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Borderline personality disorder (BPD) is a mental health condition that impacts how you think, feel, behave, and identify with other people—even yourself. If you have BPD, you probably feel like you're on a rollercoaster, not just because of your unstable emotions or relationships, but also the wavering sense of who you are. Your self-image, goals, and even your likes and dislikes may change frequently in ways that feel confusing and unclear. People with BPD tend to be extremely sensitive. Some describe it as like having an exposed nerve ending. Small things can trigger intense reactions. And once upset, you have trouble calming down. It's easy to understand how this emotional volatility and inability to self-soothe leads to relationship turmoil and impulsive—even reckless—behavior. When you're in the throes of overwhelming emotions, you may be unable to think straight or stay grounded. You might say hurtful things or act out in dangerous or inappropriate ways that later make you feel guilty or ashamed. Having BPD can be a painful cycle that feels impossible to escape. But it's not. There are effective treatments and coping skills for borderline personality disorder that can help you feel better and regain control of your thoughts, feelings, and actions. In the past, many mental health professionals found it difficult to treat borderline personality disorder (BPD), so they came to the conclusion that there was little to be done. But we now know that BPD is treatable. In fact, the long-term prognosis for BPD is better than those for depression and bipolar disorder. However, it requires a specialized approach. The bottom line is that most people with BPD can and do get better—and they do so fairly rapidly with the right treatments and support. Healing is a matter of breaking the dysfunctional patterns of thinking, feeling, and behaving that are causing you distress. It's not easy to change lifelong habits. Choosing to pause, reflect, and then act in new ways will feel unnatural and uncomfortable at first. But with time you'll form new habits that help you maintain your emotional balance and stay in control. BetterHelp is an online therapy service that matches you to licensed, accredited therapists who can help with depression, anxiety, relationships, and more. Take the assessment and get matched with a therapist in as little as 48 hours. Take Assessment HelpGuide is user supported. We earn a commission if you sign up for BetterHelp's services after clicking through from this site. Learn more How to recognize borderline personality disorder Do you identify with the following statements? I often feel "empty." My emotions shift very quickly, and I often experience extreme sadness, anger, and anxiety. I'm constantly afraid that the people I care about will abandon me or leave me. I would describe most of my romantic relationships as intense, but unstable. The way I feel about the people in my life can dramatically change from one moment to the next—and I don't always understand why. I often do things that I know are dangerous or unhealthy, such as driving recklessly, having unsafe sex, binge drinking, using drugs, or going on spending sprees. I've attempted to hurt myself, engaged in self-harm behaviors such as cutting, or threatened suicide. When I'm feeling insecure in a relationship, I tend to lash out or make impulsive gestures to keep the other person close. If you identify with several of the statements, you may suffer from BPD, a cluster B personality disorder. Of course, you need a mental health professional to make an official diagnosis, as BPD can be easily confused with other issues. Take our borderline personality disorder test. Even without a formal diagnosis, you may find the self-help tips in this article helpful for calming your inner emotional storm and learning to control self-damaging impulses. What are the signs and symptoms of borderline personality disorder (BPD)? Borderline personality disorder manifests in many different ways, but for the purposes of diagnosis, mental health professionals group the symptoms into nine major categories. In order to be diagnosed with BPD, you must show signs of at least five of these nine symptoms. Furthermore, the symptoms must be long-standing (usually beginning in adolescence) and impact many areas of your life. Fear of abandonment. People with BPD are often terrified of being abandoned or left alone. Even something as innocuous as a loved one arriving home late from work or going away for the weekend may trigger intense fear. This can prompt frantic efforts to keep the other person close. You may beg, cling, start fights, track your loved one's movements, or even physically block the person from leaving. Unfortunately, this behavior tends to have the opposite effect—driving others away. Unstable relationships. People with BPD tend to have relationships that are intense and short-lived. You may fall in love quickly, believing that each new person is the one who will make you feel whole, only to be quickly disappointed. Your relationships either seem perfect or horrible, without any middle ground. Your lovers, friends, or family members may feel like they have emotional whiplash as a result of your rapid swings from idealization to devaluation, anger, and hate. Unclear or shifting self-image. When you have BPD, your sense of self is typically unstable. Sometimes you may feel good about yourself, but other times you hate yourself, or even view yourself as evil. You probably don't have a clear idea of who you are or what you want in life. As a result, you may frequently change jobs, friends, lovers, religion, values, goals, or even sexual identity. Impulsive, self-destructive behaviors. If you have BPD, you may engage in harmful, sensation-seeking behaviors, especially when you're upset. You may impulsively spend money you can't afford, binge eat, drive recklessly, shoplift, engage in risky sex, or overdo it with drugs or alcohol. These risky behaviors may help you feel better in the moment, but they hurt you and those around you over the long-term. Self-harm. Suicidal behavior and deliberate self-harm is common in people with BPD. Suicidal behavior includes thinking about suicide, making suicidal gestures or threats, or actually carrying out a suicide attempt. Self-harm encompasses all other attempts to hurt yourself without suicidal intent. Common forms of self-harm include cutting and burning. Extreme emotional swings. Unstable emotions and moods are common with BPD. One moment, you may feel happy, and the next, despondent. Little things that other people brush off can send you into an emotional tailspin. These abrupt mood swings—known as "affective instability"—are intense, but they tend to pass fairly quickly (unlike the emotional swings of depression or bipolar disorder), usually lasting just a few minutes or hours. Chronic feelings of emptiness. People with BPD often talk about feeling empty, as if there's a hole or a void inside them. At the extreme, you may feel as if you're "nothing" or "nobody." This feeling is uncomfortable, so you may try to fill the void with things like drugs, food, or sex. But nothing feels truly satisfying. Explosive anger. If