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Negative effects of Borderline Personality Disorder on the family

– A Systematic Literature Review

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NEGATIVE EFFECTS OF BORDERLINE PERSONALITY DISORDER ON THE FAMILY

- A SYSTEMATIC LITERATURE REVIEW

This is batchelor thesis on the topic of negative effects of Borderline Personality Disorder on the family. Its method is literature review. A research question was set to determine what possible negative effects does Borderline Personality Disorder behavier have on the well-being of family members of affected patients.

Borderline Personality Disorder (BPD) is a psychiatric illness affecting about 2% of general population. It is marked most of all by a pattern of instability in interpersonal relationships, self-image and noticeable impulsitivity. It usually starts appearing in the early adulthood and effects all aspects of the life of a person who has it.

The search for viable articles returned six research articles that were able to answer the research question. As a result six specific negative effects were identified. These effects were: depression, burder, feelings of hopelessness and struggle, stress, financial issues and general psychiatric distress.

KEYWORDS:

Borderline Personality Disorder; BPD; Family; Negative Effects.

CONTENT

TABLES

1 Introduction

This is a bachelor thesis on the negative effects of Borderline Personality disorder (BPD) on the family. The method of this study is literature review. In it the concept of Borderline Personality Disorder and its specifics will be explained. This will be followed by a review of literature concerning the specific topic at hand; the negative effects of the disorder on those closest to the person diagnosed with it.

The idea for this bachelor thesis developed out of interest in the Borderline Personality Disorder after coming to contact with several patients diagnosed

with it. Following some research on the topic it was found that there was very little scientific literature available on the effects of the disorder on the family. Though the disorder affects the person, who has it the most also those close to them can suffer from its effects.

Borderline Personality Disorder is a psychiatric disorder. It is marked most of all by a pattern of instability of interpersonal relationships, self-perception and noticeable impulsivity that starts at adolescents or early adulthood and is present in most areas of an individual life. Its prevalence among general population is estimated to be about 2%. Among outpatients in mental health clinics it has a prevalence of 10%, while it's prevalence among psychiatric inpatients is double that. (American Psychiatric Association 1994, 5.)

To be able to understand the complex nature of Borderline Personality Disorder it is important to know about its different aspects and effects. Those aspects will be presented in this thesis. The purpose of this study is to determine what negative effects Borderline Personality Disorder causes on the well-being of the family.

2 Definitions

In this thesis there are certain key concepts that are used repetitively. Understanding the meaning of these concepts is important to fully comprehend this thesis. These key concepts are defined here to make it easier for the reader to follow the main ideas of this literature review.

BP is an acronym of Borderline Personality. It refers to someone who has a diagnosis of Borderline Personality Disorder or who seems to be compatible with the clinical definition for BPD, not to the disorder itself. (Johnston 2007, 1)

BPD is an acronym of Borderline Personality Disorder. It refers to both the diagnosis of Borderline Personality Disorder and the disorder itself, rather than

the person who has been diagnosed with it. (National Institution of Mental Health 2001, 1)

DSM-IV refers to the fourth edition of Diagnostic and Statistical Manual of Mental Disorders, commonly referred by the clinicians as the DSM. It is used as a diagnostic tool all around the world. It is published by the American Psychiatric Association. The first version of it was published in 1952 and since then there have been five revisions. The current version, DSM-IV, was published in 1994. (American Psychiatric Association 1994, 5.)

3 Background

3.1 Overview

Borderline Personality Disorder (BPD) is a psychiatric disorder and belongs in the sub-group of Personality Disorders. It has been estimated to affect about 2% of the general populations of developed countries, about 10% of individuals attending outpatient mental health clinics, and about 20% of individuals being treated as psychiatric inpatients. Females are more likely than males to receive a diagnosis of Borderline Personality Disorder, with about 75% of all diagnosed being female. First-degree biological relatives of those with the disorder are five times more likely to have it than the general population. Family members of people with Borderline Personality Disorder also have an increased risk of

Substance-related Disorders, Antisocial Personality Disorder, and Mood Disorders, such as depression. (American Psychiatric Association 1994, 5.)

Borderline Personality Disorder is characterized by pervasive instability in interpersonal relationships, moods, self-perception and behavior. It is this instability that often generates disturbances in the family and work lives of people primarily affected by it. It also creates problems for these individuals when trying to make long-term plans, as well as produces disruptions in their sense of self-identity. In simple, patients with Borderline Personality Disorder suffer from a disorder of emotion regulation. (National Institute of Mental Health 2001, 1.)

