

Clinical manifestations of borderline personality disorder and its impact and treatment in the context of the Covid-19

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Abstract: Borderline personality disorder BPD has become one of the major mental problems today. Therefore, researchers have done a lot of research to study BPD. In these different studies, many researchers noticed that patients with BPD may be affected in the context of Covid-19, so they began to pay attention to this relationship. With the development of research, many researchers have found that the prevalence of Covid-19 will have a negative impact on the mental state of patients with BPD and affect the corresponding treatment measures. Therefore, this study summarized these findings from clinical manifestation, pathogeny, treatment in the context of the Covid-19, and also point out certain limitations, such as the rapid development and change of novel coronavirus

1. Introduction

Borderline Personality Disorder (BPD), as its name implies, is a psychological disorder between "normal" and "sick", "psychosis" and "depression".

Patients may look like ordinary people most of the time, and they have the ability to establish close relationships with others quickly, and they are very active in social circles, so that many people are not immediately aware of mental disorders when they first get along with patients. They may even feel that they are "enthusiastic" and "approachable", but the high impulsiveness and instability in their character can do great harm to themselves and those around them [1].

Nowadays, novel coronavirus's outbreak has had a psychological impact on the general population, as well as a great negative impact on people with BPD and their relatives. Because patients with borderline personality disorder BPD are often unable to control their emotions and impulsive behaviors [2], in this bad environment where Covid19 is rampant, they are more likely to experience low self-image, rapid emotional transformation, and a tendency to self-harm. At the same time, because the treatment of BPD is more difficult, patients may receive different treatment because of the different social and cultural environment. Therefore, the main purpose of this article is to draw people's attention to the situation of mental patients at a time when Covid-19 is rampant. The study would summarize these findings from clinical manifestation, pathogeny, and treatment in the context of the Covid-19.

2. Clinical Manifestation

2.1 Clinical features and diagnosis

Borderline personality disorder is the most controversial subtype of personality disorder, its manifestations are diversified, but for diagnostic purposes, mental health professionals divide symptoms into nine categories. BPD is usually diagnosed if it shows signs of at least five symptoms. The core symptoms of borderline personality disorder are unstable emotions and interpersonal relationships, disorders of self-identity recognition and self-injury behavior.

2.1.1 An unstable mood

Uncontrollable emotions, unstable and rapidly changing mood are a prominent feature of patients with BPD. They have big mood swings and are very sensitive to small things.

Generally speaking, they will not be depressed, and they will certainly show great explicit mood swings, hoping to get the attention of the people around them. Especially when encountering stressful events or under strong emotional pressure, patients are prone to emotional instability, irritability, tension, anxiety, panic, despair and anger. But because people with BPD have no control over their emotions, they often feel guilty about what they do and say, creating a vicious circle. They are often in a chronic and lasting sense of emptiness and weariness, feel worried, pessimistic and weary of the world, feel meaningless in life, tired of everything, often have a sense of helplessness, hopelessness and worthlessness, and lack of practical goals in life. This manifestation is often misdiagnosed as depression in clinical work [3].

2.1.2 A strong and extremely unstable interpersonal relationship model.

BPD patients are both dependent and hostile to others, and they are quite dependent on the people around them. When their needs are met, they ideal each other as their friends and quickly ask for an intimate relationship with them; but when their dependence cannot be met, they show strong emotional reactions, belittling, attacking or sarcastic each other. As a result, it is difficult to maintain a deep and intimate relationship, often changing rapidly between extreme intimacy and extreme antagonism, either extremely good or very bad, with few lasting friends.[3]

2.1.3 Self-identification disorder

The self-image of patients with BPD is extremely unstable and they do not form a stable self-concept. Self-concept is a person's perception of his or her personality traits, including all the thoughts and feelings of what kind of person he or she is. For example, normal people can give satisfactory answers to questions that reflect self-concept, such as "who am I?", "what kind of person am I?" and "where am I going?" Because of the discontinuous and contradictory self-images of BPD patients, their self-images are vague, so they need to constantly change their self-image to maintain themselves [3].

2.1.4 Impulsive, self-destructive and suicidal behavior

As mentioned earlier, BPD patients have a very poor ability to control emotions and withstand setbacks. Patients often have reckless impulsive behavior. When they feel bad about themselves, they will hurt or destroy themselves through extreme behavior. They need to determine that they are real through their feelings. This impulsive behavior can help them gain a sense of redemption and experience a sense of relief. As for this kind of self-harm, they are very contradictory. They hope to get the attention of others. They want to kill themselves and force others to save themselves, but sometimes they also hope that they can die and no longer bring trouble to others [3].

