Critical Evaluation If The Role Of The Invalidating Environment In Borderline Personality Disorder

Personality disorders are a cluster of disorders characterised by pervasive and maladaptive thought patterns and behaviours that cause significant distress and impairment to an individual's ability to function (American Psychiatric Association [APA], 2013). Although the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) includes 10 types of personality disorder, this essay will focus on borderline personality disorder (BPD) in particular. According to the DSM-5, to receive a diagnosis of BPD an individual must display five out of nine symptoms such as a fear of abandonment, impulsivity, emotion dysregulation, identity disturbance, unstable interpersonal relationships, and self-harm and/or suicidal behaviours (APA, 2013). Presently, the developmental trajectory of BPD is not thoroughly established and there is a lack of research on BPD in comparison to other disorders such as antisocial personality disorder. It is important to identify the precursors to BPD since around 60-70% of individuals with a diagnosis of BPD attempt suicide and about 8-10% of these individuals succeed in their attempts (Oldham, 2006). Alarmingly, this suicide rate is 50 times higher than that of the general population (APA, 2001). Therefore, it is important to investigate the precursors to BPD so that effective interventions can be implemented. Linehan's biosocial theory (1993) hypothesises that BPD develops as a result of interactions between an individual's biological predisposition for affective instability and an invalidating environment. Specifically, this essay will critically discuss the role of the invalidating environment in the development of BPD. Typically, an invalidating environment occurs when parents, peers or other caregiver figures repeatedly criticise, dismiss, trivialise, and punish a child when they express their negative thoughts and emotions.

Linehan (1993) proposed a biosocial aetiological theory of BPD which posits that the disorder develops due to transactions between an individual's biological emotional vulnerabilities and the environment. Specifically, this pertains to an invalidating childhood environment. This means that the individual's communication of emotions and experiences are met with extreme and inappropriate responses such as punishment and trivialisation. For instance, if a child cries they may be ridiculed and dismissed for showing their emotions. As a result, the individual experiences emotion dysregulation which often leads to dysfunctional responses to emotionally stimulating and challenging events. This is because the invalidating environment makes the child learn that emotional outbursts will not be validated and so the child must cope without parental support. Thus, the child does not discover how to regulate their emotions and they do not learn how to solve the problems that lead to the emotional distress. Furthermore, when an individual's emotions are repeatedly invalidated, they fail to learn how to understand, interpret and communicate their emotions properly (Crowell, Beauchaine & Linehan, 2009). This can lead to BPD symptoms such as emotional lability and intense anger (National Institute of Mental Health, 2017). Individuals may even use self-harm as a maladaptive outlet for their emotions (Zlotnick, Donaldson, Spirito, & Pearlstein, 1997). In an invalidating environment, an individual might find that they need to display extreme emotions in order to elicit attention from caregivers. Thus, the family invalidates the communication of emotions whilst reinforcing intense emotional outbursts, thereby contributing to the development of BPD (Crowell et al., 2009). In contrast, individuals raised in validating environments will typically have their emotions understood and responded to appropriately. Consequently, these individuals learn to develop emotion regulation

strategies that enable them to control their emotional reactions sufficiently (Fonagy & Luyten, 2009).

Whist an invalidating environment plays a pivotal role in the development of BPD, it is also important to consider biological interactions since the biosocial theory states that an invalidating environment plays a partial role in the development of BPD. Linehan (1993) describes that childhood emotional vulnerability is influenced by biological predisposition. Linehan also states that emotional vulnerability refers to an individual's biological predisposition for unstable and intense aversive affect, with high emotional sensitivity and a slow return to baseline emotionality. In theory, a child with a high biological vulnerability towards affective instability may develop BPD without experiencing much of an invalidating environment. In contrast, a child with a low biological vulnerability might still develop BPD due to frequently experiencing an invalidating environment. Thus, there is an element of equifinality in developmental pathways regarding invalidating environments. Linehan (1993) proposed that there are three main types of families with invalidating tendencies that increase the risk of a child developing BPD. Firstly, there are 'disorganised' families that frequently neglect and maltreat their children. This type of invalidation is more direct, for instance, a child is scolded for crying. In contrast, there is a 'perfect' family which does not condone the expression of negative emotions. In this case, the invalidation is more subtle, for example, a child's emotions are invalidated if a parent tells them not to cry and that there is no reason to be sad. Lastly, a 'normal' family is characterised primarily by a poorness of fit between the child's needs and the environmental resources. For example, if the family struggles financially they may be very preoccupied with this which results in them being emotionally unavailable to support their child. Furthermore, parents may struggle with mental health problems such as anxiety, depression, and substance abuse. These psychological difficulties are highly prevalent in the families of people with BPD, thereby supporting the theory (Trull, 2001). Theoretically, these parents may have fewer emotional resources to dedicate to their children which fosters an invalidating environment. For instance, a child wants to talk about their feelings to their parent, but their parent is too depressed to socialise and therefore they dismiss and invalidate the child's emotions. Paradoxically, this increases the child's need for validation and support, thereby potentially exacerbating the development of BPD. Furthermore, this has a downstream effect since the increased demands of the child are likely to place further stress on the parents, which thereby exacerbates their invalidating tendencies. Consequently, this further impacts the child and facilitates the journey down a problematic developmental pathway wherein the child becomes more vulnerable and the invalidating environment becomes increasingly invalidating (Fruzzetti, Shenk & Hoffman, 2005).

