Clinical Psychology Review 65 (2018) 1–16

Contents lists available at ScienceDirect

Clinical Psychology Review

journal homepage: www.elsevier.com/locate/clinpsychrev

Review

A systematic review of negative parenting practices predicting borderline personality disorder: Are we measuring biosocial theory's 'invalidating environment'?

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HIGHLIGHTS

- Linehan's biosocial theory posits the invalidating environment is at the core of the development of borderline personality disorder (BPD).
- This systematic review identified studies that measured the invalidating environment or poor parenting and BPD outcomes to determine if how the field measures the invalidating environment aligns with Linehan's model.
- Of the 77 studies identified, 47 different measures exist to assess poor parenting in relation to BPD.
- Greater uniformity is needed about how to measure poor parenting or the invalidating environment in order for the field to quantify the extent to which these types of specific factors contribute to BPD.

ARTICLE INFO

Keywords:
Invalidating environment
Parenting
Measurement
Borderline personality disorder
Systematic review

ABSTRACT

A core tenet of Linehan's biosocial theory (1993) is that borderline personality disorder (BPD) emerges as a result of transactions between emotional vulnerability and an invalidating environment. Invalidation has become a popular term in the literature, but there is a lack of uniformity in its operationalization and measurement, particularly as applied to invalidating parenting practices that are non-abusive. This systematic review of 77 empirical studies examined the measurement and operationalization of parental invalidation in the BPD literature and determined the extent to which measurements used converge with Linehan's original model. This review provides a description of methodological design features of the literature and presents the percent of studies that measured four key components of invalidation—inaccuracy, misattribution, discouragement of negative emotions, and oversimplification of problem solving. Limitations of the literature, including a dearth of studies which include measurements that align with Linehan's model, and recommendations for future research are discussed in an attempt to encourage greater scientific rigor in the measurement of invalidation and elucidate the role of invalidation in the development of BPD.

1. Introduction

Since its' main published text appeared over two decades ago, Dialectical Behavior Therapy (DBT) is one of the most efficacious treatments for borderline personality disorder (BPD; Neacsiu, Rizvi, & Linehan, 2010; Feigenbaum, 2007), a complex disorder of emotion regulation that is marked by suicidality, impulsivity, and interpersonal difficulties. There is an increasing evidence base for the efficacy of DBT in treating other disorders, many of which are highly comorbid with BPD, including depression (Feldman, Harley, Kerrigan, Jacobo, & Fava, 2009; Lynch, Morse, Mendelson, & Robins, 2003), post-traumatic stress disorder (Bohus et al., 2013; Harned, Korslund, & Linehan, 2014) disordered eating (Safer & Jo, 2010), aggression (Frazier & Vela, 2014), and substance use (Axelrod, Perepletchikova, Holtzman, & Sinha, 2011; Courbasson, Nishikawa, & Dixon, 2012). DBT views BPD as a disorder of pervasive emotion dysregulation that is largely biologically driven, in which further signs and symptoms of the disorder often emerge as a consequence of learned self-invalidation (Linehan, 1993). This pattern of oscillating between emotion dysregulation and self-invalidation is conceptualized as central to the difficulties experienced by individuals

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https://doi.org/10.1016/j.cpr.2018.06.003
Received 11 August 2017; Received in revised form 16 January 2018; Accepted 6 June 2018
Available online 28 June 2018

with BPD and thus targeting these behavioral oscillations and achieving synthesis is one of the overarching goals of treatment. This characterization is consistent with Linehan's biosocial theory of BPD development, whereby transactions between emotionally sensitive individuals and invalidating environmental factors, especially those concerning parenting or the parent-child (family) system, fuel signs and symptoms of the disorder. The articulation of this theory represented a significant contribution to the field and has been expanded to include additional vulnerabilities related to impulse control (Crowell, Beauchaine, & Lenzenwger, 2008) and further articulation of invalidating family environments (Fruzzetti, Shenk, & Hoffman, 2005).

The invalidating environment has provided a compelling theoretical framework that offers greater specificity as to why individuals develop BPD, instead of simply pointing to a 'bad' or abusive upbringing, and is distinguishable from the characterization of other models such as early childhood coercion model (Scaramella & Leve, 2004) in that the invalidating environment does not emphasize harsh parenting or transitions between parents and children that are escalatory. Although biosocial theory has undoubtedly advanced the field, there are no standardized instruments or methods for assessing parental invalidation (or biological vulnerabilities for that matter) as related to Linehan's invalidating environment. Without such tools available, researchers have relied on existing assessment tools to measure invalidation. Thus, the extent to which studies have accurately operationalized and measured invalidation is unclear. The overall goal of this review is to synthesize the various assessment tools and methods that have been used in empirical work to operationalize parenting influences on the development of BPD. Further, we will compare these measurements directly with Linehan's original description of the invalidating environment to determine how closely the two align. The long-term goal of this paper is to promote greater scientific rigor around the construct of the invalidating environment as the biosocial theory stands to play a critical role in developmental and clinical accounts of emerging BPD.

