

Borderline Personality Disorder EXPLAINED

Considered the **PROTOTYPE of emotional dysregulation**, the main feature of borderline personality disorder (BPD) is a pervasive pattern of instability in interpersonal relationships, self-image and emotions. It is primarily a disorder of relationships.

The unstable pattern of interacting with others has persisted for years (even if it seems to become an issue only under stress and crisis) and is usually closely related to the person's self-image and early social interactions. The pattern is present in a variety of settings (e.g., not just at work or home) and often is accompanied by a lability (fluctuating back and forth, sometimes in a quick manner) in a person's emotions and feelings. A person with this disorder, according to DSM-IV TR have many of the following symptoms (not all symptoms are necessary to diagnose BPD):

- **Frantic efforts to avoid real or imagined abandonment**
- **A pattern of unstable and intense interpersonal relationships** characterized by alternating between extremes of idealization and devaluation
- **Identity disturbance**, such as a significant and persistent unstable self-image or sense of self
- **Impulsivity** in at least two areas that are potentially self-damaging (e.g., spending, sex, substance abuse, reckless driving, binge eating)
- **Recurrent suicidal behavior**, gestures, or threats, or self-mutilating behavior; not a necessary symptom
- **Emotional instability** due to significant reactivity of mood (e.g., intense episodic dysphoria, irritability, or anxiety usually lasting a few hours and only rarely more than a few days)
- **Chronic feelings of emptiness**
- **Inappropriate, intense anger** or difficulty controlling anger (e.g., frequent displays of temper, constant anger, recurrent physical fights)
- **Transient, stress-related paranoid thoughts** or severe dissociative symptoms

As with all personality disorders, the person must be at least 18 years old before they can be diagnosed with it. Borderline personality disorder is more prevalent in females (75 percent of diagnoses made are in females) but many men suffer from it as well and in men it is often underdiagnosed. It is thought that borderline personality disorder affects approximately 5.9% percent of the general population (Grant B, *J Clin Psychiatry*, 2008), higher prevalence than bipolar disorder or schizophrenia. Like most personality disorders, borderline personality disorder typically will decrease in intensity with age, with many people experiencing few of the most extreme symptoms by the time they are in the 40s or 50s.

FACTS:

1. BPD is 60% genetic and 40% environmentally induced
2. Patients do not choose to have BPD
3. Recovery is possible and likely
4. After 2 years.. more than 50% patients recover
5. After 10 years.. more than 80% recover
6. 88% remain in recovery
7. 40% of BPD patients previously diagnosed with bipolar disorder (25% of BPD patients have both).
8. BPD is under-diagnosed, misunderstood and over- stigmatized.
9. The diagnosis of BPD is often withheld from patients and families.
10. BPD is a good prognosis diagnosis.

BPD can cause impairment in functioning in some people as marked by some of the following: High internal levels of anxiety and distress, High family stress, Difficulty keeping jobs, Overly emotional and impulsive , Self-injurious behavior (not necessary) , Stormy interpersonal relationships. But some individuals with BPD can function at a very high level unless faced with stress; which can cause them to rapidly decompensate.

This next section is the most important part of this article.

Understanding Emotional Dysregulation : Severe Distress is predicated on

A) Combination of Three Biological Characteristics that cause Heightened emotional arousal and emotional vulnerability

1. High Emotional Sensitivity

*Quick reactions (whether expressed or kept inside but deeply felt)

*Highly sensitive to emotional stimuli

*Notice emotional things that others don't

*Big emotional events hurt more

*Takes fewer stimuli to feel emotions than other people

(A different analogy: An open hand wound feels the heat intensity more than the rest of the hand)

2. High Emotional Reactivity

*Extreme, more intense reactions (For some people, emotions are so scary and overwhelming, they shut down, escape, avoid or disconnect from even acknowledging feelings to themselves let alone anyone else)

*Thinking and problem-solving is impaired due to high arousal which dysregulates cognitive processing

*Higher magnitude of response to emotional stimuli than what others experience

3. Slow Return to Baseline

" Long-lasting reactions

" Longer time to recuperate

" Contributes to high sensitivity to next emotional stimulus, leaving the BPD person more vulnerable to the next emotional event (Like trying to walk on a broken leg before it heals ...It's more apt to break again)

Plus B) Inability to modulate emotions (lack of skillful self-management) and Inaccurate Self-expression

Plus C) Real or Perceived Invalidating social/family environment (Pervasive communication that valid responses of the individual, especially private ones- emotions, thoughts, wants are incorrect, faulty, inappropriate or otherwise invalid

Understanding Borderline Personality Disorder Symptoms

"Borderline individuals are the psychological equivalent of third-degree burn patients. They simply have, so to speak, no emotional skin. Even the slightest touch or movement can create immense suffering."

