rejection which also influenced to the development of BPD in Bangladeshi context. Very few studies have been conducted to see the relationship between parental rejection and BPD in abroad. But those studies did not address the process of how perceived parental rejection has related to BPD. So still there is a lack of comprehensive knowledge on how perceived parental rejection makes an influence on the development of BPD. Therefore the present researcher, to gain a comprehensive knowledge about perceived parental rejection and BPD, has aimed to conduct this study through an in-depth understanding. Thus the researcher had conducted the study to find out whether, and how perceived parental rejection influences BPD in the context of Bangladesh.

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

### **Purpose of the study**

The purpose of the proposed explanatory mixed-method research aimed to understand the influence of perceived parental rejection in the development of borderline personality disorder. The present research also aimed to explore the process of how perceived parental rejection make influences the development of BPD. Through the findings present researcher aimed to develop a theoretical model from the grounded data explaining the process of BPD development as a result of parental rejection in the Bangladesh context. To meet the purposes the researcher will employ an explanatory sequential mixed method design where both quantitative and qualitative approaches were employed to gain a complete understanding of the research questions. The implication of this study might offer a preventive approach to managing BPD in the future, as the cure or recovery of BPD is too difficult and the outcome of the psychological and pharmacological treatment is not yet satisfactory.

### **Research Questions**

The study questions used to guide the research were as follows:

1. What is the relationship between perceived parental rejection and BPD?
2. Which types of behavioral features of perceived parental rejection (According to PARQ scale- among unaffectionate, hostile, neglectful and undifferentiated rejection) are most significantly related to BPD?
3. What are the subjective experiences of parental rejection of a person with BPD?
4. What are the specific parental behavioral patterns of perceived parental rejection that contribute to developing BPD?



## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

5. How perceived parental rejection influence the development of BPD?

### **Overview of the Research Design**

To answer the present study questions, the researcher used a mixed-method design.

#### ***Mixed Method Design***

Mixed methods design is a research approach, widespread in the social, behavioral, and health sciences, where researchers collect, analyze, and integrate both quantitative and qualitative data to address their research questions in a single study (Creswell, 2013).

The quantitative methods consist of questionnaires, structured observations, and surveys (Alston & Bowles, 2018). It is also apprehensive with establishing relationships, measurement and generalization (Bryman, 2016). However, there is criticism about quantitative research as this method sees the social world objectively with overlooking the point that individuals attribute meaning to their existed experiences (Bryman, 2016).

On the other hand, the Qualitative research method does not form relationships based on numbers and is concerned with the subjective experience of life to make a deeper understanding of the phenomenon (Alston & Bowles, 2018). Therefore Qualitative researchers give importance to the participants' viewpoints, identify the context of the research, flexibility, and transparency of the process, lack of a general structure and theories according to the research process (Bryman, 2016). However, this method is criticized, because of is subjective as it depends on the researchers' skills, views, and connections with research participants (Mungai, 2019). Another criticism made by the quantitative researcher about qualitative researcher is lack of transparency in respect of selection of participants and analysis of qualitative data (Bryman, 2016). For these

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

criticisms of both quantitative and qualitative methods researchers have given augmentation towards a substitute research method that is called mixed-method study (Mungai, 2019).

According to Holloway and Wheeler (2010) mixed-method research is a research approach that employs quantitative and qualitative approaches to develop new knowledge in a particular study to achieve multiple viewpoints. Quantitative data typically includes questionnaires or psychological instruments that indicate closed-ended responses and qualitative data without predetermined responses lead to be open-ended (Holloway & Wheeler, 2010).

According to Maxwell (2015) the thoughtful and effective use of both qualitative and quantitative approaches in a single study, and the mixing of these, was existing long before anyone had categorized this as a particular type of research, even before the terms qualitative and quantitative were established, and continues to be more widely used in forms largely unacknowledged in the mixed methods literature. It meant mixing quantitative and qualitative methods in a single study had greater utility so that the researcher needed to incorporate it for getting a complete picture that emphasis a better understanding of the study phenomenon.

The history of mixed methods research identified that the systematic development of this method began with the work of Campbell and Fiske (1959) on triangulation with an actual mixed-method study in the 1980s. Creswell and Plano Clark (2011), stated that "the developmental period of mixed methods began in the 1950s and continued up until the 1980s" (p. 25). Now mixed-method approach has gained increasing acceptance in the research community, especially in social science research, health, nursing, and educational research (Creswell & Plano Clark, 2011).A review of health services research has shown that the proportion of mixed methods studies increased from 17% in the mid-1990s to 30% in the early 2000s (O’Cathain et al., 2007).

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

The mixed-method design aims to improve the strength and decrease the weaknesses of both approaches within a single study and not to supplementary either quantitative or qualitative research. Mixed method research provides a progressive and inclusive approach to deal with both quantitative and qualitative data (Creswell, 2014).

### *Rationale of choosing mixed method design*

The present researcher choose the mixed method design for this study depending on the purpose of the present research and believed that without applying mixed method research the research questions could not be answered completely (Alston & Bowles, 2018).

According to Creswell and Plano Clark (2007) the research questions cannot be answered by quantitative or qualitative methods alone, mixed methods research helps to answer these questions and meet the aims and objectives of a study.

The central principle of mixed-method research is to provide a better understanding of the problems by combining quantitative and qualitative approaches that one approach could not achieve (Creswell & Plano Clark, 2007)

Another advantage is wholeness, in the way that mixed-method research delivers a more comprehensive and complete portrait of the research phenomenon.

Several authors claim that utilizing a mixed-methods approach delivers stronger and more precise interpretations and can counterbalance the limitations of each approach (Bryman, 2006; Creswell et al., 2003). Therefore mixed methods study can enrich the strengths and minimize the weaknesses of both quantitative and qualitative approaches and particularly useful when dealing with difficult, complicated issues such as living with chronic illness (Nicca et al., 2012). As the present researcher dealing with a complicated issue like parental rejection on the

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

BPD patients who are living with chronic mental illness, it is assumed that the choice of mixed-method design to understand the complex phenomenon would be appropriate.

Moreover to explain quantitative findings, using a qualitative research approach help decorate a better picture of the phenomenon under inquiry. Bryman (2006), suggests that "this is similar to putting 'meat on the bones of dry quantitative data'".

The present researcher employed a mixed-method design because the purposes of the research could not meet by applying only quantitative or qualitative studies. To meet the purposes of this study such as to determine whether there was any relationship between parental rejection and BPD, the present study employed a well-established survey questionnaire of parental acceptance-rejection and a screening questionnaire of BPD, which was comprised of closed-ended questions. On the other hand, this research also aimed to know the process of how parental rejection influences BPD. It was not possible to see the process by the quantitative method that answered only close ended questions. For understanding the process the researcher has to explore the subjective experiences of the BPD participants who had parental rejection. For this purpose using the qualitative method was necessary. But using only qualitative method, the researcher could not determine the severity of the BPD patients as well as the intensity of parental rejection objectively. Thus it appeared that this study needs both quantitative and qualitative methods to meet the study purposes. So without using the two methodological approaches it might difficult to meet the whole purposes of this research.

There are different types of mixed-method design, such as convergent, explanatory sequential, exploratory sequential, transformative and embedded mixed method design, from them, this study used the explanatory sequential mixed method design (Creswell, 2009).

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

In convergent mixed methods the researcher unites quantitative and qualitative data to find out an inclusive result and researcher collects both types of data at the same time (Creswell, 2021).

In exploratory sequential mixed method design the qualitative research phase initiates first then the quantitative phase begins by the researcher. Information from qualitative phase may be used to form a tool and to identify appropriate tools a supplement quantitative approach is needed

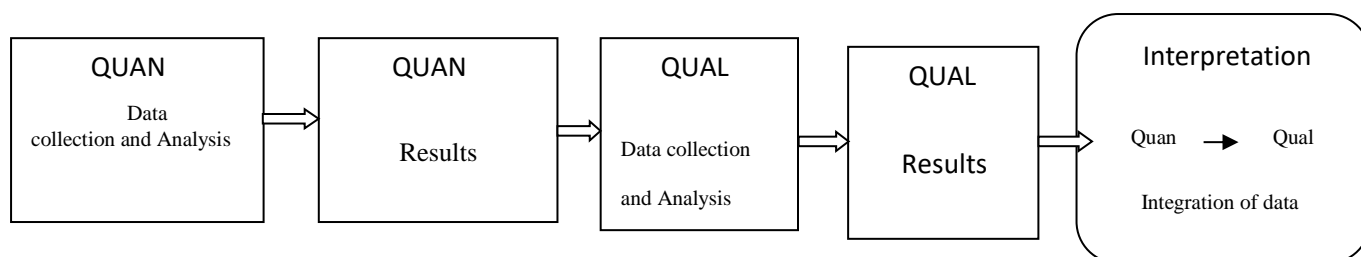
(Creswell, 2021). In transformative mixed methods design a theoretical perspective strained from social justice that involves both quantitative and qualitative data with one manufacture on the other (Creswell, 2021). The core idea of embedded mixed methods design is, item bedded either quantitative or qualitative data in a bigger design (Creswell, 2009). In explanatory sequential mixed method design, the qualitative data are clarified the initial quantitative outcome (Creswell & Plano Clark, 2011).

### *Explanatory Sequential Mixed Methods Design*

According to Creswell and Plano Clark (2011) an explanatory sequential design consists of first collecting quantitative data and then qualitative data to help elucidate or intricate the quantitative outcomes. The logic behind this approach is that the quantitative data and results provide a common picture of the research problem; then to enhance, spread or enlighten the common picture, more analysis through qualitative data collection is needed (Creswell & Plano Clark, 2011).

### **Figure 1**

*Explanatory Sequential mixed methods design (Creswell & Plano Clark, 2007)*



## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

### *Rationale of choosing Explanatory Sequential Mixed Methods Design*

In this explanatory sequential mixed-method study, the researcher first conducted the quantitative study, including data collection and analysis. Then a qualitative study was initiated including qualitative data collection and analysis. The great strength of the explanatory sequential mixed-method approach is that the quantitative data instructs the qualitative data selection process which facilitates researchers to precisely identify data that applies to specific research projects. It is easy to implement and enables the focus of the research to be sustained, consequently one set of data constructing upon the other. It is called explanatory because with the qualitative data the initial outcomes from quantitative data are described further. It is reflected sequential because the qualitative phase followed the initial quantitative phase. In sequential explanatory mixed methods design, for complementarity, the quantitative result are explained by the data from the qualitative phase (Greene et al., 1989). According to Creswell (2006) in explanatory sequential mixed method research, to elaborate, explain, or enrich the results gained from quantitative approaches, qualitative data is used.

Creswell, (2009) stated that the sequential explanatory mixed methods design strategy is popular because it often pleases to researchers with strong quantitative inclinations. In his book, it also noted that sequential mixed method design is characterized by two phases-in the first phase quantitative data collection and analysis followed by a second phase the collection and analysis of qualitative data that forms on the results of the initial quantitative results. The mixing of the data occurs when the initial quantitative results inform the secondary qualitative data collection and in this way, the two forms of data are divided but linked (Creswell, 2009).

The quantitative study usually answers the question of which and what is happening in a particular topic but could not answer the question of how something happens. The research

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

questions of the present study were: what are the relationship between perceived parental rejection and BPD? To answer the question quantitative approach was needed first and to answer the research question how perceived parental rejection influence the development of BPD, qualitative approach was needed then. So to meet the study purposes it was necessary to know whether there were any relationship between Parental rejection and BPD first by using quantitative approach. After confirming the fact researcher could explore about how parental rejection influences BPD by using qualitative approach. For that reason present researcher choose explanatory sequential mixed-method study so that she could gain a complete understanding of the research topic. Moreover using the two methodological approaches the strength of this study would improve because it focuses on two approaches in a single study, which first confirmed what was happening (by using quantitative approach) and then explored how it happened (by using qualitative approach).

According to Abbey (2014) Explanatory sequential mixed method research has two variations: these variations are included how the qualitative method is connected to the previous quantitative outcomes. Two variations of this research are- the participant selection model and the follow-up explanations model. The participant selection model is used when for the more detailed qualitative study researchers are concerned in using quantitative information to screen the participants and to elaborate and explain the statistical relationships gained from the quantitative phase a follow-up explanations model is used (Abbey, 2014). In this study, the participant selection model is used as the quantitative phase instructs who would be the participants for the second qualitative phase. An explanatory sequential mixed method design put equal priority (findings of the both phases are equally important) or quantitative priority (findings of the quantitative phase is the most important) according to the research questions and

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

purposes. Equal weight has been given in this present research, as there were different sets of research questions broadly related to the research purposes through which the researcher aimed to get a complete and comprehensive picture of the study (Creswell, 2013).

### **Philosophical Worldviews of this Study**

The present research was guided by the philosophical worldview of pragmatism as the researcher used the mixed-method design to answer the whole research questions. Mixed method research provides strength to the weakness of quantitative and qualitative research and gains a comprehensive picture of the research problems. Creswell (2007) stated that as a methodology mixed-method research emphasizes on philosophical worldview such as pragmatism, they claim that all researchers have a fundamental philosophical assumption that guides the researcher to do a particular research activity. Mixed method research focuses on the view that individuals tend to resolve any problem by using numbers and words (West, 2012) that foster the belief that multiple approaches can be adapted for solving a problem. Such as the quantitative approach deals with numbers and the qualitative approach deals with words and combining the two approaches, a mixed-method design could answer the research questions. In this way, the worldview of pragmatism believes that multiple methods could be used in a single study that represents the mixed-method design.

In a mixed-methods design, on pragmatic grounds, the researchers construct the understanding (Creswell, 2003; Maxcy, 2003) emphasizing that truth is "what works" (Howe, 1988). Pragmatism could be essential for conducting this research as it focuses on the reasonable link between two different methods, quantitative and qualitative which paradigms are different. Pragmatism is the philosophical theory that could connect and fill up the gap between the real-



## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

world particular scientific approach (quantitative approach) and the newer 'easygoing' inquiry of qualitative approach in one study (Tashakkori & Teddlie, 2003, p.52).

Pragmatism avoids the argumentative issues of truth and reality, accepts philosophically, that there are singular and multiple realities. According to Creswell and Plano Clark (2007), "pragmatism allows the researcher to be free of mental and practical constraints imposed by the "forced-choice dichotomy between post-positivism and constructivism" (p. 27), and "researchers do not have to be the prisoner of a particular research method or technique" (Robson, 1993, p. 291).

Pragmatism does not assume to discover consistent causal links or truths but targets to interrogate a particular question, theory, or phenomenon with the most suitable research method (Feilzer, 2009). Finally, pragmatism disagrees apart the quantitative or qualitative divide and ends the paradigm war by suggesting that the most important inquiry is whether the study could discover which the researcher desired to find out (Hanson, 2008, p. 109). The philosophy of pragmatism promotes the concept that the consequences are more important than the process and therefore it supports a need-based approach to concept selection and research method (Johnson & Onwuegbuzie, 2004) so that researchers could decide what works for the study problems.

According to Feilzer (2009) pragmatists do not concern about the methods the researchers have used as long as the chosen methods have the potential of answering what they wanted to know. This is not an excuse for messy research and pragmatism should never be confused with convenience but requires a good understanding of quantitative and qualitative methods and analyses, which is replicable and rich (Denscombe, 2008, p. 274). For this reason, pragmatist researcher are organizing good-quality social research (Hammersley, 2008, p. 177). Because pragmatism could be used as a conductor not only for deductive research design but

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

also grounded inductive research that incorporates mixed method research (Feilzer, 2009). It offers to produce a "properly integrated methodology for the social sciences" (Morgan, 2007, p. 73) in recognizing the value of both quantitative and qualitative research methods and the knowledge shaped by such research is promoting our understanding of our social life and the context.

Rorty (1999) stated that in pragmatism both objective and subjective investigation tries to produce knowledge that best resembles reality (p. xxii). Thus, pragmatists (Rorty, 1999, p. ix) avoid the opposition of positivism and constructivism and makes a conjunction of quantitative and qualitative method, restating that they are not different at an ontological level (Hanson, 2008; Johnson & Onwuegbuzie, 2004). So mixed method researchers as the pragmatic worldview tried to make true integration from different viewpoints and provide an enriched understanding about a phenomenon.

The present researcher used a pragmatic worldview as she employed both quantitative and qualitative approaches in a single study to answer the research questions and tried to integrate different perspectives for achieving a precise understanding of the influence of parental rejection on BPD. Pragmatism is a very flexible worldview that emphasizes and encourages making use of whatever works in the study. The researcher's main priority was to answer the research questions, simply would do whatever would be effective and would help. In the present study, the researcher thought that for answering the whole research questions to get a complete picture of the research topic both quantitative and qualitative method was required that emphasized the positivist and interpretive idea consequently. Generally, pragmatism recognizes that the reality is constructive by individuals but at the same time this is a reconstruction of something relatively stable that exist, this is exactly why pragmatism values the both assumption

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

of positivist view and interpretive views. When it is constructed by an individual, it is interpretivism that is achieved by the qualitative method but at the same time, they acknowledge that this is reconstructed of something relatively stable that exist, which is typically what positivists would say that gain by quantitative method. Moreover a pragmatist emphasis the importance of empirical observation which is something tradition associated with positivism but at the same time, they stress the observation that relies on the researchers' interpretation of these observations.

Finally, pragmatist recognizes that there exist a certain established stable social structure, which is the positivist idea, but at the same time, they acknowledge that people are establishing and constructing this social structure, which is a very interpretive idea. So this is a mix of both positivist and interpretive approaches that happen in pragmatism. The present research is guided by a mix of both positivist views that reflect in quantitative method and the interpretive view that reflects in qualitative approaches that conjointly made an independent worldview and that is pragmatism and the present mixed-method research guided by this pragmatic worldview.

### **Definition of Terms**

For a better understanding of this present research, the following terms are defined conceptually and operationally in the context of this study.

### ***Influence***

The term influence refers to an ability to make an impact. In this study, it refers to having an impact and as well as refers to an association between two variables.

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

### ***Parent***

The term parent is demarcated as any person who has a long-term primary caregiving obligation for a child and they may be biological or adoptive parents, elder siblings, grandparents, and other relatives (Rohner et al., 2005). But in this particular research, the word parent refers to only biological parents who gave birth to the participants.

### ***Rejection***

The conceptual or dictionary meaning of rejection is the dismissing or refusing of an offer or idea. But the operational definition of rejection of this study is absence or removal of warmth, love, or affection and occurrence of a range of physically and emotionally hurtful actions.

### ***Parental Rejection***

In this particular study, the term parental rejection refers to the removal of the absence of warmth, love, or affection and the existence of a diversity of physically and emotionally hurtful behaviors towards the children by their biological parents (Rohner et al., 2005). Moreover in this study parental rejection refers to perceived parental rejection as the researcher explores only the adult participants' view or perception about their parent's behavior in their childhood and does not watch parental behavior or take any opinion from the parents. Accordingly, it is difficult to differentiate the relation between "objective" reports of rejection and individuals' views of rejection from the parents. Kagan (1978) stated that, "parental rejection is not a specific set of actions by parents but a belief held by the child"(Kagan, 1978, as cited in Rohner et al., 2012, p. 61).

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

### ***Perceived Parental Rejection***

The concept of perceived parental rejection in this study emphasis on individuals' subjective perceptions of parenting behaviors to avoid the chance of mistaking the meaning of parental behaviors, the main concepts of perceived parental rejection allows the persons to make interpretations of parenting by their own culture and personal lenses (Rohner et al., 2005). According to Rohner et al. (2005), "individuals appear universally to organize their perceptions of rejection about the same four classes of behavior and these include cold and unaffectionate, hostility/ aggression, indifference/neglect, and undifferentiated rejection. "Aggression, neglect, and lack of removal of affection refer to visible behaviors that result when parents act on these feelings towards their offspring (Rohner et al., 2005).

### ***Cold and Unaffectionate***

With the use of culturally bound gestures, unaffectionate parent behavior can be displayed physically or verbally. Lack of kisses, hugs, and cuddles towards the child symbolizes physically unaffectionate and lack of praise, compliments, nice things say to child refers to verbally unaffectionate towards the child (Rohner et al., 2005).

### ***Hostility/ Aggression***

Aggression is the fact when parents act on feelings of hostility, anger, and resentment (Rohner et al., 2005). It might appear by hitting, pushing, throwing things, kicking, cursing, punching, shouting, humiliating, and saying unkind cruel things to the child

### ***Indifference/Neglect***

Neglect is the disappointment to offer the material or physical needs of children. It occurs when parents fail to meet the social and psychological needs of children properly.

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

Neglecting parents give little attention to children's needs for comfort, help; they might also persist physically and psychologically unresponsive and unavailable (Rohner et al., 2005).

### *Undifferentiated Rejection*

Undifferentiated rejection meant that the individuals believe that their parents do not truly love or care about them even though there might be no behavioral evidence that the parents are unaffectionate, neglecting, or hostile toward their offspring. (Rohner et al., 2005, as Cited in Shahid et al., 2009).

### *Borderline Personality Disorder (BPD)*

A borderline personality disorder is a mental health disorder that makes an effect on an individual's way of thinking and feeling about themselves and others. The symptoms of BPD create suffering in the individual's everyday life. BPD features include disturbed self-image, emotional deregulation and impulsive behavior, and unsteady relationships. The symptoms of BPD have usually involved three main features: impulsivity, emotional instability, and interpersonal turmoil (Mayo Clinic Staff, 2019). According to Gunderson (2011) people with BPD, have an intense fear of abandonment, struggle with continuous emptiness, impulsiveness, frequent mood swings, and lack of anger control. BPD typically starts in early adulthood. The most differentiating indications of BPD are sensitivity to negative criticism, rejection, and fears of abandonment (Gunderson, 2011).

### *Symptoms of BPD*

Signs and symptoms of BPD include Continuing feelings of emptiness, frequent mood swings durable from a few hours to a few days, an intense fear of abandonment, suicidal threats or self-injury, a pattern of unsteady relationships, such as overemphasizing somebody one instant

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

and then all of a sudden considering that person doesn't care sufficient, rapid fluctuations in self-identity and self-image that include uneven goals and values, impulsive actions, like- reckless driving, drug abuse, unsafe sex, spending a lot, binge eating, inappropriate, intense anger, such as frequently loses temper, involved in physical fights and stress-related suspicion about others. (Mayo Clinic Staff, 2019).

The above symptoms are used to mark a diagnosis of BPD for an individual when there are five or more of these symptoms are present in different contexts and these cause significant impairments in an individual's personal, social, academic, or occupational life (APA, 2013).

### ***Mixed Method Design***

Mixed method design is a research approach where both quantitative and qualitative method is applied in which the investigator collects, analyses, and integrates both qualitative and quantitative data to address the research questions in a single study (Creswell, 2013).

### ***Explanatory Sequential Mixed Method Design***

According to Creswell and Clark (2007) the explanatory sequential mixed method design is a two-stage mixed-method design that begins with the collection and analysis of quantitative data followed by the collection and analysis of qualitative data. In this design, the researcher identifies specific quantitative outcomes that need further explanation to gain a clearer picture and then uses the qualitative data to provide a better understanding of the research questions.

### ***Positivism***

Conceptually positivism is a philosophical world view that believes the world can be understood objectively and there is a single reality. In this research philosophy, the researcher detaches himself from personal values and works independently as an unbiased analyst.

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

(Žukauskas et al., 2018). The operational definition of the positivist paradigm is based on the assumption that a single concrete reality exists and the researcher could be identified, measure, and understood that autonomously (Park et al., 2020).

Positivism relies on the hypothetical deductive method to verify a priori hypotheses that are often stated quantitatively (Ponterotto, 2005). Researches that allied with positivism usually focus on finding determining associations or causal relationships by quantitative approaches between the phenomenon (Park et al., 2020).

### *Interpretivism*

According to Ryan (2018) Interpretivist claims that truth and knowledge are subjective that are culturally placed and built on lived experience. They believed that a researcher cannot completely detach themselves from their values and believes when investigating and interpreting a research phenomenon. The interpretive paradigm believes that a single phenomenon can have several interpretations and there is multiple reality.

In interpretivism for studying a phenomenon, the researcher employed the techniques that will help to understand how individuals' interact and interpret their social situation. (Intgrty, 2016). Therefore interpretivism focuses on people's subjective experiences and social constructions such as language, perception, and shared meanings are used to understand the reality that meant reality is not objectively determined but is socially constructed.

### *Pragmatism*

The philosophy of pragmatism promotes the concept that the consequences are more important than the process and therefore it supports a needs-based approach to idea selection and research method (Johnson & Onwuegbuzie, 2004) so that researchers could decide what works



## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

for the study problems. Pragmatists are against the opposition of positivism and constructivism and unite quantitative and qualitative methods, restating that they share many commonalities in their methods of investigation and are not different at an ontological level. (Hanson, 2008; Johnson & Onwuegbuzie, 2004).

### ***Grounded Theory Method.***

Grounded theory (GT) is a qualitative research method that involves the formation of a theory (Glaser & Strauss, 1967) that is 'grounded' in data that has been methodically collected and analyzed (Strauss & Corbin, 1994). Recognized as social processes it is tried to uncover such things as social relationships and activities of the peoples (Crooks, 2001). It is a common methodology for developing a theory that is grounded in data that is systematically collected and analyzed. This particular research is also used for qualitative data analysis through open coding, axial coding, and selective coding and then develop a theory about the research topic.

### **Review of Literatures**

This part of the present study arranged the researches regarding different areas and aspects linked to borderline personality disorder and the parental experience where parental rejection is at the center. There are plenty of well-researched investigations around the globe on parental experience, parental attachment, personality, and borderline personality disorder but very few studies had been found a direct connection, specifically between parental rejection and borderline personality disorder. Parental rejection is, when the psychological need for positive acknowledgment is not fulfilled by the parents satisfactorily, children do not feel accepted which provides the feeling of rejection and this rejection generates unhealthy emotions like the feeling

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

of insecurity, anger, aggression, etc. (Rohner & Borothers, 1999). It can scale from indifference and unconcerned behavior to extreme hostility and disgust (Simons et al., 1989). According to APA (2000), "Borderline Personality Disorder (BPD) is a heterogeneous condition characterized by affective instability, cognitive disturbances, impulsive and self-damaging acts, and dysfunctional interpersonal relationships." (As cited in Hill et al., 2011, p. 789). It is a disruption of emotional regulation and persistent emotional suffering (Ebner-Peiemer et al., 2008). In borderline, lack of ability to mark the emotions and discordant emotional events are linked to the increase of emotional distress (Ebner-Peiemer et al., 2008). In general, BPD encompasses the areas of negative feelings (Ntshingila et al., 2016).

### *Parental Experience and Psychological Problems*

A human being's perception of happiness is constructed by the base of personal bonding (Rohner & Britner, 2002). When this base of attachment is endangered and shattered, the deepest emotional desires are discontented and this feature activates outpouring of negative emotions which are like aggression, displeasure, feeling of insecurity, depression, etc. (Rohner & Britner, 2002). Lila et al. (2007) in the Colombian context, wanted to find out the correlation between paternal and maternal acceptance on children's psycho-social adjustment where it was revealed that both of the parents' acceptance is linked to children's emotional adjustment and perceived acceptance from mother only has a direct effect on behavioral problems of children. It indicated that the consequence of perceived paternal acceptance on complications of children's manner is indirect and the maternal acceptance deviates from the effect of paternal acceptance (Lila et al., 2007). Moreover, parents with BPD had a problem in governing their own emotions which disturbs reciprocating to the emotions of their children (Dunn et al., 2020).

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

It showed in the research that careless parents were not affectionate (Bi et al., 2018), therefore as a consequence, offspring of those parents suffer from psychological problems due to dispute, misguidance, miscommunication, and lack of bonding. According to Sharp et al. (2015), "higher attachment coherence was associated with less hypermentalizing" (p. 12). Even teens have lesser scores in educational accomplishments if their parents are not affectionate to them and because of not having positive emotions they cannot put any courage to their studies and consequently they have poor scholastic results (Uddin, 2011). Another research also showed that if parents have a ruthless practice of conduct to grow their children, their children become more troublesome, disorderly, and unmanageable (Stormshak et al., 2000) and these features cause them psychological complications in adulthood. When parents have indifferent attitudes to their adolescents and if they have an absence of warmth or interaction, this grows psychological insecurities in their offspring (Lazaro et al., 2019). Furthermore, if the mother is not careful enough regarding her emotional regulation, her child becomes the victim of developing different psychological issues (Petfield et al., 2015) and even if the mother has depression, it can develop different psychological complications or muddles to offspring (Marleen et al., 2016).

In adolescents, it has been found that there is a notable association between the experience of abandonment from a father and aggression (Najam & Kausar, 2018). It was found that, when parents and children have adverse relationships, there rises a possibility to escalate the risk of self-mutilating behavior (Cipriano et al., 2020). It was also found that harsh rearing style in childhood has been associated as a threatening feature for forming mental problems (Zubizarreta et al., 2019). When parents are being abrasive to their children with smacking and beating, they are transferring their anger and perceiving anger from parents, children get at risk to manage their own emotions in a healthy way (Chang et al., 2003). A study showed that if the

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

relationship quality between parent and child would be poor, a powerful connection rises to suicidal thought and action (Fotti et al., 2006). Besides these, it has been found that teenage girls who grew up with getting lack of love, sympathy, and affection from their male parents were more inclined to abuse drugs (Tkalic et al., 2010) and it had also been identified that there was a connection between crime, misconduct, and parenting (Hoeve et al., 2009). Another finding revealed that the antisocial pattern of behavior in both of the genders was formed due to the harsh and forceful rearing styles of parents (Burnette et al., 2012).

The study also indicated that harsh rearing style contributed to emotional and behavioral problems that increase the threat of developing aggression and anger consequently and these might influence different antisocial behaviors to the extent (Burnette et al., 2012). It has also been seen commonly that, when parents bring up their children with punishment, it has a negative influence on them forming different psychological and behavioral problems like depression, anxiety, aggression etc. (Zubizarreta et al., 2019). The features of depression and the parenting patterns are associated, strongly (Lipps et al., 2013). It has also been found that, specifically, oppressive and indifferent rearing styles of parents are related to severe depressive symptoms (Lipps et al., 2013). Another study also found that persons who grew up under indifferent parents revealed the highest level of depressive features (Valero, 2018). Depression, experiencing rejection from mother and father's parenting style is linked to early negative schemas (Baso et al., 2019).

### ***Parental Experience and Personality***

An extensive cross-sectional study in four Caribbean societies had seen that father and mother, perhaps, are the most important persons to influence one's mind, one's life, and their

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

guidance has a deep impact and this effect is long-lasting (Lipps et al., 2013). Some researchers found a correlation between parental bonding and personality pathology that morbid personality that developed depending on the quality of relationship with parents (Russ et al., 2003). A qualitative study in Northwest and Mid-west showed that children grew up with safer psychological atmosphere in themselves if parents are affectionate (Davies et al., 2004) and in Denizli, Turkey, children have more adaptability if they grew up with maternal love, support, and acceptance and if mother's warmth and love reduced, children's ability for positive adaptation would also reduce (Ogelman, 2015). Another study in Korea, also showed that people at a young age who are kind, have the experience of growing up with warmth and approval in childhood by their father and mother (Kim & Rohner, 2003). It was found that daughters who were experiencing maternal rejection were more to be markedly less kind than those who were raised by mother's acceptance (Kin & Rohner, 2003).

In Zahedan, Iran, in a cross-sectional study, it was revealed that, in children, the good rearing style of parents had an important contribution to developing self-esteem (Moghaddam et al., 2017). In addition, a longitudinal survey in China gathered information by exploring the connection between the mental abilities like active memory functioning, flexibility in thinking and self-regulation of children, and affection and aggression of father and mother (Lam et al., 2018). One study indicated that parental love has the connectivity to the integration of different mental abilities and communication with others (Lam et al., 2018). Another study found that parental affection has a positive influence to reduce depression (Zubizarreta et al., 2019). These are the features of the process that help shape good personalities.

On the other hand, unconcerned rearing styles of parents develop personalities with low self-esteem as their psychological needs are unnoticed and unfulfilled (Lal, 2019) and there is a

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

link between primary perceived rearing experience from parents and the development of dysfunctional perspectives which further correlates to the problems in personality (Thimm, 2009).

Among men, it has been seen that developing one's regard for self and even having the ability to make friends are directly linked to parental attachment (Betts et al., 2013). In childhood, a productive rearing style develops a perception of a self-governing frame of mind which becomes a guide of forming a good personality (Betts et al., 2013) and precisely the result becomes the opposite in the absence of good parenting. A study, in Pakistan, demonstrated that lack of paternal affection is importantly connected to teens' anger, vulnerability, lack of positive self-worth, sadness, and lack of positive viewpoint about others (Najam & Kausar, 2018).

Additionally, anxiety, emotional problems, and inability to manage self are the outcomes of unhealthy relationship patterns with father and mother (Camden & Brown, 2017). There is a chance that negative parenting damages the emotional capacity of the self, whereas this capacity helps to retrieve psychologically from any complications (Camden & Brown, 2017). The study indicated that relationships with both of the parents are jointly important for the power of resilience in a person that its level is reduced if the parental rejection rises (Camden & Brown, 2017).

### ***Parental Experience and Borderline Personality Disorder***

Borderline personality disorder is an end result of how parents rear their children (Nickell et al., 2002). People with borderline personality disorder have emotional problems regarding attachment (Arntz & Genderen, 2020), as they do not know “the formation and maintenance of secure attachment” (Cherevach & Martinez, 2016), their temper fluctuates very often, they have an identity crisis and they are impetuous (Arntz & Genderen, 2020). BPD sufferers cannot

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

recognize their psychological exploitation and abandonment which remain unrevealed and they do not know what a quality childhood includes (Arntz & Genderen, 2020). According to Arntz and Genderen (2020), “These patients don’t know what they missed, because they never experienced feelings of being loved, accepted, and care” (p. 5).

A study showed that BPD and attachment with parents are interconnected (Thairovic & Bajric, 2016). A study showed that BPD features in children are originated if the father is less affectionate and controlling (Gulenc et al., 2018). Agarwal et al. (2005) stated that the central of BPD psychopathology is the troubled attachments with the parents and it was also determined that BPD is strongly connected with insecure attachment. These studies revealed that the attachment patterns with the parents in childhood are connected with underlying elements in originating borderline personality disorder. If the childhood goes unnoticed, uncounted, and uncared along with unfavorable experiences like abandonment and detachment by parents, there grows a development of borderline personality disorder (Merza et al., 2015). The emotional setup of a child and the future adult depends on how the child and parent interact, as a pair.

Borderline personality disorder, attachment, and dysfunctional intimate bonding are connected (Hill et al., 2011). Particularly, there is a relationship between borderline personality disorder and dysfunctional intimate attachment (Hill et al., 2011). However borderline personality disorder cannot be described with the attachment concerns only, other early experiences are responsible too to this complex disorder (Mosquera et al., 2014). The study revealed that negative childhood experiences like emotional abuse, physical abuse, neglect, witnessing trauma and sexual abuse were more dominant among BPD patients than the healthy controls and depressed patients (Merza et al., 2015). It was proven that dysfunctional rearing style emotionally sets the possibility of forming borderline personality disorder (Steele et al.,

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

2009) while dysfunctional thought and process are associated (Geiger et al., 2013) too. Moreover, a criterion came out regarding the point between judgmental parents and borderline personality disorder features due to repression (Cheavens et al., 2005).

Among Japanese females with BPD had oppressive and unconcerned parents too (Machizawa, 2007). Adding to this, a mother with borderline personality disorder, who herself is disturbed with her emotional regulation, could not play her role as a parent appropriately, shows hostility and growing her child up developing disorders in them and if this parenting style in early childhood persists, it forms BPD symptoms in adolescent like the mother (Macfie et al., 2017). In association with this, mothers whose nurturing patterns are of over vigilance, have a lack of affection, and also are less acceptance, develop borderline features in their adolescents surely (Shuppert et al., 2012). People with BPD emphasize that they had controlling parents who were unstable and were not careful enough (Boucher et al., 2017). Meyer et al. (2005), found out “high intense BPD tended to have more problematic experiences and attachments with early caregivers and higher levels of sensitivity to aversive stimuli, particularly subtle, emotionally evocative stimuli” (p. 653). It has been found that controlling the nurturing practice of mothers has a consequential connection to strengthening borderline personality disorder syndrome (Shuppert et al., 2015). A study investigated that the women with BPD who were living a single life felt unprotected mentally because they had adverse experiences in childhood (Ntshingila et al., 2016). Therefore, it is clear that the criterion of Borderline Personality Disorder is linked to the quality of childhood experiences with parents.

### ***Parental Rejection and Psychological Problem***

A study found that integration with parents in the early years of life modules oneself accommodating emotionally in later life (Khaleque et al., 2019). Research had been done on



## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

parental rejection and psychosocial adjustment of children showed that there was a connection between perceived parental rejection and psychological and social maladjustment of the child. (Gracia et al., 2005). A longitudinal study had examined, in primary and secondary schools in Cyprus and Greece, revealed that rejection from father and mother causes an important risk factor to offspring for being victims of bullying in schools (Stavrinides & Georgiou, 2017). And it had been found that there is a connection between perceived parental rejection and the problematic peer relationships among adolescents where aggression is a mediator (Zulfiqar, 2021). Moreover, another study also puts light on the nurturing style where acceptance and rejection mediate psychological damages on the growing phases of adolescents (Mendo-Lazaro et al., 2019). Since a person's positive emotion regarding life, like self-dignity and contentment of survival is attuned by the parenting style with warmth and acceptance, this research showed that non-acceptance mediates adversely (Yasmin & Hossain, 2014). Another study where it was validated that children who grew up by parental denial are little accommodated to a psychologically threatening condition which isolates the minds with exasperation and disappointment (Golubeva & Istratova, 2018).

Long ago, research also revealed that there was a connection between sadness in individuals and negative behavior from parents (Robertson & Simons, 1989). Akse et al. (2004) found that depression and aggression are associated with parental rejection. It was found that growing up by receiving a rejection from father and mother made an emotionally disturbed life for the grown-up person (Putnick et al., 2019). A similar finding indicated that there is a connection between the rejection of father and mother and emotional problems among teenagers (Habib et al., 2020). Even long ago it was found that the rearing style of parents marked by rejection could withdraw children from socialization and consequently, that leads to children's

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

anger (Bardina & Wilson, 1997). According to Morshed et al. (2015), “If parental neglect or rejection increase then aggressive behavior of children also increase” (p. 134). Long back, in research, it had been found that sufferers with outrageous aggression, grew up with the feeling of being unloved and abandoned by the controlling parents (Meesters et al., 1995). Another study has been done on the connection between present psychological problems of adults and its links to the rejection of parents in the past indicated that parental rejection in childhood was low to moderately correlated with current emotions of depression, anxiety, and stress (Ahmed, 2019).

Moreover, in cross-sectional research, it has been seen that rejection from parents becomes a threat to one's wellbeing (Yang et al., 2019). Experiencing rejection from mother anticipates substance abuse and violent manner for sons and rejection from father anticipates substance abuse for females (Yang et al., 2019). One study showed that fathers with a lack of affection and mothers with a higher level of control and rejection are seriously connected to self-harm behavior (Ran et al., 2021).

Another scenario found in the research is that looking back to the experience and the feeling of rejection from parents put a person at a high risk of suicidal thought and committing suicide (Campos et al., 2013). Committing suicide is a crucial problem to the psychological wellbeing over the duration of life, mainly for teenagers and elderly persons (Campos et al., 2013). This study finding revealed that when a person recalled his experience of rejection from parents, got himself linked to the suicidal behavior, it demonstrate an indirect connection (Campos et al., 2013). According to Campos et al. (2013) when an individual recollected parental rejection, he or she got connected to self-criticism and afterward into depression which lead to suicide, consequently. Another study also found that there is a direct, as well as an indirect connection, between parental rejection and suicidal action (Sobrinho et al., 2016). The beginning of the

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

marked depression and negative state of mind is caused by the negative involuntary thoughts (Sibley & Santor, 2009) and self-criticism is an effect of the mediation of involuntary thoughts (Sibley & Santor, 2009). When parental rejection gives rise to self-criticism, afterward neediness becomes an irresistible component for committing suicide, mediated by depression (Sobrinho et al., 2016). The decreasing level of love and care from parents and increasing level of rejection from parents are importantly related to suicidal thoughts and actions (Fotti et al., 2006). So it was found that there is a connection between parental rejection and suicide.

Long ago, another complication had been found that the ratio of connection between experiencing rejection from parents in childhood, from both the father and mother and abusing substances is higher than the people who do not experience rejection (Campo & Rohner, 1992). So it might be assumed that parental rejection and substance abuse are correlated. Recently, it has been seen that the increase of using mobile phones has been augmented over the past years everywhere in the world (Zhu et al., 2019). It was found that among Chinese university students, parental rejection was a direct threatening factor for using mobile phones frequently and addictively (Zhu et al., 2019).

It was also revealed that negative parenting styles like growing up children with negligence, aggression, indifference or rejection, contributed to developing delinquency in them (Hoeve et al., 2009). Long ago another study also showed that raising through parental rejection, children became vulnerable to any delinquent actions (Simons et al., 1989). A recent study indicated that when children did not get proper attendance from their parents and if they got a rejection from their parents, consequently, delinquency has developed (Mishra & Biswal, 2020). They also found that the central reason behind the delinquency among girls was getting deprived, rejected, and not getting any psychological support and warmth from their mother (Mishra &

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

Biswal, 2020). And on the other hand, among the boys, lack of proper time and involvement from the parents were the leading causes of delinquency (Mishra & Biswal, 2020). According to all the above research findings, it is indicated that if individual perceived parental rejection that adversely affects their psychological health.

