

## **Letter to the Editor. Spreading skills of recognition of the manifestations of borderline personality disorder could save many lives**

Andrzej Brodziak, Alicja Różyk-Myrta

Faculty of Medical Sciences, University of Applied Sciences in Nysa

### **Introduction**

Quite often, in the close or distant family, as well as among young people in schools and universities, we see impulsive people who cause trouble. If one were to consider the correct determination of the causes of such behavior, in the light of modern psychological and psychiatric criteria some of these people exhibit borderline personality disorders. The current classifications of mental disorders specify the criteria for such diagnosis [1]. There are easily accessible websites popularizing the knowledge about recognizing this state [2]. A significant number of people suffer from borderline personality disorder. Jerold Kreisman states that at least 6 percent of the entire population exhibits symptoms of this disorder [3]. Healthcare professionals who remember the characteristics of borderline personality disorder are aware that these individuals have a significant tendency to self-mutilation and attempt suicide [4–6]. However, from the literature data and our personal findings, it appears that the knowledge about this predisposition of these people to commit suicide among nurses and other representatives of non-specialized medical personnel, as well as in the general population, is not widely known [3, 7]. It seems, then, that if the skills of recognizing the symptoms of borderline personality disorder were widely spread, many lives could be saved.

We believe that for possible attempts to disseminate such skills, it is advisable to check whether the symptoms of this clinical condition have been accurately described in the professional literature and whether there are proposals for effective screening methods in the form of scales or questionnaires facilitating the establishment of suspicion of this condition.

## Recent discussions of specific manifestations of borderline personality disorder

Recently, many papers have been published discussing the specific, intriguing manifestations of borderline personality disorder, which makes easier to understand its nature. Miller et al. [8] tried to familiarize the readers with the feeling of emptiness, which is one of the most characteristic manifestations of this disorder. Jørgensen and Bøye [9] used the so-called interpretative phenomenological analysis to bring closer understanding of the manifestations of identity diffusion, which is one of the defining characteristics of borderline personality disorder. Mosiołek et al. [10] believe that one should notice the experience of these patients with idiosyncratic cognitive conflicts. Perhaps the essence of such idiosyncratic cognitive conflicts, often manifested in aversion to others, is well reflected in the title of the monograph quoted here: *I hate you – don't leave me* [3]. Many authors point out the presence of other characteristic symptoms of the disorder, such as a tendency to manipulate, lie and even a Machiavellian attitude [11].

### In search of questionnaires and screening scales facilitating the diagnosis

The diagnosis of borderline personality disorder cannot be based on the use of any special scale or psychometric test. However, a review of the professional literature leads to the conclusion that a lot of data on the effectiveness of specific screening methods has already been collected [12–16].

The *McLean Screening Instrument for BPD* (MSI-BPD) is widely promoted [12, 13]. The test consists of ten questions quoted here after Mirkovic et al. [13]:

1. Have any of your closest relationships been troubled by a lot of arguments or repeated breakups?
2. Have you deliberately hurt yourself physically (e.g., punched yourself, cut yourself, burned yourself). How about made a suicide attempt?
3. Have you had at least two other problems with impulsivity (e.g., eating binges and spending sprees, drinking too much and verbal outburst)?
4. Have you been extremely moody?
5. Have you felt very angry a lot of the time? How about often acted in an angry or sarcastic manner?
6. Have you often been distrustful of the other people?
7. Have you frequently felt unreal or as if things around you were unreal?
8. Have you chronically felt empty?
9. Have you often felt that you had no idea of who you are or that you have no identity?
10. Have you made desperate efforts to avoid feeling abandoned or being abandoned (e.g., repeatedly called someone to reassure yourself that he or she still cared, begged them not to leave you, clung to them physically)?

Data from many research centers prove that the above MSI-BPD scale is a reliable and sensitive screening tool. Salters-Pedneault states [2] that if the number of obtained points is  $>7$  then the suspicion of the disorder is highly justified.

Among several other proposed tools, the scale with the abbreviated name *Short-Board*, proposed by Wongpakaran et al. [14] also appears to be reliable and effective. These researchers propose the following list of statements constituting the scale:

1. When people with ties to me leave me, I can barely live.
2. The relationship between me and those I am bound to fluctuate between when good is *very good* and when bad is *very bad*.
3. My feelings suddenly change, such as “I don’t know who I am”, “I don’t know where I am going”, or “I feel lonely”, “I have no goals”.
4. I threaten to hurt myself or attempt to hurt myself or have attempted suicide.
5. My mood changes suddenly, for example, from normal to irritability, depression, or anxiety.

### **Possible actions to disseminate skills of recognizing manifestations of borderline personality disorder**

We are convinced, according to our experiences, that it would be possible to supplement the nursing curriculum guidelines by additional, mandatory, so-called learning outcomes regarding the skills discussed here. The existing Center for Postgraduate Education of Nurses and Midwives should supplement its offerings with appropriate specialized courses. The current curricula for courses and specializations should be supplemented with analogous additional “learning outcomes.” The Ministry of Health, nursing universities and some specialized NGOs could arrange the implementation of appropriate, supportive, web-based educational tools along the lines of the *verywellmind* website [2]. People and institutions that would undertake promotion of the dissemination of the skills discussed here should take into account Woloshyn and Savage’s [15] observation about the usefulness of personal video presentations of people in treatment for the disorder, usually made available via You Tube, [16]. They should also take into account current availability of many books presenting the case studies according to lines of narrative medicine [3].

### **References**

1. Pużyński S, Wciórka J. *Klasyfikacja zaburzeń psychicznych i zaburzeń zachowania w ICD-10. Badawcze kryteria diagnostyczne*. Krakow: Vesalius; 2000.
2. Salters-Pedneault K. *Borderline Personality Disorder (BPD) Criteria for Diagnosis, Verywellmind*, 2021. <https://www.verywellmind.com/borderline-personality-disorder-diagnosis-425174> (retrieved: 1.04.2022).
3. Kreisman JJ, Straus H. *I hate you – don’t leave me [Nienawidzę cię – nie odchodź]*. Krakow: Jagiellonian University Press; 2018.
4. Boot K, Wiebenga JXM, Eikelenboom M, Oppen van P, Thomaes K, Marle van HJF et al. *Associations between personality traits and suicidal ideation and suicide attempts in patients with personality disorders*. *Compr. Psychiatri* 2021; 26(112): 152284.
5. Grilo CM, Udo T. *Association of borderline personality disorder criteria with suicide attempts among US adults*. *JAMA Netw. Open*. 2021; 4(5): e219389.

6. Goodman M, Tomas IA, Temes CM, Fitzmaurice GM, Aguirre BA, Zanarini MC. *Suicide attempts and self-injurious behaviours in adolescent and adult patients with borderline personality disorder*. *Personal Ment. Health* 2017; 11(3): 157–163.
7. Wongpakaran N, Oon-Arom A, Karawekpanyawong N, Lohanan T, Leesawat T, Wongpakaran T. *Borderline personality symptoms: What not to be overlooked when approaching suicidal ideation among university students*. *Healthcare (Basel)* 2021; 9(10): 1399.
8. Miller CE, Townsend ML, Grenyer BFS. *Understanding chronic feelings of emptiness in borderline personality disorder: A qualitative study*. *Borderline Personal. Disord. Emot. Dysregul.* 2021; 8(1): 24.
9. Jørgensen CR, Bøye R. *How does it feel to have a disturbed identity? The phenomenology of identity diffusion in patients with borderline personality disorder: A qualitative study*. *J. Pers. Disord.* 2022; 36(1): 40–69.
10. Mosiołek A, Gierus J, Koweszko T, Szulc A. *Evaluation of the relationship between cognitive functioning in patients with borderline personality disorder and their general functioning*. *Psychiatr. Pol.* 2018; 52(1): 33–44.
11. Mandal E, Kocur D. *Makiawelizm i taktyki manipulacji podejmowane przez pacjentów z zaburzeniem osobowości typu borderline w życiu codziennym i podczas terapii*. *Psychiatr. Pol.* 2013; 47(4): 667–678.
12. Mousavi Asl E, Dabaghi P, Taghva A. *Screening borderline personality disorder: The psychometric properties of the Persian version of the McLean screening instrument for borderline personality disorder*. *J. Res. Med. Sci.* 2020; 25: 97.
13. Mirkovic B, Speranza M, Cailhol L, Guelfi JD, Perez-Diaz F, Corcos M et al. *Validation of the French version of the McLean screening instrument for borderline personality disorder (MSI-BPD) in an adolescent sample*. *BMC Psychiatry* 2020; 20(1): 222.
14. Wongpakaran N, Wongpakaran T, Kuntawong P. *A short screening tool for borderline personality disorder (Short-Bord): Validated by Rasch analysis*. *Asian J. Psychiatr.* 2019; 44: 195–199.
15. Woloshyn V, Savage MJ. *Features of YouTube™ videos produced by individuals who self-identify with borderline personality disorder*. *Digit. Health.* 2020; 6: 2055207620932336.
16. Sandra Martyna Lucja. *Ja i osobowość borderline*. <https://www.youtube.com/watch?v=qG8NjNpWZs> (retrieved: 1.04.2022).

Address: Andrzej Brodziak

University of Applied Sciences in Nysa, Faculty of Medical Sciences

48-300 Nysa, Armii Krajowej Street 7