

PATHWAYS TO BORDERLINE PERSONALITY TRAITS: PARENTAL DIFFERENTIAL TREATMENT, ADVERSE CHILDHOOD EXPERIENCES, AND LONELINESS AMONG EMERGING ADULTS

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ABSTRACT

In this study, emerging adults' PPDT, ACEs, and loneliness on developing BPT were studied. Purposive sampling was used to choose 240 emerging adults, ages 18- 25 years. Standardized tools including Sibling Inventory of Differential Experience-Revised (SIDE-R), Adverse Childhood Experiences Questionnaire (ACE-Q), UCLA Loneliness Scale Version 3, McLean Screening Instrument for Borderline Personality Disorder (MSI-BPD) were used to collect the data. Results showed that maternal and paternal differential affection had significant negative correlations with loneliness, adverse childhood experiences, and borderline personality traits, while maternal and paternal differential control had significant positive correlations with loneliness, adverse childhood experiences, and borderline personality traits. Significant positive correlations were found between adverse childhood experiences, loneliness, and borderline personality traits. There was also a significant positive correlation between loneliness and borderline personality traits. Multiple regression analysis showed that adverse childhood experiences had the greatest positive predictive power on borderline personality traits. Besides, maternal differential control positively predicted borderline personality traits, and paternal differential affection significantly negatively predicted this outcome variable. SEM also revealed that loneliness had a significant mediating effect between maternal and paternal differential control, adverse childhood experiences and borderline personality traits.

I. INTRODUCTION

Emerging adulthood is an important stage in life that usually occurs at ages 18 to 25 and involves personal identity exploration, emotional change, changes in personal relationships, and increased independence from the family setting (Arnett, 2015). Although individuals gradually move toward autonomy, childhood relationships and family experiences continue to influence emotional functioning and personality development (Schulenberg et al., 2020). Family interactions contribute to emotional regulation, self-worth, attachment security, and expectations regarding interpersonal relationships (Cicchetti & Toth, 2009). Consequently, perceived parental differential treatment (PPDT) and adverse childhood experiences (ACEs) may contribute to emotional and interpersonal vulnerabilities that persist into emerging adulthood. PPDT describes an individual's perception that parents treat siblings unequally in areas such as warmth, concern, discipline, controlling behaviors, support, and empathy (Rolan & Marceau, 2018). Unfavorable perceptions of differential treatment have been associated with low self-esteem, psychological distress, rejection, emotional insecurity, loneliness, and depression (Jensen et al., 2013; Rolan &

Marceau, 2018). Attachment theory suggests that early relationships with primary caregivers influence internal working models through which individuals develop perceptions of themselves and others and regulate emotions and interpersonal functioning (Bowlby, 1988; Mikulincer & Shaver, 2016). Family systems theory suggests that differential parental treatment may disturb family balance, increase sibling rivalry, and create emotional strain within the family system (Cox, 2010; Feinberg et al., 2019).

These experiences may be particularly important in collectivistic cultures such as Pakistan, where family relationships, parental approval, sibling relationships, obedience, and family harmony hold considerable significance. Thus, parental evaluations and comparisons with siblings can have much emotional significance for the person, which makes inequality especially painful (Iqbal & Azam, 2020). The collectivistic family systems can also discourage the manifestation of emotions associated with injustice and inequality (Ramzan & Amjad, 2017; Saleem & Gul, 2018). On the other hand, there is little evidence of PDDT in relation to personality variables in the adult population of Pakistan (Iftikhar & Sajjad, 2023). The term "ACEs" refers to those events or incidents that involve any form of stress or trauma occurring before the age of 18 years, such as emotional abuse, physical abuse, neglect, witnessing domestic violence, difficulties with parent relationships, and dysfunctional families (Felitti et al., 1998). There is considerable evidence suggesting that ACEs can have adverse effects on individuals' psychological development and well-being (Hughes et al., 2017; Norman et al., 2012). The occurrence of adversities during childhood can lead to problems in emotional regulation, attachment, socialization, and coping (Cicchetti & Toth, 2009). ACEs have also been associated with borderline personality pathology, particularly when emotional neglect and invalidation interfere with stable identity, emotional regulation, and interpersonal functioning (Krause-Utz et al., 2021; Winsper et al., 2020).

