

Psychotherapeutic Approach to Borderline Personality Disorder

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Abstract. Borderline Personality Disorder (BPD) is a psychological disorder largely defined by unstable relationships, identities, and emotions, as well as marked impulsivity. Self-identity disorders, unstable and rapidly changing mental states, significant separation anxiety, conflict in intimate relationships, impulsivity, and stress-related psychiatric symptoms are the most common manifestations. BPD can seriously affect a person's quality of life. Patients with has difficulty recognizing their own identity, and they are often unsure of who they are and have a long-term disorder of their own identity. Moreover, people with BPD have great mood swings, the emotions they feel last longer than the average person, change repeatedly, and it is difficult to stabilize. Therefore, the correct and appropriate treatment is very important for patients with BPD. This paper analyzes the relevant theories about the etiology of BPD and explores the weaknesses and strengths of current treatments under Covid-19. The author first analyzes the theories regarding the etiology of BPD, including the psychopathology of borderline personality disorder, and biological mechanisms. Secondly, the current main treatments of BPD, including dialectical behavior therapy, transference-focused therapy, schema therapy, sandplay therapy, and art therapy are assessed.

Keywords: Borderline Personality Disorder, BPD Treatment, Dialectical Behavior Therapy, Cognition-schema Bias, Covid-19.

1. Introduction

Borderline personality disorder (BPD) is a persistent personality disorder with high-risk that typically occurs in adolescence. Disorders of self-identity, destabilizing and constantly evolving mental states, severe separation anxiety, conflictive intimate relationships, impulsivity, and stressful psychiatric symptoms are the most common manifestations [1]. Adolescents with this type of personality disorder usually have the following characteristics: lack of social support network, emotional instability and a tendency to be anxious and depressed, and poor interpersonal relationships, alienation from parents, relatives, and friends. The diagnostic method of BPD is still a very controversial topic and a hot spot for academic research. The main diagnostic methods of BPD include: symptoms and signs; medical history; laboratory tests; and imaging tests. For symptoms and signs, there is no unified definition standard. Clinically, they generally refer to the clinical features such as pain, discomfort, and weakness exhibited by the patient. According to the patient's subjective feelings, symptoms can be divided into two types: somatic and mental. In terms of symptoms, in addition to common symptoms, typical clinical manifestations such as general discomfort (headache and dizziness, joint pain), loss of appetite, constipation or diarrhea, etc. are also included. Psychosomatic diagnosis is often described by one's mental status, such as decreased irritability. People with psychiatric problems previously are more probable to have symptoms reoccur during the COVID-19 pandemic, and this weakness can also be seen in people with borderline personality disorder (BPD). Psychotherapeutic interventions such as dialectical behavioral therapy (DBT), mentalization-based therapy (MBT), and schema-focused therapy (SFT) are available to people with BPD seeking secondary mental health care, as well as other concise skills-based team treatment programs, many of which have become challenging to obtain because the COVID-19 pandemic began. However, the highly contagious nature of the Covid-19 pandemic makes face-to-face treatment such as DBT difficult. In order to explore how the diagnosis and relevant treatments have been influenced by the spread of Covid-19, this paper aims to analyze the relevant theories regarding the etiology of BPD

first and evaluate the strengths and weaknesses of several treatments for the patients with BPD during Covid-19. The research findings intend to provide some suggestions for BPD treatment under specific circumstances and call for better treatment implementation and collaborative support for patients with mental disorders.

2. Description of BPD

2.1. Causes

Psychoanalysts have proposed the defect-conflict mode. This view holds that the psychopathology of BPD comes from the early stage - especially many deficiencies in the external environment, such as inappropriate punishment by the nurturer, traumatic events in the family, psychopathology of the mother, and so on. Such environments can lead to defects or abnormal development of the infant's self-development. Children with such flaws will face numerous conflicts, particularly the conflict between reliance on and fear of objects in a separate scenario. This is reflected in the child's disintegrating attachment or attachment of anxiety/conflict subtypes, as well as the dependence on transitional object relationships [2]. To cope with these psychological challenges, children employ primitive defense mechanisms such as separating and expressing identity. Borderline pathology is amplified by these defense mechanisms. Such youngsters seldom endure the psychological turmoil of adolescence and grow into adults with borderline personality disorder. There are also studies showing that people with the borderline personality disorder have extremely insecure attachment relationships [3].

