

Borderline personality disorder case study sample

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The word borderline was a common term in the 19th century used to delineate a condition that was bordering two distinct types of psychiatric conditions that were by the time broadly categorized into major groups; neurosis and psychosis (Chapman and Gratz 9). As Chapman and Gratz assert, this delineation was probably due to the fact that a limited number of patients had been observed to warrant a precise description of the disease. Findings from the researches point to the fact the Borderline Disorder could be described far much differently. Chapman and Gratz uphold that Borderline Disorder, conventionally known as Borderline Personality Disorder (BPD), is a grievous mental disorder that principally manifests itself in the form of affective aggression, impulsive self- deleterious behavior as well as other superfluous cognitive perceptual symptoms (11).

Experts have always concurred that there are several factors that jointly constitute the causative factors of BPD (Krawitz and Jackson 32). These factors include; biological factors, physical factors and socio-cultural factors. Assertively, biological factors are statistically more probable to influence how the brains of an individual functions, specifically in BPD victims. Citing a study of people diagnosed with a depressive disorder, Krawitz and Jackson Krawitz and Jackson report that the biological factors contribute predominately to self-harm- one of the overarching symptoms of BPD (32). The authors pinpoint that genetics have a strong influence in the causation of BPD. The authors refer to a recent that affirmed that, between identical and non identical twins of people with BPD, identical twins exhibit 35% more chances of developing BPD, as opposed to the non identical twins who have only 7% chances of developing a similar disorder (Krawitz and Jackson 32).

Physiological factors, just like biological factors have a role to play in the causation of BPD. To this effect, it has been corroborated that the environment in which a person is brought up plays a substantive role in causing BPD. Krawitz and Jackson contend that if a person is brought up in an opprobrious environment, the chances of the person developing BPD are greatly heightened (33). Further, sexual abuse is a notable risk factor in light of the fact that a multitude of BPD patients oft admit having a sexual abuse chronicle (Krawitz and Jackson 32). It is noteworthy, though, that sexual abuse that do not always culminate to BPD.

Besides biological and physical factors, social-cultural factors are yet other factor that role-plays in the causation of BPD. BPD has been found to have an overly reduced prevalence in societies with stringent rules defining the roles of an individual in the society. Societies always have laws that define what the society expects of any society member. For instance, societies have prescripts that dictate what an individual should do with reference the matters such as love and punishments for rapists. It can be clearly instituted that social-cultural factors intermingle with other factors, inclusive of biological and psychological factors to cause BPD.

There the various ways in which BPD is symptomatically manifested. As Chapman and Gratz assert, people with BPD are known to be unstable in their emotions, thinking and above all behavior (11). In the same way, BPD patients have always form unstable relationships; they form rocky relationships that are characterized by a pronounced fear of being desolated (Chapman and Gratz 11). Additionally, they have very poor control over their

anger and might end up having dangerous anger outbursts with some being excessively afraid of anger (Chapman and Gratz 11). Most importantly, people with BPD are impulsive and most of the times make unjustified decisions when they are upset (Chapman and Gratz 11). Sadly, a very big proportion BPD victims have a history of suicide attempts and self-harm (Chapman and Gratz 11). To enable the understanding of the symptoms easily, Chapman and Gratz refer to Dr Marsha Linehan's categorization of the symptoms into five easily apprehensible categories that he calls dysregulations; Dr Marsha Linehan refers to these symptoms as "dysregulation" because they are not easily controlled (11). The five dysregulations according to Dr Marsha Linehan's are emotional dysregulation, interpersonal dysregulation, behavioral dysregulation identity dysregulation and cognitive dysregulation (Chapman and Gratz 12). The DSM-IV-TR Diagnostic Criteria for BPD is the most common diagnostic method for BPD. The criteria principally seeks to institute the pervasive pattern of instability with regards emotional, identity, interpersonal and cognitive cues that point to one suffering from BPD. Essentially, the criterion is centered towards the identification of any symptom that might warrant the one is indeed suffering from BPD.

Available treatment options for BPD encompass; psychotherapy, pharmacotherapy, family interventions, group therapies, and hospitalization. It is of importance to note that psychotherapy is the main treatment option for BPD. This therapeutic procedure can be further divided into; Dialectical Behavior Therapy aimed at instilling skills of emotional control to the patient, Mentalization based therapy aimed at helping the patient know how to

understand his or her mental state and Transference focused psychotherapy that is aimed at helping the patient understand relationships (Gunderson 9).

Works Cited

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