

Spring 2022

Borderline Personality Disorder

Amanda Muncher
amuncher64@gmail.com

Follow this and additional works at: <https://digitalcommons.murraystate.edu/bis437>

Recommended Citation

Muncher, Amanda, "Borderline Personality Disorder" (2022). *Integrated Studies*. 412.
<https://digitalcommons.murraystate.edu/bis437/412>

This Thesis is brought to you for free and open access by the Student Works at Murray State's Digital Commons. It has been accepted for inclusion in Integrated Studies by an authorized administrator of Murray State's Digital Commons. For more information, please contact msu.digitalcommons@murraystate.edu.

Borderline Personality Disorder

Amanda Roberts Muncher

Department of Integrated Studies, Murray State University

BIS 437 – Senior Thesis

Mr. Scott Douglas

April 22, 2022

Abstract

Borderline Personality Disorder, also called BPD, is a mental illness that affects more than three million people in the world each year. The symptoms of Borderline Personality Disorder are distorted self-image, feelings of isolation, boredom, and emptiness, mood swings that sometimes can be severe and sudden, feelings of anxiety, loss of interest in routine activities, suicidal thoughts, and delusion. The symptoms of Borderline Personality Disorder make life very hard to live on a daily basis.

In this thesis, I will tell the history of Borderline Personality Disorder, explain the four subtypes of Borderline Personality Disorder, explain the criteria to be diagnosed with Borderline Personality Disorder and how they affect everyday life and treatments for Borderline Personality Disorder. Even though Borderline Personality Disorder can not be cured it can be managed with therapy and medication. This will allow that person to live a normal life while having Borderline Personality Disorder.

Borderline Personality Disorder

Introduction

People who live with Borderline Personality Disorder face many challenges in their daily lives. The symptoms of Borderline Personality Disorder include distorted self-image, feelings of isolation, boredom, and emptiness, mood swings that sometimes can be severe and sudden, feelings of anxiety, loss of interest in routine activities, suicidal thoughts, and delusion. In this thesis, I will discuss the history of Borderline Personality Disorder, the four subtypes of Borderline Personality Disorder, the criteria to be diagnosed with Borderline Personality Disorder and effects they have on everyday life and the treatments for Borderline Personality Disorder.

History of Borderline Personality Disorder

Even though Borderline Personality Disorder was not an actual diagnosable disorder until 1980 when it was included in Diagnostic and Statistical Manual Third Edition, it was a disorder that had been studied for forty-two years. The study of Borderline Personality Disorder began in 1938 when Adolph Stern lists most of the diagnosis criteria and used the term the border line group. (OPI, 2018) Stern used the term Borderline Personality Disorder to describe patients who were on the border of psychosis and neurosis and individuals who displayed particular symptoms under stress but then soon became relatively functional again. (Encyclopedia Britannica, 2022) Mr. Stern described the likely causes of the disorder and listed the fundamental principles of what he believed to be the most effective form of psychotherapy for patients with Borderline Personality Disorder. Many of these forms of psychotherapy are still used today. (Friedel, 2020) In 1941, Gregory Zilboorg described Borderline Personality Disorder

as a mild version of schizophrenia. In 1942, Helene Deutsch described people who have Borderline Personality Disorder as having an as-if personality. In the 1940s, Robert Knight introduced ego psychology and describes patients of Borderline Personality Disorder as being in borderline states. In 1952, the original Diagnostic and Statistical Manual of Mental Disorders (DSM-I) gave patients with the criteria for Borderline Personality Disorder the diagnosis of Emotionally Unstable Personality. In 1967, Otto Kernberg described Borderline Personality Disorder as a being in the middle between psychotic and neurotic. Kernberg created the term Borderline Personality Organization to describe a pattern of functioning and behavior of instability and having a disturbed sense of self. He described it as having periods of confidence to times of despair, unstable self-image, rapid changes in mood, with fears of abandonment and rejection, suicidal thinking, and self-harm. In 1968, Roy Grinker did the first research on Borderline Personality Disorder. After he conducted the research, he published the book *The Borderline Syndrome*. This book was the first reported results of his research program on hospitalized borderline patients whose ego-functions were studied through observations on their daily behaviors. Even though he had done the research, Borderline Personality Disorder was still not an official diagnosis in the Diagnostic and Statistical Manual of Mental Health. In 1968, the Diagnostic and Statistical Manual of Mental Disorders Second Edition (DSM-II) was published but there was still no adequate description of Borderline Personality Disorder. In 1975, John Gunderson and Margaret Singer published an article that provided relevant, and published information on borderline disorder. This article also described its major characteristics. Gunderson then published research to help with the accurate diagnosis of borderline disorder. Mr. Gunderson's publishment allowed researchers to verify the diagnosis of Borderline Personality Disorder. Due to the research Mr. Gunderson provided, he became known as the

father of Borderline Personality Disorder. Borderline personality disorder first appeared in Diagnostic Statistical Manual III as a psychiatric diagnosis based on a systematic description of observable clinical characteristics. Since Borderline Personality Disorder has been included as a psychiatric diagnosis, there has been much research on how to treat Borderline Personality Disorder. (Marrow, 2016) In 1993, Marsha Linehan provided the first effective therapy to treat Borderline Personality Disorder called Dialectical Behavior Therapy. Linehan has Borderline Personality Disorder and created Dialectical Behavior Therapy to help treat her Borderline Personality Disorder. Dialectical Behavior Therapy is based on idea that the emotion dysregulation in Borderline Personality Disorder patients is the main one and causes all of the other dysregulations they suffer. Dialectical Behavior Therapy focuses on identifying the thinking disorders and gives Borderline patients the tools to recognize and attempts to change the filters that affect their actions and reactions. Dialectical behavior therapy is still considered the most effective treatment for borderline personality disorder.(Marrow, 2016) Since Linehan developed Dialectical Behavior Therapy, there have been numerous randomized controlled trials to study the effects of Dialectical Behavior Therapy on Borderline Personality Disorder. In 1994, the Diagnostic and Statistical Manual IV was published and contains more accurate and specific symptoms of Borderline Personality Disorder. It helps makes an accurate diagnosis of Borderline Personality Disorder. Since 1994, there has been many advancements in the understanding of Borderline Personality Disorder. This includes the understanding of how prevalence of the disorder, its disabling effects, the nature of the disorder and how to treat Borderline Personality with therapy and medication. Over the last twenty years, there has been many advocate groups. Some of the most known ones are the Borderline Personality Disorder Resource Center, the National Education Alliance for Borderline Personality Disorder, the Treatment and Research

Advancement Associations for Personality Disorders and the Black Sheep Foundation. They raise awareness of Borderline Personality Disorder, its treatments, as well as treatment and support for those that suffer from Borderline Personality Disorder. In 2008, May became known as National Borderline Personality Disorder Awareness Month. Research on Borderline Personality Disorder still continues to learn more about the disorder and to better treat the symptoms.

The Four Types of Borderline Personality Disorder

When someone is diagnosed with Borderline Personality Disorder, they have to experience at least five out of the nine criteria for Borderline Personality Disorder. Based on the criteria that they are experiencing they have one or more of the four subtypes of Borderline Personality Disorder. The four subtypes of Borderline Personality Disorder are impulsive, petulant, discouraged, and self-destructive. (Riverview Community Mental Health Center, 2021) In this section, I will be explaining each subtype of Borderline Personality Disorder.

The first subtype of Borderline Personality Disorder is impulsive. The impulsive Borderline Personality Disorder is prone to reckless and risk-taking behavior and often acts without regard for the consequences. (Riverview Community Mental Health Center, 2021). People with this impulsive Borderline Personality Disorder may be charismatic, energetic, elusive, or detached, flirtatious, engaging or motivating. (Pugle, 2022) The actions of the impulsive Borderline Personality Disorder are divided into three main categories.

The first category is Binging Behaviors. Binging Behaviors in those with impulsive Borderline Personality Disorder are things that they do in an excessive amount. Some of the things that may be included are binge eating and overspending. (Pugle, 2022). Some mental

health professionals have suggested that Borderline Personality Disorder does play an active role in the development of binge eating disorder. The impulsive behaviors of someone with Borderline Personality Disorder could lead to an individual engaging in detrimental eating behaviors, which would subsequently increase their risk for developing an eating disorder. Eating disorders occurs in about six to eleven percent in those with Borderline Personality Disorder. In the general population, only about two to four percent of people have an eating disorder. (Wallach, 2021). The second binge behavior that may occur is overspending. Many people with impulsive Borderline Personality Disorder spend a lot of money in a short amount of time. Those with impulsive Borderline Personality Disorder are more prone to see something that they want and buy it without thinking of the consequences than people without impulsive Borderline Personality Disorder. This behavior causes the person with Borderline to have to ask friends and family to help them out with their expenses due to the excessive spending. They also have a higher likelihood to have problems with gambling. In the general public, approximately two percent of the population have problems with gambling. People with Borderline Personality are at a higher risk of problems with gambling. Gambling for those with impulsive Borderline Personality Disorder help as an escape from the many symptoms of Borderline Personality Disorder. The second characteristic of an impulsive Borderline is the need to be the center of attention. Impulsive Borderlines will do anything to keep the attention on themselves. This can include acts such as always have a bad day so that they get attention from their friends, family, and others around them, doing things that will make other people talk about them all of the time, and even making scenes so people will see them. The last characteristic of an impulsive Borderline is that they often complain of chronic or recurring illness to gain attention and sympathy. Even though many people with Borderline Personality Disorder are diagnosed with

other mental illnesses such as major depression disorder, anxiety disorder and most often Post Traumatic Stress Syndrome, those that have Impulsive Borderline Personality Disorder often are at the doctor office with many different illnesses. Those with impulsive Borderline Personality Disorder may be considered a hypochondriac because the illnesses they have are not there but only for attention or sympathy. This type of behavior can be very frustrating for the family and friends of the person with impulsive Borderline Personality Disorder. This frustration can be due to the amount of time, and money that is spent on these illnesses.

The second subtype of Borderline Personality Disorder is the petulant Borderline Personality Disorder. People with petulant Borderline Personality Disorder People have changing of their emotions. Their emotions change unpredictably between one emotion and another. They often feel unworthy and unloved which leads to relationship challenges and an unhealthy desire for control. People with petulant Borderline Personality Disorder often experience irritability and impatience, stubbornness and defiance, passive-aggressiveness, and severe mood swings. They can also be very manipulative and feel very dissatisfied in their relationships. They also can have problems with substance abuse and do dangerous acts. (Pugle, 2022) There are ten common signs of petulant Borderline Personality Disorder. The ten common signs of petulant Borderline Personality Disorder are emotional outbursts, passive aggressive behavior, pessimistic attitude, push and pull pattern in relationships, easily insulted, resentment towards others, demanding of others, jealousy, paranoia, and guilt and worthlessness. (Choosing Therapy, 2022)

The first sign that a person has petulant Borderline Personality Disorder is emotional outburst. Most of the time these emotional outbursts are towards the people around them and are

very unpredictable. People with petulant Borderline Personality Disorder are very impatient and can become very violent when their needs, as they see it, are not met at that time. When their needs are not met, it causes them to remember when a caregiver or parent failed to give them the support that they needed. This can lead to expect perfection and have a hard time managing their emotions when their expectations are not met. (Choose Therapy, 2022)

The second sign that a person has Petulant Borderline Personality Disorder is passive – aggressive behavior. People with petulant Borderline Personality Disorder often go from very emotional outburst to passive – aggressive behavior when they are angry. When they use the passive – aggressive behavior they express their anger indirectly to the person that made them angry. Some examples of passive – aggressive behavior that they may use are resentment or opposition to the demands of others, resistance to cooperation, procrastination, and intentional mistakes in response to others' demands, cynical, hostile attitude, and frequent complaints about feeling underappreciated or cheated. (Hall- Flavin, 2022)

The third sign that a person has Petulant Borderline Personality Disorder is pessimistic attitude. People with Petulant Borderline Personality Disorder has a negative or pessimistic attitude toward themselves, others, and the world. Most of the emotions that they feel are negative. They often feel irritable, annoyed, slighted, stubborn, and cynical towards others. They may experience worthlessness, guilt, and shame towards themselves. The negative attitude that they have is hard on the people around them causing the people around them to feel like they can not help the person change to be a better person or see things in a more positive light. (Hall- Flavin, 2022)

The fourth sign that a person has Petulant Borderline Personality Disorder is a “Push & Pull” Pattern in Relationships. People with Petulant Borderline Personality Disorder has a need to be close with others but does things that actually drives other people away from them. Their explosive anger and rage, pessimistic and negative attitude pushes their loved ones away from them resulting in their loved ones failing to live up to their expectations resulting in difficulty maintaining relationships with the person with Petulant Borderline Personality Disorder.