Borderline Personality Disorder can co-occur with other mental disorders. In fact it often co-occurs with Mood Disorders. If criteria for both disorders are met both may be diagnosed, but because of the similarities in presentation of both disorder this should be done with much caution. Borderline Personality Disorder also has many similarities with other Personality disorders. (American Psychiatry Association 1994, 5.)

3.2 Symptoms

There are nine criteria in the diagnostic criterion for Borderline Personality Disorder in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV). These nine represent the behavioral symptoms of BPD. (American Psychiatric Association 1994, 5.) The DSM-IV diagnostic criterion for Borderline Personality Disorder is as follows:

> A pervasive pattern of instability of interpersonal relationships, self-image, and affects [moods], 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 point 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, shoplifting, reckless driving, binge eating). Note: Do not include suicidal or self-mutilating behavior covered in point 5.

5) Recurrent suicidal behavior, gestures, or threats. Self-mutilating behavior.

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.

9) Transient, stress-related paranoid ideation or severe dissociative symptoms.

(American Psychiatric Association 1994, 5.)

These nine criteria can be divided into four behavioral symptom groups. The first group includes three sections of the DSM-IV criterion; criteria's 6, 7 and 8. All three of them are caused by excessive, unstable and badly regulated emotional responses. (Friedel 2010, 49.)

The second group includes two DSM-IV criteria's; criteria 4 and 5. These two criteria are marked by the fact that they are harmful to people with Borderline Personality Disorder and/or to others around them. (Friedel 2010, 49.). Deliberate self-harm behavior occurs in 75% of patients with BPD (Gunderson 2006, 13) and a total of about 8-10% of people with Borderline Personality Disorder successfully commit suicide. (American Psychiatric Association 1994, 5; Friedel 2010, 49.)

The third group includes DSM-IV criteria's 3 and 9. These two criteria's relate to having an incorrect view of oneself and/or others, as well as experiencing high levels of suspiciousness and other misconceptions. In other words both of these two criteria's concern misconceptions of people and things around oneself. (Friedel 2010, 49.) These misconceptions can sift suddenly and dramatically from one end of the spectrum to the other and anywhere in between. A person can make sudden changes in their opinions, plans and social cycles. (American Psychiatric Association 1994, 5.)

The fourth and final group, into which the original criterion can be divided into, includes criteria's 1 and 2. These two criteria's deal with the experiences of turbulent and unstable relationships. (Friedel 2010, 49.) People with Borderline Personality Disorder can develop intense attachments to people close to them, but at the same time their attitudes towards these people can rapidly shift from adulation and love to dislike and rejection. The correlation of these two criteria's largely causes the turbulence in the relationships of people with Borderline Personality. (National Institute of Mental health 2001, 1.)

3.3 Causes

The causes of Borderline Personality Disorder are as complex as the causes of any other major psychiatric disorder. For many years it was wrongly assumed that the disorder was caused by poor or ignorant parenting. Now BPDs development is mostly attributed to two groups of causing factors; genetic and biological as well as environmental. It is believed that these factors in varying degrees of co-occurrence place a person at risk for developing the disorder. There are also some specific known risk factors among these two groups. (National Institute of Mental Health 2001, 1; Gunderson 2006, 13; Friedel 2010, 49.)

There are many genetic factors that can attribute to the development of Borderline Personality Disorder. Genetic factors also have great affect in the individual differences of BPD. One of them is having a genetic predisposition to

the disorder. In simple if one has a first-degree relative with BPD it means they have 5 times more of a risk of having the disorder than the general population. (American Psychiatric Association 1994, 5.) In addition resent researches suggest that people with family members who have related disorders are also at a higher risk of developing BPD (Friedel 2010, 49).

Another genetic factor that can contribute to the development of Borderline Personality Disorder are brain abnormalities. Complex tasks such as impulse control, regulation of emotions and perception of social cues, require normal neurological functioning. However studies done to patients with BPD have shown an increased incidence of neurological dysfunctions, often small, that are evident on close examination. Further more studies have shown that individuals with BPD have a reduced serotonergic response to stimulation on certain areas of the cerebrum. These diminished levels of brain activity may promote impulsive behavior that is common to people with Borderline Personality Disorder. In addition there is evidence that the volume of amygdale and hippocampus areas of the brain, that are critical to emotional functioning are smaller in some individuals with BPD. Amygdale and hippocampus are parts of the limbic system, which is located at the center of the brain, and sometimes referred to as the “emotional brain”. (Gunderson 2006, 13.)

