

# A Comparison of Borderline Personality Disorder and Bipolar Disorder

Presented to  
The Institute for Biblical Counseling  
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# Borderline Personality Disorder

It is estimated that about six million people in the United States have Borderline Personality Disorder.<sup>1</sup> The American Psychiatric Association didn't formally recognize BPD in its Diagnostic and Statistical Manual (a standard reference for the diagnosis and treatment of psychiatric illnesses) until 1980.<sup>2</sup>

According to the Diagnostic and Statistical Manual of Mental Disorders DSM-IV Borderline Personality Disorder is characterized by:

A pervasive pattern of instability of interpersonal relationships, self-image, and affects, and marked impulsivity beginning by early adulthood and present in a variety of contexts, as indicated by five (or more) of the following:

- (1) frantic efforts to avoid real or imagined abandonment. Note: Do not include suicidal or self-mutilating behavior covered in Criterion 5.
- (2) a pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of idealization and devaluation.
- (3) identity disturbance: markedly and persistently unstable self-image or sense of self
- (4) impulsivity in at least two areas that are potentially self-damaging (e.g., spending, sex, substance abuse, reckless driving, binge eating). Note: Do not include suicidal or self-mutilating behavior covered in Criterion 5.
- (5) recurrent suicidal behaviors, gestures, or threats, or self-mutilating behavior

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<sup>1</sup>BPD Central <http://www.bpdcentral.com/faqs.shtml>

<sup>2</sup><http://www.newharbinger.com/WalkEgg.htm>

(6) affective instability = due to a marked reactivity of mood (e.g., intense episodic dysphoria, irritability, or anxiety usually lasting a few hours and only rarely more than a few days)

(7) chronic feelings of emptiness

(8) inappropriate, intense anger or difficulty controlling anger (e.g., frequent displays of temper, constant anger, recurrent physical fights)

(9) transient, stress-related paranoid ideation or severe dissociative symptoms.<sup>3</sup>

It comes as a result of type A trauma in childhood. Type A trauma is the absence of necessary things. For Borderline Personality Disorder that loss is generally the absence of bonding with a mother figure during the first year and a half of the child's life. Bonding is important for an infant because it develops connections in the brain that allow the child to return to joy from any emotion.

Without the development of these pathways the person will tend to get stuck in an emotion.<sup>4</sup> Someone who does not have Borderline Personality Disorder will get angry but they generally get over it and return to their normal level of emotion in a reasonable amount of time. Someone who has Borderline Personality Disorder will get stuck in the emotion of anger until they switch to a deferent emotion.

There also seems to be a family connection. A person is five times more likely to be borderline if a parent had the condition. This indicates that it may be

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<sup>3</sup> Diagnostic and Statistical Manual of Mental Disorders DSM-IV  
<http://www.bpd411.org/dsmannotated.html>

<sup>4</sup> What is Borderline Personality Disorder? Institute for Biblical Counseling  
Course 2 manual p. 103-104

a learned behavior. The child picks up traits of the parent and they become ingrained in the child's behavior patterns.

About half of those with borderline personality disorder were either physically or sexually abused as children. There also seems to be a large number of people who received head injuries in childhood that developed the condition.<sup>5</sup> This indicates that the problem may be caused by physical or emotional problems.

Those with Borderline Personality Disorder are characterized by extremes in just about every area of life. They have the same feelings and thoughts as others have but they just have them more intensely. They have drastic mood swings and perception problems. They switch back and forth from seeing someone as flawless to feeling that they are wicked and have no redeeming value. They have a low self-image and tend to be very insecure.

They tend to be very sensitive to changes in their environment and have a lower than normal threshold for external stimuli like extraneous noise.<sup>6</sup> When something does not go the way they planned they often will burst into a sustained rage. They are often possessive and jealous. They are very dependent on how they feel others view them but because of their paranoia they usually incorrectly perceive other's opinions of them as negative. They also tend to

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<sup>5</sup> Mayo Clinic

<http://www.mayoclinic.com/invite.cfm?objectid=1F6A3571-D626-4D96-A02A881BCCBB3E02&dsection=3>

<sup>6</sup> Siever, Larry J. The Biology of Borderline Personality Disorder. BPD Sanctuary <http://www.mhsanctuary.com/borderline/siever.htm>

have black and white thinking.

