Parenting models, spirituality and personality disorders in adolescence: A literature review

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Abstract---*Recently, many patients have been diagnosed with personality disorders. Personality disorders are often the underlying factor of other mental disorders. Personality disorders can coexist with other mental disorders, leading to worse outcomes. Personality disorders occur due to multifactorial factors, and one of them is considered to play a role in parenting style and spirituality. This article contains a literature review from various literature to analyze parenting styles, spirituality and personality disorders. Authoritative parenting develops high self-esteem, social competence, adaptive coping mechanisms, and healthy personality traits so that the risk of developing Personality Disorder is low. Authoritarian parenting has a risk of developing PD that features rigidity, obedience, inflexible behavior patterns, and aggression such as Obsessive-Compulsive Personality Disorder (OCPD) and Antisocial Personality Disorder (ASPD). Children who are raised permissively have a higher risk of being impulsive and emotionally unstable, such as Borderline Personality Disorder (BPD). Neglected parenting triggers emotional detachment, schizoid and antisocial personality disorders. Spirituality has a significant impact on mental health, as a protective factor against personality disorders. Religion and spirituality improve mental health by strengthening religious coping, support, and belief. Parenting styles, spirituality and personality disorders are complex and varied. Negative parenting and spirituality significantly influence the development of personality traits, which may have the potential to lead to personality disorders.*

Keywords---*adolescence, mental health, parenting models, personality disorders, spirituality.*

Introduction

Personality disorders (PD) are complex mental health conditions formed from a combination of genetic, environmental, and psychological factors. Personality disorders (PD) are characterized by significant, long-lasting deviations of patterns of behavior, cognition, and inner experience from cultural expectations. Some individuals are identified as being different from individuals in general in thinking, feeling, behaving, or relating to other people. Deviations from these norms represent the main characteristics of all personality disorders (PD). This deviation creates real problems for those who suffer from it. PD tends to appear in adolescence or early adulthood, appears to persist over time, and causes impairment or distress (Dereboy et al., 2022).

Personality disorders are associated with significant distress and impairment in personal, social and occupational functioning. The intersection between parenting models and personality disorders is an important area of study in the field of psychiatry (Sebire et al., 2016; Gallarin & Alonso-Arbiol, 2012). Parenting models, which include the various styles and behaviors parents use in raising children, have a significant impact on the development of PD. Parenting patterns in children significantly influence the development of personality disorders in their offspring, and parents with personality disorders have challenges that impact the effectiveness of parenting and the psychological reflection of the children they care for (Boland et al., 2022).

This literature review aims to explore parenting styles, spirituality and the emergence of personality disorders, integrating findings from recent research and describing the mechanisms by which parenting influences personality development (Lenzenweger, 2008; Zimmerman et al., 2008). This review also focuses on the problems faced in primary and specialist health services. Problems that often occur, and PD sufferers are known to receive less care regarding their physical health, it is not uncommon for patients with PD. The purpose of this literature review is so that all healthcare professionals need basic knowledge of the manifestations of personality traits. In patients with PD, there is a low quality of life, a risk factor for premature death, which has an impact on individuals and causes major losses to society (Steele et al., 2020).

Definition

Personality is an individual's natural and getting-through qualities that shape his perspectives, contemplations and conduct in answering circumstances. Certain individuals are bound to show more specific attributes than others: modesty, fearlessness, outrage, liberality, a propensity to communicate feelings, responsiveness, and parsimony, to give some examples. At the point when an individual has tireless qualities that cause misery or trouble inside themselves or based on terrible conditions with others, they are said to have a behavioral condition (PD). PD is unique to mental problems, albeit the two cooperate (Boland et al., 2022). The accompanying definitions depend on ICD-10 and DSM-5. PD begins in youth or puberty and goes on into adulthood, tenacious and significant in experience and conduct, bringing about pressure or serious hindrance to social working.

Epidemiology of Personality Disorders

Estimating the predominance of a PD and a specific classification of PD in any populace has various issues; in past examinations, PD and other mental issues were fundamentally unrelated, making it difficult to record comorbidities (Boland et al., 2022).