1.1. DBT, dialectical dilemmas, and the development of BPD

Borderline personality disorder (BPD) is a disorder that poses serious challenges to clinicians who attempt to treat it (Aviram, Brodsky, & Stanley, 2006; Ben-Porath, 2004). BPD is defined as "a pervasive pattern of instability of interpersonal relationships, self-image, and affects, and marked impulsivity that begins by early adulthood and is present in a variety of contexts" (DSM-5, American Psychiatric Association, 2013). Not only is BPD highly impairing to those who suffer from it, but the very nature of the disorder's core features often translates to client characteristics which are difficult to manage for client and therapist alike. Descriptions of these dynamics emerged from the adult clinical literature, as researchers attempted to form a cohesive taxonomy to explain how these clients presented during psychotherapy. DBT was formed as a therapeutic approach to specifically target these dynamics.

DBT is founded on a dialectic of balancing acceptance and change to help clients build "a life worth living" (Linehan, 2015). To that end, DBT skills groups teach four modules (mindfulness, distress tolerance, interpersonal effectiveness, and emotion regulation) that include both acceptance and change strategies (Linehan, 2015). In addition to skills groups, the full model of DBT includes individual therapy, phone consultation, and a consultation group for therapists that are based in dialectical principles. DBT also offers a compelling theoretical perspective by which to describe the behavioral patterns common in clients with BPD who present to DBT clinicians. In the foundational DBT text, Linehan (1993) posits that there are three central "dialectical dilemmas" faced by individuals with BPD. The biosocial theory of DBT, which will be discussed in greater detail below, posits that exposure to an invalidating environment is the mechanism by which emotionally vulnerable individuals come to experience these dilemmas and thus display the cognitive and behavioral symptoms of BPD. In addressing the need for both changing problematic behaviors and accepting difficult life circumstances often present in the lives of those with BPD, it is thought that DBT is effective for these clients because it pushes them to make changes necessary for a life worth living without delegitimizing their valid emotional experience.

The dialectical dilemmas are organized into three dimensions which are defined by their elements in polar opposition to one another: emotional vulnerability versus self-invalidation, active passivity versus apparent competence, and unrelenting crises versus inhibited grieving. In each of these dilemmas, behaviors on opposing poles are seen as primarily influenced by one of two factors. Developmental or biological processes, (e.g. inborn traits, temperament, genetic vulnerabilities) are associated with the poles of emotional vulnerability, active passivity, and unrelenting crises. Conversely, self-invalidation, apparent competence, and inhibited grieving are shaped by social factors, namely the environment's response to expressions of emotion by the borderline individual over time. The seemingly unpredictable behavior emitted by individuals with BPD can thereby by explained in part by oscillations between these polarities. As described in the model, remaining in any of these extremes for too long is incredibly aversive for the individual, and thus to alleviate their suffering, the individual will shift, often quite rapidly, between these opposing states. DBT theory holds that the central therapeutic dilemma of the borderline client is an inability to reach a balance, or synthesis, in these domains. The dialectical dilemma of Emotional Vulnerability versus Self-Invalidation, which is most centrally related to invalidation and which is posited to be the central dilemma underlying the other two dilemmas, is briefly summarized below. A full description of all three dialectical dilemmas can be found in Linehan's original text.

1.1.1. Emotional vulnerability versus self-invalidation

Individuals with BPD are typically characterized by higher levels of emotional vulnerability than the general population (Crowell, Beauchaine, & Linehan, 2009). This vulnerability was originally theorized to be comprised of three components: emotion sensitivity, emotion reactivity, and slow return to baseline arousal with recent empirical evidence showing support for this (Kuo & Linehan, 2009). Essentially, this means that individuals with BPD are more likely to notice relevant emotional stimuli in their environment, react more intensely to that stimuli, and take a longer time period to return to their emotional baseline after reacting. This emotional vulnerability equates to difficulty regulating the various elements of emotions, which Linehan conceptualizes as complex "full-system responses" that include physiological, expressive, and cognitive components. Extreme behaviors (e.g. self-injury, suicidal gestures, angry outbursts) seen in borderline individuals thereby serve the function of attempting to regulate unbearable negative emotions as well as communicate a need for greater care to the environment. On the opposite end of this pole, individuals with BPD shift to adopt characteristics of the invalidating environment. This leads to a pattern in which individuals invalidate their own emotional experience rely on individuals in their environment for cues to the appropriate interpretation of reality, and oversimplify the ease of problem solving. The dialectical dilemma for an individual with BPD consists of uncertainty about who to blame (themselves or their environment) for the difficulties they face in life. This is accompanied by indecision about who is fundamentally "right" about their plight (e.g. either they are truly unable to control their own emotions and behavior as a result of their inborn emotional vulnerability, or the environment is correct in its assertion that there is something "wrong" with them, and they are purposely being manipulative or refusing to exert adequate control over their behavior). The inability to integrate these two opposing ideas, leads to an oscillation between emotional vulnerability and self-invalidation.

1.2. Biosocial theory

These dialectical dilemmas are rooted in Linehan's (1993) biosocial