The fifth sign that a person has petulant Borderline Personality Disorder is that they are easily insulted. People with Petulant Borderline Personality Disorder can be overly sensitive. They can easily feel slighted and may express this aggressively or hold it in and build resentment. They tend to view people in “black and white” terms. This is also called Borderline Personality Disorder splitting.(Choose Therapy, 2022) Borderline Personality Splitting is when someone with Borderline Personality Disorder sees people, objects, beliefs, or situations as either all good or all bad. Splitting often occurs suddenly but can last weeks, months or even years before it changes. While someone is Borderline Personality Disorder splitting they will use the words never or always, none and all, or good and bad. Borderline Personality Disorder splitting is used to help protect themselves from anxiety caused by their fear of abandonment, loss of trust, and betrayal. (HealthLine, 2022) They are likely to hold grudges if they are insulted.

The sixth sign that a person has Petulant Borderline Personality Disorder is resentment toward others. People with Petulant Borderline Personality Disorder are easily annoyed and insulted by others. When they are insulted by others they are very likely to hold a grudge and will not be able to let that grudge go easily. This causes some of their closest family and friends

to be driven away from them causing many problems in their relationships. (Choose Therapy, 2022)

The seventh sign that someone has Petulant Borderline Personality Disorder is that they are very demanding of others. People with Petulant Borderline Personality Disorder hold everyone else around them to very high expectations. If the expectations cannot be met they become angry. This can lead to emotional outburst or even passive – aggressive behavior towards the person. The friends and family members of the person with Petulant Borderline Personality Disorder feels like they can never do anything right in the person's eyes and often distance themselves from them. (Choose Therapy, 2022)

The eighth sign that someone has Petulant Borderline Personality Disorder is jealousy. People with Petulant Borderline Personality Disorder are very jealous that the people that are around them are very happy and successful. They feel as though they cannot be happy or successful like those around them because of the things that has happened to them in their childhood. They may also feel as though there is an unfairness in the world, they were cheated in life or others are cheating in order to be happy and successful. The jealousy that they feel causes them to not trust others and leads to mistrust in all of their relationships.

The ninth sign that someone has Petulant Borderline Personality Disorder is paranoia. People with Petulant Borderline Personality Disorder commonly feel suspicious and paranoid about others' intentions especially towards them and others that are care about and love. They assume that others are out to get them, and only want to meet their own needs. One thing that I personally do due to my paranoia is checking all of my windows and doors numerous times during the day and night even though I know that they are locked. This gives me a sense of

security in a world that I am uncertain of the intent of others to myself and my property. Even though a person close to someone with Petulant Borderline Personality Disorder proves themselves to them, the person with Petulant Borderline Personality Disorder will act in ways to destroy the relationship because of the paranoia.

The last sign that a person has Petulant Borderline Personality Disorder is guilt & worthlessness. As we learned earlier in this section, those with Petulant Borderline Personality Disorder are reactive to others. They also can change their anger inward and experience feelings of depression, guilt, worthlessness, and self-criticism. This normally occurs after an emotional outburst. Once they began to have the feelings of depression, guilt and worthlessness, and self-criticism, they are more likely to do self-harm to help release the emotions that they are experiencing. The self-harm can be scratching, biting, cutting or even attempting suicide. These emotions are very extreme and hard to handle and they need the release of the emotions. (Choose Therapy, 2022)

The third subtype of Borderline Personality Disorder is Discouraged Borderline Personality Disorder. This is also called the Quiet Borderline. The Discouraged Borderline can be mixed with the dependent or avoidant patterns. When they mix the dependent pattern, they make a submissive attachment to just one or two significant others. They exhibit clingy and codependent behavior. They tend to follow a group even when they seem to be rejected. They are preoccupied with their lack of security, mainly their own helplessness, self-doubt, and lack of self-sufficiency. People with Discouraged Borderline Personality Disorder will cling to anyone around them and merge their own identity with that person's identity. They are easily panicked by a sense of isolation or aloneness making them feel depressed and powerless. Even the

simplest of responsibilities are a burden to them and will seem impossible. They feel like their life is hopeless and empty. They go into a depressive state making others to tend to them to their every need. Discouraged borderlines may also mix characteristics of the depressive personality. If they mix in these characteristics they respect authority, tend to be grim and humorless, and expect rewards when they are compliant and submissive. If person with Discouraged Borderline Personality Disorder thinks that their relationship has not happened as they thought it would such as failing to give them their promised rewards, they become resentful and angry. They feel like they are forced into submission and betrayed. In response, they become excessively preoccupied with self-reproach. Self-mutilation and suicidal attempts are used to control their resentment or is used as a punishment for their anger. (ALPF Medical Research, 2022)

Discouraged borderlines are more likely to engage in self-mutilation and even suicide. They seek approval but also tend to avoid people, feel unworthy, and trend toward depression. (Shaw, 2021)

The last subtype of Borderline Personality Disorder is the Self-Destructive Borderline Personality Disorder. People with Self-Destructive Borderline Personality Disorder are prone to be overly sensitive to any perceived criticism that they receive from others around them. They have a hard time empathizing with others and lash out in hostility when they feel threatened. The self-hatred and bitterness that they feel is so severe that it causes them to react irrationally and push away the people who care about them the most. They are very impulsive, moody, and prone to risky behavior and self-harm. (Olivera, 2021) There are nine traits that are common for someone with Self-Destructive Borderline Personality Disorder. The nine traits that are common in Self-Destructive Borderline Personality Disorder are intense feelings of self-hatred, prone to self-harm, depressed, feelings of bitterness, look for comfort through attention from others,

suicidal behavior, substance abuse, engage in reckless behaviors out of lack of self-care, tend to sabotage their own happiness and wellbeing due to feelings of being undeserving, and unstable self-image.

The first trait that is common with Self-Destructive Borderline Personality Disorder is intense feelings of self-hatred. Everyone has had a time when they have hated themselves because of something that they have said or done in their life. Someone with Self-Destructive Borderline Personality Disorder, takes that self-hatred to an extreme. To truly understand this, I think we first need to know what self-hatred is. Self-Hatred may also be called self-loathing. Self-hatred encompasses continual feelings of inadequacy, guilt, and low self-esteem. The person constantly compares themselves to others, perceives only the negative, ignores the positive, and believes that they will never be good enough. (Psychology Today, 2022) When someone has intense feelings of self-hatred, their entire day is encompassed of never feeling worthy, good enough, and always feels as though they are a failure to everyone else around them. They constantly compare where they are in life, what they did and every other aspect of their life to everyone around them. If they are not at the top or the best then they are a failure and they will never be able to live up to the standards that they set for themselves. Many times, they crash under the pressure that they put on them to live as good or better than everyone else. When they do look at what they have done they only see what they did not achieve or did correctly and not how far they have come, what they completed or what they did achieve. As they only see the negative in their lives, they have very low-self-esteem and self-worth. They do not believe that they will ever be able to do it so they always think that they are a failure. This is something that I personally fight with everyday of my life. If I am not the best or have the best grade in class, then I failed. I put all of this extra pressure on myself and let me to having more self-hatred and

discouragement. Through the use of medication and therapy, I am improving but I still struggle with this every day.

The second common trait of Self-Destructive Borderline Personality Disorder is being prone to self-harm. Self-harm does go along with the first common trait of someone with Self-Destructive Borderline Personality Disorder. When a person has Self-Destructive Borderline Personality Disorder and always feel like a failure, they need an outage to feel like they are back in control. Most people with Borderline Personality Disorder have low self-esteem and feel like no one will ever miss them. They feel like they just need a release of the emotions which leads to self-harm. Self-harm comes in many different forms. Self-harm includes cutting themselves, such as using a razor blade, knife, or other sharp object to cut the skin, punching themselves or punching things, burning themselves with cigarettes, matches, or candles, pulling out hair, poking objects through body openings and breaking their bones or bruising themselves. These acts are done on purpose to themselves to help handle the emotions that they are feeling at the moment. It gives relief of the feelings of loneliness, hopelessness and even anger. (United States Department of Health and Human Services, 2022) Sixty-five to eighty percent of people with Borderline Personality Disorder have done some kind of non-suicidal self-harm. This statistic is staggering and shows why this is one of the criteria for the diagnosis of Borderline Personality Disorder.

The third common trait of someone with Self-Destructive Borderline Personality Disorder is depression. Many people who have Self-Destructive Borderline Personality Disorder are also diagnosed with other mental illnesses including Major Depression Disorder. One study found that about 96% of patients with Borderline Personality Disorder met criteria for a mood

disorder. In this study, eighty three percent of patients with Borderline Personality Disorder also met criteria for the major depressive disorder, and thirty nine percent of patients with Borderline Personality Disorder also met criteria for dysthymic disorder. (Salters- Pedneault,2020)

Depression in people with Self-Destructive Borderline Personality Disorder is very common.

Since they have very low self-esteem and self-worth, always critical of themselves and do some type of self-harm, they never truly see how their life will ever get better. This causes them to go into a depressive state. While they are experiencing depression, they lose all interest in

everything around them, stop eating and drinking, and sleep all of the time. Depression in

Borderline Personality Disorder has been described as being associated with feelings of anger, deep shame, such as feeling emotionally like a bad or evil person, loneliness, and emptiness.

(Salters- Pedneault,2020) During this time, they may cut off all contact with friends and family because they cannot deal with seeing someone be disappointed in them or may not have the energy to meet with others. This may also be the lowest position that they may have ever been in and may last days, weeks or even months at a time.

The fourth common trait of a person with Self-Destructive Borderline Personality Disorder is feelings of bitterness. In psychology, the emotional reaction and mood of bitterness is also called embitterment. Bitterness is the emotional state of feeling let down and unable to do anything about it, or to always feeling a loser. Bitterness can lead to long term psychological distress that affects everything from your sleeping patterns, appetite, and sex drive. (Harley Therapy Ltd., 2015) Bitterness in someone with Self-Destructive Borderline Personality Disorder not only affects how they see themselves but how they view the people around them. When someone with Borderline Personality Disorder has the idea that they have been let down by someone that they love, cared about, or trust it is a major issue. Many people with Borderline

Personality Disorder, including myself, have experienced lots of people that have let them down especially in their childhood. This can include their parents, family members, friends, teachers, or others that they trust including therapist. When anyone lets them down, they develop a resentment towards them and holds grudges for the things that they have done. Since they now have a distrust towards them, it will take them longer to let go of the feelings that have and they may never not have the bitterness that they feel towards that person.

The fifth common trait for Self-Destructive Borderline Personality Disorder is that they look for comfort through attention of others. When someone has Borderline Personality Disorder, they commonly seek the attention of others to help ease the emotions that they are feeling at that moment. For each person with Borderline Personality Disorder, this act can be very different. For a person with Self-Destructive Borderline Personality Disorder, if they do not get the attention that they think that they need at that moment they are likely to do some type of self-harm so that they will be provided the attention that they think that they deserve. Someone with Borderline Personality Disorder may have a favorite person with which they love to spend all of their time. This person can be anyone, but it's often a romantic partner, family member, good friend, or a supportive person such as a coach, therapist, or teacher. This person may become the source of all happiness and validation. The individual with Borderline Personality Disorder wants all of their favorite person's attention as much as possible. The relationship they have with their favorite person shapes their mood, confidence, and sense of security. The person with Borderline Personality Disorder relies on their favorite person for love and attention, but any problem can result in anger, fear, or a sense of instability.

The sixth common trait of a person with Self-Destructive Borderline Personality Disorder is suicidal behavior. This common trait goes along with the trait of self-harm. A person with Self-Destructive Borderline Personality Disorder will not only do self-harm but also have suicidal behavior. Suicidal Behavior occurs in up to ten percent of people that have been diagnosed with Borderline Personality Disorder. Suicide occurs at a much later time in Borderline Personality Disorder compared to other disorders and usually follows after a long time of unsuccessful treatment. A 15-year study found that the average age at suicide to be 30 for people that suffer with Borderline Personality Disorder. A 27-year study showed that the average age to be 37 with a variation of ten. Males with Borderline Personality Disorder have a different pattern than women with Borderline Personality Disorder. Nearly one-third of youth suicides, most of those are male, could have been diagnosed with Borderline Personality Disorder by psychological autopsy. Other studies of Borderline Personality Disorder patients who died by suicide also showed a greater number of males over females. Most of these patients were not in treatment at the time of their death. (Paris, 2019). Being in treatment does decrease the likelihood of suicidal behaviors in Self-Destructive Borderline Personality Disorder but it does not completely get rid of it in most people with the disorder.

