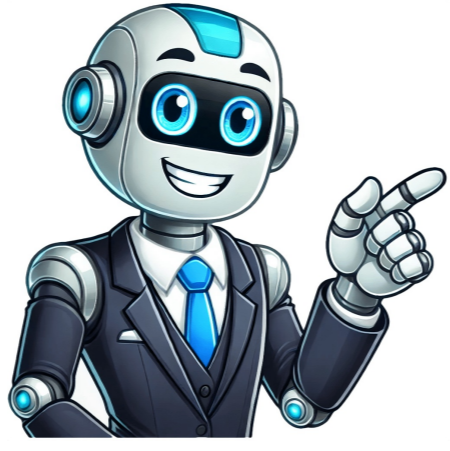


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APA DSM 5 Definition of Borderline personality disorder APA Division 12 treatment page for Borderline personality disorder ICD-11 definition of Personality disorder, Borderline pattern by the World Health Organization NHS "Borderline Support UK". Retrieved from "Borderline personality disorder (BPD) is a mental health condition marked by extreme mood fluctuations, instability in interpersonal relationships and impulsivity.People with BPD have an intense fear of abandonment and have trouble regulating their emotions, especially anger. They also tend to show impulsive and dangerous behaviors, such as reckless driving and threatening self-harm. All of these behaviors make it difficult for them to maintain relationships.Borderline personality disorder is one of a group of conditions called "Cluster B" personality disorders, which involve dramatic and erratic behaviors. Personality disorders are chronic (long-term) dysfunctional behavior patterns that are inflexible, prevalent and lead to social issues and distress.Many people who live with borderline personality disorder don't know they have it and may not realize there's a healthier way to behave and relate to others.What is the difference between borderline personality disorder and bipolar disorder?While bipolar disorder is also characterized by wide fluctuations in mood and behavior, it's distinct from borderline personality disorder (BPD).In BPD, mood and behavior change rapidly in response to significant stress, especially when interacting with other people, whereas in bipolar disorder, moods are more sustained and less reactive. People with bipolar disorder also have significant changes in energy and activity, unlike those with BPD.Who does borderline personality disorder affect?Most personality disorders begin in the teen years when your personality further develops and matures. As a result, almost all people diagnosed with borderline personality disorder are above the age of 18.Although anyone can develop BPD, it's more common if you have a family history of BPD. People with other mental health conditions, such as anxiety, depression or eating disorders, are also at higher risk.Nearly 75% of people diagnosed with BPD are female. Research suggests that males may be equally affected by BPD. But they may be misdiagnosed with post-traumatic stress disorder (PTSD) or depression.How common is borderline personality disorder?Borderline personality disorder is relatively rare. Approximately 1.4% of the adult U.S. population has BPD. Cast & crewUser reviewsTriviaFAQSign in to rate and Watchlist for personalized recommendationsSign inSuggest an edit or add missing contentWhat is the Canadian French language plot outline for Borderline (2025)?AnswerYou have no recently viewed pages **Borderline Personality Disorder (BPD)** is one of the most misunderstood mental health conditions—and one of the most stigmatized. But behind the label is a real person who often feels emotions more deeply than others and struggles with identity, relationships, and regulation. With the right support, treatment, and understanding, people with BPD can lead meaningful and connected lives. In this post, we'll break down what BPD actually is, common signs and symptoms, how it's diagnosed, and the most effective treatment options available today. **Borderline Personality Disorder** is a mental health condition that affects how a person experiences emotions, relationships, and self-image. People with BPD may feel emotions intensely and for long periods of time, which can make it difficult to return to a baseline after something upsetting happens. Some of the core features include: A strong fear of abandonment, even when it's not based in reality A shifting or unclear sense of self Intense mood swings or emotional responses Difficulty maintaining stable relationships Impulsive or self-destructive behaviors, sometimes including suicide attempts For many, BPD is rooted in early experiences, such as trauma, consistently invalidating caregivers, or major attachment disruptions (like adoption, an incarcerated parent, or time spent in foster care), but not always. Like many mental health diagnoses, it's not about blame. It's about the patterns that interfere with daily life and relationships and learning how to navigate them. BPD shows up differently from person to person, but here are some hallmark symptoms clinicians look for: Emotional dysregulation: Sudden, intense emotional shifts. These can often be in response to seemingly small triggers, but