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RECOLLECTIONS OF CONFLICT WITH PARENTS AND FAMILY SUPPORT IN THE PERSONALITY DISORDERS

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This study examined the relationships between personality disorders and retrospective reports of family support and conflict with parents. Participants were 798 United States Air Force recruits who were participating in a larger program of research on the peer assessment of personality disorders. Correlational analyses revealed consistent but modest associations between personality disorder features and both measures of family adversity. Borderline, antisocial, and paranoid features maintained small, unique associations after controlling for the general component of personality disorder. Further analyses, however, showed that differences among the correlations between personality disorder traits and family adversity measures account for little explained variance. In general, it does not appear that individual personality disorders have unique relations with retrospective reports of family adversity. Instead, the relation between personality disorders and family adversity seems to depend on a component common to all personality disorders.

Many studies on the etiology of personality pathology have emphasized associations between home environment variables and personality disorders. These studies are typically correlational and focus on family adversities as reported by subjects with Axis II psychopathology. Such retrospective research, though not able to assert causality, is useful as a first step towards implicating family conflict or neglect as etiologic factors. The challenge is to determine whether associations between home/family/parenting variables and various kinds of personality pathology exist and, if so, to determine their magnitude. Establishing the existence and magnitude of these associations helps to determine the extent to which adversities occurring in the home environment might play important roles in personality disorder.

Borderline personality disorder has received the most attention in this area. Links between borderline personality and family adversities are

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abundant in the literature. Childhood histories of physical and sexual abuse are reported by borderline patients more often than by patients with other personality disorders (Laporte & Guttman, 1996; Paris, Zweig-Frank, & Guzder, 1994; Sabo, 1997). Parental separation and loss have also been found in the histories of borderline patients (Zanarini & Frankenburg, 1997). In addition to specific traumas, borderline patients tend to report a general pattern of decreased parental involvement and caring (Sabo, 1997; Zanarini, Williams, Lewis, & Reich, 1997; Zweig-Frank & Paris, 1991).

Antisocial personality disorder has also been linked to family adversities. Robbins (1966) found that children raised by families characterized by ineffective discipline or the absence of discipline tended to engage in more antisocial behavior in adulthood. Moffitt (1993) proposes that an adverse rearing context and a child's neuropsychological problems can interact to lead to life-course persistent antisocial behavior. Patterson, DeBaryshe, and Ramsey (1989) emphasize ineffective parenting practices as determinants of childhood conduct disorder. Norden, Klein, Donaldson, Pepper, and Klein (1995) found associations between antisocial traits and both physical abuse and generally poor relationships with both parents. Additionally, early parental loss has been found to be associated with antisocial personality (Reich, 1986).

Other personality disorders have been shown to be associated with family adversities. Parental neglect has been implicated as a risk factor for schizoid personality disorder (Lieberz, 1989). High numbers of avoidant and paranoid personality disorders have been found among physically and sexually abused patients (Raczek, 1992). Family environments of patients with dependent personality disorder were found to lack cohesion (Head, Baker, & Williamson, 1991). To our knowledge, there are no home environment studies focusing on the schizotypal, histrionic, narcissistic, or obsessive-compulsive personality disorders.

One study undertook an exploratory analysis of the relationships among several adversities occurring in the early home environment and each of the DSM-III-R personality disorders (Norden et al., 1995). The study included 90 outpatients participating in a larger program of research on the familial transmission of mood and personality disorders. The home environment variables were assessed using the Early Home Environment Interview (EHEI) and the Parental Bonding Instrument (PBI; Parker, Tupling, & Brown, 1979). The EHEI is a semistructured interview that measures maternal relationship, paternal relationship, physical abuse, familial sexual abuse, and extrafamilial sexual abuse. The PBI is a 25-item questionnaire that measures maternal care, paternal care, maternal protection, and paternal protection. Personality disorder was measured using a structured interview, the Personality Disorder Examination (PDE; Loranger, 1988).