you have BPD, you may struggle with intense anger and a short temper. You may also have trouble controlling yourself once the fuse is lit—yelling, throwing things, or becoming completely consumed by rage. It's important to note that this anger isn't always directed outwards. You may spend a lot of time feeling angry at yourself. Feeling suspicious or out of touch with reality. People with BPD often struggle with paranoia or suspicious thoughts about others' motives. When under stress, you may even lose touch with reality—an experience known as dissociation. You may feel foggy, spaced out, or as if you're outside your own body. Borderline personality disorder is rarely diagnosed on its own. Common co-occurring disorders include: When BPD is successfully treated, the other disorders often improve, too. But the reverse isn't always true. For example, you may successfully treat symptoms of depression and still struggle with BPD. When you have BPD, you'll likely go through periods of calm broken up by episodes when your symptoms flare-up. A trigger such as criticism, rejection, or overwhelming stress could result in an episode of intense mood swings, depression, impulsive behavior, self-harming, dissociation, or splitting, where you view things as either all good or all bad, with no middle ground. These episodes usually last from a few hours to a few days, but can last longer, depending on the trigger and the severity of your symptoms. What causes borderline personality disorder (BPD)? Most mental health professionals believe that borderline personality disorder is caused by a combination of inherited or internal biological factors and external environmental factors. Symptoms usually first appear in the teen years and tend to be more severe in young adulthood. While the exact causes of BPD aren't fully known, genetic factors may play a role. Studies have indicated that you have an elevated risk of developing borderline personality disorder if you have a family history of BPD, especially in close family, such as your parents or siblings. Women are diagnosed with BPD more often than men, but the reasons for that are not clear. In addition to genetics, environmental factors may also increase your risk of developing borderline personality disorder. These factors could include: Childhood trauma, abuse, or neglect. Abandonment by a parent or an otherwise disrupted home life. Interrupted bonding as an infant, resulting in insecure attachment. Studies have also shown that there are brain differences in people with BPD. There are many complex things happening in the BPD brain, and researchers are still untangling what it all means. But in essence, if you have BPD, your brain is on high alert. Things feel more scary and stressful to you than they do to other people. Your fight-or-flight switch is easily tripped, and once it's on, it hijacks your rational brain, triggering primitive survival instincts that aren't always appropriate to the situation at hand. This may make it sound as if there's nothing you can do. After all, what can you do if your brain is different? But the truth is that you can change your brain. Every time you practice a new coping response or self-soothing technique you are creating new neural pathways. Some treatments, such as mindfulness meditation, can even grow your brain matter. And the more you practice, the stronger and more automatic these pathways will become. So don't give up! With time and dedication, you can change the way you think, feel, and act. When psychologists talk about "personality," they're referring to the patterns of thinking, feeling, and behaving that make each of us unique. No one acts exactly the same all the time, but we do tend to interact and engage with the world in fairly consistent ways. This is why people are often described as "shy," "outgoing," "meticulous," "fun-loving," and so on. These are elements of personality. Because personality is so intrinsically connected to identity, the term "personality disorder" might leave you feeling like there's something fundamentally wrong with who you are. But a personality disorder is not a character judgment. In clinical terms, "personality disorder" means that your pattern of relating to the world is significantly different from the norm. (In other words, you don't act in ways that most people expect). This causes consistent problems for you in many areas of your life, such as your relationships, career, and your feelings about yourself and others. But most importantly, these patterns can be changed! Calm the emotional storm. Learn to control impulsivity and tolerate distress. Improve your interpersonal skills. As someone with BPD, you've probably spent a lot of time fighting your impulses and emotions, so acceptance can be a tough thing to wrap your mind around. But accepting your emotions doesn't mean approving of them or resigning yourself to suffering. All it means is that you stop trying to fight, avoid, suppress, or deny what you're feeling. Giving yourself permission to have these feelings can take away a lot of their power. Try to simply experience your feelings without judgment or criticism. Let go of the past and the future and focus exclusively on the present moment. Mindfulness techniques can be very effective in this regard. Start by observing your emotions, as if from the outside. Watch as they come and go (it may help to think of them as waves). Focus on the physical sensations that accompany your emotions. Tell yourself that you accept what you're feeling right now. Remind yourself that just because you're feeling something doesn't mean it's reality. [Listen: Eye of the Storm Meditation] Engaging your senses is one of the quickest and easiest ways to quickly self-soothe. You will need to experiment to find out which sensory-based stimulation works best for you. You'll also need different strategies for different moods. What may help when you're angry or agitated is very different from what may help when you're numb or depressed. Here are some ideas to get started: Touch. If you're not "feeling" enough, try running cold or hot (but not scalding hot) water over your hands; hold a piece of ice; or grip an object or the edge of a piece of furniture as tightly as you can. If you're feeling too much, and need to calm down, try taking a hot bath or shower; snuggling under the bed covers, or cuddling with a pet. Taste. If you're feeling empty and numb, try sucking on strong-flavored mints or candies, or slowly eat something with an intense flavor, such as salt-and-vinegar chips. If you want to calm down, try something soothing such as hot tea or soup. Smell. Light a candle, smell the flowers, try aromatherapy, spritz your favorite perfume, or whip up something in the kitchen that smells good. You may find that you respond best to strong smells, such as citrus, spices, and incense. Sight. Focus on an image that captures your attention. This can be something in your immediate environment (a great view, a beautiful flower arrangement, a favorite painting or photo) or something in your imagination that you visualize. Sound. Try listening to loud music, ringing a buzzer, or blowing a whistle when you need a jolt. To calm down, turn on soothing music or listen to the soothing