### *Parental Rejection and Personality*

Shahid et al. (2009) found in their study that there was a connection between perceived paternal and maternal rejection and person's personality. They found that the mother's rejection was certainly connected with psychoticism and also with neuroticism but extraversion was negatively correlated with maternal rejection. In this aspect, the research investigated by Akse et al. (2004) indicated that experiencing rejection from parents had a connection in the shaping of the mind and troublesome conduct of teenagers. In that study hostility and depression were found among adolescents who have been receiving a rejection from parents and personality plays a role in moderating the connection (Akse et al., 2004).

When the father and mother brought up their children in an unkind manner, their children became quarrelsome, argumentative, and would have a hostile feeling which, as a consequence, might lead them to get involved in unlawful activities (You & Lim, 2015). Children who had experienced parental rejection felt low self-esteem and were angry even at trivial things (Rohner & Britner, 2002). It was found that rejection from both parents consequently linked to the pathway of originating negative perceptual features in one's character (Naz & Kausar, 2013). In another study, it has been seen that participants who had controlling parents with a lack of warmth were prone to be more impatient, agitated, and lack moral senses as well as had more avoidant behavior and less complacent (Reti et al., 2002).

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

Moreover, other research showed that adults were more conscious of refusal and feeling of abandonment if they had lack of warmth and faced rejection from their parents in childhood (Ibrahim et al., 2015). So it is evident that parental rejection and parental judgments contributed to growing vulnerable personalities (Lazaro et al., 2019). Rejection from parents made the children impatient, fearful and unsafe inside (Morshed et al., 2015). Additionally, it has been seen, girls who have experienced rejection from their female parents during their pre-teen period had more lack of warmth than those who grew up with love and approval (Kim & Rohner, 2003). Long years back, the research explored that rejection of parents and their harsh rearing style made their children unkind with the feeling of threats and uncertainty and even they keep themselves away from asking any communal help due to their isolating behavior (Houston & Vavak, 1991). Even one study also found that there was a connection between the rejection of male parents and the augmentation of a feeling of abandonment and isolation of the teenager (Mak et al., 2017). Rejection from the male parent made them more frightened about and detached from the community-based environment and consequently, this took them towards a more alienated state (Mak et al., 2017).

Another thing is, experiencing rejection from parents, could influence to grow up a person with different mental health issues that is distressing throughout life. The research found that there was a connection between unhappiness and the unacceptance of parents (Wasif et al., 2015). A study also found that problems in personality and depressive features are connected to rejection from parents (Naz & Kausar, 2013), and the more depression people have, the lower self-esteem they carry (Lynum et al., 2008). Moreover lack of parental warmth help to develop a dependent personality (Naz & Kausar, 2013). They also found that feeling of rejection made the

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

feeling of uncertainty and feeling of being unsafe in the children and that developed a more disordered personality (Naz & Kausar, 2013).

Enormous research literature indicated that universally parental acceptance and rejection was a key forecaster of mental growth and functioning for both adults and children. (Khaleque & Rohner, 2002). However According to Rohner (1986) even though long years back it was found that parental rejection had a significant influence on personality construction and development (Rohner, 1986).

### *Parental Rejection and Borderline Personality Disorder*

Parental affection is an indispensable need for the healthy psychological and social growth of children universally (Rohner et al., 2009). Every child needs a certain instinct of feeling of love, affection, and approval from both father and mother or other close caregivers (Rohner et al., 2009). If these primary love, care, and acceptance are not perceived adequately, children fall at risk of mental health problems (Rohner et al., 2009). They become unresponsive to emotions, develop impaired psychosocial functioning and get depressed, are impulsive, and have a negative perspective about self and the world (Rohner et al., 2009). And when they receive a rejection from their parents, they feel insecure inside and develop different psychological problems, from mild to profound (Rohner et al., 2009) and thus borderline personality is one of the extents because above features are common in BPD which has an extreme effect throughout life. Otto et al. (2021) stated that, "Borderline Personality Disorder (BPD) is a psychiatric disorder featured by intense fears of abandonment, difficulties in emotion regulation, feelings of emptiness, unstable interpersonal relationships, impulsivity, and heightened risk-taking behaviors, as well as high levels of interpersonal aggression" (Otto et al., 2021, p. 1). People with borderline personality disorder have a persistent feeling of emptiness

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

which is related to impetuosity, self-injury, suicidal action, and decreased social and affect regulation (Miller et al., 2021). They feel disassociation regarding self and the world (Miller et al., 2021). Sometimes they think everything is pointless and feel frustrated which is linked to emptiness and is distressing to them (Miller et al., 2021). When they feel empty inside, which is chronic actually, they deal it with impulsive patterns of behavior that they can cope with it or distract themselves with adjustable behaviors (Miller et al., 2021). Persistent emptiness gives them a feeling of non-existence and it affects their perception and emotion (Miller et al., 2021).

Borderline personality disorder is originated if the relationship between parents and children is not safe (Levy, 2005). It gets to the extreme level if the mother responds to negative emotions without validation (Dixon-Gordon et al., 2015). Negativity in borderline is high and they are more accustomed to the maladaptive behavioral patterns for regulating their emotions (Alafia & Manjula, 2020). The ratio of experiencing psychological and corporal abuses in childhood is high in borderline personality (Alafia & Manjula, 2020). A study in China found out that BPD patients had the serious experience of having punishment, rejection, control and a lack of emotional warmth, as well as maternal overprotection from their parents (Huang et al., 2014). One study revealed that adolescent girls depicted scenarios of rearing styles of penalizing practices and less affection that created borderline personality symptoms (Stepp et al., 2014). There is a specification that children who were raised by parents who had a lack of warmth and unkind manner to them, had the possibility of developing personality disorders in later life where one of those is borderline (Johnson et al., 2006).

The other studies also showed that there is a connection between feelings of abandonment and borderline personality disorder (Foxhall et al., 2019) and parents with lack of warmth, parents who are punitive, aid to develop borderline characteristics in their offspring

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

(Etemadi et al., 2020) Besides, when children grow up with judgments and have negative responsiveness to their emotional expression from their parents, they feel unguarded and become unable to regulate emotions and these hallmarks develop borderline personality (Hooley, 2007). One research asserted by examining those female adults, in childhood, who had perceived rejection from parents, notably fathers, are detected more with borderline personality disorder (Rohner & Brothers, 1999). It was found that the result of the particular feature of emotional dysfunction which is connected to rejection from parents is markedly higher in BPD women than the non-BPD (Rohner & Brothers, 1999).

In connection to this, the finding specified that BPD was experienced more rejection from the father but not inevitably rejection from the mother (Rohner & Brothers, 1999). Confirming the outcomes of this study, an end has been brought out that there is a favorable connection between parental rejection, mainly from father, and borderline personality disorder (Rohner & Brothers, 1999).

### **Conceptual Framework of the present study**

This research is framed by Rohner's Parental Acceptance-Rejection Theory (PAR Theory) and especially the PAR Theory Personality sub theory that was begun by Ronald P. Rohner in 1960 (Rohner, 1960) and Cognitive Behavioral Perspectives of human behavior as the conceptual frameworks of the study.

#### ***Parental Acceptance-Rejection Theory (PAR Theory)***

PAR Theory is a worldwide well-known proved theory of the development of lifespan and socialization that forecast and clarifies the leading reasons, outcomes, and other associates of acceptance and rejection of parents (Rohner, 1980, 1986; Rohner et al., 2009). PAR Theory



## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

foresees that people who recognize themselves experienced parental rejection might develop inaccurate mental demonstrations about self, significant others, and about the world everywhere (Rohner, 2004). PAR Theory indicated that rejection from parents has devastating negative impacts on mental adjustment and behavioral activity of individuals universally (Rohner & Khaleque, 2002). The present researcher wants to confirm firstly in the quantitative phase of this study that, is there any influence of parental rejection to develop BPD in individuals? As BPD is a severe form of mental disorder and individuals with BPD are affected cognitively, emotionally, and behaviorally, the researcher wants to find out that whether the BPD symptoms are the consequence of parental rejection that postulate the PAR theory that parental rejection has disturbing negative impacts on mental adjustment. This was reflected in the personality sub theory of PAR Theory which expects and elucidates chief cognitive, emotional, behavioral, and other related outcomes of personality, particularly psychological consequences of perceived acceptance-rejection from parents during childhood and recalled acceptance-rejection of parents during adulthood (Khaleque & Rohner, 2011). PAR theory contains three associate theories, which are sub theory of personality, coping sub theory, and sub theory of sociocultural structures (Khaleque & Rohner, 2011).

Personality sub theory tries to forecast and clarify personality and mental health-related outcomes of perceived acceptance-rejection from parents in both childhood and adulthood (Ahmed et al., 2010). Ahmed et al. (2010) also mentioned that sub-theory of coping indicated that there are individual differences in children and adults in respect of coping emotionally when they experience rejection from their parents. That means some rejected children and adults survive more efficiently than others. Sub theory of sociocultural systems tries to forecast and

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

explain the parental differences and want to explore why some are loving and warm, on the other hand, other parents are aggressive, neglecting, or rejecting (Ahmed et al., 2010).

### *PAR Theory Personality Sub Theory*

The personality sub theory started firstly with and carry on to declare that "Over the course of evolution humans have developed an enduring, biologically based emotional need for the positive response from the people who are most important to them" (Rohner et al., 2009, p. 8). The positive emotional needs from the parent or other important care providers cover parental love, care, comfort, affection, and support and these give an individual the feeling of emotional inclusion or being accepted (Rohner et al., 2012). The personality sub theory of PAR theory also assumes that when the individual could not meet the emotional need for positive reaction by their important attachment figures, they have the propensity to grow a particular set of cognitive, emotional, and behavioral natures, comprising of hostility, aggression or difficulties in the management of aggressive behavior, growing excessive dependency on others or defensively independency, develop low self-esteem, lack of self-adequacy, affective unpredictability, emotional insensitivity and adverse worldview (Khaleque & Rohner, 2011). Moreover, perceived parental rejection is likely to be linked with insecurity, anxiety, and misleading social and cognitive configurations (Khaleque & Rohner, 2011).

After the exploration worldwide, the PAR theory personality sub-theory found that acceptance and rejection from parents or significant custodians are very significant for the development of personality (Rohner et al., 2012). This signifies that the main predictor of mental growth and emotional management of children depends on the nature of the relationship of parents with their children and this relationship is marked by the acceptance and rejection of parents (Rohner & Khaleque, 2002). Children, growing up with parental acceptance develops

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

their personality with positive emotions and adaptation, this endures positively throughout their lives and parental rejection develops their personality with negative emotional constituents and this endures negatively throughout their lives (Khaleque, 2015).

There is a range of warmth from the least to the most that encompasses the acceptance from parents and that signifies affection, love, joy, concern, protection, or nurturance and on the other hand, rejection from parents denotes deprivation, anger, aggression, punishment, abandonment, over-protection or indifference (Rohner et al., 2012). Acceptance means positive emotion and behavior from parents and rejection is negative emotion and behavior from parents to their children (Campo & Rohner, 1992). Positive emotion and behavior raise children with a feeling of security, optimism about the world, positive self-esteem, and good resilience power (Campo & Rohner, 1992). On the other hand, parental negative emotion and behavior grow children up with the feeling of abandonment, pessimism about the world, lack of self-worth, and poor emotional management skills (Donoghue, 2010).

The personality sub-theory analyzes mainly personality and emotional repercussions or outcomes of experiencing acceptance and rejection from father and mother (Rohner et al., 2012). This theory stated that human being has a basic psychological requirement for positive emotional stimulation and response, and this response is a strong motivator for the development of a person (Donoghue, 2010) and gives the feeling of belongingness. Getting parental affection is one of the fundamental motivations for a human being (Morgan, 2004). According to Rohner et al. (2012) a child's feeling of mental security depends on the condition of the attachment with his or her father and mother. Therefore, due to parental rejection, the mental world of a child can be devastated. Experiencing rejection from parents has a negative influence on personality and in life. Aggression, profound anger, depression, personality disorder, impaired self-esteem, identity

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

crisis, emotional dysregulation are the effects of parental rejection when basic psychological needs are not met and when children grew up experiencing parental rejection. Experiencing parental rejection from parents, strong negative perspectives regarding self, others, and the world is formed in individual.

Following the parental acceptance-rejection personality sub theory, rejections from father and mother or other significant bonds also brought out other personality complications like dependence, aggression, anger, or other emotional problems (Rohner et al., 2009). These features are awaiting to arise due to deep emotional torment because of experiencing rejection (Rohner et al., 2009). Sometimes rejected victims can disconnect mentally to guard themselves and consequently they turn to be mentally unresponsive and contrarily, due to all emotional pain and suffering, rejection makes some people turn themselves to be independent, as self-defense which can be healthy or unhealthy (Rohner et al., 2009).

According to parental acceptance-rejection personality sub theory, rejection makes children's self-esteem low as their personality is formatted with the negative self-image, self-acceptability and they see, interpret and conduct everything around them emotionally unhealthy ways (Rohner et al., 2009).

Most of the perceived acceptance and rejection are symbolic and the accepting-rejecting behaviors seem worldwide to express the representational meaning that “my attachment figure loves me or rejects me” (Khaleque & Rohner, 2011). So it is necessary to see whether in Bangladeshi culture parental rejection make any influence to develop psychological problems like BPD, if so which types of parental behaviors perceived as rejections, are more related to BPD and how perceived parental rejection make influences to the development of BPD? For exploring the fact the present researcher follows the theoretical framework of Parental

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

Acceptance Rejection (PAR) Theory. Worldwide many researches have been done which were supported by the PAR theory particularly personality sub theory.

### *Research-based on PAR Theory*

Worldwide one meta-analytic study of 43 pieces of research of 15 nations gave supports to PAR Theory's claim about the relation between the memories of adults' acceptance-rejection from parents during their childhood and present-day emotional adjustment of them (Khaleque & Rohner, 2002a). Another meta-analytic review of 17 pieces of research including 3,568 adults from 10 nations also supports the PAR theory and revealed that individuals' mental adjustment tends to plan culturally to differ in a straight line with their recollections of maternal and paternal acceptance during childhood (Rohner & Khaleque, 2010). One study in Bangladesh by Uddin et al. (2014) revealed that perceived acceptance from mother and father were considerably associated with a child's mental regulation. Another study on "Perceived Parental Rejection, Psychological Maladjustment, and Borderline Personality Disorder" by Rohner and Brothers (1999) indicated that individuals with BPD perceived more rejection from their father than their mother, and their mental maladjustment was considerably higher than the control group as suggested by PAR Theory.

By applying the PAR Theory, long ago a study explored that there is a link between rejection of parents, emotional regulation, and abuse of a substance (Campo & Rohner, 1992). They found that the ratio of abuse of the drug is markedly higher among the people who have the experience of rejection from father and mother in childhood and they are also more damaged psychologically at their present-day adaptation (Campo & Rohner, 1992). One research, in Colombia and Puerto Rica, explored and specified that the memory of acceptance from father and mother influences the acceptance of partner and emotional adjustment in women (Nunez &

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

Alvarez, 2008). Another study investigated the memory of love and rejection from parents of adolescents regarding their pattern of humor and individual contentment and found that the parental acceptance and rejection incline to form a definite pattern of humor that attributes to personal well-being afterward (Kazarian et al., 2010). In a report, in Ukraine, it has also been found that where the ratio of parental acceptance is high, the ratio of emotional adjustment is high, among students (Cournoyer et al., 2005).

The personality sub-theory refers that the parental acceptance-rejection has a deep impact in sculpting individuals' personalities throughout the growth of their life (Khaleque, 2015). One study has wanted to get the measure of whether the experience of acceptance-rejection from parents is linked to a specific constellation of emotional features in children and grown-ups (Khaleque & Rohner, 2004). By using personality sub-theory, from a meta-analysis of cross and intra-cultural works, it has been evaluated that there is a particular set of personality features with maladaptive emotional development based on the experience of acceptance and rejection from parents in children and grown-ups everywhere around the world (Khaleque & Rohner, 2004). One research, in Cypriot young men, on antisocial nature presume that a person's total emotional adjustment can be speculation of anti-social conduct in the manner of racist prejudice in specified inhabitants (Demetriou & Christodoulides, 2011) and it affirms the speculations of personality sub-theory that a good mental functioning of adulthood lies in the experience of acceptance from main nurturers in childhood (Demetriou & Christodoulides, 2011). According to personality sub theory, rejection develops children's self-esteem low as their personality is formatted with the negative self-image, self-acceptability and they see, interpret and conduct everything around them emotionally unhealthy ways (Rohner et al., 2009).

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

### *The Perspective of Cognitive Behavioral Theory (CBT)*

The second qualitative phase of the present research is partially framed by cognitive behavioral perspectives, as the existing theory of CBT is not enough to understand the influence of parental rejection on BPD development. Cognitive Behavioral Theory (CBT) states that our cognition outlines our feelings and behavior (Parvez, 2019). At the core of this approach lies that human thoughts, emotions, and feelings are the foundations of their behaviors. CBT also clarifies how our thoughts, emotional states, and behaviors interact with each other (Parvez, 2019). According to the cognitive-behavioral perspective, there is a five-factor model that includes situation, thoughts, feelings, physical reactions, and behaviors (Branch & Willson, 2006). These five factors are linked to each other by following one step to the other (Branch & Willson, 2006). CBT mainly emphasis explaining that how thoughts regulate our feelings which further regulate our physical reaction and behavior or activities. Thoughts generally come from certain events or situations. Individuals' reactions to a certain situation depend on how they perceive or think about the situation. The focal point of the cognitive-behavioral perspective is the thinking process and behavioral outcome of individuals and the correlation between them. Besides it focuses on the emotion and feelings of an individual. In this perspective, early experience is important because it influences human behavior (Skinner et al., 2012). It puts stress on the interconnection between the environment and human response by behavioral outcome (Skinner et al., 2012). The present study also wants to explore how parental rejection make influences the development of BPD. In that respect to see the psychological process of BPD development in the individual due to perceived parental rejection, the present researcher wanted to see which behaviors or reactions of parents are perceived as rejection by their offspring and how these perceptions and thought make them emotionally and behaviorally vulnerable to develop BPD

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

symptoms. For that reason, the in-depth interview topic guide was framed by the cognitive-behavioral perspective.

Cognitive therapy is one of the constituents of CBT stated that experiencing being abused, rejected, and criticized can form an individual's negative perception about self, the world, and the future (Parvez, 2019) that influences to the creation of negative emotions and behaviors. It is similar to PAR Theory which anticipate that people who perceived themselves experienced parental rejection might develop inaccurate mental images about self, significant others, and about the world in everywhere (Rohner, 2004). These inaccurate mental images formed by perceived parental rejection may develop their personality with negative emotional and behavioral components (Khaleque, 2015).

The present study wanted to see the process of BPD development through cognitive, emotional, and behavioral changes as the consequences of parental rejection. For that reason cognitive behavioral theory is used only for making topic guide of the in-depth interviews. In this way, both PAR theory- personality sub theory, and partially cognitive behavioral theory were used as the conceptual framework of the present research. For instance existing theory of cognitive behavioral viewpoint do not fully explain the mental process about how the complex BPD features arise and also could not explain what things would made an influence on BPD development and how they related to each other. That's why from the clinical experience of the researcher it was observed that solely CBT cannot help BPD patients for treating their complicacy. So that the present researcher wanted to know what exactly influence BPD and how could it develop. For that reason present researcher applied grounded theory method, to take participants own perspectives and to explore the related entities that influence BPD and to build a theoretical model from the real BPD patients for making a data driven theory.



## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

Previous research was also applied grounded theory method along with theoretical framework. Mitchell (2014) stated that, “I decided that a constructivist GT approach and using a theoretical framework was appropriate for exploring the research question” (As cited in Mitchell, 2014, p- 4). Mitchell (2014) also establish that using theoretical framework in Grounded theory methods delivered a focused enquiry of the lived experiences of participants’, although permitted for other refrains to arise (Mitchell, 2014). However grounded theory method using theoretical frameworks could be the most genuine and realistic method of GT research to qualitative research if the researcher acknowledged its practicality and spread its contributions in different academic arenas (Mitchell, 2014, p- 9).

### **Significance of the Study**

In western countries, very few studies have been demonstrated conclusively that there is a relationship between parental rejection and BPD. However, as per the researcher's knowledge, no previous study addressed the process of how parental rejection influences BPD. In that respect, present research might help to gain a comprehensive understanding of the influence of perceived parental rejection on BPD.

Moreover, it would be the first research addressing about perceived parental rejection and BPD in Bangladesh. Through this study, the researcher might find out some deep-rooted psychosocial risk factors of borderline personality disorder in Bangladesh perspectives.

Furthermore, the researcher also aimed to develop a theoretical model about the development of BPD due to perceived parental rejection, which might help to understand how perceived parental rejection can influence BPD, which might help to enrich the clinical knowledge of therapists who deal with BPD. So that they would better understand their BPD client and their parental behaviors that makes them distress.

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

Another significance of this study is most of the previous research on BPD regarding parenting issues carried on through quantitative methods and very few used qualitative methodology alone. As per researcher knowledge in this topic no research had been done through a mixed-method approach that gives a complete understanding of the phenomena. By using an explanatory sequential mixed methods design, the current research study contributes to the field by examining quantitatively the relationships between parental rejection and BPD. Additionally, the qualitative analysis in this study allows for a better understanding of the process of how parental rejection influences the development of BPD. As qualitative data was analyzed through the grounded theory method, thus it aimed to develop a theoretical model regarding the BPD development due to parental rejection, from the grounded data of this research. Thus this study might contribute to the academic field of mental health by exploring the deep-seated psychological process of developing BPD due to parental rejection. As well as it could help to address the current shortage of research in this area and provide practical value to the clinical practice of the clinical psychologist who deals with BPD.

As BPD is causing significant impairment and subjective distress, the disorder received extensive clinical attention and the disorder had broadly studied than any other personality disorder worldwide. Despite these efforts, patients with BPD continue to suffer considerable morbidity and increased mortality compared to common people (Bender et al., 2001). It is known that treating BPD is too difficult and the outcome of treatment of BPD is still not satisfactory. According to Sanislow and Mc Glashan (1998) a borderline personality disorder is a tag that, once received, is tough to recover. Studies of outcome analyses indicated that after 2–3 years of treatment of BPD the outcome are at best a little bit effective (Tucker et al., 1987; Perry & Cooper, 1985). It was found that, though the person with BPD receives a lot of psychosocial

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

management and pharmacotherapy, there is a severe deficiency in overall satisfaction, work, general functioning and social adjustment (Skodol et al., 2002). The present researcher, therefore, felt that interventions should be developed of a preventative nature.

As it was reviewed from the literature that BPDs are more likely related to perceived parenting behaviors, the present researcher explored the lived experience of BPD patients about their parents that helped to find out the exact nature of perceived parental rejection in the context of Bangladesh. Findings would help understand the BPD individuals and prevent the parent from behaving in that manner which is perceived as a rejection to their offspring. It is assumed that it will foster good parenting for the well-being of the future generation. Using the references it is possible to establish appropriate parenting training to minimize parental rejection and disseminate it through government and non-government organizations for the betterment of our nation.

It is known that every individual plays a vital role to his or her family, society, and then for the country which is reliant on a person's well-being, as well as on his or her personality. Thus having a personality disorder like BPD, the productivity of an individual and their family members would be decreasing. It may become a social burden. It is assumed that through these findings by identifying the risk factors of BPD on perceived parental rejection issues, the present researcher might aware the parents and in future might offer some sort of preventive measure in respect of impending development of BPD.

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

### **Research Objectives**

General objective of this study:

To understand the influence of perceived parental rejection on the development of BPD (Mixed method design)

Specific Objectives:

1. To determine if there is any relationship between perceived parental rejection and Borderline Personality Disorder. (Quantitative phase)
2. To determine the degree of influence of perceived parental rejection on BPD. (Quantitative phase)
3. To assess what types of behavioral features of perceived parental rejection are related to BPD (Among unaffectionate, hostile, neglectful and Undifferentiated rejection of PARQ-Mother and Father Scale scores). (Quantitative phase)
4. To understand the subjective experiences of parental rejection of individuals with BPD. (Qualitative phase)
5. To explore the different behavioral patterns of perceived parental rejection that influence BPD. (Qualitative phase)
6. To explain the psychological process of how perceived parental rejection influences BPD. (Qualitative phase)
7. To develop a theoretical model based on grounded data about how perceived parental rejection influence to develop BPD (Qualitative phase)

**CHAPTER 2.**  
**METHOD**

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

### **Method**

The purpose of this research was to understand the influence of parental rejection on the development of Borderline personality disorder through the lens of Rohner's parental acceptance-rejection theory of personality sub theory and the cognitive-behavioral perspectives of human behavior for exploring the psychological process about how parental rejection influence to develop BPD by using an explanatory sequential mixed methods design. This chapter outlines first the research design then the participants and setting, study materials, data collection procedures, and finally the data analysis techniques of both quantitative and qualitative approaches.

### **Research Design**

An Explanatory sequential Mixed-method design has been applied in this study. In general, to investigate the same underlying issue in a single research, mixed methods research involves collecting, analyzing, and interpreting both quantitative and qualitative data (Leech & Onwuegbuzie, 2009). The purpose of using this design was to improve the strength and reduce the weaknesses of both quantitative and qualitative approaches in this study and to gain a complete, comprehensive picture of the present research problems.

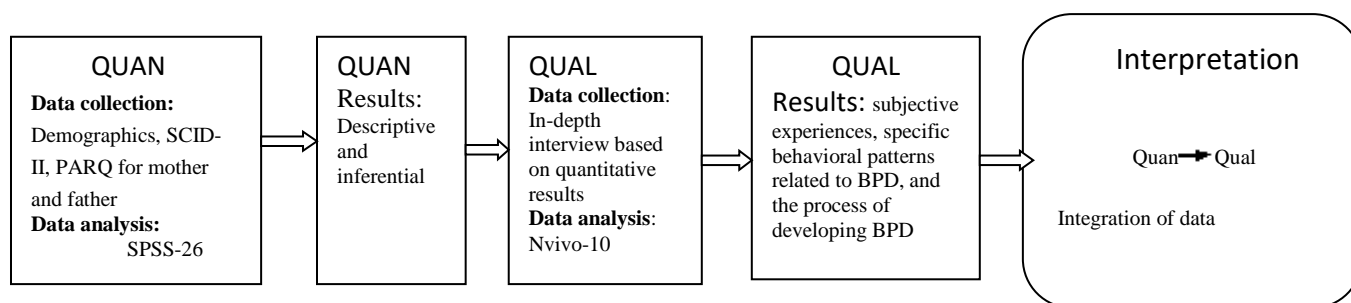
Explanatory sequential mixed method design was characterized as a two-phase project in which quantitative data has been used as the source of building qualitative data. The qualitative data selection process was guided by the quantitative results that assisted the researchers in precisely identifying relevant data for this research project. It was a strength of this method. It

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

was easy to implement and using this method the focus of the research could be maintained and one set of data was constructed upon the other.

**Figure 2**

*Explanatory Sequential mixed methods design in this study (Creswell & Plano Clark, 2007)*



In explanatory sequential mixed methods design, the collection and analysis of quantitative data occurred first then qualitative data collection and analysis was taken place.

In this research equal priority has been given to both quantitative and qualitative phases as both approaches address the different set of questions broadly related to the present research topic to gain a complete picture of the study problems. Through the quantitative approach, it first determines the problem whether it exists in this particular context that meant according to the research objective whether there was any relationship between parental rejection and BPD in the context of Bangladesh. As well as through quantitative method it would determine the nature of the relationship between parental rejection and BPD. After analysis of quantitative data the researcher would get quantitative results and from that to know the process about how parental rejection related to developing BPD, the researcher selected the participants for the qualitative phase who were perceived moderate to severe rejection from their parents. In this way quantitative phase was the foundation to know the existence of the problem and then to know the subjective experience and the process, qualitative phase was also equally needed.

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

Through the second qualitative method, exploring the subjective experience and the behavioral patterns of parental rejection and also the process of how perceived parental rejection influence the development of BPD by interviewing a standard amount of participants that needed in a grounded theory method of qualitative approach. Through the grounded theory method of qualitative approach, the researcher also could form a theoretical model which might explore a deep-rooted psychological process of developing BPD due to parental rejection. In this way, both quantitative and qualitative methods used in the present mixed method design were equally important.

The primary focus of the qualitative phase was to explain quantitative results by exploring certain results and answering some of the research questions related to the present study topic in more detail. Through the qualitative approach, a researcher could explain the unexpected results also.

As this study was employed an explanatory sequential mixed methods design (Creswell & Clark, 2011) it involved collecting quantitative data first. In the first phase, quantitative data collection and analysis was done, the researcher applied a survey questionnaire on the participants suffering from BPD to assess the relationship between perceived parental rejection and BPD. After completing the data collection, data were analyzed.

After the analysis, the second phase was initiated. The second phase was the qualitative data collection and analysis phase. In this phase, the researcher explored the subjective experience of parental rejection and tried to explore the behavioral features of parents perceived as parental rejection that influence BPD. The present researcher also wanted to explain the psychological process of how perceived parental rejection contributed to developing BPD. For



## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

this purpose researcher initiated the qualitative phase with a grounded theory approach through in-depth interviews.

Grounded theory is a worthy design for the formation of a theory or model to explain how individuals were undergoing an incidence (Creswell, 2007). In this present study, 22 participants were collected from the quantitative phase for the in-depth interview as qualitative data who were suffering from BPD. Most of the collected qualitative data or participants got high scores in parental rejection in respect of the parental acceptance-rejection questionnaire. For theoretical sampling participants with different levels of parental rejection were also collected. For this purpose outlier data from the quantitative phase was also selected purposefully for an in-depth interview. After completing the qualitative data collection, data were analyzed through open coding, axial coding and selective coding. In the mixed methods analysis the researcher analyzed the quantitative and qualitative data to help explain the results.

It is understood that the mixed method was the best-fitted research approach for the present study. Because in mixed methods approaches conjoining diverse data sets improves transferability, practical implication, and generalizability (Onwuegbuzie & Leech, 2004). According to Mason (2006) for producing new ways of understanding the experience of contexts and enhancing the abilities for generalization and explanation, mixing methods offers enormous potential.

### **Participants and Settings**

#### *Participants and Settings for Quantitative phase*

In the first quantitative phase, to determine the relationship between parental rejection and BPD, 40 male and female adult participants with a diagnosis of BPD were collected

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

purposefully from the outpatient psychiatric department of three major government hospitals, one autonomous medical university, and one private clinic- such as Dhaka medical college and hospital (DMCH), Sir Salimullah medical college and hospital (SSMCH), National Institute of Mental Health (NIMH), Bangabandhu Sheikh Mujib Medical University (BSMMU), and Prottoy medical clinic (PMC) of Dhaka, Bangladesh. But Due to Covid-19 restrictions, when BPD patients were rarely coming to the hospital settings, from the total 40 survey data 17 data were collected through an online platform. The age of the participants were 18 years to 46 years. Their educational qualification was literate to post-graduation and they were belonged to lower to upper socio-economic class.

### *Sample size estimation for Quantitative phase*

To calculate the minimum sample size for the quantitative phase of this study the researcher used the following formula:

$$n = Z^2pq/d^2$$

Where

n = the desired sample size

Z = the standard normal deviate usually set at 1.96 which corresponds to the 95% confidence level

p = the proportion of the target population estimated to have a particular characteristic.

q= 1-p,

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

$d$ = degree of accuracy desired, usually set at 0.05 (Araoye, 2004, as cited in Ogunjipe et al., 2014).

For this research  $Z= 1.96$ ,  $p= 0.015$ . As there was no study in Bangladesh about the prevalence of BPD, the present researcher tried to estimate the approximate proportion of the target population according to some relevant findings. According to Tomko et al. (2014) the prevalence rate of BPD was 2.7% in the USA. Winsper et al. (2020) found that the prevalence rate of cluster B personality disorders like BPD in lower- medium-income countries was 1.5%. A recent study in Bangladesh on "Psychiatric Morbidity among the Patients Attended in a Psychiatric OPD in North East Part of Tertiary Level Hospital of Bangladesh" revealed that among the 304 patients BPD patients were 3.6% in a psychiatric OPD (Islam et al., 2020). So because of comparative higher prevalence among the globe and according to the clinical practice of the researcher, considering the increasing referral of BPD at the hospital settings in Bangladesh, the researcher decided that the prevalence of BPD in Bangladeshi population be 2.5% for minimum sample size estimation.

So minimum sample size estimation for this study would be:

$$q= 1- 0.025 \text{ and } d= 0.05.$$

Now  $n= (1.96)^2 * .025*(1-0.025)/(0.05)^2 = 37.455$ . As these types of respondents are very unpredictable, they may drop out before finishing the whole task. For that reason researcher targeted more than the minimum sample size and selected 40 participants of BPD. These cases were diagnosed by the psychiatrist following DSM-V criteria.

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

### *Participants and settings for the Qualitative phase*

In the qualitative phase, 22 male and female respondents were selected purposefully from the quantitative phase. Several researchers recommended that 20 to 30 interviews be needed for grounded theory studies as rules of thumb for sample size determination (Warren, 2002; Marshall et al., 2013; Creswell, 2013). However, Corbin and Strauss (2015) suggested that for theoretical saturation at least five interviews containing one hour of each interview are needed in grounded theory research. As the researcher used the grounded theory method for addressing the research questions in the qualitative phase, she took 22 participants for interviews for getting saturation. Participants with BPD, who got high scores on the parental acceptance-rejection questionnaire and who had agreed to participate in the in-depth interview, were collected for the second phase to explore the subjective experience of perceived parental rejection. For theoretical sampling data with different levels of parental rejection were collected later. Due to Covid-19 restrictions, 10 interviews were conducted online through the Zoom meeting platform and 12 were conducted face to face. Face to face interview data was collected from psychiatric outpatient departments of three major government hospitals: Dhaka Medical College Hospital (DMCH), Sir Salimullah Medical College and Mitford Hospital, and National Institute of Mental Health (NIMH), one autonomous medical university: Bangabandhu Sheikh Mujib Medical University (BSMMU), and one private clinic: Prottoy Medical Clinic Ltd. The age of the participants of the qualitative phase was from 18 years to 46 years old. Their educational qualification was primary to post graduation and they would belong to lower to upper socio-economic class.

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

**Inclusion criteria for both phases.** Physically fit and adult patients suffering from BPD were included in this study.

**Exclusion criteria for both phases.** Age less than 18 years old, medically severe ill, illiterate person, BPD patients with a bipolar mood disorder, schizophrenia, and active drug users were excluded from this study.

### **Study materials**

#### ***Measures for Quantitative Phase:***

Following Instruments were used in the quantitative phase:

**Demographic questionnaire.** A demographic questionnaire was given to get the personal demographic information of the participants like age, sex, educational qualification, marital status, socioeconomic status, etc.

**Structured Clinical Interview for Diagnosis-II (SCID-II).** SCID-II BPD scale was used to determine that the participants had suffered from BPD. It is a semi-structured interview for making DSM-IV Axis II: Personality Disorder diagnosis (SCID-II originally developed by First et al., 1997). The SCID-II borderline scale is a semi-structured nine-item clinical interview on which the individual is asked a question or series of questions about each item and rated on a scale of 1 to 3 based on their answers, where 1 specifies that the condition is absent, 2 specifies the condition is present but is subthreshold and the condition is present specifies by 3 (First et al., 1997, as cited in Huprich et al., 2015). SCID-II scale for BPD scores ranges from 0-9, with higher scores representing a greater number of symptoms present and consequently, more severe

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

forms of BPD. Scores of 5 or above indicate a diagnosis of BPD. To administer the instrument of SCID II BPD scale approximate average time from ten to fifteen minutes was required per individual participant. Structural assessment of axis II pathology employing SCID II is an important feature for valid and reliable pathology assessment in clinical practice and research and the kappa value of axis II for BPD diagnosis is 0.91 (Lobbestael et al., 2011). Lobbestael et al. (2011) found that the Intra class Correlation Coefficients (ICCs) for the nine symptoms of the SCID-II-BPD section were all excellent, ranging from 0.89 to 0.97, and ICCs values for total scores was .95 for BPD. Among the SCID-II PD items, Borderline PD items were satisfactory on convergent validity, divergent validity, relation to general personality traits, and association with functional impairment (Andrew et al., 2007). The SCID-II is both valid (Ryder et al., 2007) and reliable (Lobbestael et al., 2011), making it suitable to be used as a diagnostic tool in research.

**Adult version of Parental Acceptance-Rejection Questionnaire (Adult PARQ).** The Adult PARQ originally developed by Rohner (1990) and translated and standardized by Jasmine et al. (2007) is a 60-item self-report questionnaire, where adult participants were asked to respond to the questions about acceptance-rejection which were experienced by them from their parents when they were children. The PARQ consists of four scales: (1) perceived warmth/affection (e.g., "my mother /father used to say nice things to me"); (2) perceived hostility/aggression (e.g., "my mother /father gave me severe punishment when they were angry"); (3) perceived indifference/neglect (e.g., "my mother/father did not give me any importance if I wanted any help from them"); (4) perceived undifferentiated rejection (e.g., "I thought my mother /father did not like me"). Individuals were asked to respond to these items on a four-point, Likert-like scale ranging from "almost always true" to "almost never true." A total score of the scale provides an overall measure of perceived parental acceptance-rejection gained

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

by summing the four scale scores after reverse scoring the warmth/affection scale score. Scores on the PARQ range from a low of 60 that reveals the maximum perceived acceptance to a high of 240 which reveals the maximum perceived rejection. The scores 150 or above reveal more than high parental rejection (Rohner et al., 2008). According to Khaleque and Rohner (2002) the PARQ adult is reliable for clinical and research purposes internationally. More specifically, across all national and socio-cultural sets of the world, the mean weighted alpha coefficient for the Adult PARQ was .95 (Khaleque & Rohner, 2002). There was widespread proof about the construct, discriminant, and convergent validity of the adult PARQ (Rohner, 2005). There were two adult PARQ scales: One is PARQ for father and another is PARQ for mother. The present researcher applied both of the two scales to the participants of this research who were suffering from BPD.

**Adult version of Parental Acceptance-Rejection Questionnaire for Father (PARQ-F).** As a survey questionnaire adult version of the Parental Acceptance-Rejection Questionnaire for the father (Adult PARQ: Father; originally developed by Rohner (1990) and translated and standardized by Jasmine et al. 2007) had applied to the participants who have suffering from BPD. The participants with BPD were instructed to read the items of PARQ for the father scale attentively. They were asked to give a tick (") mark in the appropriate box that was the suitable answer for them. There were four alternative answers. The participants got a score of 4 for the tick mark of Almost always true, 3 for Sometimes true, 2 for Rarely true, and 1 for Almost never true in the case of positive items of the scale. In the case of negative items, reverse scoring was made. The total of the scores of the scale provided the paternal acceptance or rejection score of a BPD participant. The participants were also asked not to overlook any item in the questionnaire and assured that there was no right or wrong answer. The sum of scores of all items was the total

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

score of the scale for an individual. To administer the instrument of PARQ-F approximate average time from ten to fifteen minutes was required per individual participant. Sub-scale scores were also calculated according to the scoring manual of the PARQ and these were labeled PARQ-F lack of Warmth, PARQ-F Hostility, PARQ-F Neglect, and PARQ-F Undifferentiated Rejection, with the F signifying Father form. According to Jasmine et al. (2007) Severity categories of the scale scores were also identified depending on total scores: 60 to 120 characterized "parental love"; 121 to 139 signified "increasing rejection"; 140 to 149 represent "high rejection; 150 and above represent "significantly more rejection". The split-half reliability coefficient of the Adult PARQ scale for father was found .94, Cronbach alpha reliability coefficient of this scale was found .95, and criterion and construct validity of this scale were satisfactory (Shahid et al., 2009).

**Adult version of Parental Acceptance-Rejection Questionnaire for Mother (PARQ-M).** As a survey questionnaire adult version of the Parental Acceptance-Rejection questionnaire for the mother (Adult PARQ: Mother; originally developed by Rohner (1990) and translated and standardized by Jasmine et al. 2007) was also applied to the participants who were suffering from BPD. The participants with BPD were instructed to read the items of PARQ for the mother scale attentively. They were asked to give a tick (") mark in the appropriate box that was a suitable answer for them. There were four alternative answers. The participants got a score of 4 for the tick mark of Almost always true, 3 for Sometimes true, 2 for Rarely true, and 1 for Rarely true in the case of positive items of the scale. In the case of negative items, reverse scoring was made. The total of the scores on the scale provided the maternal acceptance or rejection score of a BPD participant. The participants were also asked not to overlook any item in the questionnaire and assured that there was no right or wrong answer. The sum of scores of all items was the total



## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

score of the scale for an individual. To administer the instrument of PARQ-M approximate average time from ten to fifteen minutes was required per individual participant. Sub-scale scores were also calculated according to the scoring manual of the PARQ-M and these were labeled PARQ-M Warmth, PARQ-M Hostility, PARQ-M Neglect, and PARQ-M Undifferentiated Rejection, with the M signifying Mother forms. According to Jasmine et al. (2007) severity categories of the scale scores were also identified depending on total scores: 60 to 120 characterized "parental love"; 121 to 139 symbolized "increasing rejection"; 140 to 149 characterized "high rejection"; 150 and above symbolized "significantly more rejection". Split half reliability coefficient of the adult PARQ scale for the mother was found .89, Cronbach alpha reliability coefficient of this scale was found .92, and criterion and construct validity of this scale was also satisfactory (Shahid et al., 2009).

