

# Borderline Personality Disorder: A General Overview

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## ABSTRACT

Borderline personality disorder (BPD) is a personality disorder marked by unpredictable behaviors, emotional instability, and self-injurious conduct, which typically begins in adolescence. BPD patients are difficult to treat. The majority have had child sexual abuse, and roughly a quarter have experienced sexual abuse by a caregiver. The study is an overview of borderline personality disorder, including current and past understanding of its main features, etiology, impact, treatment, and future directions since the public's recognition of BPD is only at a beginning stage. The passage would be mainly focused on the part of the discussion, where I would illustrate the possible factors that lead to the development of borderline personality disorder from both biological and social perspectives, its impact on individual's behavior and social functioning, and the current ways of treatments. The discipline has changed dramatically over the last two decades, with a growing number of specialized psychotherapies and drugs being explored. Since BPD patients are especially hard to treat, an evaluation of multiple therapies should be necessary. Limitations and future directions would be discussed in the conclusion. Overall, the paper is aimed to provide a comprehensive summary for the general public.

**Keywords:** *Borderline Personality Disorder, Treatment, Attachment System*

## 1. INTRODUCTION

According to the DSM-5, borderline personality disorder (BPD) is defined as a chronic pattern of interpersonal relationship, self-image, and affective instability, as well as notable impulsivity, that begins in early adulthood and manifests itself in a range of circumstances. Its symptoms usually incorporate avoiding abandonment, unstable relationships, identity disturbance, self-damaging, suicidal behavior, and intense anger. Apart from the typical symptoms, the disorder leads to a high mortality rate among people—up to 10% of patients commit suicide, a rate almost 50 times higher than in the general population [1]. As a result, borderline personality disorder's patients often require more mental-health resources compared to individuals with other psychiatric disorders. Even though BPD is characterized by some of the most complicated and troubling problems all over other psychiatry, its epidemiologic studies are still at an early stage of development [2]. Although there is a wealth of research on the psychotherapy treatment of borderline illness, little is known about the distinctions and commonalities in borderline personality disorder therapies [3]. In the absence of proof that one therapy is superior to the other, potential differences and similarities are extremely noteworthy [1]. However, the primary focus of this paper

is to offer an overview on understanding borderline personality disorder, its etiology, individual and social impacts, treatments, and recommendations for future development.

## 2. LITERATURE REVIEW

To dispel people's misconceptions about borderline personality disorder, the present study will elaborate on borderline personality disorder from different aspects.

### 2.1. Etiology

The etiology of BPD should be considered from multiple aspects, including biological, psychological, family, and trauma. Since borderline personality disorder frequently coexists with other mental diseases, diagnosing and treating borderline personality disorder can be difficult, especially if symptoms of other illnesses coincide with borderline personality disorder characteristics, a thorough examination of all factors is required.

#### 2.1.1. Individual Factors

There is no agreement on what variables contribute to the disease's onset or severity. Researchers believe that

similar characteristics among persons with BPD indicate that the disorder is caused by a combination of genetic, biochemical, and environmental factors. In this part, the effect of biological factors and psychological factors on the development of borderline personality disorder would be mainly discussed.

### 2.1.1.1. Biological Factors

Although CT scans of the brain revealed no morphological alterations in people with borderline personality disorder, structural MRI investigations have revealed decreased volume in the amygdala [4]. The amygdala is a portion of the limbic system that regulates emotions, particularly the more "negative" emotions like fear, anger, and anxiety. A reducing volume of the amygdala may lead to poorer inhibitory control. As a result, BPD patients would be more vulnerable to depression, eventually develop self-damaging and suicidal behavior. However, another recent study also shows the importance of considering the effect of comorbid PTSD on amygdala volume, because patients with BPD without PTSD may not have reduced amygdala volume [4]. Furthermore, a prior study indicated that women are more likely than men to suffer from borderline personality disorder, whereas more current research has revealed no such differences. In addition, there may be no differences between the sexes in borderline personality disorder in respect of particular kinds of self-damaging behaviors, such as self-cutting, or levels of depression at the time of clinical manifestations. Current data, however, supports that there are existing gender differences in borderline personality disorder, in terms of characteristics of different sex [5]. More research is needed to decide whether there is any gender biased among BPD patients.