In addition to genetic factors, there are also environmental factors that have affect on the development of Borderline Personality Disorder. As many as 70% of all people with BPD report a history of experiencing some form of abuse, be it sexual, physical or verbal. However history of abuse is in no means a necessary to the development of BPD, nor does having been abused mean that one will develop Borderline Personality Disorder. Childhood traumas may contribute to certain features of BPD, such as alienation, desperation to find a safe relationship and eruption of intense emotions. However these traumas are not enough by themselves to account for the development of the disorder. About 30% of people with Borderline Personality Disorder have experienced parental loss or prolonged separation from them during early parts of their lives. These experiences are believed to contribute to fears of abandonment in

patients with BPD. Also people who have been adopted have been shown to have an increased likeliness to develop BPD. (Gunderson 2006, 13.)

A recent international twin-study on the heritability of Borderline Personality disorder features performed in three different countries found that about 42% of the variance in BPD is caused by genetic factors. This would mean that about 58% of the variance in the development of the disorder would be contributed to environmental factors. (Distel, Trull, Derom, Thiery, Grimmer, Martin, Willemsen and Boomsma 2008, 11.)

3.4 Treatment

The treatment for Borderline Personality Disorder has changed and improved rapidly within the past few decades. This in turn has positively affected the prognosis for improvement and/or recovery. The co-ordination of families and clinicians has steadily been increased. This is important as family support can have a significant effect on the success of the treatment plan. (Gunderson 2006, 13.)

3.4.1 Psychotherapy

Psychotherapy is the most common treatment form for people with Borderline Personality Disorder. Psychotherapy can be received as individual therapy and as group therapy. All together there are nine specific types of psychotherapy used to treat Borderline Personality Disorder. (Friedel 2010, 49.)

Individual psychotherapies for BPD include Supportive Psychoanalytic Psychotherapy (SPP), Interpersonal Therapy (IPT), Cognitive-Behavioral Therapy (CBT), Transference Focused Psychotherapy (TFP), Schema-Focused Therapy (SFT) and Mentalization-Based Therapy (MBT). Supportive Psychoanalytic Psychotherapy sees the patient-therapist relationship as the main mechanism of producing change of behavior in the patient. The SPP also

avoids systematic teaching and homework as therapy methods. In the Interpersonal Therapy the focus is on using ones emotional reactions to identify problematic interpersonal situations, and then using this to define alternative and more successful reactions to these emotionally charged situations. (Friedel 2010, 49.)

Cognitive-Behavioral Therapy requires the patient to identify and challenge their own core beliefs, which effect negatively to their self-perception and ways of interacting with others. In Transference Focused Therapy the first objective is to set up a behavioral agreement during therapy. After this the process of changing primary psychological disturbances in the patients behavior and reducing their symptoms begins. In Schema-Focused Therapy the problematic behaviors of patients are divided in to five modes, which the patient then flips through in an attempt to cope with their difficulties. Mentalization-Based Therapy focuses on giving value and recognizing ones own feelings and attitudes as well as those of others around. (Gunderson 2006, 13; Friedel 2010, 49.)

In addition to individual therapy also group therapy has proven effective in the treatment of people with Borderline Personality Disorder. Group therapy is typically utilized in addition to individual therapy. Thus group therapy models usually also include individual therapy sessions. Group psychotherapies include Systems Training for Emotional Predictability and Problem Solving (STEPPS), Dialectical Behavior Therapy (DBT) and Interpersonal group therapy. STEPPS program is a group outpatient treatment program. It includes weekly two hour long group session and treatment by the patients own current therapist. Dialectical behavior Therapy requires weekly 2,5 hour skills training and weekly hour with a therapist specialized to Dialectical Behavior Therapy. The need for a specialized therapist makes locating proper Dialectical Behavior Therapy treatment more difficult. Interpersonal group therapy is similar to Interpersonal group therapy but it is performed in groups. (Friedel 2010,49.) Group therapies can also be executed in the form of family therapies. Family therapies have the

added benefit of not only improving the patients condition, but also the condition and experiences of their family members. This often serves to improve communications between family members, decrease the feelings of alienation possibly experienced by both sides and to relieve family burdens. However, prior to starting family therapy the ability to participate and the level of motivation on both sides should be assessed. (Gunderson 2006, 13.)

