

Borderline Personality Disorder: Ramifications and Remedies

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Abstract

Personality disorders and their treatment form a crucial area of research in Psychopathology. Many such disorders have been identified and each one of them has its characteristics deteriorating effect on human mental health and well-being. Borderline personality disorder (BPD) is a cluster-B personality disorder, the essential feature of which is a pattern of marked impulsivity and instability of affects, interpersonal relationships and self-image. The pattern is present by early adulthood and occurs across a variety of situations and contexts. This paper discussed in detail BPD. First its causes and symptoms are mentioned in detail. Later its possible treatments and their possible outcomes have been analyzed. A common issue with BPD is that a person suffering from it is more than likely a victim of several other personality disorders as well. It has been found that various psychological therapies available for treating BPD work better than treating BPD with medications. Medications may have side effects associated but these therapies have been found to successfully abate BPD. In most cases the chances of reoccurring are also negligible.

Keywords: Borderline Personality Disorder, mental health, disorder, therapy, self-image, depression, emotional instability, diagnosis.

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1. INTRODUCTION

With mark of trending technology, there has been trending increase in number of personality disorder cases as well. People get connected to gadgets but get disconnected from their fellow human beings. A personality disorder is an enduring pattern of inner experience and behavior that deviates from the norm of the individual's culture. The pattern is seen in two or more of the following areas: cognition; affect; interpersonal functioning; or impulse control. One such disorder which has become common now-a-days is borderline personality disorder.

According to a study published in the Journal of Clinical Psychiatry, an estimated 30.8 million American adults experience symptoms of at least one personality disorder. Borderline personality disorder affects approximately 2 percent of these individuals, mostly young women. Borderline personality disorder impacts the regulation of emotions, leading to unstable moods, poor self-image, and difficulty in relationships with others. In addition to this, borderline personality disorder is linked to self-injury and suicide.

According to the National Institute of Mental Health (NIMH), borderline personality disorder is: *"a serious mental illness characterized by pervasive instability in moods, interpersonal relationships, self-image, and behavior. This instability often disrupts family and work life, long-term planning, and the individual's sense of self-identity."*

People with borderline personality disorder are also usually very impulsive, oftentimes demonstrating self-injurious behaviors (risky sexual behaviors, cutting, and suicide attempts).

2. CAUSES OF BPD

As is the case with other mental disorders, the causes of BPD are complex and not fully agreed upon. Evidence suggests that BPD and post-traumatic stress disorder (PTSD) may be related in some way. Most researchers agree that a history of childhood trauma can be a contributing factor, but less attention has historically been paid to investigating the causal roles played by congenital brain abnormalities, genetics, neurobiological factors, and environmental factors other than trauma. Social factors include how a person interacts in their early development with their family, friends, and other children. Psychological factors include the individual's personality and temperament, shaped by their environment and learned coping skills that deal with stress. These different factors together suggest that there are multiple factors that may contribute to the disorder. The heritability of BPD is estimated to be 65%. That is, 65 percent of the variability in liability underlying BPD in the population can be explained by genetic differences.

Borderline personality disorder occurs in most by early adulthood. The unstable pattern of interacting with others has persisted for years and is usually closely related to the person's self-image and early social interactions. The pattern is present in a variety of settings (e.g., not just at work or home) and often is accompanied by a similar liability (fluctuating back and forth, sometimes in a quick manner) in a person's emotions and feelings.

3. SPECIFIC SYMPTOMS

A person with this disorder will also often exhibit impulsive behaviors and have a majority of the following symptoms:

- Frantic efforts to avoid real or imagined abandonment.

