

Nightmares, neglected symptom in borderline personality disorder

Behnoush Sabayan¹, Parviz Dabaghi¹, and Mohammad Reza Ghasemzadeh²

¹Department of Psychology, Behavioral and Cognitive Science Research Center, AJA University of Medical Sciences, Tehran, Iran

²Department of Psychiatry, Behavioral and Cognitive Science Research Center, AJA University of Medical Sciences, Tehran, Iran

We aim to draw attention to a frequently overlooked symptom of borderline personality disorder (BPD) - nightmares. A nightmare is defined as a recurring and distressing dream that often awakens the individual from sleep (Wu et al., 2019). Chronic nightmares are reported in approximately 4-5% of the general population but may affect up to 88% of individuals with psychiatric disorders (Forbes et al., 2001). Common themes in nightmares include being chased or falling, experiencing paralysis, losing a loved one, or being late (Schredl, 2010). The characteristics of BPD, which include emotion dysregulation, impulsivity, risk-taking behavior, irritability, feelings of emptiness, self-injury, fear of abandonment, and unstable interpersonal relationships (Brüne, 2016) can be reflected in the content of nightmares that are commonly experienced by people, for example, losing love. By exploring the underlying themes and emotions depicted in these dreams, researchers and clinicians can develop a comprehension of the inner struggles faced by individuals (Schredl & Göritz, 2018) with BPD as well as the root causes of their distress. Also, the identification of recurring themes or patterns in nightmares can guide the design of interventions that address specific areas of distress, potentially aiding in the management of BPD symptoms and the promotion of improved mental well-being (Montebarocci et al., 2023; Selby et al., 2013).

Nightmares are associated with Post-Traumatic Stress Disorder (PTSD) and according to research, nightmares can persist up to 50 years after a traumatic event (Guerrero & Crocq, 1994; Kaup et al., 1994). Also, childhood sexual abuse is a common kind of interpersonal trauma reported by people with BPD, with a prevalence rate of around 40-70% (Selby et al., 2013). Turki et al. suggest that traumatic experiences impact the adrenal axis, neurotransmission, and neuroplasticity, contributing to the development of BPD (Turki et al., 2022) and have shown that PTSD patients experience increased sympathetic nervous system activ-

ity and hypothalamus-pituitary-adrenal axis activity during sleep (van Liempt et al., 2013).

Nightmares can worsen dissociative symptoms, disrupting sleep and leading to further complications (Agargun, Kara, Özer, Selvi, Kiran, & Kiran, 2003; Van der Kolk et al., 1984) and 57 percent of patients with dissociative disorders suffer from nightmare disorder, which is associated with self-mutilation, suicide attempts, and BPD (Agargun, Kara, Özer, Selvi, Kiran, & Özer, 2003). A possible mechanism and pathway through which nightmares can contribute to self-mutilating behavior is that their overwhelming and distressing nature can increase arousal, which ultimately leads to individuals harming themselves (Andrews & Hanna, 2020).

In conclusion, nightmares in BPD should be acknowledged in clinical practice, research, and treatment planning to enhance prognosis. We urge the scientific community to pay more attention to the role of nightmares in BPD, considering them in both diagnosis and treatment. Further research is essential to understand the underlying mechanisms and develop effective treatments.

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Corresponding address:

Parviz Dabaghi, Behavioral and Cognitive Science Research Center, AJA University of Medical Sciences, Etemadzadeh avenue, Tehran, Iran.

Email: dabaghi_44@yahoo.com

Submitted for publication: April 2024

Accepted for publication: May 2024

DOI: 10.11588/ijodr.2024.2.104187

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