3.4.2 Medications and hospitalization

Three groups of medications are commonly used to reduce the problematic symptoms of Borderline Personality Disorder. These three groups are: atypical antipsychotic agents, mood stabilizers and antidepressants. Atypical antipsychotic agents have been linked with improved general level of functioning, ability to think and reason rationally. They have also been shown to alleviate over reaction in anger responses. Mood stabilizers have been proved to reduce symptoms such as impulsivity, anger, anxiety, depressed mood and to improve general level of functioning. From the group of antidepressants only SSRIs and MAOIs have been none to affect the symptoms of BPD.

SSRIs have small to moderate effects on the experience of anger and anxiety. MAOIs are more effective, but also more dangerous, which is why clinicians usually like to try other medications first. (Friedel 2010, 49.)

Hospitalization is not a long term treatment and its use is usually restricted on management of acute crises. Thus hospitalizations as treatment forms are typically short termed. One of the two main functions of hospitalization is to provide the patient with a safe place to reflect their particular crisis. The other is to provide the clinician a chance to assess and address the patients social and psychological needs and resources. New medications can also be tested out while the patient is in the hospital being carefully monitored for adverse affects. (Gunderson 2006, 13.)

4 The purpose, aims and research question

The purpose of this study was to review the literature relating to the topic of Borderline Personality Disorder and its effect on the families of people meeting diagnostic criteria. The purpose was also to find an answer to the set research question. The research question was:

1) What are the possible negative effects of the behavior of a person with Borderline Personality Disorder on the well-being of the other family members?

The aim was to find five to seven research articles that could answer this research question from different viewpoints. It was hoped to include research

articles that would present the experiences of different types of family members and relatives of people With Borderline Personality Disorder.

5 Systematic literature review

5.1 The research method

The value of evidence-based practice is becoming more and more apparent in the modern times, which has lead to literature reviews continuously increasing their significance in the field of health and social care. (Aveyard 2007, 2.) A literature review is a survey of information published by accredited professionals and researchers of a certain common topic. Its purpose is to convey to the reader an overview of ascertained knowledge, argument and ideas on a specific topic. In addition it can also reflect on the strengths and weaknesses of foresaid knowledge and ideas. In general it must be centered on a key concept, such as an argument, research objective or question posed by its writer. (Taylor and Procter, 2.)

It is often necessary to do a literature review in an effort to locate a field inside a specific topic that requires more research. In this context literature reviews are used not only to locate said voids in research, but also to highlight them so that others as well can see why there is a need for further research. (Aveyard 2007, 2.)

A literature review should not just be a set of summaries or a listing of the resources available and their location, thought it can sometimes be just that. In fact literature reviews usually combine both summary and synthesis of specific literatures in an organizational pattern. On specific situations the function of the literature review may also be to evaluate the sources and then advice the reader on which is the most relevant. In this way literature reviews provide the reader with a handy guide to a particular topic. (University of North Carolina, 1.)

5.2 The review process

The objective of the literature review was to find five to seven research articles discussing the topic of Borderline Personality Disorder and its negative effects on the family members of people, who have it. The search for these articles was long and difficult as very few articles had direct links to free full text versions. The search took place between December 2009 and April 2010, as well as June 2010 and August 2010. In the search for the articles three databases were used; Pubmed, CINAHL (EBSCOhost) and Elsevier. All though other databases were considered, these three proved to be the best, combining easy usability and good links to full text articles. The searches were all made in English and the results were also limited to include only those written fully in English. The results were further limited by the inclusion and exclusion criteria.

Inclusion criteria for the articles:

1. They were written in English.
2. They were published in scientific journals between 1985 and 2010.

3. They were based on research studies.
4. They were available in full text form.

Exclusion criteria for the articles:

1. The research had focused only on one gender.
2. The research sample did not include either people with Borderline Personality or their family members.

There were several different search terms that were used in hopes of finding relevant articles. The terms “Borderline Personality Disorder” and “BPD” gave several hundred and even thousand answers so additional search terms were concluded. As the key focus of the literature review was on the families of the people with BPD, rather than the people themselves, search terms such as “Borderline family”, “effects of BPD” and “living with BPD” were put to use. Even then the results were too wide and the search criteria had to be further narrowed. The searches were limited to include only those articles that either provided a full text version or a link to a full text version.

