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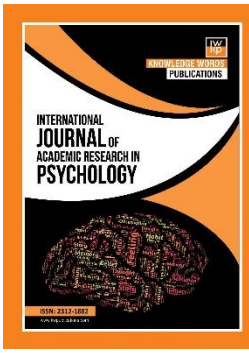
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Attachment Security in Adult Offspring of Parents with Narcissistic and Borderline Personality Disorder

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Abstract
Available research on understanding the correlation of insecure attachment in the offspring of caregivers with traits of personality disorders and how the two present in adulthood includes the experiences from childhood to adolescence; however, thus far, no other studies have been done to understand these variables in adulthood. This mixed-methods pilot study explores the long-term impact of caregivers exhibiting Narcissistic or borderline personality disorder traits on attachment styles and adult relationships. The study involved 172 participants in a quantitative analysis and 12 in qualitative interviews. Self-reports using the Personality Inventory and Experiences in Close Relationships - Revised assessed parental personality traits and attachment styles. Findings indicated a statistically significant correlation between insecure attachment styles and recalled parental NPD/BPD traits. Thematic analysis of qualitative interviews identified five key themes: (1) emotional and behavioral patterns in relationships, (2) partner selection mirroring parental traits, (3) self-identity challenges, (4) maladaptive coping mechanisms, and (5) the healing journey. These findings of childhood experiences leading to insecure attachment in adulthood with generational trauma highlight the need for early intervention and informed clinical practices in pediatric and adult mental health care.
Keywords: Attachment Style, Parental Personality Disorders, Attachment In Adulthood, Caregiving

Background

Developmental Psychology

Attachment theory, developed by Bowlby (1973), explains how early caregiver relationships influence the development of interpersonal connections and emotional regulation. Secure attachment develops when caregivers provide stability, fostering trust and resilience (Cramer, 2019). Conversely, insecure attachment emerges when caregivers fail to meet emotional needs, leading to maladaptive, dysfunctional models of attachment behavior patterns in adulthood (Day et al., 2022). Previous research shows a correlation between parents having Narcissistic and Borderline Personality Disorders, impacting their children's attachment security on a psychological, behavioral, and

neurological level (Abramov et al., 2022; Bernheim et al., 2022; Kartal et al., 2022; McGauran et al., 2019; Raby et al., 2022; Stewart et al., 2019).

Borderline Personality Disorder (BPD) is associated with emotional dysregulation, fear of abandonment, and relational instability (Bahmani et al., 2023). Narcissistic Personality Disorder (NPD) involves detachment, antagonism, and a lack of empathy, which can impair a child's sense of self and ability to form secure relationships (Arianfar et al., 2022). Longitudinal studies confirm that children of parents with these traits often develop insecure attachment styles and struggle with emotional regulation and intimacy (Day et al., 2020; Erkoreka et al., 2021). This form of mercurial engagement, born out of a need to strategize responses to emotional duress within interpersonal relationships, influences the reactions of those involved, whether in a romantic relationship, with caregivers, or with their children, and this complicated interplay continues into subsequent generations. While existing literature establishes that parental NPD and BPD traits significantly impair childhood attachment security, the long-term mechanisms through which this intergenerational strain persists into adult interpersonal dynamics remain critically underexplored.

Problem Statement

Research has found a negative impact of 34-50% of parental personality disorders, even when not clinically diagnosed, on the development of insecure attachment styles, neurobiology, and social and relational consequences of their offspring (Gjode et al., 2024; Steele et al., 2019). Existing research focuses on childhood and adolescent attachment outcomes but lacks an exploration of attachment in adulthood. Furthermore, although recent studies have begun to explore correlations between adverse childhood experiences and mental disorders with attachment as a variable, few studies have included the general population (Erkoreka et al., 2021). While prior studies with these personality disorder variables examined parental influence on attachment security, limited research addresses its effects on adult relationships (Hammarlund et al., 2022). This study bridges a vital gap in developmental psychology and social sciences by offering one of the first empirical examinations of how recalled parental Narcissistic and Borderline personality traits directly shape attachment styles, relational health, and emotional functioning in the non-clinical adult population. By shifting focus from immediate childhood outcomes to long-term adult dynamics, this research advances our understanding of the intergenerational transmission of relational trauma. It provides critical evidence to inform targeted therapeutic interventions and family-system support frameworks.

Research Method

Research Questions

RQ 1: Is there a correlation between the adult child's recollection of the presence of personality-disordered traits in parents and attachment security?

RQ 2: Which attachment style for offspring is most associated with the presence of personality-disordered traits in parents?

RQ 3: What have been the experienced attachment-related consequences for adult children of parents with Narcissistic or borderline personality disorder traits?

RQ 4: How do individuals describe relational experiences as adult children of

parents exhibiting Narcissistic or borderline personality disorder traits?

Research Design

Participants

Participants were recruited through online forums, mental health facilities across multiple states, and social media platforms, reaching over a thousand individuals. The sample included diverse individuals aged 18-80, including friends, family, colleagues, and clients of clinicians. This mixed-method study examined the impact of being raised by parents exhibiting personality disorder traits on adult attachment. With an alpha level of 0.05, an estimated effect size of 0.30, and a power level of .95 to assess the study's dependability, the total sample size needed was 111 to adequately achieve the probability of correctly rejecting a null hypothesis. The final quantitative sample consisted of 172 participants (NPD/BPD traits: 83; control: 89).

For the qualitative phase, 12 participants were selected from those who expressed interest until thematic saturation was reached. A between-methods triangulation was employed to measure saturation through quantitative assessments of the interviewees, data triangulation, and reviewing interviews for the presence of themes. The interviews lasted approximately two hours until inductive thematic saturation was reached, and no new themes emerged.

Study Procedures

Following IRB approval (IRB-FY23-24-2033), recruitment was conducted via mental health facilities and social media. Participants completed assessments measuring childhood caregiver experiences and attachment styles. Phase one involved an online survey assessing childhood experiences using the Personality Inventory (Brief Form - DSM-5) and attachment styles using the Experiences in Close Relationships - Revised (ECR-R). Demographic questions included age and gender. Phase two explored participants lived experiences through semi-structured interviews with 12 selected participants. Inclusion criteria required participants to be 18 or older and raised by a caregiver exhibiting NPD/BPD traits.

