

# SUBTYPES OF BORDERLINE PERSONALITY DISORDER: A SYSTEMATIC REVIEW

**Autora:** Nuria García Martín.

**Tutora:** Azucena García Palacios.

## **Resumen:**

El trastorno de la personalidad límite (TPL) se caracteriza según el DSM-5 (APA, 2013) por inestabilidad emocional, pensamiento extremadamente polarizado y dicotómico, impulsividad y relaciones interpersonales caóticas. Es uno de los trastornos de personalidad más frecuentes, con una prevalencia del 1-2%, siendo más frecuente en mujeres. Este trastorno sigue generando confusión debido a sus altos índices de heterogeneidad. Por estos motivos, el objetivo del presente estudio es realizar una revisión bibliográfica de la literatura para identificar los diferentes subtipos dentro del TPL, de esta manera se pueden obtener diagnósticos más precisos y tratamientos personalizados y eficaces. Las bases de datos utilizadas han sido: Scopus, Pubmed, ProQuest y PsycNet. En estas se han introducido las palabras clave “*subtypes*” and “*borderline personality disorder*”, utilizando los siguientes criterios de inclusión: estudios empíricos, publicados entre 2010 y 2021, en español o inglés y disponibilidad del texto. El número de resultados que dio la búsqueda fue de 648, tras la eliminación de duplicados disminuyó a 253, más tarde se realizó un cribado según los criterios de inclusión y otro tras la lectura de título y resumen el número de resultados fue de 32, los finalmente incluidos, tras la lectura completa, en esta revisión son 12 artículos. Se han seguido en todo momento las recomendaciones de PRISMA (*Preferred Reporting Items for Systematic Reviews and Meta-Analyses*). Los resultados muestran que los estudios emplearon distintos criterios para explorar los subtipos, siendo los más utilizados la gravedad, la orientación interna o externa y el temperamento reactivo/regulador. Los subtipos externalizantes se relacionan con la impulsividad y agresividad, en cambio los internalizantes muestran mayor inhibición, identidad confusa y sentimiento de vacío. Los sujetos internalizantes presentan mayor gravedad y más conductas suicidas. Las implicaciones clínicas de estos resultados están relacionadas con el diseño y validación de posibles tratamientos especializados según el subtipo específico.

**Palabras clave:** Trastorno de la Personalidad Límite (TPL), subtipos, heterogeneidad y tratamientos.

**Abstract:**

According to the DSM-5 (APA, 2013), borderline personality disorder (BPD) is defined as emotional instability, extremely polarized and dichotomous thinking, impulsivity, and chaotic interpersonal relationships. BPD is the one of the most prevalent personality disorders, with a prevalence of 1-2%, being more common in women. Despite having been extensively studied, BPD continues to generate great confusion due to its rates of heterogeneity. For these reasons, the aim of the present study is to carry out a literature review to identify the different subtypes within BPD. A better understanding of this disorder can help to obtain more accurate diagnoses and personalized and effective treatments. The databases used for this study were Scopus, Pubmed, ProQuest and PsycNet. The keywords "subtypes" and "borderline personality disorder" were introduced using the following inclusion criteria: empirical studies, articles published between 2010 and 2021, either in English or in Spanish, and in which the full text is available. The number of results that the search yielded was 648. After eliminating duplicates, this number decreased to 253. Then, there was a screening according to the inclusion criteria and a review of title and abstract, which brought the number of results to 32. The number of articles finally included in this study is 12. The recommendations of PRISMA's (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) checklist were followed at all times. The results show that the different subtypes can be determined according to different criteria, the most commonly used being severity, internal or external orientation, and reactive/regulatory temperament. The externalizing subtypes were related to impulsivity and aggressiveness, whereas the internalizing ones showed higher inhibition, confused identity, and feeling of emptiness. It seems that individuals who internalize show greater severity and more suicide-related behaviors. The clinical implications of these results are related to the design and validation of possible specialized treatments according to the specific subtype.

**Key words:** Borderline Personality Disorder (BPD), subtypes, heterogeneity and treatments.

# SUBTYPES OF BORDERLINE PERSONALITY DISORDER: A SYSTEMATIC REVIEW

Author: Nuria García Martín  
Tutor: Azucena García Palacios

TFG Psicología (2020/2021) PS-1048



## INTRODUCTION

**Personality disorder: Cluster B** “dramatic, emotional, or erratic behaviors”

- Group of disorders characterized by rigid, maladaptive traits, stability over time, early onset of the problem (adolescence of early adulthood) and inflexibility (rigidity to change).