Some problems also appeared due to the use of the search term “BPD”. Surprisingly it was discovered that the term was not only used as an acronym for Borderline Personality Disorder, but also as an acronym for other medical terms. It was found that the term “BPD” can also be used of Bronchopulmonary Dysplasia, which is a chronic lung disease of new born babies, as well as on rare occasions of Bipolar Disorder. Shuttling through articles which used the acronym on many occasions and the full terms less often took some extra time. Appendixes I, II and III at the end of this review will show the different search terms used as well as the amount of hits each of them received on the three databases used.

During the elimination process nearly a thousand abstracts were overviewed and then either eliminated or earmarked as a possibility and returned upon

later. In the end of all the hundreds of articles overviewed only 21 proved to be adequately linked to the topic and had a link to a full text version. Some of the other responses were also properly linked to the topic, but did not have a link to a full text article nor was it possible to find such a link through other search databases. Others had links to full text articles, but they were not free and the cost of purchasing them was too much and/or their abstracts could not give a clear view of would they be compatible to this literature review.

From the initial 21 only six were chosen for this review. The remaining fifteen were eliminated due to variety of reason. Some only bypassed the topic in the research study portion, while the main focus was somewhere else. One article in particular focused only on the patients views of the negative effects that their diagnosis and behavior had on their families. Another article relied on the self-report of both patients and their family members, on the family members experiences of the patients condition as well as their own condition.

5.3 Data analysis

In this chapter the process of analysing data will be explained. It should be mentioned that originally the inclusion criteria was meant to be limited to articles published between 1990 and 2010. However one research article was found by accident that was older than the inclusion criteria would have allowed, but presented very relevant information. Because of this article the original inclusion criteria was altered to include articles published as far back as 1985. With this change to the inclusion criteria the oldest of the articles accepted was published 1985 and the newest in the year 2008. Table 1 shows the different years of publication of the articles.

TABLE 1: Publication years of the researches

Year of publication	1985	1993	2003	2005	2007	2008
Number of researches	1	1	1	1	1	1

Each of these six articles was published in a different year and in a different scientific journal. These journals were Hospital and Community Psychiatry (1985), American Journal of Psychiatry (1993), Family Process (2003), Journal of Personality Disorders (2005), International Journal of Psychiatry (2007) and Australian and New Zealand Journal of Family Therapy (2008).

In these articles several different interviews, questionnaires and scales were used to assess results. Interviews were utilized by five of the six researches. These included unstructured, semi-structured and structured interviews. In addition four of the researches used different types of questionnaires and another two used scales. Only one questionnaire was used in two different studies and even it was not used in the same form. One of the studies used The Symptom Check List (SCL-90), which is a self-report rating scale commonly used as a screening instrument for psychopathology (Scheirs, Bok 2007, 9). The other study used The Brief Symptom Checklist (BSI), which is a shorter version of the former. Other research tools used included Beck's Depression Inventory (BDI), Beck's Hopelessness Scale (BHS), Burden Assessment Scale (BAS), Children's Depressive Experience Questionnaire (CDEQ), Family Attitudes Towards Personality Disorder Questionnaire (FAPDQ) and Children's Dysfunctional Attitudes Scale-Revised (CDAS-R).

5.4 Results

Six research articles were chosen for this literature review. Table 2 shows these researches, their samples, contents and main results. In addition the databases from which the researches were found are shown. Four of the six studies were found using PubMed, one using CINAHL and the last from the Australian

Academic Press database, which publishes articles about psychiatry. The research found in the Australian Academic Press database was originally found in the references of one of the other 20 research articles considered for this review. It was then looked for from PubMed, CINAHL and Elsevier, but none of the databases had even an abstract for it. The article was then Googled and found in the Australian Academic Press database, with a link to a full text form.

TABLE 2: The researches

Authors	*Year*	*Database*	*Sample*	*Content*	*Results*
Schulz, P., Schulz, S., Hamer, R., Resnick, R., Friedel, R., Goldberg, S.	1985	PubMed	35 family members and 31 patients	A study measuring the impact of Borderline pathology on patients and families.	It was found that family members experience varying degrees of burden, financial issues and stress. The amount of burden experienced varied based on the severity of the symptoms.
Goldman, S., D'Angelo, E., and DeMaso, D.	1993	PubMed	44 children with and 100 children without BPD and their families	A study determining whether rates of psychopathology differed between families of children with BPD and the families of a psychiatric control group.	The families of children with BPD had significantly higher rates of psychopathology, especially in the fields of depressive, substance abuse and antisocial disorders.
Hoffman P., Buteau E., Hooley J., Fruzzetti A., Bruce M.	2003	CINAHL	32 family members	A study to assess whether family members knowledge level correlated with their experience of burden, depression, distress, and expressed emotion.	Greater knowledge about BPD was associated with higher levels of family members burden, distress, depression, and greater hostility toward patients.

