Borderline Personality Disorder Patients With Suicidal Tendencies: A Case Study

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Abstract: A personality disorder known as borderline personality disorder (BPD) tend to have negative effects on individuals who have it. Negative emotional symptoms, poor impulse control/impulsivity, unstable interpersonal relationship patterns, and high suicidal tendencies are characteristics of BPD. Based on the findings of the assessment that was conducted, this study aims to describe the psychological dynamics of BPD patients who are at risk of suicide. The participant is a female with BPD who is 23 years old. A case study approach is used in the qualitative research method to more thoroughly document individual conditions. The process of gathering data involved observation, interviews, and administering psychological tests, including the BAUM, DAP, and HTP graphic tests, the DASS (Depression Anxiety Stress Scale) and the recording of daily activities in journals. The study's findings demonstrated that the participants had significant personality traits, such as unstable emotional states, high impulsivity, dependence on others, and suicidal thoughts followed by attempts. Due to the interaction of biological, psychological, social, and spiritual factors, there is a high risk of suicide. This is influenced by the past experiences, specifically the separation of the participants' parents when they were young, lack of support from significant others and environmental stressors. Each of these elements portrays a more complete picture of the person's psychological dynamics.

1 INTRODUCTION

Borderline Personality Disorder (BPD) is a psychological disorder that has a significant impact on individuals who experience it. BPD is a personality disorder characterised by unstable emotions that occur continuously, causing problems with unstable relationships with others, self-image and affect accompanied by high impulsivity (American Psychiatric Association, 2013). The term BPD was originally created in 1930 by clinicians to identify a group of clients who did not fit into either the neurotic (depression, anxiety) or psychotic (schizophrenia) categories (Bateman, A & Krawitz, 2014). The word 'borderline' refers to a group of individuals who are on the threshold between neurotic and psychotic. Personality disorder is a disorder that builds up from childhood and adolescence, but a diagnosis of BPD under the age of 18 is difficult due to the evolving nature of the disorder (Shenoy & Praharaj, 2019).

The main characteristics of BPD are a pattern of unstable and impulsivity. Unstable refers to interpersonal relationships, cognitive processes and emotions that are too intense. Meanwhile, impulsivity means low control over responses to various situations, resulting in conflict within the self and in the social environment (Biskin & Paris, 2012). Individuals with BPD are frequently encountered in psychiatric clinical practice with a prevalence of 1-2%. Up to 10% of individuals undergoing outpatient treatment in psychiatric clinics and 6% of those seen in family medicine clinics meet the criteria for BPD at the diagnostic interview (Biskin & Paris, 2012; Paris, 2010). BPD patients are generally found to be more likely to be female than male.

Group A, group B, and group C are the three categories into which personality disorders are typically divided. BPD is a personality disorder that

is categorized in group B, which includes people whose behavior is excessively dramatic, emotional, or erratic. Group B includes narcissistic, histrionic, borderline, and antisocial personality disorders (Nevid, Rathus, Greene, 2018). People with BPD have dramatic mood swings, deep emptiness, turbulent and unstable relationships, difficulty controlling negative emotions, self-destructive behavior, and recurrent suicide attempts.

The Diagnostic and Statistical Manual of Mental Disorder (DSM)-5 defines the diagnostic criteria for BPD as follows. A person can be diagnosed with borderline personality disorder if he/she fulfils five (or more) of the BPD criteria namely: 1) hysterical or panicky attempts to avoid real or imagined abandonment (note: this excludes suicidal behaviour and self-mutilation); 2) a pattern of unstable interpersonal relationships characterised by shifts between idolising and devaluing; 3) identity disturbance, characterised by an unstable self-image or changing sense of self; 4) impulsivity in at least two potentially self-destructive areas (e.g. excessive spending of money, sex, substance abuse, reckless driving, or binge eating); 5) recurrent suicidal behaviour, gestures, threats, or self-mutilating behaviour; 6) emotional instability characterised by reactive moods such as: episodes of intense dysphoria, irritability, or anxiety, which usually last up to a few hours and rarely exceed a few days); 7) chronic feelings of loneliness; 8) intense and vague anger or difficulty controlling anger, for example: frequent temper tantrums, constant anger, or frequent physical fights; 8) having paranoid ideas related to the stress they are experiencing, or dissociative symptoms (American Psychiatric Association, 2013).