Table 1
Epidemiology of personality disorders

DSM	Prevalence (%)
Paranoid	0.5–3
Schizoid	0.5-7
Schizotypal	0.5-5
Antisocial	2-3.5
Borderline	1.5–2
Obsessive-compulsive	1–2
Histrionic	2-3
Narcissistic	0.5-1
Avoidant	0.5–1
Dependent	0.5- 5

(Semple & Smyth, 2019)

- In the general population: PD was prevalent at 4.1% in Asia and 12.16% in Western (Volkert et al., 2018).
- Comorbidity in PD was additionally observed to be normal — patients with PD would in general meet measures for >1 subtype of PD. This disease occurs more often in young adults and is more common in men (Semple & Smyth, 2019).
  - Primary care: PD prevalence is around 46-58% (Semple & Smyth, 2019).
  - Especially in patients who experience depression and somatization symptoms (Dereboy et al., 2022).

- Other populaces: 65% of male forgivers and 42% of female forgivers experience the ill effects of PD, for the most part reserved (Boland et al., 2022).

Personality disorders occur in 10 to 20 percent of the general population and about half of psychiatric inpatients or outpatients. Personality disorders are frequently comorbid with other clinical syndromes and are predisposing factors for other psychiatric disorders and symptoms (e.g., substance use, suicide, affective disorders, impulse-control disorders, eating disorders, and anxiety disorders) (Boland et al., 2022; Semple & Smyth, 2019).

Etiology of Personality Disorders

Even though there is no single persuading hypothesis making sense of the beginnings of PD, the accompanying perceptions propose conceivable causal variables (Boland et al., 2022). Psychoanalysts argue that personality disorders result from failure to progress through proper psychosexual development. Freud's classic theory suggests that there is fixation at the developmental stage which appears as a manifestation of different personality disorders, namely dependent, obsessive-compulsive and histrionic personality disorders which are the outcome of fixation at the oral, anal and phallic stages. There is another etiological hypothesis in the form of childhood trauma which is thought to be associated with individuals with borderline and antisocial disorders (Wardani & Kurniawan, 2023). It is suspected that there is a genetic correlation, especially in schizotypal, borderline personality disorder (BPD), and antisocial. The genes of interest are those that regulate neurotransmission - serotonin (5-HT), dopamine (DA), and norepinephrine (NE). Culture also plays a role in the development of personality disorders, giving rise to variations in the prevalence of personality disorders (Fariba et al., 2023).

Hereditary/Genetics

Based on investigations of more than 15,000 pairs of twins in the United States, genetic factors have been shown to contribute to personality disorders. Monozygotic twins have many times the risk compared to dizygotic twins. There are no significant differences between monozygotic twins raised together or separately, namely, there are similarities in personality measures, temperament, work interests, leisure time and social attitudes. Cluster A behavioral conditions are more normal in the biological family members of patients with schizophrenia, between paranoid PD and delusional disorders, and between borderline PD and affective disorders. Adoption, family, and twin studies exhibit an expanded pervasiveness of schizotypal features in the families of schizophrenic patients, fundamentally when schizotypal highlights were not related to comorbid affective symptoms. Antisocial personality disorder is related to alcohol use problems. Depression is common in the family backgrounds of patients with borderline personality disorder relationship between histrionic personality disorder and somatic symptoms disorder. Avoidant Personality disorder patients frequently have high nervousness levels. Over the top Obsessive-compulsive traits are more normal in monozygotic twins than in dizygotic twins, and patients with Obsessive-compulsive traits give a few indications related to depression. There is no strong relationship between the XYY genotype and psychopathy (Boland et al., 2022).

Biology

People with impulsive traits often exhibit high levels of testosterone, 17-estradiol, and estrone. In nonhuman primates, androgens increase the likelihood of aggression and sexual behavior, but the role of testosterone in human aggression is unclear. DST results are abnormal in some patients with borderline personality disorder who also have depressive symptoms. Low Mono Amin Oxidase (MAO) is associated with activity and sociability. Individuals who have low Platelet MAO levels require more time in social activities. Low Platelet MAO levels occur in some patients with schizotypal disorder. Smooth Pursuit Eye Movements Fidgety and jumping in introverted people, individuals with low self-esteem and withdrawal, also in schizotypal personality disorder (Boland et al., 2022). Personality changes can also be caused by other medical conditions, such as structural damage to the brain, head trauma, brain neoplasms, and damage to blood vessels, especially the frontal and temporal lobes (Boland et al., 2022).