The seventh common trait of a person with Self-Destructive Borderline Personality Disorder is substance abuse. Substance abuse is the use of uncontrollable use of alcohol, prescription drugs or illicit drugs that affects the person's everyday life. When a person has Self-Destructive Borderline Personality Disorder, they use alcohol, prescription drugs and illicit drugs to just escape the reality of their life for a period of time so that they can have a break from it all. As their bodies get use to the amount that they are using, they will have to increase the amount to get the same effect that they felt at an earlier time. Over time, with the increase of substance

abuse, they have a harder time dealing with the reality of the disorder without the use of the drug. Many times, substance abuse leads to problems at work or school, health issues, behavior changes, money problems and neglecting their appearance. When the person uses the substances they are unable to properly regulate their emotions that come with having Borderline Personality Disorder and can also lead to relationship problems. (Mayo Clinic, 2022)

The eighth common trait for a person with Self-Destructive Borderline Personality Disorder is engage in reckless behaviors out of lack of self-care. Reckless behavior out of lack of self-care is when a person does something that is dangerous because they do not care about themselves and not to impress anyone else around them. Reckless behavior can include binge eating, binge drinking, abusing illicit drugs, driving recklessly and even indiscriminate sex. The person with Borderline Personality Disorder knows that the action may be very dangerous and could lead to major injury or even death. Due to the person with Self-Destructive Borderline Personality Disorder not caring for themselves, they do these actions to cause themselves harm so that they will get attention that they need at that time. As a result of engaging in these dangerous activities, the person with Borderline Personality Disorder will have to face the health and physical consequences of their actions. If they engage in binge eating, it can lead to heart disease and blood sugar spikes. Sexually transmitted diseases and unplanned pregnancies can result from the person having indiscriminate sex. (Lawler, 2018)

The ninth common trait of a person with Self-Destructive Borderline Personality Disorder is that they tend to sabotage their own happiness and wellbeing due to feelings of being undeserving. A person with Self-Destructive Borderline Personality Disorder feels like their life will never be worthwhile so they always do something to make sure that they are miserable.

There are many ways that a person with Self-Destructive Borderline Personality Disorder sabotage their own happiness. Some of the ways that they sabotage their happiness include starting fights with family and friends, pushing people away, pushing people close to them to the limit to see if they will stay, procrastinate, spend money excessively, overshare, take on other people's problems, do things to prove that they are unworthy, and over apologize and blame themselves for everything. (Mighty Proud Media, 2018) The person with Self-Destructive Borderline Personality Disorder may sabotage their happiness and wellbeing to get sympathy from others or get the attention that they are seeking but most of the time they do the actions due to the fact they feel unworthy of the person's love and affection for them.

The tenth common trait of a person with Self-Destructive Borderline Personality Disorder is unstable self-image. People with Self-Destructive Borderline Personality Disorder depend on others for their self-image. If the people around them are being very positive and uplifting their self-image is increased. If the people that they care about are not being positive, such as pointing out what they are doing wrong, or not able to be there for the person at that time their self-image is very poor. Their change in self-image can be very drastic and can be very quickly. They may also shift their goals, values, and vocational aspirations. There may also be changes in opinions and plans about career, sexual identity, values, and types of friends. One the major reasons that people with Borderline Personality Disorder has unstable self-image is that they have developed the coping mechanism called self-splitting. Splitting is when the person fails to bring together both positive and negative qualities that they and others possess into a complete thought. Their unstable self-image can also be caused by overreliance on the evaluations, love, and approval of others, an impoverished self-concept, and excessive dependency. The self-image of s person with

Borderline Personality Disorder can change very quickly depending on who is around them and the environment.

CRITERIA TO BE DIAGNOSED WITH BORDERLINE PERSONALITY DISORDER

For a patient to be diagnosed with Borderline Personality Disorder, they have to experience five out of the nine different criteria that is set out in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition. This manual was published in 2013 by the American Psychiatric Association. The symptoms of Borderline Personality Disorder are divided into four different domains. The first domain, also called Domain A, is excessive, unstable, and poorly regulated emotional responses. This will include the first three criteria of Borderline Personality Disorder. These criteria include affective (emotional) instability including intense, episodic emotional anguish, irritability, and anxiety/panic attacks, anger that is inappropriate, intense, and difficult to control, and chronic feelings of emptiness. The second domain, also called Domain B, is impulsive behaviors that are harmful to themselves or to others. In this domain it includes two of the criteria of Borderline Personality Disorder. These symptoms are self-damaging acts such as excessive spending, unsafe and inappropriate sexual conduct, substance abuse, reckless driving, and binge eating, and recurrent suicidal behavior, gestures, threats, or self-injurious behavior such as cutting or hitting themselves. The third domain, also called Domain C, is inaccurate perceptions of yourself and others, and high levels of suspiciousness. This domain includes two criteria of Borderline Personality Disorder. The first criteria in this domain are markedly and persistently unstable self-image or sense of yourself. This is your perceptions of yourself, and your identity. The second criteria in this domain are that they are very suspiciousness of other's thoughts, paranoid, or transient and experience a feeling that the

surrounding around them is unreal. The last domain, also called Domain D, is experiencing tumultuous and very unstable relationships. The last two criteria are under this domain. The two criteria that are included in this domain are engaging in frantic efforts to avoid real or imagined abandonment, and they have very intense, and unstable relationships that alternate between the extremes of over idealizing and undervaluing people who are important. (Friedel, 2020)

The first criteria that a person must meet in order to receive a diagnosis of Borderline Personality Disorder is emotional instability including intense, episodic emotional anguish, irritability, and anxiety/panic attacks. Emotional instability is the rapid, exaggerated change in a person's mood, and occurs with strong emotions or feelings. These very strong emotions are not always related to the person's emotional state. Emotional instability occurs in approximately two percent of the general population, ten percent of psychiatric outpatients, and twenty percent of psychiatric inpatients. Emotional instability occurs more frequently in females than males. Emotional instability is very common in adolescents, but most adolescents grow out of this behavior. (Medigoo, 2022)

Marlies Houben, Merijn Mestdagh, Egon Dejonckheere, Jasmien Obbels, Pascal Sienaert, Joris van Roy, and Peter Kuppens conducted an experiment to examine the pattern of emotions in people diagnosed with Borderline Personality Disorder. During the experiment, they had one hundred and eighteen participants. Forty of the participants were diagnosed with Borderline Personality Disorder, thirty-eight participants were clinical controls with a major depressive episode that had not been diagnosed with Borderline Personality Disorder, and forty healthy control participants. After conducting the four part experiment on the one hundred and eighteen participants, they concluded that the participants with Borderline Personality Disorder

showed larger consecutive changes in negative effects than both clinical and healthy controls. People with Borderline Personality Disorder also exhibited stronger consecutive changes in positive effects, and larger changes from positive to negative emotional states than the participants with a current major depressive episode. This showed that participants with Borderline Personality Disorder have a heightened instability in comparison to the participants with a major depressive episode, and the healthy controls. Participants that were controls with a major depressive state did show blunted emotional responsiveness in comparison to the participants with Borderline Personality Disorder. When they compared the average emotionality of the participants, the participants with Borderline Personality Disorder showed larger consecutive changes in the intensity of positive and negative effects, and larger changes from positive to negative states in comparison to the participants with a major depressive episode and the healthy controls. This study showed that participants with Borderline Personality Disorder have an increase sensibility especially to negative emotions and stimuli in comparison to those with major depressive episode and the healthy controls. (Houben,2021)

The second part of this criteria is that people with Borderline Personality Disorder experience anxiety attacks. An anxiety attack is a sudden episode of intense anxiety accompanied by a feeling of impending doom and frightening physical symptoms, such as a racing heartbeat, shortness of breath, or nausea. (Bence, 2021) Between seventy-five and ninety percent of people with Borderline Personality Disorder also has at one type of anxiety disorder and experiences anxiety attacks compared to four percent of the world's population that have anxiety. In the last ten years, there has been a major increase in research of how Borderline Personality Disorder and anxiety disorders are related. One article that shows the correlation of the diseases was done by Andrea Bulbena-Cabré, M. Mercedes Perez-Rodriguez, Stephen Porges, Antonio Bulbena, and

Marianne Goodman M.D. They published their article in August of 2017. The article showed that there is a high occurrence of anxiety with a person that also has Borderline Personality Disorder. One of the key things that they say that causes Borderline Personality Disorder in early infancy is separation anxiety along with unusual sensitivity, and inability to self-soothe. Data showed that anxiety among borderline patients ranges from fourteen to twenty-two percent for generalized anxiety disorder, two to forty-eight percent for panic disorder, and nineteen to forty-six percent for social phobia. Borderline patients also showed a higher likelihood that they would also have Posttraumatic stress disorder (PTSD) and Obsessive-Compulsive Disorder (OCD). Post Traumatic Stress Disorder occurred in twenty-five to fifty-six percent while Obsessive-Compulsive Disorder occurred in sixteen to twenty percent of people with Borderline Personality Disorder. Lifetime anxiety disorders have been diagnosed in patients that also have Borderline Personality Disorder. A meta-analysis published by Oddgrier Friborg found that at least sixteen percent of patients with panic disorder and nine percent of patients with General Anxiety Disorder also had borderline personality disorder. (Bulbena- Cabre, 2017) When a person has an anxiety attack, it affects their whole body. Long-term anxiety and panic attacks causes the brain to release stress hormones. Two examples of stress hormones that are released are adrenaline and cortisol. Anxiety attacks also cause rapid heart rate, palpitations, and chest pain. There is also an increased risk of high blood pressure, heart disease, and coronary events. Anxiety also affects the excretory and digestive systems. Stomachaches, nausea, diarrhea, loss of appetite and other digestive issues also occurs when a person has an anxiety attack. Anxiety has also been linked to the development of irritable bowel syndrome which can cause vomiting, diarrhea, or constipation, Anxiety increases your pulse and breathing rate, so your brain can get more oxygen. Your immune system may even get a brief boost. Anxiety can weaken your

immune system, leaving you more vulnerable to viral infections and frequent illnesses. Anxiety also causes the person to have headaches, muscle tension, insomnia, depression, social isolation. Anxiety overall is just exhausting due to the overall effect on the body. (HealthLine, 2022)

The second criteria that a person with Borderline Personality Disorder has to experience is anger that is inappropriate, intense, and difficult to control. Anger in a person with Borderline Personality Disorder can occur suddenly and unpredictably, which can be triggered by an intense fear of being alone. At times, the anger that they feel may change from anger to rage. These feelings can last from a few hours to a few days at a time. Their intense fear of rejection causes them to anxiously expect rejection. This can cause them to have unexpected intense reactions. A person with Borderline Personality Disorder views things and people as either extremely good or extremely bad, and their opinion of someone can quickly change from friend to enemy. The quick change of how they view the people around them causes them to be angry at them, which can lead to violence. (Clearview Treatment Programs, 2022)

Katja Bertsch, Sarah Back, Aleya Flechsenhar, Corinne Neukel, Marlene Krauch, Karen Spieß, Angelika Panizza³ and Sabine C. Herpertz conducted a study to see the link between anger and Borderline Personality Disorder. In the study, they had sixty participants that had a current diagnosis of Borderline Personality Disorder and thirty- two healthy women. The Titrating Mirror Tracing Task was used to cause frustration and measure their anger. In this task, participants were required to trace a red dot along the lines of a star using the computer mouse. In order to increase their frustration, the mouse was programmed to move the red dot in the reverse direction, that the participant moved the mouse. In order to increase the difficulty of this task and the resulting frustration, moving the red dot outside of the lines of the star or stopping

for more than 2 seconds caused a loud buzzing noise and the red dot to return to the starting position. The study was done in four rounds in total. The first three rounds had increasing difficulty to induce frustration and the final round could be stopped by the participant to measure frustration tolerance. In the first three rounds, difficulty was increased by changing the star's width based on the participant's individual performance in the prior star. All participants started with an easy star at first. After finishing, the participants were informed that the next star would be more difficult. The line width of this second, medium star was determined by dividing the participant's best distance by ninety - eight pixels rounding down and then subtracting the result from thirty. The line width was between fifteen and thirty pixels. This round lasted two minutes. After this, participants had to work on a third, hard star for one minute. This star's line width was five pixels smaller than the line width of the medium star. The fourth and final star had the same line width as the hard star, but participants were informed that they could end the task at any time by pressing the space bar but did not know that they had a five minute time limit. The amount of time it took for the participants to terminate the task was a reliable measure for frustration tolerance. The study that they performed showed that the women with Borderline Personality Disorder reported a significantly greater intensity of negative emotions than healthy women before and after frustration. The study confirmed a greater intensity of negative emotions in women with Borderline Personality Disorder compared to healthy women at baseline as well as after frustration induction. The anger in participants that were diagnosed with Borderline Personality Disorder was significantly higher than the anger that the healthy controls experienced. The anger in the participants with Borderline Personality Disorder was significantly related to aggressive behavior in the previous two weeks and the experienced frustration in the experiment. The increase in anger in the participants with Borderline Personality Disorder was

more than twice as high as in healthy controls in the study. This study showed that people with Borderline Personality Disorder have an increase in anger in comparison to the general population. (Bertsch, 2021)