Marsha Linehan, Ph. D. (developed Dialectical Behavioral Therapy)

1. INTERPERSONAL DYSREGULATION

Frantic efforts to avoid real or imagined abandonment.

The perception of impending separation or rejection, or the loss of external structure, can lead to profound changes in self-image, emotion, thinking and behavior. Someone with borderline personality disorder will be very sensitive to things happening around them in their environment. They can experience intense abandonment fears and inappropriate anger, even when faced with a realistic separation or when there are unavoidable changes in plans. Their fear of abandonment can be triggered by major or minor rejections. For instance, being hurt or becoming angry with someone for being late or having to cancel a lunch date. They may feel uncared for or that they are not important in their relationships. They may not be fully aware of these fears and sometimes just notice an intense internal reaction or pain. Patients with BPD can often feel isolated, anxious, terrified of being alone or they can feel the exact opposite and may give the impression to themselves or others that they do not need anyone.

The moment others do something that a person with BPD interprets as a signal that they are not wanted, or not welcome, they are on guard. People with borderline personality disorder may believe that this abandonment implies that they are "bad" as they are prone to judging themselves. These abandonment fears are related to an intolerance/pain of being alone and a wish/need to have other people with them. When faced with feelings of abandonment, BPD individuals might resort to reassurance seeking behaviors. e.g. calling or texting over and over again. Their frantic efforts to avoid abandonment may under extreme duress include impulsive actions such as anger, rage, severe panic attack or sometimes even self-mutilating or suicidal behaviors. Sometimes, they leave the relationships before they can be abandoned or may not let someone truly close to them.

Pattern of Unstable and intense relationships.

People with BPD look to others to provide things that they sometimes have difficulty supplying for themselves, such as self-esteem, approval and a sense of identity. Most of all they are searching for a safe and nurturing caregiver whose never-ending love and compassion will fill the black hole of despair and emptiness inside themselves. People with borderline personality disorder may idealize potential caregivers or lovers at some point in the relationship, want or demand to spend a lot of time together, and may share the most intimate details sometimes too early in a relationship. People with BPD often feel that they have to know whether the other person feels as deeply as them. Since people without BPD don't tend to feel

emotions as intensely as those with BPD, they often do not respond as deeply and thus cause hurtful feelings in the BPD individual. When the hurt is intolerable, people with BPD can resort to saying mean and hurtful things to the other people. It may seem to outsiders that they have switched quickly from idealizing them to being intensely disappointed /devaluing them, feeling that they do not care enough, do not give enough, are not “there” enough. They empathize with and nurture other people, but primarily with the hope/expectation that the other person will “be there” in return to meet their own needs on demand. They are prone to sudden and dramatic shifts in their view of others, who may alternately be seen as beneficently supportive or as cruelly punitive (all or nothing thinking or else black and white thinking). Such shifts other reflect disillusionment with a caregiver whose nurturing qualities had been idealized or whose rejection or abandonment is expected. Sometimes people with BPD can feel so low that they may not really understand why anyone would want to be with them. They are hyper vigilant, looking for any cues that might reveal that people they care about do not really care or love them after all.

Understanding Splitting: All or nothing thinking, with relationships and with other things. When there is a problem, they may feel as if there is only one solution. No in between or gray areas. This may become a source of great anxiety and for them to feel stuck or pressured. They also see themselves in black and white. Trust does not come easy to them and can torture them in relationships, even if they try very hard not to impose that onto their partners or on people they care about.

2. SELF DYSREGULATION

Identity disturbance.