- A pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of idealization and devaluation.
- Identity disturbance, such as a significant and persistent unstable self-image or sense of self.
- Impulsivity in at least two areas that are potentially self-damaging (e.g., spending, sex, substance abuse, reckless driving, binge eating).
- Recurrent suicidal behavior, gestures, or threats, or self-mutilating behavior.
- Emotional instability due to significant reactivity of mood (e.g., intense episodic dysphoria, irritability, or anxiety usually lasting a few hours and only rarely more than a few days).
- Chronic feelings of emptiness.
- Inappropriate, intense anger or difficulty controlling anger (e.g., frequent displays of temper, constant anger, recurrent physical fights).
- Transient, stress-related paranoid thoughts or severe dissociative symptoms.
- Often have intense episodes of anxiety, depression and irritability lasting from a few hours to several days.
- May direct anger outward in the form of physical aggression, but may also engage in self-destructive behaviors such as drug abuse, eating disorders or suicidal gestures. These behaviors are often intended to manipulate others.
- Usually have poor self-identity that leads to overly intense relationships with others. These interactions are generally filled with conflict, and the individual with borderline personality will vacillate between idealizing other people and undervaluing them.
- Tend to become angry and frustrated when other people fail to meet unrealistic expectations.

If we look at the general class of people affected by BPD, we find quite a bit variation in classes of people affected by it. Surprisingly it also gets clubbed with other personality or mental health disorders as well. According to the NIMH-funded National Comorbidity Survey Replication – the largest national study to date of mental disorders in U.S. adults – about 85 percent of people with BPD also suffer from another mental illness.

Most of these are listed below, followed by the estimated percent of people with BPD who have them:

- *Major Depressive Disorder* – 60%
- *Dysthymia* (a chronic type of depression) – 70%
- *Substance abuse* – 35%
- *Eating disorders* (such as anorexia, bulimia, binge eating) – 25%
- *Bipolar disorder* – 15%
- *Antisocial Personality Disorder* – 25%
- *Narcissistic Personality Disorder* – 25%
- *Self-Injury* – 55%-85%

In general if we compare number of patients of BPD as compared to other disorders we find that quite a lot of people are affected by it. According to a research, following data holds true:

- BPD affects 5.9% of adults (about 14 million Americans) at some time in their life
- BPD affects 50% more people than Alzheimer's disease and nearly as many as schizophrenia and bipolar combined (2.25%).
- BPD affects 20% of patients admitted to psychiatric hospitals

- BPD affects 10% of people in outpatient mental health treatment

4. DIAGNOSIS AND MISDIAGNOSIS

A mental health professional experienced in diagnosing and treating mental disorders – such as a psychiatrist, psychologist, clinical social worker, or psychiatric nurse – can detect BPD based on:

1. An in-person interview to discuss symptoms.
2. Input from a family or close friend that adds to the information provided by the individual coming for treatment.

A careful and thorough medical exam can help rule out other possible causes of symptoms.

Unfortunately, BPD is too often misdiagnosed. Some people who have borderline personality disorder are misdiagnosed with bipolar disorder. There are important differences between these conditions but both involve unstable moods. For the person with bipolar disorder, the mood changes exist for weeks or even months. The mood changes in BPD are much shorter and are often within a day.

To be diagnosed with BPD, a person must experience at least five of the following symptoms:

1. Fear of abandonment.
2. Unstable or changing relationships.
3. Unstable self-image; struggles with identity or sense of self.
4. Impulsive or self-damaging behaviors (e.g., excessive spending, unsafe sex, substance abuse, reckless driving, binge eating).
5. Suicidal behavior or self-injury.
6. Varied or random mood swings.
7. Constant feelings of worthlessness or sadness.
8. Problems with anger, including frequent loss of temper or physical fights.
9. Stress-related paranoia or loss of contact with reality.

5. TREATMENT AND RAMIFICATIONS

Current research shows that treatment can decrease the symptoms and suffering of people with BPD.

Talk therapy is usually the first choice of treatment (unlike some other illnesses where medication is often first.) Generally, treatment involves one to two sessions a week with a mental health counselor. For therapy to be effective, people must feel comfortable with and trust their therapist. Some BPD symptoms are easier to treat than others. Fears that others might leave, intense, unstable relationships or feelings of emptiness are often hardest to change. Research shows that treatment is more effective in decreasing anger, suicide attempts and self-harm, as well as helping to improve over-all functioning and social adjustment

People whose symptoms improve may still have issues related to co-occurring disorders, such as depression, substance abuse, eating disorders, or post-traumatic stress disorder. However, research suggests that full-blown symptoms rarely coming back after remission.

