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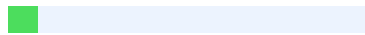
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Examining the Role of Parental Support in Reducing Suicide Rates Among Female
Patients Aged 18 to 25 with Borderline Personality Disorder

Abstract

This research aimed to identify the role of parental support in reducing suicide rates among
female patients aged 18 to 25 with borderline personality disorder. The study was cross-
sectional and correlational. The research population comprised all individuals with
borderline personality disorder who visited specialized psychiatric clinics across Tehran in
the year 2023, totaling 218 individuals. Using convenience sampling, 200 individuals were
selected as the sample and responded to research instruments, including the Family
Functioning Questionnaire (Epstein et al., 1980) and the Suicide Ideation Questionnaire
(Beck et al., 1979). Data analysis was performed using descriptive statistics, correlation
coefficient tests, and multiple regression analysis via SPSS-v26. Findings indicated a
significant negative correlation between family functioning and suicidal behavior among
individuals with borderline personality disorder ($r = -0.545$, $p < 0.002$). Furthermore,
regression analysis revealed that among the family functioning components, problem-
solving skills ($\beta = -0.209$, $p < 0.05$) had the highest explanatory power for suicidal behavior
in patients with borderline personality disorder. In contrast, roles ($\beta = -0.060$, $p < 0.05$) had
the lowest explanatory power. According to the research findings, focusing on the
precursors of suicidal behavior is crucial in healthcare facilities to improve overall well-
being and mitigate risky behaviors among individuals with borderline personality disorder.

Keywords: Suicide, Borderline Personality, Family, Adolescent Girls

Introduction

Borderline personality disorder (BPD) is recognized as one of the most prevalent types of
personality disorders, often associated with heightened psychological vulnerability,
diminished quality of life, a high risk of suicide, and considerable societal costs (Perry et

al., 2023; Masland et al., 2023).

Literature reviews suggest that suicidal ideation progresses continuously and gradually from thoughts to planning and execution. Among the three clusters of personality disorders, Clusters A and B display significant associations with suicidal thoughts and actions (Van-Der-Linden et al., 2023). Notably, borderline personality disorder, classified within Cluster B, appears to be involved significantly in contemplating, attempting, and completing suicide (Sadrehosseini et al., 2023).Various factors contribute to the onset and development of this disorder, encompassing neurobiological, psychosocial, maladaptive parenting, and traumatic childhood events (Van-Der-Linden et al., 2023). Emphasizing control or reduction of these factors could serve a preventive role in the emergence or exacerbation of the disorder. However, based on the premise that individual capabilities may act as a defense against illness-related harms or psychological vulnerabilities, identifying, utilizing, and focusing on these positive capabilities in at-risk individuals can be a pivotal preventive factor. This particularly holds significance concerning personality disorders (Ganji & Ganji, 2023).In this regard, familial factors are among the significant causes associated with the onset or prevention of mental disorders, including personality disorders (Kayor & Sanchez, 2023). A review of theoretical foundations in the etiology [1] of borderline personality disorder demonstrates a commonality among all theories. They believe that the childhood and adolescent periods of [3] individuals with borderline personality have been fraught with numerous difficulties and upheavals, with the most crucial being the four types of misconduct (physical, sexual, emotional, and neglect) and the experience of losing or being separated from family members. In line with these theories, research has indicated the central role of parent-child relationships in the formation and perpetuation of symptoms related to borderline personality disorder (Schultz, Kloos, Azdracois, Lees, & Cryos-Outs, 2022).In a study identifying risk factors for suicidal behavior in patients with borderline personality disorder (Maríro, Billo, Morales-Maríro, & Famro, 2023), it was evident that over 60% had a history of suicide attempts. Among the suicide-related factors, the family factor played a significant role. Parents, due to their

direct and long-term influence on their children's mental and emotional well-being, have a notable impact. Parental neglect and signs of psychopathy in parents are associated with adolescent borderline personality disorder (Schultz et al., 2022).Meanwhile, numerous findings have confirmed the association between personality disorders and parent-child interaction, as well as parental functioning, underscoring the role of familial factors and inappropriate boundaries between parent and child in the emergence or exacerbation of borderline personality traits (Williams, Flack, Fatch, Koenig, & Kaisss, 2023). Studies have also indicated that women with personality disorders experience an unsafe living environment accompanied by cold and unhealthy family relationships, leading to feelings of worthlessness. Consequently, the root cause of borderline personality disorder can often be traced back to parental behavior or the individual's past experiences. Similarly, Caring et al. (2007) believe that these individuals have experienced turbulent, disorganized childhoods characterized by loneliness and notably, social neglect, rejection, and lack of parental support (Sorgaiv-Wilson, 2023).While social rejection is a significant factor contributing to disorders, particularly borderline personality disorder, the noteworthy features of individuals with this disorder include difficulties in social relationships and interpersonal instability, often leading to social isolation (Seager et al., 2022). Reviewing scientific reports on the relationship between self-harm and borderline personality disorder indicates that most suicide studies in Iran have explored the relationship between these two concepts within non-clinical populations, leaving the role of parental support in this socio-psychological phenomenon largely ambiguous. Therefore, the present study was designed and implemented to investigate the role of parental support in reducing suicide rates among female patients aged 18 to 25 with borderline personality disorder.The present study is an applied, descriptive, and correlational research method. The research population included all individuals diagnosed with borderline personality disorder referred to private clinics in Tehran in the year 1402. Based on the statistics of attendees until the data collection date (first half of the year 1402), the number of affected individuals reported by the officials of the centers (11 psychiatric centers) was 218. In this

