

Walking the Line: A Case Study on Borderline Personality Disorder

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Abstract

This case study examines the case of Mr. Hasan, an 18-year-old male exhibiting severe symptoms of borderline personality disorder (BPD), characterized by emotional instability, interpersonal difficulties, and behavioral challenges. BPD is marked by unstable moods, self-identity issues, and fear of abandonment. Mr. Hasan's history reveals neglectful and adverse childhood experiences, alongside disturbed family relationships, which likely contributed to his symptoms. The Borderline Personality Questionnaire (BPQ) from NovoPsych was administered, revealing severe symptoms of BPD, including intense mood swings, self-identity issues, and difficulties in sustaining relationships. Therapeutic interventions focused on emotional regulation and interpersonal skills were employed to manage symptoms and improve relational dynamics. This study aims to enhance understanding of BPD, its clinical manifestations, and therapeutic management, emphasizing the need for a person-centered approach to treat this complex disorder.

Keywords: Borderline Personality Disorder, Emotional Instability, Interpersonal Relationships, Impulsivity, Therapeutic Interventions

Introduction

Borderline Personality Disorder (BPD) is a severe psychiatric condition characterized by long-term patterns of behavior and inner experiences that deviate significantly from societal expectations. Individuals with BPD often exhibit impulsivity, erratic mood swings, and intense emotional responses to minor triggers. Internally, they struggle with emotional regulation, unstable self-image, and chronic feelings of emptiness. Externally, their relationships are often tumultuous, marked by idealization and devaluation of others.

BPD is associated with a high lifetime risk of comorbid mental disorders, including depression, anxiety, and bipolar disorder. It also carries an increased risk of suicide. Common defense mechanisms in BPD include projection and denial. Individuals with BPD often desire affection but are frequently disappointed, leading to emotional exhaustion for those around them. Self-harm, substance abuse, and other self-destructive behaviors are common coping mechanisms.

This case study holds significant importance as BPD profoundly impacts individuals and society. It disrupts emotional stability and relationships, complicating diagnosis and treatment due to frequent comorbidities. By examining a real-life case, this study aims to reduce societal stigma, enhance professional understanding, and promote empathy toward individuals with BPD.

Objectives and Scope

The primary objective of this study is to explore the symptoms, challenges, and potential causes of BPD through the lens of an individual's lived experience. The secondary aim is to investigate assessment methodologies, therapeutic approaches, and their outcomes. The scope of this study is limited to one individual, focusing on short-term therapeutic interventions. However, it provides a detailed qualitative perspective on BPD and its immediate impacts.

Literature Review

Historical Context and Development of BPD

The term "borderline personality" was first introduced by Adolph Stern in 1938 to describe individuals who did not fit neatly into the categories of psychosis or neurosis. Otto Kernberg later expanded on this concept in 1975, introducing the idea of "Borderline Personality Organization," characterized by emotional instability, fragmented self-identity, and fear of abandonment.

In 1980, BPD was officially recognized as a distinct disorder in the DSM-III, based on research by Gunderson and Kolb. Since then, extensive research has focused on its diagnosis, etiology, epidemiology, and treatment.

Current Understanding and Prevalence

BPD affects approximately 0.7–2.7% of the general population, with higher rates in clinical settings. It is equally prevalent among men and women, though women are more likely to seek treatment. Common comorbidities include mood disorders, anxiety, and substance abuse.

Diagnostic Criteria and Symptoms

According to the DSM-5, BPD is diagnosed based on five or more of the following criteria:

1. Frantic efforts to avoid abandonment.
2. Unstable and intense interpersonal relationships.
3. Identity disturbance.
4. Impulsivity in self-damaging behaviors.
5. Recurrent suicidal behavior or self-harm.
6. Affective instability due to mood reactivity.
7. Chronic feelings of emptiness.
8. Inappropriate, intense anger.
9. Transient, stress-related paranoia or dissociation.

Aetiology of BPD

BPD is believed to result from an interplay of genetic, neurobiological, and environmental factors. Adverse childhood experiences, such as emotional abuse and neglect, are significant contributors. Family dysfunction and biparental abuse are also strongly associated with the development of BPD.

Methodology

Participant

Mr. Hasan, an 18-year-old male, was selected for this study based on his severe symptoms of BPD and willingness to participate.

Diagnostic Tool

The Borderline Personality Questionnaire (BPQ) by NovoPsych was used to assess Mr. Hasan's symptoms. The BPQ consists of 80 items across nine subscales, each corresponding to DSM-5 criteria for BPD.

Key Findings from BPQ

- Impulsivity: 44% (Elevated)
- Affective Instability: 60% (Elevated)
- Abandonment: 60% (Elevated)
- Relationships: 50%
- Self-Image: 66% (Elevated)
- Suicide/Self-Mutilation: 28% (Elevated)
- Emptiness: 40% (Elevated)
- Intense Anger: 60% (Elevated)
- Quasi-Psychotic States: 71% (Elevated)

Case Presentation

Background Information

Mr. Hasan is an 18-year-old high school graduate with a keen interest in engineering. Despite his academic success, he has experienced significant family dysfunction, including emotional abuse and parental conflict. These experiences have left him with a distorted self-image and a fear of abandonment.

Symptoms and Challenges

- **Emotional Instability:** Mr. Hasan struggles with intense mood swings and anger.
- **Unstable Relationships:** He has a strained relationship with his family but maintains strong friendships.
- **Impulsivity:** He engages in reckless behaviors, such as overspending and reckless driving.
- **Fear of Abandonment:** He fears rejection and often feels empty or lonely.
- **Self-Image Issues:** He describes himself as “cold and sad,” with a fluctuating sense of self-worth.

Therapeutic Interventions

1. **Emotion Regulation Skills (DBT):** Mr. Hasan practiced “opposite action” and “self-soothing” to manage mood swings.
2. **Mentalization-Based Therapy (MBT):** He worked on perspective-taking to address fears of abandonment.
3. **Transference-Focused Psychotherapy (TFP):** He improved communication skills to stabilize relationships.
4. **Impulse Control Training (CBT):** He used delay techniques and mindfulness to curb impulsivity.
5. **Schema Therapy (ST):** He identified maladaptive schemas and practiced self-affirmation.
6. **Acceptance and Commitment Therapy (ACT):** He reconnected with his values and practiced acceptance exercises to address feelings of emptiness.

Case Analysis and Interpretations

Mr. Hasan’s BPQ results indicated elevated symptoms across all domains except relationships. Despite implementing only a few therapeutic techniques, he reported improvements in emotional regulation and self-awareness. However, the study highlights the challenges of integrating therapeutic practices into daily life, emphasizing the need for consistent reminders and support.

Conclusion

This case study underscores the complexity of BPD and its profound impact on emotional, interpersonal, and behavioral functioning. The therapeutic interventions employed, though limited, demonstrated the potential for symptom management and improved quality of life. However, long-term treatment and a strong therapeutic alliance are essential for sustained progress.

This study advocates for a person-centered approach to BPD treatment, focusing on building resilience and psychological strength. It also calls for increased awareness and support for individuals with BPD to help them lead fulfilling lives.

References

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Appendices

Appendix A: Borderline Personality Questionnaire (BPQ) Results

- Total Score and Descriptors for Each Subscale.
- Detailed Responses to BPQ Items.