There are sudden and dramatic shifts in self-image, characterized by shifting goals, interests, values, romantic preferences and vocational aspirations. There may be sudden changes in opinions and plans about career, sexual identity, values and types of friends. They can second-guess themselves frequently. They may suddenly change from the role of a needy supplicant for help to a righteous avenger of past mistreatment. Although they usually have a self-image that is based on being bad or evil, individuals with borderline personality disorder may at times have feelings that they do not exist at all. Such experiences usually occur in situations in which the individual feels a lack of a meaningful relationship, nurturing and support. These individuals may show worse performance in unstructured work or school situations. They may be troubled by **chronic feelings of emptiness**. Emptiness is often the feeling of aloneness. Easily bored, they may constantly seek something to do or feeling panicked when alone. This has also been described as feeling that there is “ nothing to me”. Some people feel that they take on different roles depending on whom they are with, others feel dependent on others for cues about how to behave. Sometimes emptiness can lead to difficulties in setting goals and expressing aspirations, which can lead to judgment from others that the BPD individual is uncaring or unmotivated.

Never good enough: They base their self-worth on their latest achievement—or lack of it; judge themselves often more harshly than they judge others. They often feel that whatever they do is never good enough. Some people with BPD see themselves as helpless victims of circumstances and other people. They can alternatively take on the role of being a consummate helper and caregiver, only comfortable in giving and not asking.

3. EMOTIONAL DYSREGULATION

Affective instability due to marked reactivity of mood (e.g. intense episodic dysphoria (state of dissatisfaction, restlessness, fidgeting), irritability, or anxiety usually lasting a few hours and only rarely more than a few days)

Dysphoria is the opposite of euphoria. It’s a mixture of depression, anxiety, rage and despair. The basic dysphoria is often disrupted by periods of anger, panic, or despair and is rarely relieved by periods of well-being or satisfaction. These episodes may reflect the individual’s extreme reactivity to interpersonal stresses and inability to deal with frustrations in their lives. Other people often feel their moods are unpredictable and may feel that they are walking on eggshells.

As mentioned in the section on emotional dysregulation, people with BPD feel emotions more deeply and for a longer period, and often take longer to return to their emotional baseline. Additionally, powerful emotions to them feel as if they have always felt that way. So if they feel miserable, they can feel as if they have always been miserable and are unable to remember a time when they felt differently, even if recently they had felt pretty good. Others may remind them that their moods will not last, and not only does that hardly seem to help, it can add to the BPD person a feeling that others do not understand them.

Some individuals with Borderline Personality Disorder express inappropriate, intense anger or have **difficulty controlling their anger**. They may display extreme sarcasm, enduring bitterness, or verbal outbursts. The anger is often elicited when a caregiver or lover is seen as neglectful, withholding, uncaring,

or abandoning. Such expressions of anger are often followed by shame and guilt and contribute to the feeling they have of being evil. It can feel like a torrential flash flood. Some patients with BPD however the opposite problem: they **feel unable to express anger at all** or have great difficulty expressing it. They fear that they will lose control if they express even the slightest anger, and at other times they fear that targets of even minor anger expressions will retaliate or lead to abandonment. This may cause them to go out of their way to please other people or not be able to ask for what they want effectively in relationships.

4. BEHAVIORAL DYSREGULATION

Impulsivity

Individuals with Borderline Personality Disorder can display **impulsivity** in at least two areas that can be potentially self-damaging. They may gamble, spend money irresponsibly, binge eat, abuse substances, engage in unsafe sex, one night stands or drive recklessly. Getting into relationships too quickly, serial monogamy, or increasing intensity in the relationship prematurely can also be seen as a sign of potentially self-damaging impulsivity.

They may **sometimes** display recurrent suicidal behavior, gestures, or threats, or self-mutilating behavior. Only a small percentage of patients with BPD have this symptom. Completed suicide occurs in 8%-10% of such individuals, and self-mutilation (e.g., cutting or burning, hair pulling, skin picking, hitting themselves) and suicide threats and attempts can occur. These self-destructive acts are usually precipitated by threats of separation or rejection or by expectations that they assume increased responsibility. Self-mutilation may occur during dissociative experiences and often brings relief by reaffirming the ability to feel or by expiating the individual's sense of being evil.