sounds of nature, such as wind, birds, or the ocean. A sound machine works well if you can't hear the real thing. You're more likely to experience negative emotions when you're run down and under stress. That's why it's very important to take care of your physical and mental well-being. Take care of yourself by: Avoid mood-altering drugs. Eating a balanced, nutritious diet. Getting plenty of quality sleep. Exercising regularly. Minimizing stress. Practicing relaxation techniques. Tip 2: Control impulsivity and tolerate distress The calming techniques discussed above can help you relax when you're starting to become derailed by stress. But what do you do when you're feeling overwhelmed by difficult feelings? This is where the impulsivity of borderline personality disorder (BPD) comes in. In the heat of the moment, you're so desperate for relief that you'll do anything, including things you know you shouldn't—such as cutting, reckless sex, dangerous driving, and binge drinking. It may even feel like you don't have a choice. It's important to recognize that these impulsive behaviors serve a purpose. They're coping mechanisms for dealing with distress. They make you feel better, even if just for a brief moment. But the long-term costs are extremely high. Regaining control of your behavior starts with learning to tolerate distress. It's the key to changing the destructive patterns of BPD. The ability to tolerate distress will help you press pause when you have the urge to act out. Instead of reacting to difficult emotions with self-destructive behaviors, you will learn to ride them out while remaining in control of the experience. For a step-by-step, self-guided program that will teach you how to ride the "wild horse" of overwhelming feelings, check out our free Emotional Intelligence Toolkit. The toolkit teaches you how to: Get in touch with your emotions. Live with emotional intensity. Manage unpleasant or threatening feelings. Stay calm and focused even in upsetting situations. The toolkit will teach you how to tolerate distress, but it doesn't stop there. It will also teach you how to move from being emotionally shut down to experiencing your emotions fully. This allows you to experience the full range of positive emotions such as joy, peace, and fulfillment that are also cut off when you attempt to avoid negative feelings. Once the fight-or-flight response is triggered, there is no way to "think yourself" calm. Instead of focusing on your thoughts, focus on what you're feeling in your body. The following grounding exercise is a simple, quick way to put the brakes on impulsivity, calm down, and regain control. It can make a big difference in just a few short minutes. Find a quiet spot and sit in a comfortable position. Focus on what you're experiencing in your body. Feel the surface you're sitting on. Feel your feet on the floor. Feel your hands in your lap. Concentrate on your breathing, taking slow, deep breaths. Breathe in slowly. Pause for a count of three. Then slowly breathe out, once more pausing for a count of three. Continue to do this for several minutes. If your attempts to calm down aren't working and you're starting to feel overwhelmed by destructive urges, distracting yourself may help. All you need is something to capture your focus long enough for the negative impulse to go away. Anything that draws your attention can work, but distraction is most effective when the activity is also soothing. In addition to the sensory-based strategies mentioned previously, here are some things you might try: Watch TV. Choose something that's the opposite of what you're feeling: a comedy, if you're feeling sad, or something relaxing if you're angry or agitated. Do something you enjoy that keeps you busy. This could be anything: gardening, painting, playing an instrument, knitting, reading a book, playing a computer game, or doing a Sudoku or word puzzle. Throw yourself into work. You can also distract yourself with chores and errands: cleaning your house, doing yard work, going grocery shopping, grooming your pet, or doing the laundry. Get active. Vigorous exercise is a healthy way to get your adrenaline pumping and let off steam. If you're feeling stressed, you may want to try more relaxing activities such as yoga or a walk around your neighborhood. Call a friend. Talking to someone you trust can be a quick and highly effective way to distract yourself, feel better, and gain some perspective. Tip 3: Improve your interpersonal skills If you have borderline personality disorder, you've probably struggled with maintaining stable, satisfying interpersonal relationships with lovers, co-workers, and friends. This is because you have trouble stepping back and seeing things from other people's perspective. You tend to misread the thoughts and feelings of others, misunderstand how others see you, and overlook how they're affected by your behavior. It's not that you don't care, but when it comes to other people, you have a big blind spot. Recognizing your interpersonal blind spot is the first step. When you stop blaming others, you can start taking steps to improve your relationships and your social skills. When you're derailed by stress and negativity, as people with BPD often are, it's easy to misread the intentions of others. If you're aware of this tendency, check your assumptions. Remember, you're not a mind reader! Instead of jumping to (usually negative) conclusions, consider alternative motivations. As an example, let's say that your partner was abrupt with you on the phone and now you're feeling insecure and afraid they've lost interest in you. Before you act on those feelings: Stop to consider the different possibilities. Maybe your partner is under pressure at work. Maybe he's having a stressful day. Maybe he hasn't had his coffee yet. There are many alternative explanations for his behavior. Ask the person to clarify their intentions. One of the simplest ways to check your assumptions is to ask the other person what they're thinking or feeling. Double check what they meant by their words or actions. Instead of asking in an accusatory manner, try a softer approach: "I could be wrong, but it feels like…" or "Maybe I'm being overly sensitive, but I get the sense that…" Do you have a tendency to take your negative feelings and project them on to other people? Do you lash out at others when you're feeling bad about yourself? Does feedback or constructive criticism feel like a personal attack? If so, you may have a problem with projection. To fight projection, you'll need to learn to apply the brakes—just like you did to curb your impulsive behaviors. Tune in to your emotions and the physical sensations in your body. Take note of signs of stress, such as rapid heart rate, muscle tension, sweating, nausea, or light-headedness. When you're feeling this way, you're likely to go on the attack and say something you'll regret later. Pause and take a few slow deep breaths. Then ask yourself the following three questions: Am I upset with myself? Am I feeling ashamed or afraid? Am I worried about being abandoned? If the answer is yes, take a conversation break. Tell the other person that you're feeling emotional and would like some time to think before discussing things