

8 Major Signs of Borderline Personality Disorder

By [Támara Hill, MS, LPC](#)



Photo credit: Perlinator

What do you think of when you hear the term “borderline?” What comes to mind for you? For a lot of people, “borderline” means “split,” “switchable,” “unstable,” or “unsure and confused.” In some ways this is true. Individuals with borderline personality disorder (BPD) struggle with managing emotions, making proper decisions, controlling their impulses, focuses on the broader picture (ignoring the narrow, negative view of things), and maintaining positive and healthy relationships.

But BPD is so much more than just this. It is a way the person has learned to communicate and manage (to the best of their ability) their emotions, thoughts, and behaviors.

This article will discuss some telltale signs of BPD.

Individuals diagnosed with BPD can display symptoms similarly to or differently from other people. Some people experience the diagnosis as “earth-shattering,” while other people may seem very in control and “together,” often not displaying too many symptoms in public. This is what makes diagnosis so very difficult. The clinical picture of BPD can vary greatly across cultures, age groups, genders, and socio-economic status.

I previously trained an intern who saw a client who had a very controlling step-mother. She truly believed her step-daughter had BPD traits and wouldn’t take “no” for an answer. She would come to every session saying “see, she’s like all the other borderlines” or “this is how they act.” While there is sometimes clear signs of the disorder, there are often times when signs are unclear.

For individuals struggling with BPD traits, therapy can take months if not years to identify, work through, treat, and heal from.

BPD is a very challenging and complex disorder to treat. [Dr. Blaise Aguirre](#), a recognized child and adolescent researcher of BPD, states that about 11% of clients with the disorder end up in

outpatient settings, while about 20% are in inpatient settings with a comorbid diagnosis. For example, someone with BPD may also have severe depression, anxiety, or ADHD.

I truly believe, after almost 10 years practicing psychotherapy, that there are often 8 major signs of borderline personality disorder that parents and families should look out for. Those 8 signs often include:

- **Emotional chaos and mood lability:** It is likely that you know someone who is struggling with symptoms of borderline personality disorder. In fact, the [National Institute of Mental Health](#) estimates that about 1.6% of the adult U.S. population has BPD. Affective instability, dysphoria, fears of abandonment, confusion over identity as a person, low self-esteem, lack of confidence, feelings of inadequacy, feelings of emptiness, and chronic anxiety or depression are often the hallmark features of BPD. According to the Brain and Behavior Research Foundation (2017):

“For people affected by BPD and their families, both science and psychotherapy are teaching us some things that may not be intuitive, so getting access to experts can be really useful. For just one example, science has taught us that people with BPD interpret a lot of other peoples’ emotions and statements as highly negative and critical. Trained psychotherapists and informed family members who know about this “negative attribution bias” can help the affected person understand that their intentions are actually not so negative. People with BPD can learn consider and weigh the possibility of negative attribution bias when faced with people who seem very critical or angry. “

- **Irritability and disproportional anger:** As stated above, irritability and affective instability are often at the core of BPD. It is important to understand that not everyone who appears moody or irritable should be diagnosed with BPD. Some people are suffering from other disorders that could better account for their symptoms. However, those who are meeting diagnostic criteria for BPD tend to struggle with controlling their emotions, primarily their anger. Someone suffering from BPD may display emotional responses that are disproportional to the trigger. They may find it completely difficult to control emotions in settings where emotional control is important. It may be difficult to “hold themselves together” until a later time. This impulsivity may have resulted in the loss of employment, relationships, or other important connections. I once had a client who struggled with controlling his emotions in public and would overreact in places such as grocery stores, car shops, malls, etc. On one occasion, my client was asked to leave a mall by police who were called after he threw a store’s clothing down on the ground when he was told he could not take his items in to a fitting room without receiving a ticket first.
- **Riskiness or self-harm:** Riskiness may include sexual promiscuity, drug seeking behaviors that places the person in harms way, prostitution, overdosing on drugs or alcohol, driving recklessly, gambling, etc. Sadly, self-harm is also included in this category. Self-harm may include cutting, burning, etc. When I began practicing psychology 8 years ago, I had an adolescent client who would bang her head against the walls and ground until she had a headache. After being placed in a 24/7 supervised residential setting, reports showed that she had engaged in this act 4 out of 5 days of the week and would only engage in this behavior when she was triggered by people she thought were abandoning her, bullying her, or going against her in some fashion. No matter how kind I was to her as a therapist, she began to see me as the enemy when I highlighted the values in avoiding self-harm. One minute I was adored, the next minute I was hated. Self-harm can also be seen as self-destructive behavior which may include the individual rejecting the help of others and rejecting mental health or medical care.