### *Measures for Qualitative Phase*

**In-depth interview.** An open-ended semi-structured in-depth interview was applied for exploring the subjective experience of perceived parental rejection that influences BPD in Bangladesh perspective. An in-depth interview had also taken to explain how parental rejection influences BPD. To make a semi-structured interview question a topic guide was followed. For making the topic guide for the semi-structured interview researcher's lens as a clinical psychologist was used for exploring the underlying psychological process of BPD development as the consequence of parental rejection through the cognitive-behavioral perspective of human behavior. The average duration of each in-depth interview was one hour to one and half hours. All interviews were audio-recorded and the interviewer took hand notes of the interviews.

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

**Topic guide.** The researcher made a topic guide to guide the semi-structured questionnaire. Before conducting the interviews, the topic guide was pre-testing four participants to test their applicability. The original topic guide had a total of 30 questions and it was found that the participants could not understand four of the questions of the topic guide properly. Based on that, the topic guide was finalized with 26 questions and later used for the main research. As a clinical psychologist and also as a CBT practitioner the researcher made the topic guide through the lens of cognitive-behavioral perspective of human behavior. In this topic guide, the semi-structured questionnaire was open-ended and there were questions to explore the participants' thoughts, feelings, physical reactions, and behavior when they were facing parental rejection. There were questions to know about the context of parental rejection in the topic guide. Through the topic guide, researcher wanted to explore the subjective experience of perceived parental rejection of BPD participants. As well as tried to find out the specific behavioral features of parents which were perceived as rejection to the BPD patients. The researcher also wanted to understand the psychological process of BPD development through the questions of the topic guide which were grounded in data.

**Audio- recorder.** All face-to-face interviews were recorded over the mobile phone through the google play recording system and all online interviews were recorded through the zoom meeting recording system.

### *Supplementary methods*

Three additional methods were used for improving the accuracy and richness of the information collected through in-depth interviews that were observation, peer debriefing, and member check.

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

**Observation.** As a separate method observation is a very effective method for qualitative study but in this research, no systematic observation method was used. Therefore during the in-depth interview researcher continuously observed the participant's reactions such as facial expression, tone, way of talking, and emotional reaction. During taking hand notes of the interviews the researcher recorded the observation of the participant's reactions that helped the researcher to interpret the data more fruitfully.

**Peer Debriefing.** After completing the transcription of the data, the research team sited several times with all the transcribed data for checking their accuracy by listening to the audio record. Transcribed interviews and audio records of the interviews were also sent to some of the psychotherapy trainees of BSMMU to check the accuracy as they are not involved with the research process. The present researcher did it as a peer debriefing process. Peer debriefing is the procedure of working together with one or more peers for fulfilling a purpose to increase the validity of the research. It could be a neutral and independent person who has no personal interest in the assignment. It includes allowing an unbiased colleague to evaluate and assess the transcripts, methodology, and findings. The researcher used this method to establish credibility in the study (Delve, n. d). In addition, peer debriefing was conducted as the main researcher conducted meetings with the research team and discussed about the data. This helped to improve the data collection process and maximize the validity of the data (Creswell, 2013).

**Member Check.** In qualitative research, it is necessary to verify whether the data accurately represents the experiences of the participants. In the present study, once all the interviews had been conducted, each participant was contacted and a copy of the transcript of their interview was sent to them through email for member checking. Even after several

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

attempts, one participant could not be reached. Only three participants provided some minor corrections which were included in the transcription and then enter the data into Nvivo-10 software for analysis. Therefore, member checks revealed that the data was fairly valid. (Creswell, 2013).

### **Ethical Consideration**

For conducting the present research ethical clearance and certificate were taken from the Ethical Review Committee of Faculty of Biological Science, University of Dhaka, and Ethical Approval committee of the department of clinical psychology, University of Dhaka. Written permission was also taken from the authority of the three government hospitals, one autonomous medical university, and from a clinic as well as from the participants of this study.

The researcher had taken written consent from the participants about the participation of two phases of the quantitative questionnaire survey phase and the qualitative in-depth interview phase. Before responding, a signature of the participants had taken in written consent paper, this included consent for both the quantitative and the qualitative part since participants for the qualitative phase would later be recruited among them. Before taking written consent the researcher has explained the whole process and the purpose of the study to the participants.

The participants were assured that the data would be kept confidential and would be used only for research purposes. For that reason, the researcher used code instead of using participants' names and addresses when inputting the data for analysis, and data were represented as anonymous. For obtaining consent and information from participants researcher ensured the

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

participants to protect their rights, for that it was clear that participants had the right to leave his or her participation anytime from the study, if he/she would felt uncomfortable.

As the researcher collected the sensitive issue of the participants who were suffering from a psychological disorder, there was a chance to get upset when talking about their past negative experiences. Therefore to minimize the risk researcher played a therapeutic role from where participants got the opportunity for providing their information with minimal sensitivity. But researcher also had a plan for the risk management of the participant. Many of the participants had enormous emotional reactions when answering questions. Quite a few of them reported that they felt better after having attended the interview as it provided them a much-needed space for ventilation. Two of the participants who became extremely vulnerable were provided further therapy sessions at the earliest possible schedules by the researcher. Those who were not already attending therapy were referred to the different psychotherapists to attend psychotherapy sessions. By doing all those things the researcher strictly maintained the ethical issues of the present study.

### **Data collection procedures**

The quantitative and qualitative data collections of the present research were started on April 2021 and completed on September 2021.

There were two phases in this mixed-method research.

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

### *Quantitative phase*

In the first Quantitative phase, a total of 40 participants were collected purposefully for this study. Due to Covid-19 restrictions, 17 data were collected online and 23 were collected face to face from the outdoor psychiatric department of three government hospitals, one autonomous medical university, and from a private clinic, such as Dhaka Medical College Hospital (DMCH), Sir Salimullah Medical College hospital (SSMCH), National Institute of Mental Health (NIMH), Bangabandhu Sheikh Mujib Medical University (BSMMU) and Prottoy medical clinic (PMC) situated at Dhaka, Bangladesh. Data were collected by the researcher and the research team. The research team consisted of a researcher and five research assistants. The research assistants consisted of four trainee clinical psychologists (one collected data at DMCH, one at SSMCH, and two at NIMH) and one PGT psychotherapist (collected at BSMMU). The researcher herself collected data at BSMMU and PMC. The research team was trained by the researcher in conducting data collection, including administration of the SCID-II BPD questionnaire and undertaking in-depth interviews. After training, by the research team, a prior study was conducted to see the feasibility of this research. Then after getting permission from the ethics committee researcher and research team contacted the potential participants and obtained informed consent from the participants from the respective department of the hospital. This included consent for both the quantitative and the qualitative part since participants for the qualitative phase would later be recruited from them. Before data collection, written permission was taken from the authority of the respective hospitals and clinic. Only the individuals who were suffering from BPD and diagnosed by psychiatrists following DSM-5 criteria were collected as the present study participants. After taking the participant's written informed consent the researcher applied the Structured Clinical Interview SCID-II, BPD questionnaire for

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

assessing BPD to confirm the diagnosis and obtain severity scores. For administering the SCID II BPD questionnaire it took fifteen to twenty minutes. Besides this in the first quantitative phase, several types of questionnaires were applied. After completing the SCID II BPD questionnaire, a demographic questionnaire was given to the respondents to collect their personal information, like age, sex, educational qualification, marital status, and socio-economic status, etc. Before applying the demographic questionnaire SCID II BPD questionnaire was applied because if the participant did not meet the criteria of BPD in the SCID II for BPD questionnaire then he or she would be excluded from the present study. After completing the SCID-II and demographic questionnaire, the adult version of the Parental Acceptance-Rejection Questionnaire for father (PARQ-F) and adult version of Parental Acceptance-Rejection Questionnaire for mother (PARQ-M) were applied to the participants suffering from BPD to examine the relationship between parental rejection and borderline personality disorder. For administering the demographic and two questionnaires of PARQ-F and PARQ-M it took 25 to 30 minutes. For the collection of the 17 quantitative data online, contact numbers of patients diagnosed with BPD were collected from psychiatrists, resident doctors, and trainee clinical psychologists working at Dhaka Medical College Hospital (DMCH), Sir Salimullah Medical College hospital (SSMCH), National Institute of Mental Health (NIMH), Bangabandhu Sheikh Mujib Medical University (BSMMU), and Prottoy medical clinic. Before providing the contact numbers of the participants, the psychiatrists and the other professionals had obtained verbal consent from the patients about sharing their information with the researcher. Once their contact numbers were obtained, they were contacted by the research team over the phone. The researcher and research team at first took their verbal consent about the participation of quantitative and qualitative phases and collected their WhatsApp number. After obtaining consent, the SCID-II questionnaire was administered to

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

them to ensure their BPD diagnosis and obtain severity scores through WhatsApp and zoom meetings. Once a diagnosis was ensured, participants were provided with a Google Form link to their WhatsApp number. Through this google form, they first gave consent by giving tick marks in the consent form of google form. Then they completed the demographic questionnaire, PARQ-F, and PARQ-M questionnaires on online in the google form. Once all face-to-face and online data were collected, they were analyzed and the results for the quantitative part were finalized. After getting the quantitative results, participants were selected for the second qualitative phase.

### *Qualitative phase*

Total 22 participants were selected purposefully for the qualitative phase from the 40 quantitative participants who were suffering from BPD. Participants were selected for the qualitative phase, according to their severity of rejection with extreme cases, outlier cases, and demographic variation. The participants were contacted for the qualitative phase using the phone numbers that they had already provided. During the first contact, the researcher took participants' written informed consent about the quantitative survey phase and the qualitative interview phase, and for that reason, they took all participant's contact numbers and they were agreed to participate in both phases. They were selected for in-depth semi-structured interviews according to the severity of rejection. Most of the participants had severe rejection but for the theoretical sampling, the researcher included the BPD participants who had moderate to higher rejection with maximum variation including age, sex, educational qualification, marital status, etc. Due to Covid-19 restrictions, in the qualitative phase, 12 interviews were conducted face to face and 10 interviews were conducted online. Participants were collected purposefully for the qualitative



## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

phase for in-depth interview to understand the subjective experience of perceived parental rejection and explore the behavioral features of parents that created perceived parental rejection that influences BPD. The same in-depth interview was taken to explain also the psychological process of how parental rejection influences the development of BPD. After finalizing the quantitative result and selecting participants for the qualitative phase, the researcher called the selected participants for coming to the previous setting where survey data were collected. Most of the patients agreed to come but 2 participants denied participating in in-depth interviews though they gave written consent before. Some of the patients agreed but for Covid 19 situation could not come in the hospital settings. Therefore they agreed to give interviews online. Face-to-face interviews were taken at the psychotherapy room of the respective hospital such as from DMCH, SSMCH, NIMH, BSMMU, and PMC. In the case of the online interview as their contact numbers were obtained before, they were contacted by the research team. Some of them already took participation online during the quantitative survey phase. Participants were interviewed online via the Zoom app. For conducting a semi-structured in-depth interview a topic guide was made for guiding the interview. During the in-depth interview, the audio recording was performed with the participant's permission. Each participant was interviewed for an average duration of one hour twenty minutes to two hours and ten minutes. During the interviews, the interviewer took notes besides recording them on audio. Originally, the interviews were designed to be shorter such as from one hour to one and half hours. However, the participants were found to be highly emotional and sensitive and went off-track on many occasions, which is characteristic of BPD patients. This increased the duration of the interviews. For two participants in the face-to-face interview, due to some situational cause (participants had time constrain) researcher had to take 40 minutes interviews that were not satisfactory. For this reason, they

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

were interviewed a second time for another 40 minutes. During the interviews, the data collectors, who were all trained psychologists, played a therapeutic role as well, in respect of rapport building. Many of the participants had extremely emotional reactions when answering questions. Quite a few of them reported that they felt better after having attended the interview as it provided them a much-needed space for ventilation. Two of the participants who became extremely vulnerable were provided psychotherapy sessions at the earliest possible schedules by the professional psychotherapist. Those who were not previously attending any therapy were referred to the different psychotherapists to attend psychotherapy sessions. Through the procedure after completing all the interviews, qualitative data were transcribed and did peer debriefing. After then data were sent for member checking to the participants who had given interviews. After completing the member check procedure the transcribed data were entered in Nvivo-10 software for analysis and data were analyzed through open coding, axial coding, and selective coding according to the grounded theory approach. Because data collection in qualitative research often overlaps with data analysis, the remaining parts would be discussed in the next section.

### **Data Analysis**

#### *Quantitative phase*

The quantitative data were analyzed using the software package of SPSS that is suitable for generalization (Osborne and Costello, 2009). Quantitative data were processed and analyzed by using SPSS 26. Reverse scoring, total scale score, and sub-scales score calculations and severity level computations of PARQ Mother and Father Forms were achieved via software commands. Demographic and research variables were then analyzed descriptively to determine

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

the suitability of specific statistical techniques. Because the SCID-II has three levels and PARQ has four levels of severity, scale properties of the independent and dependent variables do not match. Therefore, descriptive analysis was carried out to determine relationships between diagnosis of BPD and parental rejection. The relationship between the severity of BPD and parental rejection was analyzed statistically. Correlational and regression analyses were carried out between SCID-II total scores, total-scale scores, and subscale scores of PARQ Father and Mother Forms. A few participants skipped certain items on the PARQ F and M, resulting in a small number of missing values. These were replaced using the 'mean of nearby points' method.

### *Qualitative phase*

The qualitative data were entered and analyzed continuously as they were collected. The qualitative data analysis software NVivo10 was used to bring together and enable the management of a huge extent of qualitative data. For the qualitative phase, the audio recordings were transcribed verbatim and the transcripts were imported into the NVivo10 software for creating codes. Some of the qualitative analyses were done by the researcher manually by revisiting the codes imported in Nvivo10 with reading and re-reading of transcribe data (write up the interview from audio recorder) many times. The chosen method of analysis was the grounded theory method. Grounded theory is a qualitative method of data collection and analysis that aims to build a theory "grounded in the data." (Sebastian, 2019). It permits a researcher to find out associations between phenomena, and also to recognize the process by which one affects the other. The main idea is, the theory builds on the data and is free from much external impact from the researcher's preconceptions (Sebastian, 2019). It was an explanation of the process purely as described by the selected participants (Creswell, 2013). The researcher and one research assistant

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

trained in qualitative data analysis had done the analytic approach separately and then functioned together to gain an agreement on codes and categories to confirm the credibility and dependability of the process (Minichiello et al., 2004; O' Reilly et al., 2009). The researcher also did this to minimize the researcher's bias.

**Theoretical Sampling.** The grounded theory begins with theoretical sampling, which refers to a purposive selection of participants who would theoretically be the best sources of information on the subject matter. In the current study, the prime objective was to explain how parental rejection influences BPD. The best participants for such a research problem would be people who had faced high parental rejection in their childhood at the same time have developed BPD. Therefore, persons meeting those criteria were selected from the participants of the quantitative phase. Afterward, participants with moderate parental rejection were also recruited to increase the variability of data and build a more comprehensive theory that can explain a range of experiences instead of only those who faced high rejection. Sample selection was also based on availability. For example, one participant suffering from BPD with severe parental rejection and another with moderate rejection were both contacted for the qualitative phase, but despite having provided consent earlier, they declined to participate in the interview. However, this did not hinder sample selection as other participants with similar levels of rejection were available from the sample pool.

**Data Saturation.** Data collection continued until saturation was achieved. At this point, the researcher observed that no new significant information was being added with the inclusion of more participants. During each semi-structured interview, the researcher also continued the interview till saturation was achieved, that's why each interview took more time.

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

**Validation.** In qualitative research, it is necessary to verify whether the data accurately represents the experiences of the participants. In the present study, once all the interviews had been conducted, the interview data were transcribed and peer debriefing was done. Then each participant was contacted and a copy of the transcript of their interview was sent to them via email for member checking. Therefore, through peer debriefing and member checking it was revealed that the data was fairly valid. (Creswell, 2013).

**Rigor and Trustworthiness.** Rigor was ensured by the purposeful selection of participants who had suffered from BPD and as well as had moderate to severe parental rejection. Trustworthiness was supported by continuous data collection until the same information from the participants was gathered.

**The approach of the Grounded theory method.** Corbin and Strauss's structured grounded theory method was the chosen approach for this study (Corbin & Strauss, 2015). Among the other two approaches, Glaser's approach postulates that in grounded theory, not only should literature review not be done before data analysis, but also that research questions should only be formed after it (Glaser, 1992). It also states that results can only be verified by conducting quantitative analysis afterward in case of exploratory sequential mixed method design, which was conflictual to the design of this study. In the present study, a considerable amount of literature review was necessary to identify gaps in knowledge and arrive at the research questions and study objectives, which was preferred by Corbin and Strauss's approach. On the other hand, Charmaz's constructivist approach puts less focus on systematic rules or steps, thereby making the theory-building process less concrete and replicable (Charmaz, 2006). By comparison, Corbin and Strauss' method is more systematic. It not only permits prior

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

knowledge and literature review to fine-tune research questions and methodologies but also contains a series concrete of steps to reach the final stage of "substantive or formal theory building" (Sebastian, 2019). Strauss and Corbin have formerly acknowledged interpretivism as their ontological inspiration for that reason their approach of grounded theory method named Interpretivist Grounded Theory (Strauss & Corbin, 1994). In this paradigm, they emphasized the individual perceptions because they comprised valuable data for the development of a theoretical understanding (Strauss & Corbin, 1994). They acknowledged that theories could be limited in two ways: (1) "they are always provisional," such that others may disprove the theory's claims; and (2) "theories are limited in the period," such that they are inclined by a certain time or society (Strauss & Corbin, 1994, p. 279 as cited in Sebastian, 2019). Strauss and Corbin's Grounded theory method recognizes that a researcher cannot be fully blind or uninformed to prior literature on their region of research (Holton & Walsh, 2017; Strauss & Corbin, 1990). Therefore such influences positively direct the research focus, data collection, or categorization (Sebastian, 2019). In this grounded theory method, researcher is involved with the study process and actively interprets the data (Sebastian, 2019). In the current study, the steps outlined by Corbin and Strauss were followed to analyze the data. Data were analyzed through open coding, axial coding, and selective coding:

***Open coding.*** The data was first broken down by open coding. In this phase, significant statements related to the study objectives were identified and coded in NVivo10 and each code (called a node in NVivo10) was given a name. After an exhaustive reading of all the transcripts (called sources in NVivo10), open coding was concluded.

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

***Axial coding.*** Axial coding was conducted to find out the relationship between the various nodes derived from open coding. By examining the relationships between them, the large number of nodes obtained from open coding was condensed to form a handful of categories. Due to limited expertise in the use of NVivo10, this process was conducted using the spreadsheet program of Microsoft Excel.

***Selective coding.*** In the final step, selective coding was used to pick out nodes that were most directly linked to the central phenomenon. These nodes were used to build a model of the process explaining how parental rejection influences BPD. This model then served as the skeleton of the grounded theory.

***Memo writing.*** During the coding process, memo writing was undertaken. Each memo was linked to a particular transcript. In these memos, the overall message from a particular source was summarized. Additionally, evolving theoretical impressions were also recorded in memos, which would later serve as important points in the theory-building process.

***Querying.*** Throughout the analysis, querying was performed to isolate and display nodes relevant to each category. For example, to analyze nodes related to hostility, a node query was done by typing in the word hostility in NVivo10. Queries also helped in locating appropriate quotations for each category.

***Constant Comparison.*** Whenever new findings emerged from one source, they were constantly checked against existing categories and all other data to ensure the accuracy of those findings. By using constant comparison, common categories that tied all data together were identified.

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

***Triangulation.*** In the final stage, the quantitative and qualitative findings were combined in interpretation to yield a comprehensive understanding of the subject matter using the "Triangulation" method of explanatory mixed-method research designs that involves comparing quantitative and qualitative data to identify and understand trends, patterns, and discrepancies (Tariq & Woodman, 2010).



**CHAPTER-3****RESULTS**

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

### Quantitative Findings

The objectives of the quantitative part of the study were as follows:

1. To examine if there is any relationship between perceived parental rejection and Borderline Personality Disorder.
2. To determine the degree of influence of perceived parental rejection on BPD.
3. To assess what types of behavioural features of perceived parental rejection are related to BPD (According to PARQ-Mother and Father Scale scores).

### *Descriptive Statistics*

Data from all 40 participants were processed for quantitative analysis. The mean age of the participants was 28.2 (SD = 7.72). 47.5% of the participants were from the 20-29 age group and 35% belonged to the 30-39 age group (table 1).

**Table 1**

*Number of Participants in each Age Category*

Age Category	Frequency	Percent (%)
18-19	4	10.0
20-29	19	47.5
30-39	14	35.0
40 and above	3	7.5
Total	40	100.0

17.5% of participants were male and 82.5% were female. Among them, 45% were married and 50% were unmarried. All 7 male participants in the sample were unmarried (table 2).

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

**Table 2***Sex and Marital Status of Participants*

		Marital Status			Total
		Married n (%)	Unmarried n (%)	Other n (%)	n (%)
Sex	Male	0	7	0	7 (17.5%)
	Female	18	13	2	33 (82.5%)
Total		18 (45%)	20 (50%)	2 (5%)	40

Participants were evenly distributed in terms of education level, ranging from primary to postgraduate. On the other hand, 80% of participants reported belonging to the middle socioeconomic class. The mean duration of BPD diagnosis was 8.58 years. Participants also reported a host of comorbid conditions, such as asthma, pain, thyroid problems, migraine, constipation, IBS, depression, anxiety, OCD, PTSD, etc.

Key variables in the study were scores from the SCID-II and total scores from the Parental Acceptance-Rejection Questionnaire: Mother and Father Forms (labelled PARQ-M Total and PARQ-F Total respectively). SCID-II scale scores range from 0-9, with higher scores representing a greater number of symptoms present and consequently, more severe forms of BPD. Scores of 5 or above indicate a diagnosis of BPD. Sub-scale scores were also calculated according to the scoring manual of the PARQ and these were labelled PARQ-M/F Warmth, PARQ-M/F Hostility, PARQ-M/F Neglect, and PARQ-M/F Undifferentiated Rejection, with the M/F signifying Mother and Father Forms respectively. According to Jasmine et al (2007), the scale scores severity were recognized reliant on full scores: 60 to 120 characterize "parental love"; 121 to 139 symbolize "increasing rejection" but in the present study symbolize as mild rejection; 140 to 149 characterize "high rejection, but not more overall rejection than acceptance" but in the present study symbolize as moderate rejection; 150 and above represent

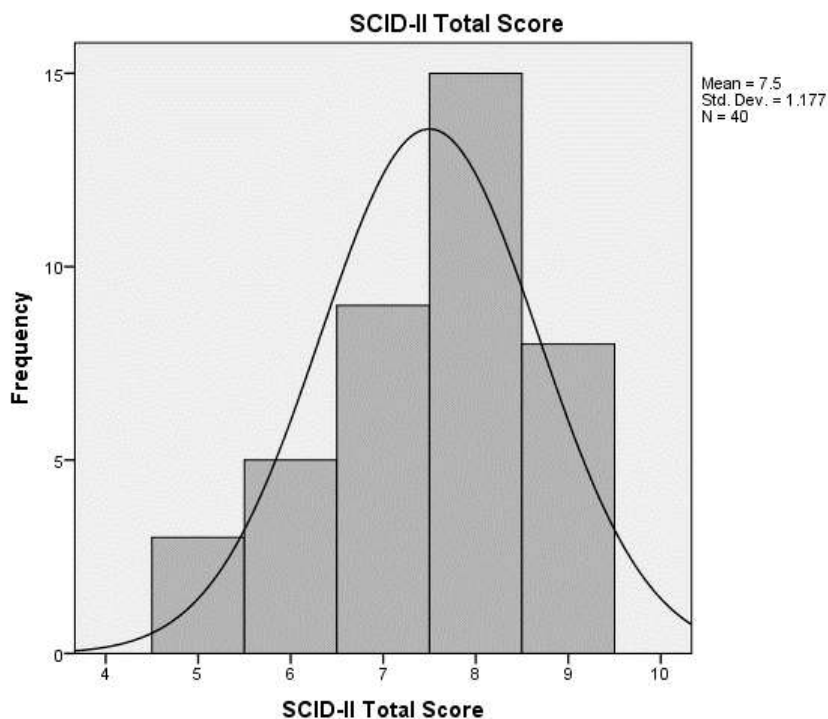
## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

"significantly more rejection than acceptance" symbolize in this study as high rejection. To determine the suitability of statistical tests on the study variables, their distributions were tested for normality.

Scores on the SCID-II were not normally distributed as indicated by the level of significance of the Shapiro-Wilk test ( $p < .05$ ). However, with skewness and kurtosis values within the acceptable range (-1 to +1) and the shape of the distribution resembling a normal curve (figure 3), the distribution was treated as normal since tests are known to be less sensitive for smaller sample sizes (Mishra et al., 2019). One participant did not complete the PARQ-F because his father had died during early childhood and the participant had no memory about his father. The distributions are shown in figures 3-5.

**Figure 3**

*Distribution of SCID-II- Questionnaire of BPD Total Scores*

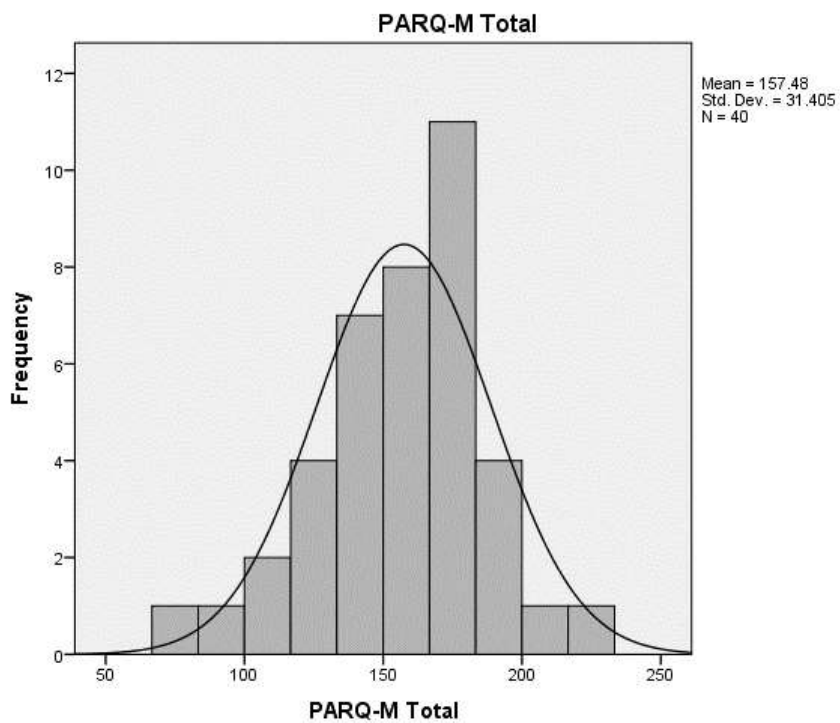


## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

Note. SCID-II- Structured Clinical Interview for Diagnosis-II, BPD- Borderline personality Disorder

**Figure 4**

*Distribution of PARQ-M Total Scores*

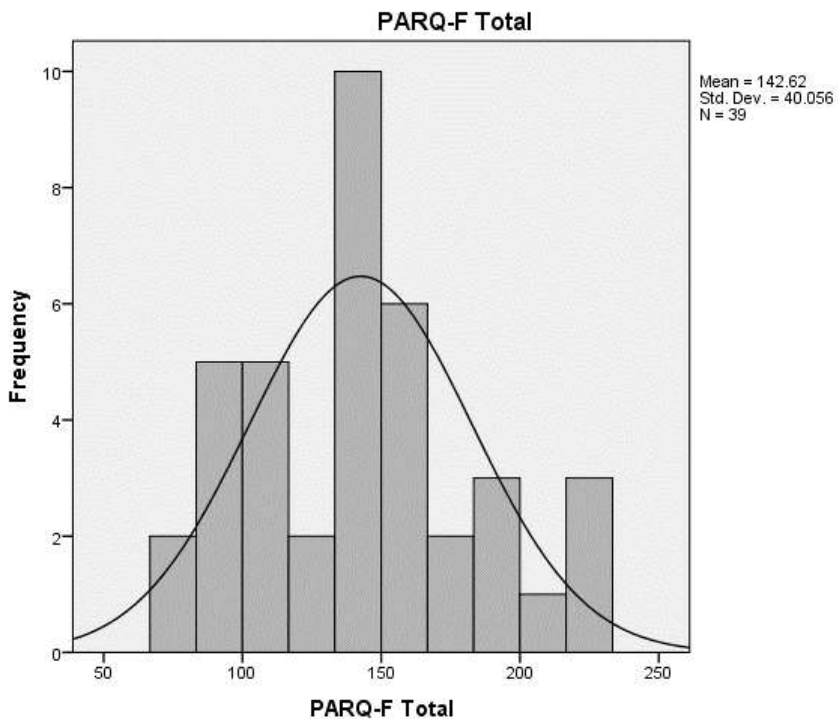


Note. PARQ-M -Parental Acceptance Rejection questionnaire- Mother

PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

**Figure 5**

*Distribution of PARQ-F Total Scores*



*Note.* PARQ-F - Parental Acceptance Rejection Questionnaire-Father

For the PARQ-M and PARQ-F, statistical observations through SPSS show that the distribution of total scores of both follows the normal curve (Table 3).

**Table 3**

*Tests of Normality, Skewness, and Kurtosis*

	Shapiro-Wilk			Skewness	Kurtosis
	Statistic	df	Sig.		
SCID-II Total	.890	39	.001	-.585	-.269
PARQ-M Total	.965	39	.267	-.531	.538
PARQ-F Total	.960	39	.184	.357	-.495

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

*Statistical Analysis*

All 40 participants scored 5 or more on the SCID-II, indicating that they have been diagnosed with BPD. The score with the highest frequency was 8 (37.5%) followed by 22.5% for 7 and 20% for 9. Therefore, most participants in the sample had severe levels of BPD. These participants also reported high levels of parental rejection. Based on the scores of the PARQ, all participants reported facing parental rejection. 67.5% of participants faced rejection from both parents. The remaining 32.5% faced rejection from at least one parent (Table 4).

**Table 4***Number of Participants Who Experienced Parental Rejection*

	Frequency	Percentage
Rejection from one parent	13	32.5
Rejection from both parents	27	67.5
Total	40	100

A mean of 157.5 (SD = 31.4) for the PARQ-M Total meant that participants experienced “severe” mother rejection. The mean for PARQ-F was 142.6 (SD = 40.1). Therefore, the participants can be said to have experienced “serious but not severe” father rejection (Rohner & Brothers, 1999). (Table-5).

**Table 5***Means and Standard Deviations of PARQ-M Total and PARQ-F Total*

	Mean	SD
PARQ-M Total	157.5	31.4
PARQ-F Total	142.6	40.1

There was also no significant difference between the means PARQ-M Total and PARQ-F Total, indicating that a significant proportion of participants experienced high rejection from both mother and father (table 6).

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

**Table 6***The T-Test between PARQ-M Total and PARQ-F Total*

	Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference		t	df	Sig. (2-tailed)
				Lower	Upper			
PARQ- M Total	15.179	51.383	8.228	-1.477	31.836	1.845	38	.073
PARQ- F Total								

The severity of rejection faced was also high. On the PARQ-M, 87.5% of participants reported facing parental rejection, with 10% reporting increasing rejection, 10% reporting high rejection, and 67.5% reporting significantly more rejection. On the other hand, 10% of participants reported increasing rejection, 15% reported high rejection and 41.5% reported significantly more rejection on the PARQ-F, amounting to 66.5% of total participants (table 7).

**Table 7***Number of Participants Reporting the Different Severities of Parental Rejection*

	Increasing Rejection		High Rejection		Significantly more Rejection		Total	
	n	%	n	%	n	%	n	%
PARQ-M	4	10	4	10	27	67.5	35	87.5
PARQ-F	4	10	6	15	16	41	26	66.5

Notably, some participants scored in the parental love category on either PARQ-M or PARQ-F. However, all of the participants reporting love from one parent reported facing rejection from the other parent. Data showed that 4 out of the 5 participants who scored in the parental love category on the PARQ-M scored in the highest rejection category on the PARQ-F. The remaining one scored in the Increasing Rejection category. Similarly, 10 out of the 13



## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

participants who reported Parental Love on the PARQ-F experienced the highest level of rejection from their mothers. The other three-faced High Rejection (table 8).

**Table 8**

*Participants who experienced parental love from one parent but rejection from the other parent*

Participant ID	PARQ-M Total Score	Severity	PARQ-F Total Score	Severity
P08	80	Parental Love	185	Significantly more Rejection
P21	117	Parental Love	199	Significantly more Rejection
P22	85	Parental Love	134	Increasing Rejection
P23	104	Parental Love	201	Significantly more Rejection
P36	106	Parental Love	152	Significantly more Rejection
P01	164	Significantly more Rejection	82	Parental Love
P02	187	Significantly more Rejection	109	Parental Love
P06	149	High Rejection	96	Parental Love
P07	142	High Rejection	86	Parental Love
P10	163	Significantly more Rejection	107	Parental Love
P20	179	Significantly more Rejection	106	Parental Love
P25	150	Significantly more Rejection	94	Parental Love
P28	176	Significantly more Rejection	114	Parental Love
P29	143	High Rejection	117	Parental Love
P31	188	Significantly more Rejection	85	Parental Love
P33	179	Significantly more Rejection	110	Parental Love
P35	181	Significantly more Rejection	99	Parental Love
P40	173	Significantly more Rejection	78	Parental Love

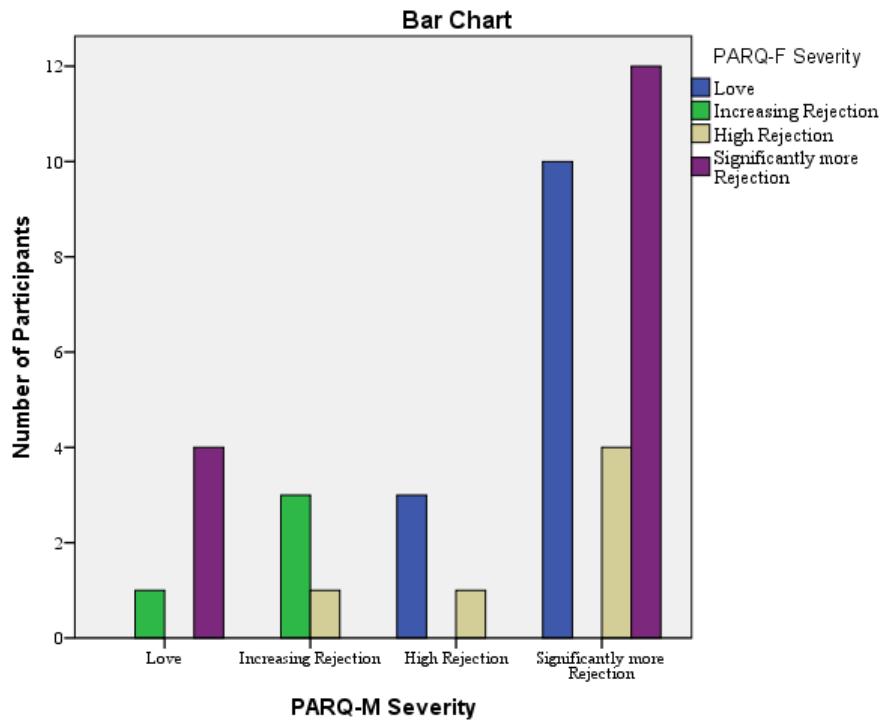
*Note.* P-Participant

This relationship is further visualized in figure 6. All of the participants reporting love from one parent reported high or significantly more rejection from the other parent. These results show that persons diagnosed with BPD consistently face parental rejection from at least one parent since none of the participants reported experiencing parental love from both parents. From figure 6, it can also be observed that a large number of participants reported facing a combination of high rejection and significantly more rejection from both parents. Therefore, BPD patients often face high levels of rejection from both mother and father.

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

**Figure 6**

*Clustered Bar Chart of PARQ-M Severity vs PARQ-F Severity*



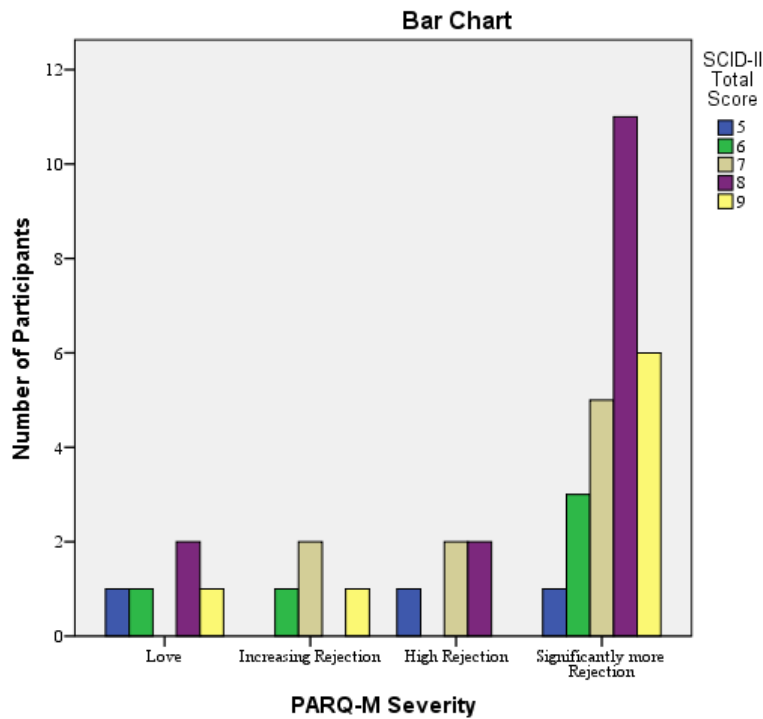
There was also a clear trend between BPD severity and severity of parental rejection.

This trend was more visible for the mother's rejection. Participants who faced the highest levels of rejection had more severe BPD scores (figure 7).

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

**Figure 7**

*Clustered Bar Charts of SCID-II Total Score vs PARQ-M Severity*



*Note.* SCID-II-Structured Clinical Interview for Diagnosis-II, PARQ-M-

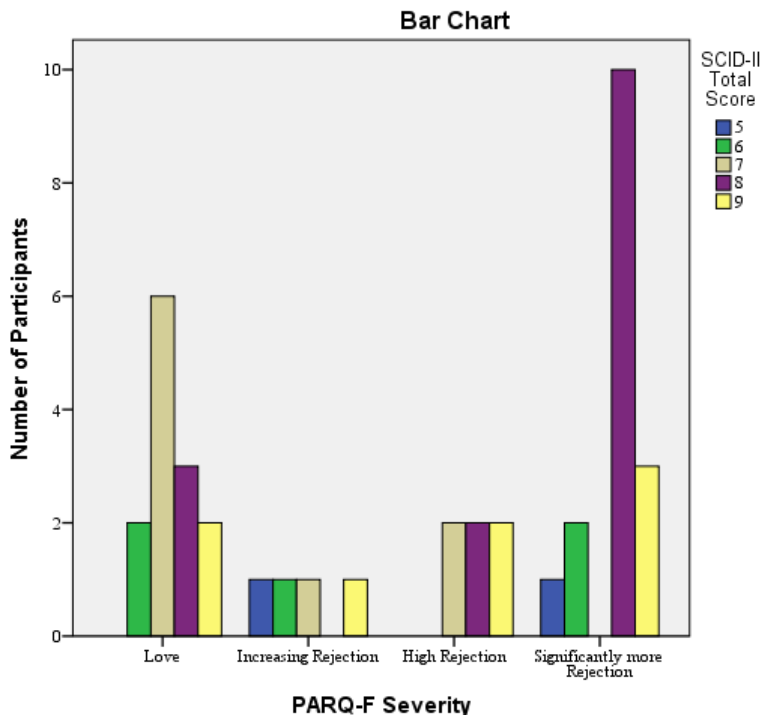
Parental Acceptance Rejection Questionnaire-Mother

For father's rejection, a large number of participants still scored 8 or 9 on the SCID-II. However, high BPD severity scores were also obtained even when parental love from the father was reported (figure 8).

PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

**Figure 8**

*Clustered Bar Charts of SCID-II Total Score vs PARQ-F Severity*



Difference was found between the group means of married and unmarried participants on the total scale scores of the PARQ-F (table 9). Unmarried participants scored higher (mean = 155) than married participants (mean = 125). No such difference was found for the PARQ-M.