Anger affects the person in all parts of their life. Excessive and uncontrollable anger causes problems in the relationship the person has with friends and family, problems at work, legal and financial difficulties, and physical and mental health issues. Anger has been found to be cause of murder, violent crimes, destruction of property, and abuse. Anger also affects the person's thoughts and feelings. The use of alcohol or other substances are increased to dull the anger or to forget about what made the person angry. The use of these substances only causes more problems in their life and is not a positive solution to the anger that the person feels. Anger can also affect the person's ability to think clearly, causing the person to make poor decisions and use poor judgment. Anger can cause them to say things that they later regret and negatively impact their relationship with the person. Anger creates energy surges, resulting in heart rate and blood flow increases, and muscles tension. (Miller, 2020) A person that has constant anger is twice as likely to have a heart attack, three times as likely to have a stroke and six times as likely to have a brain aneurysm Anger causes the person's immune system to increase inflammation and decrease in the antibodies that fights off diseases. This causes the person to become sick more easily and have a hard time fighting off the diseases that normally would be easily eradicated. Anger affects the person's lungs. A group of Harvard University scientists studied six hundred and seventy men over an eight year span. They compared the amount of anger they had to the change in their lung capacity. The men with the highest hostility ratings had significantly worse lung capacity, that increased their risk of respiratory problems. The researchers theorized that the increase in anger created inflammation in the airways. People that experience anger on a

continuous basis are more likely to have a shorter life span than those who do not experience that type of anger. A University of Michigan study done over a seventeen year period found that couples who hold in their anger had a shorter life span than those who readily say when they're mad. (Strong, 2015) Overall, anger is very detrimental for our body. Since people with Borderline Personality Disorder often are angry they are an increased risk of the many health risks.

The third criteria that a person with Borderline Personality Disorder experiences is chronic feelings of emptiness. In order to have a better understanding of this criteria, it is important to understand what chronic feelings of emptiness means. Chronic emptiness is defined as feeling hollow, without purpose, or without meaning. Chronic feelings of emptiness can also be defined as feelings of disconnection from both self and others, and a sense of numbness and nothingness. When a person with Borderline Personality Disorder has chronic feelings of emptiness, they are unable to see that they have a purpose in life or a reason to live. Those feelings of emptiness that they experience leads to impulsivity, self-harm, suicidal behavior, and impaired mental and social functions.

Caitlin E. Miller, Michelle L. Townsend & Brin F. S. Grenyer conducted a study to understand chronic feelings of emptiness in Borderline Personality Disorder. In the study, they had fifteen participants with Borderline Personality Disorder to rate how often have they felt chronically empty in the last two weeks. They used a scale of one which is none of the time to six which is all of the time. After they completed the test, ninety-three percent of the participants met criteria for five or more symptoms of Borderline Personality Disorder. Ninety three percent of the participants had abandonment fears, ninety three percent had affective

dysregulation, eighty percent experienced identity disturbance and eighty percent had chronic emptiness. One participant had three symptoms of Borderline Personality Disorder, and three participants noted they did not currently experience feelings of chronic emptiness. The four participants who endorsed the highest severity (most or all of the time) of chronic emptiness were all single, not currently employed. The four participants who endorsed the least severe emptiness in the past were all in a relationship or married and were employed part- or full-time or caring for others. This study found that for people with Borderline Personality Disorder, chronic emptiness is experienced as a sense of nothingness and numbness that reflects a feeling of disconnect from both themselves and others. They also had feelings of unfulfillment and purposelessness. Chronic emptiness is a frequent experience that significantly limits the functional capacity of people with Borderline Personality Disorder and is significantly different than loneliness, hopelessness, dissociation, and depression. (Miller, 2021)

The chronic feeling of emptiness that people with Borderline Personality Disorder experience affects their entire life. The first way that chronic emptiness affects a person with Borderline Personality Disorder is that become very impulsive. When a person with Borderline Personality Disorder is feeling chronically emptiness, they try to find anything to fill that void. In order for them to fill the void, they do things that they normally would not do and even at times that is very dangerous. Some examples of things that an impulsive Borderline Personality Disorder person may do include excessive shopping, drinking alcohol, trying drugs, have unprotected sex, reckless driving, and binge eating. These impulsive acts only decrease the chronic emptiness for a short time and then they have to use another way to cope. The impulsive acts also have major consequences for their relationship with family, their job, and their health. The second way that chronic emptiness affects a person with Borderline Personality Disorder is

that it causes them to perform self-harm. Self-harm commonly occurs in people with Borderline Personality Disorder especially when they are chronically feeling empty. Since they feel like their life will never get any better, they use self-harm as a release of the emotions that they are feeling. There are many methods that they can use to do self-harm including cutting, burning, scratching or other external injury to themselves. The third way that chronic emptiness affects a person with Borderline Personality Disorder is suicidal behavior. Since the chronic emptiness that a person feels with Borderline Personality Disorder makes them think that they have no reason or purpose to live it often leads them to suicidal behavior. Suicidal behavior is an act that they do to themselves to end their life. Suicidal behavior occurs when they feel like it would be better to end their life than live in the emptiness that they experience every day. Suicidal behavior comes in many forms including cutting their wrists, hanging themselves, gun shot wound, and overdose. At the time that the person does the suicidal behavior, they feel as though they have nothing left to keep them here and that no one would even miss them. The last way that chronic emptiness affects a person with Borderline Personality Disorder is their mental and social functions. The first part of this way is that it affects their mental function. Mental function is how they think about the things around them. While the person with Borderline Personality Disorder has the chronic feelings of emptiness, they only see the worse in everything including themselves. They lose the ability to see things objectively and not subjectively. Since they are not able to see things clearly, they can make bad decision that could affect the rest of their lives. The second part is that their social function is affected by the chronic emptiness. When someone thinks about social function, they would define it is the interaction that a person has with the people around them and how well they are able to complete their role in the environment. When someone has chronic feeling of emptiness that occurs with Borderline Personality Disorder, it is

common for them to avoid all unnecessary interactions with the world around them. Many times, they fall into a depressive state and do not have the energy to be around others and even entertain them. It is common for them to sleep more than usual and have an overall pessimistic view of everything in their life. Due to the lack of social interaction, it is common for someone with Borderline Personality Disorder to feel that they are left out of things or even out of touch with the world. The chronic emptiness that they feel also makes it very hard to complete their daily required tasks such as work, school, and household chores. While they are feeling the chronic emptiness, many of these tasks are not completed and can lead to lose of their job, failing out of school and even a buildup of house cleaning. Since their home may be as clean as it usually is this can cause the people in the home to become ill due to the bacteria that is growing in the house.

The first three criteria that I have explained are included in Domain A of Borderline Personality Disorder. The criteria in Domain A are excessive, unstable, and poorly regulated emotional responses. This includes affective (emotional) instability including intense, episodic emotional anguish, irritability, and anxiety/panic attacks, anger that is inappropriate, intense, and difficult to control, and chronic feelings of emptiness. These criteria affect how the person with Borderline Personality Disorder emotionally responds to the world around them. These emotional responses affect their entire life and is detrimental to their overall health.

The fourth criteria that a person with Borderline Personality Disorder experiences is self-damaging acts. Self-damaging acts are acts that a person does to do harm to themselves without thinking about the consequences of the actions. Some examples of self-damaging acts are such as excessive spending, unsafe and inappropriate sexual conduct, substance abuse, reckless driving,

and binge eating. Self-damaging acts not only affects the person that has Borderline Personality Disorder but also their family.

Nermin Mahmoud Shaker, Lobna AbuBakr Azzam, Randa Mohamad Zahran, and Reem Elsayed Hashem did a study of the frequency of binge eating behavior in patients with Borderline Personality Disorder and its relation to emotional regulation and impulsivity. In the study they had seventy participants that had a diagnosis of Borderline Personality Disorder, they were between eighteen and forty five years old and could give consent to the study. The study lasted six months and occurred between November of 2019 and April of 2020. They were then assessed for impulsivity, and emotional regulation using the Barratt Impulsiveness Scale and the Trait Meta Mood Scale. They were screened for binge eating behaviors using the Binge Eating Scale. Binge Eating Scale assesses the presence or absence of recurrent binge eating behavior. The total score ranges from zero to forty six. A significant level of binge eating behavior was given if they had a score or greater than 17 where none-binging was less than seventeen. The person received a moderate level of binge eating with a score of eighteen to twenty six , and a severe level of binge eating behavior with a score over twenty-seven. The Trait Meta Mood Scale was used to assess how people reflect upon their moods and determine the extent to which people attend to and value their feelings , feel clear rather than confused about their feelings, and use positive thinking to repair negative moods. It consists of thirty items on a five-point scale with choices ranging from one meaning that they strongly disagree to five meaning that they strongly agree. It was divided into three subscales which are: attention to feeling, clarity of feelings, and repair mood and the total score ranges from thirty to one hundred fifty. If they had high scores, it indicated that they had a better ability to deal with emotions. The Barratt Impulsiveness Scale was used to measure their impulsivity. The scale consists of three separate

subscales. The three subscales included non-planning, motor impulsivity and attentional impulsivity. The scale contains 30 items which are rated on a four-point scale with choices ranging from rarely/never to almost always. They receive a level of mild impulsivity if they scored less than seventy, moderate impulsivity with a score between seventy and eighty, and severe level of impulsivity if they scored more than eighty. In the study, they were able to find that participants showed highest scores on the motor scale compared to other scales, which means that most of them tend to act without thinking. When they looked at the scores of Trait Meta Mood Scale, it showed a moderate degree of impairment in emotional regulation among the participants with decrease in their abilities to pay attention to their inner emotional states, to understand them, and change the negative mood emotions to positive ones. The Binge Eating Scale was used to determine the frequency of binge eating behavior in the studied participants. Almost fifty three percent of the participants were found to suffer from binge eating behaviors. Binge eating behavior was inversely correlated with age, clarity of feeling, and total score. Younger participants had a harder time understanding their emotional states and showed more binge eating behavior. When they compared binging group with non-binging group, they found a significant relation between binging and fear of abandonment. (Shakur, 2021) This study showed that there is a link between a diagnosis of Borderline Personality Disorder and binge eating.

The first self-harming behavior is excessive spending. Excessive spending is when you spend more than you can afford to spend. Excessive spending can lead to financial problems such as not being able to pay your expenses each month and homelessness. The second self-harming behavior is risky sexual behavior. When a person with Borderline Personality Disorder participates in the self-harming behavior of risky sexual behavior, they are putting themselves at a higher risk of unplanned pregnancies and even sexually transmitted diseases. The third self-

harming behavior is gambling. If they gamble impulsively, they keep gambling whether they are winning or losing. When they run out of money they just go to the Automatic Teller Machine to withdrawal more money. They do not think about their need to pay important bills with that money. They only think about the way they are feeling at that moment. This self-harming behavior leads to financial problems such as not being able to pay their expenses due to the excessive amount of money that they lost at the casino. The fourth self-harming behavior is impulsive business decisions. Impulsive business decisions are when a person does not think of the long term effects of the business decision. When a person with Borderline Personality Disorder makes an impulsive business decision it can lead to a large financial loss or a negatively affect the reputation of their business if they are not able to complete the business agreement. The fifth self- harming behavior is the abuse of alcohol and drugs. The abuse of alcohol and other drugs is often a very impulsive decision. If the person is with friends or other people that they look up to they may feel like that they have to drink as much as everyone else to be accepted into the group. At the time they are not thinking of the long-term effects of the abuse of the alcohol or drugs but just how they feel at that moment. The effects of the abuse of alcohol and drugs includes financial problems, health problems and problems in their relationships. The last self-harming behavior is binge eating. Binge eating is eating a large amount of food without regard to the short and long term consequences of the binge eating. Binge eating can affect the body in many ways. Binge eating can cause them to have a preoccupation with food and weight, low self-esteem, anxiety, depression, disrupted sleep, erosion of dental enamel, swollen jaw, bad breath, gum disease, tooth decay, chronic sore throats, indigestion, heartburn, reflux, irregular or slow heartbeat, cardiac arrest, heart failure, low blood pressure, fainting, dizziness, ulcers, pain, stomach rupture, bowel problems, constipation, diarrhea, cramps, bloating, irregular or absent

periods, loss of libido, infertility, dehydration, calluses on knuckles, dry skin, fatigue, cramps, tiredness, lethargy, and weight gain. (Eating Disorders Victoria, 2022) Self-damaging behavior is very common in people that have Borderline Personality Disorder. These acts not only affect them but also their family. Self-damaging acts most of the time are very impulsive and can be very difficult to control.

