

## EMOTIONALLY UNSTABLE PERSONALITY DISORDER CAN CREATE SUICIDAL THROUGH IN A PERSON 'S MIND



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### Abstract

Emotionally unstable personality disorder (EUPD), also known as borderline personality disorder, is a mental health condition that can affect a person's emotions, behavior, and relationships with others. People with EUPD may experience intense and unstable emotions, have difficulty regulating their emotions, and have impulsive and self-destructive behaviors. One of the potential risks associated with EUPD is an increased risk of suicidal thoughts and behaviors. This may be due to the intense emotional pain and distress that people with EUPD can experience, as well as the impulsive and self-destructive behaviors that can be associated with the disorder. It's important to note that not all people with EUPD will experience suicidal thoughts or behaviors, and that there are effective treatments available for EUPD that can help manage symptoms and reduce the risk of self-harm. If you or someone you know is experiencing suicidal thoughts or behaviors, it's important to seek help from a mental health professional or a crisis hotline immediately.

### INTRODUCTION

Some of the common symptoms of EUPD that may increase the risk of suicidal thoughts or behaviors include:

1. Intense and unstable emotions: People with EUPD may experience intense emotions that can shift rapidly and unpredictably, making it difficult to manage or regulate their feelings.

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2. **Impulsive behaviors:** People with EUPD may engage in impulsive behaviors such as substance abuse, reckless driving, or risky sexual behaviors, which can increase the risk of harm to themselves.
3. **Self-harm:** People with EUPD may engage in self-harming behaviors such as cutting, burning, or hitting themselves, which can be a way of coping with intense emotional pain.
4. **Fear of abandonment:** People with EUPD may have a fear of abandonment or rejection, which can trigger intense emotional distress and feelings of worthlessness.
5. **Unstable relationships:** People with EUPD may struggle to maintain stable and healthy relationships with others, which can lead to feelings of isolation and loneliness.

If you or someone you know is experiencing any of these symptoms, it's important to seek help from a mental health professional as soon as possible. Effective treatments for EUPD include psychotherapy, medication, and self-help strategies that can help manage symptoms and reduce the risk of self-harm. Additionally, crisis hotlines and support groups can provide immediate help and support for people who are experiencing suicidal thoughts or behaviors.

Some effective treatments for EUPD that can help manage symptoms and reduce the risk of self-harm include:

1. **Dialectical behavior therapy (DBT):** This is a type of therapy that helps people with EUPD learn skills to manage their emotions and behaviors. It focuses on four key areas: mindfulness, distress tolerance, emotion regulation, and interpersonal effectiveness.
2. **Cognitive behavioral therapy (CBT):** This is a type of therapy that helps people with EUPD identify and change negative patterns of thinking and behavior that contribute to their symptoms.
3. **Medication:** There are no medications specifically approved for treating EUPD, but medications such as antidepressants, mood stabilizers, and antipsychotics may be used to help manage specific symptoms.
4. **Self-help strategies:** These may include mindfulness meditation, exercise, journaling, and other activities that promote self-care and emotional regulation.

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It's important to note that treatment for EUPD can be challenging and may take time to see results. However, with the right combination of therapies and support, people with EUPD can learn to manage their symptoms and lead fulfilling lives. If you or someone you know is experiencing symptoms of EUPD or suicidal thoughts or behaviors, it's important to seek help as soon as possible.

### **EMOTIONALLY UNSTABLE PERSONALITY DISORDER (EUPD)**

Emotionally unstable personality disorder (EUPD), also known as borderline personality disorder, is a mental health disorder characterized by intense and unstable emotions, impulsive behaviors, and a distorted self-image. People with EUPD may experience intense feelings of anger, anxiety, and depression, and have difficulty regulating their emotions. They may also engage in impulsive behaviors such as substance abuse, reckless driving, binge eating, or risky sexual behaviors.

People with EUPD often struggle with interpersonal relationships, fearing abandonment and having unstable and intense relationships with others. They may experience a distorted self-image, fluctuating between feeling overly confident and feeling worthless. These symptoms can significantly impact daily functioning and lead to problems in various areas of life, including work, school, and personal relationships.