In the Norden and colleagues (1995) study, each type of personality disorder was found to be associated with at least one adversity. Associations were strongest and most frequent for the antisocial (maternal relationship, paternal relationship, physical abuse, maternal care, and paternal care), borderline (maternal relationship, paternal relationship, extrafamilial sexual abuse), and self-defeating (maternal relationship, pa-

ternal relationship, familial sexual abuse, extrafamilial sexual abuse, and paternal care) personality disorders. Reliable correlations ranged from .21 to .45, suggesting consistent but modest associations between personality pathology and reported adversities.

Although the Norden and colleagues (1995) and other retrospective studies have sought to estimate the association between adversities in the family or home environment and personality disorders, some important limitations have restricted the generalizability of the estimates produced. First, most studies have used psychiatric or forensic samples, thus confounding Axis II with Axis I psychopathology. In such samples, most people who meet criteria for a personality disorder also suffer from other problems, such as mood, anxiety, or substance use disorders. The presence of Axis I psychopathology may inflate recollections of or the actual presence of family or parental adversities, thereby boosting the apparent association between such adversities and Axis II psychopathology. A sample that is relatively free of Axis I psychopathology is not subject to this limitation. Second, only the borderline and antisocial personality disorders have been the subject of much empirical study. The other personality disorders have received little attention so that little is known about the associations between many of the personality disorders and home environment variables.

Finally, many studies have examined links between personality disorders and specific traumatic events such as sexual abuse, physical abuse, or parental loss. The aim of these studies, however, may be misguided. It is likely that the general conditions of poor family support and parenting surrounding specific traumatic events, rather than the events themselves, are responsible for the associations with psychopathology. Rutter and Maughan (1997) illustrate this point well, noting that parental loss unaccompanied by poor parenting is not associated with a significant increase in risk for adult psychopathology, whereas poor parenting, even in the absence of a specific traumatic event such as parental loss, is associated with increased risk. Consequently, links between personality disorders and more chronic adversities deserve attention.

The analyses reported here were conceived in response to the three limitations mentioned above. This study examines all the personality disorders included in DSM-IV, uses a large nonclinical sample, and focuses on chronic family adversities. Specifically, we were interested in whether particular personality disorders and personality disorder traits were associated with recollections of conflict with parents and family support.

METHOD

PARTICIPANTS

Participants were 798 United States Air Force recruits who had completed six weeks of basic training, whose age ranged from 16 to 34 years, with a mean of 20 years (*SD* = 5). Participants were 60% male, 65% Caucasian, 17% African American, 4% Hispanic, 3% Asian, 1% Native American, and 10% listed their race as "Other." The Axis II psychopathology of the sample is presented in Table 1.

TABLE 1. Axis II Psychopathology in Our Sample

	SNAP (N = 798)		SIDP-IV (N = 186)	
	Clinical* (%)	Subclinical* (%)	Clinical (%)	Subclinical (%)
Paranoid	2.5	4.1	4.3	2.2
Schizoid	2.5	3.4	1.1	2.2
Schizotypal	2.8	3.3	0.0	1.1
Antisocial	1.5	1.0	3.2	5.4
Borderline	0.4	1.0	2.2	1.6
Histrionic	19.5	18.0	0.5	1.6
Narcissistic	3.3	4.4	1.1	2.2
Avoidant	6.6	11.7	2.2	2.2
Dependent	2.3	2.5	1.1	0.5
OCPD	4.0	11.0	5.9	7.0
At Least One PD**	31.2	26.9	15.6	8.0

Note. * Clinical refers to those participants meeting full criteria for a diagnosis. Subclinical refers to those participants who fall exactly one criterion short of full criteria for a diagnosis.

** The SNAP tends to overdiagnose histrionic personality disorder. The At Least One PD figures, excluding histrionic personality disorder are as follows: SNAP clinical, 17.3%; SNAP subclinical 20.1%; SIDP-IV clinical, 15.1%, SIDP-IV subclinical, 8.0%.