study, convenience sampling was employed. To determine the sample size, the formula suggested by Plant et al. (2007) (8M + 50 ≤ N) was used; however, to mitigate potential questionnaire distortion and sample loss and for better result generalization, a total of 200 individuals were selected.Following ethical standards, individuals voluntarily and with informed written consent, after a brief and comprehensive explanation of the nature and objectives of the research, expressed their willingness to complete the questionnaires. Participants were assured that no personal or familial information would be obtained from them, and at any stage of responding to the questions, they could opt out of the research if unwilling to continue. The following tools were utilized for data collection in this study: Family Functioning Questionnaire: This questionnaire was developed in 1980 by Epstein et al. based on the McMaster model. It comprises 60 questions within 6 subscales: problem-solving, roles, affective responsiveness, communication, affective involvement, and behavior control. The questions are rated on a 4-point 2 Likert scale (from 1 for "completely agree" to 4 for "completely disagree"). The scale's reliability was reported by its creators using Cronbach's alpha, yielding 0.83 for the entire tool and ranging from 0.78 to 0.94 for its subscales. In Iran, the Cronbach's alpha coefficient for this tool was estimated to be between 0.72 and 0.92 (Birak, Dokaneifar & Jahangiri, 2022).

Suicidal Ideation Inventory: This tool was formulated by Beck et al. in 1979 and consists of 19 questions. It utilizes a 3-point scale from 0, indicating the least intensity, to 3, indicating the highest intensity, with an individual's total score calculated by summing up the scores. The attainable score range on this tool varies between 0 to 38. A higher score on this tool signifies more suicidal thoughts. The reliability of this tool, calculated using Cronbach's alpha by its creators, was reported to be 0.86. Concurrent validity in Iran was established by correlating this tool with the depression variable from the General Health Questionnaire by Goldberg and Hiller (1979), with a coefficient of 0.76. Additionally, convergent validity was examined with the Berzonsky et al. (2013) Identity Styles Inventory, resulting in correlations ranging between 0.23 to 0.47 (Hashemi et al., 2019).

Descriptive statistical methods, Pearson correlation coefficient, compliance with regression assumptions, and multiple-variable regression and analysis were employed for data analysis. All analyses were conducted using the statistical software SPSS version 26, and a significance level of 0.05 was considered.

Findings

The results obtained from the sociodemographic data among 200 participants are presented in Table 1, while the means, standard deviations, and Pearson correlation coefficients between the research variables are shown in Table 2. As indicated by the outcomes in Table 2, a significant inverse correlation was observed between the total score of family functioning and suicidal behavior among individuals with borderline personality disorder (-0.545, p < 0.002). Additionally, the relationship between the components of family functioning and susceptibility to borderline personality disorder in the subjects was also inverse and statistically significant at the 0.05 level.Before conducting regression analysis, the assumptions were examined and confirmed. The results of the Kolmogorov-Smirnov test indicated that the levels of significance for normality statistics regarding suicidal behavior (K-S = 0.216, p = 0.371) and family functioning (K-S = 0.050, p = 0.204) were greater than 0.05, thus indicating a normal distribution of scores. Consequently, parametric tests such as Pearson's correlation coefficient and multiple regression analysis could be utilized, and their results were reliable (Table 3).Based on the results presented in Table 3, tolerance and variance inflation factor (VIF) were calculated to investigate multicollinearity. Tolerance values approaching zero suggest multicollinearity, leading to increased standard errors of regression coefficients. However, the tolerance values displayed in the respective column in the table are not close to zero, indicating no issues with multicollinearity. Moreover, the VIF, the reciprocal of tolerance, was within an acceptable range (larger than 10), indicating that the regression coefficients did not become inflated. Thus, linear regression could be applied without concerns. Therefore, due to the absence of multicollinearity among the predictor variables,

parametric tests like Pearson's correlation coefficient and multiple regression analysis were appropriate and provided reliable results.Furthermore, it can be inferred that if the Durbin-Watson statistic ranges between 1.5 and 2.5, independence of errors can be assumed, and multiple linear regression analysis can be pursued. In the case of autocorrelation in errors, linear regression cannot be used. As the Durbin-Watson statistics range between 1.1 and 2.2, indicating the absence of autocorrelation among the errors, there is no evidence of error correlation. Thus, Pearson's correlation coefficient and multiple regression analysis can be employed, and the outcomes derived from these statistical tests are dependable (Table 3).Based on the adjusted coefficient of determination, 27% of the variance in the comorbidity of borderline personality disorder symptoms with suicidal behavior among the sample individuals was explained by family functioning. Subsequently, the standardized and unstandardized regression coefficients, using the simultaneous method, illustrated that problem-solving ($p < 0.05$, $\beta = 0.209$), roles ($p < 0.05$, $\beta = 0.060$), emotional support ($p < 0.05$, $\beta = 0.111$), communication ($p < 0.05$, $\beta = 0.120$), emotional cohesion ($p < 0.05$, $\beta = 0.137$), control ($p < 0.05$, $\beta = 0.134$), and family functioning ($p < 0.05$, $\beta = 0.241$) could predict changes associated with the comorbidity of borderline personality disorder symptoms with suicidal behavior among the sample individuals (Table 4).

