

FEATURES OF PERSONALITY TO BORBERLINE YOUNG ADULTS

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Abstract: The borderline personalty diseaseis one of the most frequent in the young adult population. The author presents o theoretical frame of the concept of borderline personality as it is mentioned the the psychologic and psychiatric literature. The causes and the risk factors are analysed as well as the characterization of the disease. The terms od the diagnosis after the DSM IV are presented. Then a personal research on 26 young adults with the diagnostic of borderline personality is detailed with the hypothesis and objectives, the sample studied and the results and discussion of these.

Key words: borderline personality, features of personality, psychological treatment, self esteem

1.Theoretical frame

One of the most frequent personality diseases, in the present moment, is the borderline personality disorder. A part from the elements of the borderline personality disorder are meet in other personality disorder too, the differences between them being the purpose with which they are invested and the reaction manner.

The name of the syndrome starts from the meaning of “boundary, limit” that the English word “border” has, because the symptomatology of

this personality disorder is situated somewhere at the boundary between the neurosis and the personality disorders. The essential element of the borderline personality disorders is constituted by a history of instability of the interpersonal relations, a low self esteem and an accentuated impulsivity which begin precocious in the adult period. The persons who suffer of this personality disorder have interpersonal relations very intense and changing. Their image of themselves, as well as their image about other persons is very labile. These changes are characterized by a passing away from an extreme to another.

The persons with borderline disorders are a real challenge for the psychologists, in their counseling and psychotherapeutic activity.

The term of *borderline* was used for the first time to describe those patients who were not ill enough to be diagnosticate as schizophrenics, but who were too troubled to follow a classic psychoanalytic treatment. In 1990, Gunderson, Zanarini et al. (apud von Luyn and all, 2009) had identify clear discriminatory features based on the research centered on the descriptive characteristics of the borderline syndrome: almost psychotic thinking, self-harming, manipulative suicidal efforts, preoccupation about abandon, great requirements, regression in the treatment, transference difficulties

The borderline personality disorder is a condition which begin in early childhood, but often it doesn't manifests itself till the early maturity (usually in the middle of 20-th).

1.1. Causes and risk factors

Same as in the majority of mental disorders, the causes of borderline personality disorder are complex and not completely cleared up. Moreover the genetic predisposition, the environment factors and the neuro-biologic factors (some neurotransmitters, as serotonin, does not function well), cerebral anomalies (modifications of some cerebral area which coordinate the emotional activity, the impulsivity and the aggressivity), we can also count an history of traumatic experiences in the childhood (physical maltreatment,

sexual abuse, neglect, conflicts, the loss or the separation of the parents) and the development in a prohibitive, invalidating environment. The latest findings show that the borderline personality disorder results from the combination of all these factors (Tudose and all, 2011).

In the general population, it seems that the borderline personality is more frequent to the women than to the men. The discussions regarding the causality and the risk factors influence continue even today, but meanwhile, the real causes of the borderline personality disorders remain unknown and there are any way to prevent it.

1.2. Diagnosis

According to DSM-IV-TR (The Diagnostic and Statistical Manual of Mental Disorders), an essential book for the psychologists there are 9 diagnostic criteria for the borderline personality disorder. For the diagnosis is necessary to be met at least 5 from them:

1. desperate efforts to avoid the real or imaginary abandonment;
2. A pattern of the intense and unstable interpersonal relations characterized by alternating between idealization and devaluation extremes.
3. Identity troubles: the self image or the self-consciousness is severely and persistently unstable;
4. Impulsivity in at least two domains which are potentially self-harmful (for example expenses, sex, drug abuse, imprudent driving, compulsive eating);
5. Recurrent behavior, gestures or threatening with suicide or self-harmful behavior;
6. Affective instability due to an important disposition reactivity (irritability or anxiety lasting usually a couple of hours, not more than a few days);
7. Chronic feeling of emptiness;

8. Intense and inadequate mania, or difficulties to control mania (for example frequent fury manifestations, permanent collic state, repeated fighting);
9. Paranoid ideation or severe dissociative symptoms, transient, related to stress (DSM-IV-TR 2000, 2003).

1.3. Characterization

The main problem which appears in the clinical picture of the borderline syndrome is the difficulty to manage with your own feelings. They experience intense fears of abandonment and an inadequate mania, even when they are confronted with a real separation for a short period of time or when it exists changes in the previous plans (for example panic or fury when somebody important for them is late for few minutes or when they must cancel a meeting). The irritability, anxiety, mania, panic or dispirited episodes are frequent. Essential in the clinical picture of the persons with this disorder is the swinging between the extremes of idealization and devaluation. They can reach to idealize in short period of time a person that they consider as a model or as the best friend, and a little time later to have a mania attack related to the real or imaginary provoked by the said person. The fury puts out relatively quickly, the patient being sorry for the furious episode, but the cycle can restart any time (Galbard, 2007).

