

Exploring Personality As A Foundation For Borderline Personality Disorder (BPD)

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Abstract

Personality is a term that comes up very often. The vast majority of individuals believe that they are aware of its significance. As an example, many of us find that the following three sentences are simple to comprehend and express in a condensed manner a significant amount of detail about a person: She has a vivacious and outgoing attitude. It's likely that she has a great sense of humor, that she likes having a good time, and that she thrives when she's with other people. Because of his irritable demeanor, this guy probably comes off as lifeless and uninteresting, and he avoids spending time in the company of other people. This dude presumably has a short patience span and turns people off as a result. On the other hand, it is impossible to sum up a person's whole personality in a single or even two words, much alone a full phrase. In addition to this, we investigate the entire significance of the term "personality." In this article, we will discuss the traits that define a healthy personality, as well as the traits that characterize an unhealthy personality. The findings of this research set the framework for a better understanding of borderline personality disorder (BPD) as well as all the other personality disorders. After all, there is one element that unites all of these conditions, and that is personality.

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Investigating Personality

A person's personality is made up of broad, mostly stable patterns of interacting to other people, expressing their feelings, and behaving in social situations. While some of these behaviors are highly beneficial and adaptable, a few of these characteristics are not. The origin of the word "personality" may be traced back to the Latin word "persona," which translates to "mask." People put on masks not just to portray identities that they want other people to perceive of them, but also to hide what is really going on behind the surface. Personality is an effort to explain a person's essential nature, yet, similar to how a mask conceals one's true identity, such description can only be decided by what other people see about that person. For instance, a young lady who is referred to by others as "the life of the party" may, on the inside, be reserved and self-conscious. Therefore, the persona that other people see in this girl is not always a true reflection of the personality that she sees in herself. On the other hand, some individuals have personas that are quite congruent with

the thoughts and sensations that occur on the inside of them. For instance, a male going through adolescence could agree with his peers that he is the funniest student in the class. In the following paragraphs, we will examine the fundamental characteristics that set a healthy personality apart from an unhealthy one.

Identifying Healthy Behaviors from Unhealthy Behaviors

People who have balanced personalities report feeling a significant amount of contentment with their life. Others have the impression that they have successfully adapted to general life. They are able to accomplish the majority of their objectives, are unflappable when confronted with obstacles, and rapidly recover from setbacks. People who have unhealthy personalities, on the other hand, often regard their lives as lacking fulfillment and happiness, and they are generally dissatisfied with the opportunities that life provides for them. Individuals with disordered personalities are often seen as having poor adjustment by others. These individuals often struggle to keep their emotions under control, and as a result, they frequently find it challenging to form healthy relationships with other people. People who have a personality disorder have relatively few of the features associated with a healthy personality and have at least one trait that is indicative of an unhealthy personality. On the other hand, the boundary between healthy and sick is not as clear cut as you would believe it is. The vast majority of individuals, even those with good personalities, exhibit a combination of good and harmful characteristics. Nearly everyone experiences failure in some facet of life at some point or another. Personalities that are healthy and those that are sick might be viewed as being on a spectrum. When determining whether a person's personality is good or ill, the following aspects of a person's character play a role:

Adaptability, the ability to control one's emotions, the capacity to put off gratification, dependability, interpersonal effectiveness, emotional resilience, self-acceptance, an accurate sense of reality, and moderation are all qualities that successful people possess. Interactions take place between these fundamental characteristics, which serve to differentiate healthy and unhealthy personalities. Therefore, people who are easily angered, or to put it another way, those who are unable to control their emotions, often have a difficult time maintaining friendships. In other terms, they are not very successful in their interpersonal interactions. As a consequence of this, once a person has developed one or two undesirable characteristics of their personality, they quickly progress to developing more unhealthy habits. These elements will be discussed in further depth in the following sections.

