

Emotional Processes in Borderline Personality Disorder: An Update for Clinical Practice

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Despite prior assumptions about poor prognosis, the surge in research on borderline personality disorder (BPD) over the past several decades shows that it is treatable and can have a good prognosis. Prominent theories of BPD highlight the importance of emotional dysfunction as core to this disorder. However, recent empirical research has suggested a more-nuanced view of emotional dysfunction in BPD. This research is reviewed in the present article, with a view toward how these laboratory-based findings can influence clinical work with individuals suffering from BPD.

Keywords: borderline personality disorder, emotion dysregulation, emotion regulation, dialectical behavior therapy

Borderline personality disorder (BPD) is a severe mental health condition characterized by emotional instability, impulsive and self-damaging behaviors, and stormy interpersonal relationships (American Psychiatric Association, 2013). This disorder heavily taxes the mental health care system (Bagge, Stepp, & Trull, 2005; Comtois et al., 2003) and results in high personal, economic, and societal costs (van

Asselt, Dirksen, Arntz, & Severens, 2007). Despite the pressing need to provide treatment for individuals with BPD, clinicians may hesitate to do so due to discomfort working with the high-risk behaviors and intense interpersonal and emotional dysregulation typical of those with the disorder. Thus, better understanding of the emotional processes involved in BPD may help increase clinicians' willingness to treat this population and help facilitate better client outcomes.

Treatments for BPD

Although BPD has historically been seen as a chronic condition with a poor prognosis (James & Cowman, 2007; Lewis & Appleby, 1988), the amassed research of the past several decades has painted a more-hopeful picture. In fact, several psychological treatments, including dialectical behavior therapy (DBT; Linehan, 1993), mentalization-based treatment (MBT; Bateman & Fonagy, 1999), transference-focused psychotherapy (TFP; Doering et al., 2010), schema-focused therapy (Giesen-Bloo et al., 2006), and general psychiatric management (McMain et al., 2009), have garnered empirical support for the treatment of BPD. Each of these treatments

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