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## **Role reversal between mothers with borderline personality disorder and their children during reunion**

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Role reversal between mothers with borderline personality disorder and their children  
during reunion

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## Abstract

Role reversal is a disturbance in the relationship between parent and child in which the parent looks to the child to fulfill the parent's needs. The child's shift in roles could be, in part, to that of a parent, a peer, or a spouse. The current study examined the relationship between mothers diagnosed with borderline personality disorder (BPD) and mothers with no BPD on the prevalence of role reversal in mother-child dyads during a three-minute reunion. Borderline features assessed by self-report were also examined in relation to role reversal in the sample as a whole. A set of mother-child dyads in which the mother was diagnosed with BPD (n=35) was compared to a set of mother-child dyads in a normative comparison group (n=33). The ages of the children in the sample ranged from 4-7, with an average age of 5 years 4 months old, and the participants for both groups were of a low SES background. Results showed a significant difference between the BPD dyads and normative dyads, with the BPD dyads exhibiting more role reversal. Affective instability, identity problems, self-harm, and total borderline features were also significantly correlated with role reversal in the mother-child dyads.

## Introduction

### *Role Reversal*

The relationship between parent and child is extremely important, influencing every aspect of a young child's life and the trajectory of their development. In an ideal parent-child relationship, the parent is a nurturing figure that acts to meet a child's needs (Howes & Cicchetti, 1993). Sometimes, however, this relationship becomes disturbed when one abdicates their role as a parent and the roles between parent and child are reversed as an attempt by both the parent and child to have their needs met. In role reversal, the child is either pulled into or initiates a relationship that is role inappropriate because the parent is insensitive to the child's needs, prioritizing his or her own unmet needs above those of the child and looking to the child to meet those needs (Bavolek, 1989; Sroufe & Ward, 1980; Sroufe, Jacobvitz, Mangelsdorf, DeAngelo, & Ward, 1985). Often, the parents may have learned in their own childhood that one may look to meet their emotional needs through their children (Sroufe & Ward, 1980).

Role reversal in the context of the parent-child relationship is especially important because it has been found to be associated with a number of maladaptive outcomes. Role reversal in children can result in attachment anxiety, excessive reassurance-seeking, and depression (Katz, Petracca, & Rabinowitz, 2009). In addition, Burt (1992) found that role reversal can result in those affected eventually developing ego boundaries that are either too rigid or diffuse, having a low tolerance for separation, and having typically poor levels of satisfaction in their intimate adult relationships. It has also been theorized that role reversal might result in compulsive caregiving (West & Keller, 1991) and, due to the inability of children to fulfill the parental role adequately, low self-esteem (Byng-Hall,

2008). Role reversal has a lasting effect on those involved and has been shown to be transmitted intergenerationally (Jacobvitz, Morgan, Kretchmar, & Morgan, 1991; Macfie, McElwain, Houts, & Cox, 2005).

Role reversal may also have some relationship with borderline personality disorder. Recent research provides support for this possible relationship as witnessed during story-stem completion tasks. Macfie and Swan (2009) found significant levels of role reversal at the level of representation in the narratives of children of mothers with BPD during these tasks. The current study acts to expand on these findings.

### *BPD*

BPD is a severe and chronic disorder characterized by a persistent pattern of unstable relationships, fear of abandonment, affective instability, inappropriate and intense anger and mood swings, impulsivity, and recurrent self-injurious/suicidal behavior (American Psychiatric Association, 1994). Not only is BPD a debilitating disorder, but recent research also finds a lifetime prevalence of 5.9% in the general population (Grant et al., 2008), making it a very relevant disorder for examination. Though both men and women are equally likely to be diagnosed with BPD, the disorder is related to greater problems for women (Grant et al., 2008), making women, especially mothers, diagnosed with BPD an important population for study.

Focusing specifically on the mother-child relationship, recent studies have found maternal BPD to have a number of maladaptive effects on the children of the affected mother. Some of these include attention disorders at ages 9-13 (Weiss et al., 1996) and general emotional, behavioral, and somatic problems at ages 11-18. (Barnow, Spitzer, Grabe, Kessler, & Freyberger, 2006). Aside from these adverse effects, Bezirgianian,

Cohen, and Brook (1993) found that maternal inconsistency in a child's upbringing predicted a persistence or emergence of BPD in the child when maternal over-involvement was also present. Also, in a study of first-degree relatives of females diagnosed with BPD, though not specifically mothers, relatives of the borderline female were much more likely to have been treated for borderline or borderlinelike personality disorders than were the relatives of a schizophrenic or bipolar female (Loranger, Oldham, & Tulis, 1982).