Neurophysiology

'Immature' EEG (posterior temporal slow waves) in psychopathy. Functional imaging abnormalities in psychopathy (e.g. amygdala's activity during affective processing tasks), low 5-HT levels in impulsive and violent traits, and autonomic abnormalities in psychopathy (slowed galvanic skin response) (Semple & Smyth, 2019). The dopaminergic and serotonergic neurotransmitter systems, 5-hydroxyindoleacetic acid (5-HIAA) are low in individuals with suicidal ideation, impulsivity and aggression. Increasing serotonin levels with serotonergic agents such as fluoxetine produces dramatic personality changes. Serotonin decreases depression, impulsivity, and rumination. Increased dopamine concentrations in the central nervous system can cause euphoria. The effects of neurotransmitters on personality traits give rise to controversy over whether personality traits are innate or acquired (Fariba et al., 2023).

Childhood development

Difficult infant temperament can develop into adolescent issues and PD. ADHD might be a gamble factor for antisocial PD. The possibility that insecurity may predict later PD (especially disorganized). Abusive and inconsistent parenting and family pathology are related to conduct disorders and this might be related to antisocial PD later in life. Severe trauma in childhood may be a risk factor for borderline PD and other cluster B disorders (Semple & Smyth, 2019).

Psychodynamic theory

Sigmund Freud's description of developmental arrest at the oral, anal, and genital stages, leading to a dependent, obsessive, and histrionic personality; the 'borderline personality' described by Kernberg (diffuse and unfiltered reactions to experience prevent the individual from putting difficulties into perspective, and lead to recurrent crises) (Semple & Smyth, 2019). Sigmund Freud proposed that character qualities are related to a fixation at one psychosexual stage of development. Those with an oral character person are aloof and dependent since they are fixated at the oral stage when the reliance on others for food is noticeable. Those with an anal character person are difficult, closefisted, and exceptionally scrupulous because of struggles over toilet training during the anal period (Boland et al., 2022). Narcissistic and borderline personalities exhibit primitive defence mechanisms such as splitting and projection: antisocial personality is often seen as a weak aspect of the superego, but a more sophisticated explanation is a reaction to an overly violent superego (internalization of parental abuse) (Semple & Smyth, 2019). Wilhelm Reich coined the term protective character which describes an individual's characteristic defensive style to protect themselves from internal drives and interpersonal anxieties in significant relationships. Each human being's unique personality traits depend on the characteristics of his or her defense mechanisms. Individuals with paranoid personality disorder, for instance, use projection, while the schizoid behavioral condition is related to withdrawal (Boland et al., 2022).
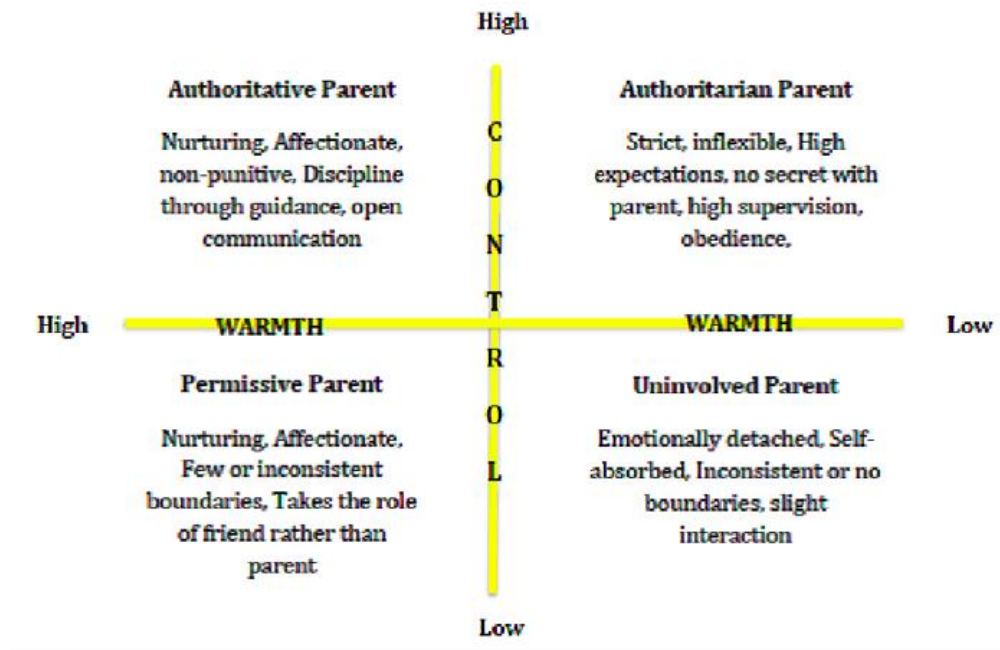
Parenting Models

Figure 1. Baumrind's theory of parenting style (Ismail et al., 2016)