Loneliness is a subjective experience that develops when individuals perceive a discrepancy between desired and actual social relationships (Perlman & Peplau, 1981). Emerging adults may be particularly vulnerable because of changes in family, friendship, educational, and romantic relationships (Arnett, 2015; Qualter et al., 2015). Individuals who perceive themselves as less valued or loved than siblings may develop rejection sensitivity and interpersonal difficulties (Jensen & McHale, 2015), while childhood adversity may increase interpersonal sensitivity, fear of rejection, and emotional avoidance (Loades et al., 2020). Loneliness has been linked to emotional dysregulation and poor interpersonal skills (Cacioppo et al., 2015; Loades et al., 2020). Borderline personality traits (BPTs) include emotional instability, impulsivity, disturbed self-perception, fear of abandonment, and unstable interpersonal relationships. A dimensional perspective recognizes borderline characteristics across clinical and non-clinical populations (Schulze et al., 2022; Widiger & Simonsen, 2005). Linehan's biosocial theory proposes that borderline personality pathology develops through biological emotional sensitivity and invalidating environmental experiences (Linehan, 1993). Although PPDT and childhood adversity have been investigated individually, relatively few studies have examined PPDT, ACEs, loneliness, and BPTs together, particularly among Pakistani emerging adults. Therefore, examining these variables together may provide an integrated understanding of emotional and personality-related vulnerabilities among emerging adults in Pakistan. The objectives of the current study are given below;

1. To examine the relationships between maternal differential affection, maternal differential control, paternal differential affection, paternal differential control, adverse childhood experiences, loneliness, and borderline personality traits among emerging adults.
2. To examine the extent to which maternal differential affection, maternal differential control, paternal differential affection, paternal differential control, adverse childhood experiences, and loneliness predict borderline personality traits among emerging adults.
3. To examine the mediating role of adverse childhood experiences and loneliness in the relationship between maternal differential affection, maternal differential control, paternal differential affection, paternal differential control and borderline personality traits among emerging adults.

II. METHOD

Participants

Correlational research design was used for this study. A total of 240 emerging adults were recruited from university students and the community using purposive sampling. G*Power analysis was conducted to determine the required sample size. Participants were emerging adults aged 18–25 years who could understand the questionnaires in English and were living with both parents. Individuals residing in hostels or with relatives were excluded. The mean age of participants was 22.91 years ($SD = 1.89$). Of the total sample, 56.3% ($n = 135$) were females and 43.8% ($n = 105$) were males. As far as educational status is concerned, 40.4% ($n = 97$) were undergraduates, 37.1% ($n = 89$) were graduates, while 22.5% ($n = 54$) were postgraduates.

Instruments

Structured questionnaires, comprising of a demographics information sheet and four standardized tests were administered to evaluate the perception of parental differential treatment, adverse childhood experiences, loneliness, and borderline personality traits. Sibling Inventory of Differential Experience- Revised (SIDE-R), developed by Daniels and Plomin (1985) comprised of 18 questions and measures maternal differential affection, paternal differential affection, maternal differential control, and paternal differential control. High scores show high perception of differential treatment. Prior studies on adolescents in Pakistan have found Cronbach's alphas between .78 and .87 (Iftikhar & Sajjad, 2023). Adverse Childhood Experiences were measured through the Adverse Childhood Experiences Questionnaire (ACE-Q), as designed by Felitti et al. (1998). The questionnaire includes 10 items, which can be answered in either "Yes" or "No", and evaluates the experiences that have taken place before the age of 18, such as abuse and neglect, parental separation or divorce, exposure to domestic violence, household substance abuse, mental illness, and incarceration of family members. For each "Yes" answer, participants receive 1 point and for each "No" answer; participants receive 0 points, thus having ACE-Q scores between 0 and 10. Previous research indicated Cronbach's alpha of .78 (Ford et al., 2014). Measurement of Loneliness was carried out through UCLA Loneliness Scale, Version 3, designed by Russell (1996). This scale has 20 statements that are rated from 1 to 4, and it measures social connectedness, emotional connectedness, and interpersonal satisfaction. Higher levels indicate higher loneliness. In the previous literature, the reliability level of .88-.92 has been reported with average value of .90 (Vassar & Crosby, 2008). Borderline personality characteristics were assessed by the McLean Screening Instrument for Borderline Personality Disorder (MSI-BPD), designed by Zanarini et al. (2003). The instrument consists of 10 "Yes" or "No" items assessing features including emotional instability, impulsivity, unstable interpersonal relationships, fear of abandonment, identity disturbance, chronic emptiness, anger dysregulation, self-harming tendencies, and emotional sensitivity. Each "Yes" response is scored as 1 and each "No" response as 0. Higher scores indicate greater borderline personality traits. Previous literature has indicated acceptable reliability for the instrument (Gardner & Qualter, 2009).

