

## **BORDERLINE PERSONALITY DISORDER**

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Podcast link

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Hello, this is Jose Parappully, Salesian priest and clinical psychologist at Sumedha Centre for Psychospiritual Wellbeing at Jeolikote, Uttarakhand, with another edition of Psyche & Soul.

In this weekend's edition I shall describe Borderline Personality Disorder.

Susan phoned her boyfriend John. She wanted to talk to him badly. But he said he was out shopping and will call her back in an hour. Susan was not happy. But she waited for the hour to be over. An hour and half passed and he had not called her back. She called him back and gave him a mouthful, telling him how callous he was, not caring for her, burst into tears, and threatened to break off their relationship. John said sorry and explained what had happened. On the way back from shopping he witnessed a bike accident and had stopped to help and had forgotten to call her. Susan continued to be angry, insisting he could still have called her. John apologized. Now Susan began to feel guilty for the way she behaved. To sooth her feelings she began to cut herself- something she would do whenever she felt hurt.....

### **PERSONALITY CHARACTERISTICS**

The Borderline Personality Disorder (BPD) is characterized by the following:

- Intense emotionality characterized by frequent and fast mood changes;
- Uncontrolled, intense anger and rage; sadness and irritability.
- Intense craving for intimacy accompanied by fear of abandonment triggered by the slightest suspicion of lack of interest on the part of the other and frantic efforts to prevent it.
- Intense idealization (admiration or love) followed by equally intense devaluation (dislike and depreciation) in quick succession.
- Relationships characterized by passionate attachments but also frequent and intense conflicts.
- Self-harming (cutting, bruising, burning) and suicidal behaviour
- Impaired or distorted cognitive processes.
- Underlying fragile sense of self and resulting insecurity and feelings of emptiness.

Persons with BPD are often enthusiastic, idealistic, joyful, and loving, but soon may feel overwhelmed by negative emotions (anxiety, depression, guilt, shame, worry, anger, etc.). They are in exuberant mood when feeling loved, cared for, appreciated and made to feel important. However, with the slightest disappointment they sink into despondency and react with intense anger and rage. They feel every emotion at a very intense level: rage instead of annoyance, intense grief instead of sadness, shame and humiliation instead of mild embarrassment, panic instead of anxiety. Their emotions often tend to spiral out of control.

They are very sensitive to the way others treat them, feeling intense joy and gratitude at perceived expressions of kindness, and intense sadness or anger at perceived criticism or hurtfulness. They are especially sensitive to feelings of rejection and can become very vindictive.

Naturally, their relationships are characterized by lots of conflict and frustration. They tend to see persons as “all-good” or “all-bad” in a sequential fashion. Their frequent mood fluctuations and swinging from idealization to devaluation make life very difficult and frustrating for those with whom they are in relationship, or with whom want to establish relationships. Their fear of abandonment, combined with feelings of emptiness and self-loathing, and frequent accusations of disloyalty and lack of caring makes those around them feel like they're constantly walking on eggshells, needing to be very careful lest they trigger a cascading dysfunctional behaviours that can include threats of suicide and even suicidal attempts.

Since they feel their emotional pain with great intensity, they try to sooth their feelings and calm themselves through self-injury, which takes attention away for their emotional pain. Self-soothing approaches often also include substance use disorders (e.g., alcohol use disorder), eating in excess, unprotected sex or indiscriminate sex with multiple partners, reckless spending, and reckless driving. They do all this because it gives them the feeling of immediate relief from their emotional pain, but later lead to feelings of shame and guilt over consequences of these behaviours. Thus a vicious cycle is often set in motion: beginning with emotional pain, followed by impulsive and unhealthy behaviour to relieve that pain, then feeling shame and guilt over their actions resulting in renewed emotional pain, and then experiencing stronger urges to engage in impulsive and unhealthy behaviour to relieve the new pain. As time goes on, these impulsive and unhealthy behaviours may become an automatic response to emotional pain.