**Table 9**

*T-Test for PARQ-F Total Scores between Married and Unmarried Participants*

		Levene's Test for Equality of Variances		t-test for Equality of Means		
		F	Sig.	t	df	Sig. (2-tailed)
PARQ-F	Equal variances assumed	.481	.493	-2.522	35	.016
Total						

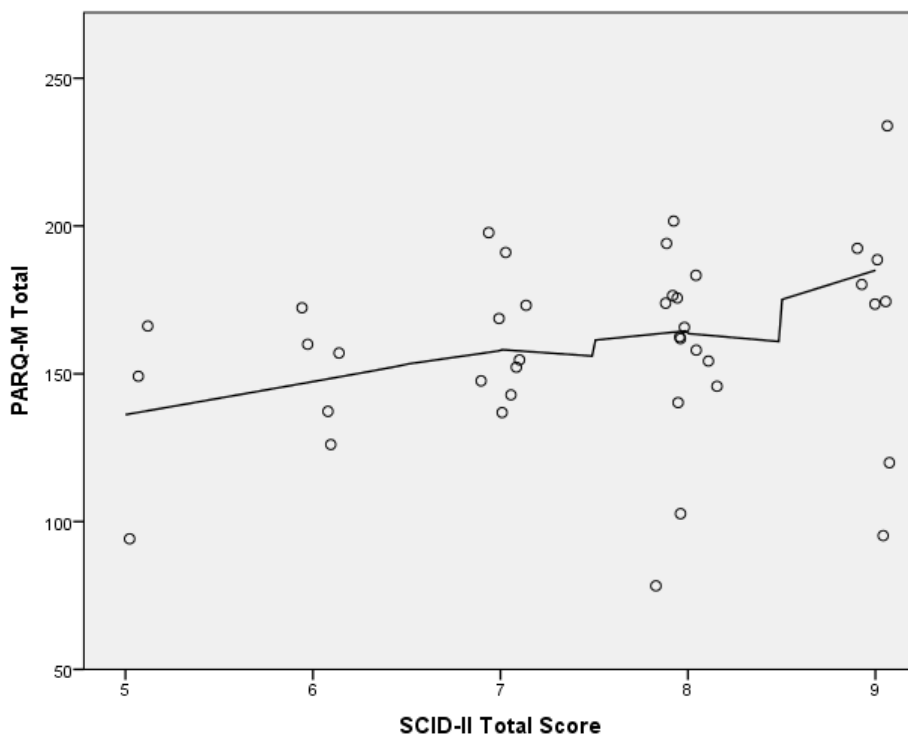
*Note.* PARQ-F- Parental Acceptance Rejection Questionnaire-Father

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

Correlational analysis was performed between PARQ scale scores and SCID-II BPD severity scores. For the pair SCID-II and PARQ-M, the relationship appears to be linear with no significant outliers (figure 9).

**Figure 9**

*Scatterplot of PARQ-M Total vs SCID-II Total Score*



Each variable was also normally distributed as discussed earlier. Lastly, data from these instruments are meaningful when treated as interval data and have good psychometric properties. Since all the assumptions for parametric correlation were met, Pearson's correlation coefficient was used here. Correlation was found to be significant and positive ( $r = .304$ ,  $p = .028$ ; table 10).

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

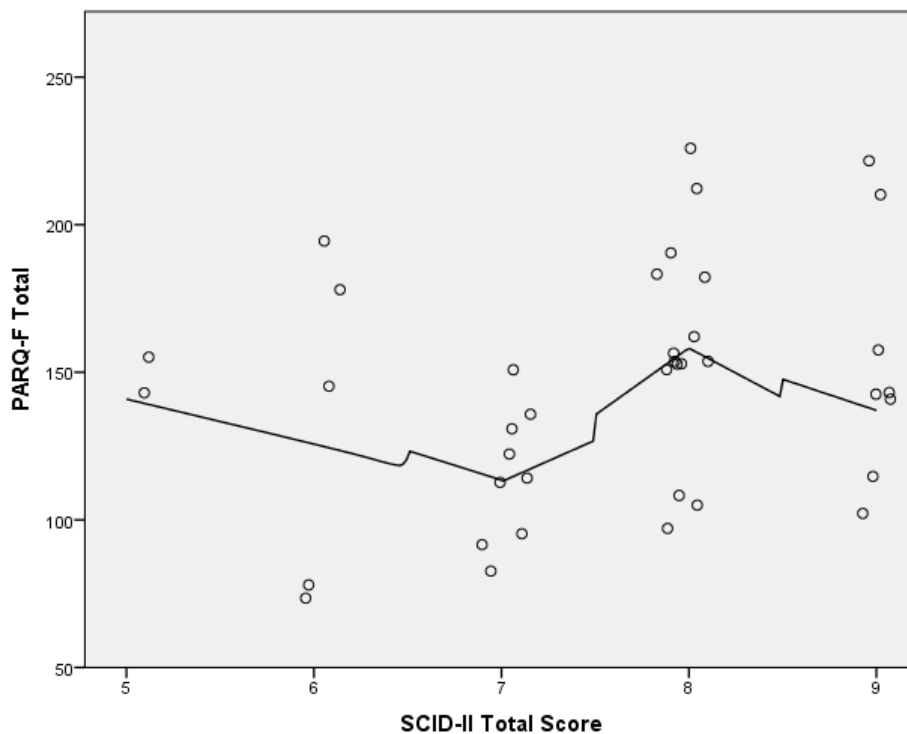
**Table 10***Pearson correlation between SCID-II Total Score and PARQ-M Total*

		PARQ-M Total
	Pearson Correlation	.304*
SCID-II Total	Sig. (1-tailed)	.028
	N	40

\*. Correlation is significant at the 0.05 level (1-tailed).

a. SCID score indicates BPD severity

For the pair PARQ-F Total and SCID-II Total, a linear relationship was not observed (figure 10). The non-parametric correlation was used in this case since one of the key assumptions of parametric correlation was violated.

**Figure 10***Scatterplot of PARQ-F Total vs SCID-II Total Score*

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

Between non-parametric correlations, Kendall's tau-b was preferred because it yields better results with small sample sizes and tied observations. Significant positive correlation was found between the two variables ( $\tau_b = .210$ ,  $p = .044$ ; Table 11).

**Table 11**

*Kendall's correlation between SCID-II Total Score and PARQ-F Total*

		PARQ-F Total	
Kendall's tau_ b	SCID-II	Correlation Coefficient	.210*
	Total	Sig. (1-tailed)	.044

\*. Correlation is significant at the 0.05 level (1-tailed).

a. SCID score indicates BPD severity

Relationships between SCID-II total scores and subscale scores were non-linear for all sub-scales except the Hostility and Undifferentiated Rejection sub-scales of the PARQ-M. The distributions of these two sub-scales also follow a normal distribution. This makes it possible to use the Pearson correlation to explore their relationships with SCID-II total scores, which revealed significant positive correlations for both sub-scales. The coefficients for Hostility/Aggression and Undifferentiated Rejection were 0.489 ( $p = .001$ ) and 0.299 ( $p = .030$ ) respectively (Table 12).

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

**Table 12***Pearson correlation between SCID-II Total and PARQ-M Hostility and PARQ-M**Undifferentiated Rejection*

		PARQ-M Hostility/ Aggression	PARQ-M Undifferentiated Rejection
	Pearson Correlation	.489**	.299*
SCID-II Total	Sig. (1-tailed)	.001	.030
	N	40	40

\*. Correlation is significant at the 0.05 level (1-tailed).

\*\*. Correlation is significant at the 0.01 level (1-tailed).

a. SCID –II score indicates BPD severity

For the remaining sub-scales, Kendall's coefficient was used for non-parametric correlational analysis. Significant correlations were only found for two sub-scales of the PARQ-F: Hostility/Aggression ( $\tau_b = .275$ ,  $p = .013$ ; Table 13) and Undifferentiated Rejection ( $\tau_b = .280$ ,  $p = .012$ ; Table 13). Results from the correlational analysis suggest that parental behaviour patterns of hostility/aggression and undifferentiated rejection are significantly related to BPD severity. Individually, the highest and most significant correlation was achieved for mother's hostility (highest coefficient and significant at 0.01 level). A one-tailed test of significance was utilized for all correlations because according to observations from raw data, BPD severity was seen to have a positive relationship with parental rejection.



## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

**Table 13***Significant Kendall's correlations between SCID-II Total and subscale scores of PARQ-F*

		PARQ-F Hostility/ Aggression	PARQ-F Undifferentiated Rejection
Kendall's tau_ b	Correlation	.275*	.280*
	Coefficient		
	Sig. (1-tailed)	.013	.012
	N	39	39

\*. Correlation is significant at the 0.05 level (1-tailed).

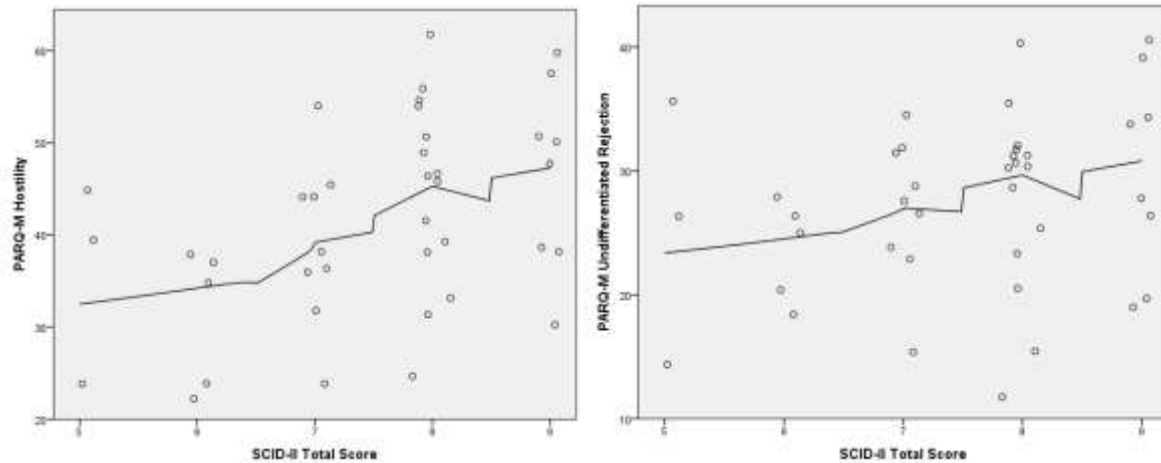
a. SCID-II score indicates BPD severity

Linear Regression analysis was performed to determine whether scale scores and subscale scores of PARQ could predict BPD severity. However, the only variables that could be entered were PARQ-M Total, PARQ-M Hostility, and PARQ-M Undifferentiated Rejection because they fulfil all the assumptions of linear regression. As seen in figure 9, PARQ-M Total scores have a linear relationship with the dependent variable, SCID-II Total. In addition, a linear relation was also observed between the dependent variable and both the Hostility and Undifferentiated Rejection sub-scale scores of the PARQ-M (figure 11).

PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

**Figure 11**

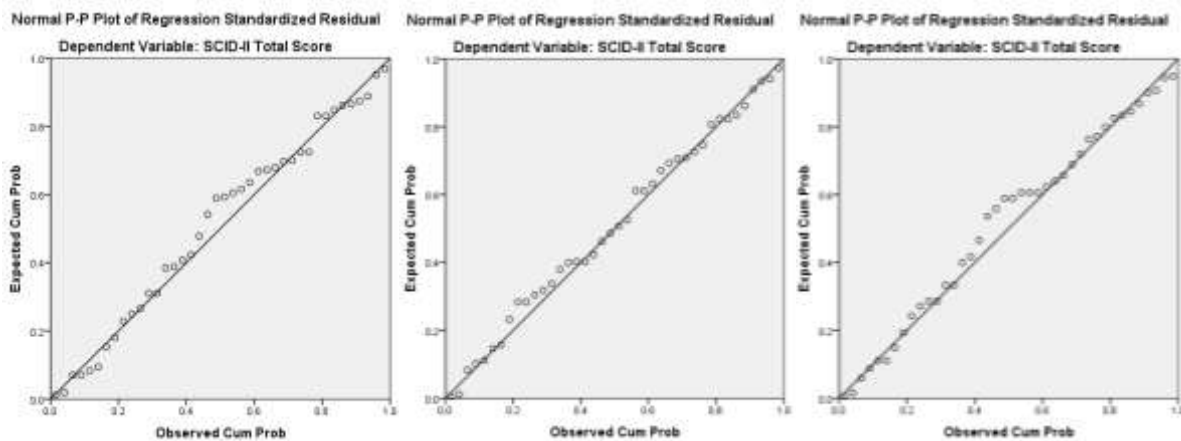
*Scatterplot of SCID-II Total Score vs PARQ-M Hostility and PARQ-M Undifferentiated Rejection*



The next assumption is that of the normality of the residuals. The P-P plots show that residuals are normally distributed for all three variables (figure 12).

**Figure 12**

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

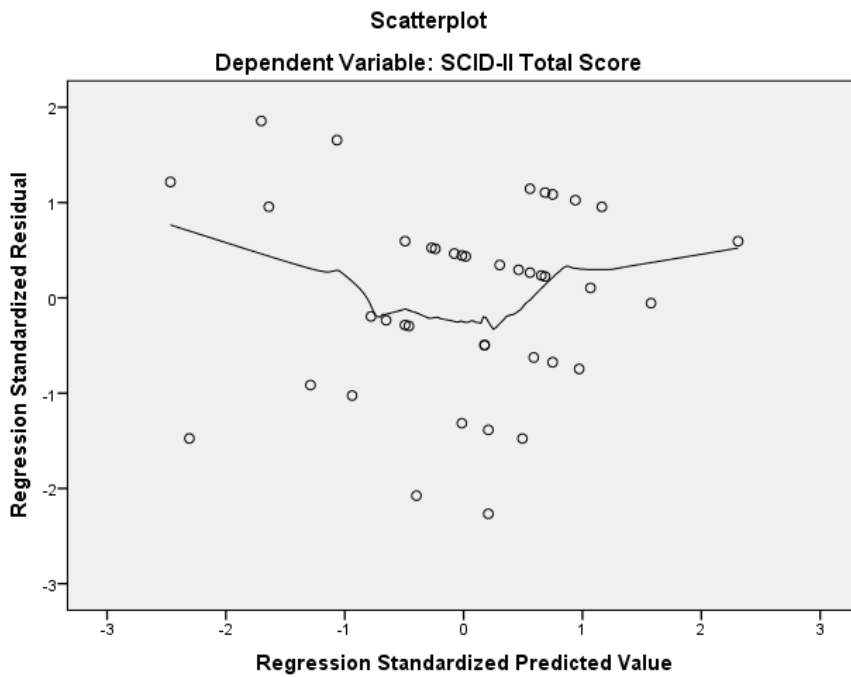


PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

Finally, the residual plots tell us that the assumption of homoscedasticity is maintained and that there are no significant outliers (figures 13-14).

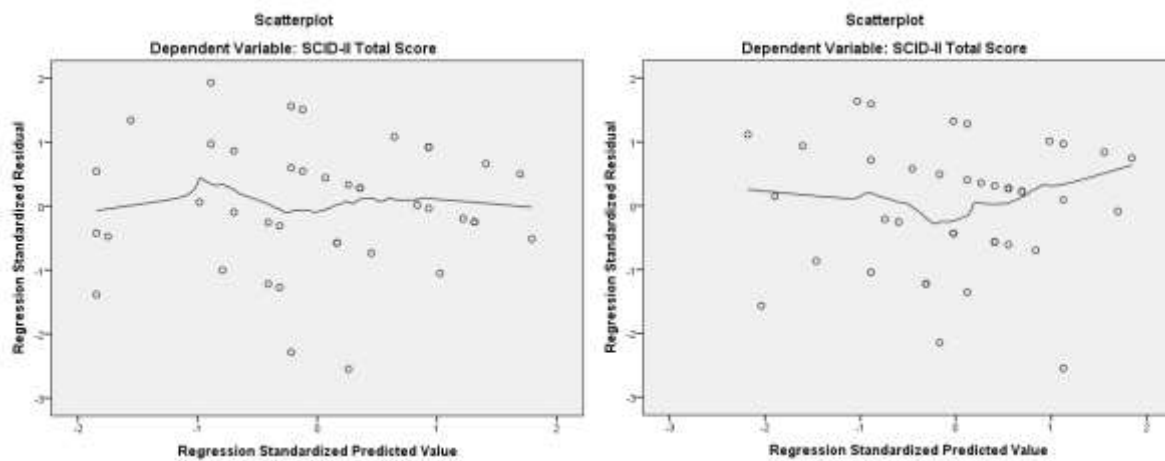
**Figure 13**

*Residual vs Predicted Plot for PARQ-M*



**Figure 14**

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



## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

To determine the degree of influence of perceived parental rejection on BPD and to investigate whether parental rejection can predict BPD severity, the first regression model was constructed with PARQ-M Total scores as it was the only independent variable (since PARQ-F Total did not fulfil the assumption of linearity) and SCID-II Total scores was the dependent variable. This model did not yield a significant regression coefficient. Therefore, total scale scores could not reliably predict BPD severity. Next, models were attempted with sub-scale scores as predictors. The second model included PARQ-M Hostility (that indicates mother's hostility) and PARQ-M Undifferentiated Rejection ( that indicates mother's undifferentiated rejection) using the enter method because among all the sub-scales, only these two were found to have significant correlations with SCID-II total score ( which indicates BPD severities). As seen in Table 14, only PARQ-M Hostility has a significant coefficient ( $p < 0.01$ ).

**Table 14**

*Coefficients of Regression Analysis Model for PARQ-M Hostility and PARQ-M Undifferentiated Rejection with SCID-II Total Score*

Model		Unstandardized Coefficients		Standardized Coefficients		Sig.
		B	Std. Error	Beta	t	
1	(Constant)	5.488	.691		7.947	.000
	PARQ-M Hostility	.091	.029	.812	3.153	.003
	PARQ-M Undifferentiated Rejection	-.065	.044	-.383	-1.490	.145

a. Dependent Variable: SCID-II Total Score

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

In this model, only PARQ-M Hostility yielded a significant regression coefficient ( $p < 0.01$ ). PARQ-M Undifferentiated Rejection failed to yield a significant coefficient ( $p < 0.145$ ; table 14). As a result, this model was also discarded.

The final regression model was constructed with PARQ-M Hostility (mother's hostility) as the only independent variable and SCID-II Total Score (BPD) as the dependent variable yielded a significant coefficient ( $B = .055$ ;  $p < 0.001$ ). The regression equation can be written as follows:  $y = 5.225 + .055x$ , i.e., SCID-II Total Score (BPD) is increased by .055 units for unit increase in the Hostility sub-scale score of the PARQ-M (mother's hostility). In terms of standardised coefficients, it can be stated that unit standard deviation increase in PARQ-M Hostility (mother's hostility) causes the SCID-II Total Score (BPD) to increase by .489 standard deviation units (table 15).

**Table 15**

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

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

a. Dependent Variable: SCID-II Total Score

Therefore, mother's 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 [ $F(1, 38) = 11.960$ ;  $p < .001$ ; table 17]. 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. This was not necessary here because only one independent variable was used in the model.

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

**Table 16***Summary of Regression Analysis Model for PARQ-M Hostility with SCID-II Total Score*

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.489 <sup>a</sup>	.239	.219	1.040

a. Predictors: (Constant), PARQ-M Hostility

**Table 17***ANOVA of Regression Model for PARQ-M Hostility with SCID-II Total Score*

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	12.927	1	12.927	11.960	.001 <sup>b</sup>
	Residual	41.073	38	1.081		
	Total	54.000	39			

a. Dependent Variable: SCID-II Total Score

b. Predictors: (Constant), PARQ-M Hostility

The ANOVA of regression model is considered statistically significant [F (1, 38) = 11.960;  $p < .001$ ; table 17].

**Qualitative findings:**

The objectives of the qualitative part of the study were as follows:

1. To understand the subjective experiences of perceived parental rejection of individuals with BPD.
2. To explore the different behavioural patterns of perceived parental rejection that influence BPD.
3. To explain the psychological process of how perceived parental rejection influences BPD.
4. To develop a theoretical model based on grounded data about how perceived

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

parental rejection influence to develop BPD.

To fulfil these objectives, interview transcripts from 22 participants were analysed qualitatively. Among the participants, 3 were male and the 19 were female. All three male participants were unmarried. Among the female participants, 8 were unmarried, 9 were married and the remaining 2 were divorced. A majority of the participants belonged to ages between 20 and 39. There were also three participants age 19 and below, from the two were youngest, their age was 18 and one participant was eldest and her age was 46 from the whole participants of the study sample. As for education level, about half of the participants were in the SSC to graduate level. Among the remaining ones, 18% were below SSC and 36% were in the postgraduate level. Additionally, 68.2% of participants belonged to the middle socioeconomic status, with 18.2% being in low and 13.6% belonging to high status (table 18)

**Table 18**

### *Demographics of Participants in the Qualitative Phase*

Demographic	Frequency	Percent
<b>Age Category</b>		
18-19	3	13.6
20-29	10	45.5
30-39	8	36.4
40 and above	1	4.5
<b>Sex</b>		
Male	3	13.6
Female	19	86.4
<b>Education</b>		
Class 1 to SSC	4	18.2
After SSC to graduate	10	45.5
Postgraduate or above	8	36.4

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

Demographic	Frequency	Percent
Marital Status		
Married	9	40.9
Unmarried	11	50.0
Other	2	9.1
Socioeconomic Status		
Low	4	18.2
Middle	15	68.2
High	3	13.6
Total	22	100

Using theoretical sampling (depending on availability), participants with varying severities of parental rejection were selected for the qualitative phase. Among the final sample, 14 had faced rejection from both parents, 6 had faced only mother's rejection and 2 had faced only father's rejection (Table 19).

**Table 19**

*Number of participants facing rejection from mother, father, and both parents*

Rejection from parents	Rejection from both parents	Only Mother's Rejection	Only Father's Rejection
Number of participants	14	6	2

According to rejection severity, 14 participants experienced significantly more rejection, and 3 faced high rejection and 3 faced increasing rejection from mothers. Concerning father rejection, 11 faced significantly more rejection, 3 faced high rejection and 2 faced increasing rejection. After selecting for severe and moderate rejection, 2 participants who experienced mother love but father's rejection and 6 who experienced father love but mother's rejection were among the chosen sample. Thus, there was great variation in the data, which was ideal for qualitative analysis (table 20).



## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

**Table 20***PARQ-M Severity and PARQ-F Severity of Qualitative Phase Participants*

Severity Level	PARQ-M Severity		PARQ-F Severity	
	n	%	n	%
Significantly More Rejection	14	63.6	11	50.0
High Rejection	3	13.6	3	13.6
Increasing Rejection	3	13.6	2	9.1
Love	2	9.1	6	27.3
Total	22	100	22	100

The researcher selected one participant who got the lowest score in both PARQ for the father and mother survey questionnaire. There was an extreme case who scored highest in both PARQ but could not agree to participate in the interview phase. But other participants who scored very near to the extreme case were collected for interview.

The first step in the qualitative analysis was **open coding**. The process of open coding ended with about 790 codes. As nodes emerged, they were added to some broad categories that described what phenomenon they represented. These categories were not predetermined but rather emerged from the data itself. This helped to organize a large number of nodes, which would make later analysis easier. To help this organization, a prefix was added to the name of each node, e.g., nodes representing parental rejection were named as 'Rejection name of node'. In this way, all nodes related to rejection were automatically grouped in the alphabetical list of nodes in NVivo-10.

**Memo writing** was performed in parallel with the coding process. The following memo was written regarding the contents of source P28:

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

Father: pilot, lived away for work, showered children with love whenever came and spent quality time; alcoholic but loyal. Mother: burdened with responsibilities of everyone, including her siblings, in-laws, and husband whenever he came home. She fulfilled her responsibilities to the fullest but did not provide mental support or affection. Instead, she often used excessive physical punishment and pressured participants about studies. She reported that her sister had also felt rejected. This seems to be a recurring theme among some of the sources: Mother's mental health affects her capacity for warmth and resulting change in behaviour causes her children to feel rejected.

### **Objective 1: To understand the subjective experiences of parental rejection of individuals with BPD.**

After open coding was concluded, the nodes were revisited to refine them by erasing less important ones and combining duplicates. For parental rejection, an exhaustive list was created to identify the different kinds of rejection experienced by the participants (table 21). Together, these nodes describe the subjective experience of perceived parental rejection from the perspective of the participants.

#### **Table 21**

##### *List of Nodes Describing the Subjective Experience of Parental Rejection*

Name of Node	Sources Referenced
Abandoned at boarding school	P16, P18
Absence of father	P24, P38
Abusive towards mother (father)	P8, P13, P22, P24, P32
Allowed others to intervene in life decisions	P9, P22, P38
Blamed and punished for parental conflict	P24,

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

Name of Node	Sources Referenced
Blamed for always ruining everything	P13, P24, P29, P33
Blamed for getting sick	P26, P24
Broke promises	P9
Busy with other things	P5, P28, P29
Comparison	P8, P17, P19, P24, P25, P28
Criticism about physical features	P32, P19, P24
Criticism about the whole person	P17, P24, P26, P27, P32, P33
Criticism by extended family	P27, P32
Did not address child's life problem	P1, P13, P38, P22, P29, P26
Did not attend to basic needs	P1, P16,
Did not defend	P13, P22, P38, P27
Did not protect from sexual abuse	P20, P21, P22, P25, P38, P24
Did not seek treatment even after a suicidal attempt	P20, P27
Easily blamed for everything	P13, P20, P24, P28, P32, P29, P33
Enforcing conformity through threats and fear	P32, P24
Epilepsy labelled as acting	P38
Extreme anger for the silly mistake	P21, P27, P28, P29, P33, P24
Extreme anger if authority questioned	P27, P28, P24, P08
Extreme punishment	P5, P08 P17, P18, P19 P24, P27, P28
Forced to live away from home	P1, P16, P38
Frequent punishment over small things	P5, P19, P20, P21, P27
Gender discrimination	P8, P25, P38
Gender-based restrictions	P8, P25, P27, P32
Grim atmosphere	P22, P29, P33
High expectations	P21, P24, P25, P08

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

Name of Node	Sources Referenced
Highly conditional love	P8, P17, P21, P25, P24
Hurtful comments	P13, P17, P19, P24, P25, P27, P33
Inconsistent fulfilment of economic duties	P1, P16, P27
Lack of acknowledgment about achievements	P8, P24, P26
Indifference about talents	P26
Lack of acknowledgment of good behaviour	P34, P26, P24
Lack of appreciation and praise	P5, P8, P26, P27, P29, P24
Lack of care when sick	P1, P26
Lack of expressions of love	P13, P24, P26, P28, P27, P29, P01, P33, P38, P16, P09
Lack of guidance about life	P1, P9, P13, P16
Lack of concern about the mental state	P1, P13, P20, P27, P28 P9, P34, P38, P01, P27, P28, P29, P38, P24, P25, P26, P33,
Lack of warmth	P19
Left alone in the locked house	P27
Love decreased	P1, P17
Negative labelling of the child	P19, P25, P13, P33
Never helped with homework	P29
No acknowledgment of emotions	P13, P29, P33, P24, P26, P22, P16
No emotional support	P9, P13, P01, P22, P33, P19, P27, P38
No safe space to share	P8-9, P13, P16, P17, P20, P22, P25-27, P32-34
Noes	P24, P29, P13, P32
Not adjusting to child's characteristics	P24
Not fulfilling simple desires	P5, P9, P16, P20, P27, P34
Not valuing perspectives or opinions	P5, P16, P18, P24
Overprotection	P13, P24, P33, P26
Physical abuse	P5, P17, P18, P27, P28, P19, P13, P22, P24, P34
Physical punishment in front of others	P5, P13, P20, P21, P24, P32, P34

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

Name of Node	Sources Referenced
Preferential treatment of sibling	P5, P34
Pressurized about studies	P28, P24
Prioritized societal pressure	P25, P27, P24, P13, P38
Humiliation in front of others	P34, P38, P13
Lack of quality time	P8, P24, P27, P28, P33, P29, P26, P13
Restricted freedom	P13, P20, P21, P24, P25, P27, P29, P32, P33, P38
Ridiculed positive behaviours	P34
Strict routine	P24, P26, P28
Treated as a burden	P5, P18, P20, P24, P32, P38

**Abandoned at boarding school.** Despite extreme verbal and behavioural protests, two male participants were admitted to religious boarding schools. They felt abandoned and orphaned because traditionally, these institutions housed and educated orphan children.

*"I was admitted in a Madrasa. Sometimes, I used to wonder why I had been admitted to an orphanage even when my parents were alive – we were well off too. I used to think that I was an orphan despite having parents." – P16*

**Absence of father.** Some of the participants' fathers were absent and uninvolved in their daily lives other than fulfilling economic duties. As a result of this, attachment levels with the father were low.

*"My father's point of rejection was that he was never there. I could never see him. All the other girls' fathers came to school, everyone used to talk about their father. I had no stories about my father. Because he was never there." – P24*

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

**Abusive towards mother.** Fathers behaved poorly with their mother, sometimes to the point of physical assault. This was especially painful for female participants, who saw their gender repeatedly dominated and abused.

*"My father used to do patriarchal behaviour with my mother, like forcing things on her. He also used to hit her. The way my father treated my mother – it still bothers me." – P08*

**Allowed others to intervene in life decisions.** Parents allowed the interference of extended family members, siblings, or brothers-in-law in the life decisions of the child and often denied simple desires based on their opinions.

*"If I asked anything from my father, instead of deciding whether to give it on his own, he would consult my sister, brother-in-law, uncles, and aunts. There was no privacy. It was very embarrassing for me" – P09*

**Blamed and punished for parental conflict.** Among the many ways that parental conflict affected the participants, one of them was directly blamed and physically punished for being the cause. It made them feel that if only they were not there, everyone would be happy.

*"My mother would say 'I have fights with your father because of you!' and beat me for this. The fact that I was to blame for this, that if I wasn't here, there would be no fight – this was extremely painful for me." – P24*

**Blamed for always ruining happiness.** The participant acted out due to her mood swings, which were something she couldn't control. Instead of understanding the issue, the mother blamed the child for ruining her happiness on every occasion.

*"I used to have mood swings – I couldn't control my emotions so well. One time I got sad during Eid. Instead of supporting me, my mother said, 'I cannot enjoy Eid because of you!'" – P13*

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

**Blamed for getting sick.** The parents always blamed the child and her actions for bringing about the sick on herself. From this, the child developed the habit of self-blaming.

*"If I got sick, my parents would always say it happened due to my fault." – P26, P-24*

**Broke promises.** Parents promised that they would buy things if their results were good but later broke those promises.

*"They would promise me that they would buy me something if I achieved good results. But once I got it, they broke their promises making some excuses. This happened many times." – P09*

**Busy with other things.** Parents were busy with work, friends, relatives, or their other children. This made the participants feel unimportant and neglected.

*"As far as I can remember, my mother was always busy with work. When she came home from work, she was busy again. If I wanted to talk to her or share my emotions, she used to tell me to read a book or do something else." – P29*

**Comparison.** The parents would constantly compare the child with siblings and other children, making them feel like they were not good enough to be accepted as they were and resulting in low self-esteem. Topics of comparison included academic performance, physical characteristics among others.

*"Both my parents expected me to be a good student, to be first or second in school. I think it became a huge pressure on me, especially when they continuously told me that I wasn't placing first or second. And the constant comparison – my cousin can do it; my sister performs so well! I have hated this comparison since my childhood" – P08*

**Criticism about physical features.** The mother would constantly comment on the physical features of the female child and would buy fairness cream and breast enlargement

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

products to try to enhance them. This made the participant feel that her features were not good enough.

*"She would tell me nasty things about my dark skin – not even a dog would urinate my way. I think of these things like rejection. I did not make my skin this way. But she used to say whatever came to her mind about my skin colour." – P24*

**Criticism about the whole person.** Because criticism was directed at every aspect of the individual, the participant started to feel that as a whole person and not just a few of their actions or characteristics she is unacceptable.

*"I was belittled and insulted all the time – regarding my studies, face, figure, clothes – everything." – P32*

*"My mother always told me I am characterless like my paternal aunt and told me that my blood is bad."P33*

**Criticism by extended family.** Negative self-images were reinforced when members of the extended family joined in to criticize the participant.

*"I grew up amid a lot of criticism, not just by my parents, but my extended family as well. They always used to belittle and criticize me." – P32*

**Did not address child's life problem.** Parents did not take initiative to solve the child's life problems when the child asked for help or provided unsuitable solutions that portrayed a lack of interest.

*"I was a kid, I was smaller, so they used to beat me. Father would say, 'no need to play with them.' But he would not understand the perspective that I am a kid and it's not possible for a kid my age to stay alone. That was not a practical solution." – P13*



## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

**Did not attend to basic needs.** For a few participants, not fulfilling basic needs, such as food, clothing and other necessities was a form of rejection. One participant reported that meals were not cooked at the right times in their household and the child would often go hungry.

*“My mother didn’t pay attention to our meals. She cooked when she felt like it. I would often go to school without having breakfast because she had not cooked yet.” – P16, P01*

**Did not defend.** The parents did not defend the child against others or take their side, even when the child knew that she was not in the wrong.

*“When we got caught, the teacher did not torture that boy much but tortured me a lot. One of the reasons was that I was vulnerable – my parents wouldn’t have taken my side.” – P13*

**Did not protect from sexual abuse.** The inhospitable environment created by parents caused the child to hesitate about telling them of her sexual abuse, which enabled the abuse to continue. Even after telling them, they often did not take any action to prevent it or seek justice.

*“The lady who used to work at our house, when my mother would go out, she would ask me to undress and then suck her breast. For this reason, I used to think of my mother as very careless. If she had protected me back then, this wouldn’t have happened.” – P25*

*“I was sexually abused by my cousin... I could not tell my family because they don’t try to understand me but rather would blame me instead. Not being able to tell them (to this day) is a result of their negligence – because they would have blamed me.” – P20*

*“I was sexually abused by my own younger uncle and I told it to my parents but didn’t take any action and it happened repeatedly.” – P22*

**Did not seek treatment even after suicidal attempt.** Even after the child attempted suicide or the family doctor referred them to a psychiatrist, the parents did not arrange treatment for them.

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

*“Even after I had attempted suicide, they did not want to take me to the doctor. They don’t try to understand my mental situation. If I cried, they would not pay me any attention.” – P20*

**Easily blamed for everything.** The parents were quick to blame the participant without verifying whether they had been at fault. They were ready to believe others, such as siblings, maids, and outsiders.

*“When the neighbours used to say something bad about me, they never took my side. They always believed them and blamed me.” – P38, P33*

**Enforcing conformity through threats and fear.** Apart from physical punishment, threatening and scaring were much-used techniques to prevent undesirable behaviours in children. One parent threatened that her child would have to see her mother dead if she did not comply with the rules. Another exaggerated the negative consequences of non-compliance to inject extreme fear in them.

*“My mother always scared me to make me listen to her. She would stop talking to me. One time, she said that if I didn’t listen to her, she would kill herself.” – P32*

**Epilepsy labelled as acting.** One child’s epilepsy was deemed as “acting” by the parents and received no medical attention as a result.

*“I was diagnosed with epilepsy. But to them, it was acting. They also tried to convince me that it was all an act of mine.” – P38*

**Extreme punishment.** Extreme physical punishment bordering on abuse was used as a disciplinary technique. Some participants reported living in constant fear of such punishment.

*“Because I escaped from Madrasa, she injured me with a hot lamp and beat me, beat me with cloth hangers, spatulas.” – P18*

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

**Extreme anger for silly mistake.** Many participants reported that one or both parents were extremely angry individuals regardless of the situation or time. It was difficult to approach them due to fear.

*“Since I was little, my mother was a very angry person. If made any mistake, she would beat me. Fearing retribution, if I made any mistake, I would try to hide it.” – P05*

**Extreme anger if authority is questioned.** Because authoritarian parenting was prevalent in most families, questioning or rebellion was usually met with extreme anger and hostile behaviour.

*“Because I asked my father why he hit my mother, he just kicked me and throw me out of the room, that time I was too little.” – P08*

**Forced to live away from home.** Some participants were forced to live away from home at boarding schools or a relative's place. It was particularly painful for them when no one in their family took their side and asked them to stay. This made them feel that they had no place in their own home as no one wanted them to stay there.

*“I was forced to live with my sister because she used to live alone. Then, when my brother got married, my place was lost even more in my own home.” – P01*

**Frequent punishment over small things.** The child was frequently punished verbally and physically over things trivial things, resulting in a constant feeling of not being able to meet parental expectations.

*“My father used to get angry about very trivial incidents and hit me. One time, while sitting on the floor to eat, I did not sit in the right way. Instead of making me understand, he got angry and beat me.” – P21*

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

**Lack of protection from other parent's hostility.** Even where one parent was not as angry or punitive, he or she did not protect the child against the excessive anger of the other parent.

*"My father was an angry person. When he beat me my mother never stop him. Moreover, she always used to complain about us to him. Then he would come and scold us a lot." – P29*

**Gender discrimination.** Parents provided preferential treatment to male siblings. One parent specified that her brothers would inherit the better properties because daughters are not one's own. Therefore, giving assets to daughters is akin to giving them away to someone else.

*"I have always seen that if my father had bought something for us, he would give it to my brother first because he was a boy." – P08*

**Gender-based restrictions.** Female participants experienced gender-based restrictions, such as not being able to socialize with male family members, not being allowed to go to friend's parties, restrictions about the dress, hairstyles, etc. There were also added expectations on female children specifically due to their gender.

*"To my father, it seemed that as a girl, I would eat, study, and then be married off when I grew up. My doing anything outside of these was not acceptable to him." – P38*

**Grim atmosphere.** One participant reported that her parents were very serious in nature and this created a grim atmosphere in the house. Trying to make jokes or have fun led to scolding.

*"Both my parents were always very serious with us. I liked to joke around. But they would get angry." – P29*

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

**High expectations.** From many kinds of behaviours, participants received the message that parents had very high expectations from them. Because it was never possible to meet those expectations, they constantly felt rejected.

*“My father is an extremely ill-tempered person. He has extremely high expectations from us. Because of him, I fell into depression.” – P21*

**Highly conditional love.** Several participants spoke of the conditional nature of parental love. One participant recalled that she used to receive extra attention because she performed well academically compared to her siblings. However, there was immense pressure on her to continue performing, and once her results faltered, she faced extreme rejection.

*“When I was younger, I was better at studies than my brothers so there was a lot of pressure on me to do well. Later, I had to get admitted to a good school, which was tough. I remember that my mother used to force me to study in the freezing cold... My father used to belittle me if my result was even a bit bad.” – P17*

**Hurtful comments.** Some participants' mothers used extremely hurtful comments towards their children. These included mean words, negative comments about their physical features, and belittlement.

*“She told me one thing repeatedly, ‘You should die. So many people are dying. You should too. Finish yourself. Then, we would not have any problems. I don’t need a daughter like you.’” – P27*

**Inconsistent fulfilment of economic duties.** Several fathers were uncaring and reluctant about fulfilling economic duties on time, such as school fees. For one participant, talk of payment of fees always resulted in parental conflict.

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

*"He didn't want to pay my fees – be it teachers, school, or campus fees. It's still like that."*

– P27

**Lack of acknowledgment about achievements.** These parents always highlighted the failures even when their child achieved fairly good results.

*"Since my childhood, I have been constantly rejected by my father. For example, when I achieved good results in an exam, far from appreciating, he would say, 'Heh! That result is nothing special!'"* – P32

**Indifference about talents.** One participant was highly skilled in the art but her parents were nonchalant about it. They did not support or nurture her extra-curricular skills. Besides they were indifferent about their talent such as appearing on television.

*"I remember that I was once called on a TV show for my writing. When I came home, my parents had already gone to sleep. There was no reflection in them that I had done something to be proud of. I never got the feeling that they were proud of me."* – P26

**Lack of acknowledgment of good behaviour.** From a young age, the participant went out of her way to serve and care for her family. However, there was no acknowledgment of this from their end.

*"It was like this that if I poured her a glass of water, she wouldn't drink it. I didn't understand why this was happening to me since my childhood. I try my best to take care of my family. When my mother was sick, I took her to the hospital. What didn't I do for my family! But they have never tried to understand these things."* – P34

**Lack of appreciation and praise.** A few participants reported that they had never been praised by their parents. This affected their confidence greatly as they did not know whether they were good at anything and always felt despicable in front of others. Another participant realized

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

that she could achieve surprisingly high results only because she had left the environment of her family and came to a place where she received praise and encouragement.

*"I used to get good results, I was also good in many extracurricular activities, I was a good writer and singer but my parents never appreciate me or praise me for this activities." P-26*

*My parents used to highlight my sister's achievements... gave her preference in this way. I have seldom heard my praise from them." – P05*

**Lack of care when sick.** Two participants recalled that their parents did not provide enough care and comfort when they were sick. For one of them, the father's care during sickness decreased with age.

*"Attending and taking care when I was sick – they never used to do it. Mother never did it. Father used to do it when I was little but stopped when I got older." – P01*

**Lack of expressions of love.** Overt expressions of love were absent. One participant observed that such practices were not prevalent at the time. Nevertheless, its absence made them stronger feelings of being unloved.

*"They never express their love to me, never gave a hug or kiss me, never touch me affectionately" P-26*

*"That they loved us – they never expressed it. They never said I love you. We say this to our kids now but back then, it wasn't a common practice." – P13*

**Lack of guidance about life.** Some participants reported that they faced a lack of guidance from their parents when they were growing up. For example, female participants did not receive any guidance regarding menstrual health during the onset of puberty. One result of lack of guidance was that they made mistakes along the way that could have been prevented.

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

*"My parents did not care about where I went or with whom I was socializing. They did not guide me in life. They did not correct my mistakes. For this reason, I often got into trouble."*

– P01

**Lack of concern about the mental state.** Many parents did not inquire about or address the mental health needs of their children. The participants believed that not caring for the mind of the child was also a form of rejection.

*"What we call mental support – asking children how their lives are going – it was absent. They probably had no idea how we grew up."* – P01

**Lack of warm behaviours (warm touch or care).** Participants spoke of their unmet expectations of warm behaviour from their mothers, as most exchanges involved some amount of anger. Warmth included loving touches, such as hugs, caring, and polite behaviours.

*"So this imaginary friend that I had created – I used to feel her presence at those times when I needed that loving touch the most. She used to put her hand on my forehead, or we used to sit with our backs against each other. When I look back on my childhood, no one touched me warmly like that ever."* – P26

**Left alone in a locked house.** One participant recalled being extremely scared and traumatized because her mother used to leave her alone in a locked house if she had somewhere to go.