2.2 Pathogeny

The etiology of borderline personality disorder is complex, and a single factor cannot explain its development. The following may be contributing factors: genetic, neurophysiological, and neurobiological disorders of mood regulation and stress, and the effects of the developmental environment. The current evidence shows that heredity has a great genetic influence on personality disorder, which means that impulsive and aggressive personality may be inherited with high probability and can work together with abnormal environmental factors. Recent studies on heredity have shown that the genetic factors of type C (anxiety or phobia) diseases range from 27% to 35%, indicating that the role of genetic factors is not as important as previously thought. [4]According to the research of Jenny et al, [5] childhood abuse and unhealthy growth environment may be one of the main causes of borderline personality disorder. Her team interviewed the families of 70 children, of whom 36 had mothers with borderline personality disorder. Most of them experienced sexual abuse, physical violence, and neglect in their childhood, although they have now grown up and have children

of their own. But their children are more likely to be treated improperly than those of normal mothers. Therefore, the impact of the environment on BPD patients also cannot be ignored.

2.3 The harm caused by impulsive behavior

People with BPD have extremely unstable relationships, and this instability and impulse can hurt them and those around them. The unstable relationships established by patients are generally not just about "making new friends quickly". Some patients will have "sex" with people they just met not long ago because they can't stand being alone and eager to find an outlet to express their emotions. However, it is not long before the sexual partners are changed, so some scholars believe that this kind of impulsive behavior regardless of the consequences.

It makes people with borderline personality disorder have a different risk of contracting sexually transmitted infections (STI) than the general public. From the perspective of psychodynamic school, patients with borderline personality disorder often use immature psychological defense mechanisms, such as using the mechanism of "splitting" to divide the world outlook into "good and bad", "right and wrong" and so on. This binary thinking can make their evaluation of relationships with others fluctuate greatly. In addition, they often use the mechanism of "projective identification" to project all their unwanted negative perceptions and emotions onto another object, induce them to behave according to their own expectations, and then prove that they are right, and these defense mechanisms will bring psychological burden to others.

In general, instability is the norm for BPD patients. They are very impulsive, difficult to control their emotions, is a more dangerous group. Therefore, at a time when covid19 is rampant, their situation also needs to be taken seriously.

3. Effect of covid19 on BPD patients

During the continuation of the COVID-19 epidemic, the living habits of the citizens changed, and people's travel and social interaction were restricted, which may aggravate the pre-existing mental health disorders of the patients. People with severe mental illness are often emotionally hurt because of social problems, and family members stay together for a long time because of the epidemic and lack of independent space, so there are a lot of family conflicts. The disharmony of family relationship may lead to the deterioration of patients' condition and aggravate their vulnerability. In an epidemic, people with BPD disease may feel uneasy about various changes. Worries and unknowns about diseases and outbreaks can also affect their mood. During the epidemic, non-emergency services in hospitals need to be suspended and the schedule of follow-up visits for chronically ill patients has also been disrupted. A survey shows that the mental health index of chronically ill patients averages only 46.09, which is at an unqualified level. Of these, half of the chronically ill patients surveyed had moderate or more mental disorders during the epidemic, and 30% of the chronically ill patients interviewed had a reduced frequency of follow-up / treatment, which are worthy of concern.

In addition, the outbreak of COVID-19 is also likely to cause emotional distress and anxiety. There is no doubt that the advent of novel coronavirus has made mankind face an unprecedented crisis, and people are confused and at a loss about this crisis. In this developed social media era, any information can be exposed to the public, so the negative news brought by social media affects a large number of people. Many people themselves can bear limited stress, so once they are in a negative life for a long time, often receiving negative information will make them psychological collapse and lead to depression, and depression is a very common type of BPD comorbidities. To put it simply, people with depression are relatively likely to suffer from borderline personality disorder. Therefore, negative information on social media can affect people with borderline personality disorder or cause some people to develop borderline personality disorder.

4. Treatment

4.1 Dialectical Behavioral Therapy-emotion Regulation

In fact, dialectical behavior therapy has always been a main way to treat borderline personality disorder. The main way of dialectical behavioral therapy is to use psychological intervention to adjust emotion [6]. And let patients accept the environment, and to reduce the pressure brought by the outside world and themselves, so that patients have more empathy. Because more and more researchers have regarded emotion regulation as the core feature of patients with borderline personality disorder [6]. So why does dialectical behavioral therapy become more important in the context of COVID-19?

First, dialectical behavioral therapy is usually a long-term treatment process, and the psychiatrist will gradually adjust the patient's mental state so that the patient will gradually accept this state. DBT includes four treatments, and the vast majority of patients will gradually receive these four treatments, which will take a long time [7].