They have an emptiness that they try to fill, often with self-destructive behaviors. They also have a significant problem with rage. Some hold it inside but most express their rage verbally and or physically. Stress is most likely to bring out their borderline behavior. These anti-social behaviors are generally an attempt to cope with internal anguish.

They don't tend to be able to maintain long-term relationships because of their behaviors. They usually feel that their problems are all someone else's fault. Most of their borderline behaviors are directed at those in close relationships like spousal, and parental relationships.

Diagnosing someone as borderline can be quite difficult if they are high functioning. They can carry on a professional career and have many successful outside relationships, only displaying their borderline traits to those closely associated with them like a husband or children. Most outside the family would have a hard time believing that the person has a problem.

A low functioning borderline will tend to display their borderline behaviors to everyone and they will have a much harder time functioning in society. They may exhibit behaviors like self-mutilation, excessive risk taking i.e. reckless driving, promiscuity at an early age, and often they are frequently involved in psychiatric facilities.<sup>7</sup> They often end up in psychiatric care or in prisons.

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<sup>7</sup><http://www.bpd411.org/lowhighfunctioning.html>

Some mental health professionals feel that Borderline Personality Disorder is just a catchall, a label to put on difficult patients. Others are concerned that diagnosing a client as being Borderline can cause that client to be stigmatized because people who have Borderline Personality disorder tend to be difficult to work with, time consuming, and their treatment is often unsuccessful.<sup>8</sup>

About seventy-five percent of those who are diagnosed with Borderline Personality Disorder are women. There are several possible reasons for this. It may primarily be because women are more likely to seek counseling and men are inclined to act out violently. Some believe that most men who are borderline are in prison. The men who do go for counseling often have their borderline tendencies overlooked because of their presenting problems of anger and alcoholism. Borderline behaviors are considered to be somewhat more acceptable for men than they are for women. It is also common for men to be diagnosed with Anti-social Personality Disorder, a more socially acceptable for a man.<sup>9</sup>

Asking the client how a particular relationship ended and how they handle betrayal may be helpful in identifying the disorder.<sup>10</sup> There are several things a counselor can look for to identify if someone has Borderline Personality disorder or some of the traits of the disorder. Does the client push for quick involvement in relationships? Does he tend to make and lose friends quickly? Is

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<sup>8</sup> <http://www.newharbinger.com/WalkEgg.htm>

<sup>9</sup> <http://www.bpdcentral.com/resources/mediakit/facts.shtml>

<sup>10</sup> <http://www.bpd411.org/whosick.html>

he excessively possessive? Does he frequently exhibit controlling behaviors? Does he have unrealistic expectations for those around him, especially for his family and close friends?

Does he seem to try to isolate his family and friends from others in a possessive manner? Does he have a habit of blaming others for his problems? Does he try to blame other people for his own actions, behaviors, and feelings? Is he hypersensitive, easily insulted, and perhaps even paranoid? Is he unnecessarily excessive in his use of power and authority? Is he verbally or physically abusive? Does he have sudden mood swings?<sup>11</sup> A client who displays a few of these behaviors may not necessarily have Borderline Personality Disorder but someone who displays several of them is likely to have the disorder or a similar one.

It is important to note that some people who have Borderline Personality Disorder do not act out. They have the same intense emotions and jump to the same conclusions but they do not act out against others. Instead, these people are more inclined toward self-mutilation and suicide.<sup>12</sup>

If a client with Borderline Personality Disorder is going to get better he must acknowledge that there is a problem. The client must be taught new thought patterns. When he is inclined to feel rejected he needs to learn to ask himself why he feels that way and analyze the facts. He needs to learn to recognize when he is being controlling or manipulative and put his focus back

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<sup>11</sup><http://www.bpd411.org/abusebpdnon.html>

<sup>12</sup><http://www.bpdcentral.com/resources/basics/types.shtml>

on the Lord's care for him. These new thought patterns must be repeated over and over again until they become habit.