The fifth criteria that a person with Borderline Personality Disorder experiences is recurrent suicidal behavior, gestures, threats, or self-injurious behavior such as cutting or hitting themselves. People with Borderline Personality Disorder are more likely to do self-injurious behavior due to their lack of ability to control their emotional responses to the world around them. People with Borderline Personality Disorder use self-injury as a way to gain control of their feelings and emotions when they can't seem to be uncontrollable. They are able to determine the type and amount of pain they feel which gives them a sense of control in an uncontrollable situation. The self-injury is used as a coping mechanism with the emotions that they are feeling at that moment.

Randy A. Sansone, Michael W. Wiederman, and Lori A. Sansone did a study of the correlation between self-harm behavior and Borderline Personality Disorder. In the study, they had the two hundred and twenty-one participants. All of the participants completed the Self-Harm Inventory, which is a forty one item self-report questionnaire that explores types of self-destructive behaviors in which the participants may have used. The questions on the Self-Harm Inventory began with Have you ever on purpose or intentionally tried this behavior. The behaviors that were included on the Self-Harm Inventory included a variety of self-harm behavior such as overdosed, banged your head on purpose, driven recklessly on purpose, had

accidents on purpose, and engaged in physically abusive relationships. The responses that they could choose from was yes and no. At the end of the Self-Harm Inventory, there was an area for respondents to write in any self-destructive behaviors that were not specifically addressed in the questionnaire. Through the use of the questionnaire, they were able to find the correlation between having Borderline Personality Disorder and doing self-harming behavior. One percent of the people that were in the study only did one of the self-harm behaviors, while fifty four percent has done over ten of the self-harming behaviors. When they compared this to people without Borderline Personality Disorder, the numbers were completely different. In the study of the participants without Borderline Personality Disorder, thirty six percent of the participants had never done any self-harm while only sixth- tenths of a percent had done over ten of the self-harm behaviors. With the study, they were able to show that participants with Borderline Personality Disorder were more likely to do self-harm compared to those that do not have Borderline Personality Disorder. (Sansone, 2011)

The use of self- harm behaviors in people with Borderline Personality Disorder has six physical effects on the person. Since people with Borderline Personality Disorder do use self-damaging behaviors they are more likely to experience physical effects. The physical effects that they may experience include wounds or scars, infection, nerve damage, broken bones, hair loss or bald spots, and injury caused by overdose or poisoning. The first physical effect that self-damaging behavior causes is wounds or scars. Since people with Borderline Personality Disorder cut their skin, they often have wounds or scars on their skin. Since many times, the cuts are not done by a clean and sharp blade. Without the use of a sharp blade, the person with Borderline Personality Disorder has to use more force to cut the skin and the wound can be very jagged. The wound may not heal back together properly if they do not go to the doctor or

hospital to get it properly stitched back together. When the wound heals that has not been properly stitched back together it can leave nasty scars all over their body where they have done self-damaging behavior. The second physical effect that the self-harm behavior causes is infection. When the person does self-harming behavior, they do not always use a clean blade to cut the skin. When a dirty blade is used to cut the skin, bacteria is introduced into the wound leading to infection in the body. The infection that the self-harm caused not only makes the wound heal slower but also leads to scars on the skin. The third physical effect of self-damaging behavior is cause nerve damage. People who have do self-harm behaviors such as cutting can injure tendons, nerves, blood vessels and muscles. Some of these can be repaired but if they cut a major nerve in their wrist they can be left with permanent weakness or numbness in your hand. (The Mix, 2021) The fourth physical effect of self-damaging behavior is broken bones. Since there are many different ways that a person can self-harm, they may also experience broken bones due to hitting or banging their body parts such as their hands against hard objects. The self-harming behavior of hitting a wall helps them to release the emotions they are feeling by steadily hitting it till they feel better. This behavior has been seen to cause broken bones especially in the hands of the people that self-harm. If they do not seek help to set the broken bone back in place properly, they could also have disfiguration due to the bone not being able to heal properly in the correct anatomical space. The fifth physical effect of self-harm is hair loss or bald spots. Most of the people that are diagnosed with Borderline Personality Disorder also a diagnosis of an anxiety disorder or experience anxiety on a daily basis. The constant anxiety that they feel at times can be very overwhelming. When this overwhelming feeling of anxiety happens, the person with Borderline Personality Disorder may experience a panic attack. During a panic attack, a person may scratch or pull on their hair, which is a self-damaging behavior, as a

way of getting some type of control when they feel like they have no control over their life at that moment. Over time as they pull and scratch at their hair this self-damaging behavior can lead them to experience hair loss or even bald spots in their hair. Once they start to experience hair loss or bald spots, this can really affect their self-esteem and lead to further self-damaging acts in the future and further damage to their body.

The last physical effect of self-damaging behavior is injury to overdose or poisoning. Overdosing is the intentional excessive use of a drug in an intent to harm yourself. Poisoning is the intentional consumption of a product that is dangerous to your body with the intent of doing harm to yourself. Since people with Borderline Personality Disorder experience many strong feelings and they just need a way to escape the way that they are feeling at the moment, they may take quantities of medication in order to get past the feeling that they are having at the moment. (Paris, 2019) There are many different ways that they can overdose including alcohol, pain relievers such as Tylenol, and even opioids. When the person with Borderline Personality Disorder takes an increased amount of these drugs they can have irreversible effects on their bodies. The first overdose method is alcohol. When a person drinks excessively, which was my method of choice, they get a euphoric feeling and is not able to think about the problems that they are having at the moment. This is a way for them to escape for just a little while in order to get in a better place emotionally. Drinking alcohol in a excessive amount can lead the person to overdose as well as permanently damage their body. Drinking alcohol in order to overdose causes some kinds of cancer, liver damage, immune system disorders, brain damage, osteoporosis, diabetes, high blood pressure, stroke, ulcers, memory loss, mood disorders and even a heart attack. If the person takes aspirin and drinks alcohol, they are at a higher risk of stomach or intestinal bleeding. When combined with alcohol, cold and allergy medicines may

make that person feel very sleepy. Alcohol used with large doses of acetaminophen, a common painkiller, may cause liver damage. Since cough syrups and laxatives, have high alcohol content, they can cause the person's alcohol level will go up if they drink alcohol while taking them. Alcohol used with some sleeping pills, pain pills, or anxiety/anti-depression medicine can be deadly. (National Institute of Aging, 2017) One of the more damaging effects on the body happens when you hit the withdrawal stage of alcohol and I personally experienced it. When your body starts to withdraw from the use of alcohol, it can cause that person to go into alcohol withdrawal seizures which can be deadly. Alcohol-related seizures appear six to forty-eight hours after the last drink in individuals who chronically use excessive amounts of alcohol. They are usually single or in brief clusters and are typically generalized tonic-clonic nonfocal seizures. A study of 140 patients who experienced an alcohol-related seizure. In the study, fifty-four percent of the patients had another seizure problem such as a traumatic brain injury, or epilepsy. (Kelley, 2020) The second overdose method is the use of pain relievers. Pain relievers, especially when used in large quantities to overdose causes the person to not be able to feel the pain when they hurt themselves. Due to the decrease in the pain that the person experiences, the person may do physical harm to themselves and not realize that they need to seek help due to the severity of the injury. The person may believe that because it does not hurt that bad it is just a minor injury and cause unnecessary damage to their body. Excessive consumption of pain relievers not only affects our judgement but also affects our body. Aspirin is the oldest of a family of medicines known as non-steroidal anti-inflammatory drugs, or NSAIDs. While they can relieve pain, they can also cause your stomach bleeds, simple indigestion, and stomach ulcers. When a person takes a large amount of aspirin it can cause kidney damage. Acetaminophen, which is another non-steroidal anti-inflammatory drug doesn't cause stomach

problems but if you take too much, or drink alcohol while taking it, it can cause liver damage.

Another method of overdose is opioids. Opioids are the most powerful of the pain relievers. Opioids block the nerve signals that transmit feelings of pain to your brain, bringing feelings of pleasure. Some of the common opioids are Codeine, Vicodin, Dilaudid, Demerol, Morphine and OxyContin. Constipation is the most common side effect of using opioids but it can also cause the person to experience nausea, drowsiness, dizziness, itching or sweating, depression, and a weakened immune system. When a person takes large amounts of opioid painkillers, they can stop their breathing. Opioids are also the most addictive and there has been a sharp rise in recent years of opioid addiction and overdose. Beta blockers are medicines that are used to treat heart conditions, high blood pressure, migraine headache prevention, social phobia, and certain types of tremors can. In excess, they can cause difficulty breathing, coma, and heart failure. Coumadin is a blood thinner used to prevent blood clots. It is also the active ingredient in many rat poisons and may cause heavy bleeding and death if too much is taken. Vitamins, especially A and D, if taken in large amounts can cause liver problems and death. Poisoning is the consumption of a product that is dangerous to their bodies. Poison is anything that kills or injures through its chemical actions. Most poisons are ingested. But poisons can also enter the body in other ways such as breathing, through the skin, by IV injection, exposure to radiation and venom from a snake bite or insect bite.. The signs and symptoms of poisoning depends on what the person took to poison themselves. Poisoning can cause enlargement or shrinkage of their pupils, excessive drooling, change in heart and breathing rate, hyperactivity, or drowsiness and confusion.

(Cunha, 2022) Overall, self-harming behaviors are the one of the most seen symptoms of Borderline Personality Disorder.

Domain B includes criteria that are impulsive behaviors that are harmful to themselves or to others. Self-damaging acts such as excessive spending, unsafe and inappropriate sexual conduct, substance abuse, reckless driving, and binge eating, and recurrent suicidal behavior, gestures, threats, or self-injurious behavior such as cutting or hitting themselves are the criteria that are included in Domain B. These impulsive behaviors affect not only the lives of the person with Borderline Personality but the people that are around them.

The sixth criteria that a person with Borderline Personality Disorder is markedly and persistently unstable self-image or sense of yourself. This is also called identity disturbance. Identity disturbance is used to describe dramatic, and noticeable changes in self-image. The unstable self-image is made known by their changing goals, values, and aspirations. Identity disturbance is difficult to define because a sense of self and identity are complex in and of themselves. In other words, what it means to have an unstable self-image can be open to several interpretations. If a person with Borderline Personality Disorder and also has identity disturbance they may have contradictory beliefs, thoughts, and behaviors, changes in values, lack of commitment, feelings of emptiness, feeling a painful lack of consistency in self and only seeing that they have one role and have to always be in that role. (Brown, 2021)

Philip S. Santangelo, Tobias D. Kockler, Marie-Luise Zeitler, Rebekka Knies, Nikolaus Kleindienst, Martin Bohus and Ulrich W. Ebner-Priemer did a study to examine differences in self-esteem instability and affective instability in people with Borderline Personality Disorder. They had a hundred and fifty five female participants between the ages of eighteen and sixty four years old. They had thirty-five remitted patients with Borderline Personality Disorder and compared them with the sixty participants with acute Borderline Personality Disorder and sixty

healthy controls. The study lasted four days. On each of the four days, the participants carried an e-diary while going on with their normal day. Every hour from ten a.m. to ten p.m. the e-diary emitted a sound. The participants were prompted twelve times a day, for a total of forty eight prompts per participant over the four-day assessment period. After the four days, the participants returned the e-diary and were compensated. At each prompt, participants rated their current affect and self-esteem. Participants rated two items in a range from unpleasant to pleasant and tense arousal in a range from restless/under tension to calm/relaxed. When they compared a sample of remitted patients with Borderline Personality Disorder at the time of the e-diary assessment, with acute patients with Borderline Personality Disorder and Healthy Control participants. In the study they found significantly lower self-esteem instability in the remitted Borderline Personality Disorder participants compared to the acute Borderline Personality Disorder patients, but they found no significant differences regarding affective instability. The remitted Borderline Personality Disorder participants consistently showed significantly heightened instability in both self-esteem and affect compared to the Healthy Control participants. They also looked at the relationship between changes in affect and self-esteem, the level of functioning and their quality of life in the remitted Borderline Personality Disorder participants. Their results indicated a relationship in the changes in tense arousal and self-esteem on their quality of life particularly in their psychological health and social relationships. In the study they also noticed that there is a relationship between changes in tense arousal and changes in self-esteem and lower quality of life. Self-esteem instability was lower in remitted Borderline Personality Disorder, and the levels of affective instability are mainly comparable in acute Borderline Personality Disorder and remitted Borderline Personality Disorder. Remitted Borderline Personality Disorder participants showed a heightened self-esteem instability and

affective instability in comparison to the Healthy Controls. This study showed that there are differences in self-esteem instability and affective instability in people with remitted Borderline Personality Disorder, acute Borderline Personality Disorder, and the Healthy Controls. (Santangelo, 2020)