*"When my mother had to go out, she would leave me alone in a locked house. I used to be extremely scared – that the house would catch on fire and I would not be able to escape."* –

P27



## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

**Love decreased.** Two participants mentioned that they observed their parent's love diminish as they got older. They noticed a lack of concern and support and an overall decrease in communication, especially during their adolescent years when they needed it the most.

*"At one point, I realized that their love for me had decreased. They used to motivate and inspire me before, but now they didn't do it anymore." – P27*

**Negative labelling of child.** One participant believed that the impression her mother held about her was extremely negative, and this was reinforced by her as well.

*"My mother never viewed me in a positive light. She had an extremely negative impression of me. She used to think I was a good for nothing." – P19*

**Never helped with homework.** One participant recalled that her mother always pressured her to study but never helped her with her homework.

*"My mother never helped me with my homework. I remember running behind her with my homework to get her attention. I told her I needed her help. She did not help but send me away. It was a very painful experience for me." – P29*

**No acknowledgment of emotions.** Parents of one participant did not acknowledge and validate the emotions of the child when their family was going through tough times. They kept asserting that she should understand the situation of the family.

*"They were telling me that we had been going through a tough time and that I should try to understand. But the fact that it was difficult for me as I was too little– they did not acknowledge my emotion at all." – P13*

**No emotional support.** The family never supported or encouraged the participant's goals and dreams. Instead, they kept casting doubt on his abilities. This caused serious motivational issues for the participant.

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

*“To be honest, my family is only a family by definition. But the family support or emotional support that you are supposed to get from your family – I never got it.” – P09*

**No safe space to share.** A large number of participants reported that not being able to share their needs, wants, and feelings with parents was an important form of rejection. An environment of anger and blaming and negativity made the participants feel that they could not open up. Many of them reported this as the first point when asked what they do differently if they became parents.

*“Rejection means not being able to share what I want with my parents. They had created such an environment of belittlement and criticism that it was difficult to tell them.” – P32*

**Noes.** Authoritarian parenting gave rise to countless noes from parents. This affected the participants as they later internalized this and became prone to negative thinking whenever considering doing something new.

*“I always think that I won't be able to do anything. My future is dark. I can't mix with people or study because, in everything, all I heard from my mother was no, no, no! If I asked anything, it was always no. The fear of this 'no' doesn't leave me.” – P24*

**Not adjusting to child's characteristics.** The participant noticed that while both she and her cousin were restless as children, her cousin's mother would accommodate him and play with him. However, the participant's mother did not do the same and asked her to get used to staying alone.

*“I was very restless as a kid. My cousin was also very naughty. He didn't have the patience to listen to his mother. His mother used to play with him because she understood that he was like that. I wanted to play too. But my mother never played with me.” – P24*

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

**Not fulfilling simple desires.** For some participants, their most simple desires were often shot down without any explanation. These participants considered this as a form of rejection because they believe that they deserve to have some of these wishes fulfilled.

*“What I understand by parental rejection is not fulfilling my wants, which I deserve. I never wanted anything luxurious – just things that I like or need.” – P16*

**Not valuing perspectives or opinions.** The participant stated that his opinions were seriously disregarded about matters involving his own life or other things.

*“If I go word for word, one thing that comes to mind is parental rejection is rejecting their perspective, children’s perspective.” – P13*

**Overprotection.** A few participants spoke of their overprotective mothers. Overprotection caused them to feel suffocated and resulted in enmeshed and conflictual relationships with their mothers.

*“Not giving freedom or space is rejection. She did not allow me to go anywhere. I need space to breathe! She is very overprotective.” – P13*

**Physical abuse.** Excessive anger led to physical punishment that often bordered on abuse and sometimes caused injuries. One participant recalled that her father came home drunk and physically assaulted her for no significant reason.

*“My mother used to beat me all the time. And the way was very brutal. She could not beat me in front of my grandma. So, during my bath, when I was naked, she used to beat me with my sandals. I could never forget this behaviour of hers... it was inhumane.” – P28*

**Physical punishment in front of others.** Excessive use of physical punishment as a disciplinary technique was deemed as rejection by many participants. It was worse when this

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

punishment occurred in front of others and even well into adulthood, which was extremely humiliating for them.

*“Some kids of my age had come to our place and because of a misunderstanding, my father hit me in front of them.” – P38*

**Preferential treatment of siblings.** Two participants reported that their siblings received preferential treatment in many ways. For example, the same request that was denied for them was easily accepted when their sibling asked for it.

*“If I made any request, it was denied. If my sister made the same request, they would oblige. At one point, I used to ask for the things I wanted through my sister so that they would be approved.” – P05*

**Pressurized about studies.** One participant's mother pressurized her and her siblings about studies without considering their limitations or understanding the situation, such as a subject is optional. This caused their overall results to suffer. The participant later performed well when that subject was dropped.

*“She used to pressurise me about studies a lot. She did not understand what would be good for me. Even though I was bad at math, she forced me to do it. I tried to explain to her that it wasn't compulsory but failed. Later, when I dropped math, all my grades improved.” – P17*

**Prioritized societal pressure.** Some parents prioritized societal pressure over the wishes and freedom of their children. This was also the cause of many gender-based restrictions.

*“My mother was more concerned about what society thinks rather than what I want.” – P25*

**Humiliation in front of others.** Scolding in front of relatives and public places was extremely humiliating for the participants. These were considered to be forms of rejection.

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

*“If I skipped my studies and chatted with visitors too much, my mother would get angry and scold me in front of them and create a scene.” – P38*

**Lack of quality time.** Participants felt the need (or lack thereof) for family quality time so that parents can know what is going on in their children's lives. This kind of positive interaction was lost in an abundance of negative interactions.

*“She never spent any quality time with us... I never knew what quality time was. We never even had any meals together as a family. This is very important – to have one-to-one time so that they can hear our problems and try to solve them.” – P28*

**Restricted Freedom.** Almost half of the participants reported restricted freedom as a form of rejection. Many of their lives were run under strict routines and violations were met with harsh punishment. They could not socialize with friends, go on tours or attend programs at school. Some female participants felt that these restrictions were excessive due to their gender.

*“My friends were calling me to attend a cultural function but my parents would never allow me to go. Whenever I asked to go, they simply denied without giving any reason.” – P29*

**Ridiculed positive behaviours.** One participant was ridiculed when she exhibited positive behaviours, such as cooking for the family.

*“If I cooked something, they used to make fun of that and make jokes. I did not like that. They could have corrected my mistake in a normal way.” – P34*

**Strict Routine.** Another participant was made to adhere to a strict routine with no breathing space. Adherence was ensured through anger and physical punishment.

*“A routine was made for my life. Everything was fixed: when I would sleep, eat, when I would study Bengali, English, Maths; how much time I would shower for, for how long I would*

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

*play. But there was no asking me what I wanted to do. I had to do it. If I could not do it, I would be beaten: why won't you do it? This thing I feel was rejection.” – P24*

**Treated as a burden.** Through different behaviours and words, parents made their children feel like burdens. Two participants reported that their mothers said they were stuck in unhappy relationships because of them, and one asked her to stay with her father after separation.

*“When my parents got divorced, my mother asked me to stay with my father. The reason she said this must be that she didn't want me to live with her – because I was a burden to her.” – P32*

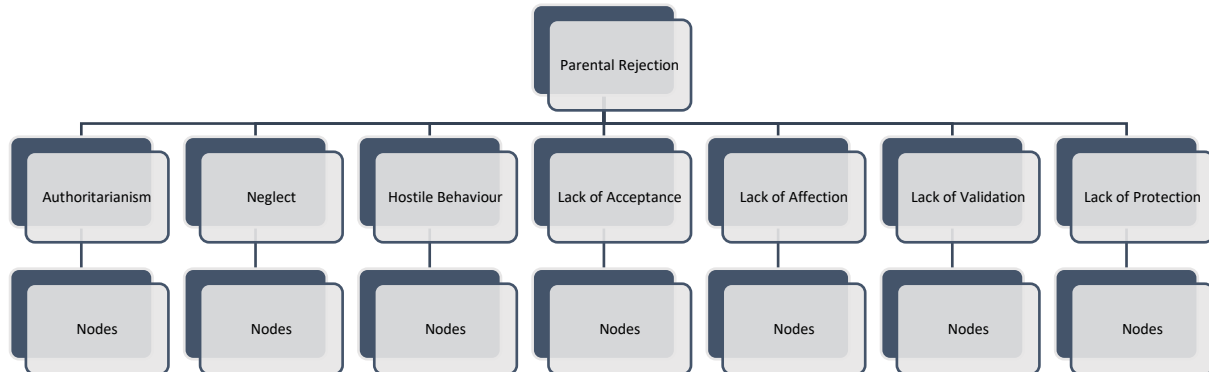
**Objective 2: To explore the different behavioural patterns of perceived parental rejection that influence BPD**

In the next step of the analysis, **axial coding** was performed. Axial coding was conducted to find out the relationship between the various nodes derived from open coding. By examining the relationships between them, the large number of nodes obtained from open coding was shortened to form a few of categories. Nodes representing perceived parental rejection were combined and categorized into seven broad behavioural patterns of parents that could explain the whole subjective experience of perceived parental rejection of the present study participants with BPD. The seven categorizes were Authoritarianism, Neglect, Hostile Behaviour, Lack of Acceptance, Lack of Affection, Lack of Validation, and Lack of Protection (Figure 15).

PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

**Figure 15**

*Combining Nodes into Major Categories of Parental Rejection*



**Table 22**

*Nodes representing Authoritarianism*

Nodes
Restricted Freedom
Strict routine
Not valuing perspectives or opinions
Not fulfilling simple desires
Gender-based restrictions
Overprotection
Noes
Extreme anger if authority questioned
Grim atmosphere

**Participant’s statements from where nodes were formed:**

*“A routine was made for my life. Everything was fixed: when I would sleep, eat, when I would study Bengali, English, Maths; how much time I would shower for, for how long I would*

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

*play. But there was no asking me what I wanted to do. I had to do it. If I could not do it, I would be beaten: why won't you do it? This thing I feel was rejection."* – P24

*"If I go word for word, one thing that comes to mind is rejecting their perspective, children's perspective."* – P13

*"I was a kid, I was smaller, so they used to beat me. Father would say, 'no need to play with them.' But he would not understand the perspective that I am a kid and it's not possible for a kid my age to stay alone. That was not a practical solution."* – P13

*"What I understand by parental rejection is not fulfilling my wants, which I deserve. I never wanted anything luxurious – just things that I like or need."* – P16

*"I always think that I won't be able to do anything. My future is dark. I can't mix with people or study because, in everything, all I heard from my mother was no, no, no! If I asked anything, it was always no. The fear of this 'no' doesn't leave me."* – P24

*"To my father, it seemed that as a girl, I would eat, study, and then be married off when I grew up. My doing anything outside of these was not acceptable to him."* – P38

**Authoritarianism.** According to the participants, authoritarian parenting was itself a form of rejection because it caused parents to disregard their children's perspectives or wishes. Since their opinions were never accepted, they felt that they were not accepted either. It led to a lowering of self-worth and caused them to feel that their opinions were not important. In authoritarianism, parents are very much demanding toward their children but not responsive to their desire or wish. When participants reacted to this with anger or rebellion, it brought about more rejection. It is also worth noting that female participants reported added gender-based



## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

restrictions, which caused them to experience social isolation. The nodes grouped under authoritarianism are displayed in Table 22.

**Table 23**

*Nodes representing Neglect*

Nodes
Absence of father
Abandoned at boarding school
Did not address child's life problem
Did not attend to basic needs
Lack of guidance about life
Lack of concern about the mental state
Busy with other things
Lack of mental support
Never helped with homework
Did not seek treatment even after a suicidal attempt
Inconsistent fulfilment of economic duties
Broke promises
Epilepsy labelled as acting
No acknowledgment of emotions
Forced to live away from home

*"My father's point of rejection was that he was never there. I could never see him. All the other girls' fathers came to school, everyone used to talk about their father. I had no stories about my father. Because he was never there." – P24*

*"Our mother never paid attention to our meals. She only cooked if she felt like it. Even after I have grown up, she still does it now. Now I see mothers preparing tiffin for kids when they*

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

*go to school. My mother never did this. I used to go to school without having breakfast. When I came back from school, she still had not cooked anything. I had to eat light snacks until she finally cooked.” – P16*

*“After her work, she used to be free and could have given me some time. But what happened was that she was busy serving others or maintaining social relations... Giving preference to anything other than own children falls under rejection.” – P05*

*“They did not view my behaviour in a good way. They used to scold me, get irritated, they would not take me to the doctor after my suicide attempt. They did not try to understand my mental problems. They didn't give any attention when I cried.” – P20*

*“He didn't want to pay my fees – be it teachers, school, or campus fees. It's still like that.” – P27*

**Neglect.** According to the study participants neglect refers to the non-fulfilment of the child's needs and is described by the nodes listed in table 23. A few parents failed to fulfil basic needs, such as regular meals and essential items, and were inconsistent in fulfilling economic duties. A majority of them neglected the psychosocial needs of the child. Neglect caused the participants to feel unloved, unwanted, and valueless. In response, they remained in isolation and resorted to emotional coping mechanisms, such as crying and self-mutilation.

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

**Table 24***Nodes representing Hostile Behaviour*

Nodes
Physical abuse
Physical punishment in front of others
Extreme punishment
Frequent punishment over small things
Hurtful comments
Extreme anger
Humiliation in front of others
Easily blamed for everything
Enforcing conformity through threats and fear
Blamed and punished for parental conflict
Father was abusive towards mother
Left alone in a locked house

*"My mother used to beat me all the time. And the way was very brutal. She could not beat me in front of my grandma. So, during my bath, when I was naked, she used to beat me with my sandals. I could never forget this behaviour of hers... it was inhumane." – P28*

*"Because I escaped from Madrasa, she scalded me with a hot lamp and beat me, beat me with cloth hangers, spatulas." – P18*

*"My father used to get angry about very trivial incidents and hit me. One time, while sitting on the floor to eat, I did not sit in the right way. Instead of making me understand, he got angry and beat me." – P21*

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

*“She told me one thing repeatedly, ‘You should die. So many people are dying. You should too. Finish yourself. Then, we would not have any problems. I don’t need a daughter like you.’” – P27*

*“She would tell me nasty things about my dark skin – not even a dog would urinate my way. I think of these things like rejection. I did not make my skin this way. But she used to say whatever came to her mind about my skin colour.” – P24*

**Hostile Behaviour.** According to most of the study participants their parents made excessive use of physical punishment as a disciplinary technique. The method of punishment was also very severe and bordered on abuse. Moreover, these occurred in front of others for some participants and even when the participants were nearing adulthood. Threats and fear were tools of choice for controlling future undesirable behaviours. Another indirect rejection that some female participants faced that they were witnessed of father's abusive behaviour towards their mother which symbolized her gender as suppressed. In addition to this, hurtful comments were another kind of hostile behaviour considered to be rejection by the participants. As children, the participants first thought that they were at fault and had failed to please their parents. However, as they grew up, they began to realize that their parents had treated them unfairly. At this point, it gave rise to extreme anger and hatred towards parents. Nodes representing Hostile Behaviour are listed in Table 24.

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

**Table 25***Nodes representing Lack of Acceptance*

Nodes
High expectations
Criticism about physical features
The belittlement of the whole person
Criticism by extended family
Comparison
Treated as a burden
Prioritized societal pressure
Preferential treatment of sibling
Pressurized about studies
Negative labelling of the child
Gender discrimination
Highly conditional love
Blamed for always ruining the happiness
Blamed for getting sick
Not adjusting to child's characteristics

*"Both my parents expected me to be a good student, to be first or second in school. I think it became a huge pressure on me, especially when they continuously told me that I wasn't placing first or second. And the constant comparison – he can do it; she performs so well! I have hated this comparison since my childhood" – P08*

*"I was belittled and insulted all the time – regarding my studies, face, figure, clothes – everything!" – P32*

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

*“When I was growing up, my mother was very concerned about my complexion. She would bring me fairness creams and breast enlargement products. I used to think, I am what I am. Why am I not being accepted for being me?” – P25*

*“I always used to get the feeling that my mother was saying to me, ‘If you weren’t here today, I wouldn’t have to stay with your father.’ I could understand and feel her disgust towards me for forcing her to stay with him.” – P24*

*“I have always seen that if my father had bought something for us, he would give it to my brother first because he was a boy.” – P08*

*“When I was younger, I was better at studies than my brothers so there was a lot of pressure on me to do well. Later, I had to get admitted to a good school, which was tough. I remember that my mother used to force me to study in the freezing cold... My father used to belittle me if my result was even a bit bad.” – P17*

*“I was very restless as a kid. My cousin was also very naughty. He didn’t have the patience to listen to his mother. His mother used to play with him because she understood that he was like that. I wanted to play too. But my mother never played with me.” – P24*

**Lack of Acceptance.** Through the behaviours listed in Table 25, study participants shared that their parents made them feel that they were not accepted for who they were. They either had to get better results, look better or behave more agreeably. Many of these expectations stemmed from societal norms and the participants understood that their parents valued such norms more than their children. Some of them were unfairly treated as opposed to their siblings, who received preferential treatment. Female participants also clearly witnessed the preferential treatment of their male siblings. They felt the lack of acceptance of their gender, and themselves

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

for being a member of that gender. It meant that nothing they could do would ever make them more accepted.

**Table 26**

*Nodes representing Lack of Affection*

Nodes
Lack of expressions of love
Lack of warm behaviours (warm touch or care)
Lack of quality time
Lack of care when sick
Love decreased
No emotional support

*“That they loved us – they never expressed it. They never said I love you. We say this to our kids now but back then, it wasn’t a common practice.” – P13*

*“So this imaginary friend that I had created – I used to feel her presence at those times when I needed that loving touch the most. She used to put her hand on my forehead, or we used to sit with our backs against each other. When I look back on my childhood, no one touched me warmly like that ever.” – P26*

*“She never spent any quality time with us... I never knew what quality time was. We never even had any meals together as a family. This is very important – to have one-on-one time so that they can hear our problems and try to solve them.” – P28*

*“Attending and taking care when I was sick – they never used to do it. Mother never did it. Father used to do it when I was little but stopped when I got older.” – P01*

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

**Lack of Affection.** According to the BPD participants, the perceived behaviours of parent shows in table 26 categorized under lack of affection. Direct and overt expressions of love were altogether absent. Instead of spending quality time with the children and displaying care or warmth, most interactions taking place were negative in nature. These made it hard for them to believe that their parents loved them. As grown-ups, they began to search for this unfulfilled love from other relationships.

### Table 27

*Nodes representing Lack of Validation*

Nodes
Lack of acknowledgment of good behaviour
Lack of appreciation and praise
Indifference about achievements
Indifference about talents
Ridiculed positive behaviours

*"It was like this that if I poured her a glass of water, she wouldn't drink it. I didn't understand why this was happening to me since my childhood. I try my best to take care of my family. When my mother was sick, I took her to the hospital. What didn't I do for my family! But they have never tried to understand these things." – P34*

*My parents used to highlight my sister's achievements... gave her preference in this way. I have seldom heard my praise from them." – P05*

*"Since my childhood, I have been constantly rejected by my father. For example, when I achieved good results in an exam, far from appreciating, he would say, 'Heh! That result is nothing special!'" – P32*



## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

*“I remember that I was once called on a TV show for my writing. When I came home, my parents didn’t even ask me about the program and had gone to sleep. There was no reflection in them that I had done something to be proud of. I never got the feeling that they were proud of me.” – P26*

*“If I cooked something, they used to make fun of that and make jokes. I did not like that. They could have corrected my mistake in a normal way.” – P34*

**Lack of Validation.** The participants were also starved of validation for their achievements or positive behaviours. Participant expressed that acknowledgment or praise was absent in their life. Their achievements and positive behaviours were ignored, ridiculed, or belittled by their parents. The participants felt that their parents were not proud of them. This made it hard for them to believe in their abilities or accept praise from others. Nodes coded under lack of validation are listed in Table 27.

**Table 28**

*Nodes representing Lack of Protection*

Nodes
No safe space to share
Did not protect from sexual abuse
Did not defend
Allowed others to intervene in life decisions

*“I was sexually abused by my cousin... I could not tell my family because they don’t try to understand me but rather would blame me instead. Not being able to tell them (to this day) is a result of their negligence – because they would have blamed me.” – P20*

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

*"I was a victim of sexual harassment by a very close relative (my paternal uncle). I shared with my father... and my mother but they did not give importance to it because he was a relative. As a result, I was harassed by him many times over." – P22*

*"The lady who used to work at our house, when my mother would go out, she would ask me to undress and then suck her breast. For this reason, I used to think of my mother as very careless. If she had protected me back then, this wouldn't have happened." – P25*

*"I feel that he was not protective enough whether that was in the home or at school. They were not on my side. They should have protected me more and given me more confidence. This is why my confidence is very low." – P13*

*"If I asked anything from my father, instead of deciding whether to give it on his own, he would consult my sister, brother-in-law, uncles and aunts and they take my life decision." – P09*

**Lack of Protection.** According to the participants their parents were found to be eager to blame their children and seldom protected them from aggressions by others, especially the angry outbursts of the other parent. They also allowed outsiders to intervene in their life decisions. Through these behaviours, the parents created an environment in which the child did not feel safe to share their problems. One serious outcome of this is that many of the female participants could not share incidents of bullying and sexual abuse that they had experienced. When they did share, their family did not take any action, which resulted in further abuse. The participants believed that these incidents occurred because their parents could not protect them well enough, which was a direct result of the inhospitable environment they had created and their inaction. Nodes representing Lack of Protection are listed in table 28.

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

**Objective 3: To explain the psychological process of how perceived parental rejection influences BPD.**

Researcher was observed during in-depth interview that perceived parental rejection was found to bring about specific cognitive changes within the participants, which might serve as the starting point of the development of BPD. The cognition that emerged was repeatedly cited by a majority of the participants in varying forms and can be summed up to, “I am worthless.” Variations included “I am a failure, I am a burden and I am not good enough” among others. According to the participants, this cognition resulted directly from parental rejection. The neglect and overuse of punishment ensured that it was never quite possible to satisfy their parents. Therefore, the only explanation that they could come up with was that they were not good enough for them. One participant perfectly summed up this feeling:

*"I thought I was worthless. Why I should be here in this world, I thought I was guilty of everything"- P25*

*"I used to think that it was due to my faults. I used to feel embarrassed, extremely embarrassed... I was a shameful person, I'm worthless." – P25*

*"When I was a child I thought they were right, it was my fault and I am not good enough." - P24*

They felt like a burden to their parents and some parents reinforced this belief by directly telling them that they were:

*"Mother said, 'if you hadn't been born, I wouldn't have had to stay with your father today.'"* – P24

These cognitions caused them to feel frustrated, helpless, and lonely. Some emotional reactions after facing perceived parental rejection were as follows:

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

*“When they reject me I felt helpless and guilty”. – P13*

*“I felt too much inferior, I thought the ground would be divided and I just buried under the ground, felt fear towards my father and felt extremely shameful”.--P32*

*“I felt too much lonely, felt hatred towards my father and fear about mother”. –P25*

As a result of these feelings, physical symptoms, such as palpitations, breathing problems due to excessive crying, headache, vomiting occurred during childhood and later in life.

Behavioural consequences of perceived parental rejection included crying, self-harm, and suicidal attempts. A hostile environment and restricted freedom severely limited the social support of the child. Because there were no avenues to share or express their feelings, a majority of the participants resorted to emotional coping mechanisms, such as crying and self-harm. One participant reported that self-harm was a source of pleasure. However, for most, it was a way to cope with the pain. Yet another participant said that it was a cry for help so that parents could realize that the child was suffering. Suicidal attempts were often directly linked to behaviour patterns of perceived parental rejection and resulting feelings of being unloved:

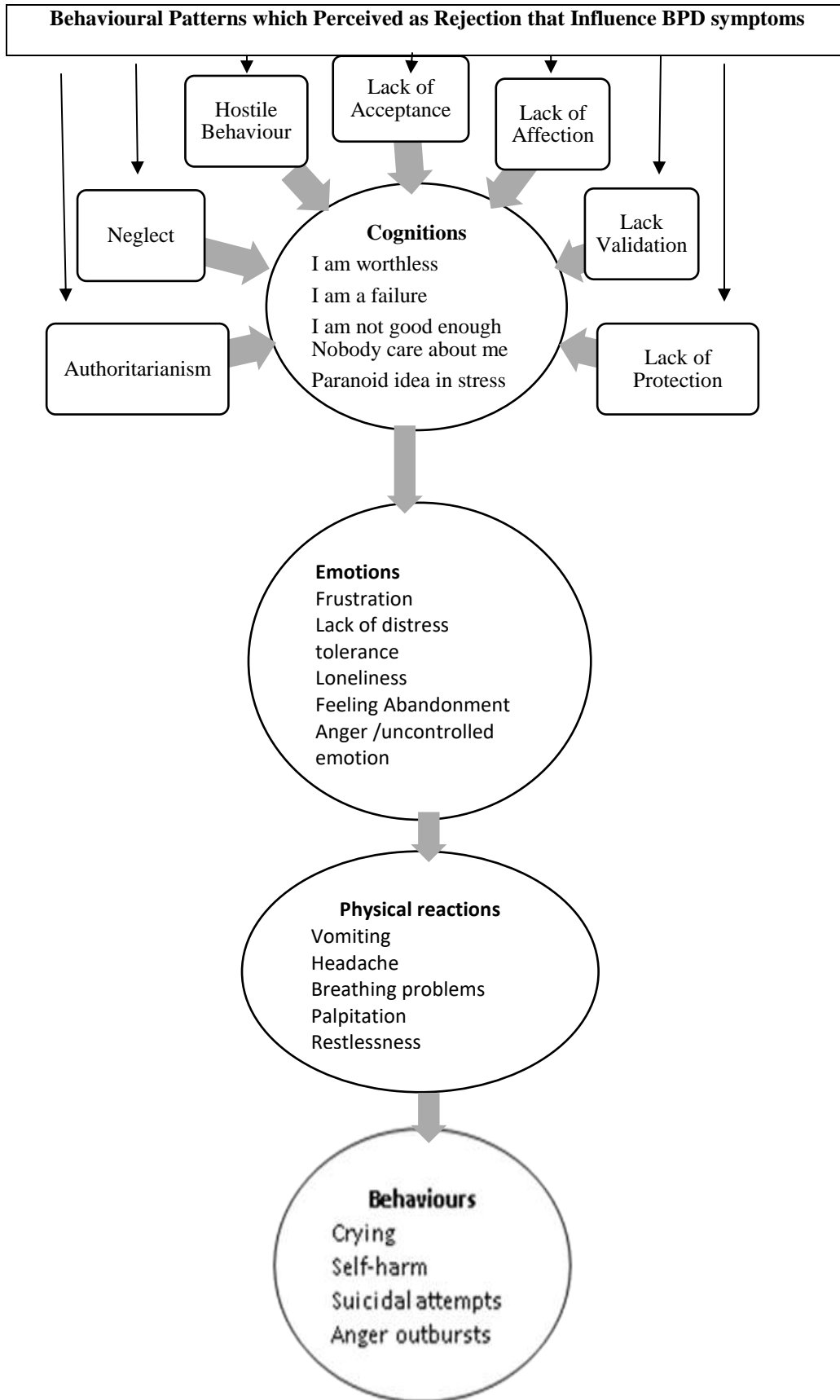
*“When my parents neglect me, I feel very hurt. Then I start harming myself and try to commit suicide... Since they don’t love me, and they consider me to be a burden, what is the point of staying alive?” – P20*

*“It was my first suicide attempt. My mother said, ‘I wish to see your dead body.’ Then I decided that I would not live – since my mother said that’s what she wants.” – P0*

### **Figure 16**

*Psychological Process by which Parental Rejection influences the development of BPD symptoms (i.e. cognitive, emotion, physical and behavioural symptoms*

PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER



## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

Above figure 16 represented that according to the participant's one of the seven categories of behavioural patterns of perceived parental rejection might be changed participant's cognition or thought that might be changed their emotion, physical reaction and also behaviour accordingly that are related to BPD symptoms.

These participants during their childhood, as they were growing up, there might be a marked change in the way they processed perceived parental rejection. Through in-depth interviews it was explored that the participants when they were young children below the age of 12 processed it differently compared to when they were adolescents to young adults: Absence of affectionate behaviours and the presence of hostile ones were collectively perceived as punishment for 'not being a good child'. Therefore, they resorted to blaming themselves and as a result, suffered from a low sense of self-worth. However, when these children grew up and the same pattern of rejection continued in their lives, their perception and reaction towards it shifted significantly. The child began to realize that her parents' behaviours were unjust. That was accompanied by cognitions such as, *"they are bad parents"*, *"I hate them"* and *"they cannot be my real parents."* *"I am not guilty"* As a result, they started to become rebellious and angry:

*"Before age 12, I used to think I deserved this. After 12 years, I began to question and challenge them... That used to make me very angry. At that time, I began to think that they were bad parents."* – P29

Not only was the anger modelled after the parents' behaviour, but it was also true that showing extreme emotions, such as anger outbursts was often the only way to prevent ongoing hostility or rejection. This behaviour became learned in the individual:

*"Father was very angry. I always used to think that I wanted to be like him because his voice was always on top and mother would become passive... I thought to myself that I would*

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

*never be dominated like that. If I had to survive, my voice had to be the loudest in the room.” –*

*P25*

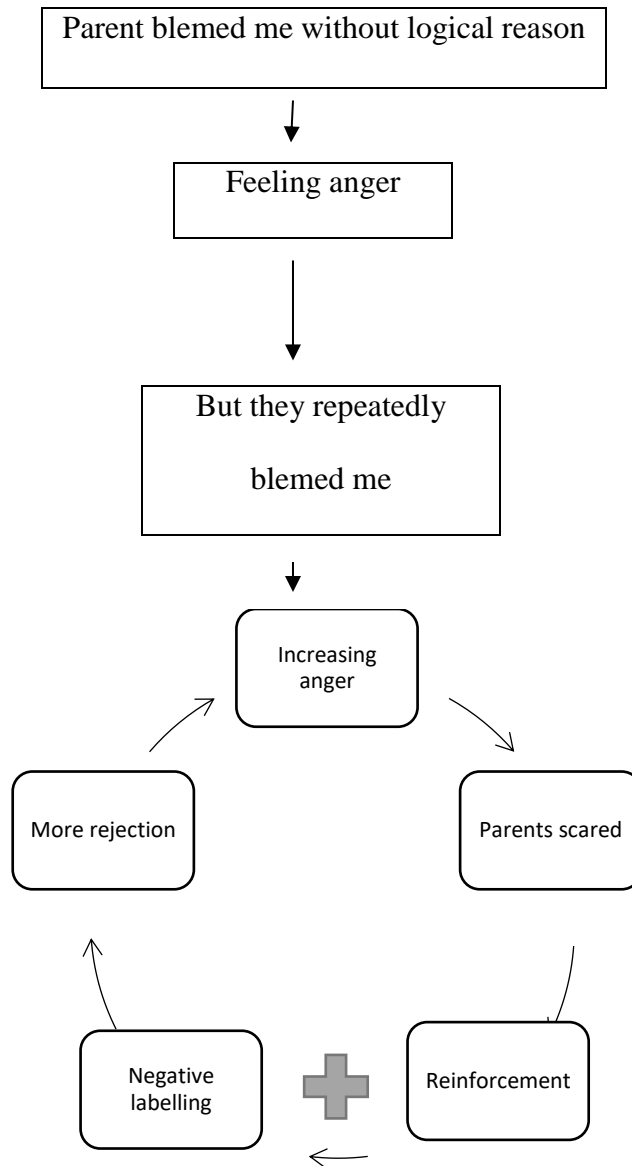
*“If I tried to explain nicely, her shouting, screaming, and blaming would increase even more. At that point, the only option was to speak rudely.” – P24*

These interactions might be two kinds of effects on the situation on different occasions: Either the anger outbursts might be reinforced because they were finally able to overpower the parents and put a stop to their negative behaviours, or the child might be gained a reputation for being stubborn, which might be led to further punishment and rejection. This might be constituted a maintenance cycle for the angry behaviour of the individual (Figure 17). Therefore, it can be observed that early parental rejection created behavioural and interaction patterns that might be predisposed the individual towards excessive anger and might be helped to maintain it. This deep-seated anger came out violently in many situations later in life, and the individual found it difficult to control it.

*“In those situations, I tried a lot to control myself. What I am doing, it's not good – this realization came to me a lot. But in my anger, I end up doing something abruptly and then feel very guilty about it.” – P27*

*“I was a very compliant girl when growing up. I never hurt my parents or disobeyed them. But sometimes I get extremely angry all of a sudden and lose control. This was very surprising to me like – why is this happening?” – P20*

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

**Figure 17***Maintenance Cycle of Anger*



**Objective 4: To develop a theoretical model based on grounded data about how perceived parental rejection influence to develop BPD.**

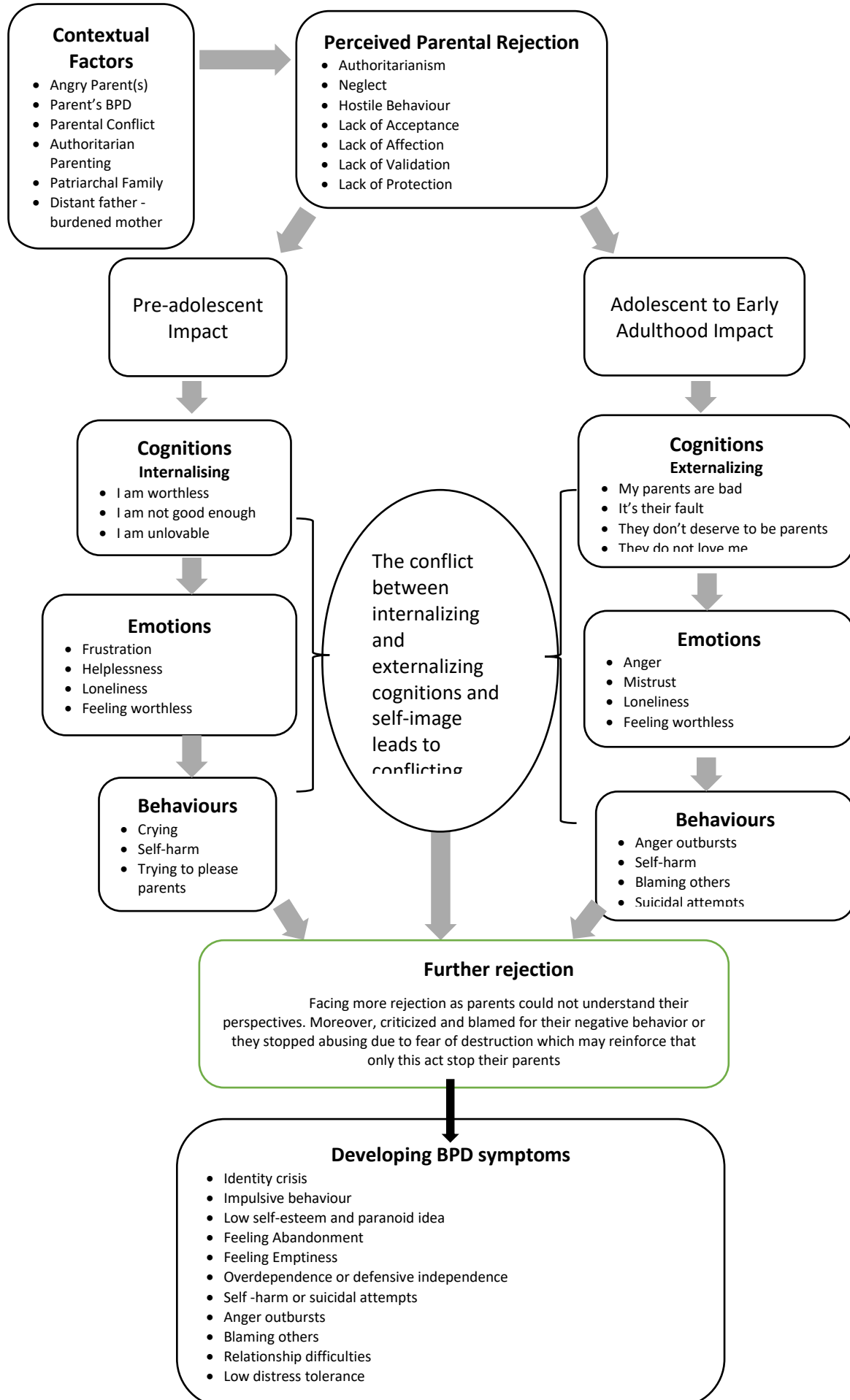
The next stage of the analysis was selective coding. In this stage, codes were revisited and prominent ones were ‘selected’ to help build a theoretical model for the development of BPD.

To better understand the process of how perceived parental rejection influences BPD, it is necessary to identify the contextual factors in which parental rejection occurs. This was the starting point for the present theoretical model of BPD development (figure 18).

**Figure 18**

*Theoretical Model of Development of BPD as a Consequence of Parental Rejection*

PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER



## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

Figure- 18 shows that the theoretical model of BPD development due to the consequences of perceived parental rejection started by several contextual factors. First contextual factor was angry parents. Nearly every participant cited the presence of at least one parent who had anger issues. In some cases, both parents were ill-tempered. These parents were found to predominantly use anger as a parenting or disciplinary technique. Both the mother and grandmother of two participants reportedly had self-harming tendencies alongside an inability to control anger.

*“My mother could not control her anger and she shouted on me in every silly reason. I saw this behaviour in my maternal grand ma also”-P.13*

*“My father used to get angry about very trivial incidents and hit me. One time, while sitting on the floor to eat, I did not sit in the right way. Instead of making me understand, he got angry and beat me.” – P21*

*“My mother always scared me to make me listen to her. She would stop talking to me. One time, she said that if I didn’t listen to her, she would kill herself.” – P32*

*“My mother always beat me on silly matters, now I used to beat my child, though I know, it is not good for his mental health”-P 24*

According to some of the participants another contextual factor that made parental rejection was parents might have BPD. This could be an indication of BPD being present in multiple generations in a family by being transmitted to the subsequent generations through the experience of parental rejection. Because being a BPD patient as they could not control their anger and impulsive act, sometime unintentionally they hit their child. In this way, parental rejection occurs. Closely related to this factor was that of parental conflict, which was reported by about half of the participants. Parental conflict acted as a contextual factor in several ways:

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

first, the conflict itself often escalated to verbal exchanges and domestic violence. Second, parents engaged in the conflict were often too disturbed to address the needs of their children. Third, it was found from the present findings that the anger from parental rejection was displaced on the child.

Fourth, the child had to live in constant fear of losing either their father or mother if their parents decided to separate. Fifth, patriarchal treatment towards the mother, including domestic violence, left a lasting effect on many of the female participants, who became more critical of traditional family structures and vocal about issues of gender-based injustices. Finally, triangulation occurred where the child was wrongly accused of taking sides or was bribed to choose sides.

*"My father used to do patriarchal behaviour with my mother, like forcing things on her. He also used to hit her. The way my father treated my mother – it still bothers me." – P08*

Authoritarian parenting was another contextual factor that was prevalent among the participants. Authority was enforced through anger, and rebellion resulted in punishment and rejection.

*"I always think that I won't be able to do anything. My future is dark. I can't mix with people or study because, in everything, all I heard from my mother was no, no, no! If I asked anything, it was always no. The fear of this 'no' doesn't leave me." – P24*

However, for many of the participants, rebellion and becoming distant were the default reactions to such parenting styles. Parental rejection was also influenced by macro-level contexts, such as cultural and religious norms. Prevalence of a patriarchal family system meant it was often impossible to challenge the will of the male parental figure, and this went hand in hand with authoritarian styles of parenting. This was especially visible for the female participants,

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

who were brought up in an environment of additional gender role expectations and restrictions specifically enforced on them. These contexts also had an impact on the child by determining the gender roles of the male and female parent. The male parent was the breadwinner and hence, his basic role was to provide for the family. Thus, he was expected to be distant and at the same time, angry because of his added role as the disciplinarian in the household. Mothers were frequently observed to reinforce this role by utilizing the father's anger in matters of disciplinary violations. On the other hand, the mother had a multitude of role expectations ranging from caring for her children to the upkeep of the entire household and tending to the in-laws. These roles burdened the mother so much that it became difficult for her to provide a quality time or warmth and affection to her children. This paved the way for parental rejection because there were high expectations from the mother to be warm and affectionate, doubly so to balance the coldness and anger of the father.

*"My father was an angry person. When he beat me my mother never stop him. Moreover, she always used to complain about us to him. Then he would come and scold us a lot." – P29*

According to the participants statements it was found that the presence of these contextual factors paved the way for the occurrence of parental rejection. Parental rejection is herein defined by the seven behavioural patterns described earlier, namely Authoritarianism, Neglect, Hostile Behaviour, Lack of Acceptance, Lack of Affection, Lack of Validation, and Lack of Protection. These parental behaviours were seen to have profound impacts on the participants when they were children. However, it was found that the kind of impact produced changed as the children became older, making it so that there were two distinct types of consequences separated by the onset of adolescence. In the pre-adolescent period, Parental

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

rejection produced negative thoughts about the self in the child, i.e., internalizing thoughts. Examples of this include "I am worthless", "I am not good enough", and "I am unlovable".

*"I used to think that it was due to my faults. I used to feel embarrassed, extremely embarrassed... I was a shameful person, I'm worthless." – P25*

*"When I was a child I thought they were right, it was my fault, I am not good enough."- P24*

These thoughts produced feelings of worthlessness, depression, helplessness, and loneliness in them when they were child.