- **Chronic suicidal thought patterns and/or attempts:** Chronic suicidal thoughts may include thoughts of death, dying, and suicide almost everyday throughout the day. It may include what appears to others to be an obsession or psychological preoccupation with all topics related to death. I often encourage parents to watch their children or teens closely when they begin to embrace music, art, or other forms of artistic expression that idealizes, praises, or promotes death, dying, and suicide. Individuals who are considering suicide or who are feeling suicidal, will often gravitate toward those things that embrace it.
- **Relational instability:** Relational instability may include challenges in almost all relationships the person has. For example, someone with BPD may find it extremely difficult to trust a coworker, a boss, a neighbor, a friend, or even a family member for no apparent reason to outsiders. Their reason, however, may include unjustifiable reasons such as fear of being hurt eventually, fear of abandonment, or even covetousness or envy. Because some individuals with BPD have strong and overpowering emotions, it is possible that someone may find their feelings of envy or jealousy difficult to control as well.
- **“Impostor syndrome”:** Some of my former clients with BPD have explained feeling as if they are “acting on a stage” or playing a role in their lives. They don’t feel like they think they should feel and often struggle with identifying a place in the world. Although I have trouble with this term and doubt its significance due to social media over-psychoanalyzing the term, I think most of society experiences this. But for someone with BPD traits, identity can feel really far away.
- **Insecurity:** It’s important to understand that the person with BPD often struggle with body image, low self-esteem, needing validation (especially from men), and being highly influenced by others deemed “sexy,” attractive, or appealing. In some cases, the person with BPD may struggle with boundaries, may become flirtatious or promiscuous, and lost in their own confusion. I remember counseling a family who asked their daughter “why do you always have a man hanging on your arm? Can’t you just be single?”
- **Poor or immature attachment style:** In treating youths with strong BPD traits I realized that most of their communication skills are based on their deep needs. An individual who truly needs to feel wanted, loved, or attractive may develop what they strongly believe is love or a “bond” with someone who is unhealthy, degrading, or abusive. They also may struggle in relationships with there is domestic violence, control and dominance, or even sexual abuse and rape.

It is important that we carefully evaluate those we suspect to have BPD. Careful evaluation means not jumping to conclusions without professional advice, refraining from angrily telling a loved one that “you are borderline,” and allowing mental health professionals to make that determination. There is certainly a reason why mental health professionals are trained to do what they do. They can fit pieces of a fragmented puzzle together and create a treatment course based on years of research, knowledge, and experience.

Do you know someone suffering from symptoms that may be BPD? Stay tuned for my audio blog next week at anchoredinknowledge.com where I will be discussing major relational challenges that individuals with BPD experience.

References:

Brain and Behavior Research Foundation. (2017). Frequently asked questions about borderline personality disorder. Retrieved online April 11, 2017 from, <https://www.bbrfoundation.org/faq/frequently-asked-questions-about-borderline-personality-disorder-bpd>.

Helpguide.org. (2017). Borderline Personality Disorder: A guide to symptoms, treatment, and recovery. Retrieved online May 8, 2017 from, <https://www.helpguide.org/articles/personality-disorders/borderline-personality-disorder.htm>.

National Institute of Mental Health. (n.d.). Borderline Personality Disorder. Retrieved online April 12, 2017 from, https://www.nimh.nih.gov/health/statistics/prevalence/file_148216.pdf.

Maltrattamenti in famiglia e lesioni personali volontarie: l'abitudine delle molestie non assorbe il reato di lesioni.

o



Gelsomina Cimino

**AVVOCATO CASSAZIONISTA E MAGISTRATURE SUPERIORI STUDIO
LEGALE AVV. GELSOMINA CIMINO**

Maltrattamenti in famiglia e lesioni personali volontarie: l'abitudine delle molestie non assorbe il reato di lesioni.

Il delitto di maltrattamenti in famiglia e quello di lesioni possono concorrere materialmente tra loro. Costituisce, infatti, dato del tutto pacifico che l'elemento caratterizzante del reato di cui all'art. 572 c.p., è il requisito dell'abitudine della condotta, che ne giustifica l'autonoma valenza illecita rispetto alla perseguibilità delle singole condotte aggressive: il reato di maltrattamenti in famiglia, infatti, configura un'ipotesi di reato "necessariamente abituale" costituito da una serie di fatti, commissivi per lo più, ma anche omissivi, i quali isolatamente considerati potrebbero costituire reato (ingiurie, percosse o lesioni lievi o lievissime, comunque procedibili solo a querela) ovvero potrebbero non costituire reato (atti di infedeltà, di umiliazione generica, vessazioni, procurata angoscia ecc.) ma acquistano rilevanza penale per effetto della loro reiterazione nel tempo.

E' ciò che emerge dalla sentenza n. 129 del 5 aprile 2017 con la quale il Tribunale di Campobasso ha condannato un marito legalmente separato ma ancora convivente con la ex moglie alla pena di 15 mesi di reclusione per "maltrattamenti in famiglia" e "lesioni personali volontarie". Il giudice, infatti, ha ritenuto che *"La diversa obiettività giuridica del reato di maltrattamenti in famiglia e di quello di lesioni personali volontarie esclude l'assorbimento del secondo nel primo, rendendoli concorrenti tra loro"*.

Si tratta di una decisione che si adegua alla costante giurisprudenza di legittimità, opportunamente citata dal Tribunale che espressamente rimanda alla sent n. 28367 del 2004 della Corte di Cassazione e che merita, a giudizio di chi scrive, di essere condivisa, considerato che il reato di lesioni personali volontarie non costituisce elemento indefettibile del reato di cui all'art. 572 c.p.

In questo caso il concorso si giustifica alla luce della considerazione che la volontà del reo che non è solo quella di maltrattare, attentando alla libertà e dignità umana e creando deliberatamente sentimenti di paura, d'angoscia e d'inferiorità nella vittima; ma anche quella di porre in essere una lesione provocando un pregiudizio effettivo all'incolumità individuale.

Correttamente, dunque il tribunale, ha giudicato l'imputato per i due reati concorrenti, escludendo l'assorbimento dell'uno nell'altro con conseguenti sconti di punibilità.