The exact cause of EUPD is not known, but it's believed to be a combination of genetic and environmental factors, including childhood trauma, neglect, or abuse. There is no cure for EUPD, but effective treatments are available, including psychotherapy, medication, and self-help strategies. With the right treatment and support, people with EUPD can learn to manage their symptoms and lead fulfilling lives.

Some of the common symptoms of EUPD include:

1. **Intense and unstable emotions:** People with EUPD may experience intense and rapidly shifting emotions that can be difficult to manage. They may feel overly sensitive to rejection, criticism, or perceived slights.
2. **Impulsive behaviors:** People with EUPD may engage in impulsive behaviors such as substance abuse, binge eating, reckless driving, or risky sexual behaviors. These behaviors can often be a way to cope with emotional distress.

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3. Self-harm: People with EUPD may engage in self-harming behaviors such as cutting, burning, or hitting themselves. This behavior can be a way to cope with intense emotional pain or feelings of worthlessness.

## OBJECTIVES OF THE STUDY

**Relationships:** People with EUPD may struggle with maintaining stable and healthy relationships. They may have intense and unstable interpersonal relationships that are marked by extreme idealization and devaluation of others. This can result in frequent conflict and difficulty trusting others, which can impact their ability to form and maintain healthy relationships. **Self-image:** EUPD can also affect a person's self-image and self-esteem. Individuals with this disorder may experience intense and persistent feelings of emptiness, self-loathing, and a lack of identity. They may also struggle with impulsive behaviors such as substance abuse, reckless driving, binge eating, and unprotected sex, which can further impact their self-image and lead to negative consequences.

## REVIEW OF LITERATURE

In a study involving adolescent inpatient suicide attempters, those attempters with personality disorder were much more likely to have made a previous attempt (Brent et al, 1993).

Murphy et al, 1982, studying family history of suicidal behavior among suicide attempters found that patients with personality disorders, comprising 45 per cent of the sample, frequently reported a family history of these behaviors, most notably attempted suicide, compared to the others.

In the Collaborative Longitudinal Personality Disorders Study, following up 489 participants with PDs, Yen et al found that negative life events were significant predictors of suicide attempts, even after controlling for baseline diagnoses of borderline PD, major depressive disorders, substance use disorders, and a history of childhood sexual abuse. They concluded that certain types of negative life events are unique risk factors for imminent suicide attempts among individuals with PDs.

In a review on Suicidal behaviour and personality disorder, Lars Mehlum notes that individuals with pronounced impulsivity are probably more vulnerable for suicidal crises to be provoked by negative life events and stress. Impulsivity that is potentially self-damaging is a diagnostic criterion both in borderline and antisocial personality disorder.

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Foster et al, 1999, demonstrated the axis I independent influence of negative life events in relation to personality disorders on the development of suicide risk.

Karolina Kryszynska and colleagues, in their review on Suicide and deliberate self-harm in personality disorders report that Negative life events, childhood sexual abuse, difficulties in social functioning, deficits in future-directed thinking and time perception, as well as familial and neurocognitive factors may be related to increased suicide risk in individuals with borderline and other personality disorders.

Central to the definition of personality disorder are the interpersonal problems, reduced well-being, and dysfunction that personality disorders imply. However, there are few studies which have evaluated quality of life in personality disorders and its relation to suicide attempts. Linehan et al, 1991, is the only author to report significant changes in suicidal behaviors associated with improvement in quality of life after treatment.

In a study of inpatients with borderline personality disorder, Soloff and colleagues (2000) reported that the suicidal behaviors of patients with BPD did not differ markedly from those of patients with major depressive episode; also, comorbidity of borderline personality disorder and major depressive episode increased the number and seriousness of suicide attempts. They also identified impulsivity and hopelessness as independent risk factors for suicidal behavior in patients with borderline personality disorder and those with major depressive episode.

Risk Factors for Suicidal Behavior in Patients With Borderline Personality Disorder include prior suicide attempts (Kullgren G, 1998; Soloff PH et al, 2000; Livesley WJ, 2003; Black DW et al, 2004; Soloff PH et al, 2005) Comorbid mood disorder (Soloff PH et al, 2000; Yen S et al, 2003; Black DW et al, 2004; Soloff PH et al, 2005) High levels of hopelessness (Soloff PH et al, 2000) Family history of completed suicide or suicidal behavior (Livesley WJ, 2003) Comorbid substance abuse (Brodsky BS et al, 1997; Shearer SL et al, 1998; Yen S et al, 2003; Black DW et al, 2004).