It is common for someone who is borderline to put others, especially those he is close to in a no win situation. Something like asking if you like this restaurant better than the one he took you to last week. If you answer that you do like this one better, he will feel like you are rejecting what he did for you last week. If you say you preferred last week's restaurant he will feel that you are not pleased with his choice this week. Borderlines probably do not do this consciously, it is a behavior that is usually a result of his poor self-image and negative thinking patterns.

Ideally you should help him realize that he is putting you in a corner. When he is not receptive to understanding his problems it is best to try to have him answer his own question. Jesus modeled this for us when the Jews asked Him questions that were designed to back Him into a corner. When they brought the woman taken in adultery to Him, He reminded them of their own guilt and then invited them to condemn her. When they sought to condemn Him for healing on the Sabbath He reframed the problem and showed them that the real issue was getting priorities right.

Those with Borderline Personality disorder have a tremendous fear of abandonment and will go to great lengths to ensure that they do not feel like they are alone. They often use threats, manipulation, and codependant behaviors in an attempt to secure commitments and security from others.



Sometimes they even use the threat of suicide to manipulate. Unfortunately, sometimes it is not an idle threat. About nine percent of those with Borderline Personality disorder do commit suicide.<sup>13</sup>

Often those with Borderline Personality Disorder will verbally attack those they have close relationships with. They will berate them and often accuse them of being disloyal in some way. It is important to understand that as a general rule they are projecting these things on the other person because they are struggling with those same issues themselves.<sup>14</sup> Unfortunately this behavior often turns verbally, emotionally, and even physically abusive.

It is essential for the counselor and anyone else who has sustained interaction with someone who has Borderline Personality Disorder to establish boundaries in their relationship. Borderline's can be very persuasive and very persistent. Friends and family who do not know how to establish boundaries can find themselves being repeatedly placed in dangerous and abusive situations. The borderline may drive at high speeds, beat his wife when he goes into a rage, or even convince her partner to form a blood pact with her and commit suicide together.

Boundaries help the ones who set them remain safe. It may be something like making it clear to the person who has the borderline disorder that if he hits, you will leave, if he prevents you from leaving, you will call the police and press charges. It is imperative that the one setting the boundaries follows

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<sup>13</sup><http://www.bpdcentral.com/faqs.shtml>

<sup>14</sup><http://www.bpd411.org/dotheymeanit.html>

through on them. Failure to do so will only encourage the negative behaviors and make the situation worse.

For the counselor it is often a matter of making it clear that the borderline must stay in their chair on the other side of the desk, they are not to display any type of seductive or manipulating behavior and if they do and the counselor will make them aware of it. Then they must stop immediately. It is limiting the number of times they can call and how long they can talk. The counselor may also need to make it clear that they are in a professional relationship not a friendship outside the office.

Boundaries should be established and discussed at a time when the stress level is low. Care should be taken not to make the consequences for exceeding a boundary to extreme. Often the person with a borderline disorder will try to force the one setting the boundaries to justify their right to have a boundary in a particular issue. Justification to the borderline is not necessary if his behavior is negatively impacting you.<sup>15</sup>

Treatment for the borderline often involves counseling and medications. Antidepressants are commonly prescribed, sometimes along with Lithium for mood stabilization. Unfortunately the prognosis for healing is not very good. The secular counselor's focus is usually on changing the behavior patterns of the client. Helping them find better ways to handle stress.

The Christian counselor's focus should be on helping the one with

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<sup>15</sup><http://www.bpd411.org/boundariessetting.html>

Borderline Personality Disorder find the root causes of their problems and find solutions to those problems based on Biblical principles. They will probably need to deal with issues of self-acceptance and security. They will need to learn correct thinking patterns and practice those patterns over and over until they become natural.

## Bipolar Disorder

Bipolar disorder, formerly called manic depression, affects about two million adults at any given time in the United States.<sup>16</sup> That is about one out of every eighty-three adults.<sup>17</sup> It is a condition characterized by drastic mood swings from euphoric or moody highs to lows that cause the bipolar to feel worthless, sad, miserable, and hopeless. They often have periods of normalcy in between. The periods of highs and lows are called episodes of mania and depression.<sup>18</sup>

Manic episodes are characterized by increased energy, activity, and restlessness; euphoric moods; extreme irritability; racing thoughts, talking very fast, and jumping from one idea to another; inability to concentrate; and provocative, intrusive, or aggressive behavior.