5. COGNITIVE DYSREGULATION

During periods of extreme stress, **transient paranoid ideation or dissociative symptoms** (e.g., depersonalization) may occur, but these are generally of insufficient severity or duration to warrant an additional diagnosis. This can be described as feeling detached, numb or strange. These episodes occur most frequently in response to a real or imagined abandonment. Symptoms tend to be transient, lasting minutes or hours. The real or perceived return of the caregiver's nurturance may result in a remission of symptoms. For people who are in relationships with people who have BPD, memories of shared situations can be quite different.

Additional BPD traits not in the DSM:

- _ Feeling misunderstood, feeling alone in the world, lonely
- _ Pervasive shame. Feeling flawed and defective. Self-hatred
- _ Undefined boundaries. Difficulty setting and maintaining personal limits-both their own and those of others
- _ Lack of object constancy. Difficulty evoking an image of a loved one to self-soothe when they feel upset or anxious
- _ Interpersonal sensitivity. Many people with BPD have amazing ability to read others and uncover their triggers and vulnerabilities. They often have the astute ability to identify and use social and nonverbal cues of others. This can cause problems when the briefest hint of annoyance in the face of a friend triggers an intense feeling of abandonment in the BPD individual
- _ Extreme sensitivity to others' emotions: When others are anxious, BPD individual may get all jittery, sadness in others evokes intense sadness in them
- _ Being 'right' over being effective especially in the context of important relationships
- _ Situational competence. Some people with BPD are competent and in control in some situations while being incompetent in seemingly equal or easier tasks. E.g. they can perform very well at work and are high achievers. Many are very intelligent, creative and artistic. This can be very confusing for family and friends who do not understand why the person can act so self-assured in one situation and fall apart in another.
- _ Control issues. People with BPD may need to feel in control of other people because they feel so out of control with themselves. They may unconsciously put others in no-win situations, or accuse others of trying to control them. Conversely, some people with BPD may cope with feeling out of control by giving up their own power; e.g. they may choose a lifestyle where all choices are made for them.
- _ Lack of a sense of continuity of time
- _ Perfectionism. Can show up as extreme obsession about details in one's life or work to the point of rigid inflexibility. Sometimes projects never get done or take too long leaving the person feeling overwhelmed by the amount of work left to do.

Causes of Borderline Personality Disorder

Researchers today don't know what causes borderline personality disorder. There are many theories, however, about the possible causes of borderline personality disorder. Most professionals subscribe to a biopsychosocial model of causation — that is, the causes of are likely due to biological and genetic factors, social factors (such as how a person interacts in their early development with their family and friends and other children), and psychological factors (the individual's personality and temperament, shaped by their environment and learned coping skills to deal with stress). This suggests that no single factor is responsible — rather, it is the complex and likely intertwined nature of all three factors that are important. If a person has this personality disorder, research suggests that there is a slightly increased risk for this disorder to be “passed down” to their children.

Studies suggest that, when not under elevated emotion stress, individuals with BPD have an enhanced ability discriminate mental states based on only the eye region of the face, particularly for "neutral" states. This experimental evidence is consistent with the "paradoxical" theory of the appraisal of social communication in BPD. That is, it seems that BPD is characterized by both unstable interpersonal relationships and enhanced sensitivity to the mental states of others.

An individual with BPD may identify a subtle facial expression in the others indicating anger (e.g., furrowed brow in the eye region). The other person may indeed feel irritated, but not be fully focused or aware of this emotion in themselves at the time the emotion is noticed by the individual with BPD. Interestingly, while frequently accurate in appraising the emotion, individuals with BPD often seem to "personalize" the emotions of others ("you must be angry with me"), even when there are other equally plausible explanations for the other's emotional state (e.g., the person just received troubling news from a friend). "The eyes of others our prisons; their thoughts our cages." --Virginia Woolf

Individuals with BPD often unconsciously use the defense of splitting. Few examples:

- The person either loves or hates something or someone in any given moment; there is no middle ground. That viewpoint may flip to the other end at a different time.
- He/she has a long list of people that have hurt them. They can tell you about how badly they were treated as if it happened yesterday. Now it may also be true that he had a string of bad choices in relationships but it is sometimes hard for BP individuals to see their role in it.
- At the start of relationship a BP individual may idealized their partner, see things that may not even be there, put them on a pedestal and feel very excited about it; but later in the relationship it may all completely disappear and then they may have a hard time seeing what their partner does right. They may feel so much disappointment in their partner that it feels very painful.
- The relationship has high highs and low lows
- They may say truly hateful things when they are mad. It may not happen often, but every hurt or insult may come out if they are provoked. They maybe very afraid of loosing their temper as they are afraid of being out of control and overwhelmed with the intensity of emotions.