Another fundamental feature of the borderline personality disorder is the impulsivity: the person engages himself in behaviors with self-damaging potential – substances abuse, promiscuity, excessive expenses, compulsive eating, gambling, great speed driving. Easy to bore, they are constantly in searching for something to do. The persons with borderline personality disorder manifest a recurrent suicidal behavior, gestures, threatening or self-maiming behavior – self flagellation, burns, cuts. The self-destructive acts are usually headlonging by the threat of separation or rejection or by the

eventuality that they must assume a bigger responsibility (Gelder, Gath, Mayou, 1994).

A fourth important characteristic in the borderline personality disorder is the identity affectation, those persons having a self-concept instavble or frail defined. In some coasesthey base their identityon thhe idea that they arebad and valueless. Frequently the lack of an integrated image of them self leads to imtense interior vacuum feelings, described as physical sensation in the abdomen or the chest, the sensation of a hole in them-selves (Ionescu, 2006).

The treatment of borderline personality disorder improved in the last time by adopting some specific techniques addressed to the patients with this disorder. The treatment can include psychotherapy, medication and hospitaization.

2. Hypothesis and objectives

The research domain was that of the borderline personality disorder. In our research we started from the following hypothesis: We supposed that the young adults with borderline personality disorder diagnosis have common personality features, which permit us to make a specific psychologic profile.

This hypothesis made us to establish the following research objectives: the establishment of the psychologic tests which can evidentiate the personality features; the data collection; the statistic data processing and their interpretation in the theoretic context exposed previously; themaking up of a particular psychologic profile for the patients with borderline disorder.

We select as research sample a number of 26 patients, young adults, whom had the diagnosis of borderline personality in a psychiatric service (ambulatory or in hospital) in the period the 1-st september – 31-st december 2012.

To evidentiate the specific personality features from our sample subjectswe choose three personality questionnaires: The eysenck Personality Inventory, the Woodworth-Mathews questionnaire and the Self-Estime Scale.

During the period of four month of research all the patients were able to complete the questionnaires

The data collected with the questionnaires were statistic processed, constituting a data base which served us to calculate some correlations and to compile a psychologic profile which is characteristic to the subjects with borderline personality disorder.

3. Results and discussions

We calculate for all the psychologic tests the Alpha-Cronbach quotient (see the table 1). In the psychologic measurement context the alpha cronbach quotient is an indication which shows that the measurement is trustworthy and if it reflects real scores or it is lead to some errors.

From the table it is evident that all the applied test give good consistence quotients, that means that the measurement is trustworthy and it is not influenced by different types of errors.

Table 1.
The alpha-Cronbach quotients to the applied tests

Applied tests	alpha-Cronbach quotient
Eysenck Personality Inventory	0,78
Woodworth-Mathews Questionnaire	0.86
Self Esteem Scale	0.83

Taking into account that the literature references and from the studies which applied these tests, we consider that, in our case, the alpha-Cronbach quotients obtained by us are acceptable and that the tests present a good internal consistence.

The Eysenck personality Inventory (EPI)

The great psycho-affective instability quotients (that Eysenck named neuroticism), to the majority of our subjects are a characteristic of borderline personalities, as it is mentioned also in the special literature.

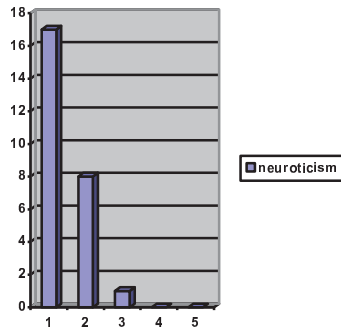


Figure 1. The neuroticism quotients obtained to EPI

The majority of our subjects (17 from them) obtain a very big neuroticism quotient (values between 21 and 24); 8 subjects obtain a big neuroticism quotient (values between 16 and 20) and only one subject obtains a medium neuroticism quotient (with values between 11 and 15). For the last two categories, small and very small neuroticism quotient we do not have any subjects. It is a proof that the borderline subjects present a big neuroticism quotient and a considerable ambivalence.

The Woodworth-Mathews Questionnaire

Only at two domains from eight of the questionnaire (the schizophrenic an antisocial tendencies) we have less than half of the subjects. In all the other domains are included at least three quarters of our subjects, reaching to the depression and psycho-affective domains, to 100% of the cases.

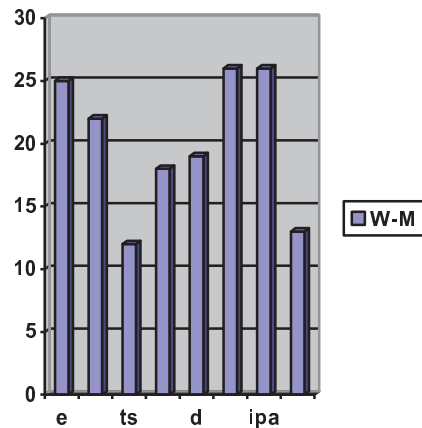


Figura 2 The answers of the subjects to W-M Questionnaire.

where: e = emotivity; ts = schizophrenic tendencies;

d = depression; ipa = psycho-affective instability

Three quarters of our subjects present very big and big emotivity (8 and respectively 10 subjects). The emotivity means for Woodworthe not only an exacerbation of this feature but also a great emotionallability, or the borderline personality is characterized exactly by this increased variability of the emotional states.