*"When they reject me I felt helpless and guilty". – P13*

*"I felt too much inferior, I thought the ground would be divided and I just buried under the ground, felt fear towards my father and felt extremely shameful".--P32*

*"I felt too much lonely, felt hatred towards my father and fear about mother". –P25*

As a result, the child resorted to emotional coping behaviours, such as crying and self-harm. Behaviours such as self-harm were also sometimes done to draw the parents' attention towards their sufferings.

*"When I was a child I remember I sometime harming myself to get their attention so that they care about me. But they never understand me. Moreover they criticized me"-P-24*

*"When my parents neglect me, I feel very hurt. Then I start harming myself and try to commit suicide... Since they don't love me, and they consider me to be a burden, what is the point of staying alive?" – P20*

Additionally, they also developed behaviours that were aimed at pleasing their parents and everyone else; and this was due to the harbouring of thoughts that told them that they were not good enough. Nevertheless, these behaviours were criticized by the family and parental

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

rejection continued unrelieved. However, as the child grew up, important changes occurred in the processing of such parental behaviours.

In the adolescent to early adulthood period, the cognitions produced by parental rejection were externalizing ones. Thus, instead of blaming themselves for their parent's behaviour, they began to have thoughts such as "My parents are bad", "it's their fault", and "they don't deserve to be parents".

*"Before age 12, I used to think I deserved this. After 12 years, I began to question and challenge them... That used to make me very angry. At that time, I began to think that they were bad parents." – P29*

Consequently, these thoughts produced emotions such as anger and mistrust in others. At the same time, they also felt lonely due to increasingly distant relationships with their parents. In terms of behaviour, self-directed anger from previous times was now directed outwards in the form of blaming others, anger outbursts, and destruction. Suicidal attempts were another behavioural consequence of continued parental rejection. Moreover, for their negative behaviour, their parents criticized them. Parents are calling them mad or extremely bad and do not realize their perspectives. So again they feel rejected. In some cases watching their behaviours parents become scared and stop abusing them for the fear of destructive behaviour or avoiding the situation but ultimately it reinforces their behaviours for taking the upper hand on the parent who was rejecting them. It is important to note however that at this point, two conflicting sets of cognitions were at work within the individual. Due to the rejection received in their early years, they could not completely escape the feelings of self-blaming and not being good enough. At the same time, it was also evident to them then what was happening to them was wrong and that they were not to blame. These conflicting sets of cognition were the basis of the conflicting and

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

unpredictable emotions and behaviours that were characteristic of these participants when they were adults. This had far-reaching consequences on multiple domains of the individual's life.

*"In those situations, I tried a lot to control myself. What I am doing, it's not good – this realization came to me a lot. But in my anger, I end up doing something abruptly and then feel very guilty about it." – P27*

The adult who experienced lifelong rejection could no longer believe in her abilities. As a result, these individuals suffered from an extreme lack of confidence that crippled their ability to perform well occupationally or realize their full potential. Even when they performed satisfactorily, they could not accept recognition or believe that they had done so.

*"Still if anybody appreciate me I could not believe, I have no confidence"-P 25*

Thus, these individuals continued to suffer from low self-esteem throughout their lives. Another major domain affected was relationships. On one hand, the adult individual suffered from chronic feelings of abandonment and emptiness. This caused them to seek out highly caring relationships and become overly dependent on others. However, by this time, they had become highly sensitive to rejection. Moreover, having learned that their parents had done them wrong, they had also developed a deep mistrust for others. As a result, they were quick to blame others and often had uncontrollable anger outbursts in their relationships.

*"I thought my partner doesn't really care me...he may abandon me anytime"-P 13*

*"Most of the time I make argument with him and tell him he doesn't care about me"-P 8"*

*"Nowadays he avoided me which make me extremely angry"-P 1*

Ultimately, these behavioural patterns resulted in relationship difficulties for almost all participants. Nearly every married participant had strained relationships with their spouses, even



## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

though they were not divorced or separated for various reasons including the presence of children. Among the two participants who were divorced, one had been divorced multiple times.

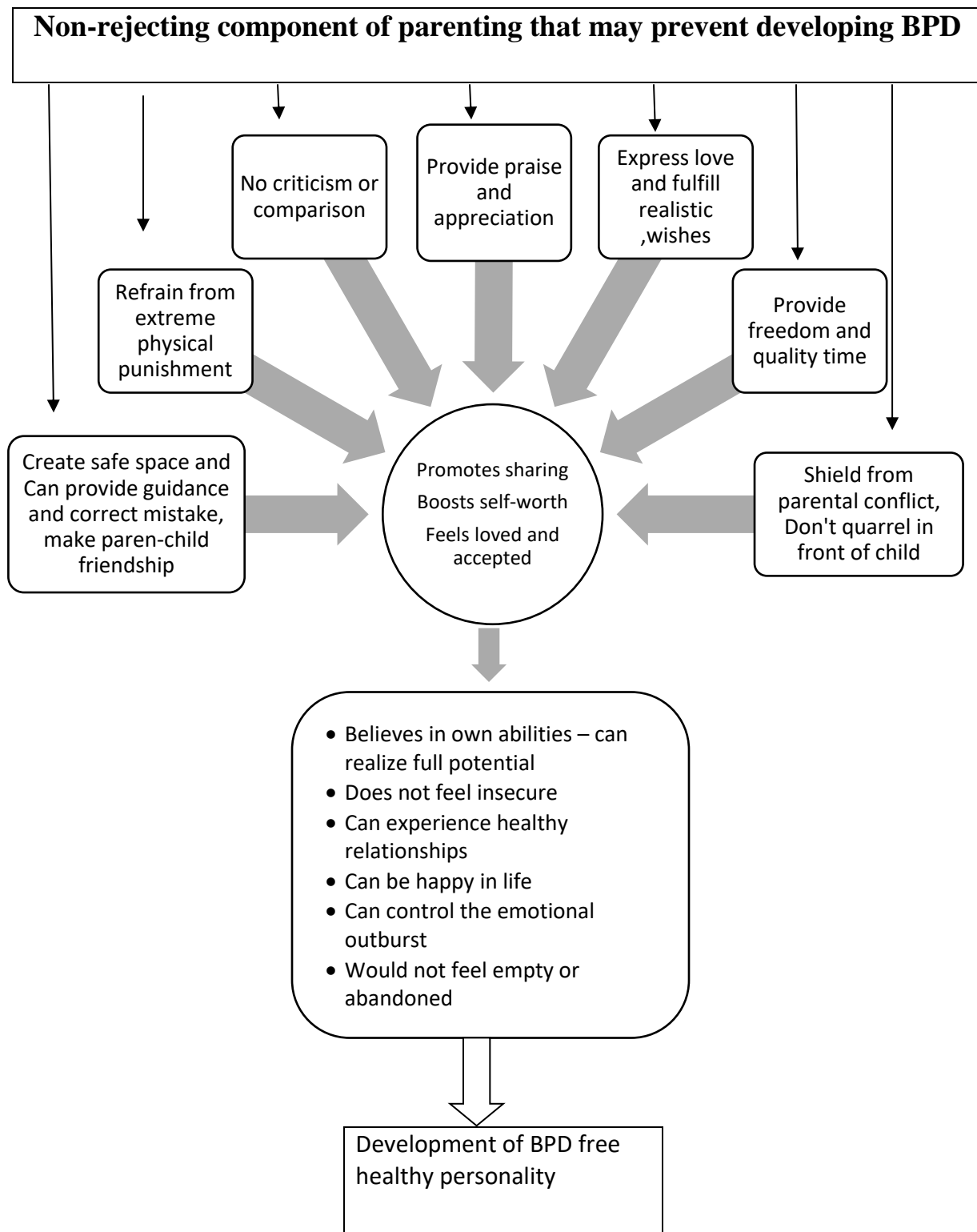
### **Additional Findings of this study:**

In addition to their experience of perceived parental rejection, participants with BPD were also asked what they thought could have prevented their current sufferings. A majority of participants stated that rejection free parenting could have prevented their present sufferings. Some non-rejecting component of parenting were suggested that might prevent developing BPD according to the participant's perspectives, though it was not the study objective. During in-depth interview the researcher found out the information from the participants that might represent as preventive measure of BPD development in respect of parental rejection which showed in Figure 19.

### **Figure 19**

*Non-rejecting components of parenting those might prevent BPD development*

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER



## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

The study participants with BPD expressed that rejection free parenting might prevent their current sufferings and they thought non-rejecting component of parenting could have prevented their BPD development. A majority of participants stated that the most important thing to do was to create a safe space for the child by shifting away from a punishment-based to a guidance-based parenting style. Although the participants believed in the use of mild punishment when necessary, they were vehemently opposed to extreme punishments and verbal abuse – behaviours that were most painful for them during their childhood. In this safe space, the child would have the scope to express his/her opinions and perspectives and the parents would take these into account when making decisions about the child's life. The BPD participants also expressed that having a safe space would also allow the child to open up about his or her life and share if they were facing any problems. This would allow the parents to address their problems or to correct their mistakes by discussion. Several participants also mentioned that they would never fight with their spouses in front of the children. Additionally, they would express love towards children, fulfil their small wishes when manageable, and give them freedom and quality time. Finally, they would accept the child as they are and not try to make them perform according to some pre-set expectations. They would love them unconditionally and praise their achievements (and refrain from negative behaviours, such as comparison and criticism). All of the participants mentioned that every parent should create a friendly relationship with their children. The participants believed that these conditions would create an environment where the child would be accepted instead of being rejected. According to them, such an environment could have prevented their lifelong sufferings and changed the very course of their lives.

Participants felt that if they had not faced rejection, they could have had more belief in themselves; they would be self-confident and reach higher in their academics and careers. They

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

also felt that the absence of rejection would have allowed them to be less insecure and dependent and to have better emotional control so that they could experience healthy relationships. This would have in turn alleviated their loneliness and they could be happy in their life. Ultimately, they could have stopped trying to prove themselves to everyone and loved themselves for who they are (figure 19).

Two Protective factors were identified from the accounts of the participants. One participant had a warm relationship with her grandmother. She would protect her against her mother's hostile behaviour and console her when she was hurt emotionally. Another participant reported that her faith in relationships was restored after she experienced others in healthy relationships, as opposed to the conflictual relationship of her parents.

**CHAPTER-4**  
**DISCUSSION**

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

### **Discussion**

The outcome of this study was discussed according to the study objectives.

#### **Quantitative Phase**

The first specific objective of this study was to determine if there is any relationship between perceived parental rejection and BPD. The outcome of the present study revealed that all participants of BPD had perceived parental rejection. From the quantitative findings of this study, it was found that 87.5% of participants experienced maternal rejection and 66.5% of participants experienced paternal rejection. Even when the participant reported experiencing love from one parent, it was usually paired with high levels of rejection from the other parent according to scores of the PARQ survey questionnaire. The result of the present study showed that 67.5% of participants faced rejection from both parents. The remaining 32.5% of participants experienced rejection from at least one parent. Therefore, all of the participants' perceived severe levels of parental rejection in their lives, and it were revealed from this study finding that rejection from one parent might be enough to produce a BPD diagnosis. These findings are supported by a large body of literature that links parental rejection with BPD (Rohner & Brothers, 1999; Nickell et al., 2002; Huang et al., 2014). The findings pointed out that every participant diagnosed with BPD experienced rejection from at least one parent also indicated that parental rejection positively influences the development of BPD. So Overall, BPD features were found to be associated with parental rejection. These findings were alike to other findings. One Chinese study revealed that parental rejection, punishment, control, and rearing pattern have contributed to the development of BPD (Jianjun, 2014). Other studies revealed a similar result, systematically reviewed 51 case-control and cohort studies examined psychosocial vulnerability factors for BPD that identified and classified five vulnerabilities factors for the

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

aetiology of BPD, two of which related to childhood trauma and unfavourable parenting that involved abuse and rejection from parents (Keinänen et al., 2012).

Moreover present study revealed some demographic nature of BPD and it was found that the mean age of the participants with BPD of the quantitative phase was 28.2 (SD = 7.72). The previous researcher identified in their study that the borderline group was younger and their mean age was 24.44 years (Gupta & Mattoo, 2012), which was close to the finding of this study. In this study, it was found that 17.5% of participants were male and 82.5% were female that indicating BPD was more common in females than men in recent years. According to American Psychological Association, in both forensic and clinical populations significantly higher rates of BPD were constantly observed among females as compared to males (American Psychiatric Association, 2000). The present finding was supported by previous studies where BPD was significantly high in females than males (Skodol & Bender, 2003; Sansone & Sansone, 2009). Other researchers found that women are overly represented in clinical settings including up to 75% of BPD diagnoses (Skodol & Bender, 2003).

The present study revealed that the mean scores of the maternal rejection 157.5 (SD = 31.4) of the BPD participants were higher than paternal rejection 142.6 (SD = 40.1). But there was no statistically significant difference between the mean of PARQ Mother and Father which indicated that a significant proportion of participants experienced high rejection from both mother and father. One study showed that before the age of 18 up to 84% of individuals with BPD experienced neglect and emotional abuse from both parents (Zanarini et al., 2002). Therefore, participants diagnosed with BPD consistently grew up in family environments of extreme parental rejection, often facing significant rejection from both parents.

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

Some of the BPD participants reported parental love from one parent though simultaneously they faced parental rejection from another parent. The reporting of parental love by the participants can be explained in several ways such that it casts doubt on whether they truly experienced parental love. This doubt arises because current understanding dictates that an environment of love should not generally produce adverse life consequences such as BPD (Khaleque, 2002; Sansone et al., 2013). Moreover, in the qualitative findings of this research, it was found that participants who scored low in PARQ scales represent parental love but when they asked about the love, it was revealed that they faced some sort of high rejection and most of them expressed extreme rejection but could not mention it in the close-ended survey questionnaire. For some of the cases, there were no expectations from that parent so they felt less rejection and it represent parental love. An important finding in this regard was that a more number of participants reported father love than mother love. One explanation is that there is a cultural narrative that says that mothers are supposed to be warm and loving. This is evident in the fact that in the context of Bangladesh, the care of the child falls almost entirely on the mother from birth. As such, there may be an increased expectation from mothers to be warm, since it is part of their role as the primary caregiver and attachment figure of the child. This also opens the door for attachment problems, because the mother may sometimes be overwhelmed and cannot attend to the needs of the child. On the other hand, fathers are expected to be providers. As long as they are fulfilling their economic duties, it does not matter that they are cold and distant. A related cultural narrative also places them in the disciplinarian role, which means that anger is also an accepted aspect of their persona. As a result, father love may have been reported because expectations from fathers were so low that they never failed to meet any of them. A second possibility is a comparative evaluation. If the mother's rejection of the participants who reported



## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

love from their father were indeed very rejecting, then their fathers' behaviours must not have seemed so bad to them in comparison. Conversely, due to the lack of warmth from the father, expectations from the mother to be warm and caring would have increased even more. This can explain the low number of participants reporting parental love from the mother. Therefore, although neither parent is being warm, the father's behaviour is quietly accepted while the mother is penalized. A final alternative explanation to this finding is that the questionnaire had low sensitivity in capturing father rejection. Due to the cultural differences mentioned above, participants may mean different things when talking about mother and father rejection. However, the mother and father forms of the PARQ contain the same items. According to Aktar and Nahar (2014), in their cross-cultural research, it was revealed that parental acceptance and rejection vary across nations.

Another quantitative finding was that unmarried participants reported more father rejection than married participants. It might be because those unmarried participants were still living with their father who was still perceived as rejecting them. However, in respect of married participants, other stressors might subside the earlier feeling of paternal rejection. Another possible cause was that their rejection sensitivity might be channelled toward their intimate partner instead of their father after getting marriage. From several studies, results revealed that there was a significant association between recollected parental rejection and perceived intimate partner rejection (Chyung & Lee, 2008; Parmar & Rohner, 2008; Rohner et al., 2008; Varan et al., 2008). From the literature it was found that "Children who perceive rejection by their parents develop distorted mental representations of self, significant others and the world" (Rohner, 2004, as cited in Babuscu, 2014, p.4). According to PAR theory, it was indicated that stability of

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

acceptance-rejection in childhood from parents is a display of adult relationship with close partner (As cited in Babuscu, 2014).

The second objective of this study was to determine the degree of influence of perceived parental rejection on BPD. Present study findings revealed that the parental rejection was found to be significantly related to BPD severity. In terms of the severity categories of the scales, a significant proportion of the participants' scores fell in the two highest categories for both mother and father forms of the PARQ. Systematically reviewed studies concluded that overall, ill-treatment is a threat for borderline symptoms in children and grown people, and according to the intensity of exploitation that risk is amplified (Steele et al., 2019). Present study revealed that BPD severity was more related to mother's rejection ( $r = .304, p = .028$ ) than father's rejection ( $r = .210, p = .044$ ). A similar result was found in a study that presented that adolescents with BPD features were raised by those mothers who gave a lack of warmth and affection, more overprotection, and more rejection than healthy controls (Ougrin et al., 2012). Another study showed that insecure attachment and lack of caring from one's mother were associated with Borderline features (Nickell, et al., 2002). These findings are corroborated by other studies, which found mother rejection to be significantly related to BPD (Russ et al., 2003; Lila et al., 2007). Another study suggested that perceived acceptance from fathers is indirect on behavioural problems of their offspring (Lila et al., 2007). But one research on "Perceived parental rejection, psychological maladjustment, and borderline personality disorder" - indicated that people with BPD perceived more paternal rejection than maternal rejection, and scored significantly high on the psychological maladjustment (Rohner et al., 2008). The last finding opposed the present findings. It might be for the cultural difference. In our culture offspring usually expected warmth, affection, and care more from their mother than their father. They expected that the

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

mother would be more affectionate and accepted and the father would be busy with their outside work and would not be much responsible to give care and warmth. That's why a mother's rejection might impact more than a father's rejection to predict BPD.

The correlations between PARQ total scores and BPD severity were found to be significant but low. It has been observed that a large enough sample can drive up the level of significance of correlation coefficients. It is therefore more difficult to obtain a significant correlation with a small sample. As such, with the small sample size in the present study, a significant coefficient indicates a solid relationship between the two variables. Moreover, according to Hemphill, coefficients of such magnitude are common in clinical research and even weak correlations are important if they are clinically significant. (Hemphill, 2003). In this case, discovering the links of BPD is important enough to consider correlations of such magnitude acceptable. There may be several reasons for the magnitude of the coefficients found in this study. Firstly, parental rejection may be related to the incidence of BPD but not necessarily its severity. One reason for this may be that since most of the participants were adults, parental rejection was experienced by these individuals in the distant past. Other stressors, which are more current in the individual's life, such as relationship difficulties, may be more important in determining the present-day severity of their BPD. Alternatively, another possibility is that the PARQ is not very culturally appropriate. This explanation is corroborated by some of the participants' feedbacks that they found it difficult to fulfil the questionnaire. They reported that many behaviours which culturally fit the definition of parental rejection were not present. Thus, some of the behaviours mentioned in the questionnaire may not have been experienced by the participants, resulting in lower scores. However, it does not mean that they did not face high parental rejection because other behaviours which are culturally important manifestations of

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

parental rejection may have been prevalent but were not included by the scale which was revealed later in the qualitative phase of this study. On the other hand, those rejecting behaviours included in the scale which we're not culturally expected from parents may have been marked as absent. For example, there were items regarding whether the parents overtly expressed their love to their children. One participant pointed out in the qualitative phase that such practices were not culturally prevalent when they were growing up. It is, therefore, possible that they rated these items favourably towards their parents because those behaviours were not expected of them at the time. Nevertheless, even though the participants had come to such conclusions as a result of growing their age and developing their understanding, it was evident that those behaviours, whether expected or not, had severe negative impacts on them. Another reason is the individual difference in coping with parental rejection. According to PAR theory coping sub theory, all rejected persons do not develop severe problems. Some of the rejected persons might have capability to manage the suffering of recognizable rejection more efficiently than other rejected individuals (Rohner & Khaleque, 2002).

The third objective of this study was to assess what types of behavioural features (Among unaffectionate, hostile, neglecting and undifferentiated rejection of PARQ scale) of perceived parental rejection are related to BPD. In addition to the total scores, subscale scores on the PARQ were also found to be related to BPD severity. For both parents, significant correlations were found for two of the four sub-scales: 'Hostility/Aggression' and 'Undifferentiated Rejection'. These were positively correlated to BPD severity. On the other hand, the 'Warmth and Affection' and 'Indifference and Neglect' sub-scales were not significantly correlated to BPD severity. One conclusion from these findings is that the presence of negative behaviours (signified by 'Hostility/Aggression' and 'Undifferentiated Rejection') has more influence on BPD severity than

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

the absence of positive behaviours (signified by 'Warmth and Affection' and 'Indifference and Neglect'). One study revealed that the ratio of experiencing mental and physical punishment that represent hostility in childhood is high in borderline personality disorder (Alafia & Manjula, 2020).

Among the sub-scales having significant correlations, coefficients were slightly higher for the corresponding sub-scales on the mother form compared to the father form. The highest coefficient was found for the Hostility/Aggression sub-scale of the mother form, which was the only coefficient that could be classified as a statistically moderate significant correlation. The conclusion here is that, hostile behaviour from the mother was found to be most related to and useful in predicting BPD severity. The present study found that the correlation for the Hostility of the mother and BPD was 0.489 ( $p = .001$ ). Therefore, it was revealed that there was a statistically significant correlation between the mother's hostility/aggression and BPD severity. This was evident in the regression analysis as well, where the mother's hostility was the only sub-scale of PARQ scale that could be used to build a model to predict BPD severity. If mother's hostility will increase 1 unit than BPD will also increase by .055% at statistically significant level ( $B = .055$ ;  $p < 0.001$ ). Present study revealed that mother's hostility can predict the BPD by 23.9% ( $R^2 = 0.239$ ). Therefore, mother's hostility is a significant predictor of BPD severity [ $F(1, 38) = 11.960$ ;  $p < .001$ ]. According to Ozili (2022)  $R^2$  at minimum in between 0.10 and 0.50 (10% to 50%) is acceptable in social science research that deal with human behaviours if it is statistically significant (Ozili, 2022). Present finding supported by the study of Johnson et al., (2001) that indicated, parental roughness, rejecting comments, and chronic hostility appeared to be mostly risky atmospheres for the child in developing age and contributed to developing child and adolescent psychopathology. Due to the low correlational coefficients, however, total scale

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

scores could not yield significant regression equations. In a cross-sectional study, it was found that maternal hostility was associated with BPD symptoms in offspring age 15 (Herr et al., 2008), which was similar to the present study as the study participants of BPD revealed that they faced maternal rejection when they were 7-12 years old and they also mentioned in the qualitative phase of this study that during their adolescent period they had the symptoms of BPD. In the qualitative phase, it was also explored that most of the participants experienced extreme rejection from mothers' especially hostile behaviour from them.

The differences between the predictive potential of mother and father sub-scales can once again be attributed to the different cultural expectations from mothers and fathers as discussed above. Rejection by mothers, who at one time must have been the primary attachment figures for these children, is more painful for these individuals because mothers are a kind of last resort for them to obtain the love and warmth that they seek. That is why the mother's hostility comes as quite a shock and is more difficult to accept. On the other hand, because they had already accepted that their cold and angry fathers would not be able to provide them with these things, all their expectations fell upon the mother. And when these expectations were not met, they had nowhere else to go. Another explanation that considers the cultural perspective is that mothers may have indeed been more rejecting to these participants simply because they had more scope of interacting with the children. In Bangladesh, a vast majority of mothers are housewives and solely responsible for the caregiving of their children. Whereas fathers may have less opportunity to interact with and thus, reject their children due to their work, mothers are responsible for ensuring everything about the child's well-being from necessities to academic performance. This sets the stage for many potential disciplinary incidents throughout the day, which may precipitate rejecting behaviours, especially hostility. Indeed, stress and other behavioural problems of the

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

father have been observed to impact the child through the mother (Infurna, et al., 2016). This may be because pathology in the father creates stress on the mother (by creating relationship difficulties etc.), and the mother, in turn, displaces it on the children by committing neglect or hostility.

### **Qualitative Phase**

In the qualitative phase, according to the first specific objective, the finding involved understanding the subjective experience of perceived parental rejection. This resulted in a list of all the different behaviours of parents that the participants perceived as parental rejection. There were 65 types of perceived subjective parental rejection experiences revealed by the 22 participants of BPD in the qualitative phase through in-depth interviews. Most of the perceived parental experiences were similar to the PARQ adult survey questionnaire like Extreme punishment, hurtful comments, lack of expression of love, not fulfilling the basic needs, lack of praise, etc. but some of the experiences were not in the PARQ adult. Such as lack of protection from sexual abuse, allowing others to intervene in life decisions of the child, blaming and punishing the child for parental conflict, forcing the child to live away from home, left alone in a locked house, never acknowledging the child's emotion, prioritized societal pressure than child's need, preferential treatment of sibling and so on. As these items were not in the quantitative phase and close-ended questionnaires were filled up by the participants, some of the participants could not represent the perceived parental rejection experience accurately in the quantitative phase. Thus the second qualitative phase explored these perceived rejections with explanation and it seemed that participants, who scored moderate to high perceived rejection in the quantitative phase, later expressed extreme rejection from the parents in the qualitative phase of

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

the study. For example, one participant had a moderate rejection from both parents in the PARQ survey questionnaire but later it was explored that she had more than severe rejection from both parents and was continuously shouting and sometimes crying when expressing about the rejection in the in-depth interview. Moreover, most of the participants who scored high to more than high rejection from one parent and scored love to moderate rejection from other parents also expressed significantly more than high rejection from the other parents. Therefore all participants except one who scored in the love category from other parents in the quantitative phase expressed high to more than high rejection in qualitative in-depth interviews. From the two outliers in the quantitative phase, one outlier got mother's love and moderate rejection from father. This participant got the lowest rejection from parents according to the survey scale later found in the qualitative phase that she had a severe rejection from both parents. However, it was found from the qualitative findings that all participants had severe to more than severe perceived parental rejection from both parents.

The second objective of qualitative phase was to explore the different specific behavioural patterns of perceived parental rejection that influence BPD. In qualitative phase after getting the subjective experiences of perceived parental rejection from the participants with BPD, all the perceived parental rejection-related experiences were then grouped under seven categories of behavioural patterns that could explain each subjective experience. There were also important similarities and dissimilarities between the categories of the present study and that found in the Parental Acceptance Rejection Theory (PART) (Rohner et al., 2012). In PAR Theory, all rejecting behaviours were categorized under four categories. Among them, the categories Warmth/Affection, Hostility/Aggression, and Indifference/Neglect were also found in the present study as Lack of Affection, Hostile Behaviour, and Neglect respectively. However,



## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

four new categories were explored in the present study to accommodate all the subjective experiences of the participants as the different types of behavioural patterns of the perceived parental rejection. Authoritarianism was an important behavioural pattern that warranted its category. Cultural aspects might suggest one possible explanation for its salience: In Bangladeshi culture, parenting is often more restrictive than in the western parts of the globe. Generally, the extent of control that these parents can exert on their children is much greater. Nevertheless, the amount of freedom that a child enjoys can vary significantly between families even within this culture. This was apparent in the account of the participants who grew up in environments so restrictive that restrictions were viewed as parental rejection by a majority of the participants, and had lasting adverse effects on the individual. One aspect of authoritarianism, namely overprotection, has previously been associated with the development of BPD (Infurna, et al., 2016). Long ago a study revealed that overprotection and inconsistency from mothers indicated the diagnosis of BPD (Bezirgianian et al., 1993). Not only that a relatively recent meta-analysis by Boucher et al., in which it was indicated that parental low caring and over protectiveness were identified as possible risks for BPD development (Boucher, et al., 2017).

Several behaviours collated under the four categories in the PAR Theory were brought under these new categories because they reflected the meaning of these behaviours more accurately. For instance, the behaviour 'lack of praise' was categorized under Lack of Validation instead of under Unaffectionate because of the difference in their cognitive impacts on the individual. While Lack of Affection created feelings of being unloved in the child, Lack of Validation was represented by the absence of such behaviour as praise that resulted in low self-esteem in the individual. A third category called Lack of Acceptance included the presence of negative behaviour, such as criticism. Here the primary cognitive impact was the feeling of being

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

unworthy or not being good enough to be accepted by their parents. A final category called Lack of Protection was a new finding of the present study. The fact that not being protected from childhood sexual abuse was seen by the participants as a form of parental rejection is an important finding. Because out of 22 participants in the qualitative phase, six female participants expressed that they had childhood sexual abuse by their close relatives. Even though a long years ago Figueroa and Silk, (1997) suggested that evidence of childhood sexual abuse contributes to developing symptoms of BPD, like hopelessness, worthlessness, emptiness, loneliness, or boredom. All of the participants in the in-depth interviews claimed that it was their parent's fault, they did not protect them from the sexual abuse. Even more, three of them told their parents about the abuse but they didn't take any action for avoiding conflict with the close relatives and didn't want that other relatives and society to know that fact. Our society seemed this occurrence as the disgrace of the girl. The other three participants could not tell about the sexual abuse to their parents because there were no space for sharing and they knew if they told they would not get any help, moreover would be blamed by their parents for being abused. As a result, the occurrence of sexual abuse continued repeatedly.

Although sexual abuse was a traumatic event in itself, the fact that their most trusted individuals failed to protect them, made them develop a deep mistrust in parents, others, and more importantly, in intimate relationships. Teicher et al., (1994) stated that physical and sexual abuse during childhood is linked to dysfunction of the temporal lobe. Correspondingly, Figueroa and Silk, (1997) indicated that if about 60% of BPD patients reported childhood sexual and physical abuse, the rest 40% of BPD patients did not experience these types of trauma and there were some environmental issues, related to neglect, lack of empathy from parents, interrelate with biological susceptibility, to arrive to meet conditions for being a BPD patient. Previous

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

study revealed that primary caregiving of mother seems to play a significant role in infancy in programming the dopaminergic and oxytocinergic systems of neuroendocrine (Strathearn, 2011). Disturbance in dopaminergic neurotransmission might have an intense impact on affect and behaviour and produces several neuropsychiatric disorders of behaviour (Baskerville & Douglas, 2010). Joyce et al., (2014) stated that dysregulation of serotonergic and dopaminergic neurotransmitter structures revealed to be significant in the aetiology of BPD, and associations between genetic factors from various neurotransmitters might perform a role in the vulnerability to BPD. So as parental behaviour plays a vital role in programming the neurotransmitter systems it might say that behind the biological and genetic basis of BPD there is also the deep-rooted cause of parental maltreatment or rejection. It was found that the pain of seeming rejection is very existent. Several brain imaging types of research disclose that particular portions of the brain especially the right ventral prefrontal cortex and anterior cingulate cortex are stimulated when individual experiences rejection (Eisenberger, 2012a, 2012b, 2015; Karos, 2018; Ali, 2021). Whereas the creation of more categories will help enrich the interpretation of the data, cramming all of the participants' experiences into a few categories would have resulted in a reductionist view, which runs contrary to the aims of qualitative analysis.

To meet the third and fourth objectives of qualitative phase of understanding the process of how parental rejection influences the development of BPD and to build a substantive theory, the researcher utilized the cognitive-behavioural framework. The reason for this is that the researcher is a clinical psychologist who was trained in and is a long-term practitioner of cognitive behaviour therapy. The researcher's clinical psychological lens was used when developing the topic guide for the in-depth interview for understanding the psychological process about how perceived parental rejection influence the development of BPD. Though the questions

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

of the in-depth interview were partially guided by the cognitive-behavioural perspective, the information gathered by the interview was purely data-driven. Therefore, the process and substantive theory include aspects of cognitive psychology, which will serve the purpose of enhancing the case conceptualization and precision of treatment of BPD for other practitioners of CBT.

One important finding in the process is the specific types of cognitions that appear in the minds of the child as a result of rejecting behaviours of their parents (such as criticism, comparing the child with others, using physical punishment, lack of praise or acknowledgment of talent, do not fulfil the basic need or emotional need, do not accept the child as the child was). Once some of these cognitions begin to appear, continued parental rejection serves as further evidence for beliefs such as "my parents do not want me." Therefore, the perception of parental rejection is just as important as the rejection itself. This perception occurs mainly because, at that age, the child has no other models by which they can make sense of their parents' negative behaviours. Moreover, many of the participants held multiple global negative cognitions about themselves that reduced their self-esteem. Parental rejection has previously been found to be related to low self-esteem and negative world views in other research (Gracia et al., 2005), including one conducted in the same country as the present study (Yasmin & Hossain, 2014). Important findings were revealed by exploring the process like it is two-stage in the processing of the rejecting behaviours from the parents. At the first stage during childhood especially before the age of 12, the participants internalized the information and thought that they are not good enough, everything was their fault, they are worthless, and they are inferior and good for nothing. These thoughts created feelings of frustration, guilt, sadness, lack of confidence, lack of self-esteem, feeling inferiority and also make their physical reaction uneasy, weak and they had

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

palpitation, breathing problem and their action was crying, self-harming, doing frequent mistake. These cognitions are similar to the concept of core beliefs found in depressed individuals in cognitive theory (Beck, 2011). But when they grew up especially from adolescent to early adulthood their perception and cognition about parental rejection were changed and they externalize it like: they thought that it was not their fault, their parents were bad, they were not able to parent, and they unjust with them, remembering the past repeatedly, their parents did not accept them as they were. These perceptions broke their self-esteem, and self-confidence again by thinking that- "I am not accepted by my parents and how others would accepted me". This thought made them too sensitive to rejection in later life also. Most of the participants expressed that they don't have any confidence in themselves and about others so that they have fear of loss and fear of abandonment. The participants also mentioned that they have low self-esteem, as a result, they were too much sensitive to other's negative comments and it make their interpersonal relationship very troublesome especially with their parents and later on with an intimate partner. Several studies included that withdrawal of parental love is associated with low self-esteem, low emotional well-being, fear of failure, and feelings of hatred to the parents in the adolescence period and the early adulthood (Assor et al., 2004; Soenens et al., 2005; Renk et al., 2006). It was found that rejection from parents seriously impacts in child's life satisfaction and self-esteem is more predisposed by parental refusal than life gratification (Yasmin & Hossain, 2014). They always thought others would de-evaluate them and anytime abandon them as their biological parents did not accept them. There was a deep-rooted mistrust and extreme level of insecurities in them that made their relationship disturbed. This finding was supported by the study that revealed that childhood parental rejection was considerably linked to close partner rejection (Varan, 2005). These thoughts created anger, irritability, depression, mistrust, low self-esteem,

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

feeling empty, abandonment, and lack of emotion regulation. One study revealed that dysfunctional parenting was contributing to instabilities in the emotion regulation of the child (Hughes et al., 2012). And it is needless to say that BPD sufferers have severe emotional problems (Rohner & Brothers, 1999). By the time in their behaviour, they expressed extreme anger outbursts, hostility, destruction, self-harm, suicidal attempt, blaming others, repeating negative past events, lack of impulse control, excessively dependent towards close one or defensive independent behaviour, interpersonal relationship problems. Aaronson et al. (2006) have informed that BPD patients were extra likely to display angry withdrawal and obsessive care-seeking behaviour for securing the bonding. Putnick et al., (2020), studied in the Bangladesh context and found that recollections of parental rejection were linked with hostility and aggression among both men and women. Several studies revealed that BPD is accompanied by serious and steady functional impairment (Skodol et al., 2005; Lenzenweger et al., 2007; Grant et al., 2008). It was established that the common features of BPD are reflected by impulsiveness, difficulties in relationships, affective dysregulation, and performing unsafe behaviours (APA, 2013; Gunderson, 2010). It was also found that BPD branded by a high threat of suicide and the death rate by suicide was 8% to 10%, which was 50-times greater than in the common populace (Oldham, 2006). However, it was revealed that all the symptoms of BPD derived from the core belief that they adapt from the context of perceived parental rejection. The study revealed that early involvements of mistreatment, neglect and cruelty from parents result in mental problems that abode an offspring at danger of developing BPD during their adolescence and adulthood (Steele et al., 2019). Though in the adolescent period their perception was changed about their parent that their parents were wrong but their early core belief created by the parental rejection that they are worthless, they are not good enough, contradict with the later perception

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

and thoughts. For that reason, it was common in BPD patients that there was a conflicting emotion, like- very bad other times well with frequent mood swings, sometimes feeling inferiority other time superiority, which represents a sense of disturbed self or self-identity of them. Because of the confusing and contradictory thoughts and emotions, their behaviour is also very unpredictable and disorganized. According to Bender et al., (2011) impulsivity related to negative emotion in BPD patients might be an outcome of reduced distinction of person's feelings that prevents healthy adjustment. Most of the participants also mentioned that after experiencing parental rejection they had no space to ventilate these or they had not any other family or social support except two of the participants. From them, one had grandmother's support and one could share with mother by experiencing rejection from father, though she also reported some sort of rejection from her mother. This view of the participants is reported in the literature as well. One study looked into this matter and found that lack of social support could not prevent abuse but did play a role in increasing the chances of developing BPD (Elzy, 2009).

The model of BPD starts with the context in which parental rejection, and subsequently, BPD occurs. It was found that persons with BPD experienced a lack of parental care, hostility, parental inconsistency, parental neglect, parental abuse, and overprotection (Boucher et al., 2017). Most participants reported that their parents were extremely angry individuals. Two possible reasons for such parental characteristics might be stress and psychopathology. From the accounts of the participants, it can be observed that several families suffered from the financial crisis, leading to or existing besides parental conflict, which was a possible source of stress for the parents. However, some studies assert that both mother and father relationships are important for positive outcomes for the child (Stafford et al., 2016). On the other hand, some of the mothers were seen to display extreme and unprovoked anger, including self-directed anger, such as self-

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

harm. Parental psychopathology was likely a cause of such behaviours. The implication of parental stress and psychopathology in BPD was found by Infurna et al. and indicates a generational transfer of psychopathology, where untreated disorders (including BPD) caused mothers to reject their children, and this, in turn, resulted in BPD in the children themselves (Infurna, et al., 2016). Another study supported the present finding revealed that lack of behavioural control and psychological problems of the mother was connected with BPD indications in adolescence (Mahan, 2016). According to Johnson et al. (2001), parental crudeness, hurtful comments, and chronic hostility made the atmospheres unsafe for the child in developing age and helped to develop child and adolescent psychopathology, and these behaviours are mostly associated with a parental personality disorder. Mothers' BPD was also found to be related to BPD in their children in several studies (Schuppert et. al., 2012; Macfie, et. al., 2017). According to Laporte et al., (2018) individuals with BPD also had a history of mistreatment by their parents that affected in their parenting role and then they abused their own children. It might be for imitating their parents' behaviour as a learning process or might be genetic. In this way, BPD might transfer from generation to generation. Perroud et al., (2016) studied "the impact of childhood maltreatment on the methylation status of the 5-HT3AR and its association with clinical severity outcomes in relation with a functional genetic polymorphism" and they were found that epigenetic change of the 5-HT3AR happens when maltreatment is occurred in childhood and was connected with higher severity of the disease especially greater number of temper episodes, attempts of suicide which are the characteristics features of BPD. An important takeaway here is that the context may indicate a multifactorial causal chain for parental rejection. It can be asserted that these contextual factors must be addressed to have any substantial chance of preventing or reducing parental rejection and BPD. Parental rejection itself



## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

has been seen to have two types of impacts on the individual depending on their maturational level. Both of these findings are corroborated by the Sociocultural Systems Model of the PART (Rohner et al., 2012). The theory talks about 'Maintenance Systems' and 'Intervening Developmental Experiences', which can be linked to the ideas of context and differential impacts respectively. One important finding in this regard is that even after growing up and realizing that their parents were wrong to reject them, cognitions from their pre-adolescent period remained deep-rooted. As a result, they ended up with the conflictual cognitive-behavioural process that is characteristic of BPD, in which their minds continuously alternate between blaming themselves and blaming others.

An additional finding included the participants' views on how their current condition could have been prevented. In this finding, the participants mostly highlighted their parents' rejecting behaviours. In other words, according to the participants, the absence of parental rejection could have spelled the absence of BPD in their lives. This included the absence of negative behaviours as well as the presence of positive behaviours. The participants also mentioned that their present condition could have been prevented if their parents created a safe space to share everything with them, if they acknowledged their potentiality, and praise their good behaviour if they protect them from sexual abuse if they met their emotional needs if their parents didn't fight in front of them, if they didn't give extreme pressure for studies and took their opinion about their life decision and if they accepted them as they are. According to PAR Theory individuals who perceived parental acceptance are expected to develop a lack of aggression, positive self-esteem, emotional stability, high self-confidence, positive self-adequacy, and a positive worldview (Rohner, 2004). All of the participants gave priority to the parent-child friendship that might be prevented to happen the negative consequences of their life. Most of the

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

participants wished that they would create a safe space for their children and build a friendly relationship with them. They would also accept their child as their characteristics. But some of the married female participants who had children told that they did the same behaviours toward their child which their parents did with them and it was beyond their control. It was found that the BPD symptoms of the mother are linked with negative parenting and emotional dysregulation, impulsivity, and hostility in mothers might be visible as mood-related childrearing activities those involved severe punishment, undermining reactions, and over controlling behaviours (Zalewski, 2014). This is an important finding because statements of the participants indicated that the impact of parental rejection took precedence over other things, such as relationship difficulties, lack of emotional and behavioural control, lack of confidence and low self-esteem, identity disturbance, being victimized of sexual abuse and self-destructive behaviour in the development of BPD. After all, according to the study participants it was explored that those issues could all have been prevented if parental rejection would not happen. Rohner et al., (2008) stated that a maximum of the diagnostic features of BPD have been associated with perceived parental rejection, as identified in PAR theory. Another study conducted in Bangladesh revealed that academic performance correlated with warmth from parents, echoing the statements by almost all participants in the present study that they could have reached higher stages of success in the academic and professional field if they had not faced parental rejection (Uddin, 2011). Most of the participants stated that they could be able to do better anger management, could be proud of their potentiality, could cope with the adverse situation, and overall could be happy if did not experience parental rejection. It was supported by one study where it was shown that individuals with BPD perceived rejection from parents and between the comparison groups had greater maladjustment with the situation (Rohner et al., 2008). Finally, in

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

his meta-analysis, Khaleque showed that perceived warmth from parents was associated with a range of positive outcomes for the individual, such as reduced aggression, high self-esteem, emotional stability, in people from many different cultural backgrounds (Khaleque, 2013). Thus, Parental non rejection and warmth might be a very important factor in the prevention of BPD development.