Misconceptions

- **Individuals with BPD are seen as manipulative.** BPD is the result of a combination of causes, including biological factors and a history of being invalidated, which may result in an inability to regulate emotions. Picture a bell curve of emotionality, individuals at the more emotional end of the spectrum are more easily and strongly triggered by events in their environment, and it takes longer for them to return to baseline — but they can learn the skills to manage these more intense emotions.

e.g. an emotional child grows up in a stoic family, where he's constantly told to calm down. He tries to follow the family's rules by suppressing the awareness of his emotions. As the intensity of his emotions ramps up, however, it eventually bursts out of the zone where it can be ignored. When this happens, the emotions appear to go from zero to 60 on the emotions speedway, and their intensity can't be controlled. At that point everybody in the family has to deal with it, and because people need to have emotions responded to, this only reinforces the person getting to emotional extremes. Consequently, this becomes the only way the person knows how to manage emotional situations.

In other words, a person with borderline personality disorder rarely makes a conscious decision to manipulate anyone. When a person isn't having their needs met, they resort to extreme behaviors; these behaviors then get reinforced when family members or people who don't normally pay

attention to them rush in. When loved ones get burned out, the person with BPD starts escalating the behaviors. If you think you are being manipulated, you will be defensive in your responses to the person whom you think is manipulating you. You will act to protect yourself and not out of wisdom.

- **It's untreatable.** It is very treatable.
- **BPD is a life sentence.** In a recent study of patients with BPD who were hospitalized and then released, up to 70 percent no longer met criteria for the disorder at some point in a six-year follow-up period. Of those people who stopped meeting criteria for the disorder, 94 percent of them never met criteria again across the six years.
- **People with BPD aren't trying hard enough.** It isn't that people aren't motivated, but that there is significant emotional, cognitive and behavioral dysregulation associated with the disorder. People don't realize just how considerable their deficits are. Many are very intelligent, talented and productive so it's hard to believe. The person is doing the best they can given their current mental state.
- **People with BPD do not really want to die when they attempt suicide.** Depending on the research, and the severity of the disorder 8 to 11 percent of people with BPD die by suicide. Their lives are agony and they often want to escape the pain of their lives. Sometimes they do so by trying to completely end the pain with suicide; other times, they get temporary relief with other behaviors, e.g. cutting, burning, substance abuse, bingeing/purging, shoplifting.
- **People with BPD are stalkers (like the character from Fatal Attraction).** People with BPD sometimes don't have well developed interpersonal skills. Their learning history has been one of losing relationships, often because of their extreme behaviors. There have been several studies done and it appears that four to 15 percent of stalkers were diagnosed with BPD. It is important to remember that some percent of stalkers may meet criteria for BPD but stalking is not a characteristic of BPD. Very few people with BPD become stalkers.
- **People with BPD are uncaring and only think of themselves.** People with BPD are extremely caring, often actually care too much. They get a reputation for only thinking of themselves when they get distressed and engage in behaviors that cause harm to their relationships (overcalling, over-texting, showing up when not invited). In the heat of the crisis, people with BPD are often so physiologically/emotionally aroused, that they cannot be mindful to others. However, they feel an extreme amount of guilt and shame about the effects of their behavior on others.
- **BPD develops from childhood sexual abuse.** Not all people who have suffered childhood sexual abuse develop BPD and not all people with BPD suffered childhood sexual abuse. Depending on the study, 28% to 40% of people with BPD had sexual abuse in their childhood. We used to think that the incidence was higher but as the diagnostic criteria for BPD have been more effectively used, we are finding that the incidence is lower than we initially believed.
- **BPD develops from poor parenting.** Some people with borderline personality disorder are sexually or physically abused as children. Some people with BPD had distant or invalidating families. However, some people came from completely "normal" families. People with BPD are born with an innate, biological sensitivity to emotions, e.g. they have quick to fire, strong, reactive emotions. Children who are emotionally sensitive take special parenting. Sometimes, the parents of the person who develops BPD just aren't as emotional and cannot teach their child how to regulate intense emotions. They are like swans born into a family full of ducks. The duck parents only know how to teach the swan how to be a duck.