In the Collaborative Longitudinal Personality Disorders Study during the first 2 years of follow-up, 9% of study participants reported at least one definitive suicide attempt and 44% of these had multiple suicidal behaviors (Yen et al, 2003). Suicide attempts were more common in borderline patients and in those with drug use disorders. Twelve percent of personality disordered patients attempted suicide by the 3-year follow-up (Yen et al, 2005).

# EMOTIONALLY UNSTABLE PERSONALITY DISORDER CAN CREATE SUICIDAL TENDENCY IN A PERSON'S MIND

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## METHODOLOGY

In present research an attempt has been made to study mental stress, depression and suicidal tendency among educated unemployed youth with regards to their gender, area of residence and categories. The main objectives of the research, hypotheses, sample, variables under study, tools used for data collection, procedure and techniques of statistical analysis have been discussed in this chapter.

Sample of the present research was selected randomly from the various areas of Ahmadabad and Gandhinagar city of Gujarat state. Students those who have completed their graduation were included as Educated Unemployed youth in this research. The age range of the sample was 21 to 35 years. Total sample was categorized as under.

## TOOLS:

In present research following tools were used for data collection.

- Educated Unemployed Youth Stress Scale by Dr. D.J. Bhatt and R. K. Jarsaniya
- Beck Depression Inventory (BDI) by Aaron Temkin Beck
- Suicidal Tendency Scale by Dr. D.J. Bhatt and Rasik Meghnathi.

## RESULTS AND DISCUSSION:

### Showing Mean Scores on Stress with regards to Gender

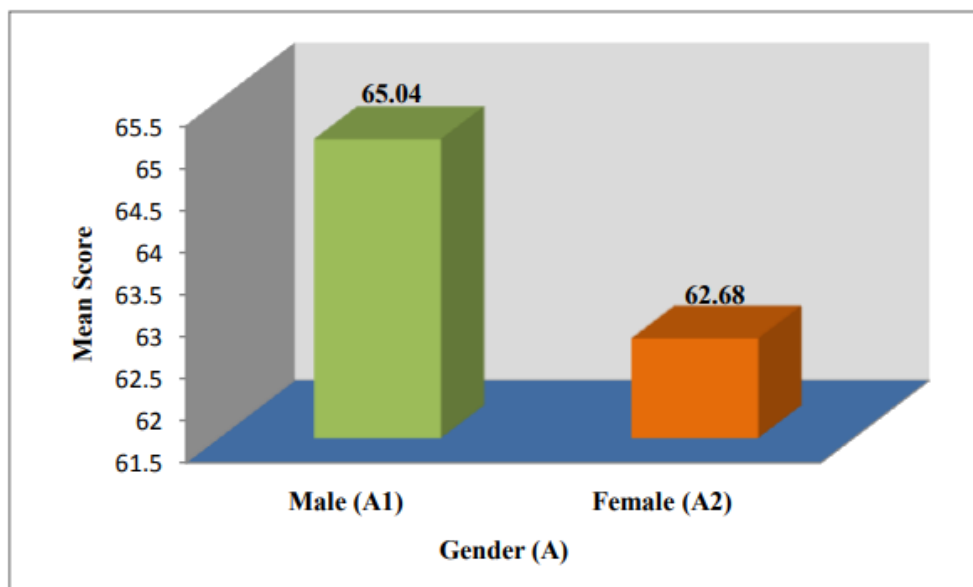
Gender (A)	N	Mean Score	F	Significant
Male (A1)	400	65.04		
Female (A2)	400	62.68	6.24	.05

Grand Mean = 63.86

### Bar Chart of Mean Scores on Stress in relation to Gender

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### Showing Result of LSD test on Stress in relation to Gender

Pairs	Mean Difference	Significant
A1 Vs A2	2.36	0.01

Significant level of „LSD“ value

0.05 level 1.31

0.01 level 1.72

It is observed that the mean scores in Table No. A: 4.2 (a) and Figure No-A:1 that the male Educated Unemployed Youth indicate more Stress (M= 65.04) than Female Educated Unemployed Youth (62.68). However, the outcomes are really amazing that male and female have much difference on Stress. The specific pair different among these two Gender groups were confirmed by LSD test in table No. A: 4.2 (b), where the pairs of A1 Vs A2 (diff. = 2.36) were found significant. Table No. A:4.1 reveals that the mean scores of two groups as regards Gender are differ each other on stress and these difference are significant at 0.05 level ( $F = 6.24$ ).