Procedure

Data was collected after obtaining the required institutional approvals in Gujranwala. Participants were recruited from universities and the community and were provided with a brief description of the study purpose. Participation was voluntary and based on informed consent. Participants were informed that there were no right or wrong answers and were encouraged to respond honestly. The researcher remained available to clarify instructions without influencing participants' responses. Data was collected using standardized instruments at a single point in time. Pearson Product Moment Correlation, Multiple Linear Regression, and SEM using Amos was used to examine relationships among the study variables, predict borderline personality traits, to examine the mediating role of loneliness between parental differential treatment, adverse childhood experiences and borderline personality traits respectively.

III. RESULTS

The Statistical Package for the Social Sciences (SPSS) was used for data analysis. Before analysis, the data were checked for missing values, outliers, normality, and other statistical assumptions. Cronbach's alpha coefficients

were calculated to assess the reliability of the instruments. Descriptive statistics were calculated for the study variables, followed by Pearson Product Moment Correlation, Multiple Linear Regression, and SEM.

Table I: Descriptive Statistics

Variables	K	M	SD	α	Skewness	Kurtosis
Maternal Differential Affection	5	12.02	3.93	.79	-0.41	-0.58
Maternal Differential Control	4	15.04	4.87	.76	0.39	-0.51
Paternal Differential Affection	5	12.04	4.02	.78	-0.37	-0.46
Paternal Differential Control	4	14.90	4.96	.74	0.35	-0.49
Loneliness	20	58.20	16.15	.90	0.21	-0.39
Adverse Childhood Experiences	10	3.74	2.05	.81	0.74	0.19
Borderline Personality Traits	10	36.00	11.46	.86	0.68	0.11

Table 1 presents, Descriptive statistics, internal consistency, and normality tests for all the study variables. Cronbach's alpha coefficients varied between .74 to .90. Reliability was found to be adequate with UCLA Loneliness Scale being the most reliable scale with $\alpha = .90$. Skewness and kurtosis values fell within the acceptable range.

Table II: Pearson Correlation among Study Variables

Variables	1	2	3	4	5	6	7
1. Maternal Differential Affection	—						
2. Maternal Differential Control	-.75**	—					
3. Paternal Differential Affection	.88**	-.71**	—				
4. Paternal Differential Control	-.72**	.88**	-.66**	—			
5. Loneliness	-.83**	.83**	-.77**	.78**	—		
6. Adverse Childhood Experiences	-.79**	.82**	-.76**	.79**	.91**	—	
7. Borderline Personality Traits	-.81**	.82**	-.79**	.77**	.84**	.88**	—

** $p < .01$

Table 2 presents, Correlations between the research variables. Both maternal differential affection and paternal differential affection showed significant negative correlations with loneliness, ACEs, and BPD traits. In contrast, maternal and paternal differential control showed positive relationships with loneliness, adverse childhood experiences, and borderline personality traits. Adverse childhood experiences had a highly positive relationship with loneliness ($r = .91, p < .01$) and borderline personality traits ($r = .88, p < .01$). Loneliness was also highly positively correlated with borderline personality traits ($r = .84, p < .01$). Overall, higher perceived parental control, adverse childhood experiences, and loneliness were associated with higher borderline personality traits, whereas parental affection showed a negative relationship with borderline personality traits.