further. Finally, it's important to take responsibility for the role you play in your relationships. Ask yourself how your actions might contribute to problems. How do your words and behaviors make your loved ones feel? Are you falling into the trap of seeing the other person as either all good or all bad? As you make an effort to put yourself in other people's shoes, give them the benefit of the doubt, and reduce your defensiveness, you'll start to notice a difference in the quality of your relationships. Borderline personality disorder (BPD) treatment options If you think that you may be suffering from BPD, it's best to seek professional help, ideally from a mental health professional with experience diagnosing and treating BPD. The support and guidance of a qualified therapist can make a huge difference in BPD treatment and recovery. In-person or online therapy can serve as a safe space where you can start working through your relationship and trust issues and "try on" new coping techniques for dealing with the emotional pain. An experienced professional will be familiar with BPD therapies such as dialectical behavior therapy (DBT) and schema-focused therapy. But while these therapies have proven to be helpful, it's not always necessary to follow a specific treatment approach. Many experts believe that weekly therapy involving education about the disorder, family support, and social and emotional skills training can treat most BPD cases. It's important to take the time to find a therapist you feel safe with—someone who seems to get you and makes you feel accepted and understood. Take your time finding the right person. But once you do, make a commitment to therapy. You may start out thinking that your therapist is going to be your savior, only to become disillusioned and feel like they have nothing to offer. Remember that these swings from idealization to demonization are a symptom of BPD. Try to stick it out with your therapist and allow the relationship to grow. And keep in mind that change, by its very nature, is uncomfortable. If you don't ever feel uncomfortable in therapy, you're probably not progressing. BetterHelp is an online therapy service that matches you to licensed, accredited therapists who can help with depression, anxiety, relationships, and more. Take the assessment and get matched with a therapist in as little as 48 hours. Take Assessment HelpGuide is user supported. We earn a commission if you sign up for BetterHelp's services after clicking through from this site. Learn more Although many people with BPD take medication, the fact is that there is very little research showing that it is helpful. What's more, in the U.S., the Food and Drug Administration (FDA) has not approved any medications for the treatment of BPD. This doesn't mean that medication is never helpful—especially if you suffer from co-occurring problems such as depression or anxiety—but it is not a cure for BPD itself. When it comes to BPD, therapy is much more effective. You just have to give it time. However, your doctor may consider medication if: You have been diagnosed with both BPD and depression or bipolar disorder. You suffer from panic attacks or severe anxiety. You begin hallucinating or having bizarre, paranoid thoughts. You are feeling suicidal or at risk of hurting yourself or others. When a family member has BPD Having a family member or loved one with borderline personality disorder can feel like being on an emotional roller coaster. You may be constantly on edge waiting for their next mood swing, emotional outburst, or irrational act to throw you off balance. Their destructive and hurtful behaviors are enough to leave anyone feeling abused and helpless. However, you're not totally powerless in the face of your loved one's symptoms. The first thing to remember is that your loved one's distressing or manipulative behavior is a result of their deep emotional pain, not a reflection of you. Secondly, your support can make a huge difference in their recovery. Even if the person with BPD isn't willing to seek treatment, there are ways to bring more stability to your relationship through improved communication, firmer boundaries, and changing your own reactions. To learn how to manage BPD in a relationship, read Helping Someone with Borderline Personality Disorder. Last updated or reviewed on March 13, 2025 Strong, deep, or close association or acquaintance between two or more people "Companionship" redirects here. For the album, see Companionship (album). For the anarchist use, see Anarchist companionship. "Human relations" redirects here. For the journal, see Human Relations. For the theory, see Human relations movement. Relationships(Outline) Types Genetic or adoptive Kinship Family Stepfamily Parent Father Mother Son Daughter Grandparent Sibling Brother Sister Cousin Aunt Uncle Niece and nephew By marriage Spouse Husband Wife Open marriage Polygamy Polyandry Polygyny Group marriage Mixed-orientation Partner(s) Significant other Boyfriend Girlfriend Cohabitation Long-distance Online Same-sex Queerplatonic Intimate and sexual Casual Monogamy Non-monogamy Mutual monogamy Polyamory Polyfidelity Affair Cicisbeo Concubinage Courtesan Mistress Activities Bonding Courtship Dating Engagement Bachelor's Day Mating Meet market Romance Singles event Wedding Endings Breakup Legal/marital separation Annulment Divorce Widowhood Emotions and feelings Affinity Attachment Intimacy Jealousy Limerence Love Friend zone Platonic Romantic friendship Unconditional Passion Sexuality Non-romantic friendship Alliance Cross-sex Female Male Practices Bride price dower dowry service Homogamy Hypergamy Infidelity Sexual activity Transgression Repression Abuse Child Dating Domestic Elderly Narcissistic parent Controlling behavior Stalking vte Part of a series onLoveRed-outline heart icon Types of love Affection Bonding Broken heart Compassionate love Conjugal love Courtly love courtship troubadours Falling in love Friendship cross-sex romantic zone Interpersonal attraction Interpersonal relationship Intimacy Limerence Love addiction Love at first sight Love triangle Lovesickness Lovestruck Passion Passionate and companionate love Platonic love Puppy love Queerplatonic relationship Romance Self-love Amour de soi Unconditional love Unrequited love Social views Anarchist Free love Patriotism Chinese Ren Yuanfen French Amour-propre Greek words for love Agape Eros Ludus Mania Philautia Philia Pistis Pragma Storgê Xenia Indian Kama Bhakti Maitrī Islamic Ishq Jewish Chesed Latin Amor Caritas Portuguese Saudade Yaghan Mamihlapinatapai Concepts Color wheel theory of love Bhakti yoga Biology of romantic love Love letter Love of Christ Love of God in Christianity Love magic Valentine's Day Philosophy Religious views love deities Sacred Heart Similarity Physical attractiveness Triangular theory of love vte Part of a series onPsychology Outline History Subfields Basic psychology Abnormal Affective neuroscience Affective science Behavioral genetics Behavioral neuroscience Behaviorism Cognitive/Cognitivism Cognitive neuroscience Social Comparative Cross-cultural Cultural Developmental Differential Ecological Evolutionary Experimental Gestalt Intelligence Mathematical Moral Neuropsychology Perception