

Crossing Boundaries for Borderline Personality Disorder: Comment on Dixon-Gordon, Peters, Fertuck, and Yen (2016)

Kevin S. McCarthy
Chestnut Hill College and University of
Pennsylvania

Anne P. Taylor
University of North Carolina

Borderline personality disorder (BPD) is a complex disorder of interpersonal and affective instability. Attempts to investigate it empirically have produced equally complicated findings. Dixon-Gordon, Peters, Fertuck, and Yen (2016) propose a translational factor—emotion processing—that might moderate the conflicting evidence and explain how therapies of different orientations can each successfully ameliorate symptom distress in individuals with BPD. The authors use a case example to illustrate how the literature can be used to transform the work around emotion processing in BPD. In this commentary, we highlight additional ways in which Dixon-Gordon et al.'s synthesis helps integrate research into practice strategies for BPD and identifies commonalities across theoretical approaches. We also note how this overview of the literature exposes a multitude of assumptions and gaps in the research and suggest that these are in fact opportunities for clinical and theoretical observations to advance what we can know about the disorder.

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Borderline personality disorder (BPD) presents a particular complexity that can be discouraging for individuals attempting to treat, study, or—most importantly—live with it. Popular literature about BPD often warns of the “affective storms” following individuals with the disorder and the constant need for others to “walk on eggshells” around them. We, in our roles as clinicians, researchers, and educators, caution clinical trainees about the difficulty of working with clients with BPD and forearm them with a variety of tips and strategies passed down from generations of clinicians for managing patients with BPD characteristics. Although it is well intended, this advice is commonly based on overgeneralizations of persons with BPD that have been

borne out of discouragement rather than an evidence-based understanding of the disorder.

Dixon-Gordon et al. (2016) provide an optimistic path through BPD's complexity by integrating basic research on and clinical practice with this population. They remind us that treatments from multiple theoretical orientations significantly reduce risk and improve functioning in individuals with BPD and that many of these therapies intuitively “borrow” from other treatments to achieve their general efficacy. Emotional processing, a transtheoretical factor, may be a key to explaining how both the diversity and intersections in these treatments work to treat BPD. Paired with an illustrative case study, the research described allows clinicians to compare their own impressions from individuals with whom they have worked to a broader population and allows clinicians to reinvestigate their own understanding of the etiology and process of emotional dysregulation. Clinical work and theory, in turn, might provide observations on and insights into how to define and study complex phenomena like BPD.

Kevin S. McCarthy, Department of Psychology, Chestnut Hill College and Department of Psychiatry, Perelman School of Medicine, University of Pennsylvania; Anne P. Taylor, Department of Psychiatry, School of Medicine, University of North Carolina.

Correspondence concerning this article should be addressed to Kevin S. McCarthy, Department of Psychology, Chestnut Hill College, 9601 Germantown Avenue, Philadelphia, PA 19118. E-mail: kevin.mccarthy@chc.edu