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(CASE REPORT)

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Borderline state and addictions (a post-modern subject): About a clinical case

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Abstract

Borderline Personality Disorder (BPD) is frequently associated with addictive behaviors; however, this comorbidity remains underdiagnosed and undertreated. We present the case of a 22-year-old soldier who was hospitalized after attempting suicide while in a depressive state, exhibiting multiple addictions, including cyberaddiction, sports addiction, emotional dependence, and polysubstance use (cannabis, benzodiazepines, alcohol). Psychometric assessments (MMPI-2, TAT) revealed significant identity issues. The clinical course was characterized by impulsivity, emotional dysregulation, and recurrent self-harm, interspersed with phases of cooperation and relational seeking. This example illustrates the polymorphic expression of BPD in contemporary contexts, where the emergence of behavioral addictions is crucial. Recent studies confirm the high prevalence of comorbidity between BPD and addiction, highlighting the need for integrated and simultaneous treatment. This case highlights the imperative to adapt therapeutic strategies to confront novel forms of addiction, particularly those linked to digital environments.

Keywords: Borderline Personality Disorder; Behavioral Addictions; Cyberaddiction; Emotional Dysregulation; Impulsivity; Substance Use Disorders; Self-Harm; Comorbidity; Identity Disturbance; Integrated Psychiatric Care

1. Introduction

Borderline personality disorder (BPD) is the most common personality disorder. It affects 0.5 to 6% of the general population, 10% of outpatients, and 50% of psychiatric inpatients. BPD has a suicide rate of 10%. This disorder suffers from a negative image and raises questions regarding the ambiguity surrounding its diagnosis, the severity and instability of symptoms, difficulties in management, and the particular relationships these patients tend to establish with caregivers and institutions.

Thus, it appears essential to study how these two dimensions interact in clinical practice, and above all, how to manage them simultaneously.

2. Case Report

We report the clinical case of a 22-year-old young soldier hospitalized after a suicide attempt by medication overdose, in the context of a depressive episode.

The initial psychiatric assessment revealed several addictive behaviors, including cyberaddiction, sports addiction, and poly-substance abuse.

During periods of internet disconnection, he appears desperate, disillusioned, anxious, impulsive, at times violent, and often engages in self-harm on his forearms.

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However, these violent manifestations alternate with a modest attitude and a desire to cooperate with the healthcare team and establish relationships with other patients.

Following his recent enlistment in the army, he abandoned his handball team and, after a period without sports, began to develop a marked dependence on physical exercise, as well as emotional dependence, becoming excessively attached to everyone he meets.

He is an occasional cannabis smoker.

For the past seven months, he has been engaging in the improper and diverted use of benzodiazepines, along with alcohol dependence.

His biographical background is marked by his parents' divorce when he was 10 years old.

He did not obtain his high-school diploma and worked in masonry, bakery, and in a neighborhood phone shop.

Subsequent interviews and the psychometric tests Minnesota Multiphasic Personality Inventory-2 (MMPI-2) and the Thematic Apperception Test (TAT) revealed identity disturbances with uncertainty regarding identity, sexuality, life prospects (such as career choice), and social interactions he readily describes as "friendships."

His management required several hospitalizations to control impulsivity and limit aggressive behaviors.

3. Discussion

Patients with borderline personality disorder are underdiagnosed and undertreated in psychiatric and addiction-care settings. [1]

Epidemiological studies such as NESARC (National Epidemiologic Survey on Alcohol and Related Conditions) show particularly high BPD-addiction comorbidity: for example, L'Information Psychiatrique reports that 16% of alcohol-dependent individuals and 31% of those dependent on other drugs meet the criteria for BPD. [2, 3]

This high prevalence underscores the importance of systematically assessing borderline personality traits in addicted patients.

Other studies indicate that up to 78% of adults with BPD develop a substance-use disorder at some point in their lives. [4]

Several mechanisms may explain the co-occurrence of BPD and addictions:

- Impulsivity, a core feature of BPD, promotes substance use and addictive behaviors. [5]
- Deficient emotion regulation: borderline patients may use substances to modulate intense negative emotions (craving, self-medication). [6]
- Attachment / trauma: trauma history or insecure attachment is frequent in BPD and may foster escape behaviors such as addiction. [2]

The use of psychoactive substances worsens symptomatology, increases suicidal behaviors, and reduces treatment adherence.

Addictions and personality disorders should preferably be treated simultaneously. [7]

Crisis situations are marked by heavy alcohol intake or massive drug use that facilitate aggressive self-destructive behaviors, depressive mood, and sometimes psychotic-like symptoms. [8]

Self-harm behaviors, also described as relieving intolerable psychological suffering, may also aim to attract others' attention. These attitudes can induce strong counter-transference reactions among caregivers, sometimes leading to rejection and worsening the crisis. [9]

The NESARC study showed that subjects with borderline personality disorder and addictive behaviors had a less favorable evolution than those without addictions. However, studies conducted by the National Institute of Mental Health (NIMH) particularly the McLean Study of Adult Development and the Collaborative Longitudinal Personality Disorder Study showed that when patients with BPD receive appropriate care, their prognosis is more favorable than previously thought, both in terms of personality-disorder symptoms and addictive behaviors. [10, 11]

The remission of addictions was the strongest predictor of symptomatic improvement in borderline personality disorder. Symptomatic improvement primarily concerned self-destructive behaviors and community integration. [12]

Finally, our clinical case describes addictions that are not limited to substances: cyberaddiction, sports addiction, and emotional dependence are prominent. This reflects a trend described in the literature: personality disorders particularly BPD are not limited to "classical" addictions.

For example, addiction to social networks is more frequent among individuals with borderline traits because they use social media for interpersonal distraction, reassurance seeking, and to manage issues of self-esteem or anger. [13]

These "emerging" forms of addiction call for an adaptation of therapeutic strategies (including digital psychoeducation, learning online emotion-regulation skills, and therapies focusing on meaning and identity in a digitized world).

4. Conclusion

This clinical case highlights the clinical polymorphism of borderline personality disorder. Daily practice underscores the emergence of new forms of pathological expression, with a predominance of disorders affecting social expression, closely linked to contemporary changes in social functioning.

Compliance with ethical standards

Disclosure of conflict of interest

No conflict of interest to be disclosed.

Statement of informed consent

Informed consent was obtained from the patient .

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