### 2.1.1.2. Psychological Factors

Borderline Personality Disorder s symptoms vary according to environmental factors, and it is mainly dependent on cultural factors. Several investigations of the prevalence of BPD in different nations, particularly among immigrant populations, have discovered that the percentage of persons who suffer from the illness varies depending on the culture. To eliminate cross-cultural prejudice and enhance identification, more uniform classification of BPD is needed, according to these findings.

### 2.1.2. Family's Influence

This part of the article would be illustrating how the variation of childhood experiences from different families leads to the development of Borderline Personality disorder.

According to a recent literature review as well as meta-analysis of prospective etiological and

psychopathological factors linked to BPD in adolescents, younger individuals with BPD were more likely than people without BPD to report a variety of childhood misadventures, including sexual and physical abuse, neglect, inappropriate parenting, and parental conflicts [6]. According to the findings of 42 worldwide research involving over 5,000 people, 71.1 percent of those diagnosed with the significant health condition had at least one highly traumatic childhood incident [7]. Prolonged and repetitive trauma, especially at an early age, contributes to a chronic inability to modulate emotion, which can lead to behaviors characteristic of BPD, such as misuse of substance, strained relationships, and self-damaging, in which the premature trauma recurs repeatedly, put into effect over time. These early circumstances thwarted both autonomy and relatedness requirements, and they represent not only just caregiver shortcomings, but also child risk characteristics that cause others to respond less nurturing.

## **2.2. Negative Effects of BPD**

Borderline personality disorder has been linked to a variety of negative consequences, including the loss of interpersonal relationships, divorce, failure to keep stable work, self-harm, addiction, legal issues, unintended pregnancy, health concerns, and more. Suicide is a very complicated and multifaceted phenomena, according to the current review, with a wide range of mechanisms potentially implicated.

### *2.2.1. Personal Health*

People with borderline personality disorder are more likely to engage in suicidal conduct and commit suicide. According to studies, around 75% of those with BPD will attempt suicide at least once in their lives. There are several clinically relevant predictors of suicide threats in such community. Five predictors are found to be significant: feeling abandoned, hopeless, and hurt. Being demanding and manipulative [8]. The DSM-5, on the other hand, claims that recurring suicidality is the reason these people are seeking for help. Fears of disconnection or rejection, as well as expectations that the individual take on more responsibility, are common triggers for self-destructive behavior. Self-mutilation can happen during dissociative episodes and might provide comfort by reinforcing one's capacity to feel or expiating one's sense of evilness. Future research might benefit from a clear distinction between trait and state elements of dissociation. This would allow for a more detailed knowledge of the function dissociative states play.

### 2.2.2. Social Functioning

#### 2.2.2.1 Unstable Self-Image

There might be an identity problem, which is characterised by a continually unstable self-image or sense of self. Quick and abrupt changes in self-image are defined by shifting aims, values, and job aspirations. Employment, sexual identity, morals, and friend types may all experience dramatic alterations in views and ambitions. These individuals may transform from desperate supplicants for help to righteous avengers of earlier evil. Individuals with this disorder may experience feelings that may not exist at all, as well as a self-image that is based on being wicked or evil. These kind of events are more likely in situations when the individual lacks a meaningful relationship, nurturing, and support. These folks may do worse in unstructured work or educational situations.

#### 2.2.2.2 Fear of Abandonment

Patients with borderline personality disorder go to tremendous measures to avoid real or imagined abandonment. Fear of rejection or isolation, and also the loss of alternate approach, can alter one's self-esteem, mood, cognition, and behavior significantly. These individuals are acutely aware of their environment. They experience significant abandonment concerns and excessive wrath even when presented with a realistic time-limited separation or inevitable changes in plans. They may believe that "abandonment" is synonymous with "badness." These feelings of abandonment are connected to a hate of being alone and a yearning to be in the company of people. They may indulge in impulsive acts such as self-mutilation or suicide in their frantic desire to prevent desertion, which are covered independently in Criterion 5.