Periods of moderate or mild mania are called hypomania. During one of these times the person may feel very good, in control, and highly productive.

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<sup>16</sup> Bipolar disorder

<http://www.mayoclinic.com/invoke.cfm?objectid=B2138CDB-0C42-4B6F-8AF50CA8903055A7&dsection=1>

<sup>17</sup> Statistics about Bipolar Disorder. <http://www.wrongdiagnosis.com/b/bipolar/stats.htm>

<sup>18</sup> <http://www.nimh.nih.gov/publicat/bipolar.cfm>

Caution must be exercised though because hypomania can lead into more severe manic episodes. It can also switch into a depressive state.

A depressive episode is characterized by a sad or empty mood; feelings of hopelessness or pessimism; feelings of guilt, worthlessness, or helplessness; a loss of interest or pleasure in activities once enjoyed; decreased energy; difficulty concentrating, remembering, and making decisions; either sleeping too much or an inability to sleep; and thoughts of death or suicide.<sup>19</sup> One in five untreated people with bipolar disorder commit suicide.<sup>20</sup>

One person with bipolar disorder described the three states this way:

Depression: I doubt completely my ability to do anything well. It seems as though my mind has slowed down and burned out to the point of being virtually useless... [I am] haunt[ed]... with the total, the desperate hopelessness of it all... Others say, "It's only temporary, it will pass, you will get over it," but of course they haven't any idea of how I feel, although they are certain they do. If I can't feel, move, think or care, then what on earth is the point?

Hypomania: At first when I'm high, it's tremendous... ideas are fast... like shooting stars you follow until brighter ones appear.... All shyness disappears, the right words and gestures are suddenly there... uninteresting people, things become intensely interesting. Sensuality is pervasive, the desire to seduce and be seduced is irresistible. Your marrow is infused with unbelievable feelings of ease,

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<sup>19</sup> National Institute for Health  
<http://www.nimh.nih.gov/publicat/bipolar.cfm>

<sup>20</sup> <http://www.mcmanweb.com/article-5.htm>

power, well-being, omnipotence, euphoria... you can do anything... but, somewhere this changes.

Mania: The fast ideas become too fast and there are far too many... overwhelming confusion replaces clarity... you stop keeping up with it—memory goes. Infectious humor ceases to amuse. Your friends become frightened.... everything is now against the grain... you are irritable, angry, frightened, uncontrollable, and trapped.<sup>21</sup>

When the person with Bipolar disorder moves back and forth between the manic and depressive states four or more times within a year it is called rapid-cycling. Initially there may be long periods when the client appears normal between the manic and depressive states. These periods tend to shorten or disappear all together as time passes. About fifteen percent of those with bipolar disorder rapid-cycle.<sup>22</sup> Some people cycle more than once in a week. The cycles tend to progress more quickly as the disorder progresses. Women also tend to cycle more than men.

Some people with Bipolar disorder have mood swings but do not reach the high highs and low lows. This is called bipolar II disorder. On the other hand some people have such severe episodes that in the manic state they become delusional. They may feel that they are invincible. Some lose touch with reality

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<sup>21</sup> Bipolar Signs and Symptoms

<http://www.bipolar.com/recog/bipolar-disorder-symptoms.htm>

<sup>22</sup> Mayo Clinic

<http://www.mayoclinic.com/invoke.cfm?objectid=B2138CDB-0C42-4B6F-8AF50CA8903055A7&dsection=7>

and think that they are the President of the United States or that they are Jesus. In their depressive state they may become suicidal.<sup>23</sup> This more severe form is referred to as bipolar I disorder.

Those with Bipolar disorder may also experience times of psychosis where they hallucinate or hear voices. Modern psychology does not entertain the possibility that these abnormalities could actually be demonic interference but that is something that the Christian counselor should consider.

It is also possible for the bipolar to have simultaneous manic and depressive states. This is referred to as a mixed state. They may have agitation, and sleep deprivation at the same time that they are experiencing depression, and suicidal thoughts and psychosis.