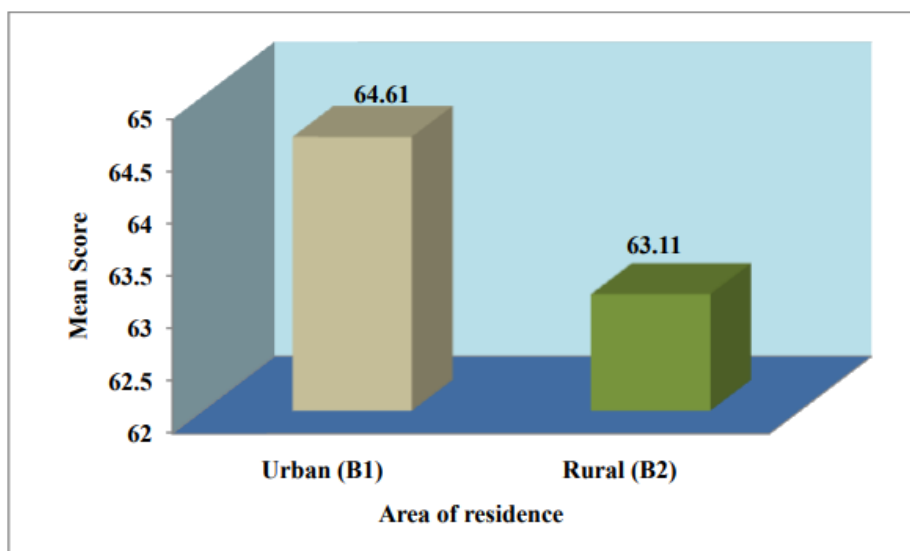
### Showing Mean Scores on Stress with regards to Area of Residence

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Area of Residence	N	Mean Score	F	Significant
Urban (B1)	400	64.61	2.52	NS
Rural (B2)	400	63.11		

Grand Mean = 63.86

### Bar Chart of Mean Scores on Stress in relation to Area of Residence



### Showing Result of LSD test on Stress in relation to Area of Residence

Pairs	Mean Difference	Significant
B1 Vs B2	1.5	NS

Significant level of „LSD“ value

0.05 level of 1.31

0.01 level of 1.72

It could be seen the mean scores in Table No. A: 4.3 (a) and Figure No-A: 4.2 that the Urban educated unemployed youth have found to be more Stress (M=64.61) than Rural (M= 63.11).



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The specific pair difference among these two Area of Residence groups were confirmed by LSD test in table No. A: 4.2 (b), where the pairs of B1 Vs B2 (diff. = 1.5) were found not significant. Table No. A:4.1 reveals that the mean scores of two groups as regards Area of Residence Not differ each other on stress and these difference are not significant ( $F = 2.52$ ).

### Showing Mean Scores on Stress in relation to Category

Category (c)	N	Mean Score	F	Significant
OPEN (C1)	200	64.61	0.68	NS
OBC (C2)	200	64.15		
SC(C3)	200	62.78		
ST (C4)	200	63.89		
Grand Mean = 63.86				

### Showing Result of LSD test on Stress in relation to Category

Pairs	Mean Difference	Significant
C1 Vs C2	0.46	NS
C1 Vs C3	1.83	NS
C1 Vs C4	0.72	NS
C2 Vs C3	1.37	NS

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C2 Vs C4	0.26	NS
C3 Vs C4	1.11	NS

Significant level of „LSD“ value

0.05 level of 1.85

0.01 level of 2.44

It could be seen the mean scores in Table No. A: 4.4 (a) and Figure No-A: 3 that indicate the level of stress of educated unemployed youth of Open Category (M= 64.61), OBC Category (M= 64.15) SC Category (M= 62.78) and ST Category (M= 63.89). However, the outcomes are really regular that the category of educated unemployed youth differ on Stress. The specific pair different among these four Category groups were confirmed by LSD test in table No. A: 4.4 (b), where the pairs of C1 Vs C2 (diff. = 0.46), C1 Vs C3 (diff. = 1.83), C1 Vs C4 (diff. 0.72), C2 Vs C3 (diff.=1.37), C2 Vs C4 (diff. 0.26), C3 Vs C4 (diff. 1.11) were found to be not significant. Table No. A:01 reveals that the mean scores of four groups as regards to Category are not differ each other on stress and these difference are not significant(F=0.68).