Authoritative parenting

Authoritative parenting is characterized by high responsiveness and high demands, balancing warmth and structure. This style balances warmth and structure, which is generally associated with positive developmental outcomes, including higher self-esteem and better social skills. Children raised in authoritative environments typically develop high self-esteem, social competence, adaptive coping mechanisms and healthy personality traits. However, deviations from this balanced approach can have significant implications for personality development. Authoritative parenting is often associated with reduced risk for PDs and results in children who are confident, responsible, and able to self-regulate. Children can manage their negative emotions more effectively, producing better social outcomes and emotional health. They grow up with higher self-esteem and have high academic achievement and school performance (Sanvictores & Mendez, 2022). This authoritative parenting style has the following characteristics:

   a) Parents always encourage children to talk about their ideals, hopes and needs.
   b) Democratic parenting involves harmonious cooperation between parents and children.
   c) Children are recognized as individuals so that all their strengths and potential are supported and nurtured well.
   d) Parents will guide and direct their children.
   e) There is control from parents who are not rigid (Subagia, 2021).

Authoritarian parenting

Authoritarian parenting involves high demands but low responsiveness. This style is linked to the development of maladaptive personality traits, such as dependency, low self-esteem, and higher levels of internalizing and externalizing behaviors. The main characteristic of authoritarian parenting is that parents make almost all decisions. This parenting style tends to have a one-way mode of communication where the parent establishes strict rules that the child obeys. Children are forced to submit, obey, and are not allowed to ask or argue, little to no room for negotiations from the child, and the rules are not usually explained. A democratic climate in the family has not been developed at all. Just like in the military world, children are not allowed to dispute the commander's or parent's orders, even if they are right or wrong. Mistakes generally lead to punishment. Authoritarian parents are normally less nurturing and have high expectations with limited flexibility. This parenting style can result in children who

have higher levels of aggression but may also be shy, socially inept, and unable to make their own decisions (Sanvictores & Mendez, 2022). Typical characteristics of authoritarian parenting include:

a) Parental power is very dominant.
b) The child is not recognized as a person.
c) Control over children's behavior is very strict.
d) Parents will often punish if the child is disobedient (Subagia, 2021).

Studies have found that children raised in authoritarian environments are at greater risk of developing PDs characterized by rigidity, compliance, inflexible behavior patterns and aggression such as Obsessive-Compulsive Personality Disorder (OCPD) and Antisocial Personality Disorder (ASPD) (Kochanska et al., 2009).

Permissive parenting

Permissive parenting tends to be warm and nurturing and usually has minimal expectations marked by high responsiveness and low demands, often resulting in a lack of self-discipline and poor social regulation in children. Children of permissive parents usually have some self-esteem and decent social skills. However, they can be impulsive, demanding, selfish, and lack self-regulation. Research indicates that permissively raised children are at higher risk for developing impulsive and emotionally unstable traits, core features of certain personality disorders such as Borderline Personality Disorder (BPD) (Sanvictores & Mendez, 2022; Turner, 2019). Permissive parenting has the following characteristics;

a) Parents give children complete freedom of action;
b) Dominance in children;
c) Loose or free attitude from parents;
d) No guidance and direction from the community;
e) Parental control and attention towards children is very limited or non-existent. The absence of clear boundaries and expectations can lead to difficulties in managing emotions and behaviour (Subagia, 2021).

Neglectful parenting

Neglectful parenting, characterized by low responsiveness and low demands, is strongly associated with adverse developmental outcomes. Children are given a lot of freedom as this type of parent typically stays out of the way. They fulfil the child's basic needs while remaining detached from their child's life. An uninvolved parent does not utilize a particular disciplining style and has limited communication with their child. They tend to offer little nurturing while having little or no expectations of their children (Sanvictores & Mendez, 2022). Children from neglectful homes often experience emotional and physical neglect, leading to severe personality dysfunctions. These environments foster traits such as emotional detachment, a hallmark of disorders like Schizoid and Antisocial Personality Disorders (Johnson et al., 2006). The lack of parental involvement and support is a critical factor in the development of these disorders, they might have trouble controlling their emotions, less effective coping strategies, academic challenges, and difficulty maintaining or nurturing social relationships (Sanvictores & Mendez, 2022).