Table III: Multiple Linear Regression Predicting Borderline Personality Traits

Predictors	B	SE	β	t	p
Constant	20.76	3.69	—	5.63	< .001
Maternal Differential Affection	-0.22	0.19	-.07	-1.15	.252
Maternal Differential Control	0.35	0.15	.15	2.31	.022
Paternal Differential Affection	-0.44	0.16	-.15	-2.69	.008
Paternal Differential Control	0.07	0.13	.03	0.55	.584
Loneliness	0.16	0.05	.23	3.19	.002
Adverse Childhood Experiences	1.97	0.37	.35	5.27	< .001

Table 3 presents the multiple linear regression analysis examining the predictive contribution of perceived parental differential treatment, adverse childhood experiences, and loneliness to borderline personality traits. The

overall model was significant and explained 83.8% of the variance in borderline personality traits ($R^2 = .838$), $F(6, 233) = 201.06$, $p < .001$. Adverse childhood experiences were the strongest positive predictor ($\beta = .35$, $p < .001$), followed by loneliness ($\beta = .23$, $p = .002$). Maternal differential control was also a significant positive predictor ($\beta = .15$, $p = .022$), whereas paternal differential affection was a significant negative predictor ($\beta = -.15$, $p = .008$). Maternal differential affection and paternal differential control were not significant predictors.

Model Testing

Structural equation modelling was conducted to examine the hypothesized relationships between maternal affection and control, paternal affection and control, adverse childhood experiences, loneliness and borderline personality traits. The hypothesized model demonstrated an excellent fit to the data, $\chi^2(2) = 1.78$, $p = .411$, CFI = .97, IFI = .95, NFI = .98, and RMSEA = .030, 90% CI [0.00, .124]. In the structural model, ACE positively predicted loneliness ($\beta = .569$, $p < .01$), whereas maternal affection negatively predicted loneliness ($\beta = -.22$, $p < .05$), and maternal control positively predicted loneliness ($\beta = .179$, $p < .05$). Loneliness, in turn, positively predicted borderline personality traits ($\beta = .249$, $p < .01$) as shown in fig 1.

Figure I: Path Analysis predicting Borderline Personality Traits

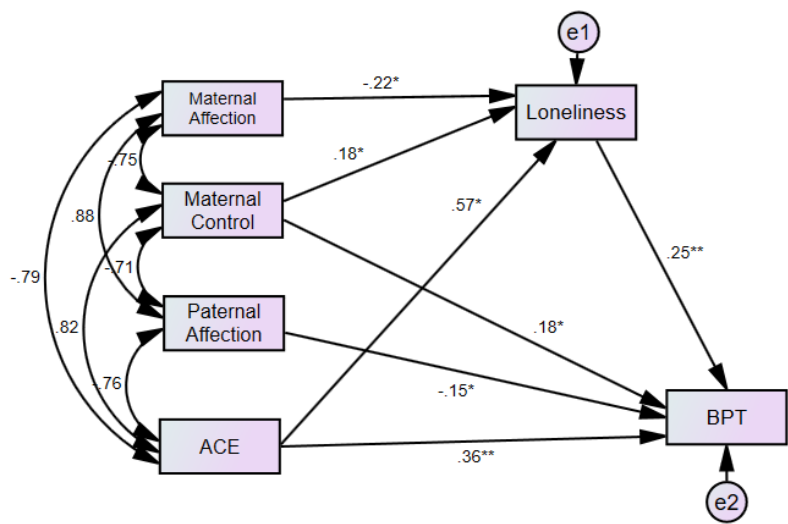


Table 4 shows that ACE ($\beta = .362$, $p < .01$) and maternal control ($\beta = .177$, $p < .05$) had significant positive direct effects on borderline personality traits, whereas paternal affection had a significant negative direct effect ($\beta = -.196$, $p < .05$). The standardized indirect effects indicated that ACE had a positive indirect effect on borderline personality traits through loneliness ($\beta = .142$), maternal control had a positive indirect effect ($\beta = .045$), and maternal affection had a negative indirect effect ($\beta = -.060$). The corresponding standardized total effects were .504 for ACE, $-.060$ for maternal affection, .221 for maternal control, and $-.196$ for paternal affection.