MEASURES

The Schedule for Non-adaptive and Adaptive Personality (SNAP; Clark, 1993) is a factor-analytically derived self-report inventory composed of 375 true and false items designed to assess trait dimensions in the domain of personality disorders. It also includes diagnostic scales corresponding to each of the DSM-III-R personality disorders. Dimensional scores for the diagnostic scales were used to measure personality disorders.

The Structured Interview for DSM-IV Personality (SIDP-IV; Pfohl, Blum, & Zimmerman, 1995) is a semistructured interview designed to assess the criteria for each of the DSM-IV personality disorders. Each criterion is rated on a scale from 0 to 3. Scores of 2 or higher were necessary to consider the criterion present. For each personality disorder, the number of criteria present were summed. The summed scores for each personality disorder were used as an index of personality disorders.

The History Opinion Inventory-Revised (HOI-R; Fiedler, Ochoa, John, Lara, Ramirez, & Resendez, 1997) was developed based on both construct and predictive validity. It is a factor-analytically derived, self-report measure with demonstrated utility for distinguishing between recruits who would and would not develop psychological problems leading to resignation or removal from the Air Force. A total of 69 true and false items scored on nine clinical and two nonclinical scales comprised the inventory: Health, School Success, Composure, Antisocial, Family Support, Withdrawn, Conflict with Parents, Immaturity, Emotional Instability, Infrequent Responses, and Social Desirability. It also includes items for two additional nonclinical scales measuring infrequent responses and a socially desirable response set. Dimensional scores for the Conflict with Parents and Family Support scales were used for this study.

The Conflict with Parents scale included five items (e.g., I have had a

lot of arguments with my parents; I rarely got mad at my parents; My parents were always telling me what to do whether I wanted them to or not). All items are listed in the Appendix. Items answered in a manner indicating more conflict with parents are summed to form a dimensional conflict with parents scale score. Scale scores can range from 0 to 5, with higher scores indicating more conflict with parents. In three large studies of Air Force recruits, Navy recruits, and Air Force academy cadets, factor loadings (varimax-rotated principal components) for these items ranged from .49 to .69 (Fiedler et al., 1997).

The Family Support scale includes 11 items (e.g., My family usually ate together; My family was always ready to help each other; Whenever I have problems my family was always ready to help). All items are listed in the Appendix. Items answered in a manner indicating less family support are summed to form a dimensional family support scale score. Scale scores can range from 0 to 11, with higher scores indicating poorer family support. In three large studies of Air Force recruits, Navy recruits, and Air Force academy cadets, factor loadings (varimax-rotated principal components) for these items ranged from .39 to .78 (Fiedler et al., 1997). In our sample, the Conflict with Parents and Family Support scales were correlated .37 with each other.

PROCEDURE

All 798 participants were administered the SNAP to assess Axis II psychopathology and the HOI-R to assess conflict with parents and family support. The SNAP was administered to the participants at the end of six weeks of basic training as part of a larger program of research on the peer assessment of personality disorders (Oltmanns & Turkheimer, 1998; Oltmanns, Turkheimer, & Strauss, 1998). A subset of the participants (186) were also administered the SIDP-IV shortly after completing the SNAP. One-third of these people were selected because their SNAP scores indicated the presence of Axis II psychopathology; one-third were selected because their peers reported that they exhibit features of personality disorder; and one-third were selected at random from the remaining pool of participants. The HOI-R is administered by the Air Force to all its recruits at the onset of basic training and for that reason had been administered to our participants six weeks before the administration of the SNAP and SIDP-IV.

RESULTS

Correlations were computed between the two HOI-R scales (Conflict with Parents and Family Support) and each of the 10 SNAP and SIDP-IV personality disorder dimensional scores. The correlations are presented in Tables 2 and 3. Virtually all the personality disorders were positively correlated with both the Conflict with Parents and Family Support scales. Correlations ranged from –.01 to .29.