Spirituality

Spirituality has a significant impact on mental health, as a protective factor against personality disorders, and can improve psychological well-being. Spirituality is related to good coping mechanisms and resilience. Integrating a spiritual perspective can contribute to improving mental health holistically (Roussiau et al., 2023). Personality and mental well-being are influenced by their beliefs. Evaluation of spiritual beliefs, the sample was measured on the Spiritual Involvement and Beliefs Scale. Each religion adheres to doctrines and rituals. Each personality trait predicted the level of spirituality or religion. Some research suggests that religiousness diminishes the positive relationship between mindfulness and compassion, a correlation between spiritual pursuits and openness to experience in adulthood (Daaleman et al., 2001; Koenig et al., 2012). Cautious behavior in adolescence has a variety of outcomes in late adulthood. Openness in adolescence predicts spiritual desires in the elderly. None of the models showed a statistically significant inverse relationship between adolescent religiosity and personality in late adulthood. Adolescent personality has an impact on religiosity and spiritual desires. Spirituality has a positive impact on psychological outcomes. Religion and spirituality improve mental health by strengthening religious coping,

support, and constructive beliefs. Several studies suggest that bad religion has a negative impact on mental health (Maddukuri & Mahapatra, 2023).

Schizotypal personality disorder and spirituality

In Cluster A personality disorders, spirituality and religion focus on the relationship between religious well-being. There is a strong relationship between schizotypal personality disorder and low well-being. Previous research has found that the relationship between spirituality and personality disorders is still controversial, but several studies have found that spiritual well-being is lower in patients with schizotypal personality disorder (Bennett et al., 2013).

Borderline personality disorders and spirituality

There is continuity between borderline personality disorder and antisocial personality disorder, religiosity, and spirituality in recent years. In borderline and antisocial personality disorders overall religious and spiritual well-being decreases. Psychotherapeutic treatments with religious and spiritual elements targeting individuals with borderline personality disorder: Dialectical Behavior Therapy, embedding religious traditions at the core. In dialectical behavior therapy, the higher the religious and spiritual well-being of people with a borderline personality disorder will determine the success of therapy (Bennett et al., 2013).

Antisocial personality disorders and spirituality

There is lower religiosity in the presence of antisocial behavior religiosity and spirituality may act as protective factors by moderating the effects of low self-control (Bennett et al., 2013).

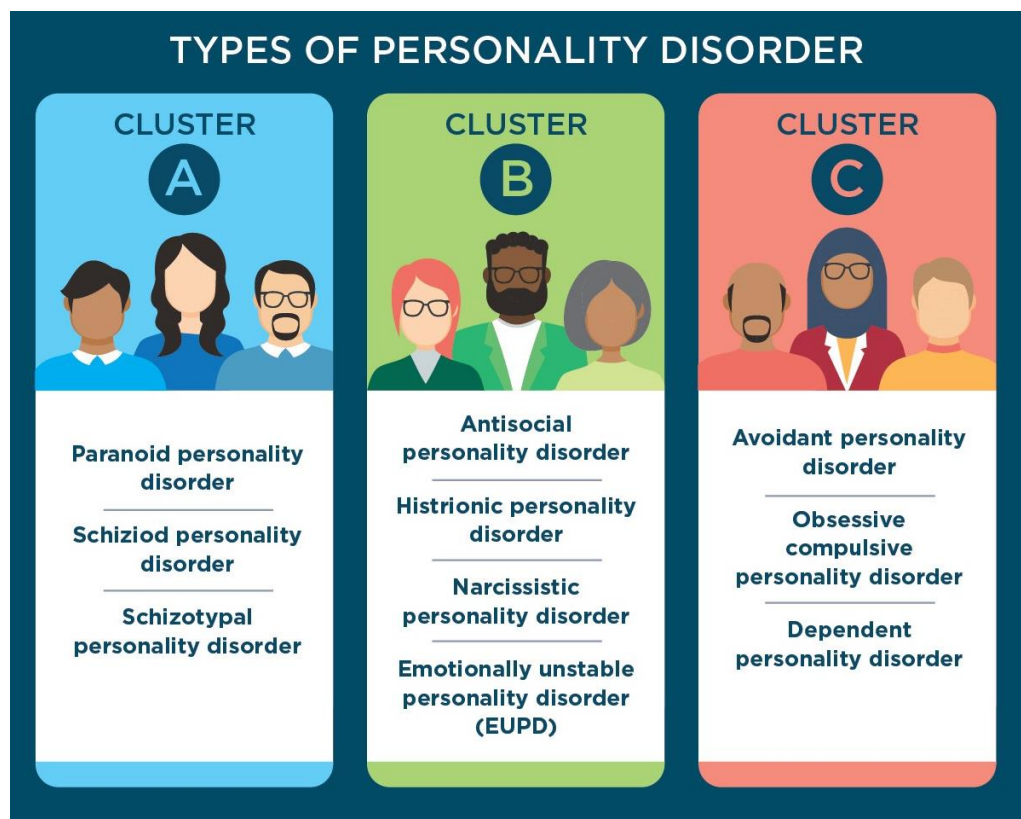**Classification of Personality Disorders**