### **Triangulation**

In triangulation, the datasets are matched for divergence, convergence, and complementarity (Nightingale, 2009). Triangulation was used for the creditability and validity of the study results. There were a few similarities and differences between the findings of the two phases. In both phases, it was evident that mother's rejection was perceived as being worse than father's rejection. The reason cited by the participants was the extra expectation that they had from their mothers to be warm and caring. There was also a helpless acceptance by the participants of the fact that their fathers would remain cold and distant, and it would not change. Thus, they expected their mothers to acknowledge the shortcomings of their father and make up for them by being warm. One study supported the present study which revealed that perceived maternal acceptance was directly associated with a child's behavioural difficulties but not paternal rejection and that acceptance from mother facilitates the special effects of acceptance from father (Lila et al., 2007).

Among the variables, the only two outliers were detected the PARQ-M total scores of two participants who reported parental love from the mother. When these participants were interviewed for the qualitative phase, one of them reported that she received a high rejection from her mother particularly from both parents. The other participant reported that she had

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

experienced some kind of mother's rejection. However, because her father was very abusive towards her mother, she felt sympathetic towards her and ended up viewing her more positively. On a similar note, only one participant among 6 participants who reported father love in the quantitative phase remained in their positions regarding the behaviour of their fathers. In that case, the father was a pilot and was too busy with his outside work. Whenever he came home the interaction with him was good. On the other hand, the mother was extra burdened and for that reason could not control her temper and gave her extreme physical punishment. While some participants did recall certain positive behaviours regarding their fathers in the quantitative phase, all participants except one revealed experiences of father rejection in the qualitative phase. There are two possible reasons for this: Apart from the cultural sensitivity of the PARQ being a factor here (as discussed earlier), rapport could be another reason why most participants revealed information in the qualitative phase that was not picked up in the quantitative phase. This is because recollecting childhood experiences was extremely painful (and at times traumatic) for these participants. It was only after enough rapport was established that they were able to recollect their most painful experiences. Another important reason was the nature of the qualitative study that used in-depth interviews consisting the open-ended questions that revealed the deep-rooted fact of the rejection. Whereas a quantitative survey questionnaire consisting of close-ended questions could not reveal the exact picture of the parental experiences.

Another quantitative finding was that unmarried participants reported more father rejection than married participants. It was similar to qualitative findings. One reason for this might be that the unmarried participants were still living with their parents, especially since a majority of the participants in the study were female. This creates increased opportunities for conflict between the participant and the father, who is the head of the household. In the

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

qualitative phase, many of the participants reported such conflicts with their fathers, who continued their rejecting behaviours even when their daughters had become adults. The most painful of these behaviours was that the physical punishment was still being used as a disciplinary measure. By contrast, such conflicts were not reported occurring with the mother. One possibility is that as the children grew up, the immense responsibilities that stressed out the mothers were gone. As a result, their behaviour improved.

In the quantitative phase, findings indicated that the mother's hostility was significantly correlated with BPD symptoms and the same findings were revealed by the qualitative in-depth interview. Moreover, through the qualitative findings, it was explored that participants with BPD were not only faced mother's hostility but also had faced severe forms of fathers' hostility. The abusive behaviour was not only towards the participants when they were children and adolescents, participants also witnessed father's hostile behaviour towards their mother that created trauma in the participant seeing that their gender was suppressed and abused by the male dominancy. All of the participants who witnessed these being were labelled as other types of rejection.

Though in the quantitative phase significant correlation was not found between lack of warmth and neglect, in the qualitative phase it was found that numbers of participants with BPD mentioned that neglect and lack of warmth as a severe form of rejection. From them, some of the BPD participants did not face any hostility, any sexual abuse but faced neglect from their parents. Some of the participants experienced multiple types of rejection.

In the quantitative phase participants who scored more than high rejection in PARQ had revealed similar rejection in respect to the severity in the qualitative phase. But for the participants who scored lower rejection and scored love in PARQ, the findings were not similar

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

to the qualitative phase. However, all participants faced severe to more than severe form of rejection from both parents but except one who reported father's love.

The first specific objective of this mixed-method study was to see whether there was any relationship between parental rejection and BPD. In the quantitative phase, it was indicated that there was a positive correlation between parental rejection and BPD. A similar finding was explored by interviewing the 22 participants. All participants in the qualitative phase mentioned that their present BPD symptoms and life condition were the product of their parental rejection. When the researcher asked them how the parental rejection was related to the present condition, most of them made link of their specific problems with the particular type of parental rejection. For example one participant stated that as her mother always used to criticize her and never praised her, she thought that, she is not good enough, for that she had a lack of self-confidence and low self-esteem and still now when everybody praises her for her talent, she cannot believe it. One study found that the self-esteem of people with a borderline personality disorder is low (Lynum et al., 2008). Another participant stated that, "As my mother shouted at me in the silly matter and punish me frequently, I could not learn how to control emotion and I also punish my child and get angry easily that was beyond my control". Therefore both quantitative and qualitative phases revealed the same findings that there was an association between parental rejection and BPD.

Moreover, in quantitative findings, 60 items indicated perceived parental rejection but in the qualitative phase, 65 subjective experiences were perceived as parental rejection for the participants.

In the quantitative survey questionnaire, participants had to respond to the four types of specific parental behavioural patterns those were perceived as parental rejection but in the

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

qualitative in-depth interview phase participants explored seven types of parental behavioural patterns those were perceived as parental rejection, like- authoritarianism, hostility, neglect, lack of affection, lack of validation, lack of acceptance, and lack of protection.

In addition through the qualitative phase, the researcher could see the process of how the parental rejection made influence to develop BPD and then could be made a model about the BPD development due to parental rejection which was not possible by using only quantitative methodology.

Moreover, some additional results were found which indicated the prevention of BPD development through the opinion of the participants with BPD. Based on the overall trends of this study in both quantitative and qualitative findings, present researcher can say that the parental rejection might played one of the vital role in the development of BPD among the participants.

### **Limitations of this Study**

Limitations of this study include using two different settings for data collection (e.g. face to face and online) due to difficulties in obtaining the clinical samples in the pandemic situation. Moreover, because local prevalence studies of BPD were not available, the sample size had to be determined based on an estimated prevalence rate. Another limitation is a majority of the participants belonged to the middle socioeconomic status, thereby limiting generalisability to people of other statuses. There was also an underrepresentation of male participants in the study. While it is known that females are three times more likely to be diagnosed with BPD, it has been suggested that this is due to similar biases in sampling that occurred in the present study, where male BPD patients are difficult to locate in the clinical setting (Skodol & Bender, 2003). Further

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

research is needed to investigate why fewer male BPD patients seek psychiatric treatment.

Another limitation include that all study places were in Dhaka for time and resource limitations, though they represent the participants from other districts as from five hospital and clinic four were the public hospitals where peoples from different districts of Bangladesh come every day for taking the health services. In addition to the methodological limitations include the use of SCID-II despite newer versions being available. However, since the researcher is trained and experienced in the use of this version, and had to train research assistants in the use of the tool, the decision was made to use this version to ensure the reliability and validity of the data. In the analysis phase, NVivo-10 was used instead of the latest version (NVivo-12) because the older version was already available to the researcher. Since the present research was conducted through self-funding by the researcher, it was not possible to purchase the latest version of the software. Because the latest version of Nvivo is too expensive.

The major flaw of mixed-method research is that it is more time-consuming and sometimes could not go into details which might be accomplished by using qualitative or quantitative methods single-handedly in research (Mungai, 2019). That's why the present researcher could not use control group in the quantitative phase of the present research. The researcher took only the perspectives of individual with BPD about their parental rejection. It will be better if she could take the parent's views about the parental rejection. However it is important to be aware that parental acceptance-rejection can be viewed and studied from either of two perspectives. That is, acceptance-rejection can be studied as perceived or subjectively experienced by the individual (the phenomenological perspective), or it can be studied as reported by an outside observer (the behavioural perspective). Usually, but not always, the two perspectives lead to similar conclusions. PAR Theory research suggests, however that, if the



## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

conclusions are very discrepant one should generally trust the information derived from the phenomenological perspective (Rohner et al., 2012).

Moreover in quantitative phase of this research, present researcher used cross-sectional descriptive research without using any control group. It is difficult to establish any causal relationship of any incidence by using a cross sectional retrospective study. For that reason present researcher might say that there is a relationship between parental rejection and BPD and parental rejection may be one of the important factor for influencing BPD development but not the only factor. There may be other psychosocial and biological factors for developing BPD as present research revealed that some of the participant's mother and maternal grandmother had also might have BPD as a context for rejecting their child.

Thus, minimizing the limitations a longitudinal prospective research could be done by exploring the psychosocial causal factors along with biological factors in the broader context using an adequate number of samples with control groups to understand about the BPD development.

### **Conclusion**

The present study aimed to investigate whether parental rejection influences the development of BPD and the process by which it does so. An explanatory sequential mixed method design was used to answer the research questions. It was found that every participant who had BPD had perceived parental rejection as children. Weak but statistically significant correlations were found between parental rejection and BPD severity, with mother's hostility having the highest correlation (statistically moderate). In the qualitative phase, specific subjective experience of perceived parental rejections those are related to BPD were explored

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

and explained. Then from the subjective experiences of the study participants, some particular different behavioural pattern of perceived parental rejection was revealed. To address the important objective of the present mixed-method study, the present researcher explored and explained the process of how perceived parental rejection contributed to developing BPD symptoms. To explain the process, a theoretical model was also built including the specific cognitive impacts of parental rejection that occurred within important contextual factors. Two types of cognitive impacts were discovered that were separated by the pre-adolescence and onset of adolescence to adulthood. These opposing cognitive structures can help account for the conflicting behavioural pattern of BPD patients. Moreover, some additional findings were explored in the qualitative phase which were not in the present study objectives, but these findings helped a lot to give away for prevention of BPD development according to participant's perspectives. The participants suffering from BPD suggested some non-rejecting components of parental behaviours which they believed might prevent the development of BPD. The limitation of the present study was also discussed. Minimizing the limitations further research was suggested. Important implications of the findings for the assessment and treatment of BPD were discussed. The significance of this finding is that such perceived parental rejection provocative core beliefs explored from the BPD patients should be a target for assessment and intervention in the psychological treatment of BPD as well. Moreover using the findings of the present research mental health professionals might establish a preventive measure for BPD onset by making the parents concerned about their behaviours that are perceived as a rejection to their child. With this information, a parenting training module might be created in the future. However in some cases training on parenting may not be sufficient to prevent parental rejection and the development of BPD in their children. From the findings of this study it was explored that some parental

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

rejection occurred due to parental psychopathology. Therefore it is recommended that professionals should try to identify the nature of psychopathology among the vulnerable parents who needs to be referred mental health professionals for early assessment and intervention so that parental rejection towards their child and thus development of BPD could also be prevented. For that, further research using experimental and longitudinal design could be done by incorporating a larger sample from a different context. Moreover further research could be done to test the theoretical model about the development of BPD as a consequence of parental rejection that was elicited in this study and derived purely from the study participants. It is recommended that to explore the causal factors of BPD, including bio-psycho-social factors, further research could be done in Bangladesh perspective, so that prevention of BPD could be possible.

### **Conflict of Interest Statement**

The researcher announced that this research is original and was done fully self-funded in the absence of any profitable or financial connections that could be interpreted as a possible conflict of interest.

## References

- Aaronson, C. J., Bender, D. S., Skodol, A. E., & Gunderson, J. G. (2006). Comparison of attachment styles in borderline personality disorder and obsessive-compulsive personality disorder. *Psychiatric Quarterly*, 77(1), 69-80.
- Abbey, G. W. (2014) *Using a mixed methods sequential explanatory approach to identify the roles of social and cognitive factors in the development and maintenance of cancer-related PTSD in cancer survivors*. Submitted in partial fulfilment of a Ph. D to be awarded by Bournemouth University. NHS Foundation Trust.
- Agarwal, H. R., Gunderson, J. G., Holmes, B. M., & Lyons-Ruth, K. (2004). Attachment studies with borderline patients: A review. *Harvard Review of Psychiatry*, 12(2), 94-104.
- Ahmed, R. A., Rohner, R. P., Khaleque, A., & Gielen, U. P. (2010). *Parental acceptance and rejection: Theory, measures, and research in the Arab world*.  
<https://files.eric.ed.gov/fulltext/ED514028.pdf>
- Ahmed, M. (2019). *The effects of past parental and maternal rejection in childhood on adults' current psychological maladjustments: A correlational and comparative study*.  
[DOI:10.21608/jps.2019.52588](https://doi.org/10.21608/jps.2019.52588)
- Akse, J., Hale, W. W., Engels, R. C. M. E., Raaijmakers, Q. A. W., & Meeus, W. H. J. (2004). Personality, perceived parental rejection and problem behavior in adolescence. *Social Psychiatry and Psychiatric Epidemiology*, 39(22), 980–988.
- Alafia, J., & Manjula, M. (2020). Emotion dysregulation and early trauma in borderline personality disorder: An exploratory study. *Indian Journal of Psychological Medicine*, 42(3), 290-298.

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

- Ali, S. (2021). *Neural correlates of remembered parental acceptance-rejection in childhood*. [Unpublished doctoral dissertation]. University of Connecticut.
- Alston, M., & Bowles, W. (2018). *Research for social workers: An introduction to methods* (4<sup>th</sup> ed.). Allen & Unwin.
- Amad, A., Ramoz, N., Thomas, P., Jardri, R., & Gorwood, P. (2014). Genetics of borderline personality disorder: systematic review and proposal of an integrative model. *Neuroscience & Bio behavioral Reviews*, 40, 6-19.
- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4<sup>th</sup> ed.). Text revision. American Psychiatric Publishing.
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorder* (5<sup>th</sup> ed.). American Psychiatric Publishing. ISBN 978-0-89042-555-8.  
<https://doi.org/10.1176/appi.books.9780890425596>
- Andrew, G. R., Paul T. C. J., & Bagby, R. M. (2007). Evaluation of the SCID-II personality disorder traits for DSM-IV: Coherence, discrimination, relations with general personality traits, and functional impairment. *Journal of Personality Disorders*, 21(6), 626–637.
- Addelman, M. (2019). *Borderline personality disorder has strongest link to childhood trauma*. Media Relations Officer: Biology, Medicine, and Health.  
[michael.addelman@manchester.ac.uk](mailto:michael.addelman@manchester.ac.uk)+44 (0)161 275 2111/+44 (0)7717 881567
- Angst, J., Angst, F., Werder, G. R., & Gamma, A. (2005). Suicide in 406 mood-disorder patients with and without long-term medication: A 40 to 44 years' follow-up. *Archives of Suicide Research*, 9(3), 279–300. <https://doi.org/10.1080/13811110590929488>

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

- Angela, D. N., Carol, J. W., & Timothy J. T. (2002). Attachment, parental bonding and borderline personality disorder features in young adults. *Journal of Personality Disorders, 16*(2), 148-159. <https://doi.org/10.1521/pedi.16.2.148.22544>
- Araoye, M.O., (2004). *Research Methodology with Statistics for Health and Social Sciences*. Nathadex Publishers, Ilorin, Nigeria, 117–120.
- Arntz, A., & Van Genderen, H. (2020). *Schema therapy for borderline personality disorder*. John Wiley & Sons.
- Assor, A., Roth, G., & Deci, E. L. (2004). The emotional costs of parents' conditional regard: A self-determination theory analysis. *Journal of personality, 72*(1), 47-88. <https://doi.org/10.1111/j.0022-3506.2004.00256.x>
- Babuşcu, B. (2014). *The relationship between parental acceptance-rejection and intimate partner acceptance-rejection among married individuals: mediating role of early maladaptive schemas* (Master's thesis, Middle East Technical University). <https://open.metu.edu.tr/bitstream/handle/11511/24155/index.pdf>
- Bardina, P., & Wilson, M. (1997). The relationship between parenting style and children's anger, aggressive behavior, and perception of intention. *Modern Psychological Studies, 5*(1), 5.
- Bassett, D., Mulder, R., Outhred, T., Hamilton, A., Morris, G., Das, P., Berk, M., Baune, B. T., Boyce, P., Lyndon, B., Parker, G., Singh, A. B., & Malhi, G.S. (2017). Defining disorders with permeable borders: You say bipolar, I say borderline! *Bipolar Disord, 19*(5), 320–323.
- Baso, L. A., Fortes, A. B., Maia, C. P., Steinhorst, E., & Wainer, R. (2019). The effects of parental rearing styles and early maladaptive schemas in the development of personality:

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

A systematic review. *Trends in Psychiatry and Psychotherapy*, 41(3), 301-313.

<https://doi.org/10.1590/2237-6089-2017-0118>

- Baskerville, T. A., & Douglas, A. J. (2010). Dopamine and oxytocin interactions underlying behaviors: Potential contributions to behavioral disorders. *CNS Neuroscience & Therapeutics*, 16(3), e92-e123. doi: 10.1111/j.1755-5949.2010.00154.x
- Beck, J. S. (2011). *Cognitive behavior therapy: Basics and beyond*. Guilford Press.
- Bender, D. S., Dolan, R. T., Skodol, A. E., Sanislow, C. A., Dyck, I. R., McGlashan, T. H., Shea, M. T., Zanarini, M. C., Oldham, J. M., & Gunderson, J. G. (2001). Treatment utilization by patients with personality disorders. *American Journal of Psychiatry*, 158(2), 295–302. doi:10.1176/appi.ajp.158.2.295
- Bender, T. W., Gordon, K. H., Bresin, K., & Joiner, T. E. (2011). Impulsivity and suicidality: The mediating role of painful and provocative experiences. *Journal of Affective Disorders*, 129(1-3), 301-7. DOI: 10.1016/j.jad.2010.07.023
- Betts, L. R., Trueman, M., Chiverton, L., & Stanbridge, A. (2013). Parental rearing style as a predictor of attachment and psychosocial adjustment during young adulthood. *Journal of Social and Personal Relationships*, 30(6), 675-693. <https://doi.org/10.1177/0265407512465998>
- Bezirgianian, S., Cohen, P., & Brook, J. S. (1993). The impact of mother-child interaction on the development of borderline personality disorder. *American Journal of Psychiatry*, 150(12), 1836–1842.

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

- Bi, X., Yang, Y., Li, H., Wang, M., Zhang, W., & Deater-Deckard, K. (2018). Parenting styles and parent-adolescent relationships: The mediating roles of behavioral autonomy and parental authority. *Frontiers in Psychology, 9*, 2187.  
<https://doi.org/10.3389/fpsyg.2018.02187>
- Boucher, M. È., Pugliese, J., Allard-Chapais, C., Lecours, S., Ahoundova, L., Chouinard, R., & Gaham, S. (2017). Parent–child relationship associated with the development of borderline personality disorder: A systematic review. *Personality and Mental Health, 11*(4), 229-255.
- Bourvis, N., Aouidad, A., Cabelguen, C., Cohen, D., & Xavier, J. (2017). How do stress exposure and stress regulation relate to borderline personality disorder? *Front Psychol, 8*, 2054. Doi: [10.3389/fpsyg.2017.02054](https://doi.org/10.3389/fpsyg.2017.02054)
- Bornovalova, M. A., Huibregtse, B. M., Hicks, B. M., Keyes, M., McGue, M., & Iacono, W. (2013). Tests of a direct effect of childhood abuse on adult borderline personality disorder traits: A longitudinal discordant twin design. *Journal of abnormal psychology, 122*(1), 180.
- Branch, R., & Willson, R. (2006). *Cognitive behavioral therapy for dummies* (2<sup>nd</sup> ed.). John Wiley and Sons, Ltd.
- Bryman, A. (2006). Integrating quantitative and qualitative research: How is it done? *Qualitative Research, 6*, 97–113. <https://doi.org/10.1177/1468794106058877>
- Bryman, A. (2016). *Social research methods*. Oxford University Press.
- Burnette, M. L., Oshri, A., Lax, R., Richards, D., & Ragbeer, S. N. (2012). Pathways from harsh parenting to adolescent antisocial behavior: A multi domain test of gender



## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

moderation. *Development and psychopathology*, 24(3), 857-870.

<https://doi.org/10.1017/s0954579412000417>.

Camden, A. A., & Brown, C. M. (2017). Perceived parental rejection in middle childhood as a predictor of lower adulthood resilience. *Psi Chi Journal of Psychological Research*, 22(4). <https://doi.org/10.24839/2325-7342.jn22.4.294>

Cameron, A. A., Calderwood, K., & McMurphy, S. (2019). A systematic literature review of the etiology of borderline personality disorder from an ecological systems perspective.

*Social Work in Mental Health*, 17(3), 364-380. DOI:10.1080/15332985.2018.1555104

Campbell, D. T., & Fiske, D. W. (1959). Convergent and discriminant validation by the multi trait multimethod matrix. *Psychological Bulletin*, 56, 81-105.

Campos, R. C., Besser, A., & Blatt, S. J. (2013). Recollections of parental rejection, self-criticism and depression in suicidality. *Archives of suicide research: Official journal of the International Academy for Suicide Research*, 17(1), 58-74.

<https://doi.org/10.1080/13811118.2013.748416>

Campo, A. T., & Rohner, R. P. (1992). Relationship between perceived parental acceptance-rejection, psychological adjustment, and substance abuse among young adults. *Child Abuse & Neglect*, 16(3), 429-40. [https://doi.org/10.1016/0145-2134\(92\)90052-s](https://doi.org/10.1016/0145-2134(92)90052-s)

Chang, L., Schwartz, D., Dodge, K. A., & McBride-Chang, C. (2003). Harsh parenting in relation to child emotion regulation and aggression. *Journal of Family Psychology*,

17(4), 598-606. <https://doi.org/10.1037/0893-3200.17.4.598>

Charmaz, K. (2006). *Constructing grounded theory*. London: Sage.

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

- Cheavens, J. S., Rosenthal, M. J., Daughters, S. B., Nowak, J., Kosson, D., Lynch, T. R., & Lejuez, C. W. (2005). An analogue investigation of the relationships among perceived parental criticism, negative affect, and borderline personality disorder features: The role of thought suppression. *Behavior Research and Therapy*, 43(2), 257-68.  
<https://doi.org/10.1016/j.brat.2004.01.006>
- Cherevach, E. K., & Martinez, R. F. (2016). Parental care in childhood and borderline personality disorder. *Behavioural Psychology*, 24(2), 237-252.  
<https://www.behavioralpsycho.com/product/parental-care-in-childhood-and-borderline-personality-disorder/?lang=en>.
- Chyung, L., & Lee, J. (2008). Intimate partner acceptance, remembered parental acceptance in childhood, and psychological adjustment among Korean college students in ongoing intimate relationships. *Cross-Cultural Research*, 42(1), 77- 86.  
<https://doi.org/10.1177/1069397107309857>
- Cipriano, A., Claes, L., Cella, S., & Gandhi, A. (2020). Does anger expression mediate the relationship between parental rejection and direct and indirect forms of non-suicidal self-injury? *Journal of Child and Family Studies*, 29(12), 1-11.  
<https://doi.org/10.1007/s10826-020-01844-9>
- Corbin J., & Strauss A. (2015) *Basics of qualitative research: Techniques and principles for developing grounded theory*. Sage Publications.
- Cournoyer, D. E., Sethi, R., & Cordero, A. (2005). Perceptions of parental acceptance-rejection and self-concepts among Ukrainian university students. *Ethos*, 33(3), 335-346.

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

- Creswell, J. W., Plano Clark, V. L., Gutman, M. L., & Hanson, W. E. (2003). Advanced mixed methods research designs. In Tashakkori, A, Teddlie, C (Eds.), *Handbook of mixed methods in social & behavioral research*. (pp. 209–240). Sage Publications.
- Creswell, J. W. (2003). *Research design: Qualitative, quantitative, and mixed methods approaches* (2<sup>nd</sup> ed.). Sage Publications.
- Creswell, J. & Plano Clark, V. L. (2006). *Designing and Conducting Mixed Methods*. Research. Sage Publications.
- Creswell, J. W. (2007). *Qualitative inquiry & research design: Choosing among five approaches* (2<sup>nd</sup> ed.). SAGE Publications, Inc.
- Creswell, J. W., & Plano Clark, V. L. (2007). *Designing and conducting mixed methods research*. Sage Publications Ltd.
- Creswell, J. W. (2009). *Research Design: Qualitative, quantitative, and mixed methods approaches* (3rd ed.). SAGE Publications, Inc.
- Creswell, J. W., & Plano Clark, V. L. (2011). *Designing and conducting mixed methods research* (2<sup>nd</sup> ed.). SAGE Publications.
- Creswell, J. W. (2013). *Steps in conducting a scholarly mixed methods study*. DBER Speaker Series. 48. <http://digitalcommons.unl.edu/dberspeakers/48>
- Creswell, J. W. (2013). *Qualitative inquiry & research design: Choosing among five approaches* (3rd ed.). Sage Publications.
- Crooks, D. L. (2001). The importance of symbolic interaction in grounded theory research on women's health. *Health Care for Women International*, 22, 11–27.

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

- Crowell, S. E., Beauchaine, T. P., & Linehan, M. M. (2009). A biosocial developmental model of borderline personality: Elaborating and extending Linehan's theory. *Psychological bulletin*, *135*(3), 495–510. <https://doi.org/10.1037/a0015616>
- Creswell, J. W. (2021). *A brief understanding of the selection of a research approach*.  
<https://www.studocu.com/in/document/christ-deemed-to-be-university/research-methodology/chapter-one-the-selection-of-a-research-approach-by-john-wcreswell-summary/8865781>
- Cummings, E. M., & Davies, P. T. (1994). Maternal depression and child development. *Journal of Child Psychology and Psychiatry*, *35*, 73-112.
- Davies, P. T., Cummings, E. M., & Winter, M. A. (2004). Pathways between profiles of family functioning, child security in the inter parental subsystem, and child psychological problems. *Development and Psychopathology*, *16*, 525-550.  
<https://doi.org/10.1017/s0954579404004651>
- Delve. (n.d). *What is peer debriefing in qualitative research?*  
<https://delvetool.com/blog/peerdebriefing>
- Demetriou, L., & Christodoulides, P. (2011). Personality and psychological adjustment of greek-cypriot youth in the context of the parental acceptance-rejection theory. *The Cyprus Review*, *23*(1), 81-96.
- Denscombe, M. (2008). Communities of practice. *Journal of Mixed Methods Research*, *2*, 270-283.
- Distel, M. A., Middeldorp, C., Trull, T. J., Derom, C., Willemsen, G., & Boomsma, D. I. (2011). Life events and borderline personality features: The influence of gene–environment

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

interaction and gene–environment correlation. *Psychol. Med*, *41*, 849–860. doi: [10.1017/S0033291710001297](https://doi.org/10.1017/S0033291710001297).

Dixon-Gordon, K. L., Whalen, D. J., Scott, N. L., Cummins, N. D. & Stepp, S. D. (2015). The main and interactive effects of maternal interpersonal emotion regulation and negative affect on adolescent girls' borderline personality disorder symptoms. *Cognitive and Therapy Research*, *40*(3), 1-13. <https://doi.org/10.1007/s10608-015-9706-4>

Donoghue, J. M. (2010). *Clinical application of parental acceptance-rejection theory (PAR Theory) measures in relational therapy, assessment and treatment*. University of Connecticut.

Driessen, M., Herrmann, J., Stahl, K., Zwaan, M., Meier, S., Hill, A., & Petersen, D. (2000). Magnetic resonance imaging volumes of the hippocampus and the amygdala in women with borderline personality disorder and early traumatization. *Archives of general psychiatry*, *57*(12), 1115-1122.

Dunn, A., Cartwright-Hatton, S., Startup, H., & Papamichail, A. (2020). The parenting experience of those with borderline personality disorder traits: Practitioner and parent perspectives. *Frontiers in Psychology*, *11*(1913), 1-13. doi: [10.3389/fpsyg.2020.01913](https://doi.org/10.3389/fpsyg.2020.01913).

Ebner-Peiemer, U. W., Kuo, J., Schlotz, W., Kleindienst, N., Rosenthal, M. Z., Detterer, L., Linehan, M. M., & Bohus, M. (2008). Distress and affective dysregulation in patients with borderline personality disorder. *The Journal of Nervous and Mental Disease*, *196*(4), 314-20.

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

- Eisenberger, N. I. (2012a). Broken hearts and broken bones: A neural perspective on the similarities between social and physical pain. *Current Directions in Psychological Science*, 21, 42-47. <https://doi.org/10.1177/0963721411429455>
- Eisenberger, N. I. (2012b). The pain of social disconnection: Examining the shared neural underpinnings of physical and social pain. *Neuroscience Nature Reviews*, 13, 421- 434. <https://doi.org/10.1038/nrn3231>
- Eisenberger, N. I. (2015). Social pain and the brain: Controversies, questions, and where to go from here. *Annual Review of Psychology*, 66, 601-629. <https://doi.org/10.1146/annurev-psych-010213-115146>
- Elzy, M. B. (2009). Exploring the relationship between childhood sexual abuse and borderline personality features using social support as a moderating factor. *USF Tampa Graduate Theses and Dissertations*. <https://scholarcommons.usf.edu/etd/1953>
- Etemadi, M., Aghebati, A., Ayatmehr, F., & Ashoori, A. (2020). Predicting borderline personality traits in adolescents based on parenting styles and emotion regulation strategies. *Practice in Clinical Psychology*, 8(2), 133-142. <https://doi.org/10.32598/jpcp.8.2.656.1>
- Eyden, J., Winsper, C., Wolke, D., Broome, M. R., & MacCallum, F. (2016). A systematic review of the parenting and outcomes experienced by offspring of mothers with borderline personality pathology: Potential mechanisms and clinical implications. *Clinical Psychology Review*, 47, 85–105. <https://doi.org/10.1016/j.cpr.2016.04.002>  
[PMID: 27261413](https://pubmed.ncbi.nlm.nih.gov/27261413/)

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

- Fahmida, A., Wahab, M. A., & Rahman, M. M. (2009). Pattern of psychiatric morbidity among the patients admitted in a private psychiatric clinic. *Bangladesh Journal of Medical Science*, 8(1-2), 23-28. <https://doi.org/10.3329/bjms.v8i1.3186>
- Feilzer, M. Y. (2009). Doing mixed methods research pragmatically: implications for the rediscovery of pragmatism as a research paradigm. *Journal of Mixed Methods Research*, 4, 6. DOI: [10.1177/1558689809349691](https://doi.org/10.1177/1558689809349691)
- Figueroa, E., & Silk, K. R. (1997). Biological implications of childhood sexual abuse in borderline personality disorder. *Journal of Personality Disorders*, 11(1), 71-92. <https://doi.org/10.1521/pedi.1997.11.1.71>
- First, M. B., Gibbon, M., Spitzer, R. L., Williams, J. B. W., & Benjamin, L. S. (1997). *Structured Clinical Interview for DSM-IV Axis II: Personality Disorders, (SCID-II)*. American Psychiatric Press.
- Fonagy, P., & Bateman, A. (2007). Mentalizing and borderline personality disorder. *Journal of Mental Health*, 16, 83–101.
- Fotti, S., Katz, L. Y., Cox, B. J., & Afifi, T. O. (2006). The associations between peer and parental relationships and suicidal behaviors in early adolescents. *Canadian Journal of Psychiatry*, 51(11), 698-703. <https://doi.org/10.1177/070674370605101106>
- Foxhall, M., Hamilton-Giachritsis, C., & Button, K. (2019). The link between rejection sensitivity and borderline personality disorder: A systematic review and meta-analysis. *British Journal of Clinical Psychology*, 58(3), 289-326.

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

- Geiger, P. J., Peters, J. R., Zavala, S. E. S., & Baer, R. A. (2013). Relationship among maladaptive cognitive content, dysfunctional cognitive process and borderline personality features. *Journal of Personality Disorders, 27*(4), 457-464.
- Glaser, B. G., & Strauss, A. L. (1967). *The discovery of grounded theory: Strategies for qualitative research*. Aldine de Gruyter.
- Glaser, B. (1992). *Basics of grounded theory analysis: Emergence vs. forcing*. Mill Valley, CA: Sociology Press.
- Golubeva, E. V., & Istratova, O. N. (2018). Study of frustration in children emotionally rejected by their parents. *Revista Espacios, 39*(52), 2.
- Gracia, E., Lila, M., & Musitu, G. (2005). Parental rejection and psychosocial adjustment of children. *Salud Mental, 28* (2) 73-81.
- Grant, B. F., Chou, S. P., Goldstein, R. B., Huang, B., Stinson, F. S., Saha, T. D., Smith, S. M., Dawson, D. A., Pulay, A. J., Pickering, R. P., & Ruan, W. J. (2008). Prevalence, correlates, disability, and comorbidity of DSM-IV borderline personality disorder: results from the wave 2 national epidemiologic survey on alcohol and related conditions. *The Journal of clinical psychiatry, 69*(4), 533–45.
- Greene, J. C., Caracelli, V. J., & Graham, W. F. (1989). Toward a conceptual framework for mixed method evaluation designs. *Educational Evaluation and Policy Analysis, 11*(3), 255-274. <https://doi.org/10.3102/01623737011003255>
- Gulenc, A., Butler, E., Sarkadi, A., & Hiscock, H. (2018). Paternal psychological distress, parenting, and child behaviour: A population based, cross-sectional study. *Child: care, health and development, 44*(6), 892-900.



## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

- Gunderson, J. G., & Lyons-Ruth, K. (2008). BPD's interpersonal hypersensitivity phenotype: A gene-environment developmental model. *Journal of Personality Disorders*, 22(1), 22–41. <https://doi.org/10.1521/pedi.2008.22.1.22> PMID: 18312121
- Gunderson, J. G. (2010). Revising the borderline diagnosis for DSM-V: An alternative proposal. *Journal of personality disorders*, 24(6), 694-708.
- Gunderson, J. G., Zanarini, M. C., Choi-Kain, L. W., Mitchell, K. S., Jang, K. L., & Hudson, J. I. (2011). Family study of borderline personality disorder and its sectors of psychopathology. *Archives General Psychiatry*, 68(7), 753-762.
- Gunderson, J. G. (2011). Borderline personality disorder. *New England Journal of Medicine*, 364(21), 2037-2042.
- Gunderson, J. G., Herpertz, S. C., Skodol, A. E., Torgersen, S., & Zanarini, M. C. (2018). Borderline personality disorder. *Nature Reviews Disease Primers*, 4(1), 1-20.
- Gupta, S., & Mattoo, S. K. (2012). Personality disorders: Prevalence and demography at a psychiatric outpatient in north India. *Intern. J. Soc. Psychiatry*, 58(2), 146–152.
- Habib, T., Laila, U., Abbas, S., & Rehman, S. (2020). Impact of parental rejection, and emotional intelligence on psychological maladjustment among adolescents. *International Journal of Multidisciplinary Research*, 4(1), 24-29.
- Hammersley, M. (2008). *Questioning qualitative inquiry: Critical essays*. SAGE.
- Hanson, B. (2008). Wither qualitative/quantitative grounds for methodological convergence. *Quality & Quantity*, 42(1), 97-111. <https://doi.org/10.1007/s11135-006-9041-7>
- Hemphill, J. F. (2003). Interpreting the magnitude of correlation coefficients. *American Psychologist*, 58(1), 78–80. <https://doi.org/10.1037/0003-066x.58.1.78>

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

- Herr, N. R., Hammen, C., & Brennan, P. A. (2008). Maternal borderline personality disorder symptoms and adolescent psychosocial functioning. *Journal of Personality Disorders*, 22(5), 451–65. <http://dx.doi.org/10.1521/pedi.2008.22.5.451>
- Hill, J., Stepp, S. D., Wan, M. W., Hope, H., Morse, J. Q., Steele, M., Steele, H., & Pilkonis, P. A. (2011). Attachment, borderline personality, and romantic relationship dysfunction. *Journals of Personality Disorders*, 25(6), 789-805.
- Hoeve, M., Dubas, J. S., Eichelsheim, V. I., Van der Laan, P. H., Smeenk, W., & Gerris, J. R. (2009). The relationship between parenting and delinquency: A meta-analysis. *Journal of Abnormal Child Psychology*, 37(6), 749-775. <https://doi.org/10.1007/s10802-009-9310-8>
- Holloway, I., & Wheeler, S. (2010). *Qualitative research in nursing & healthcare* (3rd ed.). Wiley-Blackwell.
- Holton, J. A., & Walsh, I. (2017). *Classic grounded theory: Applications with qualitative & quantitative data*. Thousand Oaks, CA: Sage.
- Hooley, J. M. (2007). Expressed emotion and relapse of psychopathology. *Annual Review of Clinical Psychology*, 3(1), 329-52.
- Houston, B. K., & Vavak, C. R. (1991). Cynical hostility: Developmental factors, psychosocial correlates, and health behaviors. *Health Psychology*, 10(1), 9–17. <https://doi.org/10.1037/0278-6133.10.1.9>
- Howe, K. R. (1988). Against the quantitative-qualitative incompatibility thesis or dogmas die hard. *17*(8), 10-16. <https://doi.org/10.3102/0013189x017008010>

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

- Huang, J., Napolitano, L. A., Wu, J., Yang, Y., Xi, Y., Li, Y., & Li, K. (2014). Childhood experiences of parental rearing patterns reported by Chinese patients with borderline personality disorder. *International Journal of Psychology, 49*(1), 38-45.
- Hughes, A. E., Crowell, S. E., Uyeji, L., & Coan, J. A. (2012). A developmental neuroscience of borderline pathology: Emotion dysregulation and social baseline theory. *Journal of Abnormal Child Psychology, 40*(1), 21-33. <https://doi.org/10.1007/s10802-011-9555-x>
- Huprich, S. K., Paggeot, A. V., & Samuel, D. B. (2015). Comparing the personality disorder interview for DSM–IV (PDI–IV) and SCID–II borderline personality disorder scales: An item–response theory analysis. *Journal of Personality Assessment, 97*(1), 13–21. DOI: [10.1080/00223891.2014.946606](https://doi.org/10.1080/00223891.2014.946606)
- Husain, S. F., Tang, T. B., Tam, W. W., Tran, B. X., Ho, C. S., & Ho, R. C. (2021). Cortical haemodynamic response during the verbal fluency task in patients with bipolar disorder and borderline personality disorder: A preliminary functional near-infrared spectroscopy study. *BMC Psychiatry 21*(201). <https://doi.org/10.1186/s12888-021-03195-1>
- Ibrahim, D. M., Rohner, R. P., Smith, R. L., & Flannery, K. M. (2015). Adults' remembrances of parental acceptance–rejection in childhood predict current rejection sensitivity in adulthood. *Family and Consumer Sciences Research Journal, 44*(1), 51-62.
- Infurna, M. R., Fuchs, A., Fischer-Waldschmidt, G., Reichl, C., Holz, B., Resch, F., Brunner, R., & Kaess, M. (2016). Parents' childhood experiences of bonding and parental psychopathology predict borderline personality disorder during adolescence in offspring. *Psychiatry Research, 246*, 373–378. <https://doi.org/10.1016/j.psychres.2016.10.013>

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

- Intgrty. (2016, August 15). *Research Paradigms: Interpretivism*. Publishing and the Mentoring Network Journal. Olsen Word Press. <https://www.intgrty.co.za/2016/08/15/research-paradigms-interpretivism/#respond>
- Irle, E., Lange, C., & Sachsse, U. (2005). Reduced size and abnormal asymmetry of parietal cortex in women with borderline personality disorder. *Biological psychiatry*, *57*(2), 173-182.
- Islam, M. S., Rahman, A., & Paul, S. (2020). Psychiatric morbidity among the patients attended in a psychiatric OPD in north east part of tertiary level hospital of Bangladesh. *Medicine Today*, *32*(1), 52-54. <https://doi.org/10.3329/medtoday.v32i1.44827>
- Jasmine, U. H., Uddin, M. K., & Sultana, S. (2007). Adaptation of the parental acceptance-rejection questionnaire and personality assessment questionnaire in bangla language. *Bangladesh Psychological Studies*, *17*, 49-70.
- Jianjun, H. (2014). Childhood experiences of parental rearing patterns reported by Chinese patients with borderline personality disorder. *International Journal of Psychology*, *49*(1), 38-45.
- Johnson, J. G., Cohen, P., Kasen, S., Smailes, E., & Brook, J. S. (2001). Association of maladaptive parental behavior with psychiatric disorder among parents and their offspring. *Archives of General Psychiatry*, *58*(5), 453-460.  
<https://doi.org/10.1001/archpsyc.58.5.453>
- Johnson, R. B., & Onwuegbuzie, A. J. (2004). Mixed methods research: A research paradigm whose time has come. *Educational Researcher*, *33*(7), 14-26.  
<https://doi.org/10.3102/0013189x033007014>

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

- Johnson, J. G., Cohen, P., Chen, H., & Kasen, S. (2006). Parenting behaviors associated with risk for offspring personality disorder during adulthood. *Archives of General Psychiatry*, 63(5), 579-87. <https://doi.org/10.1001/archpsyc.63.5.579>
- Joyce, P. R., Stephenson, J., Kennedy, M. A., Mulder, R. T., & McHugh, P. C. (2014). The presence of both serotonin 1A receptor (HTR1A) and dopamine transporter (DAT1) gene variants increase the risk of borderline personality disorder. *Frontiers in Genetics*, 4, 313. <https://doi.org/10.3389/fgene.2013.00313>
- Karos, K. (2018). On the overlap between physical and social pain. *Social and Interpersonal Dynamics in Pain*, 173-195. [https://doi.org/10.1007/978-3-319-78340-6\\_9](https://doi.org/10.1007/978-3-319-78340-6_9)
- Kay, M. L., Poggenpoel, M., Myburgh, C. P., & Downing, C. (2018). Experiences of family members who have a relative diagnosed with borderline personality disorder. *Curationis*, 41(1), 1-9. [doi:10.4102/curationis.v41i1.1892](https://doi.org/10.4102/curationis.v41i1.1892)
- Kazarian, S. S., Moghnie, L., & Martin, R. A. (2010). Perceived parental warmth and rejection in childhood as predictors of humor styles and subjective happiness. *Europe's Journal of Psychology*, 6(3), 71-93. <https://doi.org/10.5964/ejop.v6i3.209>
- Keinänen, M. T., Johnson, J. G., Richards, E. S., & Courtney, E. A. (2012). A systematic review of the evidence-based psychosocial risk factors for understanding of borderline personality disorder. *Psychoanalytic Psychotherapy*, 26 (1), 65-91. <https://doi.org/10.1080/02668734.2011.652659>
- Kim, S., & Rohner, R. P. (2003). Perceived parental acceptance and emotional empathy among university students in Korea. *Journal of Cross-Cultural Psychology*, 34(6), 723-735.

