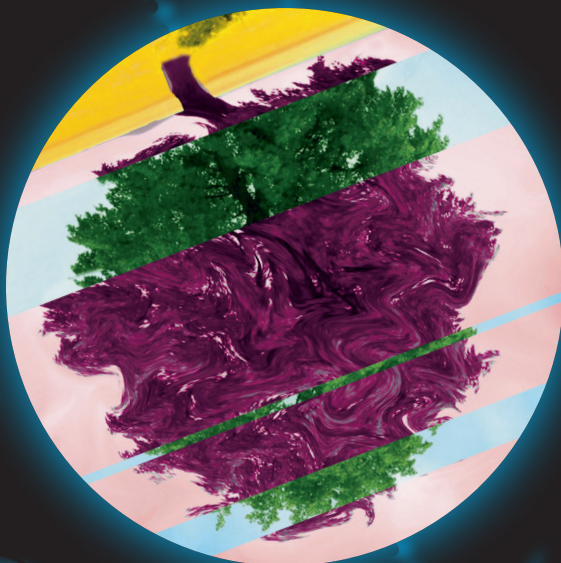


BME HSZI
PSYCHOEDUCATIONAL
BOOKLETS



POSSIBLE CAUSES OF ANXIETY AND MOOD SWINGS



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POSSIBLE CAUSES OF ANXIETY AND MOOD SWINGS?

Have it ever occurred to you that your mood changed unexpectedly, and without any exact reason? Are you feeling moody or depressed? Have you felt, that the same situation or person can trigger a completely different reaction, depending on your mood? Has it ever came to your mind, or did you get any feedback from your environment, that sometimes your reactions seem unpredictable and hard to understand? Does it affect your personal relationships, or causes you problems at school or at work?

Sometimes these emotional reactions are completely adequate for a current crisis, for example a break up, the divorce of parents, or a stressful exam period. But if the symptoms mentioned above are persistent, it is possible that they are caused by a mood disorder (depression or bipolar disorder) or borderline personality disorder. Mood disorders are often treated with medication, but behind the symptoms there usually are deeper causes, which must also be treated with psychotherapy. (Treatment with medicine can be frightening at first sight, but they are not always necessary, many people who suffers from borderline personality disorder does not take any medicine at all, nor can they be obligated to do so. We only wanted to clarify this, because often times – understandably – psychiatrists prescribe medicine when we only highlight depressive symptoms. This is why talking about all of our symptoms is really important.)

This publication aims to clarify information about the symptoms, diagnostic criterion, factors responsible for its development, and treatment options. Being aware of these information is important because it seems more and more students are struggling with this disorder in their daily lives.

SYMPTOMS

The symptoms of borderline personality disorder are diverse.

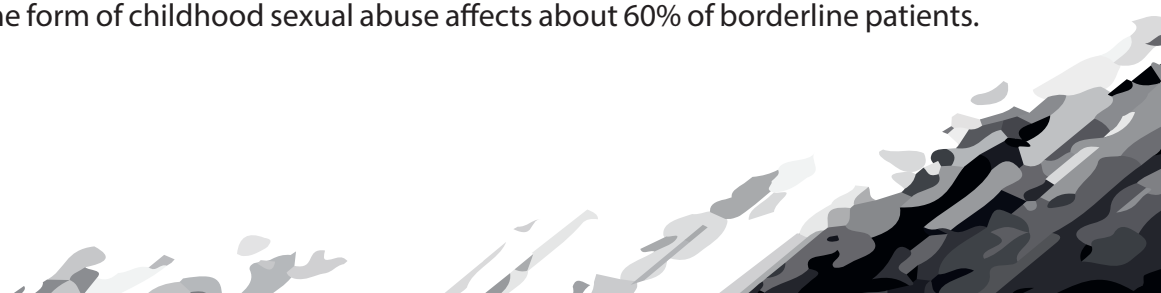
It is important to note, that not every symptom described here has to occur to get a borderline diagnosis. It is possible that two borderline patient can be characterized by 4-5 completely different symptoms. We can also say, that there is not two completely identical borderline patient.


