Borderline Personality Disorder

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Everyone has a unique and individual personality. We all present with different traits and aspects to our personality. This is what makes us all unique. Someone with a personality disorder may have certain traits in their personality that cause extreme distress in coping with day to day life. This may be characterised by maladaptive behaviour and extreme thoughts that cause disruption in their relationships, social encounters, work and schooling.

There are currently 6 sub-types of personality disorders, one of the most prevalent being Borderline Personality Disorder (BPD). The term 'borderline' refers to the original notion that this disorder lies in between or on the border with the psychotic and neurotic mental disorders *(Well Ways, 2015).*

Borderline Personality Disorder is a serious mental disorder which is mostly characterised by extreme efforts to avoid perceived abandonment, and therefore long standing relationships can be difficult. Struggles with self-identity and the inability to control overwhelming emotions can also be common. Additionally, BPD has a mortality by suicide rate of up to 10% (*Well Ways, 2015).* People living with BPD often have a co-existing mental disorder and/or a dual diagnosis such as a further substance use dependency.

According to the DSM-IV (American Psychiatric Association, 2000), Borderline Personality Disorder is diagnosed when there is a persistent pattern of unstable interpersonal relationships, mood and self-image, as well as distinct impulsive behaviour, beginning by early adulthood. These difficulties are indicated by at least 5 of the following characteristics:

- Extreme efforts to avoid real or imagined abandonment
- History of unstable and intense interpersonal relationships characterised by alternating between extremes of idealisation and devaluation
- Identity disturbance: markedly and persistently unstable self-image or sense of self
- Impulsivity in at least two areas that are potentially self-damaging (e.g. binge eating, reckless driving, substance abuse, sex, spending)
- Repeated suicidal behaviour, gestures, threats, or self-mutilating behaviour
- Unpredictability due to a marked reactivity of mood – intense feelings that can last from a few hours to a few days
- Chronic feelings of emptiness
- Inappropriate intense anger or difficulty controlling anger
- Transient, stress-related paranoid ideas or severe dissociative symptoms *(Spectrum, 2016)*

Only when these behaviours have been present over a period of time and across a range of situations is the formal diagnosis of BPD made *(Spectrum, 2016).*

Research is still progressing in the discovery of what causes Borderline Personality Disorder. While the debate is one of "nature vs nurture", most researchers think that BPD is caused by a combination of factors, such as:

- An individual's personality in general (being naturally prone to certain characteristics seen in individuals with BPD)
- Genetic factors (having a parent or other relative living with a mental health issue and/or having mental illness run in your family)
- Difficult childhood experiences such as family instability, living with someone with a mental illness or substance abuse issues, sexual, physical, and verbal abuse and neglect *(Mind, 2013).*

The current hypothesis suggests that individuals may be genetically prone to developing BPD and that certain stressful events may trigger the onset. The disorder has been shown to be heritable based on a twin study that was performed in Norway. The study showed that the instability and the impulsivity behaviours of the disorder are due to increased or decreased activity in the brain chemicals *(Well Ways, 2015).* Approximately 2% of the population will develop Borderline Personality Disorder, with women being three times more likely than men to develop the disorder. *(Better Health, 2015).*

Relationships Difficulties

People with BPD often experience great difficulties in maintaining relationships. The following list describes some of the features that people with BDP may experience, causing their inter-personal relationships to be strained, or even become broken:

- **Low emotional intelligence** – Emotional intelligence is about monitoring emotions – both your own and of the people around you – and then using this knowledge to guide your thinking and actions. People with BPD experience emotions so intense that they can be oblivious to the emotions of those around them.
- **Rejection sensitivity –** People with BPD can be overly sensitive to rejection. They can often anxiously await rejection, see it when it is not there and overreact to it whether real or perceived.
- **Emotional Dysregulation –** People with BPD may appear to be somewhat emotionally stable when interacting with others in social or professional situations, but when it comes to coping with strong emotions, they can often become emotionally 'immature' and can often exhibit child-like characteristics (BPD Central, 2014).