Personality Psycholinguistics Psychophysiology Quantitative Social Theoretical Applied psychology Anomalistic Applied behavior analysis Art Assessment Aviation Biography of famous people Clinical Coaching Color Community Consumer Counseling Critical Educational Ergonomics Fashion Feminist Food Forensic Health History Humanistic Industrial and organizational Legal Media Medical Military Music Occupational health Pastoral Peace and war Political Positive Photography Psychometrics Psychotherapy Religion School Sex differences Sport and exercise Suicidology Systems Trading Traffic Concepts Behavior Behavioral engineering Behavioral genetics Behavioral neuroscience Cognition Competence Consciousness Consumer behavior Emotions Feelings Human factors and ergonomics Intelligence Maslow's hierarchy of needs Mental state Mind Psychology of religion Psychometrics Sex differences Terror management theory Lists Counseling topics Disciplines Organizations Outline Psychologists Psychotherapies Research methods Schools of thought Timeline Topics Psychology portalvte In social psychology, an interpersonal relation (or interpersonal relationship) describes a social association, connection, or affiliation between two or more people. It overlaps significantly with the concept of social relations, which are the fundamental unit of analysis within the social sciences. Relations vary in degrees of intimacy, self-disclosure, duration, reciprocity, and power distribution. The main themes or trends of the interpersonal relations are: family, kinship, friendship, love, marriage, business, employment, clubs, neighborhoods, ethical values, support and solidarity. Interpersonal relations may be regulated by law, custom, or mutual agreement, and form the basis of social groups and societies. They appear when people communicate or act with each other within specific social contexts,[1] and they thrive on equitable and reciprocal compromises.[2] Interdisciplinary analysis of relationships draws heavily upon the other social sciences, including, but not limited to: anthropology, communication, cultural studies, economics, linguistics, mathematics, political science, social work, and sociology. This scientific analysis had evolved during the 1990s and has become "relationship science",[3] through the research done by Ellen Berscheid and Elaine Hatfield. This interdisciplinary science attempts to provide evidence-based conclusions through the use of data analysis. Friendships are non-sexual, non-romantic interpersonal relationships.[4] Social relations can be homosocial such as female bonding and male bonding or heterosocial such as cross-sex friendship. In some countries a reduction of friendships is observed, also called friendship recession or loneliness epidemic. Main article: Intimate relationship Romantic relationships have been defined in countless ways, by writers, philosophers, religions, scientists, and in the modern day, relationship counselors. Two popular definitions of love are Sternberg's Triangular Theory of Love and Fisher's theory of love.[5][6][7][additional citation(s) needed] Sternberg defines love in terms of intimacy, passion, and commitment, which he claims exist in varying levels in different romantic relationships. Fisher defines love as composed of three stages: attraction, romantic love, and attachment. Romantic relationships can have great social and cultural variability,[8] and may for example exist without any sexual intimacy, between people of any gender, or among a group of people, as in polyamory or open relationships. Main article: Romance (love) While many individuals recognize the single defining quality of a romantic relationship as the presence of love, it is impossible for romantic relationships to survive without the component of interpersonal communication. Within romantic relationships, love is therefore equally difficult to define. Hazan and Shaver[9] define love, using Ainsworth's attachment theory, as comprising proximity, emotional support, self-exploration, and separation distress when parted from the loved one. Other components commonly agreed to be necessary for love are physical attraction, similarity,[10] reciprocity,[6] and self-disclosure.[11] Early adolescent relationships are characterized by companionship, reciprocity, and sexual experiences. As emerging adults mature, they begin to develop attachment and caring qualities in their relationships, including love, bonding, security, and support for partners. Earlier relationships also tend to be shorter and exhibit greater involvement with social networks.[12] Later relationships are often marked by shrinking social networks, as the couple dedicates more time to each other than to associates.[13] Later relationships also tend to exhibit higher levels of commitment.[12] Most psychologists and relationship counselors predict a decline of intimacy and passion over time, replaced by a greater emphasis on companionate love (differing from adolescent companionate love in the caring, committed, and partner-focused qualities). However, couple studies have found no decline in intimacy nor in the importance of sex, intimacy, and passionate love to those in longer or later-life relationships.[14] Older people tend to be more satisfied in their relationships, but face greater barriers to entering new relationships than do younger or middle-aged people.[15] Older women in particular face social, demographic, and personal barriers; men aged 65 and older are nearly twice as likely as women to be married, and widowers are nearly three times as likely to be dating 18 months following their partner's loss compared to widows. The term significant other gained popularity during the 1990s, reflecting the growing acceptance of 'non-heteronormative' relationships. It can be used to avoid making an assumption about the gender or relational status (e.g. married, cohabitating, civil union) of a person's intimate partner. Cohabiting relationships continue to rise, with many partners considering cohabitation to be nearly as serious as, or a substitute for, marriage.[15] In particular, LGBTQ+ people often face unique challenges in establishing and maintaining intimate relationships. The strain of internalized discrimination, socially ingrained or homophobia, transphobia and other forms of discrimination against LGBTQ+ people, and social pressure of presenting themselves in line with socially acceptable gender norms can affect their health, quality of life, satisfaction, emotions etc. inside and outside their relationships.[16][17][18] LGBTQ+ youth also lack the social support and peer connections enjoyed by hetero-normative young people.[19] Nonetheless, comparative studies of homosexual and heterosexual couples have found few differences in relationship intensity, quality, satisfaction, or commitment.[20] Although nontraditional relationships continue to rise, marriage still makes up the majority of relationships except among emerging adults.[21] It is also still considered by many to occupy a place of greater importance among family and social structures. In ancient times, parent–child relationships were often marked by fear, either of rebellion or abandonment, resulting in the strict filial roles in, for example, ancient Rome and China.