What mistakes do loved ones make when trying to deal with someone with BPD?

Family members often try to encourage their loved one but inadvertently invalidate them and increase their emotional arousal. For example: the person with BPD says, "I am a terrible person" after seeing hospital bills from a suicide attempt or a shopping spree or even after a fight. The family member responds, "No, you're not a bad person." The contradiction makes the person with borderline personality disorder more distressed.

Instead, try acknowledging the feelings/thoughts behind the statement then moving into something else. Say instead, "I know that you feel badly about how you acted and that makes you think you are a bad person."

Another error is that family members give the person with BPD more care and attention when they are in crisis and then withdraw when they are not. This may inadvertently reinforce the crisis behavior and punish non-crisis behavior.

Techniques that loved ones/partners can use in dealing with someone with BPD?

Validation is a way of acknowledging some small piece of what the person says as understandable, sensible, “valid.” An important piece of validation that people miss is that we don’t validate the invalid. For example, if your loved one is 5’7,” weighs 80 pounds and says “I’m fat,” you wouldn’t validate that by saying, “Yes, you are fat.” That would be validating the invalid.

You can validate some part of what she is saying by saying “I know you feel fat (or bloated, or full)”, whatever is appropriate to the context of what she is saying. Try to find some small kernel of validity. Remember that tone and manner can be invalidating when words are validating. “I know you FEEL fat” can be invalidating because it communicates that the feeling is wrong.

When a person with BPD is triggered by some event that’s unpleasant or scary for them, an emotional whirlpool ensues. Then they struggle with a torrent of emotions, which can lead to impulsive behavior. Loved ones can feel especially helpless in these moments. What can loved ones do?

The first thing that loved ones should do is regulate their own emotions. It is so difficult to watch someone you love who is in agony and behaviorally out of control. Loved ones can become fearful, angry, judgmental, guilty, a whole gamut of emotions and thoughts. When family members regulate their own emotions, they are better able to think about how to help their loved one.

What should you do if your loved one feels suicidal?

Not everyone who has BPD has suicidal thoughts. But for those who do, there are many reasons for suicidal behavior. Studies have shown that some people feel emotional relief by picturing themselves dying. Thinking, talking, planning suicide may work to relieve emotions, at least for a little while. Some people plan how they will kill themselves; however, about 30 percent of suicide attempts are impulsive, meaning that the person thought about it for just a few minutes. One problem is that people with BPD often fall into the impulsive suicide attempts. So, it is important to remember that if your loved one says that she is going to commit suicide, you have to take it seriously.

That being said, our responses to suicidal behavior can reinforce the behavior. If every time your loved one gets suicidal, you go get her, bring her to your house, feed her and tuck her into bed, you could be inadvertently reinforcing her behavior, especially if you don’t do the same thing when she is doing well. Figuring out the reinforcers for suicidal behavior is complicated work and the consequences for being wrong can be catastrophic. If you think you are reinforcing suicidal behavior, go talk to a professional. Create an alternative plan with your loved one that reinforces non-suicidal behavior. If your loved one is suicidal in the moment, here are a few steps to take with him:

- It may sound strange, but the first thing to do is to tell him not to kill himself.
- Focus on tolerating the moment. Don’t drag up old issues.
- Ask what emotions your loved one is having.
- Validate his emotions and his experience.
- Ask how you can help (if you are willing to help).
- Communicate your faith in your loved one’s ability to get through the crisis.
- If you are ever in doubt, call a professional.

BPD is highly treatable. But what can family or friends do if their loved one refuses to get treatment or there’s no professional in their area who treats people with BPD?