Instrumentation and Measurement

I utilized three assessments throughout this pilot study. The first was The Personality Inventory (Brief Form - DSM-5) (American Psychiatric Association, 2013) to measure the presence of Narcissistic or borderline personality disorder characteristics in the participants' parents. The Personality Inventory for DSM-5—Brief Form (PID-5-BF) (American Psychiatric Association, 2013) is a 25-item self-rated personality trait assessment scale for adults. The instructions were modified to reflect recalled parental and/or childhood caregiver experiences, evaluating five personality trait domains with five questions each to identify symptoms reflecting the negative expression of emotion, detachment, anhedonia, resentment, impulsivity, and psychoticism. The higher scores indicate more significant personality dysfunction.

Following the Personality Inventory (Brief Form - DSM-5), the Experiences in Close Relationships - Revised (ECR-R) (Fraley et al., 2000) was used to examine attachment styles in interpersonal relationships. Their questionnaire, consisting of 36 items, was designed to classify

adults into the three attachment styles identified by Ainsworth (1978): Secure, Avoidant, and Anxious/Ambivalent. The ECR-R measures individuals on two subscales of attachment, Avoidance and Anxiety.

Finally, I conducted a semi-structured interview with 12 participants to discuss how these experiences have shaped current relationships and other obstacles with parents exhibiting Narcissistic or borderline personality disorder traits. The interview questions were broad, open-ended, and focused on participants' perceptions and experiences with caregivers. The interview questions were developed based on the literature review, yet they allowed for evolution as the interview progressed to the emergence of additional themes (Cresswell & Poth, 2018). The interview questions were guided by the responses on the PID-5 marked as "Somewhat" or "Very True." Two to two and a half hours were allotted for the interview process, which consisted of research questions three and four that elaborated on the PID-5 responses.

Operationalization of Variables

Variable One – The independent variable (IV) being manipulated was the adult children of parents with personality disorder characteristics. It was operationally defined as adult offspring of parents with Narcissistic or borderline personality disorder characteristics based on answers to the initial survey using The Personality Inventory (Brief Form - DSM-5) (American Psychiatric Association, 2013), measuring the early childhood caregiver experiences using background information.

Variable Two – The dependent variable was the relational impact and attachment styles, based on the Experiences in Close Relationships - Revised (ECR-R) (Fraley et al., 2000). It was operationally defined as the scores obtained from three attachment scales to identify which of the four types of attachment styles the participant is expressing: secure, anxious-ambivalent, disorganized, and avoidant.

Data Analysis

For the quantitative portion, a Pearson's *r* Correlation was used in this study to determine whether there is a correlation between early childhood caregivers with Narcissistic or borderline personality disorder characteristics and adult attachment security. Data gathered were analyzed with IBM SPSS Statistics (Version 28) using an alpha level of .05. The second analysis, Chi-Square Test of Independence, explored the second research question to see how parental personality-disordered traits (independent variable) are associated the most with which of the four attachment styles: Secure, Anxious, Avoidant, and Disorganized (dependent variable). The final analysis was a One-Way factorial analysis of variance (ANOVA) to investigate the effects of whether parental personality-disordered traits (IV) are present in the four attachment styles (DV).

In Phase Two, a six-step thematic analysis was employed, involving data review, coding, theme categorization, definition, and data presentation based on the participants' subjective responses regarding their relationships with caregivers, as outlined in Braun and Clarke's guidelines (2006). Themes of abuse, identity, attachment presentation, interpersonal fears, and current relational implications were evaluated from the 12 interviews. This analysis took the information provided in phase one. It went a step further, revealing underlying meanings, internalized self-

perceptions, relational consequences, and behavior patterns found in the lived experience of those who had parents exhibiting traits of Borderline and Narcissistic Personality Disorders. Due to confidentiality, raw and/or processed data and the data codes on which study conclusions are based are not posted. Raw quantitative data is available upon request. The results are presented in the results section of the article.

Descriptive Results

The quantitative portion of the mixed-methods study utilized the Personality Inventory (Brief Form - DSM-5) (American Psychiatric Association, 2013) and the Experiences in Close Relationships - Revised (ECR-R) (Fraley et al., 2000). The age range was from 18 to 77 (M = 46, SD = 11.95) among the 175 total entries. Of these, 172 participants completed the questionnaires, 168 provided their age, 60 reported their gender (17 male, 43 female), and the remaining participants declined to answer. Eighty-nine of the 172 participants fell in the category of personality disorder traits, whereas 83 did not. Fifty-seven participants had a history of parents with narcissistic personality disorder traits, which encompasses negative affect, antagonism, detachment, and psychoticism, and 26 participants reported parental traits befitting borderline personality disorder, characterized by negative affect, disinhibition, and psychoticism (Wright et al., 2013). The sample size representing the different attachment styles is as follows: Disorganized (N=81), Secure (N=80), Anxious (N=9), and Avoidant (N=2).

The qualitative approach explored participants lived experiences of being raised by early childhood caregivers with Borderline or narcissistic personality disorder traits. Purposive sampling was utilized due to the specific focus of this research. The inclusion criteria were adult children aged 18 or older who had been raised by caregivers exhibiting signs of Borderline or narcissistic personality disorder. Gender was not a factor in the criteria. Those who met these criteria and expressed interest were requested to contact the researcher directly to schedule a screening call to assess the presence of personality disorder traits in their parents. Of the 27 participants who contacted the researcher through email, 15 were selected for a semi-structured interview using a hermeneutical phenomenological approach.

Hermeneutical phenomenology focuses on studying how individuals experience events in their daily lives while also interpreting the deeper meanings behind those experiences. Researchers consider the historical, social, and cultural contexts that shape these experiences, acknowledging that both the researcher's and participants' backgrounds influence the interpretation (Creswell & Poth, 2018). Saturation was met with 12 participants, where the same 19 experiences continued to be revealed, and no new insights or themes emerged. The participants' demographics were as follows: ages ranged from 29-55 (M=38, SD=8.5), eight females and four males, educational level ranged from high school graduate to graduate level degree, and identified as Asian (N=3), Hispanic (N=3), African American (N=2), Middle Eastern (N=2), and Caucasian (N=2). Of the 12 participants, nine reported recalled parental personality disorder traits for narcissistic personality disorder, and three reflected borderline personality disorder per the PID-5 questionnaire. The number of participants scored as follows based on the ECR-R for Attachment Style: Disorganized (N = 5), Anxious (N = 4), and Avoidant (N = 3). The consent forms were emailed to be signed prior to the beginning of the interview process. Pseudonyms were given to each participant to maintain confidentiality during the interview process.