**Borderline personality disorder**

- Characteristics:
- 1. fear of abandonment 2. unstable relationships
- 3. impulsive behavior 4. suicidal threats 5. emptiness
- 6. severe and extreme mood swings 7. identity disturbance

**Comorbidity:** Suicide, affective and anxiety disorders, and substance abuses.

**Heterogenous:** 256 combinations of criteria may yield the same diagnosis.

**BPD**

**Prevalence** 1-2% The personality disorder most common.

**Gender:** Most common in woman.

Heterogeneity creates great confusion in mental health professional so **the main goal** of this study is to identify the different subtypes found within borderline personality disorder through a systematic review of the literature.

## METHOD

A systematic literature search of database: Scopus, PubMed, ProQuest and PsycNet from 2010 to 2021.

- ✓ Search strategy: “subtypes” AND “borderline personality disorder”.
- ✓ Inclusion criteria:
  1. Topic: subtypes of borderline personality disorder
  2. Empiric article
  3. Availability
  4. Sate of publication: 2010-2021.
  5. Idiom: English or Spanish.
- ✓ PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) recommendations have been followed.

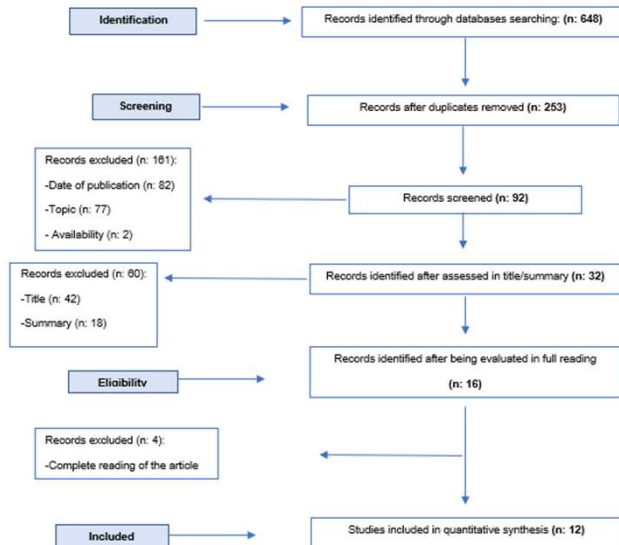


Figure 1: Flow diagram.

## RESULTS

Table 1: Article information.

Authors	Sample	Subtype's criteria	Results/Outcomes
Chmielewski, M., Bagby, R. M., Quilty, L. C., Paxton, R., & Ng, S. A. M. G. (2011).	Clinical S. N: 373 F: 19.4% Mean age: 38,94	Personality traits	3 subtypes: affect dysregulation, behavioral dysregulation and disturbed relations
Speranza, M., Pham-Scottet, A., Revah-Levy, A., Barbe, R. P., Perez-Diaz, F., Birmaher, B. & Corcos, M. (2012).	Clinical S. N: 107 A F: 63% Mean age: 16,6	Internalizing/externalizing model	Two factors; Internally oriented criteria and the externally oriented criteria.
Soloff, P. H., & Chiappetta, L. (2012).	Clinical S. N: 252 F: 74, 4% Mean age: 27-29,9	Suicidal behavior	Two groups were identified: high lethality group and low lethality group.
Hallquist, M. N., & Pilkonis, P. A. (2012).	Clinical S. N: 362 F: 71% Mean age: 39,98	Severity	4 BPD subtypes: angry/aggressive, angry/mistrustful, poor identity/low anger, and prototypical.
Wright, A. G. C., Hallquist, M. N., Morse, J. Q., Scott, L. N., Stepp, S. D., Nolf, K. A., & Pilkonis, P. A. (2013).	Clinical S. N: 255 F: 75% Mean age: 37,18- 36,67- 34,34- 39- 33,68- 37,07	Interpersonal profiles	6 subtypes: Intrusive, Vindictive, Avoidant, Nonassertive, and moderate and severe Exploitable
Ramos, V., Canta, G., de Castro, F., & Leal, I. (2014).	Clinical S. N: 60 A F: 73,3% Mean age: 15,90	Internalizing/externalizing model	Two-class model: internalizing and externalizing.
Rebok, F., Teti, G. L., Fantini, A. P., Cárdenas-Delgado, C., Rojas, S. M., Derito, M. N. C., & Daray, F. M. (2014).	Clinical S. N: 87 F: 100% Mean age: 35	Suicide-related behavior	Patients were classified as affective (26%), impulsive (37%), aggressive (4%), dependent (29%) empty (5%).
Smits, M. L., Feenstra, D. J., Bales, D. L., de Vos, J., Lucas, Z., Verheul, R., & Luyten, P. (2017).	Clinical S. N: 226 F: 164,88 Mean age: 29,1	Severity	3 groups: "central BPD", "externalizers/extraverts" and "schizotypal/paranoid".
Sleuwaegen, E., Claes, L., Luyckx, K., Berens, A., Vogels, C., & Sabbe, B. (2017).	Clinical S. N: 146 F: 85,6% Mean age: 29,28	Temperament	They identified four subtypes: an emotional/uninhibited subtype, inhibited, low anxiety and high self-control.
Rufino, K. A., Ellis, T. E., Clapp, J., Pearte, C., & Fowler, J. C. (2017).	Clinical S. N: 156 F: 88,5% Mean age: 29,43	Severity	3 subgroups: Low Impairment, Global Dysregulation, and Emotionally Aware.
Sleuwaegen, E., Claes, L., Luyckx, K., Wilderjans, T., Berens, A., & Sabbe, B. (2018).	Clinical S. N: 145 F: 88,3% Mean age: 29,72	Temperament	Three subtypes: emotional/uninhibited, low anxiety and inhibited.
Johnson, B. N., & Levy, K. N. (2020).	NoCS. N: 20,010 F: 63,86% Mean age: 18,75	Symptom's probability	The sample consisted of three subtypes: Asymptomatic (70%), Unstable (19%), and Empty (11%)