[22][23] Freud conceived of the Oedipal complex, the supposed obsession that young boys have towards their mothers and the accompanying fear and rivalry with their fathers, and the Electra complex, in which the young girl feels that her mother has castrated her and therefore becomes obsessed with her father. Freud's ideas influenced thought on parent–child relationships for decades.[24] Another early conception of parent–child relationships was that love only existed as a biological drive for survival and comfort on the child's part.[25] In 1958, however, Harry Harlow's study " The Hot Wire Mother" comparing rhesus' reactions to wire surrogate "mothers" and cloth "mothers" demonstrated that affection was wanted by any caregiver and not only the surrogate mothers.[26] The study laid the groundwork for Mary Ainsworth's attachment theory, showing how the infants used their cloth "mothers" as a secure base from which to explore.[27][28] In a series of studies using the strange situation, a scenario in which an infant is separated from then reunited with the parent, Ainsworth defined three styles of parent-child relationship. Securely attached infants miss the parent, greet them happily upon return, and show normal exploration and lack of fear when the parent is present. Insecure avoidant infants show little distress upon separation and ignore the caregiver when they return. They explore little when the parent is present. Infants also tend to be emotionally unavailable.[29] Insecure ambivalent infants are highly distressed by separation, but continue to be distressed upon the parent's return; these infants also explore little and display fear even when the parent is present. Some psychologists have suggested a fourth attachment style, disorganized, so called because the infants' behavior appeared disorganized or disoriented.[30] Secure attachments are linked to better social and academic outcomes and greater moral internalization as research proposes the idea that parent-child relationships play a key role in the developing morality of young children. Secure attachments are also linked to less delinquency for children, and have been found to predict later relationship success.[31][32][6] For most of the late nineteenth through the twentieth century, the perception of adolescent-parent relationships was that of a time of upheaval. G. Stanley Hall popularized the "Sturm und drang", or storm and stress, model of adolescence.[33] Psychological research has painted a much tamer picture. Although adolescents are more risk-seeking and emerging adults have higher suicide rates, they are largely less volatile and have much better relationships with their parents than the storm and stress model would suggest[34] Early adolescence often marks a decline in parent-child relationship quality, which then re-stabilizes through adolescence, and relationships are sometimes better in late adolescence than prior to its onset.[35] With the increasing average age at marriage and more youths attending college and living with parents past their teens, the concept of a new period called emerging adulthood gained popularity. This is considered a period of uncertainty and experimentation between adolescence and adulthood. During this stage, interpersonal relationships are considered to be more self-focused, and relationships with parents may still be influential.[36] Sibling relationships have a profound effect on social, psychological, emotional, and academic outcomes. Although proximity and contact usually decreases over time, sibling bonds continue to have effect throughout their lives. Sibling bonds are one of few enduring relationships humans may experience. Sibling relationships are affected by parent-child relationships, such that sibling relationships in childhood often reflect the positive or negative aspects of children's relationships with their parents.[37] Business is generally held to be distinct from personal relations, a contrasting mode which other than excursions from the norm is based on non-personal interest and rational rather than emotional concerns. Business relationships Partnership Employer and employee Contractor Customer Landlord and tenant Co-worker Alliance Enemy Frenemy — a person with whom an individual maintains a friendly interaction despite underlying conflict, possibly encompassing rivalry, mistrust, jealousy or competition[38] Neighbor Familiar stranger Official Proximity: Proximity increases the chance of repeated exposure to the same person. Long-term exposure that can develop familiarity is more likely to trigger like or hate.[39] Technological advance: The Internet removes the problem of lack of communication due to long distance. People can communicate with others who live far away from them through video calls or text. Internet is a medium for people to be close to others who are not physically near them.[39] Similarity: People prefer to make friends with others who are similar to them because their thoughts and feelings are more likely to be understood.[39] Interpersonal relationships are dynamic systems that change continuously during their existence. Like living organisms, relationships have a beginning, a lifespan, and an end. They tend to grow and improve gradually, as people get to know each other and become closer emotionally, or they gradually deteriorate as people drift apart, move on with their lives and form new relationships with others. One of the most influential models of relationship development was proposed by psychologist George Levinger.[40] This model was formulated to describe heterosexual, adult romantic relationships, but it has been applied to other kinds of interpersonal relations as well. According to the model, the natural development of a relationship follows five stages: Acquaintance and acquaintanceship – Becoming acquainted depends on previous relationships, physical proximity, first impressions, and a variety of other factors. If two people begin to like each other, continued interactions may lead to the next stage, but acquaintance can continue indefinitely. Another example is the association. Buildup – During this stage, people begin to trust and care about each other. The need for intimacy, compatibility and such filtering agents as common background and goals will influence whether or not interaction continues. Continuation – This stage follows a mutual commitment to quite a strong and close long-term friendship, romantic relationship, or even marriage. It is generally a long, relatively stable period. Nevertheless, continued growth and development will occur during this time. Mutual trust is important for sustaining the relationship. Deterioration – Not all relationships deteriorate, but those that do tend to show signs of trouble. Boredom, resentment, and dissatisfaction may occur, and individuals may communicate less and avoid self-disclosure. Loss of trust and betrayals may take place as the downward spiral continues, eventually ending the relationship. (Alternately, the participants may find some way to resolve the problems and reestablish trust and belief in others.) Ending – The final stage marks the end of the relationship, either by breakups, death or by spatial separation for quite some time and severing all existing ties of either friendship or romantic love. According to the latest Systematic Review of the Economic Literature on the Factors associated with Life Satisfaction (dating from 2007), stable and secure relationships are beneficial, and correspondingly, relationship dissolution is harmful.