Scientists and psychologists believe that there is no single cause for bipolar disorder. They have looked at genetics and feel that there may be a weak genetic link. By using magnetic resonance imaging (MRI) and positron emission tomography (PET) scientists have found differences in the brain function of those who are bipolar from the normal population. They believe that there is an abnormality in the neurotransmitter function for those with bipolar disorders.<sup>24</sup> They have also found a link between stressful or traumatic events and the disorder. About sixty percent of the cases of bipolar disorder seem to run in families.

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<sup>23</sup><http://www.nimh.nih.gov/publicat/bipolar.cfm>

<sup>24</sup><http://www.mayoclinic.com/invoke.cfm?objectid=B2138CDB-0C42-4B6F-8AF50CA8903055A7&dsection=3>

Treatment for bipolar disorder is generally a combination of mood stabilizing drugs, antipsychotics, and therapy. Lithium is the drug most commonly used. Those with bipolar disorder often have thyroid secretion abnormalities. These inconsistencies can also cause some symptoms attributed to bipolar disorder. It should also be noted that Lithium can suppress thyroid secretion. Sometimes Electroconvulsive therapy is also used. The general consensus is that it is a long term illness that has no cure.

A Cornell Medical Center found that sixty-nine percent of the borderline patients in their study showed signs of bipolarity. They used five indicators: history of spontaneous mania, history of spontaneous hypomania, bipolar temperaments, pharmacologic response typical of bipolar disorder, and a positive bipolar family history.<sup>25</sup>

Not only do people who have either borderline or bipolar disorders have an unusually high frequency of having the other, but there are many similarities between borderline personality disorder and bipolar disorder and a few important differences. One of the main diagnostic distinctions is the difference in perspective. Borderline personality disorder is seen primarily as a problem relating to and communicating with others. Bipolar disorder on the other hand is seen as a mood disorder.

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<sup>25</sup> Deltito J, Martin L, *Borderline personality disorder comorbidity in early- and late-onset bipolar II disorder.* <http://www.psycom.net/depression.central.bordbipol.html> 2001

Alcohol and drug abuse are common in both conditions, probably because it is an attempt at medicating the pain. Sixty-one percent of those with bipolar disorder had a substance addiction at some point in their lives<sup>26</sup> and sixty-seven percent of those who are borderline have drug or alcohol problems.<sup>27</sup>

Both disorders carry relational problems with others. For the bipolar these problems are more of a reaction others have toward the person while the borderline tends to cause the relational problems by his interactions with others. The bipolar tends to be focused on his own problems while the borderline feels that his problems are caused by others.

Both disorders are associated with depression however the depressive state for the borderline will usually be much shorter than it is for the bipolar unless the bipolar is rapid-cycling. It is common for both disorders to be treated with antidepressants and mood stabilizers like Lithium. For the bipolar, antidepressants are only used when the client is in the depressed state. Otherwise it may cause him to swing into a manic state. Cognitive behavioral therapy is commonly used to change the negative thought patterns in both disorders.

The causes for both disorders are generally unknown but they are both associated with neurological abnormalities. There is current research for both

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<sup>26</sup> <http://www.mcmanweb.com/article-5.htm>

<sup>27</sup> Porr, Valerie. *People with Borderline Personality Disorder, Suffering in the Shadows* NEW YORK CITY VOICES: April/May 2002  
<http://www.newyorkcityvoices.org/2002aprmay/20020533.html>



disorders in the area of neurological connections in the brain that indicate that both conditions have neuro-receptor problems.<sup>28</sup> Both can occur as a result of a childhood brain injury. Both seem to have been passed down genetically in some instances, although this may also be a result of behavior learned from parents. Bipolar mood swings generally last for months but a borderline is characterized by quick mood changes, often within a few minutes or a matter of hours and both borderline and bipolar individuals have times of excessive irritability, feelings of worthlessness, and suicide.

Differentiating between Borderline Personality Disorder and Bipolar Disorder can be difficult at times, especially when the client is high-functioning. The fact that it is common for a client to have both disorders can complicate the diagnosis even more. A careful evaluation of the client's signs and symptoms should be made to ensure correct diagnosis and treatment.

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<sup>28</sup>National Institute for Mental Health.  
<http://www.nimh.nih.gov/publicat/manic.cfm>