Research suggests the development of BPD can begin in an individual's childhood with a history of deep emotional wounds. Traumatic events during childhood are a significant risk factor for the development of BPD. These traumatic experiences can include physical, verbal, sexual abuse, neglect, and parental separation resulting in the loss of parental figures early in life (Kulacaoglu & Kose, 2018). The higher the trauma in childhood, the higher the threshold personality develops. Trauma that occurs in childhood will carry over into adulthood and can affect the way individuals view themselves and others. To cover up their hurt, individuals will engage in risky behaviours to get attention from others (Wibhowo, So, Siek & Santoso, 2019). Lack of interpersonal skills as well as the use of emotion-centred coping and failure to develop romantic relationships in adulthood and heredity are some of the causes of BPD (Wibhowo, 2016). However, the causative factors of BPD are not singular but rather an interaction between biological, psychological and social factors.

Individuals with BPD and antisocial personality disorder, which is characterized by impulsivity, aggression, and a lack of emotion regulation, have an increased risk of suicide. According to research from the Finnish Group, 67 out of 229 suicide victims had personality disorders on Axis II, with group B personality disorder accounting for one fifth of the suicides (Roy, 2000). In people who meet the criteria for BPD, the prevalence of intentional physical self-harm, whether done with or without the intent to die, has been estimated to be between 69 and 70%. The lifetime suicide rate for people with BPD is 8–10% (Sayrs & Whiteside, 2004). Many people with BPD exhibit repeated suicide attempts that are preceded by suicidal thoughts (Mehlum et al., 1994).

2 METHOD

This study uses a qualitative research method with a case study approach that aims to obtain comprehensive information about the description of individuals with BPD who have suicidal tendencies. Case study research was chosen to examine a case that explores an issue or problem, so that a detailed understanding can emerge from the research process of a case or several cases (Creswell, 2014). The data collection techniques used were observation, interviews, psychological tests (BAUM, DAP, HTP, DASS) and documents in the form of daily journals. Psychological tests are used to find out a more complete picture of the personality of individuals with BPD as well as additional data in the form of daily journals that write about the feelings and thoughts of individuals when facing intense emotional conditions.

The participant, a 23-year-old female, has had a BPD diagnosis since she was 21 years old. Her parents split up when she was 7 years old, making her an only child. She was traumatized as a result of her family's neglect as a child and a history of abuse by those close to her. She was rushed to the emergency room at the age of 17 after her suicidal behavior and drinking insect repellent behavior as a teenager made the signs of psychological disturbance more obvious. At that point, a psychiatrist gave her a bipolar disorder diagnosis. She attended two universities for two semesters, but she did not complete her studies. She then transferred to a cooking specialty school, where she

completed her studies in one year. She had a total of over 15 relationships with people of the same sex as well as people of the opposite sex.

3 RESULT

The participant is a person with a desire to always be noticed, according to the findings of the data collection that has been done. She constantly seeks to connect with people and demonstrate her abilities. Because of this, she feels the need to constantly seek out the approval and affirmation of others in order to feel valuable. She still lacks a really strong self-concept that would allow her to articulate who she is and what she enjoys. She was accepted into the psychology department at one of the campuses because of her academic background. However, she did not complete her studies and stopped when she moved to another campuses in the psychology department, but she did not finish it and left it there until she transferred to a different campus where she continued her studies. This went on until she made the decision to leave college. She enrolled in chef school and put in a lot of effort for a full year before graduating. She then realized that cooking was her true calling. She made the decision to relocate from Yogyakarta to Surabaya in order to live with his father there. She started a catering company, but faced numerous challenges. One of them was her grandmother's criticism, which made her feel unworthy. She frequently disagreed with her father, which led her to decide to leave home and live alone. She was unstable emotionally and easily irritated. Sensitivity to criticism made her feel insecure and inferior in her abilities. These rapid mood swings often made her emotions more intense and she began to self-harm by cutting her hands and taking insect repellent.

There is comorbidity between BPD and bipolar disorder, making her emotional situation more difficult to control. She was diagnosed with bipolar disorder at the age of 17 and received medication and psychotherapy from a psychiatrist. However, it did not last consistently because she had experienced a period when she felt there was no point in taking medication or undergoing therapy. This low ability to manage emotions was displayed in social situations when she had to work and carry out his obligations. She tried to show behaviour that would make others pay attention to him by helping others and avoiding being ignored by the environment. Although on the other hand there is a sense of doubt that she can really do this and chooses to think but without real action.

Her early years were spent traveling. She was born in Probolinggo and later resided in Sidoarjo, Surabaya, and Yogyakarta. She still doesn't fully understand why her parents divorced. She believes that her mother's decision to no longer want to be with her father was influenced by the grandmother of her father. Her mother is currently married and the mother and has a child who is her half-brother. She has a strong attachment to her Tegal-based mother and family. She rarely goes back though because she doesn't want to cause trouble or worry her family about her condition. Surabaya is the home of her paternal family. Since she was a young child, she has frequently been judged and disregarded. For instance, she once overheard someone mention that her cousin had graduated from a prestigious university while she had not. While she is only self-employed, there are those who work for well-known corporations and go on to become civil servants. She became even more indignant at Grandma's attitude as a result, and she looked for outside approval. She frequently didn't receive encouragement or emotional reassurance when she confided in her father. Her father frequently beat her as a child, both physically and verbally.

