



PERSONALITY DISORDERS

Borderline Personality Disorder

Borderline Personality Disorder is characterized by a pattern of unstable interpersonal relationships, self-image, affects and impulsive behaviours. These characteristics are exhibited in at least 5 of the following situations:

- Frantic efforts to avoid real and perceived abandonment
- A pattern of unstable and intense interpersonal relationships – marked shifts of feelings and difficulty maintaining intimate, close connections
- Identity disturbance: confusion and uncertainty about self identity, sexuality, life goals and values, career choices and friendships
- Impulsive in at least 2 of the following: spending, sex, substance abuse, reckless driving or binge eating
- Recurrent suicidal behaviour, gestures, threats or self-mutilation
- Mood swings: emotional instability with frequent shifts to an empty lonely depression or irritability and anxiety
- Chronic feelings of emptiness
- Inappropriate intense anger or difficulty controlling anger: temper tantrums, constant brooding and resentment, feelings of deprivation and a loss of control
- Paranoia or dissociative symptoms – may include a loss of touch with reality

Persons with Borderline Personality Disorder display high, intense affective expressions. This means that the expression of love or anger or disappointment or any emotion is likely to be ardent and possibly overwhelming for the recipient. Individuals with Borderline Personality Disorder have difficulty identifying the source of his/her feelings or identifying with his/her feelings. Part of this comes from a “good or bad” pattern of thinking. Persons with Borderline Personality Disorder have difficulty tolerating ambiguity; they see things or people as “black or white” and cannot identify the “grey” area of life.

Behaviour Patterns

Parasuicidal Behaviour

Involves the following types of self-injury:

- Slashing
- Burning
- Head banging
- Overdoses
- Prostitution
- Scratching
- Internal self-injury (genital/rectal)
- 'Accidents'
- Self-neglect
- Excessive blood donation

There are many reasons why people engage in self-mutilation. Some of the underlying intentions are:

1. **Get Control:** Re-orient from flashbacks, ground self in the present, induce a positive dissociation, reconnect to a feeling of being alive/real.
2. **Self Punishment:** Acting out self blame/hate, re-enacting the abusers behaviour
3. **Self Reward:** Induce a psychic calm, relief from pain, anxiety, turmoil, soothing the self
4. **External Representation of Emotional Pain:** Express how bad the pain is, scars are badges of emotional torment

The intent is not to die or to control others, but to express needs.

Anger

It is important when dealing with an angry person, especially a person with Borderline Personality Disorder that you do not argue with them. Acknowledge that the person is upset or angry and help them focus on what s/he needs to do to calm down. The focus is placed on feelings and how to manage them rather than on content.

Some short term or immediate solutions are:

- Admit your anger
- Try not to overreact
- Think about something else
- Identify the source of anger
- Listen carefully to others
- Take time to make decisions
- Ground self

If the anger is a pattern of behaviour then the person needs to learn some of the longer-term solutions to interrupt or change the cycle of anger. Some suggestions include:

- Talk to others in similar situations
- Avoid self blame
- Reduce tension
- Reduce stress level, increase skills to deal with anger
- Learn to relax, laugh and trust others
- Talk to someone you trust
- Look for professional help

Coping Strategies

Communication Skills

One of the strategies for coping with various behaviours that persons with Borderline Personality Disorder exhibit is to teach them communication skills. This is essential so the person learns how to verbalize his/her feelings and needs rather than acting them out.

Helpful communication techniques include:

- Assertiveness
- Fogging
- Broken-record
- Process-content shift
- Avoid communication triangles

Coping with Stress

The focus on stress coping techniques is to increase the positive coping styles, which will naturally decrease some of the dysfunctional styles. The active coping styles to practice are:

- Support Seeking: Learning about and creating positive, healthy relationships
- Diversion/Tension Release: Take care of your physical self, participate in regular activities that release tension and increase the relaxation response
- Direct Action: Take control

Care for the Support Person

Sometimes you feel drained and alone in your work with people who have Borderline Personality Disorders. It is important to take care of yourself the caregiver. This serves 2 purposes: to replenish your energy so you are able to support others and it also models the behaviours you ask your clients to exhibit.

Three particularly important tasks are:

- Develop alliances with all other caregivers. This will help prevent staff splitting or “good guy / bad guy”
- Set clear boundaries. Communicate limits and consequences early on and follow through
- Self awareness - step back and reflect on what is happening, do not get drawn in emotionally

Funding provided by:

