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A Study on the Current Status and Challenges of Psychotherapy for Patients with Borderline Personality Disorder

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Abstract

Borderline Personality Disorder is a severe psychological disorder characterized by emotional instability, chaotic interpersonal relationships, and a disturbed self-image. This study adopts a qualitative research approach, using literature analysis to explore the underlying causes of Borderline Personality Disorder, the interpersonal difficulties faced by individuals with Borderline Personality Disorder, current treatment methods, and existing challenges in treatment. The findings reveal that the treatment of Borderline Personality Disorder faces multiple challenges, with most patients failing to receive timely and effective interventions, resulting in poor symptom control. Future research and clinical practice should emphasize interdisciplinary collaboration to achieve broader and more effective treatment coverage and quality assurance.

Keywords: Borderline Personality Disorder, Interpersonal Functioning Impairment, Aggression, Secure Attachment

Introduction

Borderline Personality Disorder is a severe personality disorder characterized by emotional instability, chaotic interpersonal relationships, an inconsistent self-image, and an intense fear of abandonment [23]. Individuals with Borderline Personality Disorder often exhibit impulsive behavior, intense emotional fluctuations, unstable and polarized interpersonal relationship patterns (such as alternating between idealization and devaluation), as well as recurrent self-harming or suicidal behavior [19]. Epidemiological studies show that the prevalence of Borderline Personality Disorder in the general population of Western societies is approximately 1–2%, while the rate among psychiatric patients ranges from 10% to 20% [15].

Individuals with Borderline Personality Disorder face significant difficulties in daily interpersonal interactions. Their relationships are often marked by extreme instability, with a tendency to rapidly shift from idealizing others to devaluing them [4]. Furthermore, individuals with Borderline Personality Disorder are highly sensitive to emotional and behavioral changes in others, responding with intense and poorly regulated emotions, often reacting with strong anger, anxiety, or despair to seemingly minor events [14]. They also frequently experience an overwhelming fear of abandonment, reacting intensely to real or imagined rejection. This may manifest in clinging behaviors, frequent reassurance seeking, or excessive dependency in emotional relationships [16]. These features often lead to a vicious cycle in close relationships, exacerbating interpersonal tension and further impairing social functioning.

Causes of Borderline Personality Disorder and Interpersonal Difficulties in Patients

Causes of Borderline Personality Disorder

Attachment Theory provides a profound theoretical perspective for understanding Borderline Personality Disorder. According to this theory, the emotional bonds formed between an individual and their primary caregivers in early childhood significantly influence their lifelong ability to establish and maintain intimate relationships [6]. Secure attachment relationships foster emotional

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regulation, self-awareness, and interpersonal trust, whereas insecure attachments may impair the development of these capabilities [8].

Research has shown that individuals with Borderline Personality Disorder often exhibit insecure attachment styles, particularly anxious-ambivalent and disorganized attachment patterns [9]. These individuals frequently experience neglect, inconsistent caregiving, or even abuse during childhood, which leads to heightened sensitivity and distrust in close relationships. They typically display a strong desire for closeness and attachment to others while simultaneously fearing harm or abandonment, resulting in highly unstable interpersonal relationships [10].

Interpersonal Difficulties in Patients with Borderline Personality Disorder

Individuals with Borderline Personality Disorder face numerous complex and significant difficulties in interpersonal relationships. These challenges represent one of the core symptoms of Borderline Personality Disorder and span across various areas including intimate relationships, social interactions, family dynamics, and professional engagements [2]. One prominent feature is the extreme instability in relationships—patients often shift rapidly between "idealization" and "devaluation" of others, viewing people in black-and-white, all-or-nothing terms. This form of "splitting" leads to frequent emotional oscillations between closeness and detachment, dependence and rejection in relationships with partners, friends, or family members, making it difficult to maintain stable connections [7].

Additionally, individuals with Borderline Personality Disorder tend to be extremely sensitive to perceived abandonment. Even minor signs of neglect or normal fluctuations in a relationship may be interpreted as rejection or abandonment, triggering intense emotional reactions and impulsive behaviors, such as heated arguments, self-harm, or suicidal threats, in efforts to preserve the relationship [21]. This core fear of abandonment places individuals in a state of heightened vigilance, making them prone to misinterpreting others' intentions and behaviors, often resulting in excessive defensive or controlling actions.

Moreover, individuals with Borderline Personality Disorder often lack a stable sense of self in interpersonal interactions. They typically exhibit a vague and fragmented self-concept, with self-esteem highly dependent on external validation, making it difficult for them to maintain clear boundaries within relationships. In close relationships, they frequently project their sense of self-worth onto others, resulting in excessive dependence on partners or friends. When these relationships are disrupted, their emotions and cognitions tend to fluctuate dramatically [13]. This unstable self-image and excessive reliance on others hinder their ability to establish mature, balanced, and enduring interpersonal connections.

From the perspective of emotion regulation, Borderline Personality Disorder individuals generally struggle with managing their emotions effectively. Consequently, they may become emotionally overwhelmed during interpersonal conflicts, often expressing themselves in intense or even aggressive ways [1]. During such conflicts, they are prone to experiencing extreme emotions such as anger, shame, emptiness, and loneliness—emotions that frequently lead to behaviors that damage relationships. Over time, Borderline Personality Disorder individuals may fall into a destructive cycle where the more they desire closeness, the more they lose control, and the more they lose control, the more their relationships deteriorate [17].

Finally, research has shown that individuals with Borderline Personality Disorder often experience deficits in "mentalization"—the capacity to accurately understand others' emotions, intentions, and motivations. This impairment exacerbates their tendency to misinterpret others' behaviors, which may trigger unfounded accusations, hostility, or defensive responses [18]. As a result, whether in relationships with intimate partners, friends, or therapists, establishing a stable and secure interpersonal bond with someone who has Borderline Personality Disorder can be a significant challenge.

Treatment Methods and Challenges of Borderline Personality Disorder

Treatment Methods for Borderline Personality Disorder

Borderline Personality Disorder is a highly complex and challenging condition to treat. However, in recent years, with deeper insights into its pathological mechanisms and psychological characteristics, treatment methods specifically designed for individuals with Borderline Personality Disorder have become increasingly sophisticated and effective. Currently, the primary approaches to treating Borderline Personality Disorder include psychotherapy, pharmacological intervention, and multidisciplinary care, with psychotherapy recognized as the first-line and core treatment method.

Dialectical Behavior Therapy: Dialectical Behavior Therapy (DBT), developed by Marsha Linehan in the early 1990s specifically for individuals with Borderline Personality Disorder, combines techniques from cognitive-behavioral therapy with principles of dialectical philosophy. It emphasizes the balance between acceptance and change, aiming to help patients enhance emotional regulation, improve interpersonal relationships, increase mindfulness awareness, and reduce self-harming behaviors. Numerous studies have confirmed that DBT can significantly reduce suicide rates, hospitalization, and impulsive behaviors [22]. DBT typically consists of four components: individual therapy, group skills training, phone coaching, and therapist consultation team meetings. The treatment duration is generally one year or longer.

Mentalization-Based Therapy: Mentalization-Based Therapy (MBT), developed by Fonagy and Bateman, focuses on enhancing a patient's capacity for *mentalization*—the ability to understand the mental states of oneself and others. MBT aims to help individuals more accurately interpret others' emotions and motivations, thereby reducing misunderstandings and interpersonal conflicts, while improving emotional regulation and social functioning [5].

Transference-Focused Psychotherapy: Transference-Focused Psychotherapy (TFP), developed by Otto Kernberg and colleagues, is a psychoanalytically oriented approach that emphasizes the exploration of patients' transference reactions toward the therapist to uncover underlying structural issues of the self. TFP posits that individuals with Borderline Personality Disorder often possess split representations of self and others. Through clarification, confrontation, and interpretation, the therapy seeks to help patients integrate internal conflicts and emotional experiences [3]. TFP is particularly effective for addressing deep-seated personality structure disturbances and has shown promising outcomes in reducing impulsivity, emotional instability, and interpersonal dysfunction.

Structured Clinical Management: Structured Clinical

Management (SCM) is a cost-effective and practical intervention approach that can be implemented in standard mental health services and has been shown to be effective for individuals with Borderline Personality Disorder. SCM integrates a clear therapeutic framework, emotional management techniques, and crisis response strategies, making it suitable for clinical settings with limited resources or specialized treatment options [20]. Structured, relationship-centered, and long-term treatment plans are more likely to achieve stable outcomes. Given the interpersonal sensitivity and emotional instability characteristic of Borderline Personality Disorder, it is essential to focus on establishing a sense of safety and reinforcing reality orientation throughout the therapeutic process to effectively promote functional recovery and personality integration.

Challenges in the Treatment of Borderline Personality Disorder

Despite the significant progress made in recent years through various evidence-based psychotherapies for Borderline Personality Disorder, numerous challenges persist in clinical practice. First, due to patients' intense emotional fluctuations, impulsive behaviors, and heightened sensitivity to relationships, therapeutic alliances are often unstable. Patients may alternate between idealizing and devaluing their therapists, leading to frequent relational tensions and even premature termination of treatment [11]. Therapists themselves may experience emotional burnout or difficulty in managing such dynamics, negatively affecting the quality of care.

Secondly, Borderline Personality Disorder is frequently comorbid with other psychiatric disorders such as depression, anxiety disorders, eating disorders, substance use disorders, and post-traumatic stress disorder (PTSD). These complex clinical presentations not only complicate the diagnostic process but also make the formulation and implementation of effective treatment plans more challenging [12]. The interplay of these comorbid conditions often hinders stable improvement in the patient's emotional, behavioral, and interpersonal functioning.

Thirdly, although several psychological interventions—including Dialectical Behavior Therapy (DBT), Mentalization-Based Therapy (MBT), and Transference-Focused Psychotherapy (TFP)—have demonstrated efficacy, they typically require long-term, intensive, and structured engagement. These therapies place high demands on clinicians' training and the availability of professional support. In many countries and regions, access to adequately trained professionals and specialized services remains limited, making it difficult for patients to receive consistent and high-quality interventions.

Lastly, pharmacological treatment remains a controversial aspect of Borderline Personality Disorder management. While medications such as mood stabilizers and antidepressants can help alleviate symptoms like anxiety, impulsivity, and irritability, no specific drug has been officially approved for the treatment of Borderline Personality Disorder. Moreover, medication cannot address the core issues of impaired self-structure and interpersonal dysfunction [13]. Over-reliance on pharmacotherapy in clinical practice may obscure deeper psychological problems and carry risks of side effects or dependency, further complicating recovery.

Conclusion

In summary, the treatment of Borderline Personality Disorder faces multiple challenges, including the complex characteristics of patients, limited therapeutic resources, poor treatment adherence, and the presence of comorbid conditions. Future research and clinical practice should strengthen interdisciplinary collaboration, enhance the training of professionals and the development of service systems, and promote culturally adaptive treatment approaches. These efforts are essential to achieve broader and more effective treatment coverage and to ensure the quality of care for individuals with Borderline Personality Disorder.

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