Cognition-schema bias refers that the cognitive school also acknowledges that patients with borderline personality disorder have traumatic environments in early childhood. However, it is not the stress incident that produces BPD. After the occurrence of traumatic events, the child's way of dealing with it, individual temperament, age, situation and childish coping style of the child to foster the reinforcement of negative response and other factors jointly determines the borderline pathology [4]. Patients' core cognition and schema are predominantly reflected in borderline pathology. BPD's typical cognitive biases include calamitous and dichotic thought.

Some theorists believed that the imbalance of the biochemical state at least leads to the generation of BPD. Relevant studies have shown that impulsive aggressive behavioral patterns (such as self-harm and suicide) are mainly related to the abnormal metabolism of 5-HTt in the brain. 5-HT is a chemical neurotransmitter that contributes to the development of mood disorders, as well as the utilization of antidepressant medications such as selective serotonin reuptake inhibitors (SSRIs) can alleviate the symptoms of some BPD patients. Genetic studies have also identified the 5-HTT gene, whose function is to bring 5-HT of the synaptic cleft to the presynaptic neuron. Therefore, Hoefgen et al argued that 5-HTT is a gene that has been linked to borderline personality disorder. [5]. Linehan in his study also evidenced that suicidal behavior, impulsive behavior, and unstable emotions are influenced by 5-HTT.[6].

2.2. Therapies

2.2.1 Dialectical behavior therapy

Dialectical behavior therapy, which was founded by psychologist Martha Linehan, is a dialectal therapy for BPD. As the first psychotherapy to pass a randomized clinical trial, it has been internationally recognized as an effective treatment supported by evidence-based medicine. Dialectical behavior therapy includes four parts: (1) Individual therapy mainly uses behavioral therapy to make patients have an appropriate sense of self-efficacy and accept themselves and reality; (2) Group therapy emphasizes the training of behavioral skills to train patient's handling skills in interpersonal conflicts, cultivate their ability to regulate emotions and improve their disordered interpersonal relationship; (3) Telephone contact is helpful for the therapist to provide timely intervention for the patient and strengthen the patient to learn how to use skills in the actual situation;

(4) Therapists supervise and discuss. Along with therapy generation, therapists regularly continue to discuss and analyze difficult cases, exchange experiences, and accept supervision [7].

2.2.2 Transference-focused therapy

Transference-focused therapy is based on the object relationship theory in psychodynamics, focusing on the diffusion of patients' identity and the resolution of the original defense mechanism during the treatment [8]. It is mainly through identifying and correcting the original components in the transference scene that patients gradually integrate to form a normal identity.

2.2.3 Schema Therapy

Schema therapy is divided into two stages, respectively schema evaluation and schema modification. Schema evaluation is to analyze the current problems of the interviewees to determine the therapeutic objectives, and confirm that the patients are suitable for schema therapy. In the schema change stage, the therapist helps the patient to integrate self-cognition, improve interpersonal relationships, and change the closed and self-frustrated life pattern or mental schema by paying attention to the schema [9].

2.2.4 Sandplay therapy

Sandplay therapy is a psychological therapy invented by Dorakov on the basis of Lowenfeld's world technology combined with the theory of Jungian psychology. It mainly uses the symbolic method to express people's unconscious psychology. Choi-Kain et al believed that to provide patients with a space of freedom and protection is the premise to promote the internal strength of patients, and is the most basic condition of all treatment conditions [10]. In order to make the visitors feel full freedom, a relationship of mutual acceptance and trust should be established first, so that the visitors can think that they have been fully accepted, find the most trustworthy person, and have their own principles, personality and independence. In this way, visitors feel protected and safe. In the process of sandplay of freedom and protection, the visitors will regain the opportunity to reflect on their own nature, play the role of inner nature, and gain a kind of integrated development of psychology. This is consistent with the Jungian emphasis on the purpose of psychoanalysis — the process of autogenization and its development [11].

2.2.5 Art therapy

Art therapy enables people to get relief from appreciating art and to get vent on artistic creation consciously or unconsciously. Art therapy is all about conscious and spontaneous behaviors and coping with stress. Art therapy diagnoses, treats and rehabilitated certain diseases in interaction with patients in artistic ways. Film therapy is mainly an art therapy method that allows patients to watch films with different contents, rhythms and types in a private space, so as to effectively treat them [12].

2.3. Risk Factor

The COVID-19 pandemic has had a massive effect on the home environment, with increasing rates of domestic and familial violence, poor mental health outcomes, and alienation from personal ties as a result of job losses and mortality [13]. BPD is a personality disorder in which the self-image and mental state are extremely unstable, and these patients' perceptions of themselves and their surroundings often fluctuate dramatically. This series of contradictory self-experiences can make them feel very anxious, distressed and empty. At this time, the company of family members is especially important. As BPD patients have a very unstable outlook on life and world, families can try to guide their thinking during the process of company. Guiding the patients to make a distinction between self and others (empathic focus therapy) and distinguishing right from wrong will help them express their emotions correctly.