There are several treatments that are most often used to manage BPD:

1. Dialectical behavior therapy (DBT) focuses on the concept of mindfulness, or paying attention to the present emotion. DBT teaches skills to control intense emotions, reduce self-destructive behavior, manage distress, and improve relationships. It seeks a balance between accepting and changing behaviors. This proactive, problem-solving approach was designed specifically to treat

BPD. Treatment includes individual therapy sessions, skills training in a group setting, and phone coaching as needed. DBT is the most studied treatment for BPD and the one shown to be most effective.

2. Cognitive Behavior Therapy (CBT) can help people with BPD recognize and change both their beliefs and the ways they act that reflect inaccurate or negative opinions of themselves and others. This therapy can help people see difficult situations and relationships more clearly and find better ways to deal with them. CBT has been shown to be effective in lessening mood and anxiety symptoms and self-harm.

3. Mentalization-based therapy (MBT) is a talk therapy that helps people identify and understand what others might be thinking and feeling.

4. Transference-focused therapy (TFP) is designed to help patients understand their emotions and interpersonal problems through the relationship between the patient and therapist. Patients then apply the insights they learn to other situations.

5. Medications cannot cure BPD but can help treat other conditions that often accompany BPD such as depression, impulsivity, and anxiety. Often patients are treated with several medications, but there is little evidence that this approach is necessary or effective. People with BPD are encouraged to talk with their prescribing doctor about what to expect from each medication and its side effects. **Omega-3 Fatty Acids**, often called fish oils, have efficacy in relieving symptoms for certain mental illnesses, but their effectiveness in BPD is less clear. One study of 30 women with BPD showed that omega-3 fatty acids might help reduce symptoms of depression and aggression.

6. Self-Care activities include: regular exercise, good sleep habits, a nutritious diet, taking medications as prescribed and healthy stress management. Good self-care can help to reduce common symptoms of BPD such as mood changes, impulsive behavior, and irritability.

With treatment, the majority of people with BPD can find relief from distressing symptoms and achieve remission, defined as a consistent relief from symptoms for at least two years. A longitudinal study tracking the symptoms of people with BPD found that 34.5% achieved remission within two years from the beginning of the study. Within four years, 49.4% had achieved remission, and within six years, 68.6% had achieved remission. By the end of the study, 73.5% of participants were found to be in remission. Moreover, of those who achieved recovery from symptoms, only 5.9% experienced recurrences. A later study found that ten years from baseline (during a hospitalization), 86% of patients had sustained and stable recovery from symptoms.

Thus contrary to popular belief, recovery from BPD is not only possible but common, even for those with the most severe symptoms. However, it is important to note that these high rates of relief from distressing symptoms have only been observed among those who receive treatment of some kind. In addition to recovering from distressing symptoms, people with BPD also achieve high levels of psychosocial functioning. A longitudinal study tracking the social and work abilities of participants with BPD found that six years after diagnosis, 56% of participants had good function in work and social environments, compared to 26% of participants when they were first diagnosed.

6. CONCLUSION

Borderline Personality Disorder is a condition characterized by impulsive actions, rapidly shifting moods, and chaotic relationships. The individual usually goes from one emotional crisis to

another. Often there is dependency, separation anxiety, unstable self-image, chronic feelings of emptiness and threats of self-harm (suicide or self-mutilation). The diagnosis of BPD can be done and it is advisable that if it is diagnosed at an early age, it would cause minimum damage to personality. Earlier it was believed that BPD is more common in women as compared to men but recent research results have shown there is no significant difference between number of women and men affected with BPD. This paper details on possible treatments for BPD and what effect would it have one person after treatment. As has been stated above, after treatment most people get relief from the disorder without any reoccurrences and are able to live healthy and normal lives.

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