The participants were given the ECR-R to identify their attachment style and the PID-5 assessment to gauge the type of parental personality disorder traits recalled from childhood. They were then instructed to elaborate on their answers to the PID-5 questions and asked to reflect on specific childhood experiences. They were then asked to explore how those experiences impacted their adult relationships and other challenges related to having parents with Narcissistic or borderline personality disorder traits. A six-step thematic analysis (Braun & Clarke, 2021) was used to code, categorize, and interpret interview data. This process involved reviewing transcripts, identifying recurring themes, and refining themes for final analysis.

Study Findings

A qualitative and quantitative study was conducted to understand the impact of parental personality disorder traits on the development of attachment styles in adulthood. The quantitative portion of the study evaluated 172 participants using two assessments to explore research questions 1 and 2, examining whether a correlation existed between a recalled history of parental personality disorder traits and the attachment style most associated with personality disorder traits. The qualitative portion of the study used a semi-structured interview with 12 participants to navigate research questions 3 and 4 to understand the relational impact and interpersonal consequences of having parents with Narcissistic or borderline personality disorder traits on relationships into adulthood.

Quantitative

For the quantitative portion of the study, the first research question was explored using a Pearson's r correlation to assess whether there is a relationship between having early childhood caregivers with Narcissistic or borderline personality disorder traits and adult attachment security. The data (N = 172) were summed to assess the five domains of traits: negative affect, detachedness, antagonism, disinhibition, and psychoticism. The total PID score was coded based on PID scores meeting the criteria to be considered clinically reflective of personality disorder traits (mean = 28.28) (Torres-Soto et al., 2019; Wright, 2013). The ECR-R data were analyzed based on the median score to calculate the criteria for secure and insecure attachment styles (a score of more than 2.94 for anxious and 2.99 for Avoidant, Fraley et al., 2000). Data were analyzed using IBM SPSS Statistics (Version 28) with an alpha level of .05.
See Table 1 below.

Table 1
Pearson's r Descriptive Statistics

Descriptive Statistics

	Mean	Std. Deviation	N
PID	28.2849	19.71597	172
ECRR	3.1603	1.43513	172

The results of Pearson's r correlation of The Personality Inventory (Brief Form - DSM-5) (American Psychiatric Association, 2013) (N=172, M=28.28) and Experiences in Close Relationships - Revised (ECR-R) (Fraley et al., 2000) (N=172, M=3.16) scores showed a positive correlation between higher levels of parental personality disorder and insecure attachment styles of anxious, avoidant or

disorganized attachment style (*r*=.40, p<.001). A Pearson's correlation coefficient (*r*) of 0.4 indicates a moderate positive correlation. Gender was not a statistically significant confounding variable. See Table 2 and Graph 1 below.

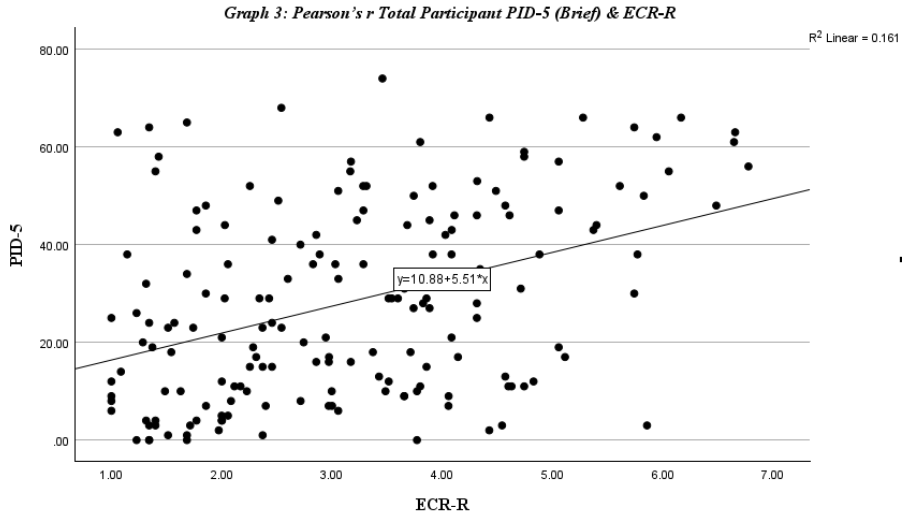
Table 2
Pearson's r, All Participants Correlation

Correlations

		PID	ECRR
PID	Pearson Correlation	1	.401**
	Sig. (2-tailed)		<.001
	N	172	172
ECRR	Pearson Correlation	.401**	1
	Sig. (2-tailed)	<.001	
	N	172	172

**. Correlation is significant at the 0.01 level (2-tailed).

Graph 1: Pearson's r Total Participant PID-5 (Brief) & ECR-R



Additionally, a second analysis explored the second research question to determine how parental personality-disordered traits (independent variable) are most closely associated with which of the four attachment styles: Secure, Anxious, Avoidant, and Disorganized (dependent variable). In this study, the Chi-Square test of Independence was utilized to evaluate the relation between the types of personality-disordered traits (No Personality Disordered traits, Narcissistic or borderline personality disorder traits) and the four attachment styles (Secure, Anxious, Avoidant, and Disorganized). The relationship between these variables was statistically significant and of a medium-sized association (r (6, N = 172) = 19.363, p = .004, effect size (Phi) = .336). See Tables 3 and 4 below.

Table 3

Chi-Square Test of Independence Descriptive Statistics

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
typeofPD * ECRRcode	172	100.0%	0	0.0%	172	100.0%

Table 4

Chi-Square Test of Independence

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	19.363[a]	6	.004
Likelihood Ratio	20.387	6	.002
Linear-by-Linear Association	10.762	1	.001
N of Valid Cases	172		

a. 4 cells (33.3%) have expected count less than 5. The minimum expected count is .76.

The crosstabulation of the variables was used to compare the relationship between them and to understand the frequency of different attachment styles when various personality disorder traits are present. The analysis revealed that participants without a parental history of personality disordered traits are 60.7% more likely to develop a Secure Attachment Style, those with a parental history of Narcissistic Personality Disordered traits are 52.6% more likely to develop a Disorganized Attachment Style, and those with a parental history of borderline personality disorder traits are 57.7% more likely to develop a Disorganized Attachment Style. See Table 5 and Graph 2 below.