Figure 2. Classification of personality disorders (Odeyemi, 2023)

Cluster A - "Odd-Suspicious Cluster"

1) Paranoid Personality Disorder

Paranoid personality disorder has well-established suspiciousness and mistrust of persons overall. They reject obligation for their sentiments and allocate liability to other people. They are in many cases antagonistic, touchy, and irate (Boland et al., 2022; Maramis & Maramis, 2009).

2) Schizoid Personality Disorder

Schizoid personality disorder is characterized by a lifelong pattern of social withdrawal. Schizoid personality disorder is seen as eccentric, isolated, or lonely. Their discomfort with human interaction, their introversion, and their bland, constricted affect are noteworthy (Boland et al., 2022; Maramis & Maramis, 2009).

3) Schizotypal Personality Disorder

Schizotypal personality disorders are strikingly odd or peculiar, even to laypersons. Mystical reasoning, exceptional thoughts, ideas of reference, illusions, and derealization are commonplace (Boland et al., 2022; Maramis & Maramis, 2009).

Cluster B - "Dramatic–Emotional–Erratic Cluster"

1) Antisocial Personality Disorder (ASPD)

An antisocial personality disorder is an inability to conform to the social norms that ordinarily govern many aspects of a person's adolescent and adult behavior, which is frequently linked to neglectful and abusive parenting. Children exposed to harsh discipline, inconsistent parenting, and lack of supervision are at increased risk for developing antisocial traits. These environments fail to instil appropriate social norms and empathy, essential for healthy personality development. Longitudinal studies have shown that early exposure to neglect and abuse is a significant predictor of antisocial behavior in adulthood (Farrington, 2005). Although often characterized by continual antisocial or criminal acts, the disorder is not synonymous with criminality (Boland et al., 2022; Maramis & Maramis, 2009).

2) Borderline Personality Disorder (BPD)

BPD is strongly linked to early adverse experiences, including inconsistent and emotionally neglectful parenting. Parental invalidation and neglect contribute to the development of unstable self-image and difficulty in regulating emotions. Studies indicate that individuals with BPD often report histories of childhood trauma and disrupted family environments (Reich et al., 1997). Inconsistent parenting practices fail to provide the necessary emotional security, leading to issues with attachment and identity formation issues (Crowell et al., 2009). Patients with borderline personality disorder stand on the border between neurosis and psychosis, and they have extraordinarily unstable affect, mood, behavior, object relations, and self-image (Boland et al., 2022; Maramis & Maramis, 2009).

3) Narcissistic Personality Disorder (NPD)

NPD is associated with both overindulgent and highly critical parenting styles. Narcissistic personality disorder has a heightened sense of self-importance, lack of empathy, and grandiose feelings of uniqueness. Underneath, however, their self-esteem is fragile and vulnerable to even minor criticism (Boland et al., 2022). Overindulgent parenting can lead to inflated self-importance and entitlement, while highly critical parenting can contribute to hypersensitivity to criticism and fragile self-esteem (Miller & Campbell, 2008). Both extremes disrupt the development of a stable and realistic self-concept. Studies suggest that NPD may develop as a defensive mechanism against deeply felt inadequacies fostered by inconsistent parental feedback (Horton et al., 2006; Maramis & Maramis, 2009).

4) Histrionic Personality Disorder

Histrionic personality disorders are excitable and emotional and act in a colorful, dramatic, extroverted fashion. Going with their showy viewpoints, nonetheless, is in many cases a failure to keep up with sincere, long-lasting attachments (Boland et al., 2022; Maramis & Maramis, 2009).

Cluster C - "Anxious-Fearful Cluster"

1) Obsessive-Compulsive Personality Disorder (OCPD)

OCPD is often associated with authoritarian parenting. OCPDs typically are emotionally constricted, orderly, perseverative, stubborn, and indecisive. The essential feature of the disorder is a pervasive pattern of perfectionism

and inflexibility. Excessive emphasis on orderliness, perfectionism, and control in the parenting environment can lead to the internalization of rigid and perfectionistic behaviors in children. This style fosters a fear of making mistakes and an overemphasis on rules and order, contributing to the development of OCPD traits (Cassin & von Ranson, 2005; Boland et al., 2022; Maramis & Maramis, 2009).