### *Strange Situation and Reunion*

From a theoretical standpoint, separation from a caregiver is thought to lead to the activation of a child's attachment system. This activation then leads to a change in behavior from children during separation and upon the return of the caregiver. The Strange Situation (Ainsworth, Blehar, Waters, & Wall, 1978) is the most commonly used method of assessing attachment in infancy and focuses on reunion, as it allows one to observe the attachment related behaviors toward the caregiver elicited by separation. In addition, studies suggest that reunion behavior is an accurate reflection of the relationship between parent and child (Ainsworth & Wittig, 1969; Main & Cassidy, 1988). The Strange situation is also not limited to infancy, as it has been successfully adapted for use with 6 year olds (Main, Kaplan, & Cassidy, 1985). Attachment classifications at age 6 were also found to be significantly related to infancy attachment classifications (Main & Cassidy, 1988), providing support for using the Strange Situation beyond infancy.

### *Current Study*

The current research focused on role reversal in mother-child dyads, in which the mother had been diagnosed with BPD, during reunion. Based on prior research finding

parent-child role reversal present in the stories of children of mothers with BPD during story-stem completion tasks (Macfie & Swan, 2009), it was hypothesized that ratings of role reversal would be significantly greater for BPD dyads than for the comparison dyads and that role reversal would be correlated with self-reported borderline features. This study was designed to add to the knowledge of the relationship between BPD and role reversal and to extend the breadth of previous research to include an examination of role reversal during reunion specifically.

### Method

#### *Participants*

Mothers with BPD were recruited from outpatient clinics, referral by a clinician, and posters placed in the community. Mothers without BPD were recruited from schools and posters placed in the community. Mother-child dyads (N=68) were examined from a sample of 70, two being excluded because of problems with the video recordings. This sample was divided into two groups, one comprising of mothers diagnosed with BPD and their children (n=35) and one normative mother-child dyad comparison group (n=33). There were a total of 36 girls and 32 boys in the sample with an average age of 5 years old. These groups were compared on various demographic variables as shown in Table 1.

#### *Procedures and Measures*

##### *Overall*

After an initial phone screen of all participants, an in-home interview was conducted by two research assistants, in which informed consent, demographic information, and a self-report of borderline features were collected. The eligible mothers and their children then came to the university for an approximately 3-hour long lab visit.

During this visit, the BPD status of the mothers was assessed and the mother-child reunion was filmed after a separation of approximately 1½ hours.

### *Demographics*

Demographic information was collected using the Demographic Interview (Mt. Hope Family Center, 1995) during the home visit. This included collecting information regarding the Hollingshead Occupation and Education Index, annual family income, marital status, and age, race, and gender of the child. *See Table 1.*

### *BPD*

BPD status was determined using the SCID-II Structured Clinical Interview (First et al., 1997). A structured interview was conducted with all mothers after initial participant screening on the phone.

### *Borderline Features*

Mothers rated themselves on features corresponding to borderline personality disorder using the PAI-BOR scale from the Personality Assessment Inventory (PAI; Morey, 1991) during the home visit. These ratings were scored for affective instability, identity problems, negative relationships, self-harm, and total borderline features.

### *Reunion*

Role reversal was assessed within the context of a mother-child reunion. This reunion was modeled from the reunion described by Cassidy and Marvin (1988). Following the conclusion of the child's lab activities, the child examiner brought in a bin of toys, snacks, and juice. The child examiner then staged the play area so that the child was playing near the back of the room. Upon the mother's completion of their interview, the child examiner was alerted to leave the room, leaving the child playing in the back of

the room. The mother was told that things were being prepared for the next part of the study, but that they could go ahead into the room (in which the child is playing), and they entered on their own. No emphasis was placed on the reunion and it was not labeled as such. This reunion lasted for 3 minutes and was recorded through a one-way mirror.

### *Role Reversal*

Role reversal during the reunion was coded from both mother and child behavior using the Qualitative Caregiver Ratings of Parent/Child Interactions from K-2<sup>nd</sup> Grade (Cox, 1997). The 7-point scale was revised from qualitative scales developed by Sroufe, Matas, and Rosenberg. A score of 1 is given when there are completely clear parent-child boundaries, the parent sets limits when necessary, and all physical contact is responsive to the child's needs. A score of 7 is given when it is unclear throughout the session who is the parent and who is the child. This may be due to a continual lack of necessary limit setting, the presence of a playmate relationship between the parent and child, parentification of the child, or the presence of a high level of seductive behavior from the parent.

### *Reliability*

Interrater reliability was assessed for two coders on 20% of the sample using an intraclass correlation coefficient ( $r_i=.85$ ).

## Results

First, to make sure that nothing needed to be controlled for, the groups were compared on various demographic variables. These included: family income, mother's education and occupational status, whether or not the mother was a single parent, and child's age, race, and gender. *See Table 1*. As no statistically significant differences for

demographic information were found between the two groups, no variables needed to be controlled for in the succeeding analyses.