Abela, J., Skitch, S., Auerbach, R., Adams, P.	2005	PubMed	140 children and 102 parents	The study investigates if the risk of depression is increased in children of parents experiencing comorbid BPD and Major Depressive Disorder.	Children of parents with comorbid BPD and MDD exhibited higher levels of current depressive symptoms and cognitive/ interpersonal vulnerability factors that the control group.
Scheirs, J., and Bok, S.	2007	Pubmed	64 biological or non biological caretaker	A study investigating the existence and amount of psychological distress experienced by biologically related and unrelated caregivers of patients with Borderline Personality Disorder.	The caregivers were found to experience higher levels of psychological distress than the general population. It was also found that there were no noteworthy differences between the scores of biologically related and unrelated caregivers.
Giffin, J.	2008	Australian Academic Press	4 parents	A qualitative study exploring the experiences of family members of patients with Borderline Personality Disorder and a long history of self-harm or suicide.	The study suggests that there are many factors influencing the psychological distress and burden experienced by family members of people with BPD.

One of these six research articles focused on the children of parents with Borderline Personality Disorder. To maintain cultural objectivity the sample of this study included participants from different age, race and language groups. The parents ages ranged from as young as 27 to parents as old as 53. Of different race groups Caucasians were the biggest with 84,3% of the sample, while there were 4,9% Asians, 2,9% Hispanics, 1,9% African Americans, 1,1% Native American and also 4,9% of other descents. The three main language groups presented were English with 68,7%, French with 9,8% and Spanish with 2,9%, while 18,6% of the sample spoke various different languages. (Abela, Skitch, Auerbach, Adams 2005, 14.)

The second study had a sample of only four participants. All of these participants were parents of patients with Borderline Personality disorder, who had a long history of self-harm and/or suicide attempts. Three of these four participants were mothers, with only one being a father of a patient with BPD. Each of these participants presented one family affected by a family members Borderline behavior. (Giffin 2008, 7.)

The third study had a sample of 35 family members. Thirteen of these family members were parents, eleven siblings, seven spouses, three children and one grandparent of patients with Borderline Personality Disorder, Schizotypal Personality Disorder or both. From these 35 participants only 21 had contact with the patients at least once a week. Their mean age was 43 and they as well as the patient were from the middle class. (Schulz, Schulz, Hamer, Resnick, Friedel, Goldberg 1985, 3.)

The fourth study accessed the rates of psychopathology in the families of 44 child and adolescent outpatients with Borderline Personality Disorder and in a psychiatric control group of a hundred children and adolescents. The group of 44 affected children was divided into 32 boys and 12 girls, while the control group had 62 boys and 38 girls. It should be noted that in most clinical samples of people with Borderline Personality Disorder the gender presentation is the opposite way, with more female patients present. (Goldman, D'Angelo, DeMaso 1993, 4.)

Of the six research articles only one made a difference between biological and non-biological caretakers and relatives. This was the fifth study assessing the distress experienced by caretakers of patients with Borderline Personality Disorder in a sample of 64 Dutch volunteers. The sample included 44 females, who were on a large part biologically related to the patients, and 20 males, who were largely biologically unrelated. The mean age of all participants was 44,8 years, with all participants over the age of 18. It should be noted that participants biologically related to patients were older than those unrelated to them. Also most of the men were spouses of patients, while most of the biologically related participants were parents of the patients. (Scheirs, Bok 2007, 9.)

The sixth and the final study collected data from 39 family members of patients. 14 of these 39 family members came from seven families, having two participants from one family unlike the 25 others who were sole attendants of their own families. To avoid errors caused by this situation the answers of only one of each of these seven families were randomly selected for this study. This made the sample size of accepted answers 32. The ages of the participants varied from 28 to 77, with the average age of 52. Nineteen family members were female and thirteen male. 22 family members were parents, six husbands and four unwed partners of the patients. 78% of participants lived with their borderline relative. 47% of participants were college graduates. (Hoffman, Buteau, Hooley, Fruzzetti, Bruce 2003, 10.)