Their lability can extend to almost any area of life. Their friendships and relationships, furthermore their workplaces can change frequently. It is also said that borderline patients are only stable in one thing: instability. They are very afraid from being abandoned, their relationships are very extreme, and they either feel it is really good, or it is very bad. They also frequently end up in a love-hate relationship. They tend to think in black and white, which means their partner either adorns them or despise them, there is no middle ground. It is no surprise that this can make a relationship an emotional rollercoaster. Foreign publications describe these relationships with the phrase, „I hate you, don't leave me!“. They don't really know who they really are. They may suddenly change their ideas about themselves, their purpose in life, and their interests. Many borderline patient feel emptiness to a chronic degree, which can also be seen as a form of defense. They tend to ignore long-

term consequences, make irresponsible, self-dangerous decisions (e.g. unprotected sex, speeding, illegal drug use, excessive alcohol consumption). This behavior is called impulsivity. They have or had suicidal thoughts, maybe even attempts, and they often commit self-harm (cutting, scratching, burning of the skin). In many cases they do not have an intention to die, although these signs must be taken seriously. Many accuse them of doing all this for a manipulative purpose. This is usually a misconception. This is how borderline people try - for lack of a better option - to regulate their emotions. There are borderline personality disorder patients who are prone to outbursts, for example shouting angrily, beat the other person, or damage the furniture. It is believed that for some men with borderline syndrome, this aggression towards others is dominating the picture, and the other symptoms can remain hidden. Their moods often fluctuate, with almost inexplicable abruptness, and these different moods are very intense. Their attunement is not necessarily alternating between a very good mood what is followed by a depressive phase, though it can occur, but mostly they find themselves in a very bad mood from a neutral state without seemingly any precedent. Under stress, they become suspicious, do not trust people, sometimes assume that others are laughing at them at the bus stop, or in a hallway. Some borderline reports that in certain periods of their life they do not really remember things or sometimes they are daydreaming intensively while walking or traveling, and when they realize this, they do not even know how they got to that place, or why did not get off the bus in time.

REASONS

In some cases, borderline personality disorder occurs because of biological predisposition, and the explanation is to be found in our innate temperament. In such cases, it is difficult to find possible triggers in a person's life throughout the history of development. In other cases, the roots go back to childhood. A dysfunctional family that does not provide safety can be the starting point of many adult mental illnesses. The unpredictable behavior of the mother (sometimes the child can count on her, she is warm, attentive, other times she is cold, neglecting, distant, and uninterested), and the father's physical absence (due to divorce or work) can (and probably will) have a detrimental effect on the child's psychological development. In the early years, especially around the age of 1.5, separation experiences (either the loss of the mother or hospitalization) can steer the development towards borderline personality disorder. It should also be mentioned, that childhood trauma and abuse are also among causes of borderline personality disorder. Unfortunately, these phenomena are much more common than we can imagine. In most cases, the suffering party as a child does not even know what is happening to him (since that is normal for him, he has grown into it), and he may even forget about it as an adult. However, unrecognized abuse, trauma, or neglect can still have an effect. Of course, not every person who has experienced childhood trauma or abuse will have borderline personality disorder, or any other kinds of psychological disorders, but it will increase the likelihood of developing such problems. Physical abuse suffered in childhood (slap, punishment, lockup in a tight, dark place, beating with or without permanent injury), sexual abuse, emotional abuse (humiliation, shouting), and neglect are the biggest risk factors for developing borderline personality disorder. Some form of childhood sexual abuse affects about 60% of borderline patients.





If the parents themselves have personality disorders, suffer from alcoholism, depressed, has outbursts of anger, it is easy to “collect” even three or four types of childhood traumatic experiences. Imagine if one parent is drinking and aggressive and the other is busy dealing with these problems, which happen almost every day. This can be extremely time consuming and emotionally exhausting, so, at least to some degree, this will make her neglect her children. It is also likely, that she will often shout out of fear or anger, which means the children will be exposed to both physical and emotional trauma.

ASSOCIATED DISORDERS

The borderline personality disorder may be associated with a variety of other mental disorders. Such associated (comorbid) mental disorder can be:

- Anxiety disorders (e.g. panic Disorder)
- Mood disorders (depression, mania)
- Eating disorders (binge, bulimia, anorexia)
- Chemical substance use disorders (e.g. alcohol or drug abuse)
- behavioral addictions (e.g. excessive spending, kleptomania, gambling addiction, internet addiction, porn addiction, dating app addiction)
- psychosomatic problems (e.g. indigestion, back pains)

MAYBE I AM A BORDERLINE, WHAT CAN I DO? TREATMENT OPTIONS

As previously described, one possible form of treatment may be to involve the expertise of a psychiatrist, because often it is necessary to prescribe medication for mood problems or anxiety. However, this alone does not cure borderline personality disorder. Processing traumatic childhood experiences by attending psychotherapy with a clinical psychologist or psychotherapist can help most effectively. In the first stage of this therapy, the patient’s condition is stabilized, for example, they are helped to acquire the ability to regulate emotions and how can they be able to recognize the mental states (motivations, feelings, reasons for their behavior) of others. The focus is primarily on eliminating self-harm and self-dangerous behavior. When the patient is stable enough, and wants to process their childhood experiences, a deeper exploratory-processing phase ensues. Eventually, in the consolidating, closing phase, the patient learns to reintegrate into society without therapy. Regarding therapy, there are many different approaches in psychology, but an important aspect of each is stabilizing the client’s state of mind and living conditions.

Effective psychotherapeutic methods for treating borderline personality disorder include (but are not limited to):

- transference-focused psychotherapy
- schema therapy
- mentalization-focused psychotherapy
- dialectical behavioral therapy
- for the processing of childhood traumatic events, the EMDR (eye movement - based desensitization and reprocessing) psychotherapy

If you are unsure whether you suffer from a borderline personality disorder, feel free to contact us. We do not want to diagnose students who turn to us, but rather to help them look at the causes of their mood swings, and to find out if these events are the natural consequence of ordeals of everyday life, or something more serious.

Students of the Budapest University of Technology and Economics can use free psychological counseling at the Student Counseling Department of the Student Services Directorate (HSZI). You can find more information on our website, where you can also apply for the counseling: <https://hszi.bme.hu/en/Counselling/psychological-counselling/>. Naturally, students can also contact us if they are aware of their problem, or if they know they have a borderline (or any other kind of) personality disorder. However, it is important to know that within the framework of counseling, these long-term mental disorders can not be cured, they can only be stabilized. For the long run we recommend one of the aforementioned psychotherapies.

WHAT CAN I DO, IF ONE OF MY ACQUAINTANCE HAS BORDERLINE PERSONALITY DISORDER?

Life is not easy near a person with borderline personality disorder. First, it's important to know what to expect if your borderline acquaintance doesn't even want to go for treatment (and even for a while at the beginning of therapy, because naturally achieving progress takes time).

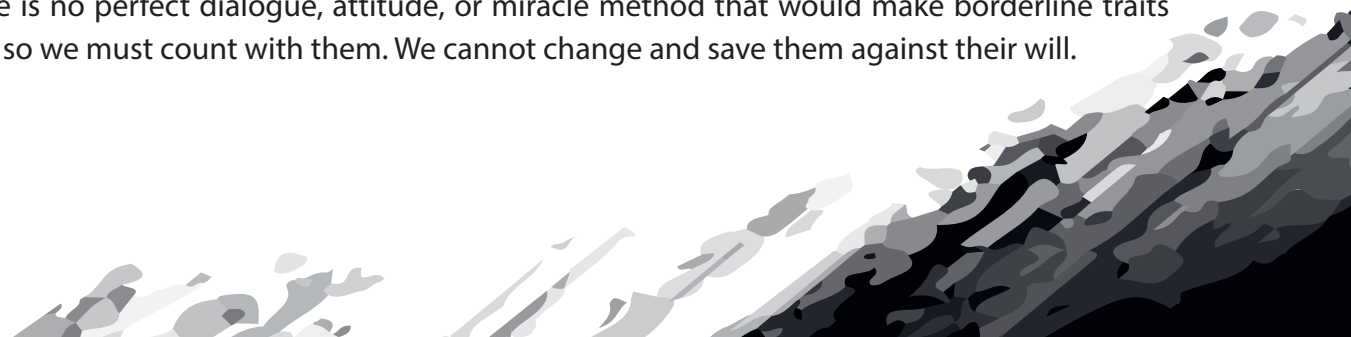
Here is a short list of this:


- > impulsive, reckless, irresponsible, risky behavior (e.g. absence from work, excessive gambling, conflicts in public places), and after this the lack of taking responsibility and avoiding of confrontation
- > intense euphoria alternating with deep depression that seems untraceable
- > fear of separation, monkey-like latching onto the other, jealousy
- > chronic boredom
- > feeling of emptiness
- > substance use, various addictions
- > intense anger, outbursts of anger
- > almost paranoid suspicion of others