Adaptability

The majority of a person's life may be attributed to their habits. For instance, people probably always sleep on the exact same edge of the bed, even when you switch sides. It's possible that each morning, as you get ready for work, you follow a certain pattern. You set your alarm, switch on the coffee maker, go to the shower, grab a newspaper, and sit down to a hearty meal every morning in the same same order, as if you were operating on autopilot. The ability to do tasks more quickly and efficiently without stopping to deliberate on each step is one of the many benefits of developing habits. On the other side, adaptability is required at times due to unforeseen situations. For instance, the left side of the street is considered the driver's side in the majority of nations. But in Great Britain, if we drive on the correct side of the road, you will almost certainly get into a collision with another vehicle that is approaching you from the front. For those of people who have ever attempted driving in a nation that drives on the opposite end of the road from where you are used to driving, you are aware of how unnatural the switch may seem. You have to have a constant awareness and care for yourself if you do not want to revert to your previous behaviors. However, the majority of individuals are successful in making the necessary adjustments. The capacity to adjust one's behavior in response to shifting circumstances is referred to as flexibility. If you are unable of

making such adjustments, you will always be at a vulnerable position in life. One of the most important characteristics of a positive sense of self is adaptability.

The demands of daily life usually call for a certain amount of adaptability. For instance, when we go out for a stroll in New Mexico, we always make it a point to greet the folks we see and give them a kind smile and hello. The good people of Corrales anticipate you will extend them this kindness. On the other hand, as we stroll through New York City's sidewalks, we may pass hundreds of individuals without so much as uttering a welcome or establishing eye contact with any of them. The citizens of New York are also anticipating this move. People in New York would see us in a suspicious light if we insist on behaving in the same manner that we do in New Mexico. People whose attitudes are characterized by stiffness and inflexibility have a difficult time adjusting to the shifting demands placed upon them. This rigidity or inability to adjust is one characteristic of a person who has a dysfunctional personality. For instance, a guy who lacks flexibility would stick to rigid time schedules for his daily routines, such as waking up and eating at the same time every day. These routines work well enough for him up to the point that he travels with a group of pals on vacation. When his buddies would like to sleep in a bit later than he normally does or eat their meals at various times each day, it makes him unhappy. He also gets irritated when they want to eat at various times each day. His pals find both his strict standards and his rage to be annoying.

Emotional control, often known as regulation

what it is that you convey People who have healthy personalities have the capacity to regulate their emotions, which does not imply that they are emotionless or that they never show emotion. Instead, it means that they express their emotions at suitable times and in acceptable ways. They might weep at an emotional film and perhaps laugh out loud during a comedic one. They may be angry, but they know how to articulate their fury effectively. For instance, people could be upset with a law enforcement officer who writes them a citation for something they believe to be unfair, but they wouldn't dream of hitting the cop in the face for it. On the other side, persons with disordered personalities may not be able to keep their feelings under check. It doesn't take much for irritation to turn into wrath. Hysteria develops out of the first laughter. Panic is a direct result of anxiety. Uncontrolled emotions may be a guiding force in the life of certain individuals who have dysfunctional personalities. The capacity to keep one's emotions under check is associated with a considerable reduction in the risk of developing physical health problems. People who are able to keep their emotions in check often experience less physical discomfort, have better cardiovascular health, better functioning immune systems, and a longer life expectancy than those who are unable to do so.

Capacity for withholding gratification

Having control over one's impulses People who have healthy personalities are able to persevere through difficult work and patiently wait for their rewards. They are able to put money away in case of an emergency. They focus on the long term and put in a lot of effort in order to enhance the standard of their life. When they are working toward their higher objectives, they are able to suffer irritation and even pain in order to get closer to those goals. A dysfunctional personality is characterized by an inability to delay pleasure, which is a common trait. In point of fact, a significant portion of what individuals consider to be immoral is tied to an inability to control one's emotions. Take a look at six out of the seven cardinal sins. Consumption and pleasure to an unhealthy degree are both examples of gluttony. Sloth is a combination of laziness and a lack of self-control. All forms of immoral conduct, including lust, greed, and jealousy, may be traced back to a lack of self-control, which manifests itself as unbridled desire. And rage without self-control always leads to aggressive behavior.

Dependability

Doing what you claim you'll do Dependability, also known as conscientiousness, is another another quality that should be present in a person with a healthy personality. People that can be relied on keep their word doing what they claim they will. They are dependable, self-controlled, and eager to succeed. They attack projects with zest, excitement, and a meticulous attention to detail. You might probably think that they are more successful than other individuals since they lack this attribute. People that have unhealthy personalities, on the other hand, may have a hard time becoming motivated. They typically have grand ideas and aspirations, but they seldom put out any effort to make their plans and goals a reality. It's possible that other people won't put their faith in them. In most cases, they are unable to achieve major success due to their lack of reliability as well as their lack of enthusiasm.

Effectiveness in interpersonal relationships

Having positive interactions with others People who have balanced personalities often have positive experiences in their romantic relationships. They are considered polite and kind by other people. People who are efficient in their interpersonal interactions trust people without being too skeptical of them, but they do not approach their romantic partnerships with naiveté. They have a strong ability to precisely understand the thoughts, emotions, and points of view of others around them. They are interested in, and open to, having strong relationships with others, but they also value and protect their independence. They cut off ties with individuals and relationships that have become unhealthy, but they put forth a lot of effort to keep in touch with those they care about.

On the other side, persons whose personalities are unhealthy have a tendency to have a difficult time maintaining intimate relationships, or even initiating new ones. For instance, some individuals choose not to have any connections at all because they typically mistrust other people and want to maintain a safe distance from them. Others, on the other hand, suffer from the opposite issue of avoidance and wind up being too reliant on their personal connections. As a consequence of this, individuals often have intense feelings of insecurity inside their relationships, which causes them to feel nervous, possessive, and jealous. They usually lack the capacity to grasp the perspectives of other individuals. Researchers in the field of psychology have looked at how young children interact with their main caregivers. Some newborns exhibit what is described as an uneasy or ambiguous attachment style, which manifests itself as a response of grief when the infant's primary caregiver leaves and ambivalence, resentment, and hesitation when the primary caregiver returns. Other newborns have an avoidant attachment style, which means that they don't become very upset when their carers leave and typically seem disinterested when they see their caregivers again. Infants who have a secure attachment type, on the other hand, display signs of discomfort and are sad when their carers leave, but they are not difficult to soothe once their caregivers return. Although individuals are likely to alter their attachment patterns at various periods in their lives, you may see consistent attachment types in the people's connections that they maintain throughout their lives. Persons whose personalities are healthy typically display the secure attachment, while people whose personalities are unhealthy typically display either the nervous or avoidant attachment type.

Emotional resilience

Everyone goes through difficult times, even traumatic experiences, at some point in their lives. Resilience is the capacity to recover from adversity, and it's a trait that's associated with people who have healthy personalities. People who lack this talent are less likely to be able to pick themselves up after experiencing setbacks or disasters and go on with their lives. They have a greater capacity to do so. People who are emotionally resilient are able to persevere even though the rehabilitation process takes time and involves a lot of work. Obviously, there are certain experiences that are so horrifying or traumatic that rehabilitation is impossible, even for individuals who have personalities that are in excellent physical and mental condition. People who have healthy personalities, on the other hand, are more inclined than other people to embrace their destinies with bravery; they don't give up without putting up a battle. On the other hand, persons with unhealthy dispositions often bounce back from misfortune slowly, if at all. [Citation needed] They have a propensity to dwell on the inequity, injustice, and horribleness of their situations. They have a relatively narrow repertoire of coping strategies to choose from. They often of themselves as helpless victims who need rescuing.

Self-acceptance

Having an accurate perception of one's own self People who have healthy personalities see themselves as the manner that is comparable to how other people see them. They recognize and value their capabilities, but they also acknowledge and accept their shortcomings. They don't get caught up in their own glories, and they don't beat themselves up either. On the other side, persons whose personalities are unhealthy have a tendency to think about oneself in the most extreme terms possible. They have a propensity to see themselves as being either completely excellent or completely awful. For instance, a narcissist is an example of someone who demonstrates one of the massive self that an unstable personality may have. A narcissist is someone who places himself on a pedestal in comparison to other people. Other individuals, on the other hand, have very low selfesteem and see themselves as being below everyone else, deserving of nothing but hatred and sorrow. They conceive of themselves as being beneath everyone else. Still others waver back and forth between these two poles. A lot of psychologists in the last several decades advocated the concept that it was a sign of mental wellbeing to believe that one's perception of themselves was more favorable than reality. They held the belief that individuals who had an inflated and excessively optimistic view of themselves were able to do more in their lives, feel better, and make more friends. On the other hand, a number of studies that have been conducted since then clearly show that people who are mentally well have a picture of themselves which is neither selfaggrandizing neither self-critical and that is typically positive and truthful.

Accurate depiction of the world around

Having a realistic perspective on the world People who have balanced personalities often have an accurate perception of the world around them. They take individuals and events in their environment at face value. They don't look at the unpleasantness of life through rose-colored glasses, nor do they gloss over the bad things that happen to them. They don't attribute negative connotations to the actions of others and accept events and happenings for what they really are. As a result, they only make remarks that are not obviously merited if they are made in a personal manner. Take, for instance, the scenario in which a buddy informs you that she is unable to attend a movie with you. If you have a personality, you are likely to presume that your buddy did not want to go with you because they had a valid reason for doing so. You wouldn't take your friend's purpose to be a slap in the face in any way. On the other hand, if that buddy tells you that she does not like you and thus will not go to another cinema with you again, you would most likely and very rightly feel offended on a personal level.

People that have unhealthy personalities often behave in the opposite way, as you have undoubtedly realized by now. They give more weight to unfavorable occurrences and tend to gloss over the more favorable ones. They have a propensity to think of it in terms of either good or evil, all or nothing, or all or nothing at all. They either have a hypersensitive response to constructive criticism or a callous disdain for the sentiments and liberties of other individuals.

Moderation

Avoiding extremes Benjamin Franklin, among several men who laid the groundwork for the United States of America, was known for praising the value of moderation and advising people to steer clear of extremes. In a similar vein, a large number of psychologists agree that moderation is necessary for a balanced personality. A person with a healthy personality, for instance, is neither extremely introverted nor too outgoing to an unhealthy degree. In a paradoxical turn of events, maintaining moderation may be a greater challenge than vacillating between two extremes, particularly for those whose dispositions are toxic. It is thus simpler for many individuals to transition from extreme diets to binge consuming than it is to consume food in a reasonable manner. Some people find that fully avoiding alcohol is much simpler than drinking very occasionally or in moderation. The inability to strike a balance between extremes is another trait associated with dysfunctional personalities. When carried to an excessive level, even beneficial characteristics become harmful. Sincerity, bravery, and charity are all qualities that come off as admirable to me. However, more does not always equate to better. Being extremely courageous may lead to individuals taking needless risks, being overly kind can leave one vulnerable to being abused of, and being excessively honest can cause others to take offense. People who have healthy personalities avoid going to excesses, in contrast to their counterparts who do not have healthy personalities. Healthy personas have many positive features.

