

Symptoms of borderline personality disorder psychology essay



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Borderline Personality Disorder (BPD) is a serious mental illness. BPD is often mis-diagnosed because it is characterized by many different symptoms. BPD was officially recognized as a mental illness in 1980. It was first thought to happen between neurotic and psychotic behavior. Although no longer associated with these disorders, the many characteristics of BPD can make professionals frustrated and angry while trying to be helpful. BPD can affect 1-2 percent of the general population, mostly young women (Kass, Oldham, & Pardes, 1993).

Symptoms of BPD can include feelings of emptiness and boredom; frequent displays of inappropriate anger; fear of being abandoned; intolerance of being alone; repeated self-injury (overdosing or cutting their wrist); impulsive behavior (binge eating, shoplifting, drugs, alcohol abuse, and promiscuous sexual relationships) (Kahn & Fawcett, 1993). Patients with BPD often have other psychiatric problems such as bipolar disorder, substance abuse, anxiety disorders, depression, and other personality disorders.

Persons with BPD usually show unstable patterns of social relationships. At times they can show love and great admiration or a deep attachment for family and friends but their attitudes can quickly change to animosity and intense anger (Ciccarelli & White, 2010). A sudden separation from a person they have become attached to can lead to threats or attempts of suicide because of emotional feelings of being abandoned and disappointed. A patient with BPD may feel that they have a lack of social support with a feeling of being isolated. They become panicky trying to avoid being alone. In comparison persons with depression or bipolar disorders can typically sustain unchanged moods for weeks, whereas, a patient with BPD will

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experience anxiety, depression, and bouts of anger that can last only hours or at most a day. Episodes of self-injury, drug or alcohol abuse and episodes of impulsive aggression can be associated during those times. BPD patients see themselves as worthless and fundamentally bad. Distortions in cognition and sense of self can lead to repeated changes in long-term goals, career plans, jobs, friendships, gender identity, and values. BPD patients show a high rate of self-injury without intentional suicide, also a high rate in suicide attempts and accomplished suicide in severe cases.

The cause of Borderline Personality Disorders is unknown. But environmental and genetic factors are thought to play key roles influencing the symptoms and traits of BPD. Researchers believe that BPD is caused by a combination of individual susceptibility to environmental pressure, abuse or neglect as a young child, and a sequence of events that trigger the onset of the disorder as young adults. BPD in adults are also considered to be caused by trauma such as violence, rape, and other crimes which can result in impulsivity and poor judgments in lifestyles and choosing partners.

There are four main categories in diagnosing Borderline Personality Disorders. Affect: chronic/major depression, helplessness, hopelessness, worthlessness, guilt, anger, anxiety, loneliness, emptiness, and boredom. Cognition: odd thinking, unusual perceptions, non-delusional paranoia, and quasi-psychosis. Impulse action patterns: substance abuse/dependence, sexual deviance manipulative suicide gestures, and other impulsive behaviors. Interpersonal relationships: intolerance of aloneness, abandonment, engulfment, annihilation fears, counter dependency, stormy

relationships, very manipulative, dependency, devaluation, masochism/sadism, demandingness, and entitlement.

There are nine criteria in diagnosing BPD; a diagnosis requires the patient to possess at least five of these. Traits involving emotions, which include shifts in mood lasting only a few hours or anger that is inappropriate, intense or uncontrollable. Traits involving behavior include self- destructive acts (cutting wrist or suicidal threats and gestures happening more than once) or two potentially self-damaging impulsive behaviors (alcohol, drug abuse, compulsive spending, gambling, eating disorders, shoplifting, reckless driving, and compulsive sexual behavior). Traits involving identity include, marked, persistent identity disturbance shown by uncertainty in at least two areas (self- image, sexual orientation, career choice or other long-term goals, friendships, or values). They do not understand themselves; they try to be what they think the other person wants them to be or chronic feelings of emptiness or boredom. Traits involving relationships include, unstable, chaotic intense relationships characterized by splitting, frantic efforts to avoid real or imagined abandonment or transient, stress-related paranoid ideation or severe dissociative symptoms (Borderline Personality Disorder).

Miscellaneous attributes of people with BPD:

Often bright, witty, funny, life of the party

Have a problem recreating or remembering feelings of love that were present between themselves and other person that has left them (even temporarily), have a need to keep something belonging to the loved one during separations.

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Frequently have difficulty tolerating aloneness, even for a short period of time.

Lives may be chaotic (job losses, interrupted educational pursuits, broken engagements, hospitalizations).

Have background of physical, sexual, or emotional abuse or physical/emotional neglect (Borderline Personality Disorder).

Group and individual psychotherapy are partially effective for most patients.

DBT (dialectical behavior therapy) was developed especially to treat BPD.

Neuroscience research by the National Institute of Mental Health shows brain mechanisms underlying the impulsivity, mood instability, aggression, anger, and negative emotion as seen in BPD patients (Kass, Oldham, & Pardes, 1993). These studies propose that BPD patients' inclined impulsive aggression is caused by an impaired regulation of the neural circuits that modulate emotion, which upon receiving signals from other parts of the brain is perceived as a threat and causes fear and arousal. These emotions can be more noticeable while under the influence of drugs, alcohol, or stress. Brain images have shown differences in the ability to activate regions of the prefrontal cerebral cortex thought to be involved in inhibitory activity predict the ability to suppress negative emotion. Serotonin, norepinephrine and acetylcholine are chemical messengers in these circuits that play a role in the regulation of emotions, including sadness, anger, anxiety, and irritability.

Using drugs that enhance brain serotonin function may improve emotional symptoms in BPD (Borderline Personality Disorder, 2010). Drugs that enhance the activity of GABA (gamma-aminobutyric acid), the brain's major

inhibitory neurotransmitter, may help patients who suffer BPD like mood swings (Borderline Personality Disorder, 2010). These brain based susceptibilities can be managed with help from medications and behavioral interventions the same as people manage diabetes or high blood pressure. NIMH and other private foundations are trying to research the effects of medications and behavioral treatments, and how to gauge the effect of child abuse, environmental factors, and other stress in BPD on brain hormones.

Borderline Personality Disorder is a very serious mental illness that can cause extreme distress for the person who has BPD. Those that have been diagnosed with BPD need support from family and friends to get through the treatments. Continued research remains hopeful that the future will bring more effective treatments to help combat the effects of BPD.