#### 2.2.2.3 Unstable Relationships

A pattern of turbulent and passionate relationships characterizes borderline personality disorder. They may glamorize potential caregivers or lovers at the first or second encounter, prefer to spend a lot of time along, and reveal the most sensitive details early in a relationship. They may, however, quickly go from idealizing to disparaging others, assuming that the other person is uncaring, uninterested, or not "present" sufficiently. These people may sympathize with and care for others, but only if they anticipate the other person to "be there" for them whenever they need it. These individuals are prone to sudden and dramatic shifts in their opinions of others, who may be viewed as helpful allies or ruthlessly punitive. Such alterations are frequently the results of disillusionment with a caregiver whose nurturing traits had been admired, or whose rejection or desertion has been expected.

### 2.3. Therapies

Borderline personality disorder (BPD) has long been considered one of the most challenging mental diseases to treat with psychotherapy. There is no single treatment for BPD that is right for everyone. The best course of action for patients will be determined by the symptoms, medical history, and therapy response. It's also crucial to be aware that drugs work best when they're paired with other treatments like psychotherapy. Comprehensive, long-term psychotherapy can be an effective therapeutic option for those suffering from BPD. However, treatments that are less intense and less expensive must be developed.

#### *2.3.1. Mentalization-based Treatment (MBT)*

Separate from activities, mentalization refers to your ability to detect your mental state as well as the emotions of others. It entails being able to think about feelings and recognizes that your and others' actions may be influenced by these thoughts.

MBT is another therapy for BPD that uses an integrated approach. It is founded on the unique human capacity to mentalize or understand mental processes behind one's own and others' behaviors, and it blends principles from psychoanalysis and current research. MBT seeks to alleviate the symptoms of BPD by improving the patient's ability to think clearly under the stress of attachment activation [9]. This bolsters MBT's general efficacy in the treatment of BPD in general mental health settings [10].

#### *2.3.2. Schema-focused Therapy (SFT)*

SFT (schema-focused therapy) is an integrated cognitive treatment that aims to transform the structure of a patient's personality. The clinician employs a combination of behavioral, cognitive, and experiential strategies in twice-weekly individual therapy sessions to focus on the therapeutic relationship, everyday living outside of treatment, and prior traumatic events. Its mechanism of change involves modifying negative thinking, feeling, and acting patterns and generating healthy alternatives to replace them, so that the patient's life is no longer controlled by these dysfunctional schemas [11]. However, little is known about how persons with BPD perceive the therapy, particularly whether aspects of ST are useful or harmful from their perspective.

#### *2.3.3. Transference-focused Psychotherapy (TFP)*

TFP focuses on the patient's poor interpersonal relations and the resulting acute emotional states. In the transference, the patient's underlying interpersonal dynamic emerges, and the two are simultaneously

investigated to reconcile the divisions between good and bad that generate instabilities in emotion and relationships. The therapist is said to be able to perceive how you connect with others through transference and then utilize this information to help you create stronger relationships. According to therapists who provide transference-focused therapy for BPD, the main etiology of BPD is dysfunctional childhood relationships that continue to impact adolescent and adulthood relationship functioning. We form a sense of ourselves and symbolic meanings of others in early childhood, according to the hypothesis, through interactions with our caretakers. We may have difficulty developing a strong sense of identity or connecting to others if things goes badly during this period of development. Because childhood abuse or the early loss of caregivers has been linked to an increased likelihood of BPD, and because BPD symptoms include substantial interpersonal issues and self-instability, some specialists have advocated that BPD be treated by employing transference to develop stronger relationships.

#### *2.3.4. Systems Training for Emotional Predictability and Problem Solving (STEPPS)*

Systems Training for Emotional Predictability and Problem Solving (STEPPS) is an acronym for Systems Training for Emotional Predictability and Problem Solving (STEPPS). It is a practical, evidence-based therapy for persons with Emotional Intensity Disorder (Borderline Personality Disorder) based on Cognitive Behavioural Therapy (CBT) principles for people with BPD. STEPPS therapies have been demonstrated to be highly successful in assisting people in coping with powerful emotions, problematic ways of thinking and behavior, as well as promoting hope and positive participation in achieving good life changes. Clinicians and service users have said the program is accessible, popular, and simple to implement.