References

- [1] K. Lieb, M. C. Zanarini, C. Schmahl, M. M. Linehan, and M. Bohus, "Borderline personality disorder," *Lancet*, vol. 364, no. 9432, pp. 453–461, Jul. 2004.
- [2] F. Leichsenring, E. Leibing, J. Kruse, New, Antonia S, and F. Leweke, "Borderline personality disorder," *Lancet*, vol. 377, no. 9759, pp. 74–84, Jan. 2011.
- [3] J. Sayrs and U. Whiteside, "Borderline personality disorder," *Practitioner's guide to evidence-based*, 2006.
- [4] G. Konstantakopoulos, N. Ioannidi, C. Psarros, P. Patrikelis, P. Stefanatou, and E. Kravariti, "The impact of neurocognition on mentalizing in euthymic bipolar disorder versus schizophrenia," *Cogn. Neuropsychiatry*, vol. 25, no. 6, pp. 405–420, Nov. 2020.
- [5] J. L. Herman and B. A. Van der Kolk, "Borderline Personality Disorder," *Psychol. Trauma*, vol. 111, 1987.
- [6] J. G. Gunderson, "Borderline Personality Disorder," N. Engl. J. Med., vol. 364, no. 21, pp. 2037–2042, May 2011.
- [7] J. F. Clarkin, P. Fonagy, K. N. Levy, and A. Bateman, "Borderline personality disorder," in *Handbook of psychodynamic approaches to psychopathology*, (pp, vol. 578, P. Luyten, Ed. New York, NY, US: The Guilford Press, xiii, 2015, pp. 353–380.
- [8] J. G. Gunderson, S. C. Herpertz, A. E. Skodol, S. Torgersen, and M. C. Zanarini, "Borderline personality disorder," *Nat Rev Dis Primers*, vol. 4, p. 18029, May 2018.
- [9] G. Konstantakopoulos and G. Georgantopoulos, "Development and validation of the schedule for the assessment of insight in eating disorders (SAI-ED)," *Psychiatry*, 2020.
- [10] O. F. Kernberg and R. Michels, "Borderline personality disorder," *Am. J. Psychiatry*, vol. 166, no. 5, pp. 505–508, May 2009.