Access to effective treatment for BPD remains an issue. Twenty years ago, clinicians considered BPD untreatable and it takes time to change perception, even when we have data that say that there are effective treatments. If your loved one refuses to get treatment, the key is to support her and take care of yourself. Make sure you are regulating your emotions and communicating limits about what behaviors you can tolerate and which you can’t tolerate. Be supportive when possible but try not to reinforce out of control behaviors. Validate, validate, validate while encouraging your loved one to get treatment. Often people with BPD have had negative experiences in therapy. They have been fired by therapists, gotten worse, thought they were getting worse or were left with thoughts that they cannot be helped. Have honest, nonjudgmental conversations with your loved one about her reasons for refusing treatment and problem solve if possible. Remember that changing behavior is often like water over rocks: gently, consistently and

in a validating way, continue to encourage her to go to therapy while communicating your belief in your loved one's ability to have a life worth living.

Some Positive & Negative BPD characteristics : 2 sides of same coin: Treatment can teach BP individuals an understanding of their traits, and an ability to channel their emotions without being ruled by them.

- Sensitivity to social & emotional cues, especially negative ones → Empathy to the mood & thoughts of others, especially the suffering of others
- Reactivity → Spontaneity
- Lack of Boundaries → Ability to merge: easily fall in love, see things in new ways
- Intensely emotional → Passionate & creative
- Vengeful → Strong sense of right and wrong
- Abandonment fear → Strong attachments
- Neediness → willingness to please
- Unstable sense of self → Flexibility

NAMI (National Alliance on mental illness) Family to Family Education Program

1. 12-week course for families and friends.
2. Family member well-being the target.
3. Course taught by trained family members.
4. Largest program dissemination: >300,000 graduates.

Goal: lower Expressed Emotions (EE levels) in families. Relapse rate reduced by 20%.

EE Target symptoms that cause hypersensitivity to a BPD individual: critical comments, emotional over-involvement and hostility

Resources:

http://www.nami.org/Template.cfm?Section=By_Illness&Template=/TaggedPage/TaggedPageDisplay.cfm&TPLID=54&ContentID=44780 NAMI website link to BPD

National Education Alliance for Borderline Personality Disorder : www.borderlinepersonalitydisorder.com
www.bpdcentral.com

www.bpddemystified.com

<http://tinyurl.com/2br2yh4> An article in Time Magazine

www.BPDFamily.com For family members

BORDERLINE PERSONALITY DISORDER

The Borderline Personality Disorder Survival Guide (2007) by Alex Chapman & Kim Gratz

Borderline Personality Disorder in Adolescents: A Complete Guide to Understanding and Coping When Your Adolescent Has BPD (2007) by Blaise Aguirre, M.D.

Stop Walking On Eggshells: Taking Your Life Back When Someone You Care About Has Borderline Personality Disorder. by Randi Kreger & Paul Mason

The Stop Walking on Eggshells Workbook: Practical Strategies for Living with Someone Who Has Borderline Personality Disorder. by Randi Kreger

The Buddha and the Borderline: My Recovery from Borderline Personality Disorder through Dialectical Behavior Therapy, Buddhism, and Online Dating by Kiera Van Gelder –this is a very candid account of woman with BPD and her experience of going through DBT treatment and getting help.

I Hate You, Don't Leave Me. by Krieman and Straus.

The Adolescent Self: Strategies for self-management, self-soothing, and self-esteem in adolescents. by David Wexler, 1991. In W.W. Norton & Company.

The Essential Family Guide to Borderline Personality Disorder: New Tools and Techniques to Stop Walking on Eggshells by Randi Kreger

Splitting: Protecting Yourself While Divorcing Someone with Borderline or Narcissistic Personality Disorder by Bill Eddy LCSW JD and Randi Kreger

DIALECTICAL BEHAVIOR THERAPY AND RELATED APPROACHES

New Hope for People with Borderline Personality Disorder (2002) by Neil Bockian, Nora E.Villagran, & V. Porr
Dialectical Behavior Therapy Skills Workbook: Practical DBT Exercises for Learning

Mindfulness, Interpersonal Effectiveness, Emotion Regulation, & Distress Tolerance (New Harbinger Self-Help Workbook) [Paperback]—Matthew Mckay, Jeffrey C. Wood and Jeffrey Brantley