Not only borderline patients (and people who are around them) can suffer from these symptoms, but also people with other mental disorders. Sometimes, especially during a crisis (for example when we lose a loved one), healthy individuals can also go through similar experiences. Because of the many harsh consequences of these symptoms, as a relative we can sometimes feel hopeless and it can seem almost impossible for us to tolerate or deal with this. If we want to help, which is very understandable anyway, since our loved ones are not only their diagnosis, but a person we are attached to, we will need a lot of calmness and perseverance. However, this can be a really difficult task, so how do we communicate with our borderline acquaintance?

> LET'S THINK REALISTICALLY

Our borderline relative will not change just because we communicate with them on a "good enough" level. There is no perfect dialogue, attitude, or miracle method that would make borderline traits disappear, so we must count with them. We cannot change and save them against their will.





Our intent to save sometimes is actually about us making us feel needed. If you feel a recurring urge to save others, read about the phenomenon of codependence, because in several cases psychotherapy can be useful even for the relatives of borderline patients.

> **LET'S BE PATIENT**

Let's assume that every person does their best, and this is probably also true for our borderline loved ones. Don't expect things they are unable to do, especially in the beginning, without professional help. At the same time, it is important to keep in mind that we do not have to put up with everything and anything!

> **LET'S TRY TO SEPARATE FACTS FROM FEELINGS!**

However, it is crucial to always respond to feelings first. If your borderline loved one is afraid of abandonment, logical reasoning will hardly be reassuring for them. In fact, they will probably feel that they are not understood, or even that their feelings are not justified. Building of trust is very important in the early stages, which can be built by understanding. Sentences like "you're probably really scared I'm going to leave you", "you definitely want me to reassure you now," or "it is outrageous that your colleagues are treating you that way" are far more useful than perpetual repeating of facts. Important thing is not to win a verbal battle, but that our borderline loved ones feel they can count on us. Under usual circumstances it seems more effective and lifelike to deal with and respond to the facts first, but keep in mind that this does not lead to success in people with borderline personality disorder. If they feel understood, they are more likely to remain open for possible solutions, and because of this it will be easier to refer to the facts as well.

> **LET'S DRAW THE BOUNDARIES**

We do not have to put up with threats, shouting or emotional abuse. If necessary, we can leave our borderline relatives alone for a while, for example when they are insulting us in this seemingly unmanageable state.

> **IT IS IMPORTANT TO DIFFERENTIATE BETWEEN A PERSON AND THEIR BEHAVIOR**

A person is never just a mental illness, they are much more than that. We may not like the behavior of our borderline relatives at all, but we may still love the persons themselves.

> **PAY ATTENTION TO THE TIMING!**

It is really important what time we choose to raise sensitive topics. If the other person is already upset and stressed (e.g. they are getting closer to a deadline or had a conflict with others), it can be a good choice to postpone the conversation (e.g. the day after the exam).

> **IF A CONVERSATION GETS TOO TENSE, THERE ARE SOME OPTIONS.**

For example, we can ask for time to think about the topic and move on to the other room or leave. If possible, agree upon the time when the conversation continues. It is also important to not rely too much on postponing, because if we always just ask for time, but do not finish the conversation, the other person will understandably become distrustful. The insults of people with borderline personality disorder seem very real, yet they are usually not true and are not about us. On the other

hand, for them it is absolutely clear that what they are feeling is true. Even though these can be very painful, let's try not to take it upon ourselves! Gently signaling when something is hurtful could also help the other person to learn more and more about the possible effect of his behavior on his environment. Maybe divert the topic towards the realization of a common project or task, or think of the problem as a challenge to be solved!

> **TRY TO BE CALM AT ALL TIMES!**

If we keep our calmness and talk to the other nicely (instead of shouting, even if they do) we are more likely to have a good effect on them. At the same time, it is understandable that we become angry because of the seemingly endless lines of lies, anger and accusations. Sometimes relatives of borderlines also need outside help to process everyday difficulties. Feel free to consult a psychologist!

FURTHER INFORMATION

- <http://www.bpdrecovery.com/>
- <https://www.borderlinepersonalitytreatment.com>
- Marsha Linehan (youtube videos)