## **UNDERLYING ASSUMPTIONS**

There are some basic assumptions that persons with BPD hold and which lead to the behaviours described above. These include:

- I must be loved by people important to me or else I am worthless.
- Persons who love me are good and everything about them is perfect. Others cannot be trusted.
- Persons must understand my needs and respond to them in the way I want. Otherwise they don't really care for me.
- Persons who love me must tell me they love me. If they don't, it means they do not love me and will abandoned me.

- Nobody cares about me as much as I care about them. So they can easily abandon me.
- When I am not in a relationship, I become nobody and nothing.
- I will be really happy only when someone makes me the most important person in his or her life and make me feel that way.

## **ORIGINS**

It is generally recognised that there are two basic dynamics in the formation of the borderline personality disorder:

First, inherited biochemical factors, not easily observable on the surface, but responsible for impulsive aggression and affect instability that characterize a patient suffering from the disorder.

Second, early insecure attachments with parents and parent figures, which besides contributing to the above, seriously derail the crucial developmental milestone of basic trust. These also lead to unstable interpersonal relationships characterized by excessive intensity, overvalued expectations, unfounded anxieties. They also lead to distorted cognitive processes.

Borderline personality disorder is partly caused by brain abnormalities that can be identified by brain imaging techniques. Patients with borderline personality disorder may be bio-chemically primed to over anticipate and overreact to real or imagined criticism, rejection or abandonment. There is impairment in their capacity to regulate or inhibit limbic-driven emotionality or impulsivity. These heritable risk factors, in turn, interfere with the normal attachment process during development, and this disruption can be magnified when there is inadequate parental support. All these cause and maintain profound sense of inner emptiness, emotional instability, interpersonal difficulties and disruptive behaviours.

## **TREATMENT**

It is a combination of biological and psychotherapeutic interventions that really help those suffering from borderline disorder.

For a long time it was thought that borderline personality was not amenable to change in therapy. However, that idea has changed. Today borderline personality disorder is considered a treatable condition.

Data from research show that borderline patients treated by skilled therapists who focused their interventions on the transference and countertransference (relationship between client and therapist) showed a significantly better outcome than those treated with a more supportive approach.

According to experienced therapists, effective psychotherapy for patients with borderline disorder takes time, commitment and persistence. The biggest hurdle is to establish a collaborative partnership that can be sufficiently sustained to do some effective work, without the client unilaterally terminating the treatment. Maintaining proper boundaries of time, place and behaviour is also a big challenge.

Psychotherapeutic interventions are more helpful to manage self-injury and abandonment concerns, while the inherited bio-chemical contributors to the disorder are better treated with medication.

Borderline behaviour is mostly driven by feelings of low self-worth, fear of abandonment arising from insecurity, and excessive craving for intimacy, approval and appreciation. Hence, responding with empathy and sensitivity to their erratic behaviours, though difficult and frustrating, and providing approval and appreciation and frequent expressions of caring on the part of persons who matter to them, can help those who suffer from the disorder feel cared for and supported and can help reduce and prevent escalation of conflicts.

### **Introspection and Prayer**

- Do you recognize the features of the Borderline Personality Disorder in yourself? If so, how do you feel about them and handle them?
- Have you encountered these features in those with whom you relate or those around you? If so, what are the challenges you have faced in dealing with them? What has helped you cope?

We could hold these people in prayer before God and ask God to provide them the love, appreciation and security they crave.....

Borderline personalities lack self-worth, feel others don't love them and feel insecure. They tend to drive away those they love by their demands and dysfunctional behaviours. Our God is never put off by our dysfunctional behaviours, but always stands by us and provides us the love and security we crave.

We could read Isaiah 43, 1-5 where God speaks of his love and care for us and his promise to never abandon us: "I have called you by name. You are mine. .... When you pass through the waters, I will be with you... You are precious in my sight, ...and I love you.... Fear not, I am with you"

We could then stay a while with the feelings evoked in us by the reading and spend some time talking with and listening to God.

Have a healthy, safe and blessed weekend.

Thank you for listening/reading

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