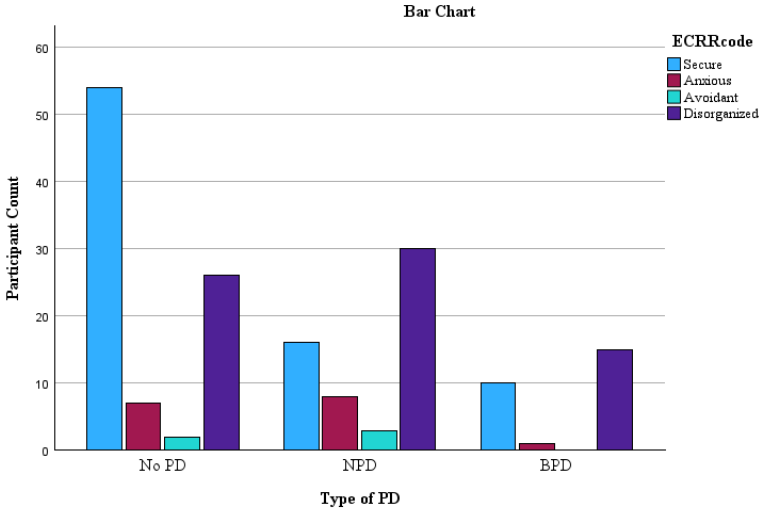
Table 5

Cross Tabulation and Chi-Square

TypeofPD * ECRRcode Crosstabulation

			ECRRcode				
			Secure	Anxious	Avoidant	Disorganized	Total
typeofPD	No PD	Count	54	7	2	26	89
		% within typeofPD	60.7%	7.9%	2.2%	29.2%	100.0%
		% within ECRRcode	67.5%	43.8%	40.0%	36.6%	51.7%
		% of Total	31.4%	4.1%	1.2%	15.1%	51.7%
	NPD	Count	16	8	3	30	57
		% within typeofPD	28.1%	14.0%	5.3%	52.6%	100.0%
		% within ECRRcode	20.0%	50.0%	60.0%	42.3%	33.1%
		% of Total	9.3%	4.7%	1.7%	17.4%	33.1%
	BPD	Count	10	1	0	15	26
		% within typeofPD	38.5%	3.8%	0.0%	57.7%	100.0%
		% within ECRRcode	12.5%	6.3%	0.0%	21.1%	15.1%
		% of Total	5.8%	0.6%	0.0%	8.7%	15.1%
Total		Count	80	16	5	71	172
		% within typeofPD	46.5%	9.3%	2.9%	41.3%	100.0%
		% within ECRRcode	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	46.5%	9.3%	2.9%	41.3%	100.0%

Graph 2: Chi-Square Test of Independence for Presence of PD and Attachment Styles



The final analysis for the quantitative portion of the study was a series of one-way analyses of variance (ANOVA) to evaluate the relationship between recalled parental history of personality disorder traits and present attachment style. The means and standard deviations for all participants are presented in Table 6 below.

Table 6

One-Way ANOVA Descriptive Statistics for Presence of PD

Descriptives

PDECRR

	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean Lower Bound	95% Confidence Interval for Mean Upper Bound	Minimum	Maximum
secure	26	2.0181	.53774	.10546	1.8009	2.2353	1.06	2.86
anxious	6	4.8477	1.61594	.65970	3.1519	6.5436	3.03	6.78
avoidant	1	4.3176	.	.	.	.	4.32	4.32
disorganized	50	4.3908	.94917	.13423	4.1210	4.6605	3.06	6.65
Total	83	3.6797	1.44023	.15809	3.3652	3.9942	1.06	6.78

The ANOVA was significant at the .05 level, $F(3, 79) = 43.183$, $p < .001$, for Personality Disorder and all Attachment Styles (Secure, Avoidant, Anxious, and Disorganized Attachment Style). Disorganized attachment was the most prevalent Attachment Style with a parental history of personality disorder traits. See Table 7 and Graph 3 below.

Table 7

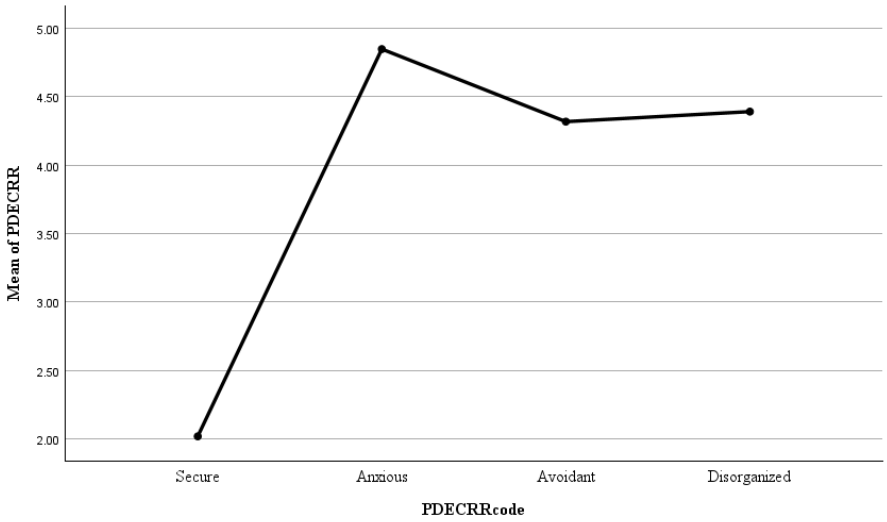
One-Way ANOVA for the Presence of PD and Attachment Styles

ANOVA

PDECRR

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	105.658	3	35.219	43.183	<.001
Within Groups	64.431	79	.816		
Total	170.089	82			

Graph 3: One-Way ANOVA for the Presence of PD and Attachment Styles



A post hoc Tukey HSD test indicated that the mean [Attachment Style] of the [Anxious group] was significantly higher than that of the [Secure group] (*p* = [<.001]). The test also indicated that the mean [Attachment Style] of the [Disorganized group] was significantly higher than that of the [Secure group] (*p* = [.047]). See Table 8 below.

Table 8

Post Hoc Tests- Tukey HSD

Multiple Comparisons

Dependent Variable: PDECRR
Tukey HSD

(I) PDECRRcode	(J) PDECRRcode	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval Lower Bound	95% Confidence Interval Upper Bound
secure	anxious	-2.82963*	.40902	<.001	-3.8067	-1.8526
	disorganized	-2.37268*	.21836	<.001	-2.8943	-1.8511
anxious	secure	2.82963*	.40902	<.001	1.8526	3.8067
	disorganized	.45696	.39018	.474	-.4751	1.3890
disorganized	secure	2.37268*	.21836	<.001	1.8511	2.8943
	anxious	-.45696	.39018	.474	-1.3890	.4751

*. The mean difference is significant at the 0.05 level.