The patient with borderline personality has difficulties to control his emotions and he is frequently in an uprising state – mabe because of the traumatic experiences from the childhood or of some cerebral disfunctions (Lăzărescu, Nireşteanu, 2007).

This anxiety can be translate by the fear of abandon from the persons that he considers as being responsible for his welfare. The borderline will react to the abandon with fury and he will feel the inner vacuum feeling, the emotional vacuum. These subjects are at risk to develop other psychologic diseases as anxiety and depression. Other symptoms as the dissociation are lead to the severe traumatic experiences from the childhood.

Three quarters of our patients (19 subjects) present depressive tendencies which surpass the border between normal and pathologic. The patients with borderline personality disorder are characterized by intense but short depression episodes. They are also fighting with depressive feelings: many of them, especially in the first years, have painful thoughts of suicide or repeated attempts to suicide themselves, recurrent suicidal behavior, gesture, threatens or self-maiming, depression characterized by loneliness feelings and not by culpability or valueless ideas (“depressive loneliness”) (Fodoreanu, 2004).

For our sample the antisocial tendencies were reduced more to the destructive and self-destructive ideas, gambling, self-maiming or drug abuse.

The self-maiming and the suicide, are not only very common aspects of the persons with borderline personality disorder, but they constitute in the same time a main problem and a very serious one, a threaten for their life. The researches show the fact that a percentage of 60-80% from the persons with borderline personality made to themselves bad things in a moment of their life (Miclujia, 2002).

Self Esteem Scale

The great majority of our subjects present a self-esteem very low (14 subjects) and 11 subjects a low self esteem. Only one subject has a self esteem situated to a medium level and for the self esteem levels good and very good we do not enregistered any subject (see table 2).

Table 2

The subjects answers to the Self Esteem Scale (n = 26)

	Self Esteem Scale	Number
1	very big	0
2	big	0
3	medium	1
4	little	11

5	very little	14
	total	26

The patients have an uncertainty feeling toward who they are. This thing means that the self image of them suffer quick and repeted changes. Sometime they could see them as being very bad persons, and other times they feel as they do not exist at all. An instable self image can lead to frequent changes of the work place, of the friends, of the purposes, values and gender identity (Enăchescu, 2008).

The essential element of the borderline personality disorder is constituted by a history of interpersonal relations instability, a low self esteem and an accentuated impulsivity which begin early in the adult period.

These radical changes are reflected to the self image level that he has. That is why they will be frequent changes of the personal values, of the work place or of the partner, he will renounce asuddenly at his studies or he will orientate one-self to another domain. The problem of the borderline patients present two distinct aspects bothe important and complementary in their necessity to be understand and treated with equal attention and social and curative efficiency:

- one regards the approach of the individual with this type of personality disorder with its specific and idiosyncrasies;
- the second one is the public health problem, by the real frequence, undiagnosticated correctly, with which this illness is present in the generalpopulation. It is an illness rezisting to the therapy or even incurable. It is possible that the patients present very grave offences that affectnot only them but also their families or the close persons.

The results analysis and interpretation exposed above allow us to state that our hypothesis is confirmed in the practice and that there are coomon

features of personality that can be discovered to the patients with borderline personality disorder diagnosis.

Finally, some conclusions can be enounced, that could be useful both to the practitioners and to the researchers in this field:

- The borderline personality is not a speculative creation of the psychoanalysis, but a complex psychiatric entity, situated to the crossing of many psychiatric areas, affecting usually the personality and its adjusting capacities;
- The therapy must begin with the acceptance of the anomaly state in more behavioral spheres, in parallel with the education of a realistic orientation in life;
- The re-dimensioning of the aspirations and of the expectances precedes the way to the changing, the only way to survive, taking into account that the social environment could not be modified after the individual taste and moods;
- The learning of managing the crisis situations of the life with tact and flexibility;
- The education of temperance and of concessions;
- The re-modeling of the interpersonal interactions;
- The learning of the social abilities based on selflessness and empathy;
- The education of the capacity to establish limits without resentments or frustration sentiments;
- The avoiding of abusive behaviors and of the ultimative language;
- The recognizing of the behavioral anomalies and the identification of the defense mechanisms of the maladaptative self, which maintain themselves amplifying the disadjustment and the failure;
- The creative using of inter-human communication, in the frame of group psychotherapy, family psychotherapy and than in the helping group of the type "self-help".

- The stimulation of the behaviors for the improvement of the life quality:
 - the stimulation of behavioral abilities;
 - the stimulation of interpersonal efficiency;
 - the stimulation of emotional tensions;
 - the stimulation of assertive tolerance towards the people;
 - the stimulation of self-control capacity
- the continuation of the research and the study of the personality disorders (Friedmann, apud Enăchescu, 2008).

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