



MI Fact Sheet Series

UNDERSTANDING AND MANAGING MENTAL ILLNESS

Understanding borderline personality disorder

What is borderline personality disorder (BPD)?

Borderline personality disorder is diagnosed as a cluster of long-standing problems with relationships, identity or sense of self, and the control of emotions and behaviour. Recurring suicidal impulses and self-harm are generally seen as a core problem area.

What are the symptoms?

People diagnosed with BPD experience the following difficulties:

- **Problems with emotions and moods** can include very strong emotions that are easily triggered. Some people have learned to cope with this situation by suppressing most emotions, but this can be a problem when emotions break through. Suppression of emotions can also result in feelings of deadness, unreality or boredom. Problems with anger are common and may include feeling angry a lot of the time, violent or aggressive behaviour when angry or alternatively blocking most awareness of anger. Problems with moods often include depression.
- **Problems with thinking** can include problems in experiencing or identifying a cohesive identity or self and difficulty in maintaining a clear sense of one's own feelings and thoughts when in the presence of others with strong views or emotions.
- **Problems with self-damaging behaviour** often include deliberate self-harm and/or suicide attempts in response to these emotional problems.

Other similar difficulties include the abuse of drugs or alcohol, binge eating and problem gambling which may also be used as ways of attempting to cope with emotions.

- **Problems in relationships** can include strong and changeable feelings of love and hate and great sensitivity to signs of rejection or criticism. Along with this may go a tendency to not see, or not trust the positive aspects in a relationship. Also common are problems of dependency – either feeling very dependent, or trying to avoid dependency and closeness – and difficulty in coping with losses and separations. Changeable or suppressed emotions can cause difficulties in relationships, as can altered states of mind and difficulties with trust.

How common is borderline personality disorder?

About two percent of the population are estimated to meet diagnostic criteria for BPD.

What causes borderline personality disorder?

There is a number of theories about the cause of BPD. All of them however, agree that the combination of a predisposition, neurophysiology and the impact of trauma and neglect play a part in the development of the disorder.

All schools of thought agree on the impact of trauma on the development of the condition. 70 percent of people diagnosed with BPD have a history of

trauma, especially sexual abuse. However, it is important to note that abuse is neither necessary (30 percent of people have not experienced abuse) nor sufficient (the vast majority of people who are sexually abused do not develop BPD).

All schools of thought are mindful of the neurophysiological factors but disagree about the relative importance of these.

Possible scenarios include:

- People with a high genetic predisposition might require little environmental trauma to develop BPD
- People experiencing severe and repetitive emotional trauma might develop BPD with no genetic predisposition.

Risk factors for the development of borderline personality disorder

- Being female – 75 percent of people diagnosed with BPD are female. It is hypothesised that this is the case because:
 - the incidence of sexual abuse is higher in this group
 - girls and women may live in a marginalised and invalidating environment
 - the diagnosis is gender biased (girls and women are more likely to be expressive of emotions). Boys and men are more likely to be treated in the substance abuse system or the justice system.
- History of abuse, neglect and invalidation.

Treatment and recovery from borderline personality disorder

Treatment can be effective for BPD over time. Unlike other mental illnesses, for which medication is the primary treatment, support and behavioural strategies are the cornerstone of treatment for people experiencing BPD. Helping people understand the emotions triggering their behaviour, choosing different behaviours when they are triggered and taking responsibility for themselves and their behaviour is a large focus of the treatment. Associated

symptoms such as depression or anxiety are treated with appropriate medication. Dialectical Behavioural Therapy is often used and more recently a therapy called Cognitive Analytical Therapy has been developed and trialled.

Helpful Interventions

Recognising that someone is displaying symptoms of borderline personality disorder is the first step to offering helpful interventions. The following table details symptoms with suggestions for useful interventions:

Behavioural Symptom	Helpful Interventions
Frantic efforts to avoid real or imagined abandonment	<ul style="list-style-type: none"> • Let the person know when you are leaving the room or stepping away from them • When the person with BPD becomes upset or angry, it may help to think about whether anything has happened that has triggered his or her fears of abandonment.
A pattern of unstable, intense personal relationships with views of people alternating between "all good" idealisation and "all bad" devaluation	<ul style="list-style-type: none"> • It is important that you maintain a consistent balanced view of yourself at all times particularly when the person with BPD views you in glowing, positive terms. This will help you stay on an even keel during those times when you are being devalued • Be consistent in your view of the relationship and your boundaries within it • Minimise any visible reaction • Minimise your exposure to situations that trigger the person into these symptoms.
Identity disturbance: markedly and persistently unstable self-image or sense of self	<ul style="list-style-type: none"> • Reinforce the positive role the person has as a family member or friend. This may help provide him or her with an identity, heighten feelings of control, and lessen feelings of emptiness.
Impulsivity in at least two areas that are potentially self-damaging eg. spending, sex, substance use, shoplifting, reckless driving, or binge eating <i>NB. Harmful activities may be a way of expressing rage or self-hate. If the person with BPD in your life is actively abusing drugs and alcohol, it can be difficult to determine what behaviour is related to BPD and what is related to substance abuse.</i>	<ul style="list-style-type: none"> • Set clear boundaries on what behaviour you will tolerate in the home • Take action to protect assets when necessary • Reduce access to dangerous situations eg put car keys in a safe spot when necessary.