The SNAP paranoid, schizotypal, antisocial, borderline, narcissistic, avoidant, dependent, and obsessive-compulsive personality disorder scores exhibited small positive correlations with both HOI-R scales. The SNAP

TABLE 2. Correlations Between Selected HOI-R Scales and SNAP Personality Disorder Scores, Unpartialed, and Partialing Out the Sum of All Other SNAP Personality Disorder Scores (N = 798)

	Conflict with Parents		Family Support	
	Unpartialed	Partialed	Unpartialed	Partialed
Paranoid	.24	.11	.25	.12
Schizoid	−.01	−.10	.18	.11
Schizotypal	.15	−.04	.20	.04
Antisocial	.17	.06	.22	.12
Borderline	.22	.07	.24	.09
Histrionic	.15	.10	.00	−.07
Narcissistic	.20	.08	.13	−.03
Avoidant	.10	−.04	.19	.08
Dependent	.15	.06	.06	−.06
Obsessive-Compulsive	.03	−.05	.05	−.03
Total PD	.23	—	.24	—

Note. Total PD is the sum of all the personality disorder dimensional scores. A correlation of .10 is significant at the .005 level and a correlation of .07 is significant at the .05 level.

schizoid scale was positively correlated only with the Family Support scale and negligibly correlated with the Conflict with Parents scale. The SNAP histrionic scale was positively correlated only with the Conflict with Parents scale. The SNAP paranoid and borderline scales exhibited the highest correlations with both the Conflict with Parents and Family Support scales. Every SIDP-IV personality disorder scale exhibited small positive correlations with both the Conflict with Parents and Family Support scales. The SIDP-IV borderline scale exhibited the highest correlations with both scales.

Partial correlations were computed to determine if any personality disorders were uniquely associated with either the conflict with parents or

TABLE 3. Correlations Between Selected HOI-R Scales and SIDP-IV Personality Disorder Scores, Unpartialed, and Partialing Out the Sum of All Other SIDP-IV Personality Disorder Scores (N = 186)

	Conflict with Parents		Family Support	
	Unpartialed	Partialed	Unpartialed	Partialed
Paranoid	.19	.03	.20	.05
Schizoid	.05	−.02	.13	.08
Schizotypal	.18	.03	.21	.07
Antisocial	.11	.02	.13	.05
Borderline	.29	.20	.24	.12
Histrionic	.05	−.07	.10	−.01
Narcissistic	.09	−.05	.08	−.06
Avoidant	.18	.11	.07	−.02
Dependent	.16	.08	.15	.06
Obsessive-Compulsive	.14	.04	.14	.04
Total PD	.25	—	.25	—

Note. Total PD is the sum of all the SIDP-IV personality disorder dimensional scores. A correlation of .21 is significant at the .005 level and a correlation of .14 is significant at the .05 level.

family support scale. To determine unique associations, each of the personality disorder dimensional scores were correlated to the conflict with parents and family support scales, partialing out the sum of all other personality disorder scores. Controlling for all other personality disorders reduced the correlations substantially. Borderline, paranoid, and antisocial features maintained the strongest positive correlations with both the Conflict with Parents and Family Support scales. Many of the personality disorders became negatively correlated with the conflict with parents or family support scales. The partial correlations are presented in Tables 2 and 3.

Lastly, we tested the hypothesis that the correlations between the personality disorders and family adversity were the same for each type of personality disorder. Using PROC SYSLIN in SAS we compared a model in which the correlations between each personality disorder and a given HOI-R scale were forced to be the same, with a model in which the correlations were free to vary. Allowing the correlations to vary resulted in increases of only between 0.2% and 0.7% variance explained. For example, comparing a model in which the correlation coefficients are allowed to vary with a restricted model in which all the correlations between the 10 SNAP diagnostic scales and the HOI-R conflict with parents scale are forced to take a single value (r = .14) resulted in an R^2 of .006. Complete results are presented in Table 4.

DISCUSSION

This study examined whether recollections of conflict with parents and family support were associated with personality disorders in a large, nonclinical sample. Because this study is based on retrospective data, we obviously cannot infer causal relationships between our independent and dependent variables. Rather, we report and interpret our results in the context of numerous similar retrospective studies, proposing a new way of interpreting the associations reported in these studies.