Discussion and Conclusion

This study aimed to investigate the role of parental support in reducing the rate of suicide among female patients aged 18 to 25 with borderline personality disorder. The current study's results indicated a significant inverse correlation between family functioning and suicidal behavior in individuals affected by borderline personality disorder. Regression coefficients using the simultaneous method revealed that dimensions of family functioning could predict changes related to the co-occurrence of borderline personality disorder symptoms and suicidal behavior in the sample individuals. These findings align with previous studies such as Marero et al. (2023), Schultz et al. (2022), Williams et al. (2023),

and Seager et al. (2022).Following Boyce et al. (2023), who explored the role of social support and family functioning concerning borderline personality disorder symptoms in students, it was demonstrated that there was a significant correlation between perceived support and family functioning concerning symptoms of borderline personality disorder. The findings of Pu et al. (2023) also showed a relationship between family interaction and borderline personality disorder symptoms in children, consistent with the findings mentioned above. Some theorists argue that childhood maladaptive behavior may lead to disturbances in the development of emotional self-regulation abilities, such as excessive emotional control and inhibition of impulsive behaviors, potentially contributing to the emergence of borderline personality disorder. Essentially, childhood maladaptive behavior may lead to or exacerbate distress, hindering the formation of emotional self-regulation strategies. Ultimately, childhood maladaptive behavior and lack of parental support contribute to emotional dysregulation, leading to the emergence of these disorder symptoms.One possible explanation for the link between childhood parental maladaptive behavior and emotional dysregulation in these patients is that traumatic experiences significantly delay the acquisition of emotional recognition and labeling abilities, disrupting the natural process of acquiring these critical skills. Identifying and describing emotions is essential for processing emotional experiences and integrating them into daily life. However, parental maladaptive behavior and lack of support hinder individuals from developing these crucial emotional tools.

Frozeti et al. (2005) can be referenced in another explanatory model. This model indicates the formation of borderline personality disorder, where the combination of emotional dysregulation and a particular type of family environment, in which caregivers do not validate a child's emotions, particularly places children on the path towards developing borderline personality disorder. They believe the lack of validation of a child's experiences leads to emotional sensitivity because the child learns to be sensitive to situations that evoke negative emotions. For instance, a child might be inclined towards engaging in a new activity. However, if the parents dismiss it as foolish, despite the child's enjoyment, the

lack of affirmation reinforces the child's future emotional sensitivity. This heightened reactivity likely results in a further lack of affirmation. The lack of validation of a child's experiences can also lead to problems in labeling and incomplete emotional regulation. For instance, a child might appear sad or angry, and the caregiver telling them they should not be upset prevents them from learning to differentiate and report multiple emotional experiences of their own and others. Identifying emotions and understanding internal feelings is crucial for appropriate emotional regulation. This study had limitations. It was conducted on individuals seeking psychiatric care in specialized clinics in Tehran. Therefore, generalizing its findings to other acute and chronic psychiatric patients, as well as to men, women, and those with other personality disorders and diseases, should be approached cautiously. This study falls under correlation studies and does not demonstrate causal relationships between variables. Findings from this type of study are less definitive compared to experimental or quasi-experimental methods. The data collection tool used in this study was a questionnaire, which may lead to information bias or distortion due to various personal and methodological reasons. Non-random and convenience sampling was another limitation of this study. As this research was conducted among individuals with borderline personality disorder, caution must be exercised in generalizing its results to the wider community and non-clinical samples. Clinicians and counselors are advised to conduct further studies in other cities and among individuals affected by various other personality disorders and non-patients to verify the accuracy of the present study's findings. To establish causation from the observed relationships between variables, it is recommended that future studies explore longitudinal assessments of these variables in patients with borderline personality or those predisposed to personality disorders or illnesses. Researchers are encouraged to develop a model of suicide attempts in individuals with borderline personality, considering various biological, psychological, emotional, social, and spiritual factors. Gathering information from sample individuals using methods other than questionnaires, such as interviews, can be more effective in obtaining more precise and in-depth information.

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2 Conflicts of interest

The authors of this manuscript declare their agreement with the statements. Conflicts of interest are declared obviously in the manuscript. Authors also state separately 8 that they have all read the manuscript and have no conflict of interest. 5 We confirm that neither the manuscript nor any parts of its content are currently under consideration or published in another journal.

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