Many people with identity disturbance and Borderline Personality Disorder have changing behavior, and their thoughts and feelings change to match the current situation. They frequently change their minds about their career, friendships, aspirations, their opinions and beliefs, and other major life decisions. They also have difficulties in their interpersonal and intimate relationships as well as trouble committing to values, goals, and jobs. When a person struggles with identity disturbance it is very common for them to have problems in their relationships. They have a hard time forming close relationships and bonds with other people. Due to the negative effects of low self-esteem that they experience, they have a really hard time trusting others and letting people into their life. Since they have a hard time finding their meaning in life, they have a hard time finding meaning in their relationships with friends, family and significant other. (Salters-Pedneault, 2021)

The seventh criteria that a person with Borderline Personality Disorder experiences is that they are very suspiciousness of other's thoughts, paranoid, and feels that their surroundings are unreal. The first part of the seventh criteria that a person with Borderline Personality Disorder experiences is suspiciousness of other's thoughts. People with Borderline Personality Disorder are suspicious that someone is always out to get them. It can cause them to experience the second part of the seventh criteria that is they are paranoid. Studies have shown a link between having Post Traumatic Stress Syndrome and Borderline Personality Disorder. Between twenty five and

sixty percent of people with Borderline Personality Disorder also have Post Traumatic Stress Disorder. Research has shown that both Borderline Personality Disorder and Post Traumatic Stress Syndrome come from experiencing traumatic events including trauma that occurred in their childhood. Since the person has experienced so many traumatic and hurtful events in their life they are always suspicious of the people around them. They are always on guard to protect themselves from anything that suspicious person has planned to do to them. Since they are always suspicious and paranoid of what other people will do to them, they usually are very anxious people and suffer from an anxiety disorder. (Tull, 2020) The second last part of the criteria is that they feel that their surroundings are unreal. This is also called Disassociation. Disassociation can also be viewed as a type of feeling that makes them feel disconnected from their feelings or thoughts. They feel as if they are looking down at their body and their life. (Shannon- Karasik, 2018)

Annegret Krause-Utz¹, Tara Dierick, Tobias Josef, Elianne Chatzaki, Andries Willem, Jan Hoogenboom and Bernet Elzinga did a study on whether Borderline Personality Disorder features, dissociation, and emotion regulation has a link between self-reported childhood sexual abuse and intimate partner violence. The study began with one thousand and twenty nine participants that opened the survey online. Sixty of the participants indicated that they did not understand English well enough or had not had a long term relationship so they were excluded from the study. . Six hundred and forty three of the participants completed all of the necessary items. Five of the remaining participants had to be excluded from the study because they did not understand all of the questions and five participants did not complete all of the questions. The final number of participants was six hundred and thirty three. The first questionnaire that they completed was the Childhood trauma questionnaire that measured self-reported sexual abuse

and other forms of abuse and neglect in childhood. Twenty-eight items are answered on the questionnaire on a five-point scale ranging from one meaning it was never true to five meaning it was very often true. They also measured emotional abuse, physical abuse, sexual abuse, emotional neglect, and physical neglect. If they scored higher on the questionnaire it showed a higher severity of abuse. The second questionnaire that the participants completed was the Conflict Tactics Scale Revised 2. This questionnaire was used to assess sexual intimate partner violence and their frequency within a relationship. These questions had a scale of 0 meaning that it has never happened, one meaning it has happened once, two meaning it has happened twice, three meaning it has happened three to five times, four meaning it has happened six to ten times, five meaning it has happened eleven to twenty times and six meaning it has happened more than twenty times. The third questionnaire that the participants completed was the Personality Assessment Inventory – Borderline Feature Scale. This questionnaire had twenty four questions on it. The questions in this questionnaire measured the participants Affective Instability, Identity Disturbance, Negative Relationships, and impulsive Self-Harm. There were six questions for each of the different areas it measured. The questions were on a four point scale from zero meaning false to three meaning very true. If the participant scored higher than a thirty eight on the questionnaire it was seen as clinically important. The fourth questionnaire that the participants completed was the Dissociative experience scale which included twenty eight questions. The questions on this questionnaire was on a scale of zero percent meaning it never applied to me to one hundred percent it always applies to me. The questions on the questionnaire measured each of the different forms of dissociation. The different forms of dissociation are absorption, depersonalization, derealization, and dissociative amnesia. The last questionnaire that the participants completed was the Cognitive Emotion Regulation Questionnaire that had

eighteen questions on it. The questions on this questionnaire looked at the use of cognitive emotion regulation strategies after having experienced a negative life event. This questionnaire used a five point scale with one meaning almost never to five meaning almost always. The questions looked at repetitive thinking about aspects and feelings associated with the event, catastrophizing, which is emphasizing the terror of the experience, and self-blame. In this study they looked at many different aspects and how they related to Borderline Personality Disorder. When they completed the Childhood Trauma Questionnaire, one hundred of the participants had reported sexual abuse in their childhood. Most of the participants that reported the childhood sexual abuse were women. Studies that have been done conclude that approximately nineteen percent of women in the general population and seven percent of men in the general population have experienced childhood sexual abuse. Out of the one hundred participants, forty six of the participants scored severe to extreme child sexual abuse, forty participants scored in the range of moderate to severe and fourteen scored in the range of mild to moderate childhood sexual abuse. The participants that scored that they had childhood sexual abuse scored significantly higher on childhood maltreatment and dissociation than the participants that did not score to having childhood sexual abuse. The participants that scored that they had childhood sexual abuse also showed that they had more frequent sexual coercion in intimate relationships. When they looked at the Borderline Personality Disorder features of adaptive emotion regulation and dissociation it showed that was sexual violence in intimate relationships. In this study, they found that childhood sexual abuse severity, Borderline Personality Disorder features, dissociation, and maladaptive emotion regulation are significant to the prevention of sexual intimate partner violence.

People with Borderline Personality Disorder experience suspiciousness of others intent, paranoia, and dissociation. The suspiciousness of others and paranoia prevent the person to be able to trust others around them leading to problems in many of their relationships. Many people with Borderline Personality Disorder only have a few people that they trust and it takes them a long time for them to trust others. When a person with Borderline Personality Disorder experiences paranoia they are at a higher state of awareness and can experience anxiety. When the person with Borderline Personality Disorder experiences paranoia it takes over their life. They become very distrusting of everyone and everything. Since many people with Borderline Personality Disorder also suffer from Post Traumatic Stress Syndrome they do extra things to make sure that they are safe in the space. This may include adding an alarm system to their home, installing cameras so they can always see what is going on, and double and triple checking door locks. The heightened anxious and paranoid state leaves them physically and emotionally exhausted. The last part of the criteria is dissociation. Dissociation commonly happens in time of stress and is used as a way to cope with the trauma that they have experienced. While the person has dissociation they have a feeling of being disconnected from themselves. They do not have the ability to identify their thoughts, feelings, actions, memories, or identity. Dissociation can last from a few seconds to a few minutes depending on the situation. After they come out of the dissociation, they may not remember anything that happened to them during that time.

(Patterson, 2021)

The sixth and seventh criteria that a person with Borderline Personality Disorder experiences are markedly and persistently unstable self-image or sense of yourself and they are very suspiciousness of other's thoughts, paranoid, or have a feeling that the area around them are unreal. These criteria are in Domain C of Borderline Personality Disorder and affect how the

person sees themselves and others around them. These criteria make it very hard for a person with Borderline Personality Disorder to trust others in their lives, always feel like someone is going to hurt them and that things are not real. This affects all areas of their life and is detrimental to their mental health.

The eighth criteria that a person with Borderline Personality Disorder experiences is engaging in frantic efforts to avoid real or imagined abandonment. People with Borderline Personality Disorder live in constant fear that they are being abandoned. They live with the fear that everyone that cares about them will leave them and that they are not worthy of their love. The fear that they have seem unrealistic to those around them but for the people with Borderline Personality Disorder it is real and is unavoidable. They will do things just to keep that person close to them. Some of the things that they do to keep the person close to them include calling numerous times, withholding possessions, showering them with gifts, hurting themselves to force the person to stay, physically blocking them from leaving, and pushing people away. (Glosson, 2020) Since they have a fear of abandonment they form an attachment to people in order to keep them closer and have a hard time with boundaries in relationships. They are form one of three attachment styles. The three attachment styles are People with dismissive-avoidant attachment, anxious preoccupied attachment, and fearful avoidant attachment. The first type of attachment is the dismissive-avoidant attachment. The people with Borderline Personality Disorder that have this type of attachment often have very little desire for human relationships. They are introverts, isolated and suppress their feelings especially about others around them. The second attachment style is the anxious-preoccupied attachment. The people that use this attachment style are always seeking the approval of others around them but does not help with their self-doubt. They experience strong feelings of rejection that causes trust issues and depression. The third

attachment style is the fearful-avoidant attachment. The people that use this attachment style want to be in close relationships but are very uncomfortable and afraid in them. They have little trust in people and withdraw quickly if they get too close. They have problems with how they see themselves and how they relate to others. (Bardwell, 2016)

Leire Erkoreka, Iker Zamalloa, Santiago Rodriguez, Pedro Muñoz, Imanol Mendizabal, M. Isabel Zamalloa, Aurora Arrue, Mercedes Zumarraga, and Miguel Angel Gonzalez-Torres did a study on how childhood trauma and personality dysfunction may cause insecure attachment in adults with Borderline Personality Disorder. In the study that had sixty participants that were diagnosed with Borderline Personality Disorder. The participants had to be between eighteen and sixty five years old and had to be able to communicate in Spanish to be included in the study. Adult attachment style was examined using the Experiences in Close Relationships-Revised questionnaire. The questionnaire included thirty six questions that was scored on a seven point scale to evaluate their attachment styles. Eighteen of the questions evaluated anxious attachment and eighteen questions evaluated avoidant attachment. Each question was scored from one to seven. Childhood maltreatment experiences were evaluated by the Childhood Trauma Questionnaire-Short Form. This questionnaire had twenty-eight questions that looked into childhood abuse and neglect. The questionnaire was scored on a five point scale with participants over twelve years old. The questionnaire scored each participant on their answers to the questions about physical abuse, emotional abuse, sexual abuse, physical neglect, and emotional neglect. If the participant had a higher score it indicated a higher severity of childhood abuse and neglect. The last questionnaire that the participants had to complete was the Dimensional Assessment of Personality Pathology-Basic Questionnaire. This questionnaire looked at each participant's personality. This questionnaire had two hundred and ninety questions that were

scored on a five point scale. The questionnaire evaluated eighteen traits that was grouped into four groups. The four groups that were evaluated were emotional dysregulation, dissocial behavior, detachment, and compulsivity. It also looked at the participants personality affiliations. The study showed a relationship between physical neglect, attachment, and emotional dysregulation. emotional abuse impacts dissocial behavior directly and through attachment anxiety. The study also showed a correlation between childhood trauma and antisocial behaviors, and attachment dysfunction and antisocial behaviors.

People with Borderline Personality Disorder have a fear that everyone will abandon them. This fear of abandonment causes them to do anything to keep people close to them which leads to attachment. Even though those around them see it as unrealistic it feels very real to that person. The fear of abandonment that they feel not only affects the way that they see themselves but also how they see the people that are closest to them.