## DISCUSSION

Heterogeneity in borderline personality disorder (BPD) is a topic of interest in BPD's research. A better understanding of the different subtypes of BPD would give the possibility to personalize the treatment for each subtype and achieve more efficient and effective treatments. This research shows that different criteria can be used when dividing patients. To refer to these criteria, which can be seen in the table, the three most commonly used will be discussed. Three most commonly used criteria were:

**-Severity:** different subgroups were found, “Central BPD-Prototypical” was the subtype with the central symptoms of the disorder. The second subtype was “Unstable-aggressive-externalizing”. Other subtype was “Schizotypal-paranoid/ disconfident” with distrustful and vindictive characteristics and finally “Poor identity-low anger” where the subjects showed identity confusion and fear of abandonment.

**-Internal and external orientation:** Internalizing subtype showing characteristics such as introversion, submissiveness and inhibition, in contrast to the externalizing subtype that showed dramatism, selfishness and impulsivity. In contrast, it was the internalizing subtype that showed more suicidal behaviors.

**-Temperament:** Focused on reactive and regulatory temperament. They obtained the following subtypes: “Low anxiety” was characterized by low BIS, medium BAS and average EC scores, “Inhibited” high BIS scores, low BAS and moderate EC scores, “High self-control” high EC scores and moderate BIS and BAS scores and “Emotional/disinhibited” moderately high BIS scores, high BAS and low EC scores.

## Referencias bibliográficas:

- Caballo, V. E., & Camacho, S. (2000). El trastorno límite de la personalidad: controversias actuales. *Psicología desde el Caribe*, (5), 31-55.
- Caballo, V. E., Gracia, A., López-Gollonet, C., & Bautista, R. (2004). El trastorno límite de la personalidad. *Manual de Trastornos de la Personalidad: descripción, evaluación y tratamiento*, 137, 160.
- Cervera, G. (2005). *Trastorno Límite de la Personalidad. Paradigma de la comorbilidad psiquiátrica*. Ed. Médica Panamericana.
- Chmielewski, M., Bagby, R. M., Quilty, L. C., Paxton, R., & Ng, S. A. M. (2011). A (re)-evaluation of the symptom structure of borderline personality disorder. *The Canadian Journal of Psychiatry*, 56(9), 530-539.\*
- Fernández, B. A. (1996). La terapia dialéctica conductual para el trastorno límite de la personalidad. *Psicología conductual*, 4(1), 123-140.
- García-Palacios, A. y Navarro-haro, M. v. (2020). Trastorno de la personalidad límite. En A. Belloch, B. Sandín y F. Ramos (Eds.), *Manual de Psicopatología* vol 2. Madrid: McGraw Hill.
- Guzmán-Díaz, G., Pérez-Rivera, J. L., Pimentel-García, A. C., Díaz, L. C. H., & Martínez-Arce, M. S. (2021). Trastorno límite de la personalidad y el abuso sexual infantil. *Boletín Científico de la Escuela Superior Atotonilco de Tula*, 8(15), 37-40.
- Guzmán-Díaz, G., Rangel-Rodríguez, A., & Cisneros-Herrera, J. (2021). Tratamientos cognitivo-conductual y psicoanalítico del trastorno límite de la personalidad. *Boletín Científico de la Escuela Superior Atotonilco de Tula*, 8(15), 14-19.
- Hallquist, M. N., & Pilkonis, P. A. (2012). Refining the phenotype of borderline personality disorder: Diagnostic criteria and beyond. *Personality disorders: Theory, research, and treatment*, 3(3), 228.\*
- Johnson, B. N., & Levy, K. N. (2020). Identifying unstable and empty phenotypes of borderline personality through factor mixture modeling in a large nonclinical sample. *Personality Disorders: Theory, Research, and Treatment*, 11(2), 141.\*
- Nieto, T. E. (2006). *Trastorno límite de la personalidad: Estudio y tratamiento*. Copyright© Instituto InNiS, 19.
- Morrison, J. (2015). *DSM-5® Guía para el diagnóstico clínico*. Editorial El Manual Moderno.