2) Avoidant Personality Disorder
Avoidant personality disorder shows outrageous aversion to dismissal and may have socially removed existences. Albeit shy, they are not asocial and show an incredible longing for friendship, yet they need unusually strong guarantees of uncritical acceptance (having an inferiority complex) (Boland et al., 2022; Maramis & Maramis, 2009).

3) Dependent Personality Disorder
Patients with dependent personality disorder subordinate their necessities to those of others, get others to take care of critical parts of their lives, lack self-confidence, and may encounter intense discomfort when alone for more than a concise period (Boland et al., 2022; Maramis & Maramis, 2009).

Pathomechanisms Linking Parenting to Personality Disorders

Attachment theory

Attachment theory posits that early interactions with caregivers form the basis for later emotional and social development. Secure attachment, fostered by responsive and consistent caregiving, promotes healthy personality development. In contrast, insecure attachment styles, resulting from inconsistent or neglectful caregiving, are linked to various personality disorders (Bowlby, 1973). Secure attachment provides a foundation for stable relationships and emotional regulation, while insecure attachment can lead to maladaptive coping mechanisms and interpersonal difficulties (Bowlby, 1973).

Social learning theory

Social learning theory emphasizes the role of observation and imitation in learning behaviors. Children model behaviors observed in their parents. Authoritarian or neglectful parenting can model maladaptive behaviors such as aggression, dishonesty, and emotional withdrawal, increasing the risk for personality disorders. Parenting styles that promote positive role models and reinforce prosocial behavior are likely to contribute to healthy personality development (Bandura & Walters, 1977; Kerr et al., 2010).

Emotional regulation

Effective parenting helps children develop emotional regulation skills. Authoritative parenting, which balances emotional support with appropriate demands, promotes the development of these skills. Conversely, authoritarian, permissive, and neglectful parenting styles can hinder emotional regulation, contributing to the development of personality disorders characterized by emotional dysregulation, such as BPD and NPD (Gross, 2002).

Neurobiological factors

Parenting practices can influence the development of brain structures involved in emotional regulation and social behavior. Chronic stress and adverse childhood experiences, often resulting from poor parenting, can alter the functioning of the hypothalamic-pituitary-adrenal (HPA) axis and affect brain areas such as the amygdala and prefrontal cortex. These neurobiological changes can predispose individuals to developing personality disorders (McLaughlin et al., 2014).

Implications for prevention and intervention

Understanding the link between parenting and personality disorders highlights the importance of early intervention and support for parents. Programs aimed at promoting authoritative parenting practices and enhancing parent-child relationships can mitigate the risk of personality disorders. Interventions should focus on fostering secure attachment, teaching effective emotional regulation, and modelling adaptive social behaviors (Sanders et al., 2014).

Additionally, providing education and resources to parents about the impact of their parenting style on their child's development can help prevent the emergence of personality disorders (Semple & Smyth, 2019).

Parenting and the Development of Personality Disorders

Maladaptive parenting and risk factors

Numerous studies underscore the role of maladaptive parenting in the development of personality disorders. Maladaptive parenting encompasses behaviors such as parental conflict, neglect, violence, abuse, and inconsistent discipline, which are linked to heightened risks of developing personality disorders (Pan & Wang, 2024). The Children in the Community study demonstrated that aversive parental behavior, low family cohesion, and high maternal-child discord significantly increase the risk of personality disorders, including BPD, antisocial personality disorder, and passive-aggressive personality disorder, in adulthood (Camilo et al., 2022). Attachment theory, as proposed by Bowlby, suggests that early interactions with caregivers shape attachment styles, which persist into adulthood and influence personality development. Insecure attachment styles, fostered by maladaptive parenting, are strongly associated with BPD features. Studies show that children exposed to invalidating environments—where their emotional expressions are dismissed or punished—are more likely to develop BPD (Cassidy et al., 2013). Parenting style will determine children's coping style and behavior (Kaur & Sanches, 2023).