Moreover, invalidation perpetuates the symptoms of BPD since an immediate effect of invalidation is heightened emotional arousal (Swann & Schroeder, 1995). Chronic invalidation leads to a gradual increase in an individual's baseline level of arousal which then increases emotion sensitivity, thereby contributing to BPD symptoms such as impulsivity and emotional instability. Individuals with BPD may then come to experience extreme emotions, for example, they feel enraged rather than annoyed, and they may feel chronically empty rather than just bored. Unfortunately, individuals may turn to destructive behaviours in order to manage these emotions. This is arguably because individuals do not learn appropriate coping skills in invalidating environments like individuals raised in validating environments (Fonagy & Luyten, 2009). Due to a lack of appropriate teaching of healthy coping strategies by caregivers, individuals may develop the hallmark impairment of BPD – emotional dysregulation. Rather than being satisfied with communicating their emotions and being validated or learning coping

mechanisms for dealing with distress, BPD sufferers often turn to maladaptive acts. For example, they could turn to impulsive acts like self-harm and risky sexual activity in order to distract from the aversive emotional arousal they feel. Alternatively, they may try to numb these emotions using substances. These borderline behaviours serve a maladaptive emotion regulatory function, such as escaping intense negative emotions. However, these symptoms of BPD may further perpetuate the disorder because these destructive behaviours could promote further invalidation. For example, parents might view the individual's behaviour as neurotic and out of control. This could lead to invalidating responses such as calling the child sensitive and dramatic rather than trying to understand and validate the emotions that led to the destructive behaviour (Fruzzetti, Shenk & Hoffman, 2005).

As summarised by Musser, Zalewski, Stepp and Lewis (2018), the specific role of an invalidating environment induces the development emotion dysregulation which underpins the following features of BPD. Firstly, since emotions are not deemed as valid, individuals do not learn how to label their emotions and regulate their reactions. Additionally, the environment minimizes problems which means the individual does not learn how to tolerate the distress and solve the problems. Thirdly, in an invalidating environment, extreme emotional displays are often required to elicit attention and are therefore occasionally reinforced, while less intense expressions of negative emotions are dismissed, minimised or punished. This causes the child to fluctuate between emotional inhibition and extreme emotional states (Linehan, 1993). Lastly, the dissonance between the child's experience (e.g. “I am devasted”) and the environment's invalidating response (e.g. “Stop being dramatic, you should not feel devastated”) teaches the child to distrust and self-invalidate their emotions.

Although it is important to understand the theoretical aspects of how an invalidating environment may play a role in the development of BPD, it is also essential to assess the validity of this theory with empirical evidence. Some empirical studies have explored the theoretical precursor of an invalidating environment and the role it plays in the development of BPD. For instance, in a large sample of students, Cheavens et al. (2005) measured negative affect intensity, using the Affect Intensity Measure (AIM; Bryant, Yarnold, & Grimm, 1996). The researchers found that negative affective intensity was significantly correlated with BPD symptoms such as impulsivity, this finding was also replicated by Yen, Zlotnick and Costello (2002). Furthermore, the study measured perceived parental criticism to assess childhood invalidation which was again significantly associated with BPD. However, a limitation of the study is that it utilised the parental criticism subscale of the Multidimensional Perfectionism Scale (Frost, Marten, Lahart & Rosenblate, 1990). Whilst parental criticism can be invalidating, the scale used in the study focuses more on criticism of mistakes for not perfectly executing tasks which is not necessarily invalidating. Moreover, the scale does not assess how parents react to a child expressing their emotions, thus it fails to address the core issue in invalidating environments according to Linehan's (1993) biosocial model of BPD. Rosenthal, Cheavens, Lejuez, and Lynch (2005) also used the AIM and found that negative affect intensity and childhood sexual abuse both significantly predicted BPD DSM-4 diagnostic criteria. This supports the theory that an invalidating environment plays a key role in the development of BPD since Linehan's (1993) theory argues that sexual abuse is an extreme form of invalidation. Thus, this is a more direct measure of invalidation when compared to Cheavans et al. (2005). However, sexual abuse as a type of invalidation is quite specific, therefore, it does not capture the breadth of invalidating environments. Invalidation can occur in many other ways and BPD can develop in individuals who do not have any experience of sexual abuse. In order to increase the generalisability of these results, studies should ideally investigate a range of

invalidating environments. Furthermore, another limitation of the aforementioned studies is that emotional vulnerability was assessed with the AIM which assesses current levels of emotional reactivity and negative affective intensity. This is an issue because Linehan's biosocial theory highlights the importance of emotional vulnerability in childhood.