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

- Khaleque, A. (2002). Parental love and human development: Implications of parental acceptance-rejection theory. *Pakistan Journal of Psychological Research*, 17(3-4), 111-222.
- Khaleque, A., & Rohner, R. P. (2002). Reliability of measures assessing the relation between perceived parental acceptance-rejection and psychological adjustment: A meta-analysis of cross-cultural and intercultural studies. *Journal of Cross-Cultural Psychology*, 33, 86–98.
- Khaleque, A., & Rohner, R. P. (2002a). Perceived parental acceptance-rejection and psychological adjustment: A meta-analysis of cross-cultural and intracultural studies. *Journal of Marriage and Family*, 64(1), 54-64. [doi:10.1111/j.1741-3737.2002.00054.x](https://doi.org/10.1111/j.1741-3737.2002.00054.x)
- Khaleque, A., & Rohner, R. P. (2011). Pancultural associations between perceived parental acceptance and psychological adjustment of children and adults: A meta-analytic review of worldwide research. *Journal of Cross-Cultural Psychology*, XX(X) 1–18. DOI: [10.1177/0022022111406120](https://doi.org/10.1177/0022022111406120)
- Khaleque, A. (2013). Perceived parental warmth, and children's psychological adjustment, and personality dispositions: A meta-analysis. *Journal of Child and Family Studies*, 22(2), 297–306. <https://doi.org/10.1007/s10826-012-9579-z>
- Khaleque, A. (2015). Promoting psychological wellbeing in children and families (Eds.), In B. Kirkcaldy (pp. 226-243). *Parental acceptance and children's psychological adjustment*. DOI: [10.1057/9781137479969.0017](https://doi.org/10.1057/9781137479969.0017).
- Khaleque, A., Uddin, M. K., Hossain, K. N., Siddique, N. A., & Shirin, A. (2019). Perceived parental acceptance–rejection in childhood predict psychological adjustment and

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

rejection sensitivity in adulthood. *Psychological Studies*, 64(4), 447–454.

<https://doi.org/10.1007/s12646-019-00508-z>

Lal, R. (2019). *How will your parenting style shape your child's personality?* Think Right me.

<https://www.thinkrightme.com/en/think-right/parental-influence-on-personality-development/>

Lam, C. B., Chung, K. K. H., & Li, X. (2018). Parental warmth and hostility and child executive function problems: A longitudinal study of Chinese families. *Frontiers in psychology*, 9, 1063. <https://doi.org/10.3389/fpsyg.2018.01063>

Laporte, L., Paris, J., & Zelkowitz, P. (2018). Estimating the prevalence of borderline personality disorder in mothers involved in youth protection services. *Personality and Mental Health*, 12(1), 49–58.

Lazaro, S. M., Barco, B. L. D., Rio, M. I. P. D., Tosina, R. Y., & Ramos, V. L. (2019). The role of parental acceptance–rejection in emotional instability during adolescence. *International Journal of Environmental Research and Public Health*, 16(7), 1194.

Leech, N., & Onwuegbuzie, A. (2009). A typology of mixed methods research designs. *Quality & Quantity: International Journal of Methodology*, 43(2), 265–275.

Lenzenweger, M. F., Lane, M. C., Loranger, A. W., & Kessler, R. C. (2007). DSM-IV personality disorders in the national comorbidity survey replication. *Biological Psychiatry*, 62(6), 553–564.

Levy, K. (2005). The implications of attachment theory and research for understanding borderline personality disorder. *Development and Psychopathology*, 17(4), 959–86. <https://doi.org/10.1017/s0954579405050455>

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

- Lila, M., Garcia F., & Gracia, E. (2007). Perceived paternal and maternal acceptance on children's outcome in Colombia. *Social Behavior and Personality*, 35(1), 115-124. <https://doi.org/10.2224/sbp.2007.35.1.115>
- Lipps, G., Lowe, G. A., Gibson, R. C., Halliday, S., Morris, A., Clarke, N., & Wilson, R. N. (2012). Parenting and depressive symptoms among adolescents in four Caribbean societies. *Child and Adolescent Psychiatry and Mental Health*, 6(1), 1-12.
- Lobbestael, J., Leurgans, M., & Arntz, A. (2011). Inter-rater reliability of the structured clinical interview for DSM-IV axis I disorders (SCID I) and axis II disorders (SCID II). *Clinical Psychology and Psychotherapy*, 18(1), 75-79.
- Lynum, L. I., Wilberg, T., & Larterud, S. (2008). Self-esteem in patients with borderline and avoidant personality disorders. *Scandinavian Journal of Psychology*, 49(5), 469-77.
- Macfie, J., Kurdziel, G., Mahan, R. M., & Corse, S. (2017). A mother's borderline personality disorder and her sensitivity, autonomy support, hostility, fearful/disoriented behavior, and role reversal with her young child. *Journal of Personality Disorders*, 31(6), 721-737. doi: [10.1521/pedi\\_2017\\_31\\_275](https://doi.org/10.1521/pedi_2017_31_275).
- Machizawa, S. (2007). Childhood trauma and parental bonding among Japanese female patients with borderline personality disorder. *International Journal of Psychology*, 42(4), 265-273.
- Mahan, R. M. (2016). *Observing parenting in the context of maternal borderline personality disorder and adolescent symptomatology*. Unpublished master's thesis, University of Tennessee. [http://trace.tennessee.edu/utk\\_gradthes/3785/](http://trace.tennessee.edu/utk_gradthes/3785/)



## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

- Mak, H. W., Fosco, G. M., & Feinberg, M. E. (2017). The role of family for youth friendships: Examining a social anxiety mechanism. *Journal of Youth and Adolescence*, 47(2), 1-15. <https://doi.org/10.1007/s10964-017-0738-9>
- Manning, S. (2011). *Loving someone with borderline personality disorder*. The Guilford Press. ISBN 978-1-59385-607-6.
- Marshall, B., Cardon, P., Poddar, A., & Fontenot, R. (2013). Does sample size matter in qualitative research? A review of qualitative interviews in IS research. *Journal of Computer Information Systems*, 54(1), 11–22. doi: 10.1080/08874417.2013.11645667
- Maxcy, S. J. (2003). Pragmatic threads in mixed methods research in the social sciences: The search for multiple modes of inquiry and the end of the philosophy of formalism. In A. Tashakkori & C. Teddlie (Eds.), *Handbook on mixed methods in the behavioral and social sciences*. (pp.51-89). Sage Publications.
- Maxwell, J. A. (2015). Expanding the history and range of mixed methods research. *Journal of Mixed Methods Research*, 10(1), 12–27. [doi:10.1177/1558689815571132](https://doi.org/10.1177/1558689815571132)
- Mayo Clinic Staff. (2019, July 17). *Borderline Personality Disorder*. Newsletter: Mayo Clinic Health Letter-Digital Edition. <https://www.mayoclinic.org/diseases-conditions/borderline-personality-disorder/symptoms-causes/syc-20370237>
- McIntosh, J. (2014). What is borderline personality disorder (BPD)? *Medical News Today*. <http://www.medicalnewstoday.com/articles/9670.php>
- McLeod, B. D., Weisz, J. R., & Wood, J. J. (2007). Examining the association between parenting and childhood depression: A meta-analysis. *Clinical Psychology Review*, 27, 986-1003.

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

- Meesters, C., Muris, P., & Esselink, T. (1995). Hostility and perceived parental rearing behavior. *Personality and Individual Differences, 18*(4), 567-570. [https://doi.org/10.1016/0191-8869\(94\)00181-q](https://doi.org/10.1016/0191-8869(94)00181-q)
- Mendo-Lazaro, S., Barco, B. L. D., R o, M. P. D., Tosina, R. Y., & Ramos, V. L. (2019). The role of parental acceptance- rejection in emotional instability during adolescence. *International Journal of Environmental Research and Public Health, 16*(7), 1194.
- Menon, P., Chaudhari, B., Saldanha, D., Devabhaktuni, S., & Bhattacharya, L. (2016). Childhood sexual abuse in adult patients with borderline personality disorder. *Industrial Psychiatry Journal, 25*(1), 101–106. doi: 10.4103/0972-6748.196046
- Merza, K., Papp, G., & Szabo, I. K. (2015). The role of childhood traumatization in the development of borderline personality disorder in Hungary. *European Journal of Psychiatry, 29*(2), 105-118. <https://doi.org/10.4321/s0213-61632015000200002>
- Meyer, B., Ajchenbrenner, M. P., & Bowels, D. P. (2005). Sensory sensitivity, attachment experiences, and rejection responses among adults with borderline and avoidant features. *Journal of Personality Disorders, 19*(6), 641-658.
- Miller, C. E., Townsend, M. L., & Grenyer, B. F. (2021). Understanding chronic feelings of emptiness in borderline personality disorder: A qualitative study. *Borderline Personality Disorder and Emotion Dysregulation, 8*(1), 1-9.
- Minichiello, V., Sullivan, G., Greenwood, K., & Axford, R. (2004). *Handbook for Research Methods for Nursing and Health Science* (2nd ed.). Pearson.

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

- Mishra, P., Pandey, C. M., Singh, U., Gupta, A., Sahu, C., & Keshri, A. (2019). Descriptive statistics and normality tests for statistical data. *Annals of Cardiac Anaesthesia*, 22(1), 67–72. doi: [10.4103/aca.ACA\\_157\\_18](https://doi.org/10.4103/aca.ACA_157_18)
- Mishra, E., & Biswal, R. (2020). Exploring parental risk factors in the development of delinquency among children. *Humanities and Social Sciences Reviews*, 8(3), 141-148.
- Mitchell, D. (2014). Advancing grounded theory: Using theoretical frameworks within grounded theory studies. *The Qualitative Report*, 19(36), 1-11. <https://doi.org/10.46743/2160-3715/2014.1014>
- Moghaddam, M. D., Rakhshani, T., Assareh, M. & Validad, A. (2017). Child self-esteem and different parenting styles of mothers: A cross-sectional study. *Archives of Psychiatry and Psychotherapy*, 19(1), 37-42.
- Morgan, C. T. (2004). *Introduction: Physiological psychology* (3rd ed.). McGraw-Hill Inc.
- Morgan, D. L. (2007). Paradigms lost and pragmatism regained. *Journal of Mixed Methods Research*, 1(1), 48-76.
- Morshed, M. U., Nirobe, M. N. N., & Naz, H. (2015). A study of parental acceptance - rejection and aggression towards parents of adolescence. *Universal Journal of Psychology*, 3(4), 132-135.
- Mosquera, D., Gonzalez, A., & Leeds, A. M. (2014). Early experience, structural dissociation, and emotional dysregulation in borderline personality disorder: The role of insecure and disorganized attachment. *Borderline Personal Disorder and Emotion Dysregulation*, 28(1), 15. doi: [10.1186/2051-6673-1-15](https://doi.org/10.1186/2051-6673-1-15).

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

- Mungai, W. N. (2019). Designing a Ph D proposal in mixed method research. In Md. R. Islam (ed.), *Social research methodology and new techniques in analysis, interpretation, and writing*. (pp.36-48). Hershey, PA: IG Global.
- Najam, N., & Kausar, R. (2018). Father acceptance - rejection, father involvement and socio emotional adjustment of adolescents in Pakistan. *Journal of Behavioural Science*, 22(1).
- National Institute of Mental Health. Revised December (2017). *Borderline personality disorder*. Very well mind. <https://www.verywellmind.com/the-bpd-family-425215#citation-1>
- Naz, F., & Kausar, R. (2013). Parental rejection, personality maladjustment and depressive symptoms in female adolescents in Pakistan. *Journal of Humanities and Social Science*, 14(1), 56-65. <https://doi.org/10.9790/0837-1415665>
- NHS. (219, July19). *Causes - Borderline personality disorder*. © Crown copyright. <https://www.nhs.uk/mental-health/conditions/borderline-personality-disorder/causes/>
- Nicca, D., Fierz, K., Happ, M. B., & Spirig, R. (2012). Symptom management in HIV/AIDS symptom management in HIV/AIDS: A mixed methods approach to describe collaboration and concordance between persons living with HIV and their close support persons. *Journal of Mix Methods Research*, 3, 217–35.
- Nickell, A. D., Waudby, C. J., & Trull, T. J. (2002). Attachment, parental bonding and borderline personality disorder features in young adults. *Journal of Personality Disorders*, 16 (2), 148-59. <https://doi.org/10.1521/pedi.16.2.148.22544>
- Nightingale, (2009). *International Encyclopedia of Human Geography*. Copyright © 2021 Elsevier B.V. or its licensors or contributors. Science Direct ® is a registered trademark of Elsevier B.V. <https://www.sciencedirect.com/topics/social-sciences/triangulation>

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

- Ntshingila, N., Poggenpoel, M., Myburgh, C. P. H., & Temane, A. (2016). Experiences of women living with borderline personality disorder. *Health SA Gesondheid, 21*, 110-119. <https://doi.org/10.1016/j.hsag.2016.01.001>
- O’Cathain, A., Murphy, E., & Nicholl J. (2007). Why, and how, mixed methods research is undertaken in health services research in England: A mixed methods study. *BMC Health Services Research, 7*, 85. <https://doi.org/10.1186/1472-6963-7-85>
- Ogelman, H. G. (2015). Predictor effect of parental acceptance-rejection levels on resilience of preschool children. *Procedia - Social and Behavioral Sciences, 174*, 622-628.
- Ogundipe, O. A., Olagunju, A. T., Lasebikan, V. O., & Coker, A. O. (2014). Burnout among doctors in residency training in a tertiary hospital. *Asian Journal of Psychiatry, 568*, 1-6. <http://dx.doi.org/10.1016/j.ajp.2014.02.010>
- Oldham, J. M. (2006). Borderline personality disorder and suicidality. *American Journal of Psychiatry, 163*(1), 20-26.
- Onwuegbuzie, A. J., & Leech, N. L. (2004). Enhancing the interpretation of significant findings: The role of mixed methods research. *The Qualitative Report, 9*(4), 770–792. <http://www.nova.edu/ssw/QR/QR9-4/onwuegbuzie.pdf>
- O’Reilly, R., Peters, K., Beale, B., & Jackson, D. (2009). Women’s experience of recovery from child birth: Focus on pelvis problems that extend beyond the puerperium. *Journal of Clinical Nursing, 18*, 2013-2019.

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

- Osborne, J. W., & Costello, A. B. (2009). Best practices in exploratory factor analysis: Four recommendations for getting the most from your analysis. *Pan-Pacific Management Review, 12*(2), 131-146.
- Otto, B., Kokkelink, L., & Brune, M. (2021). Borderline personality disorder in a “Life History Theory” perspective: Evidence for a fast “Pace-of-Life-Syndrome”. *Frontiers in Psychology, 12*. <https://doi.org/10.3389/fpsyg.2021.715153>
- Ougrin, D., Tranah, T., Leigh, E., Taylor, L., Rosenbaum, A. J. (2012). Practitioner review: Self-harm in adolescents. *Journal of Child Psychology and Psychiatry, 53*(4), 337–50.
- Ozili, P. K. (2022, June 5). *The acceptable R-square in empirical modelling for social science research*. <http://dx.doi.org/10.2139/ssrn.4128165>
- Palmer, B. A. (2015). *Mayo foundation for medical education and research*. All rights reserved. <http://www.mayoclinic.org/diseases-conditions/borderline-personality-disorder/basics/risk-factors/con-20023204>.
- Park, Y., Konge, L., & Artino, A. R. (2020). The Positivism Paradigm of Research. *Academic Medicine, 95*(5), 690-694. <https://doi.org/10.1097/acm.0000000000003093>.
- Parvez, H. (2019, September 10). *Cognitive behavioral theory (explained)*. © Psych Mechanics. All Rights Reserved. <https://www.psychmechanics.com/cognitive-behavioural-theory-cbt-in/>
- Perroud, N., Zewdie, S., Stenz, L., Adouan, W., Bavamian, S., Prada, P., Nicastro, R., Hasler, R., Nallet, A., Piguet, C., Paoloni-Giacobino, A., Aubry, J., & Dayer, A. (2016). Methylation of serotonin receptor 3A in ADHD, borderline personality, and bipolar disorders: Link

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

with severity of the disorders and childhood maltreatment. *Depression and*

*Anxiety*, 33(1), 45-55. DOI: [10.1002/da.22406](https://doi.org/10.1002/da.22406)

Perry, J. C., & Cooper, S. H. (1985). Psychodynamics, symptoms, and outcome in borderline and antisocial personality disorders and bipolar type II affective disorder. In McGlashan T. H., (ed.), *The borderline: Current empirical research*. (pp. 21–41). American Psychiatric Press.

Petfield, L., Startup, H., Droscher, H. & Cartwright-Hatton, S. (2015). Parenting in mothers with borderline personality disorder and impact on child outcomes. *Evidence-based Mental Health*, 18(3), 67-75.

Ponterotto, J. G. (2005). Qualitative research in counseling psychology: A primer on research paradigms and philosophy of science. *Journal of Counseling Psychology*, 52, 126–136. <https://doi.org/10.1037/0022-0167.52.2.126>

Putnick, D. L., Uddin, M. K., Rohner, R. P., Singha, B., & Shahnaz, I. (2019). Remembrances of parental rejection are associated with loneliness as mediated by psychological maladjustment in young Bangladeshi men but not women. *International Journal of Psychology*, 55(3), 354-363.

Ran, H., Fang, D., Donald, A. R., Wang, R., Che, Y., He, X., Wang, T., Xu, X., Lu, J., & Xiao, Y. (2021). Impulsivity mediates the association between parenting styles and self-harm in Chinese adolescents. *BMC Public Health*, 21(1), 1-9. <https://doi.org/10.1186/s12889-021-10386-8>

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

- Renk, K., McKinney, C., Klein, J., & Oliveros, A. (2006). Childhood discipline, perceptions of parents, and current functioning in female college students. *Journal of Adolescence, 29*(1), 73-88.
- Reti, I. M., Eaton, W. W., Bienvenu, O. J., Costa, P., Nestadt, G., & Samuels, J. (2002). Influence of parenting on normal personality traits. *Psychiatry Research, 111*(1), 55-64.
- Ripoll-Núñez, K., & Alvarez, C. (2008). Perceived intimate partner acceptance, remembered parental acceptance, and psychological adjustment among Colombian and Puerto Rican youths and adults. *Cross-Cultural Research, 42*(1), 23-34.
- Robertson, J. F., & Simons, R. L. (1989). Family factors, self-esteem, and adolescent depression. *Journal of Marriage and Family, 51*(1), 125-138.
- Robson, C. (1993). *Real world research*. Oxford, UK: Blackwell
- Rodante, D. E., Grendas, L. N., Puppo, S., Vidjen, P., Portela, A., & Rojas, S. M. (2019). Predictors of short- and long-term recurrence of suicidal behavior in borderline personality disorder. *Acta Psychiatrica Scandinavica, 140*(2), 158–68. <https://doi.org/10.1111/acps.13058>.
- Rohner, R. P. (1960). *Child acceptance–rejection and modal personality in three Pacific societies*. [Unpublished master's thesis]. Stanford University.
- Rohner, R. P. (1975). *They love me, they love me not: A worldwide study of the effects of parental acceptance and rejection*. HRAF Press.
- Rohner, R. P., & Rohner, E. C. (1980). Worldwide tests of parental acceptance rejection theory. *Behavior Science Research, 15*, 1-21.



## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

Rohner, R. P. (1980). *Handbook for the study of parental acceptance and rejection* (1<sup>st</sup> ed.).

Rohner Research Publications.

Rohner, R. P. (1986). *The warmth dimension: Foundations of parental acceptance-rejection theory*. Sage Publications, Inc.

Rohner, R. P. (1990). *Handbook for the study of parental acceptance and rejection*. Center for the Study of Parental Acceptance and Rejection. University of Connecticut.

Rohner, R. P., & Brothers S. A. (1999). Perceived parental rejection, psychological maladjustment, and borderline personality disorder. *Journal of Emotional Abuse, 1*(4), 81-95.

Rohner, R. P., & Britner, P. A. (2002). Worldwide mental health correlates of parental acceptance rejection: Review of cross-cultural and intracultural evidence. *Cross-Cultural Research, 36*, 16-47.

Rohner, R. P. (2002). *Parental acceptance-rejection bibliography*. [vm.uconn.edu/~rohner](http://vm.uconn.edu/~rohner).

Rohner, R. P., & Khaleque, A. (2002). Parental acceptance-rejection and life-span development: A universalist perspective. *Online Readings in Psychology and Culture, 6*(1), 1-10.

Rohner, R. P. (2004). The parental " acceptance-rejection syndrome": Universal correlates of perceived rejection. *American Psychologist, 59*(8), 830-840. DOI: [10.1037/0003-066X.59.8.830](https://doi.org/10.1037/0003-066X.59.8.830)

Rohner, R. P. (2005). Parental Acceptance-Rejection Questionnaire (PARQ): Test manual. In R. P. Rohner & A. Khaleque (Eds.), *Handbook for the study of parental acceptance and rejection*. (4<sup>th</sup> ed., pp. 43–106). Rohner Research Publications.

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

- Rohner, R. P., Khaleque, A., & Cournoyer, D. E. (2005). Parental acceptance-rejection theory, methods, evidence, and implications. *Ethos*, *33*, 299-334.
- Rohner, R. P., Sherri, A., & Brothers, M. A. (2008). Perceived parental rejection, psychological maladjustment, and borderline personality disorder. *Journal of Emotional Abuse*, *1*(4), 81-95. [https://doi.org/10.1300/J135v01n04\\_05](https://doi.org/10.1300/J135v01n04_05)
- Rohner, R. P., Melendez, T., & Kraimer-Rickaby, L. (2008). Intimate partner acceptance, parental acceptance in childhood, and psychological adjustment among American adults in ongoing attachment relationships. *Cross-Cultural Research*, *42*(1), 13-22.
- Rohner, R. P., Khaleque, A., & Cournoyer, D. E. (2009). *Introduction to parental acceptance-rejection theory, methods, evidence, and implications*.  
<https://www.researchgate.net/publication/252234422>.
- Rohner, R. P., & Khaleque, A. (2010). Testing central postulates of parental acceptance-rejection theory (PAR Theory): A meta-analysis of cross-cultural studies. *Journal of Family Theory and Review*, *2*, 73-87.
- Rohner, R. P., Khaleque, A., & Cournoyer, D. E. (2012). *Introduction to parental acceptance-rejection theory, methods, evidence, and implications*.  
<https://craigbarlow.co.uk/webedit/uploaded-files/All%20Files/Risk/INTRODUCTION-TO-PARENTAL-ACCEPTANCE-3-27-12.pdf>
- Rohner, R. P. (2021). Introduction to interpersonal acceptance-rejection theory (IPAR Theory) and evidence. *Online Readings in Psychology and Culture*, *6*(1).  
<https://doi.org/10.9707/2307-0919.1055>
- Rorty, R. (1999). *Philosophy and social hope*. Penguin Books.

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

Russ, E., Heim, A., & Westen, D. (2003). Parental bonding and personality pathology assessed by clinician report. *Journal of Personality Disorders, 17*(6), 522-536.

Ryan, G. (2018). Introduction to positivism, interpretivism and critical theory. *Nurse Researcher, 25*(4), 14-20 <https://www.researchgate.net/publication/323811451DOI:10.7748/nr.2018.e1466>

Salters-Pedneault, K. (2020, November 27). *Borderline personality disorder and your family*. Very well mind. <https://www.verywellmind.com/the-bpd-family-425215>

Sanislow, C. A., & McGlashan, T. H. (1998). Treatment Outcome of Personality Disorders. *The Canadian Journal of Psychiatry, 43*(3), 237–250. [doi:10.1177/070674379804300302](https://doi.org/10.1177/070674379804300302)

Schuppert, H. M., Albers, C. J., & Minderaa, R. B. (2012). Parental rearing and psychopathology in mothers of adolescents with and without borderline personality symptoms. *Child and Adolescent Psychiatry and Mental Health, 6* (29), 1-7. <https://doi.org/10.1186/1753-2000-6-29>

Schuppert, H. M., Albers, C. J., Minderaa, R. B., Emmelkamp, P. M. G., & Nauta, M. H. (2015). Severity of borderline personality symptoms in adolescence: Relationship with maternal parenting stress, maternal psychopathology, and rearing styles. *Journal of Personality Disorder, 29*(3), 289-302.

Scott, L. N., Levy, K. N., & Pincus, A. L. (2009). Adult attachment, personality traits and borderline personality disorder features in young adults. *Journal of Personality Disorders, 23*(3), 258-280.

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

Sebastian, K. (2019). Distinguishing between the types of grounded theory: classical, interpretive and constructivist. *Journal for Social Thought*, 3(1), 1-9.

<https://ojs.lib.uwo.ca/index.php/jst/index>

Shahid, S. F. B., Mullick, M., Nahar, J. S., Naher, J., Khan, S., Morshed, N. M., Shah, M. A., & Qusar, M. S. (2010). Relationship between parental rejection and personality.

*Bangabandhu Sheikh Mujib Medical University Journal*, 2(2), 61–65.

<https://doi.org/10.3329/bsmmuj.v2i2.4759>

Sharp, C., Venta, A., Vanwoerden, S., Schramm, A., Ha, C., Newlin, E., Reddy, R., & Fonagy, P. (2016). First empirical evaluation of the link between attachment, social cognition and borderline features in adolescents. *Comprehensive Psychiatry*, 64, 4-11. doi:

[10.1016/j.comppsy.2015.07.008](https://doi.org/10.1016/j.comppsy.2015.07.008). Epub 2015 Jul 20.

Sibley, D. C. K., & Santor, D. (2009). The mediating role of automatic thoughts in the personality–event–affect relationship. *Cognitive Behavior Therapy*, 38(3), 153-61.

Simons, R. L., Robertson, J. F., & Downs, W. R. (1988). The nature of the association between parental rejection and delinquent behavior. *Journal of Youth and Adolescence*, 18(3), 297-310.

Skinner, M., Wilson, H. D., & Turk, D. C. (2012). Cognitive-behavioral perspective and cognitive-behavioral therapy for people with chronic pain: Distinctions, outcomes, and innovations. *Journal of Cognitive Psychotherapy: An International Quarterly*, 26(2).

Skodol, A. E., Siever, L. J., Livesley, W. J., Gunderson, J. G., Pfohl, B., & Widiger T. A. (2002). The borderline diagnosis II: biology, genetics, and clinical course. *Biological Psychiatry*, 51, 951–63. [https://doi.org/10.1016/s0006-3223\(02\)01325-2](https://doi.org/10.1016/s0006-3223(02)01325-2)

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

- Skodol, A. E., Gunderson, J. G., Shea, M. T., McGlashan, T. H., Morey, L. C., Sanislow, C. A., Bender, D. S., Grilo, C. M., Zanarini, M. C., Yen, S., Pagano, M. E., & Stout, R. L. (2005). The collaborative longitudinal personality disorders study (CLPS): Overview and implications. *Journal of Personality Disorders, 19*(5), 487-504. doi: [10.1521/pedi.2005.19.5.487](https://doi.org/10.1521/pedi.2005.19.5.487)
- Sobrinho, A. T., Campos, R. C., & Holden, R. R. (2016). Parental rejection, personality, and depression in the prediction of suicidality in a sample of nonclinical young adults. *Psychoanalytic Psychology, 33*(4), 554.
- Söderholm, J. J., Socada, J. L., Rosenström, T., Ekelund, J., & Isometsä, E. T. (2020, April 17). Borderline personality disorder with depression confers significant risk of suicidal behavior in mood disorder patients: A comparative study. *Frontiers in Psychiatry, 11*, 1-9. <https://doi.org/10.3389/fpsy.2020.00290>
- Soenens, B., Vansteenkiste, M., Luyten, P., Duriez, B., & Goossens, L. (2005). Maladaptive perfectionistic self-representations: The mediational link between psychological control and adjustment. *Personality and Individual Differences, 38*(2), 487-498.
- Stavrinides, P., Tantaros, S., Georgiou, S., & Tricha, L. (2018). Longitudinal associations between parental rejection and bullying/victimization. *Emotional and Behavioural Difficulties, 23*(2), 203-212.
- Steele, K. R., Townsend, M. L., & Grenyer, B. F. S. (2019). Parenting and personality disorder: An overview and meta-synthesis of systematic reviews. *Plos One, 14*(10), 1-26. <https://doi.org/10.1371/journal.pone.0223038>

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

- Stepp, S. D., Whalen, D. J., Scott, L. N., Zalewski, M., Loeber, R., & Hipwell, A. E. (2014). Reciprocal effects of parenting and borderline personality disorder symptoms in adolescent girls. *Development and Psychopathology*, 26(02), 361-378.
- Stormshak, E. A., Bierman, K., McMahon, R. J., & Lengua, L. J. (2000). Parenting practices and child disruptive behavior problems in early elementary school. *Journal of Clinical Child Psychology*, 29(1), 17-29.
- Strathearn, L. (2011). Maternal neglect: oxytocin, dopamine and the neurobiology of attachment. *Journal of Neuroendocrinology*, 23(11), 1054-1065.
- Strauss, A., & Corbin, J. M. (1990). *Basics of qualitative research: Grounded theory procedures and techniques*. Sage Publications, Inc.
- Strauss, A., & Corbin, J. (1994). Grounded theory methodology: An overview. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (pp. 273–285). Sage Publications, Inc.
- Tariq, S., & Woodman, J. (2010). Using mixed methods in health. *Journal of The Royal Society of Medicine*, 1-8. [doi:10.1177/2042533313479197](https://doi.org/10.1177/2042533313479197)
- Tashakkori, A., & Teddlie, C. (2003). Issues and dilemmas in teaching research methods courses in social and behavioural sciences: U S perspective. *International Journal of Social Research Methodology*, 6(1), 61–77. [DOI: 10.1080/13645570305055](https://doi.org/10.1080/13645570305055)
- Teicher, M. H., Ito, Y., Glod, C. A., Schiffer, F., & Gelbard, H. A. (1994). Early abuse, limbic system dysfunction, and borderline personality disorder. *Biological and neurobehavioral studies of borderline personality disorder*, 177-207. American Psychiatric Press.

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

- Thairovic, S., & Bajric, A. (2016). Child-parent attachment styles and borderline personality disorder relationship. *Mediterranean Journal of Clinical Psychology*, 4(2), 1-27. DOI: <https://doi.org/10.6092/2282-1619/2016.4.1277>
- Thimm, J. C. (2009). Mediation of early maladaptive schemas between perceptions of parental rearing style and personality disorder symptoms. *Journal of Behaviour Therapy and Experimental Psychiatry*, 41(1), 52-29.
- Tkalic, R. G., Vrselja, I., & Wertag, A. (2010). *The relationship between perceived parental acceptance-rejection and drug abuse among adolescent boys and girls*. 3<sup>rd</sup> International Congress on Interpersonal Acceptance and Rejection. [https://www.researchgate.net/publication/311986722\\_The\\_Relationship\\_Between\\_Perceived\\_Parental\\_Acceptance-Rejection\\_and\\_Drug\\_Abuse\\_Among\\_Adolescent\\_Boys\\_and\\_Girls](https://www.researchgate.net/publication/311986722_The_Relationship_Between_Perceived_Parental_Acceptance-Rejection_and_Drug_Abuse_Among_Adolescent_Boys_and_Girls)
- Tomko, R. L., Trull, T. J., Wood, P. K., & Sher, K. J. (2014). Characteristics of borderline personality disorder in a community Sample: Comorbidity, treatment utilization, and general functioning. *Journal of Personality Disorders*, 28(5), 734–750. [https://doi.org/10.1521/pedi\\_2012\\_26\\_093](https://doi.org/10.1521/pedi_2012_26_093)
- Tucker, L., Bauer, S. F., Wagner, S. C., & Harlam, D. (1987). Long-term hospital treatment of borderline patients: a descriptive outcome study. *American Journal of Psychiatry*, 144, 1443–48.
- Uddin, M. K. (2011). Parental Warmth and Academic Achievement of Adolescent Children. *Journal of Behavioural Sciences*, 21(1).

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

- Uddin, M. K., Khaleque, A., Aktar, R., & Hossain, K. N. (2014). Relations between perceived parental acceptance and children's psychological adjustment in the context of differential parental power and prestige in Bangladesh. *Cross-Cultural Research, 48*(3), 214–222.  
DOI: 10.1177/1069397114528675
- Van Doorn, M. M., Kuijpers, R. C., Lichtwarck-Aschoff, A., Bodden, D., Jansen, M., & Granic, I. (2016). Does mother–child interaction mediate the relation between maternal depressive symptoms and children's mental health problems? *Journal of Child and Family Studies, 25*(4), 1257-1268.
- Varan, A. (2005). Relation between perceived parental acceptance and intimate partner acceptance in Turkey: Does history repeat itself? *Ethos, 33*(3), 414-426. doi:10.1525/eth.2005.33.3.414
- Varan, A., Rohner, R. P., & Eryüksel, G. (2008). Intimate partner acceptance, parental acceptance in childhood, and psychological adjustment among Turkish adults in ongoing attachment relationships. *Cross-Cultural Research, 42*(1), 46-56.
- Valero, J. (2004). Effects of perceived parenting styles on depressive symptoms. *Health, 36*.  
[https://www.csustan.edu/sites/default/files/groups/McNair%20Scholars%20Program/20192020Journals/valero\\_jessica.pdf](https://www.csustan.edu/sites/default/files/groups/McNair%20Scholars%20Program/20192020Journals/valero_jessica.pdf)
- Warren, C. A. (2002). Qualitative interviewing. In J. F. Gubrium & J. A. Holstein (Eds.), *Handbook of interview research: Context and method* (pp 83–101). Sage Publications, Inc.
- West, C. P. (2012). *A mixed method sequential explanatory study of the impact of chronic pain on family resilience*. [PhD thesis]. James Cook University. <http://eprints.jcn.edu.au/24720>



## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

- Winsper, C., Bilgin, A., Thompson, A., Marwaha, S., Chanen, A. M., Singh, S. P., Wang, A., & Furtado, V. (2020). The prevalence of personality disorders in the community: A global systematic review and meta-analysis. *The British Journal of Psychiatry*, *216*(2), 69 – 78.  
DOI: <https://doi.org/10.1192/bjp.2019.166>
- Xiao, Z., Yan, H., & Wang, Z. (2006). Trauma and dissociation in China. *American Journal of Psychiatry*, *163*(8), 1388-91.
- Yang, J., McCrae, R. R., & Costa, P. T. (2000). The cross-cultural generalizability of axis-II constructs: An evaluation of two personality disorder assessment instruments in the people's republic of china. *Journal of Personality Disorders*, *14*(3), 249-63.
- Yang, Y., Li, M., & Lin, H. C. (2019). Parental rejection, resilience and health-risk behavior in emerging adults. *American Journal of Health Behavior*, *43*(5), 898-911.
- Yang, X., Fan, C., Liu, Q., Chu, X., Song, Y., & Zhou, Z. (2020). Parenting styles and children's sleep quality: Examining the mediating roles of mindfulness and loneliness. *Children and Youth Services Review*, *114*, 104921.
- Yasmin, S., & Hossain, A. (2014). Relation of parental rejection with self-esteem and life satisfaction of young adults. *Dhaka University Journal of Biological Science*, *23*(1), 69-76.
- You, S., & Lim, S. A. (2015). Development pathways from abusive parenting to delinquency: The mediating role of depression and aggression. *Child Abuse & Neglect*, *46*, 152-162.
- Zalewski, M., Stepp, S. D., Scott, L. N., Whalen, D. J., Beeney, J. F., & Hipwell, A. E. (2014). Maternal borderline personality disorder symptoms and parenting of adolescent daughters. *Journal of Personality Disorders*, *28*(4), 541-554.

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

- Zanarini, M. C., Kimble, C. R., & Williams, A. A. (1994). Neurological dysfunction in borderline patients and Axis II control subjects. *Biological and neurobehavioral studies of borderline personality disorder*, 159-175.
- Zanarini, M. C., & Frankenburg, F. R. (1997). Pathways to the development of borderline personality disorder. *Journal of Personality Disorders*, 11(1), 93–104.  
<https://doi.org/10.1521/pedi.1997.11.1.93>
- Zanarini, M. C., Frankenburg, F. R., Khera, G. S., & Bleichmar, J. (2001). Treatment histories of borderline inpatients. *Comprehensive Psychiatry*, 42, 144–50.
- Zanarini, M. C., Yong, L., Frankenburg, F. R., Hennen, J., Reich, D. B., Marino, M. F., & Vujanovic, A. A. (2002). Severity of reported childhood sexual abuse and its relationship to severity of borderline psychopathology and psychosocial impairment among borderline inpatients. *Journal of Nervous and Mental Disease*, 190(6), 381–387.  
<https://doi.org/10.1097/00005053-200206000-00006> PMID: 12080208
- Zhu, J., Xie, R., Chen, Y., & Zhang, W. (2019). Relationship between parental rejection and problematic mobile phone use in Chinese university students: Mediating roles of perceived discrimination and school engagement. *Frontiers in Psychology*, 10, 428.
- Zimmerman, M. (2021). *Overview of personality disorders*. MS D Manual Professional version.  
<https://www.msmanuals.com/professional/psychiatric-disorderspersonalitydisorders/overview-of-personality-disorders>

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

Zubizarreta, A., Calvete, E., & Hankin, B. L. (2019). Punitive parenting style and psychological problems in childhood: The moderating role of warmth and temperament. *Journal of Child and Family Studies*, 28(1), 233-244.

Žukauskas, P., Vveinhardt, J., & Andriukaitien, R. (2018, April 18). *Philosophy and paradigm of scientific research, management culture and corporate social responsibility*. Intech Open. DOI: [10.5772/intechopen.70628](https://doi.org/10.5772/intechopen.70628)

Zulfiqar, N. (2021). *Aggression mediates the association between adolescents' perceived parental rejection and problematic peer relationships*.

[https://www.researchgate.net/publication/348548353\\_Aggression\\_Parental\\_Rejection\\_Peer\\_Relationships](https://www.researchgate.net/publication/348548353_Aggression_Parental_Rejection_Peer_Relationships)

**Appendices**

Appendix 1. Ethical approval from ethics committee of Department of Clinical Psychology,  
University of Dhaka

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

Appendix 2. Ethical clearance from ethical review committee of faculty of Biological science,  
University of Dhaka

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

Appendix 3. Permission letter for data collection from National Institute of Mental health, Sher e  
Bangla nagar, Dhaka

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

Appendix 4. Permission letter for data collection from Sir Salimullah Medical College and  
Mitford Hospital

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

Appendix 5. Permission letter for data collection from Dhaka Medical College Hospital



## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

Appendix 6. Permission letter for data collection from Bangabandhu Sheikh Mujib Medical  
University, Shahbag, Dhaka

## PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

Appendix 7. Permission letter for data collection from Prottoy Medical Clinic, Baridhara, Dhaka

PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

Appendix 8. Written Consent paper of Participants

PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

Appendix 9. Demographic Questionnaire

PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

Appendix 10. Structured Clinical Interview for Diagnosis-II (SCID-II) – BPD questionnaire

PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

Appendix 11. Adult version of Parental Acceptance-Rejection Questionnaire For Father (PARQ-F).

PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

Appendix 12. Adult version of Parental Acceptance-Rejection Questionnaire for Mother (PARQ-M)

PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

Appendix 13. Topic guide for semi-structured In-depth interview



PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER

Appendix 14. Google form of demographic questionnaire, Adult version of Parental

Acceptance- Rejection Questionnaire for Mother (PARQ-M) and PARQ- Father

PARENTAL REJECTION ON BORDERLINE PERSONALITY DISORDER