Borderline personality disorder

Psychology, Personality

BorderlinePersonalityDisorder (BPD) is a type of a mental disease characterized by prolonged personality functionfailure, variability and disturbance of moods. Ultimately, it leads one to unstable and chaotic interpersonal relationships, behavior, identity, and self image. The proceeding results are periods of dissociation and isolation. When one is disturbed this way, he or she may develop pervasive negativity within the facets of life psychologically. Difficult in developing and maintaining work, social settings and home relationships are experienced.

When the victims are not given the effective therapy and proper care, complete or attempted suicides are possible outcomes (Kantor, 1993, pp. 135). Current research on this disorder has revealed the specific symptoms that can help one establish early signs of the disease. The first recognitive experience of this disease is a turmoil relationship that takes a hate-love track as time goes by. After perceived slight misunderstandings, victims of this disorder furiously and immediately drop their friends.

The victims have a general difficult in agreeing on gray areas with the other people they interact with (Lachkar, 2004, pp. 23). Current research from Britain encyclopedia has come up with a wide range of the factors that may lead to this disorder. The causes are said to be complex and diverse. They include child sexual abuse orchildhoodtrauma, brain abnormalities, environmental factors, neurobiological factors and genetic predisposition. The disease itself is mental but the repercussions mostly rest and affect social behavior of the concerned.

The affected spends most of the time mentally alternating between extremes of devaluation and idealization. The perceived identity disturbance is generated because of the psychological unrest in evaluating ones sense of self and self image. In the process of finding a solution to these encounters, impulsive thought that are far much self damaging come in mind. They may include reckless driving, substance abuse, binge eating, eating disorders, promiscuous and unprotected sex (Lubbe, 2000, pp. 450). At individual level, suicidal threats, gestures and behavior are experienced.

This may also be coupled with behaviors that are self mutilating including excoriation or interfering with body scars that may be healing, cutting or picking at oneself. Due to affective instability, moods can be marked by high reactivity such as irritability, dysphoria, and intense episodic or sometimes highanxiety. Chronic feelings such as worthlessness and emptiness, frequent displays of recurrent physical fights, constant anger and temper, dissociate symptoms, delusions, paranoid ideation and transientstressare symptoms that indicate prevalence of Borderline Personality Disorder (Lachkar, 2004, pp.

24). The Chinese society of psychiatry has carried out an extensive study on thediagnosticpaths in handling this mental illness. The diagnosisitnvolves the so called mood swings. Mood swings describes reactivity of mood and marked liability which can be defined as emotional dysregulation. It is a reaction of the victim to external intrapsychic and psychosocial stressors which is believed to subside or arise with time. The above medical research

body has come up with several areas of concentration in the attempts to curb the prevalence of the disease globally (Muller, 1994, pp. 87).

The approach in treating the disorder has ranged from socialization programs to medication programs. The medical section has given a prior attention to hospitalization, medications and psychotherapy interventions. After carrying out the research, the core treatment of the disorder is psychotherapy. The two mainly used and effective disorders are Dialectical Behavior Therapy (DBT). It is an approach that applies high skills in teaching the regulation techniques of ones relationships, emotions and tolerating distress. It can be a face to face or phone counseling which can be done at individual level or through a group consultation.

The second type of psychotherapy is the Transference Focused Psychotherapy (TFP). This kind of approach concentrates on the relationship between the victim of emotions and the therapist. It helps in understanding the challenges that may come along with social interactions and how to deal with the difficulties. These researchers have identified that medications can not adequately cure this disorder. They can only treat the problems that are associated with the disorder. It can approach and counter situations like anxiety, impulsitivity anddepression.

These medications include anti anxiety medications, antipsychotic and antidepressant. The hospitalization program is usually designed to keep the victim safe from self injury. Consultation of mentalhealthproviders gives the directions and precautions to undertake in containing the disease (Muller, 1994. pp. 87). The world health organization has also involved itself in the

search for contingency measures in handling of the above disorder. It has proposed and enhanced group based psychological services. These programs motivate people to engage, participate and encourage group and solitary activities.

It has thus developed therapeutic communities in Europe, that have led the campaigns towards treatment or lowering of the severity associated with this personality disorder. These communities focus on future prevention of the disease, handle the current victims and extend their material assistance to these individuals. The mission of these research organizations is to provide improved psychiatric rehabilitation services. The rehabilitation is achieved through encouraging engagement in meaningful activities and avoiding of social exclusion and stigmatic endeavors.

The world organization also provides mutual support and promotes co-counseling groups all over the world to prevent unexpected and harmful spread of the disorder. The victim can get involved in alternative medicinal techniques. Doing exercises and ensuring physical fitness can be improved by including team sports and occupational therapy techniques. Engaging in a sort of employment encourages the spirit of self efficacy, competence and having a social role and obligation to perform in the society. This in turn promotes self esteem (McCallum, 2001, pp.

234). This body has also provided antidepressants called Selective Serotonin Reuptake Inhibitor that has been presented in randomized and controlled trials around the world. It has been reported to improve attendant symptoms related to depression, anxiety, hostility and anger. A higher dose of the

above depressant is required in the treatment of mood disorders in comparison with depression. The benefits of this depressant are realized within a period of three months in treating mood disorders and a period of six weeks if it is made to treat depression.

Mentalization based treatments assumes that victims of this disorder experience attachment disturbance because of parent child relations in the early childhood stages. Lack of enough early child attunement and mirroring by parents can result to the child's mentalization deficiency. This lowers the capacity of such child to attach some kind of correlation between the mental state and the potential causing action. Under normal conditions, there must exist some kind of relatedness between the driving force towards an action and the state of the mind.