She currently shares an apartment with her partner and works for a company. She and her partner have been together for a year. After connecting on a dating app, they decided to stay together. Previously self-employed, the participant filed for bankruptcy. The buildup of debt was one of the causes. She believed that she was unable to control her impulsive behaviors, one of which was using a paylater application to shop online, so she was forced to pay interest that was significantly higher than the loan balance. The significant consumption of alcohol and cigarettes is another action that stands out. She can smoke up to three packs of cigarettes in one day. She also drinks in the evening if his stress does not go away.

When the emotional pain persisted, she frequently had suicidal thoughts and actions. She could engage in self-harming behaviors like cutting her hands without feeling any pain as a result of the intense emotions she was unable to control, including guilt, disappointment, and anger. She does, however, experience a sense of relief. She also considered killing herself by jumping from the floor of her apartment. She frequently experiences exhaustion as a result of her condition and thinks she can view herself from the viewpoint of another person.

4 DISCUSSION

Based on the results of observations, interviews and psychological examinations that have been carried out, a diagnosis of BPD with code 301.83 based on DSM-5 can be established. Participants fulfilled the criteria of BPD, namely: 1) excessive efforts to avoid being ignored by others, 2) unstable interpersonal relationships, 3) unstable and changing self-image, 4) potentially destructive impulsivity, 5) attempts at self-harm and suicidal behaviour, 6) emotional instability characterised by reactive moods such as excessive anger and sadness, 7) chronic feelings of loneliness, and 8) temporary dissociative symptoms (American Psychiatric Association, 2013). The participant showed reactive moods but he did not get into a physical fight. Aggression was exercised towards himself by hurting himself without any attempt to hurt others.

The participant's parental separation during her childhood played a significant role in the development of BPD. She was traumatized by his parents' neglect, and abuse by family members added to the risk factors for his BPD. The findings indicated that the likelihood of BPD increased with the severity of childhood trauma (Wibhowo, So, Siek & Santoso, 2019). Failure to form romantic relationships as an adult, using emotion-centered coping methods, and a lack of interpersonal skills all play a role in the development of BPD (Wibhowo, 2016). Over the course of early adulthood, she had more than 15 erratic romantic relationships. Throughout these relationships, she was subjected to verbal, physical, and sexual abuse. She struggled to control her impulsivity and regulate her emotions. The participant's course of action was to attempt suicide. Suicidal behavior is closely associated with abnormalities in impulse control, emotion regulation, and executive function. People are more susceptible to social rejection, which leads to an increase in confidence when making risky decisions (Soloff et al., 2012).

Although BPD patients' affective instability varies, BPD is always characterized by the presence of strong negative emotions. Affective instability has four operationalized components, which are as follows: 1) Mood amplitude is the size of changes in mood from high to low, 2) Affective discontinuity is the variance in mood measurements, and 3) The average daily level of negativity; 4) The proportion of the mood that is reactive to environmental factor (Links et al., 2007). She experienced frequent mood swings due to affective instability. This is also because of the co-occurring bipolar disorder she had, which made it possible for a manic mood to change to a depressive mood in an instant. She felt strong emotions, particularly in depressive mood conditions, which were characterized by protracted feelings of sadness and emptiness. Impulsive acts of self-harm were committed by her to cope with the emotional pain. When she react excessively to situations that are sometimes insignificant in nature, such as conversations between others and themselves, mood reactivity is frequently triggered. It is common for BPD and bipolar disorder to coexist (10–20%) (Kulacaoglu & Kose, 2018).

The participant's spiritual principles could be seen in her writing of the Qur'anic verse that reads, "Don't be depressed; Allah is with you." He continued to pray, albeit not frequently. She hesitated to continue after some people remarked on how she was praying. In order to calm her down and stabilize her mood, she also received medical care. He continued to engage in activities like working for a company and receiving ongoing therapy. For the participant's condition to improve, a mix of medical, psychological, and spiritual approaches is required.

5 CONCLUSIONS AND RECOMMENDATION

BPD is a psychiatric disorder that causes significant distress to individuals with its onset in early adulthood. It has a combination of biological, psychological and social causes and is characterised by deep trauma due to childhood separation and neglect. These risk factors contribute to the emergence of BPD. In addition, BPD is also closely linked to a high risk of suicide because individuals have difficulty controlling their impulsivity and negative emotions. For future research, it is expected to provide suggestions regarding appropriate interventions and treatments for individuals with BPD with a high risk of suicidal behaviour. This needs to be adjusted to the individual case experienced by each individual with BPD so that the treatment provided can be right on target.

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