In an attempt to address the aforementioned concerns, Sauer and Baer (2009) modified the AIM measure, thereby creating the Emotional Vulnerability–Child scale (EV-Child). Items on the AIM were edited to reflect childhood tendencies and the multiple new items were to reflect the components of Linehan's (1993) definition of emotional vulnerability. In another study, Sauer and Baer (2010) tested the validity of these measures of parental invalidation and childhood emotional vulnerability as biosocial precursors to BPD. They recruited 519 undergraduates who completed these self-report measures and they also collected parent reports concerning the participants' emotional style in childhood and the parenting they experienced. In order to measure the invalidating environment, participants completed the Socialisation of Emotion Scale (SES; Krause, Mendelson, & Lynch, 2003). This scale asks participants for retrospective ratings on their parents' typical responses to their childhood displays of aversive emotions in various situations. Parents were also asked to fill in the scale from their perspective. The SES scale is consistent with invalidation as described by the biosocial theory of BPD because some of the items relate to punitive reactions and minimisation reactions, which are all types of invalidating responses. In contrast, other items were representative of validating responses such as soothing a child's negative emotions. Using a Likert-type scale, respondents were asked to rate the extent to which each statement reflected how their parents typically responded to their emotions as a child. The scores were then analysed and the total validation and invalidation scores were calculated. The measures of the invalidating environment and emotional vulnerability were found to be internally consistent and were significantly associated with BPD symptoms. Additionally, there was significant agreement between participants' and parents' reports indicating a good level of reliability and accuracy of retrospective reports of childhood experiences. Overall, this study suggests that these self-report measures of childhood emotional vulnerability and invalidating environments are valid. Importantly, the invalidation scores were significantly positively correlated to BPD symptoms and the total validation score was significantly negatively correlated to BPD symptoms. Therefore, this supports the notion that an invalidating environment plays a key role in the development of BPD. In sum, regression analysis showed that parental validation and invalidation accounted for significant variance in BPD features. However, the limitations of the study should be considered. For example, the study did not reveal a significant interaction between emotional vulnerability and invalidation. Linehan's (1993) theory highlights that BPD develops due to multiple interactions wherein a person's emotional vulnerability and the invalidating environment mutually influence each other. The study could not effectively elucidate this theoretical longitudinal transaction due to the snapshot design. Longitudinal studies would potentially generate more conclusive evidence about the role of the invalidating environment in the development of BPD. However, this may be unethical since this would involve investigating children in invalidating environments without helping them. Furthermore, the use of a nonclinical student sample is arguably unrepresentative of BPD patients because students are unlikely to exhibit extreme levels of emotional vulnerability or parental invalidation. However, the sample did include individuals who displayed clinically significant levels of BPD symptoms according to Trull's criteria (1995). Nevertheless, the study should be replicated in participants with BPD diagnoses. Another limitation is that this study measured invalidating environments using self-report which can be subject to bias. For example, social desirability bias could have occurred if parents did not want to report invalidating responses they gave to their children. However, the ratings of the parents and their

children were highly correlated, thereby suggesting the bias was probably minimal.

In conclusion, this essay has critically discussed the role that an invalidating environment plays in the development of BPD as set out by Linehan's biosocial theory (1993). The symptoms of BPD reflect a central difficulty (emotion dysregulation) which can arise from a longitudinal transactional relationship between biological emotional vulnerability and an invalidating childhood environment. Consequently, BPD symptoms arise and can even further perpetuate an invalidating environment. For example, one of the effects of an invalidating environment is that the individual fails to learn how to regulate and manage intense emotions. Thus, they may turn to self-harm as a maladaptive coping mechanism. Self-harm might perpetuate an invalidating response as parents or other caregivers might punish the individual for resorting to self-harm, calling them dramatic and neurotic, rather than validating their emotions. Studies have observed correlations between an invalidating environment and BPD symptoms (Cheavens et al., 2005; Yen et al., 2002; Rosenthal et al., 2005), thereby supporting Linehan's theory. Sauer and Baer (2010) in particular found that invalidation scores were significantly positively correlated to BPD symptoms and the validation score was significantly negatively correlated to BPD symptoms. Therefore, this supports the notion that an invalidating environment plays a key role in the development of BPD.