The last criteria that a person with Borderline Personality Disorder experiences is very intense, unstable relationships that alternate between the extremes of over idealizing and undervaluing people who are important to them. When a person with Borderline Personality Disorder has a relationship with others they are very loyal but the relationship is always on the rocks between doing great and very bad. The relationship can change depending on the moment or day that the person with Borderline Personality Disorder is experiencing. It is common for people with Borderline Personality Disorder to view people as all good or all bad. This is sometimes used to devalue their partners. Since they do not want to be abandoned by their partner, they use manipulation and control to prevent the person from leaving them alone. A study showed that men that suffer from Borderline Personality Disorder can become emotionally

unpredictable. They can become physically aggressive when they feel like they are being abandoned. Women with Borderline Personality Disorder are more likely to use physical aggression than those without Borderline Personality Disorder. (Elements Behavioral Health, 2014)

Marie- Eve Boucher, Jessica Pugliese, Catherine Allard-Chapais, Serge Lecours, Lola Ahoundova, Rachel Chouinard, Rachel and Sarah Gaham did a study on the relationship between a parent and child affects the diagnosis of Borderline Personality Disorder. The authors of the article did a computerized search on May 2nd, 2016, in the databases of PsychInfo, Medline and Web of Science. The search used the words Borderline Personality Disorder and words related to parenthood. They limited the search to peer reviewed journals in English and French. After they did the research they included forty studies and put them into one of three categories. In the study, Borderline personality disorder participants and their parents reported a much more dysfunctional parent child relationship in comparison to control group. When Borderline Personality Disorder participants were compared to the normal controls, the participants with Borderline Personality Disorder showed that they had lower parental care, higher parental overprotection and higher parental inconsistency. When they compared the Borderline Personality Disorder participants to other children who did not develop Borderline Personality Disorder, parents of Borderline Personality Disorder participants described their child as being unusually sensitive and had a difficult temperament. Parents also reported that their children with Borderline Personality Disorder had more conflicts with them compared to their siblings, verbal abuse and violent and antisocial behaviors were more prominent in their relationship with the children with Borderline Personality Disorder in comparison to their other children. The daughters with Borderline Personality Disorder said that they had less parental care, more

maternal overprotection and inconsistent parental values and norms. Their parents described themselves in a more normal parent. This study showed that there is a direct relation with the diagnosis of Borderline Personality Disorder and the parent-child relationship. (Boucher, 2017)

People with Borderline Personality Disorder have a very intense, unstable relationship that alternates between the extremes of over idealizing and undervaluing people who are important to them. The constant change in the relationship makes it very difficult to know where you stand in the relationship. The person with Borderline Personality Disorder is always changing their mind from idolizing the person to completely hating them. This change can happen very quickly. This causes many problems in the relationship. Many times, people withdrawal from the relationship because they can not handle the ever changing expectations.

The last two criteria of Borderline Personality Disorder are experiencing tumultuous and very unstable relationships. These two criteria are in Domain D. The two criteria that are included in this domain are engaging in frantic efforts to avoid real or imagined abandonment, and they have very intense, and unstable relationships that alternate between the extremes of over idealizing and undervaluing people who are important. Relationships with people with Borderline Personality Disorder are very hard to maintain and takes a lot of loyalty. They go through many changes and is always changing. The changes that happen often lead to the relationship ending due to one person not being able to handle the changes.

TREATMENT OF BORDERLINE PERSONALITY DISORDER

Now that you have a better understanding of what Borderline Personality Disorder is and how it affects their lives, you may be wondering how Borderline Personality Disorder is treated

today. Even though there is no cure for Borderline Personality Disorder, the disorder can be managed through the use of medication, therapy, and self-care.

The first way that Borderline Personality Disorder is treated is through medication. Even though they do not have a specific medication for Borderline Personality Disorder, they are prescribed medication to help with the symptoms of the disorder. The person with Borderline Personality Disorder may be put on anti-depressant for their depression, antipsychotics to help control their impulsiveness and aggression, anxiety medication to help with the anxiety and mood stabilizers to help keep their mood from changing so quickly. These are just a few of the many medications that a person with Borderline Personality Disorder may be on to help with the symptoms. (Mayo Clinic, 2022)

The second way that Borderline Personality Disorder is through therapy. I have found that therapy is the most useful treatment for Borderline Personality Disorder. The type of therapy that is mostly used to treat Borderline Personality Disorder is called Psychotherapy or talk therapy. Psychotherapy helps the person reduce their impulsiveness by knowing that they have the feelings but not act on them, improving their relationships, and learning more about Borderline Personality Disorder. There are different types of psychotherapy that are used to treat Borderline Personality Disorder. The most used therapies to treat Borderline Personality Disorder are Dialectical Behavior Therapy, Mentalization based therapy and Accelerated Resolution Therapy.

The first type of psychotherapy that is used is Dialectical Behavior Therapy or DBT. Dialectical Behavior Therapy is the most used therapy to treat Borderline Personality Disorder. This therapy can include both individual therapy and group therapy. Dialectical Behavior

Therapy is used to teach them how to manage their emotions, handle distress, and improve their relationships with others. (Mayo Clinic, 2022) Dialectical Behavior Therapy was evolved from Marsha Linehan's efforts to create a treatment for suicidal women. Linehan studied all of the treatments for anxiety, depression, and other emotional problems to create a treatment that targeted the suicidal behavior. Dialectical Behavioral Therapy includes weekly one hour individual therapy sessions, a weekly group skills training session, and a therapist consultation team meeting. (Chapman, 2006) Dialectical Behavior Therapy includes four behavioral skill modules, which are mindfulness and distress tolerance and two change-oriented skills, which are emotion regulation and interpersonal effectiveness.

The first part of Dialectical Behavior Therapy is mindfulness. Mindfulness is the practice of being fully aware and present in this one moment. Mindfulness allows the person to focus their attention on the present and not think about the past or the future. When the person is practicing mindfulness, they notice their thoughts, feelings, sensations, and impulses only in that moment while noticing what they see, hear, smell and feel. This is also called a grounding technique. Studies show that mindfulness increase the person's emotional regulation, decreases anger, depression, anxiety, and irritability, and increases their immune reaction. (Bay Area DBT and Couples Counseling Center, 2022)

The second part of Dialectical Behavior Therapy is distress tolerance. Distress tolerance is learning how to handle the pain during a difficult situation but not change it. Distress tolerance techniques that may be helpful include are distraction, improving the moment, pros and cons, radical acceptance and self-soothing. The first technique for distress tolerance is distraction. Distraction is the used to take their mind off of their feelings of distress. This is one of the

techniques I use on a daily basis. Distraction looks different for each person. Distraction can be reading a book, listening to music, coloring, painting, or anything else that you enjoy doing to help get their mind off of the feelings that you are having. The second distress tolerance technique is improving the moment. This technique is similar to distraction. When they use this technique, they choose to make the situation more tolerable. Some of the ways that they may make the situation more tolerable are visualizing a relaxing place, take a mental break to do something they love, or even see the good in the bad situation. The third distress tolerance technique is called pros and cons. This distress tolerance technique involves thinking about the pros and cons of either tolerating the distress or not tolerating it. This helps you think through the short and long term consequences of the action. For me, it makes me really think about if it is really worth it or not in my life. The fourth distress tolerance technique is radical acceptance. There are some things in our lives that we can not change or control. This technique teaches them instead of focusing on the things that they cannot change; they just accept that it can not be changed or in their control. It also allows them to let go of any emotions that they are feeling about the situation. The last distress tolerance technique is self-soothing. This is one technique that I struggle with the most. Self-soothing is finding ways to calm themselves back down after being upset and keeping themselves positive without the help of others. Sometimes this can be listening to music that is calming or soothing or practicing your grounding techniques. Grounding technique help to bring the person back to reality when they are starting to focus on the emotions that they are feeling. When doing grounding techniques, the person has to use four of their sense to find a certain number of things in the space that they are in. It could be one thing that you can smell, two things that you can hear, three things that you can see and four things that you can touch. It could also be naming off a certain number of items in a room that is a

certain color or shape. This just brings them back to their surroundings. (Behavioral Research & Therapy Clinics , 2022)

The third part of Dialectical Behavior Therapy is interpersonal effectiveness. Interpersonal Effectiveness is learning to ask for what they need but learning to maintain self-respect and their relationship with others. The first part of interpersonal effectiveness is learning to ask for what they need. This involves them learning how to clearly tell other what they want or need and how they need to talk to the person to achieve their goal. This could mean that the person needs to be able to clearly say what they need the other person to do or say to help in the situation or what their goal is so that it can be accomplished. The second part of interpersonal effectiveness is learning to maintain self-respect. When they use interpersonal skills they also want to maintain their self-respect. This helps them feel the way that they need to feel after the interaction while still holding on to their values and the truth. The last part of interpersonal effectiveness is maintaining the relationship. This part of interpersonal effectiveness lets them see how important the relationship is. It also shows them how they want the other person to feel about them after the situation and what they need to do in order to keep the relationship. (Ackerman, 2022)

The last part of Dialectical Behavior Therapy is emotion regulation. This part of Dialectical Behavioral Therapy teaches them how to decrease how often they experience painful emotions and how to change the emotions from negative to positive. The first part of emotion regulation is decreasing how often they experience painful emotions. When thinking about emotion regulation, most people would think about to control the emotions which is part of this therapy. This therapy helps them learn how to cope with upcoming difficult situations and

having a more positive experience. This therapy includes how to take care of their mind and body and how to manage difficult emotions. The second part is changing the emotions from negative to positive. This part of the therapy uses the opposite action. The opposite action teaches them that if the emotion is not suitable for the situation then you need to act the opposite way. This includes changing your voice tone, body language and actions. (Schmidt, 2019)

The second type of psychotherapy that is used to treat Borderline Personality Disorder is the Mentalization based therapy or MBT. This type of psychotherapy is used but not as much as Dialectical Behavior Therapy. Mentalization based therapy helps them identify their emotions and thoughts and create an alternative perspective of the same situation. By using this type of therapy, they learn to think before they act on an emotion. To understand Mentalization based therapy you must first know what is mentalization. Mentalization is the ability for the person to recognize their mental state as well as others' emotions while keeping it separate from actions. It helps them learn how to think about their feelings and understand that their thoughts may have an impact on their actions as well as the people around them. The focus of Mentalization based therapy is the interaction between the patient and the therapist. The therapist helps them focus on the present rather than the past in order to enhance their recognition of their emotions. In this type of therapy, it is common for the therapist to ask a series of questions about their thoughts and behaviors. This is usually limited to the thoughts and behaviors that occurred in that particular session. While they are talking about their thoughts and behaviors, the therapist will be able to help them talk through the emotion and even give advice on how to control the thought or behavior if it happens again. (Salters – Pedneault, 2021) This is not one that my personal therapist uses so I am not as familiar with it as I am with Dialectical Behavior Therapy.

The last type of therapy that is used is Accelerated Resolution Therapy or ART. This is a newer therapy and I just recently started using this therapy. Accelerated Resolution Therapy is a therapy method that is used for people with Borderline Personality Disorder or Post Traumatic Stress Disorder. Accelerated Resolution Therapy works to reprogram the way that painful memories and images are stored in the brain. The therapy helps the person not have strong reactions to the memories or images. Accelerated Resolution Therapy uses rapid eye movement to help the person rapidly recover from painful symptoms and reactions that has been buried for years. Accelerated Resolution Therapy has the patient pick a scene or memory that is very painful for them. The patient then replays the scene while the therapist rapidly moves their finger back and forth in front of the patient's eyes. The patient follows the therapist's finger and it causes the rapid eye movement. While the scene is playing in their mind, many emotions may come up to the surface and this is expected. After a small amount of time, you stop and take a deep breath. After the deep breath, they search for any emotions that they are feeling and remember where they feel it. While putting the scene aside, they focus on the emotion that they are feeling. While they are focused the therapist starts the rapid eye movement exercise again. After another small amount of time, they take another deep breath and reexamine for any emotions. If there are still emotions, then they do the rapid eye movement again to handle the emotion, if there are no emotions left then they continue on to the scene. They look at the second part of the scene and continue to do the same as they did with the first part of the scene. They then do it for the third part of the scene the same way they had done it for the other two parts. After the last part of the scene is played and all of the emotions are handled, they have a choice to change the scene to anything that they want it to be. It could be that instead of it being sad, it was very happy or it could be that they were rescued from the horrible situation. It is completely

up to them how they want to change it. While doing the rapid eye movement exercise they play the new scene in their head. After it is completed they evaluate their emotions once again. They then have a choice to go over a bridge any way that they would like. They can choose to take their old selves with them or leave them behind and just take their new selves. They visualize the bridge and start to walk on the bridge. As they visualize walking on the bridge, the therapist does the rapid eye movement exercise. After they finish they reevaluate their emotions and handle any left over emotions. When there are no more emotions attached to the scene, the session is completed. (Rosenzweig Center for Rapid Recovery, 2016)