Finally, the last one-way analysis of variance (ANOVA) was conducted to evaluate the impact of personality disorder traits on attachment styles, precisely the effect of having NPD or BPD traits on overall attachment. The ANOVA was significant at the .05 level, F(2, 169) = 14.74, *p* <.001 for Personality Disorder (NPD and BPD) and overall Insecure Attachment Styles (Disorganized, Anxious, and Avoidant Attachment Styles). See Tables 9 and 10 below.

Table 9

One-Way ANOVA Descriptive Statistics for All Participants

Descriptives

AVECRR

	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean Lower Bound	95% Confidence Interval for Mean Upper Bound	Minimum	Maximum
No PD	89	2.6512	1.20480	.12771	2.3974	2.9050	1.00	5.86
NPD	57	3.8636	1.44919	.19195	3.4790	4.2481	1.40	6.78
BPD	26	3.3609	1.47706	.28968	2.7643	3.9575	1.06	5.77
Total	172	3.1603	1.43513	.10943	2.9442	3.3763	1.00	6.78

Table 10
One-Way ANOVA for All Participants

ANOVA

AVECRR

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	52.304	2	26.152	14.738	<.001
Within Groups	299.887	169	1.774		
Total	352.191	171			

A post hoc Tukey HSD test indicated that the mean [Personality Disorder] of the [NPD group] was significantly higher than that of the [No Personality Disorder group] (p = [<.001]). The test also indicated that the mean [Personality Disorder] of the [BPD group] was significantly higher than that of the [No Personality Disorder group] (p = [.047]), with higher scores on personality disorder traits on the PID-5 being associated with higher scores on ECR-R scores indicating Insecure Attachment Styles (Anxious, Avoidant, or Disorganized). See Table 11 below.

Table 11
Post Hoc Tests- Tukey HSD

Multiple Comparisons

Dependent Variable: AVECRR
Tukey HSD

(I) typeofPD	(J) typeofPD	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval Lower Bound	95% Confidence Interval Upper Bound
No PD	NPD	-1.21235*	.22598	<.001	-1.7467	-.6780
	BPD	-.70973*	.29696	.047	-1.4119	-.0075
NPD	No PD	1.21235*	.22598	<.001	.6780	1.7467
	BPD	.50262	.31525	.251	-.2428	1.2480
BPD	No PD	.70973*	.29696	.047	.0075	1.4119
	NPD	-.50262	.31525	.251	-1.2480	.2428

*. The mean difference is significant at the 0.05 level.

The study's quantitative analysis examined the relationship between parental personality disorder traits (Narcissistic or borderline personality disorder) and adult attachment security using three statistical methods. A Pearson's r correlation was used to explore whether a relationship exists between early childhood caregivers' personality disorder traits and adult attachment security. The study found a positive correlation (r = .40, p < .001) between higher levels of parental personality disorder traits and insecure attachment styles (anxious, avoidant, or disorganized). The Chi-Square Test of Independence was used to assess the association between types of personality disorder traits and the four attachment styles (secure, anxious, avoidant, and disorganized). The results were statistically significant, indicating a medium-sized association between parental traits and attachment styles ($\chi^2(6, N = 172) = 19.363$, $p = .004$, $\phi = .336$). The association found a 60.7% likelihood of having a secure Attachment Style without a parental history of personality-disordered traits, and more than a 50% chance of developing a Disorganized Attachment Style with a parental history of Borderline or narcissistic personality disorder traits. Finally, a series of One-way ANOVA was conducted to evaluate the impact of parental personality disorder traits on attachment styles. The ANOVA showed a significant effect of Narcissistic and Borderline Personality Disorder traits on

overall insecure attachment styles (F (2, 169) = 14.74, p < .001). A second ANOVA revealed a significant relationship between lower personality disorder traits and a secure attachment style (F(2, 77) = 3.12, p = .05). These quantitative findings suggest a statistically significant relationship between parental personality disorder traits and insecure attachment in adulthood. These quantitative findings set the stage for the deeper exploration presented in the qualitative analysis, which delved further into understanding how the history of having parents exhibiting traits of Narcissistic and Borderline Personality Disorder impacts adult attachment styles and the consequences in relationships.

Qualitative

The qualitative portion of the study evaluated research questions three and four concerning attachment-related relational experiences in adulthood and the relational consequences faced as a result of being reared in an environment with a parent exhibiting characteristics of Borderline or narcissistic personality disorder. The 12 participants recalled parental personality disorder traits reflecting Narcissistic and Borderline Personality Disorder (NPD=9, BPD=3 and Attachment Styles reflecting Avoidant (N=3), Anxious (N=4), and Disorganized (N=5). Each interview lasted between two and two and a half hours. The interview revealed parallels between the participants' childhood experiences and their adult relationships, leading to greater awareness and understanding of themselves. The hermeneutical phenomenological approach was used to evaluate their experiences to determine shared themes in how their childhood experiences with parents with symptoms of detachment, antagonism, negative affect, disinhibition, or psychoticism influence how the participants experience their adult relationships.

Narcissistic Personality Disorder traits incorporate antagonism, negative affect, psychoticism, and detachment. Borderline Personality Disorder traits incorporate negative affect, disinhibition, and psychoticism. Hermeneutical phenomenology is a research approach that combines two philosophical traditions, phenomenology and hermeneutics, focusing on understanding human experiences by interpreting their meaning (Creswell & Poth, 2018). Participants were given pseudonyms to protect their confidentiality. The interviews revealed 19 semantic codes: distrust of others, fear of abandonment, significant need to be loved and accepted, heightened sensitivity to criticism, difficulty communicating effectively, parentification, history of abuse, substance abuse, fear of conflict, insecurities, maladaptive coping strategies, low self-esteem/self-acceptance/self-worth, challenges forming personal identity, codependency, difficulties with commitment, tendencies towards controlling or manipulative behavior, deceptive behavior, and problems with setting or respecting boundaries. Five themes were constructed from the codes: 1. Participant behavioral approaches and emotions in current relationships, 2. Partner personality traits similar to their parents, 3. Impact on sense of self, 4. Maladaptive coping mechanisms, and 5. Healing journey.