feel like a big deal. Fear of abandonment: This can lead to frantic efforts to avoid real or imagined rejection. Unstable relationships: Relationships may swing between idealization ("You're perfect") and devaluation ("You never cared about me"). Impulsivity: Risky behaviors like binge eating, unsafe sex, or reckless driving can serve as a coping mechanism. Chronic emptiness: A deep, persistent feeling of emptiness or "not existing" can be hard to describe and even harder to live with. Distorted self-image: People with BPD may struggle to maintain a consistent sense of who they are, what they value, or where they're headed. BPD often overlaps with—or is mistaken for—other diagnoses, which is why a thorough clinical evaluation is essential. Some conditions that share features with BPD include: Complex PTSD (C-PTSD): Both often involve the client having trauma histories, but C-PTSD tends to focus more on fear-based symptoms and long-term trauma responses, whereas BPD includes specific interpersonal and identity-related patterns. Some therapists argue that these should be the same diagnosis, just different symptom groups. Bipolar Disorder: Bipolar mood shifts are more episodic and can last days to weeks, unlike the rapid and often reactive shifts in BPD. Learn more about bipolar disorder at this blog post. Depression and anxiety disorders: These often co-occur with BPD and can sometimes mask or mimic its symptoms. Accurate diagnosis matters because it guides treatment. A misdiagnosis can delay access to the most effective therapies, and the client feels more frustrated ("Nothing can help me, it's hopeless"). For some, the diagnosis of BPD can feel really heavy, but for others it can feel more enlightening or like they finally have a roadmap. Too often, people with BPD feel like something is wrong with them—they don't understand why they can't keep relationships like others or why they feel like they are "too much." The reality is that our past experiences have a major impact on our current relationships, and that's true for many people who have BPD. The good news: BPD is very treatable. With the right therapeutic approach, many people see real and lasting improvement. Here's what research shows works best: Dialectical Behavior Therapy (DBT): This is the most evidence-based treatment for BPD. DBT teaches core skills like mindfulness, emotional regulation, interpersonal effectiveness, and distress tolerance. It's structured, skills-focused, designed specifically for individuals with high emotional sensitivity, and it was created by someone with BPD. Talk Therapy (Psychotherapy): Beyond DBT, therapies like Schema Therapy, Mentalization-Based Therapy (MBT), and Transference-Focused Psychotherapy (TFP) help individuals understand the root of their patterns and shift how they relate to themselves and others. Medication: While no medication "cures" BPD, certain prescriptions may be used to manage co-occurring symptoms like depression, anxiety, or insomnia. Skill-building: Many people with BPD missed opportunities to learn healthy coping skills early in life. Therapy often includes emotional literacy, boundary setting, and communication tools. These are a core part of DBT, but can also be found in other modalities. Borderline Personality Disorder is not a character flaw. It's not attention-seeking. It's not untreatable. It's a real mental health condition rooted in real pain—and it responds to real support. Reducing the stigma around BPD starts with education. When we replace judgment with curiosity, and fear with empathy, we make room for growth. If you or someone you love is living with BPD, know that you aren't alone. BPD is diagnosed by a licensed mental health professional through a clinical interview, psychological assessments, and careful evaluation of symptoms and personal history. It often involves ruling out other disorders like bipolar disorder or complex PTSD. With the stigma (and often heaviness) associated with this diagnosis, it is common for therapists to refer clients for thorough psychological testing with a psychologist to confirm this diagnosis. There is no single cause of BPD. It often develops from a combination of genetic vulnerability, early attachment disruptions, childhood trauma, and childhood instability. In the podcast episode, Dr. Janssen highlights, "People that are diagnosed with borderline personality disorder often have an insecure attachment," and stresses the importance of teaching clients about stable relationships and trust. Dialectical Behavior Therapy (DBT) is the most evidence-based and widely recommended treatment