The last way that Borderline Personality Disorder is treated is through self-care. Self-care things that the person does to be in the best physical and mental state of health. This can include things such as feeding themselves, showering, brushing their teeth, wearing clean clothes, exercising, sleeping properly, and attending to medical concerns. Self-care helps them to reduce their stress, meet their emotional needs, maintain their relationships, and help them balance their personal and professional life. Fatigue, stress, anxiety, and worry has a significant effect on well-being, but when they attend to their physical and emotional needs it helps prevent or reduce the effects of these issues, helps build self-compassion, and allows them to better handle the needs of others. (Good Therapy, 2019)

Bibliography

- Ackerman, Courtney. 2022. Interpersonal Effectiveness: 9 Worksheets & Examples (+ PDF)
<https://positivepsychology.com/interpersonal-effectiveness/>
- ALPF Medical Research. 2022. The Discouraged Borderline. <https://www.alpfmedical.info/personality-disorders-2/the-discouraged-borderline.html>
- Bardwell, Erin. 2016. Abandonment and Borderline Personality Disorder.
<https://mhmatters.com/abandonment-and-borderline-personality-disorder/>
- Bay Area DBT and Couples Counseling. 2022. Mindfulness. <https://bayareadbtc.com/mindfulness-in-dbt/#:~:text=Mindfulness%20is%20the%20backbone%20of%20DBT%20%28Dialectical%20Behavior,Mindfulness%20is%20the%20first%20skill%20taught%20in%20DBT.>
- Behavioral Research and Health Clinics. 2022. Dialectical Behavior Therapy.
<https://depts.washington.edu/uwbtrc/about-us/dialectical-behavior-therapy/>
- Bertsch, Back, S., Flechsenhar, A., Neukel, C., Krauch, M., Spieß, K., Panizza, A., & Herpertz, S. C. (2021). Don't Make Me Angry: Frustration-Induced Anger and Its Link to Aggression in Women With Borderline Personality Disorder. *Frontiers in Psychiatry*, 12, 695062–695062.
<https://doi.org/10.3389/fpsy.2021.695062>
- Boucher, Pugliese, J., Allard-Chapais, C., Lecours, S., Ahoundova, L., Chouinard, R., & Gaham, S. (2017). Parent–child relationship associated with the development of borderline personality disorder: A systematic review. *Personality and Mental Health*, 11(4), 229–255.
<https://doi.org/10.1002/pmh.1385>

Brown, Emily. 2021. What is Identity Disturbance?. <https://www.verywellhealth.com/identity-disturbance-5191846>

Bulbena-Cabré, Perez-Rodriguez, M. M., Porges, S., Bulbena, A., & Goodman, M. (2017). Understanding Anxiety in Borderline Personality Disorder. Current Treatment Options in Psychiatry, 4(4), 281–294. <https://doi.org/10.1007/s40501-017-0122-0>

Chapman J, Jamil RT, Fleisher C. Borderline Personality Disorder. [Updated 2022 Jan 25]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2022 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK430883/>

Clearview Treatment Programs. 2022. How to Handle Borderline Personality Disorder Rage. <https://www.clearviewtreatment.com/resources/blog/how-to-handle-borderline-personality-disorder-rage/>

Choosing Therapy. 2022. What Is a Petulant Borderline? 10 Signs & How to Get Help. <https://www.choosingtherapy.com/petulant-borderline/#:~:text=10%20Signs%20of%20Petulant%20BPD.%201%201.%20Emotional,in%20Relationships.%205%205.%20Easily%20Insulted.%20More%20items>

Cunha, John. 2022. Poisoning. https://www.emedicinehealth.com/poisoning/article_em.htm

Eating Disorders Victoria. 2022. Binge Eating Disorder. <https://www.eatingdisorders.org.au/eating-disorders-a-z/binge-eating-disorder/#:~:text=Binge%20eating%20disorder%20affects%20the%20mind%20and%20body,inflamed%20or%20rupture%20of%20oesophagus%20More%20items...%20>

Elements Behavioral Health. 2014. Relationships and Borderline Personality Disorder.

<https://www.borderline-personality-disorder.com/relationships/>

Encyclopedia Britannica. 2022. Borderline Personality Disorder.

<https://www.britannica.com/science/borderline-personality-disorder>

Erkoreka, Zamalloa, I., Rodriguez, S., Muñoz, P., Mendizabal, I., Zamalloa, M. I., Arrue, A., Zumarraga, M., & Gonzalez-Torres, M. A. (2022). Attachment anxiety as mediator of the relationship between childhood trauma and personality dysfunction in borderline personality disorder. *Clinical Psychology and Psychotherapy*, 29(2), 501–511.

<https://doi.org/10.1002/cpp.2640>

Friedel, Robert. 2020. What is Borderline Personality Disorder. <http://www.bpddemystified.com/what-is-bpd/>

Hall-Flavin, Daniel. 2022. What is passive-aggressive behavior? What are some of the signs?.

<https://www.mayoclinic.org/healthy-lifestyle/adult-health/expert-answers/passive-aggressive-behavior/faq-20057901>

Harley Therapy. 2022. 12 Steps to Overcome Bitterness.

<https://www.harleytherapy.co.uk/counselling/12-steps-to-overcoming-bitterness.htm>

HealthLine. 2022. Effects of Anxiety of the Body. <https://www.healthline.com/health/anxiety/effects-on-body>

HealthLine. 2022. What Is Splitting in Borderline Personality Disorder (BPD)?.

<https://www.healthline.com/health/bpd-splitting>

Houben, M., Mestdagh, M., Dejonckheere, E., Obbels, J., Sienaert, P., van Roy, J., &

Kelley, Ryan. 2020. Alcohol and Seizures. [Alcohol Withdrawal Seizures - Can Alcohol Cause Seizures?](#)

Kuppens, P. (in press). The statistical specificity of emotion dynamics in

borderline personality disorder. *Journal of Personality Disorders*.

Bence, Sarah. 2021. Anxiety Symptoms. <https://www.verywellhealth.com/anxiety-symptoms-5086955>

Lawler, Moira. 2018. What Are the Health Consequences of Untreated Borderline Personality

Disorder?. <https://www.everydayhealth.com/bpd/complications/>

Mayo Clinic. 2022. Borderline Personality Disorder. [https://www.mayoclinic.org/diseases-](https://www.mayoclinic.org/diseases-conditions/borderline-personality-disorder/diagnosis-treatment/drc-20370242)

[conditions/borderline-personality-disorder/diagnosis-treatment/drc-20370242](https://www.mayoclinic.org/diseases-conditions/borderline-personality-disorder/diagnosis-treatment/drc-20370242)

Mayo Clinic. 2022. Drug Addiction (substance abuse disorder). [https://www.mayoclinic.org/diseases-](https://www.mayoclinic.org/diseases-conditions/drug-addiction/symptoms-causes/syc-20365112)

[conditions/drug-addiction/symptoms-causes/syc-20365112](https://www.mayoclinic.org/diseases-conditions/drug-addiction/symptoms-causes/syc-20365112)

Medigoo. 2022. Emotional Instability. <https://www.medigoo.com/articles/emotional-instability/>

Mighty Proud Media. 2018. 29 Ways People With Borderline Personality Disorder Self-Sabotage.

[https://themighty.com/2018/03/bpd-borderline-personality-disorder-self-](https://themighty.com/2018/03/bpd-borderline-personality-disorder-self-sabotage/?msclkid=4fd9b391beee11ecabe37efcc5c90afc)

[sabotage/?msclkid=4fd9b391beee11ecabe37efcc5c90afc](https://themighty.com/2018/03/bpd-borderline-personality-disorder-self-sabotage/?msclkid=4fd9b391beee11ecabe37efcc5c90afc)

Miller, Caitlin. Understanding chronic feelings of emptiness in borderline personality disorder: a

qualitative study. <https://pubmed.ncbi.nlm.nih.gov/34365966/> . doi: 10.1186/s40479-021-00164-

8

Miller, Louise. What causes Anger and How It Affects the Body.

[https://www.psychologytoday.com/us/blog/the-mind-body-connection/202007/what-causes-](https://www.psychologytoday.com/us/blog/the-mind-body-connection/202007/what-causes-anger-and-how-it-affects-the-body)

[anger-and-how-it-affects-the-body](https://www.psychologytoday.com/us/blog/the-mind-body-connection/202007/what-causes-anger-and-how-it-affects-the-body)

National Institute of Aging. 2017. Facts about Aging and Alcohol. <https://www.nia.nih.gov/health/facts-about-aging-and-alcohol>

Olivera, Gerardo. 2021. The 4 Types of Borderline Personality Disorder (BPD) Explained. <https://riverviewcmhc.org/therapy/borderline-personality-disorder-bpd/>

Optimum Performance Institute. 2018. The History of BPD. <https://www.optimumperformanceinstitute.com/bpd-treatment/the-history-of-bpd/>

Paris, Joel. 2019. Suicidality in Borderline Personality Disorder. <https://dx.doi.org/10.3390%2Fmedicina55060223>

Patterson, Eric. 2021. Dissociation: Definition, Symptoms, & Treatments. <https://www.choosingtherapy.com/dissociation/>

Psychology Today. 2022. Self-Hatred. <https://www.psychologytoday.com/intl/basics/self-hatred>

Pugle, Michelle. 2022. The Four Types of Borderline Personality Disorder. <https://www.verywellhealth.com/types-of-bpd-5193843>

Riverview Community Mental Health. 2021. The 4 Types of Borderline Personality Disorder (BPD) Explained. <https://riverviewcmhc.org/therapy/borderline-personality-disorder-bpd/>

Rosenzweig Center for Rapid Recovery .2016. Accelerated Resolution Therapy. www.acceleratedresolutiontherapy.com

Salters-Pedneault, Kristalyn.2020. Borderline Personality Disorder Statistics. <https://www.verywellmind.com/borderline-personality-disorder-statistics-425481>

Salter-Pedneault, Kristalyn. 2021. What is Identity Disturbance?.

<https://www.verywellmind.com/borderline-personality-disorder-identity-issues-425488>

Santangelo, P.S., Kockler, T.D., Zeitler, M.L. et al. Self-esteem instability and affective instability in everyday life after remission from borderline personality disorder. *Borderline Personality and Emotional Dysregulation* 7, 25 (2020). <https://doi.org/10.1186/s40479-020-00140-8>

Sansone, Lam, C., & Wiederman, M. W. (2012). The relationship between illegal behaviors and borderline personality symptoms among internal medicine outpatients. *Comprehensive Psychiatry*, 53(2), 176–180. <https://doi.org/10.1016/j.comppsy.2011.03.006>

Schmidt, Sara. 2019. The Role of Emotion Regulation in DBT (Part 2). <https://behavioraltech.org/role-of-emotion-regulation-dbt-part-2/>

Shaker, Azzam, L. A., Zahran, R. M., & Hashem, R. E. (2022). Frequency of binge eating behavior in patients with borderline personality disorder and its relation to emotional regulation and impulsivity. *Eating and Weight Disorders*. <https://doi.org/10.1007/s40519-022-01358-x>

Shannon-Karasik, Caroline. 2018. 5 Borderline Personality Disorder Signs That Shouldn't Be Ignored. <https://www.womenshealthmag.com/health/a25106269/borderline-personality-disorder-signs/>

Shaw, Darin. 2021. What Are The 4 Types of Borderline Personality Disorder?.

<https://www.honeylake.clinic/what-are-the-4-types-of-borderline-personality-disorder/>

Strong, Debbie. 2015. 7 Ways Anger is Ruining Your Health.

<https://www.everydayhealth.com/news/ways-anger-ruining-your-health/>

The Mix. 2021. BPD Borderline Personality Disorder. <https://www.themix.org.uk/mental-health/personality-disorders/bpd-borderline-personality-disorder-26840.html#:~:text=The%20Mix%20%2F%20Mental%20Health%20%2F%20Personality%20Disorders,And%20when%20it%20is%20it%27s%20often%20portrayed%20negatively>Tull MT, Baer MM, Spitznagel TL, Lee AA, Vallender EJ, Garrett MR, Anestis MD, Gratz KL. The roles of borderline personality disorder symptoms and dispositional capability for suicide in suicidal ideation and suicide attempts: Examination of the COMT Val158Met polymorphism. *Psychiatry Res.* 2021 Aug;302:114011. doi: 10.1016/j.psychres.2021.114011. Epub 2021 May 16. PMID: 34051678; PMCID: PMC8277722.

Wallach, Suzanne. 2021. How to treat binge eating. <https://suzannewallach.com/blog/treat-binge-eating-disorder/>