Theme 1: Participant Behavioral Approaches and Emotions in Current Relationships

Several behavioral approaches and emotions emerged, many of which appeared to be maladaptive. Difficulty with healthy communication in relationships was discussed among all participants, with the underlying reasons being fear of abandonment or being exploited, struggles with commitment or fear of intimacy, feelings of guilt, shame, or anger, a need for validation,

difficulty resolving conflicts, heightened sensitivity to criticism, trust problems, or poor boundaries. Participants frequently connected these behaviors to their childhood experiences. For instance, it was shared that his experiences led to difficulties relying on others and expressing himself: "You know, my pops were impulsive and reckless. If I kept doing something and he got angry and like he snapped at me, then the way he did it was I was like, oh damn, pops were really, like, pops probably could have been a killer for real. I struggle with showing other emotions that's not anger. I can be empathetic to others' emotions, but I tend to keep mine to myself." (Maluma, Age 32, Hispanic, Male, Parental NPD, Avoidant Attachment Style).

Contrastingly, a participant shared how her experiences resulted in more involvement with partners at her own expense: "I don't like to be alone, and I know I get my validation and worth from men. "I never stay single for long, even though I know I need to be alone so I can work on myself. I'm overly committed, sometimes to an unhealthy extent. I'll be the girl no one else is and be a chameleon, and I'll do the hot and cold thing to get their attention." (Barbie, Age 29, Caucasian, Female, Parental BPD, Anxious Attachment Style). Another participant shared similar concerns about effective communication: "I try to get attention without communicating that inner need, so maybe distance myself or walk away in hopes of triggering that attention from my partner. I don't think any achievement was ever celebrated- just expected. Now, I minimize my own accomplishments." (Jasmine, Age 34, Middle Eastern, Female, Parental NPD, Disorganized Attachment Style). The final correlation found is in repeating patterns of controlling behavior with significant others: "I grew up with the idea that you should always be suspicious of your significant other. I was jealous and possessive, even in innocent situations." (Aladdin, Age 39, Middle Eastern, Parental BPD, Anxious Attachment Style).

Theme 2: Partner Behavior & Personality Traits

Many participants reported choosing partners who exhibited traits similar to those of their parents. Some felt trapped in repeating patterns despite recognizing the similarities. One participant reflected: "My mother was very impulsive and reckless. She was aggressive, violent, and abusive. She would become destructive and break things when she didn't get things her way. Other times, she would just say negative, mean, and discrediting things to my sister and me, like we were crazy for saying we were hurt. She would do whatever she wanted to and was impulsive without any forethought about her actions. There were no planning things whatsoever. At the same time, she was super anxious and catastrophized. Yeah, these things definitely showed up in my relationships over the years. My current boyfriend definitely had his moments where he would belittle me and disregard my feelings, and I wouldn't say anything." (Tiana, Age 31, African American, Female, Parental NPD, Disorganized Attachment Style).

Likewise, a similar pattern is present in this participant's experience: "My mom is unstable and has been our entire lives, and my dad was an alcoholic. Now, I have the same pattern with my husband. He gets explosive rage, and blows up over something as simple as a suggestion will set him off." (Moana, Age 50, Asian, Female, Parental NPD, Disorganized Attachment Style). Finally, one participant described her growing realization: "At first, my husband was attentive and protective. But

now, I'm always the issue, and he's always the victim. He gets us into debt, just like my father did." (Zoey, Age 40, Hispanic, Female, Parental NPD, Avoidant Attachment Style).

Theme 3: Impact on Sense of Self

The third theme present in all participant sessions is the long-term impact of parental personality disorder on the development of a healthy sense of self. Difficulties in setting boundaries, not knowing one's place in the world, avoiding conflict, difficulties with identifying interests and desires, low self-love and acceptance, challenges in identifying personal values, and conforming to others' expectations are some of the most prevalent issues found in the interviews. Limiting expectations based on fear of abandonment was evident in how relationships are approached, as the following participant conveyed: "I always felt used by my dad. He needed me to be an emotional partner rather than a child. Now, when I try to set boundaries, I question if I even deserve them." (Zoey, Age 40, Hispanic, Female, Parental NPD, Avoidant Attachment Style).

Similarly, another participant shared: "At age 12, I was the one who needed to work at the family business so my younger brother could live the life he deserved. I don't think my parents understood the gravity of, like, what it does when you share your problems and stuff with such a young person and what it can do to them. I feel like I've already lived a life of hardship and done it all. Now I'm just like an autopilot, just going through the motions of not living." (Lisa, Age 45, Asian, Female, Parental NPD, Avoidant Attachment Style).

In contrast, a participant shared a history of unstable relationships due to not being secure in herself: "I guess in my dating life, I did the same thing of latching on to romantic partners to feel whole. I would lash out when they didn't understand me, but it was because I didn't understand myself. I felt very alone because of the neglect from my mom when she wasn't abusive and the abandonment of my dad, so having a romantic partner- that's one way not to feel alone" (Mirabel, Age 30, Hispanic, Female, Parental NPD, Anxious Attachment Style).

The impact of parental antagonism influences not only the fear of abandonment and feelings of worthlessness but also impairs the ability to be independent and believe in one's perspective on self-image. "We were a reflection of my mom, so if our hair wasn't straight and only the color black, then we were 'nappy-headed kids'. How my mom spoke about me and the look on my sister's face made me feel guilty because we didn't choose how we looked, right? So, I would try to hide myself so that people don't feel like I'm trying to be extra, and I definitely don't attract people who like to be in the limelight." (Tiana, Age 31, African American, Female, Parental NPD, Disorganized Attachment Style).

Theme 4: Maladaptive Coping

Maladaptive coping skills are strategies these participants use to manage their stress, anxiety, or emotional pain resulting from early childhood and current interactions with interpersonal relationships. While these behaviors may provide temporary relief, they often lead to long-term negative consequences. Some maladaptive coping mechanisms present in these interviews include

avoidance, substance use, self-harm, aggression, compulsive behaviors, perfectionism, and codependency.

Avoidance and codependency are rooted in the same core childhood wound of abandonment: "I feel like I either have to do something really impactful on a large scale, or it doesn't matter, so I'm kind of having to prove my worth all the time. I question people's love for me. I feel like I always have to prove my worth, and when I fail, I isolate and drown my sorrows in weed or alcohol." (Jasmine, Age 34, Middle Eastern, Female, Parental NPD, Disorganized Attachment Style). These maladaptive coping skills can present differently, even if the theme is avoidance, such as emotional suppression, as this participant explains: "My mom was reactive, so I learned to shut down. I try to be stoic and not let things affect me. That's probably why I became addicted to opioids—it let me handle everything without feeling everything." (Chris, Age 44, Caucasian, Male, Parental NPD, Anxious Attachment Style).