However, the pandemic will destroy parenthood. Due to the extremely high rate of severe illness and even death from the coronavirus in the early stages, the quarantine policy was published to protect people's health. Nonetheless, the quarantine will magnify the children's defects. Children's behavior will not follow parents' expectation, and the parents will have anxiety. However, parental anxiety is

a reaction to social anxiety. The entire society was hit by the Covid-19 pandemic with a rapid economic decline. Countless companies were forced to close down and employees were laid off in large numbers. For example, during quarantine, some people do not have income but there is the need for normal delivery of rent, utilities and mortgage car loans, etc.; sometimes logistics are blocked even food cannot be delivered on time, which has caused many inconveniences in life. When social anxiety is transmitted to the parents, they might be even more anxious when facing children's unpredictable behaviors at home, thus the parenthood may be damaged.

2.4. Protective Factor

BPD patients have a certain tendency to self-injury, such as drug abuse, overeating, self-harm, and even suicide. This is because they are emotionally unstable to a great extent. As the family member of BPD patients, we need to keep in mind on their emotional changes. When the patients become unstable or start to show signs of anger and petulance, families should immediately divert their attention. Otherwise, family members can create a warm atmosphere in the home to avoid irritation in the family with the borderline personality disorder. Some formation of BPD is due to unhealthy family factors in the process of growing. Therefore, when taking care of BPD family members, people should try their best to avoid criticism, blame or over-strained family member relationship.

3. Suggestions under Covid-19

Because a large proportion of BPD patients elected to utilize telemedicine, this study was acknowledged for both positive and negative telemedicine effectiveness experiences [14]. Telemedicine is the foundational use of digital technology, satellite imagery, telematics, and remotely controlled technology, utilizing the benefits of major hospitals or specialist medical centers' medical technology and medical equipment to conduct long-distance assessment, therapy, and evaluation for the sick and injured in distant communities, islands, or ships with inadequate medical facilities. Telemedicine technology has advanced from the early days of television surveillance and remote diagnosis through phones to the utilization of high-speed networks for the simultaneous transmission of data, picture, and speech data, along with real-time audio and high-definition picture transmission. Due to the limitations of the pandemic for face-to-face treatment and diagnosis, telemedicine is undoubtedly a good option, which can also reduce medical expenses and save travel expenses to medical institutions to a certain extent.

Family support is undoubtedly an important modality for people with BPD and an important way to help them integrate into society. Unfortunately, most BPD patients are unable to seek help from their families because of many unspoken pains and needs in their lives. Helping patients address these issues would be of great value to them and their families. Therefore, it is important for people with BPD to take advantage of this resource to achieve more value in their work and life.

Patients with BPD are a group of people who have difficulty making emotional connections with others or have emotional communication needs, they desire emotional connections with others, need more care and understanding, and are prone to conflict and resentment. Because of their impaired social functioning, people with BPD need more social support. They need enough attention in the work environment. When a person is frustrated or in a difficult situation in life, it is often difficult to establish effective relationships with others for them. If there are no family members or friends around to help BPD patients in time, it is easy for them to lose control of their emotions and may even lead to harm in the workplace or in life.

4. Conclusion

Currently, the studies on psychological characteristics, pathology and comorbidity, diagnosis and BPD have been increasing. This article summarizes the treatment of BPD and identifies its benefits for patients and their families. Talking to BPD patients can help them to reduce the level of distress

and anxiety. People who are close to the patient may provide support and encouragement so that patient may receive more support and attention in the family, which may help reduce anxiety, depression, or other emotional and behavioral problems. Also, the discussions with BPD patients may increase their treatment compliance and help to make an objective assessment of their personality traits. Besides, patients are certainly encouraged to seek other therapies (e.g., behavior control) to improve mental health and quality of life. In the future, the relevant studies on the clinical characteristics and psychological activities of BPD should be further studied and understood. This article mainly analyzes the psychotherapeutic approach to BPD, but medication is also very important. Medications can treat the symptoms of depression, anxiety and impulsivity caused by BPD with antidepressants and anti-anxiety medications. Medication is not to be avoided when BPD patients have significant symptoms. Medication can help patients to adjust their mood, regulate their internal state and avoid excessive emotional loss of control. In addition, the combination of psychotherapy and drug therapy and different psychotherapy for BPD should be further studied in order to obtain a better therapeutic effect.

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