The key points in these six studies varied. Some of the studies were focused on specific effects of Borderline Personality Disorder on the family, specific conditions, while others looked at the situation on a broader spectrum.

6 Discussion

The purpose of this thesis was to find answer to the research question posed. The research question was about the negative effects of Borderline Personality Disorder behavior on the family members of a person who has it. Many different themes arose from the six research articles chosen for this review. Some of these themes were mentioned on several different sources, others on only one. Most of the effects that arose were linked to each other one way or another. Based on the literature reviewed five specific negative effect and group of negative effects were acknowledged:

1) Depression
2) Burden
3) Stress
4) Feelings of hopelessness and struggle
5) Financial issues
6) General psychological distress

Out of all the negative effects that were caused by borderline behavior depression was the most common on. It was mentioned in four of the six articles. Thought these four studies it was proven that depression is common in all types of family members of people with Borderline Personality disorder, regardless of age, gender and family relation. One study proved that the prevalence of depression did not significantly differ in biological and non-biological caretakers of people with BPD (Scheirs, Bok 2007, 9).

Burden was the second most commonly mentioned negative effect of borderline behavior. It was mentioned in half of the research articles. Younger family members tended to report more burden in one study (Hoffman, Buteau, Hooley, Fruzzetti, Bruce 2003, 10); another study described the burden experienced

by parents of Borderline Personality Disorder patients (Giffin 2008, 7). Burden was also found to be closely connected to the other negative effects of Borderline Personality Disorder behavior.

Stress was a negative effect mentioned in two researches. In one of the studies parents of Borderline Personality Disorder patients described experiences of both chronic and traumatic stress (Giffin 2008, 7). These experiences were associated with concern for their child and repeatedly witnessing destructive and self-harming behavior demonstrated by their children. The other study saw stress as a gateway to other problems such as separation and divorce.

Feelings of hopelessness and distress were also mentioned in two of the total six research articles. In both studies these feelings were seen as slightly less significant negative effects compared to the other problems experienced by families.

Financial issues were mentioned in only one of the sample of research articles chosen for this review. In this article both patients and their family members were shown to be concerned of the financial problems associated to having a person with Borderline Personality Disorder in the family. These economic problems were seen as chronic and as possible sources of further burden in family members. (Schultz, Schultz, Hamer, Resnick, Friedel, Goldberg 1985, 3.)

The final negative effect of Borderline behavior was not a singular effect, but instead a group of general psychological signs of distress. Symptoms associated with this group included antisocial behavior, substance abuse, hostility and distrust, and somatisation. These symptoms were expressed in four of the total six research articles. In one study it was shown that up to 50% of the families of children and adolescents with Borderline Personality Disorder had documented substance abuse problems (Goldman, D'Angelo, DeMaso 1993, 4). The same study also found that the families of affected children had up to 20% higher rate of occurrence of antisocial behavior. Two studies found that the families of people with Borderline Personality Disorder had slightly higher rates of general hostility than the families of control subjects.

This study included six research articles, which is small sample size compared to the vast amount of researches and studies done on the topic of Borderline Personality Disorder. However the main themes of negative effects were relatively similar in most if not all of the studies. It is possible that more accurate results could have been drawn if the sample size had been bigger. On a plus side the participants in the researches represented many different demographics positively affecting the accuracy of the results.

7 Limitations

There were many limitations for this literature review. These limitations can be divided into three specific areas; language, reliability and the broadness of the literature sample.

There are three limitations pertaining to language in this thesis. Firstly all the literature used for this study was written in a language the author of the study speaks as a second language. That in itself is a limitation as there is always a possibility for misunderstanding when a specific text is not written in the readers own language. Secondly as all the texts were written in English the literature review was in fact only a literature review of the English literature on the subject. There always remains a possibility that other texts that are currently not translated, could in hold differing knowledge to that used in this study. Third limitation factor relating to language was that the literature review was written in a language the writer speaks as a second language. This brings on the possibility that mistakes were made in the spelling that can alter the meaning of the sentence they were in.