Similarly: "When I was younger, I would smoke and drink and forget about everything just for a moment. Forget about needing to be perfect, needing to take care of, and protect everyone else from my family's abuse. Now, my husband and son abuse me. I do everything with school, extracurriculars, cooking, and the house, and I am the primary earner, but they criticize me, and nothing I do is ever good enough. I get very depressed, and I don't want to live anymore. But I must keep on because even though they're monsters, they're my monsters, and my son needs me" (Moana, Age 50, Asian, Female, Parental NPD, Disorganized Attachment Style).

The final maladaptive coping mechanism found throughout the interviews is extreme self-reliance. "I don't want nobody to think that I need them for anything. I will get it all by myself- I'll die doing it too, which is really sad, but I don't ever want to feel beholden to anyone. Watching my mom manipulate and use people made me hyper-independent, where I don't want to ask somebody for nothing" (Tiana, Age 31, African American, Female, Parental NPD, Disorganized Attachment Style). Similarly, "In my marriage, I did not rely on my husband to care for me financially, and even though he earns three times what I do, I am uncomfortable asking for anything. We split everything in half even though he makes so much more than me. I don't want him to think I owe him anything or throw it in my face like my family has" (Jasmine, Age 34, Middle Eastern, Female, Parental NPD, Disorganized Attachment Style).

Theme 5: Participant's Journey to Healing

These interviews highlight numerous behavioral patterns, relational patterns, and emotional coping mechanisms, many of which appeared maladaptive. All interviewees discussed challenges with healthy communication in relationships, citing underlying factors such as fear of abandonment or exploitation, struggles with commitment or intimacy, feelings of guilt, shame, or anger, a need for validation, difficulty resolving conflicts, heightened sensitivity to criticism, trust issues, or weak boundaries. Participants often linked these behaviors to their childhood experiences. Throughout early adulthood, many participants encountered moments that seemed to serve as catalysts for a need for change. For some, it was living with the emotional consequences of fear, anxiety, depression, or substance abuse that became destructive and unsustainable.

In contrast, for others, self-reflection brought about an epiphany of recurring patterns that mirror their developmental blueprint. Healing from early childhood experiences with parents who have personality disorder traits can be a complex and deeply personal journey. Still, several critical paths presented in the interviews helped shape the participants' journey to healing. Nine of the 12 participants are currently in psychotherapy. They are actively pursuing therapeutic paths to develop self-awareness, set boundaries, practice self-compassion, extend grace to themselves, and cultivate healthy communication and relational skills. Three of the 12 participants are not seeking psychotherapy; however, they are focused on their self-healing journey through books, podcasts, mentorship, and peer support. All participants are currently navigating their complex relationships with their parents, exhibiting traits of Borderline or narcissistic personality disorder.

Summary

For this mixed-methods study exploring the impact of parental Narcissistic or borderline personality disorder traits on adult attachment styles, a total of 175 participants were recruited, with an age range of 18 to 77. Among these, 172 completed the questionnaires, revealing 89 with personality disorder traits. The sample for attachment styles showed a majority with disorganized (N = 81) or secure (N = 80) styles, with fewer exhibiting anxious (N = 9) or avoidant (N = 2) styles. Pearson's r scores indicated a positive correlation between higher levels of parental personality disorders and the presence of insecure attachment styles: specifically, anxious, avoidant, or disorganized attachment styles. The Chi-Square Test of Independence confirmed a statistically significant and medium-sized association between these variables. The analysis showed that participants with no parental history of personality disorders were 60.7% more likely to develop a Secure Attachment Style. Conversely, those with a parental history of narcissistic personality disorder traits were 52.6% more likely to evolve into a Disorganized Attachment Style, and those with a history of borderline personality disorder traits had a 57.7% increased likelihood of developing a Disorganized Attachment Style. Additionally, ANOVA results indicated a statistically significant relationship between the presence of personality disorders (Narcissistic and Borderline) and overall insecure attachment styles (Disorganized, Anxious, and avoidant). Higher scores on the PID-5 personality disorder traits were linked to elevated ECR-R scores, reflecting insecure attachment styles.

For the qualitative portion, 12 participants were selected for semi-structured interviews, focusing on their experiences growing up with such caregivers. These participants, aged 29-55, had diverse educational backgrounds and ethnicities. Results indicated nine participants recalled Narcissistic traits, and three reported Borderline traits. Attachment styles among these participants were primarily disorganized (N = 5) and anxious (N = 5). The interviews revealed various maladaptive behavioral and relational patterns among participants who struggled with healthy communication in relationships. Common underlying issues included fear of abandonment, commitment difficulties, guilt, shame, a need for validation, conflict resolution challenges, sensitivity to criticism, trust issues, and weak boundaries. Many participants traced these behaviors back to their childhood experiences. Navigating relationships with parents who have personality disorder traits is a complex and deeply personal journey that requires intentional effort toward emotional healing.

The narratives of these individuals show how deeply early family dynamics shape adult behavior and relationships, causing them to repeat patterns of emotional avoidance, codependency, and self-doubt. Overall, these stories capture how deeply early family dynamics can influence adult relationships, particularly for individuals with disorganized attachment styles and a history of parental Narcissistic or borderline personality disorder traits. These participants feel trapped in cycles of emotional turmoil that mirror their childhood experiences, profoundly impacting their adult romantic relationships (Bates et al., 2020; Booth et al., 2022; Lyons et al., 2023). The interviews reveal how early relationships impact how participants navigate intimacy, trust, self-expression, and conflict in their adult relationships. The stories illustrate how the emotional damage caused by NPD or BPD parental personality traits can result in complex psychological struggles, including issues with self-esteem, boundaries, and emotional intimacy in adulthood (Abramov et al., 2022; Bernheim et al., 2022; Kartal et al., 2022; McGauran et al., 2019; Raby et al., 2022; Stewart et al., 2019). These stories highlight how generational trauma and unresolved emotional wounds continue to influence behaviors and coping mechanisms well into adulthood. The themes and experiences described in the interviews, along with the quantitative findings, align closely with existing research on the impact of growing up with parents who exhibit traits of borderline personality disorder (BPD) or narcissistic personality disorder (NPD) (Ainsworth, 1991; Deneault & Yurkowski, 2022; Lorenzini & Fonagy, 2013). Their experiences of maladaptive coping, emotional challenges, and relationship difficulties are well-documented in psychological literature. Healing, whether through therapy or self-guided methods, also aligns with established pathways for recovery from early trauma and dysfunctional family dynamics (Lyons et al., 2023; Schwartz, 2019).

