

Borderline Personality Disorder (BPD)

My Notes

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1 OVERVIEW

Borderline Personality Disorder (BPD) is a **serious mental health condition** characterized by a persistent pattern of **instability in emotions, self-image, behavior, and interpersonal relationships**. It typically begins in early adulthood and can significantly impair personal, social, and occupational functioning. Core features include intense and rapidly shifting emotions, a pronounced fear of abandonment, impulsive and self-destructive behaviors, and chronic feelings of emptiness. Treatment is centered on psychotherapy—most notably **Dialectical Behavior Therapy (DBT)**—with medication used as an adjunct when clinically indicated.

2 DIAGNOSTIC CRITERIA

Clinically, BPD is diagnosed when **at least five** of nine standardized criteria (DSM-5-TR) are met consistently over time and across contexts, and when symptoms cause significant impairment. Diagnosis must be made by a qualified mental health professional.

The DSM-5-TR specifies the following nine diagnostic criteria for Borderline Personality Disorder (BPD). A diagnosis requires that **at least five** be present persistently across time and situations:

1. Frantic efforts to avoid real or imagined abandonment (excluding suicidal or self-mutilating behavior covered in Criterion 5). **Applicable**
2. A pattern of unstable and intense interpersonal relationships characterized by alternating extremes of idealization and devaluation. **Not Applicable**
3. Markedly and persistently unstable self-image or sense of self. **Applicable**
4. Impulsivity in at least two areas that are potentially self-damaging (e.g., spending, sex, substance abuse, reckless driving, binge eating). **Not Applicable**
5. Recurrent suicidal behavior, gestures, threats, or self-mutilating behavior. **Applicable**
6. Affective instability due to marked reactivity of mood (e.g., intense episodic dysphoria, irritability, or anxiety usually lasting a few hours and rarely more than a few days). **Applicable**
7. Chronic feelings of emptiness. **Not Applicable**
8. Inappropriate, intense anger or difficulty controlling anger (e.g., frequent displays of temper, constant anger, recurrent physical fights). **Applicable**
9. Transient, stress-related paranoid ideation or severe dissociative symptoms. **Applicable**

3 CORE FEATURES OF BPD

1. Emotional Dysregulation

- Intense emotional reactions that escalate quickly and take longer than usual to subside
- Rapid mood shifts (e.g., from calm to anger or despair within hours)
- Chronic feelings of emptiness, boredom, or inner void

2. Interpersonal Instability

- Relationships tend to be intense, unstable, and polarized (“all good” vs. “all bad”)
- Strong fear of abandonment, whether real or perceived
- Efforts to avoid abandonment that may appear excessive or impulsive

3. Disturbed Self-Image

- Unstable or poorly defined sense of identity
- Frequent changes in values, goals, career direction, or self-perception
- Episodes of feeling unreal, disconnected, or uncertain about personal identity

4. Impulsivity

- Risk-taking behaviors such as sudden or poorly considered decisions
- Impulsivity is often emotion-driven

5. Self-Harm and Suicidality

- Recurrent suicidal thoughts, threats, or attempts
- Non-suicidal self-injury (e.g., cutting or burning) used as a way to regulate emotional pain

Note: Not all individuals with BPD engage in self-harm, but the overall risk is elevated.

6. Anger and Stress-Related Symptoms

- Intense or poorly controlled anger
- Transient paranoia or dissociative symptoms during periods of stress

4 CAUSES AND RISK FACTORS

BPD is understood as a **biopsychosocial condition** involving:

- Genetic vulnerability
- Neurobiological factors, particularly those affecting emotion regulation
- Early life adversity such as emotional neglect, invalidation, trauma, or unstable caregiving
- Chronic interpersonal stress during formative years

No single factor alone causes BPD.

5 TREATMENT AND PROGNOSIS - TO BE CONTINUED ...

5.1 EVIDENCE-BASED TREATMENTS

- Dialectical Behavior Therapy (DBT)
- Mentalization-Based Therapy (MBT)
- Schema Therapy
- Transference-Focused Psychotherapy (TFP)

Medications may help specific symptoms such as anxiety or mood instability, but they do not treat BPD itself.

5.2 PROGNOSIS

- With appropriate treatment, most individuals improve substantially over time
- Many no longer meet diagnostic criteria after several years
- Functional recovery is common with sustained therapy

6 COMMON MISCONCEPTIONS

- BPD is not untreatable
- It is not synonymous with being manipulative or deliberately difficult
- Emotional intensity reflects neurobiological vulnerability, not moral failure

7 IMPORTANT NOTE

If concerns about BPD relate to oneself or someone close, professional evaluation is essential. Informal descriptions cannot replace diagnosis or treatment.