

Border-line disorder research paper

[Psychology](#), [Behaviorism](#)



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Introduction

There are a couple of things that people should know about Borderline Personality Disorder. The term Borderline Personality Disorder or BPD was first used by clinical psychologists somewhere between the 60s and 70s to define a group of personality disorders characterized by abnormal behaviors such as impulsivity, tendencies to injure one, and tendencies to commit suicide. BPD originally referred to a cluster of more complex psychological conditions whose symptoms appeared in individuals over the age of 18 or during their early adolescent years. The objective of this paper is to identify the relevant signs and symptoms of BPD used by clinical psychologists to diagnose suspected individuals with BPD, and to outline the different BPD criteria according to the latest edition of the Diagnostic and Statistical Manual of Mental Disorders which is also known as DSM IV-TR or simply DSM IV.

Borderline Personality Disorder

Different organizations classify Borderline Personality Disorder in different ways. According to the World Health Organization (2012), BPD falls under the

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emotional disorder category which often causes the affected individuals to suffer from abrupt or prolonged periods of emotional instability, which in turn leads to other types of personality and stress-related problems.

Experts believe that individuals with BPD's self-image—the way how an individual views himself, become distorted. This is the primary reason why it is very common among individuals with BPD to see themselves as worthless and brutally flawed. The extent to which they can see themselves as such often varies, depending on an individual patient's case and personal history. Other areas that may also become affected as a result of having BPD include anger management, decision-making, mood, and interpersonal relationships. It is common among BPD patients to feel down and become extremely discouraged. But in a clinical study conducted by Kernberg (2009), it was stated that even though the prevalence rate of BPD could be as high as 4% of the general population, it is relatively common among BPD patients to have good prognosis.

Causes of Borderline Personality Disorder. Despite the decades that passed since BPD was first discovered, the direct causes of BPD still do not seem to be clear among clinical psychologists and mental health organizations.

Different studies suggest that BPD is a complex and serious psychological emotional disorder that can be a result of genetic, neurological, environmental, and traumatic disorders.

Gunderson & Sabo (1993) suggest that Borderline Personality Disorder and Post Traumatic Stress Disorders are closely related and some of their symptoms appear to be similar. On the other hand, Zanarini & Frankenburg's study (1997) suggest a different thing about the probable causes of

Borderline Personality Disorder. It states that BPD might be a result of traumatic or harsh childhood experiences, and stressful and unusual maturational events that occurred shortly before an individual enters adolescence period.

Clinical psychologists have also tried to link histories of sexual and substance abuse with BPD. Zanarini & Frankenburg (1997) discussed that a significant percentage of individuals with BPD have had histories of drug addiction and sexual abuse. Even with these evidences, the nature of BPD's causes still remains unclear as clinical psychology experts failed to pinpoint to the public what the real and most straightforward cause of BPD is.

Symptoms of Borderline Personality Disorder. A distorted view of oneself is often regarded as the most obvious indicator that an individual is predisposed to BPD. However, because of the complex nature of BPD, it is of critical importance for mental health professionals to view every single BPD case deeper. Here are some of the symptoms of BPD that may help experts determine whether an individual has or is predisposed to BPD or not:

1. Unusually risky and impulsive behavior (e. g. unsafe sex, risky driving, overspending, excessive gambling, substance abuse)
2. Strong and uncontrolled emotions that may appear intermittently or continuously.
3. Short but intense periods of depression and/or anxiety
4. Instances of inflicting physical injuries (towards self or others), due to inappropriate anger.
5. Uncontrolled impulsive behavior
6. Suicidal behavior

7. Monophobia

Individuals who think they have BPD and can still perform a thorough self-assessment and family members who suspect that one of their family members is positive to BPD, based on the abovementioned symptoms, are often advised to consult a mental health professional.

Ways of Diagnosing Borderline Personality Disorder. Majority of the present-known psychological disorders can be easily diagnosed by looking through and reviewing the symptoms present in a suspected psychologically-ill individual. Aside from reviewing the symptoms present, a thorough psychological evaluation conducted by a credible, empathic and a non-judgmental therapist is also necessary. In some cases, a list or a manual of standardized diagnostic criteria may be used. Medical professionals often use the DSM or the Diagnostic and Statistical Manual of Mental Disorders to more accurately and efficiently diagnose BPD predisposed individuals. The DSM is basically a manual that contains a set of 9 criteria, clustered into four groups. The good thing about using DSM is the fact that it is widely used by mental health professionals as well as some insurance companies as the standard tool used to diagnose BPD. For a therapist to conclude that an individual is positive for BPD, he has to be able to detect five out of nine positive signs and symptoms from the patient. (American Psychiatric Association, 2010)

1. Frantic efforts to avoid real or imagined abandonment. Note: Do not include suicidal or self-mutilating behavior covered in (5).
2. A pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of idealization and devaluation. This is

called "splitting."

3. Identity disturbance: markedly and persistently unstable self-image or sense of self.
4. Impulsivity in at least two areas that are potentially self-damaging (e. g., spending, sex, substance abuse, reckless driving, binge eating). Note: Do not include suicidal or self-mutilating behavior covered in (5).
5. Recurrent suicidal behavior, gestures, or threats, or self-mutilating behavior.
6. Affective instability due to a marked reactivity of mood (e. g., intense episodic dysphoria, irritability, or anxiety usually lasting a few hours and only rarely more than a few days).
7. Chronic feelings of emptiness.
8. Inappropriate, intense anger or difficulty controlling anger (e. g., frequent displays of temper, constant anger, recurrent physical fights).
9. Transient, stress-related paranoid ideation or severe dissociative symptoms.

Treatment of Borderline Personality Disorder. Psychotherapy plays an important role in treating patients' positive to BPD. Some mental disorder institutions do recommend the use of mental disorder drugs (e. g. anti-depressant, anti-anxiety, anti-impulsivity, anti-psychotic medications) as an adjunct to psychotherapeutic treatments. It has been proven that using medications alone cannot cure BPD. Drugs are often used to improve the quality and effectiveness of the psychotherapeutic treatments as they make the patient more relaxed, cooperative and responsive. There are two types of Psychotherapeutic treatments that are commonly prescribed to BPD

patients: Dialectical Behavior Therapy (DBT) and Transference-focused Psychotherapy (TFP).

Conclusion

It has been proven by several studies that Borderline Personality Disorder is relatively easy to treat, given the fact that the correct treatment and adjunct medications were prescribed and the prognosis is good. Using the general and the more specific criteria present in DSM IV, mental health professionals can efficiently and more accurately perform normal and differential BPD diagnosis.

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