- [11] J. M. Oldham, "Borderline personality disorder and suicidality," *Am. J. Psychiatry*, vol. 163, no. 1, pp. 20–26, Jan. 2006.
- [12] J. G. Gunderson and P. S. Links, *Borderline personality disorder: A clinical guide*, 2nd ed. American Psychiatric Publishing, 2009.
- [13] L. A. Xenaki, C. T. Kollias, and P. Stefanatou, "Organization framework and preliminary findings from the Athens First-Episode Psychosis Research Study," *Early Interv. Psychiatry*, 2020.
- [14] J. F. Clarkin, T. A. Widiger, A. Frances, S. W. Hurt, and M. Gilmore, "Prototypic typology and the borderline personality disorder," *J. Abnorm. Psychol.*, vol. 92, no. 3, pp. 263–275, Aug. 1983.
- [15] M. M. Linehan, "Skills training manual for treating borderline personality disorder," *Diagnosis and treatment of mental disorders.*, vol. 180, 1993.
- [16] R. A. Sansone and L. A. Sansone, "Gender patterns in borderline personality disorder," *Innov. Clin. Neurosci.*, vol. 8, no. 5, pp. 16–20, May 2011.
- [17] M. C. Zanarini and F. R. Frankenburg, "Pathways to the development of borderline personality disorder," *J. Pers. Disord.*, vol. 11, no. 1, pp. 93–104, Spring 1997.
- [18] A. Hatzimanolis *et al.*, "Familial and socioeconomic contributions to premorbid functioning in psychosis: Impact on age at onset and treatment response," *Eur. Psychiatry*, vol. 63, no. 1, p. e44, Apr. 2020.
- [19] M. Swartz, D. Blazer, L. George, and I. Winfield, "Estimating the Prevalence of Borderline Personality Disorder in the Community," *Journal of Personality Disorders; New York*, vol. 4, no. 3, pp. 257–272, Sep. 1990.
- [20] C. Zittel Conklin and D. Westen, "Borderline personality disorder in clinical practice," *Am. J. Psychiatry*, vol. 162, no. 5, pp. 867–875, May 2005.
- [21] K. R. Silk, S. Lee, and E. M. Hill, "Borderline personality disorder symptoms," *Am. J. Psychiatry*, 1995.
- [22] J. Paris, "Chronic suicidality among patients with borderline personality disorder," *Psychiatr. Serv.*, vol. 53, no. 6, pp. 738–742, Jun. 2002.
- [23] P. Stefanatou, C.-S. Karatosidi, E. Tsompanaki, E. Kattoulas, N. C. Stefanis, and N. Smyrnis, "Premorbid adjustment predictors of cognitive dysfunction in schizophrenia," *Psychiatry Res.*, vol. 267, pp. 249–255, Sep. 2018.
- [24] Chapman and Lynch, "IN BORDERLINE PERSONALITY DISORDER," J. Pers. Disord., 2008
- [25] Markovitz and Wagner, "Borderline Personality Disorder," Psychopharmacol. Bull., 1966.
- [26] J. G. Gunderson *et al.*, "Major depressive disorder and borderline personality disorder revisited: longitudinal interactions," *J. Clin. Psychiatry*, vol. 65, no. 8, pp. 1049–1056, Aug. 2004.
- [27] C. Z. Conklin, R. Bradley, and D. Westen, "Affect regulation in borderline personality disorder," *J. Nerv. Ment. Dis.*, vol. 194, no. 2, pp. 69–77, Feb. 2006.
- [28] P. Stefanatou, E. Giannouli, G. Konstantakopoulos, S. Vitoratou, and V. Mavreas, "Measuring the needs of mental health patients in Greece: reliability and validity of the Greek version of the Camberwell assessment of need," *Int. J. Soc. Psychiatry*, vol. 60, no. 7, pp. 662–671, Nov. 2014.
- [29] M. C. Zanarini, J. G. Gunderson, and F. R. Frankenburg, "Cognitive features of borderline personality disorder," *Am. J. Psychiatry*, vol. 147, no. 1, pp. 57–63, Jan. 1990.
- [30] P. Stefanatou, E. Giannouli, Z. Antonopoulou, P. Tsellos, G. Vaslamatzis, and M. Typaldou, "The Concept of Time Perspective Within a Psychiatric Context," *Eur. Psychiatry*, vol. 33, no. S1, pp. S507–S508, Mar. 2016.
- [31] T. J. Trull, T. A. Widiger, D. R. Lynam, and P. T. Costa, "Borderline Personality Disorder From the Perspective of General Personality Functioning," *FOC*, vol. 3, no. 3, pp. 453–464, Jul. 2005.
- [32] T. J. Trull, M. A. Distel, and R. W. Carpenter, "DSM-5 Borderline Personality Disorder: At the Border Between a Dimensional and a Categorical View," *Curr. Psychiatry Rep.*, vol. 13, no. 1, pp. 43–49, Feb. 2011.

- [33] A. Bateman and P. Fonagy, "8-year follow-up of patients treated for borderline personality disorder: mentalization-based treatment versus treatment as usual," *Am. J. Psychiatry*, vol. 165, no. 5, pp. 631–638, May 2008.
- [34] P. Fonagy and A. Bateman, "Progress in the treatment of borderline personality disorder," *Br. J. Psychiatry*, vol. 188, pp. 1–3, Jan. 2006.
- [35] M. C. Zanarini *et al.*, "Axis I comorbidity of borderline personality disorder," *Am. J. Psychiatry*, vol. 155, no. 12, pp. 1733–1739, Dec. 1998.
- [36] C. N. White, J. G. Gunderson, M. C. Zanarini, and J. I. Hudson, "Family studies of borderline personality disorder: a review," *Harv. Rev. Psychiatry*, vol. 11, no. 1, pp. 8–19, Ian. 2003
- [37] P. Fonagy, "Attachment and borderline personality disorder," *J. Am. Psychoanal. Assoc.*, vol. 48, no. 4, pp. 1129–46; discussion 1175-87, 2000.