The limitation relating to reliability is to do with the literature resources used for the literature review. As the literature sources were chosen by the author using specific search terms, there comes forth a question. Would the literature search have been better if the author would have had more expertise in the field? Would the search terms been different in this case? However there are some good points in the study that add reliability. The research articles used were all based on official studies. They varied in publishing year and journal. Participants in the studies varied in age, race, gender and culture. Also their relation to the family member with Borderline Personality Disorder varied. Participants in different studies included parents, siblings, children, spouses and even a grandparent. Another good sign for reliability is the fact that all literature resources were written by professionals and experts in the field of mental health.

The third limitation to this review was the restricted amount of full text research articles available. Furthermore not all of the full text articles found could be accessed as they were not free and their purchase price was too high. In the end two of the six articles used had to be purchased. Some other articles were considered, but the purchase price was deemed too high. This limited the reliability of this review as some of the other articles might have included valid and necessary data. The data not accessed might have proven controversial to the data now found in the literature review.

8 Conclusion and implications

The purpose of this bachelor's thesis was to find out the negative effects that Borderline Personality Disorder behavior has on the well-being of the family of a person who has it. It utilized the method of literature review to do so. After the research process six research articles were chosen to answer the research question. In the end six negative effects caused by BPD behavior were identified. Those six negative effects were: depression, burden, feelings of hopelessness and struggle, stress, financial issues and general psychological distress. The most commonly occurring of these was depression, which was mentioned in four of the six research articles.

The amount of studies acceptable for this review was limited by many factors. The inclusion criteria for one diminished the amount of possible researches. Also the necessity for full text articles eliminated some articles from this review, as did the fact that not all full text articles could be accessed for free.

More in-depth researches should be made about the effect of borderline behavior on specific types of relatives, such as for example siblings and spouses. Another good research topic could be the negative and positive effects of a person being diagnosis to the patient and on the family.

Doing this review gave the reviewer an experience of doing an academic review, as well as giving the opportunity to get in-depth knowledge about the disorder.

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APPENDIX 1: Results of the literature review in PubMed

Database: PubMed

Search limitations: The articles are written in English and they are published between 1985 and 2010.

Search term	Number of hits	Linked full text
Borderline Personality Disorder	4 036	356
Borderline Personality Disorder family	481	44
Borderline Personality Disorder effect	226	24
Borderline Personality Disorder effects	454	51
Borderline Personality Disorder family effect	31	2
Borderline Personality Disorder family effects	47	4
Borderline Personality Disorder symptom	226	24
Borderline Personality Disorder symptoms	2 772	272
BPD	3 511	420
BPD family	241	24
BPD effect	433	78
BPD effects	899	151
BPD family effect	22	4
BPD family effects	30	3
BPD symptom	109	11
BPD symptoms	2 476	294

APPENDIX 2: Results of the literature review in CINAHL

Database: CINAHL (EBSCOhost)

Search limitations: The articles are written in English and they are published between January 1985 and July 2010.

Search term	Number of hits	Linked full text
Borderline Personality Disorder	950	157
Borderline Personality Disorder family	127 236	22 682
Borderline Personality Disorder effect	131 439	20 649
Borderline Personality Disorder effects	1	1
Borderline Personality Disorder family effect	209 989	34 720
Borderline Personality Disorder family effects	354 248	54 814
Borderline Personality Disorder symptom	58 931	10 186
Borderline Personality Disorder symptoms	76	7
BPD	592	88
BPD family	2	2
BPD effect	90 343	13 475
BPD effects	241 867	34 671
BPD family effect	172 338	28 331
BPD family effects	320 480	49 002
BPD symptom	4	2763
BPD symptoms	18	1

APPENDIX 3: Results of the literature review in Elsevier

Database: Elsevier (Science Direct)

Search limitations: The articles are written in English and they are published between 1985 and 2010.

Search term	Number of hits	Linked full text
Borderline Personality Disorder	11 167	9 184
Borderline Personality Disorder family	6 903	5 548
Borderline Personality Disorder effect	9 212	7 331
Borderline Personality Disorder effects	9 212	7 331
Borderline Personality Disorder family effect	5 973	4 678
Borderline Personality Disorder family effects	5 973	4 678
Borderline Personality Disorder symptom	8 610	7 081
Borderline Personality Disorder symptoms	8 610	7 081
BPD	9 016	8 836
BPD family	2 698	2 472
BPD effect	7 121	6 680
BPD effects	7 121	6 680
BPD family effect	2 272	2 002
BPD family effects	2 272	2 002
BPD symptom	2 573	2 442
BPD symptoms	2 573	2 442