Implications

The implications of these findings on theory and practice in psychological science, particularly in the realms of attachment theory and trauma-informed care, are significant. The quantitative and qualitative information expands the understanding of insecure attachment, the relationship between parental Narcissistic or borderline personality disorder traits and maladaptive coping strategies and trauma recovery, and clinical practice implications for healing. The quantitative findings highlight the complexity of attachment and the persistence of insecure patterns. They are replicated in adult relationships, contributing to a deeper understanding of the transmission of attachment behaviors across generations. The interviews provide rich qualitative data that offer insight into how insecure attachment styles (anxious, avoidant, and disorganized) manifest in adulthood, reinforcing fundamental tenets of attachment theory. They highlight the long-lasting effects of early childhood trauma and attachment disruptions, especially in the context of parental personality disorders.

Understanding the depth of damage from childhood and the correlation to insecure attachment and generational trauma could change clinical perspectives and interventions in pediatric care, school, and family interventions for early prevention and therapeutic clinical practice in all stages of life. The diversity of participants in this study offers insights into how different cultures and systems of understanding or faith shape attachment and coping. The findings highlight the need for culturally sensitive therapeutic approaches, considering how attachment wounds are experienced and addressed across various contexts.

The conclusions of this research provide a deeper perspective on the impact of parental personality disorders (e.g., Narcissistic Personality Disorder, Borderline Personality Disorder) on attachment patterns. These understandings could help refine both diagnostic criteria and intervention strategies for individuals affected by parental mental health issues. As doctors' offices utilize the PHQ-9 Depression Questionnaire (Kroenke et al., 1999) as children reach the age of adolescence for early intervention, including a modified version of the PID-5 Brief Form as was used in this study, could shed light on the perceived interactions with caregivers at home and whether there is a presence of personality disorders in parents. The results could then be used in conjunction with other assessments for treatment planning to develop a healthy sense of self, coping skills, and relational skills. The Personality Inventory (PID-5 Brief Form - DSM-5) (American Psychiatric Association, 2013) and Experiences in Close Relationships - Revised (ECR-R) (Fraley et al., 2000) as used in this study, could also be implemented as part of the intake process for all patients in a clinical setting to gain insight into which areas of healing need to be addressed.

Clinicians should be aware of the profound impact of parental personality disorders on attachment and coping styles. Integrating attachment-based therapeutic models (Trauma-Focused Therapy, Emotionally Focused Therapy, or Internal Family Systems) can help clients unpack childhood wounds and reframe maladaptive coping mechanisms. In summary, these findings reinforce existing theories of attachment and trauma while suggesting practical expansions, including incorporating spirituality in therapeutic models and providing new directions for research into the interplay of childhood trauma, attachment, and adult relationships.

Limitations

The quantitative method of this research design may have several limitations related to the sampling approach. While online sampling can yield a more representative sample of the general population, there is a risk that participants may be unfocused, which could potentially affect the results. Although the 172 participants were nearly divided equally, creating a control and experimental group, including those with secure attachment and those with insecure attachments as well as those with a history of parental personality disorder and those without, the study relies heavily on participants' self-reported experiences, which may be influenced by memory recall bias, personal interpretation, and emotional state at the time of participation. Diagnoses of Narcissistic or borderline personality disorder traits will rely on adult children's recollections of whether their parents met the diagnostic criteria, rather than being assessed by a medical professional. Additionally, the quantitative study did not consider demographic factors beyond age and gender, such as location, nationality, or relationship status, which could limit understanding of how these variables may influence the outcomes.

On the positive side, the anonymity offered in online surveys may provide a more authentic representation of participants' experiences compared to a laboratory setting.

A limitation of the qualitative approach is the sample size, which makes it challenging to generalize the findings to a broader population. The diverse backgrounds of the participants, while informative, may not represent all individuals with similar attachment or trauma histories. This limitation could impact the accuracy or completeness of their narratives. While the study touches on diverse cultural

backgrounds, it does not fully explore how cultural or socioeconomic factors shape attachment, coping strategies, or access to healing resources such as counseling. The findings may not fully capture the impact of social context on participants' experiences. Finally, the qualitative approach did not utilize a control group for comparative analysis, which limits the ability to compare how attachment or trauma experiences differ in various populations.

Recommendations for Future Research

This study illuminates the need for further understanding of the impact of childhood experiences with Narcissistic or borderline personality disorder traits in caregivers and the impact on attachment and interpersonal relationships in adulthood. The findings emphasize the need for therapists to have specialized education on the topics of NPD and BPD to address maladaptive coping mechanisms and focus on fostering secure attachment styles in their clients. Incorporating trauma-informed approaches can facilitate healing from childhood experiences. Increased awareness about the long-term impacts of insecure attachments can inform educational programs and mental health initiatives, helping individuals recognize and address their relational patterns. Developing peer support networks and community enrichment programs can provide individuals with the necessary resources and validation as they navigate their healing journeys, particularly for those who may not seek formal psychotherapy. Many have shared the difficulties they face in forming friendships in adulthood. A broader range of demographic factors should be included in future studies to enhance the accuracy of findings related to parental influence on attachment styles.

Conclusion

This study highlights the profound impact of early childhood experiences on adult relational patterns, particularly in individuals who have navigated complex relationships with parents exhibiting Narcissistic or borderline personality disorder traits. The findings reveal a range of maladaptive coping mechanisms that participants rely on in response to their early attachments, illustrating the relationship between insecure attachment styles and emotional challenges such as trust issues, anxiety, and communication difficulties. The participants' healing journeys stress the importance of therapeutic intervention and self-reflection in breaking the cycle of maladaptive behaviors. With a significant portion of participants actively engaged in psychotherapy or alternative self-healing practices, the results indicate a strong desire for growth, self-awareness, and adjusted relational skills, pointing to the potential for transformative healing when individuals actively seek to understand and address their past traumas.

Furthermore, the study emphasizes the need for enhanced support systems and educational initiatives to raise awareness about the lasting effects of insecure attachments. Individuals can better navigate their relationships and work towards healing by fostering environments that encourage open dialogue and connection. In conclusion, the implications of this research extend beyond individual experiences, suggesting that a greater understanding of attachment theory, combined with therapeutic practices rooted in compassion and validation, can lead to healthier interpersonal dynamics. As individuals move from insecure patterns to more secure, loving connections, they enhance their lives and contribute to a healthier community. This study highlights the need for

continued exploration of the complexities of attachment and the importance of supportive relationships in promoting emotional well-being.

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