for BPD. Other therapies like Schema Therapy, Mentalization-Based Therapy (MBT), and Transference-Focused Psychotherapy (TFP) can also be effective. No. While both involve mood instability, BPD mood shifts are typically rapid and triggered by interpersonal stress, whereas bipolar disorder includes longer episodes of depression and mania or hypomania, often unrelated to external events. For a deeper dive on the differences, check out our blog post about the common misdiagnosis of bipolar disorder. **Borderline Personality Disorder (BPD)** is a complex mental health disorder characterized by a pattern of varying moods, self-image, and behavior. These symptoms often result in impulsive actions and problems in relationships with others. According to the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)*, BPD is categorized as a personality disorder and is distinguished by specific criteria that healthcare professionals use for diagnosis. *DSM-5 Criteria for Borderline Personality Disorder* The *DSM-5* outlines nine key criteria for BPD, and a diagnosis typically requires that an individual exhibits at least five of these symptoms: **Frantic Efforts to Avoid Abandonment:** This includes both real and imagined scenarios of abandonment. **Unstable and Intense Relationships:** Alternating between extremes of idealization and devaluation. **Identity Disturbance:** Markedly and persistently unstable self-image or sense of self. **Impulsivity in At Least Two Areas:** These areas are potentially self-damaging, such as spending, sex, substance abuse, reckless driving, and binge eating. **Recurrent Suicidal Behavior or Self-Harming Behavior:** Such as threats or gestures, or self-mutilation. **Affective Instability:** Due to a marked reactivity of mood. **Chronic Feelings of Emptiness.** Inappropriate. **Intense Anger or Difficulty Controlling Anger:** Frequent displays of temper, constant anger, or physical fights. **Transient, Stress-Related Paranoid Ideation or Severe Dissociative Symptoms.** Causes of **Borderline Personality Disorder** The exact cause of BPD is not entirely understood, but it is believed to be a combination of genetic, environmental, and social factors. Some potential causes and risk factors include: **Genetics:** A family history of BPD may increase the risk. **Brain Structure and Function:** Changes in certain areas of the brain involved in emotion regulation, impulsiveness, and aggression. **Environmental Factors:** Experiences of trauma, such as physical or sexual abuse during childhood, neglect, or loss. **Neurobiological Factors:** Issues in brain chemicals may also play a part in BPD. **Treatment Options** BPD is often treated with a combination of psychotherapy, medication, and support. **Psychotherapy:** The primary treatment for BPD. Types of psychotherapy used include dialectical behavior therapy (DBT), cognitive-behavioral therapy (CBT), and schema-focused therapy. **Medications:** There are no drugs specifically approved for BPD, but medications can be used to treat symptoms like mood swings, depression, or other co-occurring mental disorders. **Hospitalization:** In some cases, psychiatric hospitalization may be necessary during times of extreme stress, impulsive behavior, or if there is a risk of self-harm. **Support Resources** Living with BPD can be challenging, but there are several resources available for support: **Therapy and Counseling** Regular sessions with a mental health professional. **Support Groups:** Groups like the National Education Alliance for Borderline Disability Disorder offer support network of individuals who understand and share similar experiences. **Educational Resources:** Learning about BPD can help individuals and their loved ones understand and manage the disorder better. **Lifestyle Changes:** Regular exercise, a healthy diet, and sufficient sleep can help manage symptoms. **Did you know?** 1.6% of the adult U.S. population has BPD, but that number may be as high as 5.9%. Nearly 75% of people diagnosed with BPD are women. **Borderline Personality Disorder** is a complex condition that requires a multifaceted approach for management and treatment. Understanding the *DSM-5* criteria is crucial for accurate diagnosis and effective treatment planning. While the disorder presents significant challenges, with the right support and treatment strategies, individuals with BPD can lead fulfilling lives. Take this mental health test. It's quick, free, and you'll get your confidential results instantly. Mental health conditions are real, common, and treatable. If you or someone you know thinks you are