

Borderline Personality Disorder (BPD)

Facts

- It is estimated that between 2-3% of people have Borderline Personality Disorder (that is up to 151,800 Scots).¹
- 75% of people diagnosed with BPD are female.
- People with BPD often have other mental health problems at the same time.
- The rate of suicide in people with Borderline personality Disorder is almost 50 times greater than that of the general population.²
- Although psychological factors are thought to play a large role in the development of BPD, there is evidence to suggest that there are biological factors involved in the course of the condition.
- BPD is diagnosed in roughly 11% of psychiatric outpatients and 19% of inpatients¹.

What is it?

Borderline Personality Disorder is a controversial diagnostic term used to describe a complex group of difficult behaviours and feelings.

There is a strong link between psychological trauma (40-70% of people with the diagnosis have experienced abuse in childhood.²) and BPD, although people with no history of trauma do experience BPD symptoms.

Because the symptoms of BPD make communication very difficult, and trusting relationships hard to build, people with BPD often find it difficult to engage with support services, employment and relationships.

Signs and Symptoms

BPD hinges around a sense of self that is so distorted that it affects the very basis of personality and personal relationships. People with BPD may:

- Have stormy and unpredictable ways of relating to other people. Go to great lengths to avoid being or feeling abandoned, even if they are very angry. These ways of thinking, feeling, and behaving cause many problems at work, in school, and socially.
- Have a hard time understanding what others are feeling. They may get the wrong idea, feel paranoid, or may find it very hard to trust people.
- Experience severe depression, very negative self-esteem, anxiety, helplessness and fear, and their moods are likely to change very quickly. They may have problems controlling their anger. Self-harm is frequently part of BPD (see self harm factsheet)
- Feel empty or disconnected from the world. They may hear voices at times, or see things that are not there. Others experience flashbacks or 'lose' chunks of time (this is called dissociation). These symptoms are not usually permanent but come and go depending on stress levels.
- Engage in reckless behaviour, including excesses of spending money, substance abuse, and damaging sexual behaviour. Suicide and suicidal thoughts are closely associated with BPD.

Recovery

- Many people who have been given a diagnosis of BPD subsequently recover fully through engaging in activities that help build confidence and social skills.
- Recovery means different things to different people and no two individual journeys of recovery will be the same. Regardless of symptoms or past experiences, people with mental health problems should be given every opportunity to, and can, lead fulfilling and satisfying lives.

¹ Borderline UK

² Lieb et al 2004

- Some research suggests that after ten years, or so, as many as half of those diagnosed with BPD no longer display enough of the symptoms to meet the diagnostic criteria.
- Therapies aimed at reducing self-harm, managing anger, and medication can all help individuals to recover. Dialectic Behaviour Therapy (DBT) is now being used to treat BPD. This type of therapy helps learn to regulate emotions, tolerate distress, manage, and be more effective with other people.

Stigma and BPD

- Because of the difficulties BPD presents in communication, people with BPD are often amongst the most socially excluded members of society. Social services, education, housing, and benefit services are often unable to take the time and care needed to assist people, and as a result, those people are often left without their basic needs being met.
- The turbulent emotions caused by BPD can often result in the breakdown of family relationships, and of friendships. It can lead to difficulty in getting access to children, and make it extremely hard to maintain employment.
- Many people report experiences of stigma towards the diagnosis of BPD from health services. Many people feel that they are given the diagnosis because they do not fit any of the other criteria, and that any complaints or issues they have with their care are blamed on their BPD.
- Research indicates that patients with a diagnosis of personality disorder are said to be more manipulative, more difficult and less deserving of care than patients with depression, or no diagnosis³. Psychiatric nurses have been found to be less empathic to those with a diagnosis of BPD than those with a diagnosis of depression.⁴
- Many people with BPD also have another mental health problem, such as depression, bipolar disorder or schizophrenia. They may self-harm, or have an eating disorder. The effect of the stigma felt from those problems can be magnified greatly by the difficulties in understanding feelings caused by BPD.

Myths and Misunderstandings

- Borderline does not mean that a person “almost” has a personality disorder, or “almost” has a personality. The name comes from the condition being on the border of a line between psychosis and neurosis.
- BPD is not untreatable. Treatment is often extremely intensive and hard to match to individuals, and there are often long waiting lists. Recovery often comes from the person themselves finding better ways of fitting in to their environment.
- People with BPD are not attention seekers, or manipulative. The intensity of emotions people with BPD experience can often make everyday life very hard.
- In common with most people with mental health problems, people with BPD are very unlikely to be dangerous to other people. They are much more likely to hurt themselves.

Contacts

Borderline UK
www.borderlineuk.co.uk

Mind “Understanding” Series Borderline Personality Disorder and Dissociative Disorders
<http://www.mind.org.uk/Information/Booklets/Understanding/>

³ Lewis and Appleby (1998)

⁴ Fraser and Gallop (1993)