The mean score on role reversal for both groups was analyzed. For the BPD dyads, the mean was 2.86(SD=1.83); for the comparison dyads the mean was 1.76(SD=1.35). An independent-samples *t*-test was used to analyze the difference in means for role reversal between the BPD and comparison groups. Dyads consisting of BPD mothers and their children had a significantly higher mean on role reversal than the comparison dyads,  $t(62)= 2.83, p<.01$ .

Pearson two-tailed bivariate correlations were conducted to inspect the relationship between the amount of role reversal prevalent in the mother-child dyads and maternal borderline features. Role reversal was examined in relation to affective instability, identity problems, negative relationships, self-harm, and total borderline features. Of these, all were significantly correlated except for negative relationships. *See Table 2.*

### Discussion

The current study assessed role reversal for mother-child dyads whose mothers did and did not have BPD during a reunion. Individual self-reported borderline features were also assessed in relation to role reversal in the sample as a whole. As hypothesized, BPD status was associated with higher levels of role reversal in the mother-child dyads than in normative comparisons and role reversal was also significantly correlated with all but one specific borderline feature, as well as total borderline features. The only borderline feature that was not correlated with role reversal was negative relationships. One possible explanation for this null finding could be that mothers in both groups are

more likely to experience negative relationships than affective instability, identity problems, or self-harm. Thus, those that show little or no role reversal with their children may still have experienced having a pattern of negative relationships without having experienced any of the other borderline features, lowering the correlation between role reversal and borderline features for only that specific feature.

These findings lend further support to the relationship between BPD and role reversal. The current study suggests that not only do the children of mothers with BPD exhibit role reversal at the level of representation in their narratives (Macfie & Swan, 2009), but also exhibit role reversal in their direct interaction with their mothers. Thus, the role reversal seen during the child's narratives was likely an accurate portrayal of their relationship with their mother.

Observing role reversal during reunion was beneficial because the mother and child's attachment system had recently been activated and thus, having had no time together, attachment behaviors were theoretically at their peak. This is important because disorganized attachment may play a part in the relationship between BPD and role reversal. Hobson et. al. (2005) found a connection between maternal BPD and a disorganized attachment style in infancy. Likewise, a connection was also found between disorganized attachment and role reversal. Studies have found that a disorganized attachment style in infancy predicts mother-child role reversal in both toddlerhood (Macfie, Fitzpatrick, Rivas, & Cox, 2008) and at age 6 (Main, Kaplan, & Cassidy, 1985). Additional research is needed that inspects with greater depth the role of disorganized attachment in the relationship between role reversal and BPD.

One limitation of the current study that should be addressed in future research is the length of the reunion used, which is 3 minutes for infants. A reunion episode lasting longer than 3 minutes might be beneficial to studying role reversal in early childhood as it gives more time for an older child to reestablish contact with the mother (Main & Cassidy, 1988). One point of future research should examine role reversal during reunion for mother-child dyads where mothers have BPD to see if it differs in any way from role reversal witnessed during more structured tasks like puzzle solving and story telling. It is possible that seductive behavior and physical boundary dissolution might be more easily examined in borderline mother-child dyads during reunion than during any other time because mothers with BPD, experiencing fear of abandonment and having more recently had their attachment system activated, may be more inclined to touch their children and request signs of affection (e.g. kissing and hugging) upon initial contact than in succeeding contact. This could be so because the reunion does not provide a designated task that could distract the mother, potentially making the mother more prone to use this unstructured time to attempt to stymie her fear of abandonment and meet her needs for reassurance and affection through her child.

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Tables

**Table 1. Sample Characteristics**

Variable	Whole Sample	BPD	Comparison	<i>t</i>
	<i>N</i> =68	<i>n</i> =35	<i>n</i> =33	
	<i>M (SD)</i>	<i>M (SD)</i>	<i>M (SD)</i>	
Family Annual Income	30,277(23,412)	28,723(21,040)	31,924(25,920)	0.56
Mother's Hollingshead Education & Occupation Index	37.43(14.39)	35.61(14.62)	39.35(14.11)	1.07
Child's age	5.36(0.91)	5.35(.94)	5.37(.88)	0.08
				$\chi^2$
Child's gender (female)	53%	54%	52%	0.82
Minority Children	7%	9%	6%	0.69
Hispanic Children	9%	14%	3%	0.10
Single mother	24%	26%	21%	0.66

**Table 2. Bivariate correlations between BPD features and role reversal**

Variable	Affective instability  <i>N</i> =68	Identity problems  <i>N</i> =68	Negative relationships  <i>N</i> =68	Self-harm  <i>N</i> =68	Total borderline features  <i>N</i> =68
Role reversal	.27*	.30*	.18	.30*	.32**

p<.05\*; p<.01\*\*