In this case, the problem that the patient can be affected by the environment will not be particularly great because the psychotherapy team will consult and consult to adjust the treatment strategy at any time according to the social environment and the patient's condition.

And the treatment of DBT is mainly to change the patient's mood regulation system, which is a biological functional disorder [7]. So, most patients will be required to be hospitalized, then their environment will be simplified, so that even if COVID-19 spreads, people will panic, but patients can be protected in a more stable environment.

This is why dialectical behavior therapy should be promoted under the influence of COVID-19 epidemic. Borderline personality disorder is usually accompanied by drug abuse, and COVID-19's period itself was a period of high incidence of mental illness [8], and at the same time, it will also make many patients who already have mental illness more serious and more painful, then the problem of drug abuse will become more and more serious [9]. In the literature, the treatment of DBT is the most effective for patients with borderline personality disorder [9]. At the same time, doctors who use dialectical behavior therapy usually give life guidance to patients at home by telephone, so that patients will get even psychological counseling even under the influence of COVID-19.

4.2 Medication

Patients with borderline personality disorder usually have the characteristics of comorbidities. Psychological diseases such as depression, anxiety disorder and affective disorder are the most frequently found comorbidities in patients with borderline personality disorder [10]. So far, the development of drug therapy for borderline personality disorder is not very good. So far, there is not fastest and best drug for the treatment of borderline personality disorder. "Research on drug intervention is still limited. And there is no evidence that any particular drug can provide independent treatment." [11]. At present, the limitations of drug therapy are still very great, and there is no so-called "specific drug" to alleviate the symptoms of borderline personality disorder [12]. But for serious co-disease patients, drug treatment may need to be involved in the treatment. Depending on the situation, antidepressants, antipsychotics, and drugs to relieve bipolar disorder may be needed. Relieve the symptoms of BPD and prevent a series of life-threatening behaviors such as suicide and self-harm. In the study, it is also suggested that some drugs, such as antidepressants, are helpful for patients with borderline personality disorder. The symptoms of borderline personality disorder were indeed relieved when taking these drugs [12]. Especially under the influence of COVID-19, the interventional therapy of BPD becomes more difficult, and psychological counselors have less opportunities for consultation, so it is difficult to contact patients at any time and know the situation of patients in time. In this case, drug treatment becomes more and more important. Because it is impossible to contact patients for a long time to alleviate the pain of comorbid diseases and reduce the burden of patients has become an important step.

4.3 "Remote" therapy

Treatment combined with COVID-19, BPD may be greatly hindered. The most important way to treat mental illness is to find a psychiatrist to relax. But in this case, the way to make a phone call is the best way to solve the problem. In this epidemic environment, it is very difficult for psychiatrists to consult patients for a long time or many times, and the epidemic situation is very serious all over the world, and it becomes difficult to be hospitalized in hospitals. And patients with borderline personality disorder will have a negative impact on them when they face a dense population. So, the way of telemedicine becomes very appropriate. There is also some literature that telemedicine is feasible [13, 14]. The psychiatrist learns about the patient's condition by making a phone call and then counseling the patient's psychological condition, and this can also determine whether the patient has committed any suicidal behavior at home. Of course, doctors can also communicate with patients by video conference, which can also reduce the loneliness of patients living alone so that they can communicate more with their doctors and spend less time at home. Therefore, under the influence of novel coronavirus, the way of "remote" treatment has developed rapidly.

5. Conclusion

So far, this review contains papers about the impact of novel coronavirus on patients with borderline personality disorder, in which we can understand that the arrival of COVID-19 has a relatively bad impact on these people. Then the clinical manifestations of patients with borderline personality were found. In previous studies, it has been mentioned how many patients with borderline personality disorder are treated. Combined with the influence brought by COVID-19, we can understand the treatment methods for sustainable development in the general environment in which people live at present.

One of the limitations of this paper is that the development and change of novel coronavirus is very rapid, so the situation of the epidemic is changing at any time, and then the impact on patients with borderline personality disorder is very difficult to predict. Secondly, the symptoms of patients with borderline personality disorder may be changed because of any situation, or may change because of the influence of comorbidities, so it is difficult to determine whether the patient's condition is related to COVID-19. The treatment of DBT requires a long time to observe hospitalization. In this situation, a long period of hospitalization may cause too much pressure in the hospital, so many mild patients may not get hospitalization in time. Drug treatment is indeed useful, but most of them are more effective for patients with co-disease. There are many patients with borderline personality disorder may not have significant co-disease manifestations, then drug treatment cannot play a good role.

Finally, when it comes to telemedicine, doctors do not have access to patients only by phone or video. This situation will be a great test for psychiatrists, and it will become more difficult to judge the patient's condition.

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