These factors can create enormous issues for the individual living with BPD and their families and friends. Problems can often be raised extremely passionately for the individual, although the people around them can remain very confused by the individual's motives or concerns.

Psychoeducation for friends and family of someone with BPD is important as they can often feel confused, angry and alone in their attempts at caring for the person with BPD. It is important they understand BPD in order to understand the individual and provide appropriate support. As a consequence, a support person or carer of someone with BPD may often get immersed in negative behavioural patterns such as arguments and fights, which can result in increased stress and trauma.

It can be common for relationships to sour due to the methods that an individual experiencing BPD manages their emotions and thoughts. These can include:

- **The "It's your fault" fight –** This can often stem from overreaction of the individual in situations where other people generally may not react to as passionately. This can be closely related to the child-like characteristics of emotional dysregulation.
- **The "Heads I win, tails you lose" fight –** This can be a somewhat unreasonable train of thought, such as getting upset with someone no matter their course of action (e.g. a person gets annoyed because they have received a call whilst busy, and in the same instance becoming annoyed when they do not receive a call at all)
- **The "Projection" fight –** People with BPD can tend to avoid admitting to their unpleasant traits by putting the blame upon the other person.
- **The "I hate you-don't leave me" fight –** Constantly switching between clingy and distant. This can be a very common characteristic for people with BPD, and can often signify fear and anxieties in the person.
- **The "Testing" fight –** Often some with BPD might 'test' a person's boundaries and consistently come to a negative conclusion or judgment no matter what the outcome to the matter was. (BPD Central, 2014)

When dealing with a person who has BPD, it is important to remember that they often do not mean to be manipulative or cause conflict. Whilst certain behaviours may at times lead to confusion, distress or inconvenience for other people, it should be remembered that this behaviour can result from fear, loneliness, desperation, or a sense of hopelessness that is associated with the disorder (SANE, 2015).

The most effective treatment usually involves a combination of psychological therapy and support. Psychological therapies that have been found to be effective in the treatment of BPD are Interpersonal Psychotherapy (IPT) and Dialectical Behavioural Therapy (DBT). During IPT, a person learns new and effective ways to relate to significant people in their lives. DBT helps people learn to handle their emotions more effectively and re-learn the way they typically respond to situations and other people. Medication can be helpful in managing emotional

symptoms such as depression, anxiety and mood swings *(National Institute of Mental Health).* This is why talking therapies combined with medication has proven to be an effective treatment of BPD.

Though BPD affects the stability of one's life dramatically, it can also be a huge struggle for someone caring for a loved one with BPD. It has been referred by some carers as somewhat similar to caring for a parent with dementia. It can be described as a rollercoaster with a lot more 'downs' than 'ups' *(Psychology Today, 2013).*

A carer can experience strong feelings of grief for their loved one, wishing they could go back to the person they once were and feeling a sense of loss over 'who they used to be'. It is difficult when a carer tries their hardest to understand, yet they are somehow always perceived as being 'in the wrong'. Carers can experience a great deal of emotional distress and can lack support and feel isolated and alone. It is important for the carer to know that they are encouraged to seek help just as much as someone living with BPD.

A carer can often find it a rather daunting task when attempting to seek support. Some supports that are available for carers include:

- The family GP
- Friends and family
- Phone/email helplines
- Books, magazines and online resources
- Experts & professionals (e.g. psychologists, psychiatrists, counsellors, support/social workers, financial/career advisors, teachers, ministers) *(Lifeline, 2010).*

Words can often fail to describe just how difficult and overwhelming the experiences associated with Borderline Personality Disorder can be. Sometimes the degree of pain can feel so immense that it can be impossible to imagine that anything can get better. However, in spite of this, and with the right support and treatment, people do change and life does get better. Hope remains.

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