Behavioural Symptom	Helpful Interventions
<p>Recurring suicidal behaviour, gestures, or threats, or self-mutilating behaviour</p>	<ul style="list-style-type: none"> • Notify the person's doctor immediately • Remain calm and speak in a calm and matter-of-fact way. Do not add to the inner chaos with your own panic • Emphasise that you are trying to understand how the person feels • Reinforce your love and acceptance of the person, while making it clear that you wish he or she would find another way of handling problems eg "I feel helpless and angry when you hurt yourself. I want to understand this, even though I don't fully. But I know you don't want to do this anymore" • Suggest alternatives to self-harm activities that produce an intense sensation that is not harmful such as squeezing ice or plunging hands into very cold water • Do not agree to secrecy • Avoid statements that evoke feelings of shame or guilt. The person with BPD already feels ashamed.
<p>Affective instability due to a marked reactivity of mood <i>NB. Intense feelings of depression and anguish or anxiety usually last a few hours and only rarely more than a few days.</i></p>	<ul style="list-style-type: none"> • Emphasise messages of love and acceptance for the person.
<p>Chronic feelings of emptiness</p>	<ul style="list-style-type: none"> • Empathise with the person with BPD. Show that you are trying to understand how he or she feels • Really listen • Ask questions in a concerned way, such as "How are you feeling?" and "Is there anything I can do?" • Don't underestimate the person's feeling. Imagine the worst you have ever felt, and then triple it.
<p>Inappropriate, intense anger or difficulty controlling anger (eg frequent displays of temper, constant anger, recurrent physical fights)</p>	<ul style="list-style-type: none"> • Be aware of your own safety. During a rage, the best thing to do is temporarily remove yourself from the situation • Say calmly, "I will not discuss this further with you if you continue to yell and scream at me. I am willing to be supportive if you can calmly tell me what it is that you want or need" • Go to a safe place eg a friend's house • Ignore letters or emails sent in anger • Do not respond with anger. Remember, the person is scared, not angry.
<p>Transient, stress-related paranoid ideation or severe dissociative symptoms <i>NB. Dissociation involves a loss of a person's ability to integrate normal functions of identity, memory and consciousness eg memory of a traumatic event may be lost or the emotion attached to it lost. People with BPD may dissociate to different degrees to escape from painful feelings or situations.</i></p>	<ul style="list-style-type: none"> • Be patient. Do not make demands • Try not to be frustrated or hurt by the lack of emotion that the person displays.

What can family and friends do to help?

In addition to the specific interventions previously mentioned, there are many things friends and family can do to help.

Always remember that borderline personality disorder is a medical condition that requires psychological treatment and support. Just as you cannot stop a person's leg bleeding by talking to them, you cannot stop BPD without intervention. Treatment is effective over a period of time.

Find out as much about the illness as you can. Knowledge is power and gives you a much better chance of developing good coping strategies.

Be patient. People experiencing BPD need to come to some insight regarding their illness. This is not always easy and takes time.

Know what to expect of the mental health system and be prepared to be assertive in seeking appropriate care.

Link in with community organisations that offer supports and services that complement the mental health service system. They often provide educational programs, counselling and local support groups.

Remember to stay healthy yourself. Do not underestimate the impact of the illness on you. BPD often involves trauma and grief and has an impact on whole families. Be prepared to seek support to develop strategies that keep you well.

Useful references

Mental Illness Fellowship of Australia
www.mifellowshipaustralia.org.au

Mental Illness Fellowship Victoria
www.mifellowship.org

Mental Health Services Website (Vic)
www.health.vic.gov.au/mentalhealth

National Alliance of the Mentally Ill (NAMI) (USA)
www.nami.org

Mental Health Council of Australia
www.mhca.com.au

SANE Australia
www.sane.org

Beyond Blue
www.beyondblue.org.au

Australian Drug Foundation
www.adf.org.au

Mental Illness Fellowship of Australia fact sheets

Understanding suicide and mental illness

Mental illness and violence

What can family and friends do to help a person experiencing mental illness?

Family and carer supports and services



Mental Illness Fellowship of Australia
08 8221 5072
www.mifellowshipaustralia.org.au
Mental Illness Fellowship of Sth Australia Inc
08 8221 5160 www.mifsa.org.au

NT Assoc of Relatives & Friends of the Mentally Ill Inc (NT ARAFMI)
08 8948 1051 www.ntarafmi.org.au
Schizophrenia Fellowship of NSW Inc
02 9879 2600 www.sfnsw.org.au

Mental Illness Fellowship Victoria
03 8486 4200 www.mifellowship.org
Mental Illness Fellowship Nth Qld Inc
07 4725 3664 www.mifnq.org.au

Schizophrenia Fellowship of Qld Inc
07 3358 4424 www.sfq.org.au
Mental Illness Fellowship of WA Inc
08 9228 0200 www.mifwa.com
Canberra Schizophrenia Fellowship Inc
02 6205 1349