Table IV: Direct Effects, Indirect Effects and Total Effects among Variables

Predictors	Direct Effect	Indirect Effect Via Loneliness	Total Effect
Adverse Childhood Experiences → Borderline Personality Traits	.362	.142	.504
Maternal Differential Affection → Borderline Personality Traits	-	-.060	-.060
Maternal Differential Control → Borderline Personality Traits	.177	.045	.221
Paternal Differential Affection → Borderline Personality Traits	-.196	-	-.196

These findings suggest that loneliness may partially mediate the relationships of ACE and maternal control with borderline personality traits and may transmit the effect of maternal affection to borderline personality traits in the absence of a direct maternal affection to borderline personality traits pathway.

IV. DISCUSSION

In this research study, relationships between parental differential affection, differential parental control, adverse childhood experience, loneliness, and borderline personality features in 240 emerging adults (age 18-25 years) recruited from university/community contexts have been investigated. It was revealed that affection by parents had negative relationship with loneliness and borderline personality features while parental control, adverse childhood experience, and loneliness had positive relationship with borderline personality features. Differential maternal and paternal affection was negatively related to loneliness, adverse childhood experiences, and borderline personality characteristics. This implies that more parental affection is likely to increase emotional security and social connectedness. Other researchers have also found that positive interactions between parents and their children help them emotionally and psychologically adjust as emerging adults (Sugimura et al., 2022; Jiao et al., 2024). Maternal and paternal differentiated control, on the other hand, was positively associated with loneliness and borderline personality characteristics. It appears that parental control might play a role in creating problems in terms of emotions and social interaction (Barber, 1996; Soenens & Vansteenkiste, 2010). In the context of Pakistan, where parental and familial values are highly cherished, it could also have an effect on emotional adjustment as emerging adults.

Adverse childhood experiences were highly positively correlated with loneliness and borderline personality characteristics, with negative childhood experiences being the most significant predictor of borderline personality characteristics, and loneliness as the second most significant predictor. The model accounted for 84% of variance in borderline personality characteristics. The results verify previous research on childhood adversity and psychological distress, emotional maladjustment, interpersonal problems, and vulnerability to borderline personality features (Hughes et al., 2017; Teicher et al., 2021; Winsper et al., 2020). Individuals who had been subjected to abuse, neglect, conflicts in the family, or dysfunction in their family environments may encounter problems in forming trust and emotional security, thereby making them vulnerable to loneliness and borderline personality traits. From SEM results, it was observed that loneliness is a mediator between adverse childhood experiences and borderline personality characteristics. Also, significant indirect effects were observed in the case of maternal differential affection and maternal differential control via loneliness. It implies that loneliness can act as a significant link between early life experiences and borderline personality vulnerability. The results are in agreement with existing research which emphasizes the significance of loneliness in terms of emotional vulnerability and interpersonal problems in young adults (Kirwan et al., 2025). In relation to parental influence, it has been noted that maternal differential control had a positive impact on borderline personality characteristics, while paternal differential affection had a negative effect on them.

V. CONCLUSION

For the present study, the associations between differential maternal affection, differential maternal control, differential paternal affection, differential paternal control, adverse childhood experiences, loneliness, and borderline personality traits of emerging adults were examined. It is evident from the results that parental affection had a negative association with both loneliness and borderline personality traits, while parental control had a positive association with emotional and psychological problems. Adverse childhood experiences stood out as the best predictor of borderline personality traits. Loneliness also had an association with borderline personality traits. Loneliness acted as a positive mediator of maternal differential control, paternal differential control and adverse childhood experiences. It can be concluded that childhood experiences, family relations, and emotions play an essential role in understanding borderline personality traits among emerging adults. This study provides meaningful insights about the problem from the Pakistani perspective, and it calls for preventive, educational, and therapeutic intervention measures to mitigate adverse childhood experiences, improve family relations, and ensure psychological well-being among emerging adults.

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