suffering from borderline personality disorder then take this quick online test or click to learn more about the condition. Take test **Learn more Reviewed by Psychology Today Staff** **Borderline personality disorder** is a chronic condition that may include mood instability, difficulty with interpersonal relationships, and high rates of self-injury and suicidal behavior. **Borderline personality disorder (BPD)** is characterized by pervasive instability in moods, interpersonal relationships, self-image, and behavior. This instability often disrupts family and work life, long-term planning, and an individual's sense of identity. People with BPD, originally thought to be at the "border" of psychosis and neurosis, suffer from difficulties with emotion regulation. While less well known than schizophrenia or bipolar disorder, BPD affects 2 percent of adults. People with BPD exhibit high rates of self-injurious behavior, such as cutting and elevated rates of attempted and completed suicide. Impairment from BPD and suicide risk are greatest in the young-adult years and tend to decrease with age. BPD is more common in women than in men, with 75 percent of cases diagnosed among women. People with borderline personality disorder often need extensive mental health services and account for 20 percent of psychiatric hospitalizations. Yet, with help, the majority of people who suffer stabilize and lead productive lives. According to the *DSM-5*, individuals with BPD exhibit some or all of the following symptoms: **Efforts to avoid real or imagined abandonment.** Intense bouts of anger, depression, or anxiety that may last only hours or, at most, a few days. These may be associated with episodes of impulsive aggression, self-injury, and drug or alcohol abuse. Distortions in thoughts and sense of self can lead to frequent changes in long-term goals, career plans, jobs, friendships, identity, and values. Sometimes people with BPD view themselves as fundamentally bad or unworthy. They may feel bored, empty, or unfairly misunderstood or mistreated, and they have little idea who they are. **Recurrent suicidal behavior.** Transient, stress-related paranoid thinking, or dissociation ("losing touch" with reality). People with BPD often have highly unstable patterns of social relationships. While they can develop intense but stormy attachments, their attitudes toward family, friends, and loved ones may suddenly shift from idealization (great admiration and love) to devaluation (intense anger and dislike). Thus, they may form an immediate attachment and idealize another person, but when a slight separation or conflict occurs, they switch unexpectedly to the opposite extreme and angrily accuse the other person of not caring for them at all. Most people can tolerate the ambivalence of experiencing two contradictory states at one time. People with BPD, however, shift back and forth between good and bad states. If they are in a bad state, for example, they have no awareness of the good state. Are people with borderline personality very sensitive to rejection? Individuals with BPD are highly sensitive to rejection, reacting with anger and distress to mild separations. Even a vacation, a business trip, or a sudden change in plans can spur negative thoughts including fears of abandonment. This seems to be related to difficulties feeling emotionally connected to significant family and friends when they are physically absent, leaving the individual with BPD feeling lost or worthless. Suicide threats and attempts may occur along with anger at perceived abandonment and disappointments. article continues after advertisement Although the cause of BPD is unknown, both environmental and genetic factors are thought to play a role in predisposing people to BPD. The disorder is approximately five times more common among people with close biological relatives with BPD. Studies show that many individuals with BPD report a history of abuse, neglect, or separation as young children. Forty to 71 percent of BPD patients report having been sexually abused, usually by a non-caregiver. Researchers believe that BPD results from a combination of individual vulnerability to environmental stress, neglect, or abuse as young children, and a series of events that trigger the onset of the disorder as young adults. Adults with BPD are also considerably more likely to be the victims of violence, including rape or other crimes. These incidents may result from harmful environments as well as the victims' impulsivity and poor judgment in choosing partners and lifestyles. Neuroscience is revealing brain mechanisms