In general, conflict with parents and a lack of family support are modestly but consistently associated with the personality disorders. These re-

TABLE 4. Improvement in Variance Explained (R^2) of Models in Which the Correlation Coefficients are Free to Vary Versus Models in Which the Correlation Coefficients Are Fixed to Be the Same

	SNAP		SIDP-IV	
	r*	R^2**	r	R^2
Conflict with Parents				
Unpartialed	.14	.006	.15	.005
Partialed	.03	.005	.04	.006
Family Support				
Unpartialed	.15	.007	.15	.003
Partialed	.04	.006	.04	.003

Note. *r represents the single value to which all correlations coefficients were fixed in the restricted model. **R^2 represents the reduction in error (i.e., increase in variance explained) resulting from applying a model in which the correlation coefficients were free to vary.

sults are similar to those of past research in which family and childhood adversities have been found to be associated with a broad range of personality pathology (Johnson, Cohen, Brown, Smailes, & Bernstein, 1999; Norden et al., 1995). Analyses also indicated that a general component common to all personality disorders was largely responsible for the associations. Our main conclusion, therefore, is as follows: the relationships found between particular personality disorders and measures of family adversity are, in large measure, because of a general component of personality pathology, as opposed to features unique to each of the personality disorders. Consequently, the relations reported in other studies (Zweig-Frank & Paris, 1991) between family adversities and, for example, borderline personality disorder might not be unique to the specific features of that disorder.

We kept this limitation in mind in interpreting the relationships between particular personality disorders and measures of conflict with parents and family support in our study. Although each personality disorder in our study exhibited at least a small positive correlation with either conflict with parents or a lack of family support, only a few maintained the association after accounting for the general component of personality disorder.

Borderline, paranoid, and antisocial personality features demonstrated the strongest relationships with recollections of conflict with parents and family support. Schizoid personality features demonstrated a relationship to a lack of family support. All four maintained unique associations after controlling for the general component of personality disorder.

Results indicating associations between borderline features and both conflict with parents and poor family support are consistent with other studies finding poor parental relationships in the histories of persons with borderline personality disorder (Paris et al., 1994; Sabo, 1997; Zanarini et al., 1997; Zweig-Frank & Paris, 1991). This kind of result is often cited in support of the hypothesis that childhood trauma causes borderline personality disorder. There are other plausible explanations that can account for our finding however. For example, compared with persons having personality disorders, persons with borderline personality disorder may be more likely to lie manipulatively and convincingly and to have entered into or created destructive relationships (Bailey & Shriver, 1999). It may be that having borderline personality traits leads one to have traumatic experiences or to over-report such experiences. In short, the causal arrow may point in either or both directions.

We could find only one study that looked at the association between family and parental variables and paranoid personality disorder. Norden and colleagues (1995) found paranoid features to be associated with a poor paternal relationship but neither with a poor maternal relationship, nor with poor paternal or maternal care or protection. The one reliable association became negligible after controlling for the other personality disorders. Clearly, we found a much stronger association between paranoid features and parenting and family variables than did Norden and colleagues (1995). This discrepancy may be because of a variety of methodological differences between the studies. For example, perhaps the SNAP and SIDP-IV

(used in our study) may measure the construct of paranoid personality disorder differently than the PDE (used in the Norden study). Alternatively, the discrepancy may be because of our different measures of family adversity.

Regarding antisocial personality disorder, results indicating positive associations between antisocial features and both conflict with parents and poor family support are consistent with reports of poor family environments in the histories of persons with antisocial features (Moffitt, 1993; Norden et al., 1995; Patterson et al., 1989; Robbins, 1966). This result is not surprising given the nature of the antisocial personality. We would expect the quality of familial relationships to be poor and the amount of conflict to be high for persons who chronically engage in antisocial behaviors.

The finding of an association between schizoid features and a lack of family support is concordant with findings from past research (Lieberz, 1989). The result is also consistent with what we know about schizoid personalities. Conflict with parents, as opposed to an absence of family support, requires active parent and child interaction. Someone with schizoid features would likely withdraw from rather than conflict or fight with one's parents and family.