Mosquera, D., & González, A. (2013). Del apego temprano a los síntomas del trastorno límite de personalidad. *Revista Digital de Medicina Psicosomática y Psicoterapia*, 3(3), 1-33.

Palacios, A. G. (2004). La terapia dialéctico comportamental para el tratamiento del trastorno límite de la personalidad. *Informació psicológica*, (84), 40-51.

Sampietro, L. F., & Buratti, M. A. F. (2012). Trastorno límite de la personalidad y conductas autolíticas. *Revista Española de Medicina Legal*, 38(4), 149-154.

Speranza, M., Pham-Scottez, A., Revah-Levy, A., Barbe, R. P., Perez-Diaz, F., Birmaher, B., & Corcos, M. (2012). Factor structure of borderline personality disorder symptomatology in adolescents. *The Canadian Journal of Psychiatry*, 57(4), 230-237.\*

Shevlin, M., Dorahy, M., Adamson, G., & Murphy, J. (2007). Subtypes of borderline personality disorder, associated clinical disorders and stressful life-events: A latent class analysis based on the British Psychiatric Morbidity Survey. *British Journal of Clinical Psychology*, 46(3), 273-281.\*

Smits, M. L., Feenstra, D. J., Bales, D. L., de Vos, J., Lucas, Z., Verheul, R., & Luyten, P. (2017). Subtypes of borderline personality disorder patients: a cluster-analytic approach. *Borderline personality disorder and emotion dysregulation*, 4(1), 1-15.\*

Soloff, P. H., & Chiappetta, L. (2012). Subtyping borderline personality disorder by suicidal behavior. *Journal of personality disorders*, 26(3), 468-480.\*

Sleuwaegen, E., Claes, L., Luyckx, K., Berens, A., Vogels, C., & Sabbe, B. (2017). Subtypes in borderline patients based on reactive and regulative temperament. *Personality and Individual Differences*, 108, 14-19.\*

Vera, B., & Valentina, M. (2017). Trastornos de la personalidad límite y vínculos patológicos.\*

Wright, A. G., Hallquist, M. N., Morse, J. Q., Scott, L. N., Stepp, S. D., Nolf, K. A., & Pilkonis, P. A. (2013). Clarifying interpersonal heterogeneity in borderline personality disorder using latent mixture modeling. *Journal of personality disorders*, 27(2), 125-143. \*

Ramos, V., Canta, G., de Castro, F., & Leal, I. (2014). Discrete subgroups of adolescents diagnosed with borderline personality disorder: A latent class analysis of personality features. *Journal of personality disorders*, 28(4), 463-482.\*

Rebok, F., Teti, G. L., Fantini, A. P., Cárdenas-Delgado, C., Rojas, S. M., Derito, M. N., & Daray, F. M. (2015). Types of borderline personality disorder (BPD) in patients admitted for suicide-related behavior. *Psychiatric quarterly*, 86(1), 49-60.\*

Rufino, K. A., Ellis, T. E., Clapp, J., Pearte, C., & Fowler, J. C. (2017). Variations of emotion dysregulation in borderline personality disorder: a latent profile analysis approach with adult psychiatric inpatients. *Borderline personality disorder and emotion dysregulation*, 4(1), 1-9.\*

\*Utilizados para la revisión bibliográfica de la investigación.