### Interaction effect:

The main effects, significant or not significant have to be understood with caution and reconsidered in light of significant interaction of the variables. Here, interaction effects have been discussed as below.

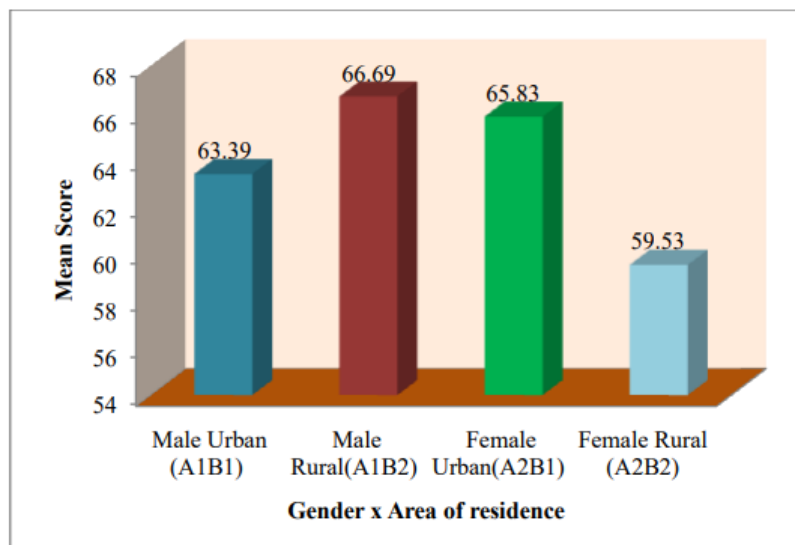
### Showing Mean Scores on Stress as held by Groups Gender and Area of Residence (AxB)

Area of Residence (B)	Gender (A)		F	Significant
	Male Significant (A1)	Female (A2)		
Urban (B1)	63.39	65.83	25.77	.01

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Rural (B2)	66.69	59.53		
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**Bar Chart of Mean Scores on Stress in relation to Gender and Area of Residence (AxB)**



### (I) Interaction AXB (Gender and Area of Residence):

It is evident from table No. A: 4.5 and Figure No-A: 4 that F ratio ( $F=25.77$ ) is significant at 0.01 level which suggesting that the obtained differences between Gender and Area of Residence is significant. To summaries between AXB interacting subgroups, the stress of urban male educated un-employed youth ( $M=63.39$ ), urban female educated un-employed youth ( $M=66.69$ ), rural male educated un-employed youth ( $M=65.83$ ) and rural female educated un-employed youth ( $M=59.53$ ) are different from each other. Rural male educated un-employed youth have more stress than remaining groups of educated un-employed youth.

### CONCLUSION

Significant difference is existed between male and female educated unemployed youth on stress. Educated unemployed-male youth have found to be more stress than educated unemployed-female youth. Significant difference is not existed between Urban and Rural educated unemployed Youth on stress. Significant difference is not existed among OPEN, OBC, SC and ST category educated unemployed Youth on stress. Significant interaction effect is existed between Gender and Area of residence on stress. Educated unemployed Rural male youth have found to be more stress than reaming groups of educated unemployed youth. Significant interaction effect is existed between Gender and Category on stress. Educated

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unemployed- male ST category youth have found to be more stress than remaining groups of educated unemployed youth. Significant interaction effect is existed between Area of residence and Category on stress. Educated unemployed- Rural OPEN category youth have found to be more stress than remaining groups of educated unemployed youth. Significant interaction effect is not existed among Gender, Area of residence and Category on stress. Significant different is existed between male and female educated un-employed youth on Depression. Male educated un-employed youth have more Depression than female educated un-employed youth. Significant difference is existed between urban and Rural educated un-employed youth on Depression. Urban educated un-employed youth have more depression than Rural educated un-employed youth.

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