[41] The American Psychological Association has summarized the evidence on breakups. Breaking up can actually be a positive experience when the relationship did not expand the self and when the breakup leads to personal growth. They also recommend some ways to cope with the experience: Purposefully focusing on the positive aspects of the breakup ("factors leading up to the break-up, the actual break-up, and the time right after the break-up") Minimizing the negative emotions Journaling the positive aspects of the breakup (e.g. "comfort, confidence, empowerment, energy, happiness, optimism, relief, satisfaction, thankfulness, and wisdom"). This exercise works best, although not exclusively, when the breakup is mutual.[42] Less time between a breakup and a subsequent relationship predicts higher self-esteem, attachment security, emotional stability, respect for your new partner, and greater well-being. Furthermore, rebound relationships do not last any shorter than regular relationships.[43][44] 60% of people are friends with one or more ex.[45] 60% of people have had an off-and-on relationship. 37% of cohabiting couples, and 23% of the married, have broken up and gotten back together with their existing partner.[46] Terminating a marital relationship implies divorce or annulment. One reason cited for divorce is infidelity. The determinants of unfaithfulness are debated by dating service providers, feminists, academics, and science communicators.[47][48][49][50] According to Psychology Today, women's, rather than men's, level of commitment more strongly determines if a relationship will continue.[51] Research conducted in Iran and other countries has shown that conflicts are common between couples, and, in Iran, 92% of the respondents reported that they had conflicts in their marriages.[52] These conflicts can cause major problems for couples and they are caused due to multiple reasons. Abusive relationships involve either maltreatment or violence such as physical abuse, physical neglect, sexual abuse, and emotional maltreatment.[53] Abusive relationships within the family are very prevalent in the United States and usually involve women or children as victims.[54] Common individual factors for abusers include low self-esteem, poor impulse control, external locus of control, drug use, alcohol abuse, and negative affectivity.[55] There are also external factors such as stress, poverty, and loss which contribute to likelihood of abuse.[56] Codependency initially focused on a codependent partner enabling substance abuse, but it has become more broadly defined to describe a dysfunctional relationship with one or both partners having extreme dependence on or preoccupation with the relationship. For example, a narcissist and a sycophant with abandonment issues may create codependency as the narcissist values the flattery from the sycophant and the sycophant values the narcissist's approval.[57] There are some who even refer to codependency as an addiction to the relationship.[58] The focus of codependents tends to be on the emotional state, behavioral choices, thoughts, and beliefs of another person.[59] Often those who are codependent neglect themselves in favor of taking care of others and have difficulty fully developing an identity of their own.[60] Narcissists focus on themselves and often distance themselves from intimate relationships; the focus of narcissistic interpersonal relationships is to promote one's self-concept.[61] Generally, narcissists show less empathy in relationships and view love pragmatically or as a game involving others' emotions.[62][61] Narcissists are usually part of the personality disorder, narcissistic personality disorder (NPD). In relationships, they tend to affect the other person as they attempt to use them to enhance their self-esteem.[63] Specific types of NPD make a person incapable of having an interpersonal relationship due to their being cunning, envious, and contemptuous.[63] Human beings are innately social and are shaped by their experiences with others. There are multiple perspectives to understand this inherent motivation to interact with others. According to Maslow's hierarchy of needs, humans need to feel love (sexual/nonsexual) and acceptance from social groups (family, peer groups). In fact, the need to belong is so innately ingrained that it may be strong enough to overcome physiological and safety needs, such as children's attachment to abusive parents or staying in abusive romantic relationships. Such examples illustrate the extent to which the psychobiological drive to belong is entrenched. Another way to appreciate the importance of relationships is in terms of a reward framework. This perspective suggests that individuals engage in relations that are rewarding in both tangible and intangible ways. The concept fits into a larger theory of social exchange. This theory is based on the idea that relationships develop as a result of cost–benefit analysis. Individuals seek out rewards in interactions with others and are willing to pay a cost for said rewards. In the best-case scenario, rewards will exceed costs, producing a net gain. This can lead to "shopping around" or constantly comparing alternatives to maximize the benefits or rewards while minimizing costs. Relationships are also important for their ability to help individuals develop a sense of self. The relational self is the part of an individual's self-concept that consists of the feelings and beliefs that one has regarding oneself that develops based on interactions with others.[64] In other words, one's emotions and behaviors are shaped by prior relationships. Relational self theory posits that prior and existing relationships influence one's emotions and behaviors in interactions with new individuals, particularly those individuals that remind them of others in their life. Studies have shown that exposure to someone who resembles a significant other activates specific self-beliefs, changing how one thinks about oneself in the moment more so than exposure to someone who does not resemble one's significant other.[65] This section does not cite any sources. Please help improve this section by adding citations to reliable sources. Unsourced material may be challenged and removed. (May 2016) (Learn how and when to remove this message) Power is the ability to influence the behavior of other people.[66] When two parties have or assert unequal levels of power, one is termed "dominant" and the other "submissive". Expressions of dominance can communicate an intention to assert or maintain dominance in a relationship. Being submissive can be beneficial because it saves time, limits emotional stress, and may avoid hostile actions such as withholding of resources, cessation of cooperation, termination of the relationship, maintaining a grudge, or even physical violence. Submission occurs in different degrees; for example, some employees may follow orders without question, whereas others might express disagreement but concede when press

