

Borderline Personality Disorder

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Abstract

Borderline Personality Disorder (BPD) affects one to two percent of Americans today, although BPD is more common in women than in men (Kjellander, Bongar, & King, 1998). BPD has long been a troubling disorder for both patients and therapists; although very similar to Bipolar Disorder, Borderline Personality Disorder has a few differences and misdiagnoses can be disastrous in many cases. The cost of misdiagnosing a patient as Bipolar, when in fact they truly are Borderline, can lead to more severe problems, and can even prove fatal in the end.

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Borderline Personality Disorder (BPD) affects one to two percent of Americans today, although BPD is more common in women than in men (Kjellander, Bongar, & King, 1998). BPD has long been a troubling disorder for both patients and therapists; although very similar to Bipolar Disorder, Borderline Personality Disorder has a few differences and misdiagnoses can be disastrous in many cases.

Donald Roberts (2000) wrote that “as recently as 30 years ago, the personality disorders were considered essentially untreatable.” While in the worst cases this may be true, everyone deserves the opportunity of treatment and in most cases BPD is manageable with longterm therapy. The Diagnostic Statistical Manual Revision Four (DSM-IV) outlines a Borderline profile in detail, however there is much disagreement that individuals who suffer from BPD fall under one diagnostic category (Sable, 1997). The meanings and terms that define BPD have changed over the years due to much research and thus makes this disorder more difficult to define and diagnose, however BPD is characterized by it's “suddenness, severity, unpredictability, brevity, and recurrence” (Kjellander et al., 1998). Although BPD affects both men and women, the percentage of women diagnosed with BPD is far greater.

A comparison of the symptoms and treatment of BPD and Bipolar Disorder show many similarities, but some notable differences occur. Borderline Personality Disorder is one of four broad range personality disorders, and although it shares symptoms with all four personality disorders, BPD is almost identical in symptoms to Bipolar Disorder. This closeness in symptoms is one of many reasons that some psychologists dispute that there is a difference in BPD and Bipolar Disorder at all, and one of many reasons why diagnosis is often very difficult to

determine if, as in most cases, a patient does not exhibit all symptoms. It is worth examining the table below to compare the symptoms of these two disorders side by side:

Borderline PD (DSM list)	Bipolar (broad view)
<p><i>Cognitive</i> unstable self transient paranoid ideation chronic emptiness abandonment fear</p>	<p><i>Cognitive</i> unstable self psychosis, esp. paranoid/grandiose</p> <hr/> <hr/>
<p><i>Energy</i> impulsivity (sex, substances, self-harm)</p>	<p><i>Energy</i> impulsivity (spending, sex, substances, risk sports)</p>
<p><i>Mood</i> affective instability reactive mood episodic dysphoria irritability, intense anger anxiety</p>	<p><i>Mood</i> affective instability "rejection hypersensitivity" dysphoria irritability, intense anger anxiety</p>
<p><i>Behavior</i> suicide attempts (~10%) self-harm</p>	<p><i>Behavior</i> suicide attempts (~10%) self-harm?</p>

(Phelps, 2006)

It is important to note that nearly all people who suffer Borderline Personality Disorder also commit parasuicide activities, or self mutilation such as cutting, but that sufferers of Bipolar disorder often also self mutilate. Self mutilation is not necessarily an indication of BPD, although it is a very good warning sign. It is also worth noting that the two symptoms that are lacking in Bipolar disorder but found in BPD are (a) chronic emptiness, and (b) abandonment fear.

Treatments are similar for Borderline Personality disorder and Bipolar disorder as well. Although many of the medications used to treat both disorders are the same, some medications that are effective in treating Bipolar Disorder in fact have an adverse effect on BPD patients and can in truth make them worse. The main difference in treatment methods however, is the focus of

the treatment. In Bipolar disorder, medications is more effective than psychotherapy and in Borderline Personality Disorder, longterm psychotherapy is more effective and thus receives a far heavier emphasis.

The cost of misdiagnosing a patient as Bipolar, when in fact they truly are Borderline, can lead to more sever problems, and can even prove fatal in the end. “Borderline Personality Disorder is a potentially lethal illness marked by suicidal behaviors that range from wrist scratches to fatal drug overdoses” (Kjellander, Bongar, & King, 1998). Their suicidal tendencies can be reduced with certain modern drugs, but these drugs are fatal in overdose and pose a risk to a potentially suicidal BPD patient. However, although suicide attempts and parasuicide is quite high in individuals diagnosed with BPD, completion rates are very low (Kjellander et al., 1998). Unfortunately, treating an individual as if they have Bipolar Disorder but placing an emphasis on medication, when in fact they have BPD, can lead to serious consequences such as substance dependency and abuse. This is potentially deadly as comorbid BPD and substance abuse sees a far greater risk of completed suicide.

In the final analysis, Borderline Personality Disorder is a complex and troubling disorder for both the individual who suffers from it, and for therapists that treat these individuals. The “suddenness, severity, unpredictability, brevity, and recurrence” (Kjellander et al., 1998) of it's symptoms, and the high occurrence of parasuicide make this disorder difficult for therapists to treat successfully. Even so, unlike 30 years ago, BPD is now treatable with a combination of psychotherapy and medications, and sufferers of the disorder can now look forward to the possibility of living healthy, normal and functioning lives.

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