

## **WHAT IS A PERSONALITY DISORDER?**

Differences in personality style add to the spice of life. Some people are easy-going whereas others are controlling and demanding. Some people are good at telling jokes, others do not like to be the center of attention but enjoy laughing at others telling jokes. Some people are carefree and fun-loving but may not be very responsible when it comes to being on time for an appointment. Others may be less emotional but can be counted on when they say they will do something. Having a bad temper. Being stuck up. Having a good sense of humor. Generous. Cheap. Perfectionistic. Careless. Reserved. Fun-loving. These are all descriptions of personality traits. When personality traits become extreme, when they are rigid and inflexible thereby making it difficult to deal with people and handle life's problems, then the person may have a personality disorder.

Personality refers to an individual's pattern of behavior and traits that are long-standing and present since adolescence or early adulthood. Aspects of personality include the way people tend to think about themselves (e.g. self-confident or lacking confidence), how they relate to people (e.g. shy vs. friendly), how they interpret and deal with events in the environment (e.g. paranoid people believe that others are out to get them and may try to attack first before being attacked), and how they react emotionally to all of this. It is not easy to define a "healthy personality", but in general it allows one to cope with the normal stress of life and develop and maintain satisfying friendships and intimate relationships. Of course, everyone has a bad day and behaves in an uncharacteristic way at times. However, when long-standing patterns of thinking, behaving, and emotional response are rigid, inflexible, and cause significant distress or impairment in functioning then a personality disorder is diagnosed. Someone may be described as obnoxious, self-centered, antisocial, or controlling. These are the types of qualities that make it difficult for them to get along with people, as well as causing problems in other areas of their life.

People usually do not seek treatment for personality problems. Rather, people come for treatment of depression, anxiety, panic attacks, insomnia, etc. A personality disorder makes one vulnerable to experiencing the mood and anxiety disorders that cause one to get help, but it is unlikely to be the chief complaint or presenting problem. Patients do not come to the office and say "I'm here because I have a very dependent personality. I can't make decisions for myself, and I am in constant fear that my husband might leave me, and I will have to take care of myself." Nor has anyone ever come in and said, "I have too high an opinion of myself, I need people to admire me all the time and I believe I have earned the right to special treatment but I don't get it." Rather, individuals with personality disorders usually come for the treatment of depression, anxiety, and relationship problems.

The manual used to diagnose psychiatric disorders, DSM-5-TR, describes 10 different personality disorders. The most common personality disorder treated by mental health professionals is borderline personality disorder (BPD).

## **DIAGNOSING BORDERLINE PERSONALITY DISORDER**

The term borderline personality disorder (BPD) is a terrible name because it does not describe what it represents. What is the personality on the border of? What is the personality between or next to? A good way of thinking about borderline personality disorder is that it is a disorder of emotional regulation. People with BPD have very strong and intense emotions, often in reaction to how they perceive and believe others are treating them, and these emotions are difficult to control. Not surprisingly, individuals who have strong emotional reactions that are difficult to control have problems in interpersonal relationships and self-image. Because the primary problem of people with BPD seems to be regulating their intense emotions, it has been suggested that the name be changed to Emotional Intensity Disorder.

BPD is diagnosed when five or more of the following nine features are present.

1. strong fears of being abandoned, and going to extremes to keep someone from leaving
2. a recurring pattern of intense, stormy relationships with strong positive feelings towards someone alternating with strong negative feelings
3. uncertainty about one's identity or sense of self
4. impulsive behavior that can cause problems (e.g., gambling, spending money, sex, drug and alcohol use, stealing, eating binges, reckless driving)

5. recurrent suicide attempts, suicide threats, or self-damaging behavior such as cutting, burning, or hitting oneself
6. frequently changing, intense moods
7. feeling empty much of the time
8. problems with anger
9. when under stress, feeling paranoid or suspicious of people who are usually trusted, or feeling like you are losing touch with reality

It is important that a thorough diagnostic evaluation of patients with BPD be done to determine if other psychiatric disorders are present such as major depression, substance abuse, posttraumatic stress disorder or other anxiety disorders.

## **PREVALENCE OF BPD**

Studies of BPD in the general population have found that 1-2% are affected. The prevalence of BPD was unrelated to gender in these studies. As with all personality disorders, BPD is much more frequent in younger persons. In studies of psychiatric patients, the prevalence of BPD is much higher (10-20%).

Sometimes BPD is a life-threatening disorder. Suicide is the eighth leading cause of death in the United States, accounting for more than 30,000 deaths per year. Among teenagers, suicide is the third leading cause of death. It is estimated that 5-10% of patients with BPD end their lives by suicide.

## **CAUSES OF BPD**

As with most other psychiatric disorders, both genetic and environmental factors contribute to the cause of BPD. A large amount of research indicates that personality dispositions are inherited to a significant degree. The most dramatic research in this area are the studies of identical twins who were adopted separately at birth, raised in different households, and then found to have similar personality traits when studied as adults. One can imagine that there might be a biologic/genetic predisposition to have intense emotions that are difficult to control.

However, genetics alone do not explain BPD. A separate body of research shows that the vast majority of patients with BPD were abused or significantly mistreated as children. Childhood is the time to learn to cope and manage intense emotional changes. In fact, most children display some characteristics similar to those of BPD. For example, children will frequently tell a parent one minute that they hate them and then the next minute say they love them. Or their best friend might be hated at times. Children act impulsively. Children are moody, sometimes going from anger to tears to laughter within a half-hour. Children lose their temper at times. One of the most important goals of parenthood is to teach children how to manage and regulate their intensely felt emotions. Children who are abused often do not learn these lessons, thus they are more likely to have difficulty regulating their emotions as adults.

## **PROGNOSIS & TREATMENT OF BPD**

Patients with BPD are usually helped with treatment. Most individuals with BPD get better over time! As already noted, before beginning treatment it is important to get a thorough evaluation to determine the presence of other psychiatric disorders. The presence of depression, eating, anxiety, or substance use disorders need to be recognized so that they can also be addressed in treatment.

The mainstay of treatment for BPD is psychotherapy. Medication has also been found to be effective in reducing some of the depression, anxiety, and irritability of BPD, however medication should be thought of as an adjunct to treatment that helps the individual work in psychotherapy. The best studied treatment for BPD is dialectical behavior therapy (DBT). The goal of DBT is to increase the overall quality of a person's life. This is achieved through teaching skills and coping strategies focused on improving emotional regulation and interpersonal effectiveness, while ceasing self-destructive behavior. Other forms of therapy found to be effective in treating BPD include Cognitive Behavior Therapy, Mentalization Therapy, Schema Therapy, and Transference Focused Therapy. Specialized treatment programs may not be necessary as some recent research has found that Good Psychiatric Management may be as effective as specialized treatment.