#### *2.3.5. Dialectical Behavioral Therapy (DBT)*

CBT stands for cognitive behavioral therapy and is a type of dialectical behavioral therapy (DBT). The goal of cognitive behavioral therapy is to uncover and modify problematic thinking processes while also supporting positive behavioral changes. DBT can be used to address suicidal and other self-damaging behaviour. Rathus and Miller used pre-post comparisons in an open clinical study to show that this DBT adaption is successful, with substantial reductions in suicide ideation, general psychiatric symptoms, and borderline personality traits [12]. DBT is intended for groups of clinicians and is one of the most time-consuming treatments for both patients and clinicians. The development and generalization of abilities to be more emotionally controlled, conscious, and successful in the face of individual sensitivities is the main process of transformation.

### **3. LIMITATION AND FUTURE IMPLICATION**

Much more research on borderline personality disorder is needed. Early intervention and preventative methods must be created whether the prodromal state or the actual problem first reveals itself in childhood or adolescence. Regardless of when the illness initially appears, present therapies are ineffective, and new effective and cost-efficient treatments are required. To date, the most commonly effective therapies have been psychosocial therapy, particularly DBT, which not only has a strong scientific foundation but is also widely recognized by both patients and physicians. Despite the attractiveness of DBT, as Swenson and colleagues<sup>126</sup> have pointed out, the application typically necessitates the development of new skills. There has been very little study on how to promote beneficial psychosocial therapies to the physician community. In the field of pharmacotherapy, more randomized controlled treatment trials are needed. In such studies, mood stabilizers like atypical neuroleptics, innovative antidepressants, and lamotrigine should be examined. Polypharmacy's benefits should also be studied because it is widely used but has little scientific basis. Specific treatment for borderline personality disorder and axis I disorders should be considered, as well as the potential additive effects of psychotherapy and medication. Clinicians have been cautious to inform individuals with borderline personality disorder of their diagnosis. This attitude is evolving (and should continue to change) because it enables people to make informed decisions about mental health care. Finally, psychosocial interventions of patients' families is crucial since it helps them to participate in the treatment of this tough illness as partners.

### **4. CONCLUSION**

Borderline personality disorder is a psychiatric condition marked by affective lability that is frequently misunderstood and underdiagnosed. It is known that psychosocial factors and genetic factors both contribute to the development of borderline personality disorder. But more studies are needed to find out which is in the dominant position, and in comparison to other major mental diseases, BPD genetic research is still in its early phases. However, the impact of early trauma history should be noticed as it is likely the reason that causes the development of BPD. The youngster does not learn to recognize and accept inner states as a result of these unsupportive environments and is less able to engage in the feelings and intentions of others. Besides, BPD impacts its patients in a negative way including unstable self-image, fear of abandonment, suicidal behavior, and unstable relationships. It is necessary to provide children with a certain degree of soreness in their early ages. Symptom variation, interaction context, prosocial

behavior, and recovery-based research approach plus outcome measures should all be treated more seriously by researchers. Although symptom-focused and recovery-oriented methods may be perceived as opposed in some situations, we see them as complementary when considering clinical and research best practices.

Clinicians have been able to design disorder-specific treatment techniques thanks to their unique understanding of the condition. From this perspective, We illustrate how paying greater attention to important illness-specific elements like symptom variation and prosocial behavior might help researchers better understand borderline personality disorder. Summary Treatment research in BPD is leading to a distillation of intensive treatment packages that can be more widely and feasibly applied in most treatment settings through generalist care models and pared-down versions of intense therapies. Mentalization-based treatment, schema-focused therapy, transference-focused psychotherapy, and systems training for emotional predictability and problem resolution are some of the therapies available, dialectical behavioral therapy are mostly being used for treating BPD patients. However, treatment for BPD is still challenging for therapists. Patients with borderline personality disorder are more susceptible to the attachment system-activating adverse effects of psychotherapy therapies. More attention should be paid to the patient–psychiatrist relationship, and more studies should be done to find the most effective treatment for BPD patients.

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