The present study has several important strengths. First, it examined all the personality disorders. Previous research on family adversities in the personality disorders has focused almost exclusively on the borderline or antisocial personality disorders, ignoring the remaining personality disorders. Thus, the literature on the association between parent and family variables and the majority of the personality disorders is sparse. Second, a nonclinical sample was used. Previous studies have used psychiatric or forensic samples. Results generated by such samples are difficult to generalize, and may be tainted by comorbid Axis I psychopathology. Our sample was relatively free of Axis I psychopathology in that it consisted of Air Force recruits who had completed successfully a psychologically demanding, six-week program of basic training. It is unlikely that anyone with a serious Axis I condition, such as a mood, psychotic, or substance use disorder, could have completed basic training.

Third, whereas many studies have focused on highly specific and traumatic family adversities (e.g., abuse and parental loss), this study focused on more general, chronic adversities. This is important because it has been shown that the main risk for psychopathology is general family discord surrounding a traumatic event, such as parental loss, rather than the traumatic event itself (Rutter & Maughan, 1997). Lastly, the sample size for this study was large. Previous studies on the relationship between adversities in the home environment and personality disorders typically used sample sizes under 100 subjects. Our sample size of 798 (including a subset of 186 who were administered structured interviews) is the largest to date for this kind of study.

This study also has several limitations, most of which concern the difficulty of imputing causal relations between recollections of childhood experiences and adult personality and psychopathology. First, conflict with parents and family support were measured through subjects' recollections, leaving open the possibility of reporting bias. Although there does not ap-

pear to be an appreciable tendency for persons with psychopathology to overreport childhood adversities (Brewin, Andrews, & Gotlib, 1993), normal persons may tend to underreport such adversities (Maughan & Rutter, 1997). Second, even if we could be certain that the retrospective reports are valid, we would be unable to draw inferences about whether the childhood experiences were causing the current manifestations of psychopathology. One possibility is that a genetic diathesis for the personality and personality disorder traits we measured also predisposes participants to have conflict experiences during childhood or to recollect them as adults. Finally, our measures of conflict with parents and family support, though psychometrically valid, are not well known. Consequently, it may be difficult to compare the results of this study with other studies using different measures of adversity.

Our results suggest that parental conflict and poor family support are modestly but consistently associated with domains of personality pathology. These associations are primarily because of the psychopathology common to personality disorder in general. The magnitude of the relationships with the measures of family adversity were essentially the same for the different types of personality disorder. Borderline, paranoid, and antisocial features, however, maintained small, unique relationships with the measures of conflict with parents and poor family support after controlling for this general component. Schizoid features maintained a small, unique association to a lack of family support. Future studies not relying on retrospective self-reports, and longitudinal studies in particular, are needed to determine whether a unique, causal relationship exists between family adversities occurring in childhood and specific Axis II traits in adulthood.

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APPENDIX. HOI-R CONFLICT WITH PARENTS AND FAMILY SUPPORT SCALE ITEMS

Conflict with Parents

1. I was often punished by my parents. (T)
2. I rarely got mad at my parents. (F)
3. My parents were always telling me what to do whether I wanted them to or not. (T)
4. My parents wanted to know practically everything I did. (T)
5. I have had a lot of arguments with my parents. (T)

Family Support

1. When I have a problem I can usually talk about it with my parents. (F)
2. My family usually ate together. (F)
3. My family was always ready to help each other. (F)

4. Our family was always close. (F)
5. Whenever I have problems my family was always ready to help. (F)
6. My family hardly ever talked to each other. (T)
7. My family hardly ever argued. (F)
8. When my father or mother was in a bad mood he or she took it out on the children. (T)
9. My family usually did things together. (F)
10. I always got along with my parents. (F)
11. My parents respected my opinions. (F)

Note. An answer in parentheses leads to higher scores (i.e., more conflict with parents and less family support).