Studies have attached the perceived mental failure in this disorder to problematic impulse control and instability in moods (Acocella, 1999, pp. 108). Mentalization oriented treatments highly and frequently employ psycho dynamically informed multimodal treatment criterion in the process of ensuring a sustained capacity of self regulation of the patient. This criterion goes ahead to incorporate both individual psychotherapy and group psychotherapy in an outpatient context, partial hospitalization or therapeutic community.

Combination of these medical and non medical elements helps to reduce the emotional states which are closely associated with Borderline Personality Disorder. The categories of the disorders include feelings of victimization, feeling of lack of identity or fragmentation, feeling of self destructiveness

and extreme need for isolation. When these people are completely attacked by the disorder they become hyper alert to signals of rejection, less or no valuation, insecurity, ambivalence, avoidance and demonstration of fearful preoccupation in relationship patterns.

All these issues are encountered in the process of novelty seeking or intimacy seeking of the patients (Livesley, 2003, pp. 90). Cultural, age and gender considerations of the disorder Several studies upon the relatedness of this disorder to gender aspects or differences have been done. It is an area that has raised a lot of controversies and critics in the attempt of justifying the perspective that this disorder dominates in female gender as compared to the males.

It has thus received a very high feministic criticism. A group of scholars believe that patients of this disorder have a history of abuse in lines to do with sex during their early childhood. This ideology argues that girls are more exposed to the danger of sexual abuse compared to boys, definitely and inevitably justifying that the disease is common among ladies. On the other hand, women who have survived childhood sexual abuse perceive traumatization when interacting with abusive mental health services.

This happens because of the fact that Borderline Personality Disorder is a diagnosis full of traumatization and thus it evokes negative or abusive responses and answers from mental health providers. To acknowledge the abuse of sex inflicted on these women, several feminist thinkers have suggested that it is better to use diagnosis of post traumatic disorder for this class of women. This medication is however made to medicalize the disorder

but it does not handle the root cause of the problem within the society (Acocella, 1999, pp.

180). Clinical officers respond differently to similar complains or symptoms, depending on whether it originates from a woman or a man. For example if both sexes report cases of angriness and other promiscuous behaviors a man is likely to be diagnosed by use of Antisocial Personality Disorder whereas a woman will be diagnosed with Borderline Personal Disorder. If a woman portrays manhood characteristics such as hostility, success or sexual activity, she is entitled to a diagnosis of personality disorder.

If on the other hand the woman shows psychiatric symptoms that conform not to the sick role considered traditionally passive, she is likely to be labeled and considered as a difficult patient. This situation leads to the patient receiving the stigmatizing diagnosis of the borderline personality disorder. Borderline Personality Disorder seemingly is associated with urban settings and low economic and social status. Diagnosis of this disease may at times be applied to the wrong group of persons or individuals.

In some areas engagement in some behaviors is perceived as a protective approach or a presumed survival strategy. In making diagnosis analysis, it is of great importance for the clinician involved to consider the economic and social context in which the perceived emotional difficult occurred. Diagnosis of this disorder should not be performed before the age of eighteen years. This is because some observations made at early ages are associated with childhood. After this age, any symptoms can be diagnosed because every sense of maturity s assumed upon an individual (McCallum, 2001, pp. 234).

Many sample based studies in the world have shown that the prevalence of this disorder in males is 1% and 3% in females. The origin of the individuals used in the sample has also contributed to variations in the study’s results, depending on the surrounding social and economic scenarios. Urban settings have indicated a percentage of 30% prevalence compared to 3% found in rural areas. This state has prevailed in many nations because urban settings are subjected to many social evils and crimes that highly contribute to emotional reactions. Substance abuses are believed to be highest in towns and cities.

This disorder does not have a well defined course in ones life. It is however believed through experimentations and research activities that it disappears as one gets older and older. It has been observed to disappear in the fourth decade of life cycle. The remission of this disorder is not however automatic but depends on the frequency of engaging in criminal activities or activities that can interfere negatively with ones psychological and emotional state. There is a natural impact that forces one to reduce the spectrum of behaviors such as substance abuse (McCallum, 2001, pp.

234). Future considerations of the disorder The future diagnosis of this disorder requires an improvement and a further consideration of emotional difficulties to avoid misconceptions. This is because many reports have been produced where this disorder is persistently misdiagnosed. If this problem is not properly handled, it may lead to marked distress. This also promotes impairment in occupational, role functional and social obligations of the

patients. When diagnostic results are released, the patient simply believes in the results without any doubt.

Any diagnosis whether true or not is very much impactive on the emotional state of the patient. The patient will therefore adapt the living styles of fellow partners who are suffering from the disorder. Any further research on this work should be in position to offer updated synthesis which concretely incorporates rational clinical attention and current scientific knowledge. It should comprehensively reconstruct the minds of patients for it to serve as a vital caveat utilizing the treatment recommendations with appreciations and not view them as limiting to their ambitions in life.

The nature of supportive advance should determine the treatment recommendations. These recommendations should be keyed withrespectto confidence level provided by coded evidence (Acocella, 1999, pp. 108). In the future, researchers should not only concentrate on the medication issues but also pay attention to the socialization programs that can be adopted to prevent and at the same time help to cure who are suffering from the disorder. Emotional complications can not occur when the social atmosphere is not disturbed.

Borderline disorder is sensitive to the environmental state. It is just a psychological response or reaction towards an emotional embarrassment from a certain source. If sexual abuse among children at early childhood is minimized or stopped, the rate at which the disorder is spreading can be cut down to lower ends. Therefore, programs should be launched to encourage the public through sensitization programs to take a personal initiative, aimed

at a collective goal, a counter reaction towards Borderline Personality Disorder (Livesley, 2003, pp. 90).

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