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PLOS ONE. 10 (5): e0127002. Bibcode:2015PLoSO..1027002H. doi:10.1371/journal.pone.0127002. PMC 4449005. PMID 26023925. Wikimedia Commons has media related to Interpersonal relationships. The dictionary definition of interpersonal at Wiktionary Quotations related to Interpersonal relationship at Wikiquote Learning materials related to interpersonal relationships at Wikiversity Retrieved from " Borderline personality disorder (BPD) involves unhealthy patterns of thoughts, emotions, and actions. BPD typically causes symptoms like a constant fear of abandonment, anxiety, impulsive behaviors, and mood swings. This disorder happens along a spectrum, from very low-functioning people to those who are high-functioning. Quiet BPD symptoms can be less recognizable, such as low self-esteem. BPD is partly inherited genetically and partly a function of stressful experiences during growth and development. Many people with BPD had some form of loss, trauma, or abandonment in their childhood, which they try to reconcile as adults. These risk factors lead to significant interference in successful functioning. BPD impacts nearly 1.6% of adults in the United States. The disorder can be difficult to diagnose. Many of the symptoms overlap with other mental health conditions, such as depression and bipolar disorder. Read on to learn what the main symptoms of BPD are and when to see a healthcare provider. You certainly don't need to have your entire life mapped out, but many people have at least vague aspirations and plans. People who have BPD can lack self-direction. There's very little sense of knowing what you want out of life or what you want to work toward. People with BPD frequently find themselves in unstable relationships. They might gravitate toward partners who they hope can fill the needs that weren't met in their childhoods, which often leads to toxic relationships. Romantic relationships aren't the only stormy ones. People with BPD tend to swing from extreme closeness to extreme dislike with friends and family. It's these interpersonal relationships where highly-functioning people with BPD often realize they have a problem. The fear of being alone, rejected, or abandoned is a telling sign of BPD. These insecurities breed irrational reactions and jealous, paranoid behaviors, such as checking a partner's email for clues they might bail. BPD is frequently misdiagnosed as chronic depression. Depression is common in people who have BPD, but their symptoms tend to manifest a little differently. Symptoms tend to be severe and cause feeling like nothing matters. Erratic moods are a symptom of BPD, making it easy to mistake it for bipolar disorder. It's not the same persistent mood state you'd see in someone with bipolar disorder, which causes severe manic or depressive episodes that last for weeks or longer. BPD moods change rapidly and are often triggered by overreactions to external events. Someone with BPD might suddenly become extremely agitated, for example, if a colleague ignores them in the hallway. People with BPD are often impulsive. They might impulsively spend thousands of dollars on a new television without considering how it will impact their finances or engage in risky sexual behaviors. Risk-taking tendencies can even lead to self-harm. This generally happens when people with BPD feel extremely dissociated, detached, or numb for too long. Everyone gets anxious from time to time, but anxiety can be all-consuming for those with BPD. This anxiety is characterized by intense feelings of nervousness, tenseness, or panic. These emotions often arise as a hypersensitive response to other people's actions. People with BPD tend to deal with overwhelming self-doubt, or a lack of confidence in making decisions based on their abilities. They can have incredibly unstable self-esteem and rely on external praise and approval to define their identity. There's a sense of inferiority and incompleteness. People with BPD may even copy others' actions and behaviors because their ability to be independent and autonomous is very impaired. There's a high rate of suicidal ideation, or thoughts of suicide, and death by suicide among people with BPD. The suicide rate for those with BPD has been up to 10%. The risk is higher in these people because they can be impulsive. They might really see suicide as the only logical solution to stop the pain if they're depressed. People with BPD have a harder time handling both self-awareness and empathy. There's a lack of understanding about how your own behavior impacts people. It doesn't register that this causes stress for others when your emotions are out of control. This lack of awareness is one reason people with BPD tend to have trouble maintaining healthy long-term relationships. It's common for people with BPD to react in a way that seems exaggerated or disproportionate to an event. People with BPD also frequently project their problems and emotions onto others. They can't tolerate admitting they're the ones with the problem, so they blame others instead. BPD symptoms may present differently in females and males. Research has shown that females tend to have internal symptoms, such as anxiety, eating disorders, and mood changes. Males, on the other hand, can show more external symptoms. These symptoms often include aggressiveness, explosive anger, and impulsive behaviors. BPD is not a contagious disease that transmits from person to person. There's no bacteria or virus that causes this condition. Research has shown that genetic and environmental risk factors contribute to BPD. The condition can run in families or manifest as a result of stressful situations. Risk factors for BPD can include: Abandonment, fear, or neglect during childhoodEmotional, physical, or sexual abusePoor communication between family membersTroublesome family life Talk to a healthcare provider, such as a mental health specialist, if you or someone you know has BPD symptoms. A person would need to show impairments in self-functioning through issues with identity or self-direction to be diagnosed with BPD. They would also need to show problems with interpersonal functioning through issues with empathy or intimacy. The primary treatment for BPD is psychotherapy. You can also contact the Personality Disorder Awareness Network (PDAN) or National Education Alliance for BPD (NEABPD) for additional support. People with BPD have an increased risk of suicidal ideation and self-harm. You can visit 988lifeline.org or call the 988 Suicide and Crisis Lifeline for support. Get medical attention right away if someone you know has attempted suicide. Call 911, and don't leave them by themselves. BPD is a personality disorder that affects thoughts, emotions, and actions. Some of the most common signs and symptoms include a constant fear of abandonment, anxiety, impulsive behaviors, and mood swings. These symptoms exist on a spectrum and can present differently in females and males. Talk to a healthcare provider if you think you or a loved one may have BPD. They'll likely refer you to a mental health specialist who can advise treatments. Thanks for your feedback!