Parenting with personality disorders

1) Challenges Faced By Parents With BPD
Parents with BPD often experience significant difficulties in their parenting roles. These include heightened parenting stress, lower self-efficacy, and difficulties in maintaining stable and nurturing environments. Mothers with BPD, in particular, are noted for their lower sensitivity, higher intrusiveness, and greater hostility in their parenting compared to mothers with other mental health conditions (Steele et al., 2020).
Reflective functioning, or the ability to understand and interpret one's own and others' mental states, is often impaired in individuals with BPD. This impairment can hinder their ability to respond appropriately to their children's emotional needs, further complicating the parent-child relationship and increasing the risk of intergenerational transmission of emotional and behavioral problems (Ha et al., 2013).

2) Interventions And Implications Supporting Parents With Borderline Personality Disorder
Interventions aimed at supporting parents with BPD focus on enhancing reflective functioning and improving emotional regulation skills. Programs that provide training in effective parenting strategies, stress management, and emotional regulation can help mitigate the negative impact of BPD on parenting practices. Enhancing social support for these parents is also crucial in reducing parenting stress and improving parenting efficacy (Steele et al., 2020).

Impact on Offspring

Emotional and behavioral outcomes

Children of parents with personality disorders, especially BPD, are at an elevated risk for a range of emotional and behavioral issues. These include emotional dysregulation, depressive symptoms, insecure attachment styles, and externalizing problems. The increased emotional and behavioral problems observed in these children are often a direct consequence of maladaptive parenting practices and the emotional instability of the parent (Küng et al., 2019). Neglected parenting style constitutes a significant factor contributing to the avoidant personality disorder (Karolinsky, 2019). Authoritative parenting will produce a personality that has healthy narcissism as a result of internalizing positive self-objects, giving rise to independence, comfort and self-esteem (Henschel, 2014). Parenting styles play a role in the development of a child's personality. Negative parenting styles such as authoritarian, permissive and neglected parenting contribute to mental and personality disorders, especially paranoid personality disorders which can develop psychotic symptoms. Uninvolved parenting produces selfish and irresponsible teenagers, resulting in antisocial personality, triggering alcohol and drugs (Ni & Wang, 2022). Dependent personality disorder is related to childhood trauma due to overprotective parents (Bibi et al., 2021).

Longitudinal evidence

Longitudinal studies, such as the Pittsburgh Girls Study, provide valuable insights into the developmental trajectories of children exposed to maladaptive parenting. This study found that harsh parenting and poor emotional regulation skills in early childhood were predictive of BPD symptoms in adolescence. The findings highlight the importance of early intervention to mitigate the adverse effects of maladaptive parenting on children's development (Bozzatello et al., 2021).

Theoretical Models

Biosocial model

Linehan's biosocial model posits that BPD arises from the interplay of biological vulnerabilities and environmental stressors, particularly invalidating environments. According to this model, children who grow up in environments where their emotional experiences are consistently invalidated are more likely to develop BPD. This theory underscores the critical role of parenting in the development of emotional regulation capacities in children (Keng & Soh, 2018).

Attachment theory

Attachment theory emphasizes the significance of early caregiver-child interactions in shaping emotional and social development. Secure attachment, fostered by responsive and sensitive caregiving, is protective against the development of personality disorders. Conversely, insecure attachment, often resulting from maladaptive parenting, is a significant risk factor for BPD and other personality disorders (van Meegen et al., 2024).

Preventive Strategies

Preventive strategies for children at risk of developing personality disorders include early identification of maladaptive parenting practices and timely interventions to promote secure attachment and emotional regulation skills. Parenting programs that educate parents on the importance of responsive caregiving and provide tools for effective emotion regulation can play a significant role in preventing the development of personality disorders in at-risk children (Havighurst et al., 2020).

Conclusion

Spirituality, parenting styles and personality disorders are complex and varied. Different parenting styles significantly influence the development of personality traits, which may have the potential to lead to personality disorders. Maladaptive parenting practices can significantly increase the risk of developing personality disorders, while parents with personality disorders face parenting challenges that can adversely impact their children's emotional and behavioral outcomes. Authoritative parenting is generally associated with positive outcomes, whereas authoritarian, permissive, and neglectful parenting is associated with maladaptive traits and an increased risk of personality disorders. Early intervention and supportive parenting practices are critical in preventing the development of this disorder. Spirituality has a significant impact on mental health, as a protective factor against personality disorders. Religion and spirituality improve mental health by strengthening religious coping, support, and belief.

Future research continues to explore mechanisms linking spirituality, parenting styles and personality disorders, to develop targeted interventions to support healthy personality development. Understanding and addressing the link to multifactorial of personality disorders is critical to improving mental health outcomes across generations.

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