underlying the impulsivity, mood instability, aggression, anger, and negative emotion seen in BPD. Studies suggest that people predisposed to impulsive aggression have impaired regulation of the neural circuits that modulate emotion. The brain's amygdala, a small almond-shaped structure, is an important component of the circuit that regulates negative emotion. In response to signals from other brain centers indicating a perceived threat, it marshals fear and arousal, which may be more pronounced under the influence of stress or drugs like alcohol. Areas in the front of the brain, in the prefrontal cortex, act to dampen the activity of this circuit. Recent brain-imaging studies show that individual differences in the ability to activate regions of the prefrontal cortex thought to be involved in inhibitory activity predict the ability to suppress negative emotion. Serotonin, norepinephrine, and acetylcholine are among the chemical messengers in these circuits that play a role in the regulation of emotions, including sadness, anger, anxiety, and irritability. Drugs that enhance brain serotonin function may improve emotional symptoms in BPD. Is childhood trauma a cause of borderline personality? Researchers from Ruhr-University Bochum in Germany found that subjects with borderline personality, when compared with participants who do not have BPD, suffered significantly from childhood trauma. Research elsewhere shows similar evidence, where about 80 percent of people with BPD experience childhood emotional neglect, physical abuse, or sexual abuse. The recommended treatment for BPD includes psychotherapy, medication, and group, peer, and family support. Group and individual psychotherapy have been shown to be effective forms of treatment for many patients. Psychotherapy is the first-line treatment for BPD, and several forms of therapy, such as dialectical behavioral therapy (DBT), mentalization-based therapy (MBT), cognitive behavioral therapy (CBT), and psychodynamic psychotherapy, have been studied and proven to be effective ways to alleviate symptoms. Can medication help people with borderline personality? Pharmacological treatments are often prescribed based on specific target symptoms shown by the individual patient. Antidepressant drugs and mood stabilizers may be helpful for depressed and or labile mood (exaggerated changes in mood). Antipsychotic drugs may also be used when there are distortions in thinking. Can mood-stabilizing drugs help a person with borderline personality? Brain-based vulnerabilities can be managed with help from medications in addition to behavioral interventions, which is much like managing susceptibility to diabetes or high blood pressure. Mood-stabilizing drugs that are known to enhance the activity of GABA, the brain's major inhibitory neurotransmitter, may also help people who experience such emotional swings. *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* National Institute of Mental Health US Department of Health and Human Services National Alliance on Mental Illness **Find a Borderline Personality (BPD) Therapist** Get the help you need from a therapist near you-a FREE service from Psychology Today. Atlanta, GA Austin, TX Baltimore, MD Boston, MA Brooklyn, NY Charlotte, NC Chicago, IL Columbus, OH Dallas, TX Denver, CO Detroit, MI Houston, TX Indianapolis, IN Jacksonville, FL Las Vegas, NV Los Angeles, CA Louisville, KY Memphis, TN Miami, FL Milwaukee, WI Minneapolis, MN Nashville, TN New York, NY Oakland, CA Omaha, NE Philadelphia, PA Phoenix, AZ Pittsburgh, PA Portland, OR Raleigh, NC Sacramento, CA Saint Louis, MO San Antonio, TX San Diego, CA San Francisco, CA San Jose, CA Seattle, WA Tucson, AZ Washington, DC **Borderline personality disorder** is a mental illness that severely impacts a person's ability to regulate their emotions. This loss of emotional control can increase impulsivity, affect how a person feels about themselves, and negatively impact their relationships with others. Clinical trials are research studies that look at new ways to prevent, detect, or treat diseases and conditions. To learn more or find a study, visit: **Find help and support** **Additional federal resources** **Borderline Personality Disorder** (Substance Abuse and Mental Health Services Administration): Information about causes, signs and symptoms, and treatment options**Personality Disorders** (MedlinePlus): Information, journal articles, and other resources about personality disorders collected by the National Library of Medicine **Last Reviewed:** December 2024

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