

"This book offers hope for those who think their situation has none."

RACHEL REILAND, author of *Get Me Out of Here*

THE ESSENTIAL FAMILY GUIDE TO

BORDERLINE PERSONALITY DISORDER

New Tools and Techniques to Stop Walking on Eggshells



Randi Kreger

Coauthor of the Best-Selling **Stop Walking on Eggshells**

“This indispensable book is compassionate to all involved and avoids blame, jargon, and oversimplification.”

Freda B. Friedman, PhD
Dialectical Behavior Specialist

“With exquisite understanding of the disorder and empathy for both those who have it and their family members, Randi Kreger offers valuable ‘Power Tools’ to help readers endure the ravages of BPD.”

Jerold J. Kreisman, MD, coauthor of *I Hate You—Don’t Leave Me: Understanding the Borderline Personality* and *Sometimes I Act Crazy: Living with Borderline Personality Disorder*

“Randi Kreger uncovers the marvelous symmetry of the borderline relationship, in which both participants experience similar self-doubts, irrational guilt and shame, wavering identity, helplessness, anger, and fear of abandonment. Those with BPD and their loved ones will, together, benefit from the tools she provides.”

Richard A. Moskowitz, MD, author of *Lost in the Mirror: An Inside Look at Borderline Personality Disorder*

“Randi Kreger masterfully breaks down BPD to help people more easily understand this complex subject.”

Barbara Oakley, PhD, author of *Evil Genes: Why Rome Fell, Hitler Rose, Enron Failed, and My Sister Stole My Mother’s Boyfriend*

THE ESSENTIAL FAMILY GUIDE TO

Borderline Personality Disorder

**New Tools and Techniques
to Stop Walking on Eggshells**

• Randi Kreger •

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Hazelden
Center City, Minnesota 55012
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Printed in the United States of America

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Library of Congress Cataloging-in-Publication Data

Kreger, Randi.

The essential family guide to borderline personality disorder: new tools and techniques to stop walking on eggshells / Randi Kreger.

p. cm.

Includes bibliographical references and index.

ISBN 978-1-59285-363-2 (softcover)

1. Borderline personality disorder—Treatment. 2. Borderline personality disorder—Patients—Family relationships. 3. Antisocial personality disorders—Treatment. I. Title.

RC569.5.B67K73838 2008

616.85'852—dc22

2008036456

Editor's note

The BPD stories quoted in this book are either composites or used with permission. In some instances, names, details, and circumstances have been changed to protect anonymity.

This publication is not intended as a substitute for the advice of health care professionals.

12 11 10 09 08 1 2 3 4 5 6

Cover design by Theresa Jaeger Gedig
Interior design by Ann Sudmeier
Typesetting by BookMobile Design and Publishing Services

Dedication

This book is for those who walked with me hand in hand—and sometimes carried me—in my own journey along the yellow brick road. It is also dedicated to the libraries in and around Saint Louis Park, Minnesota. The children's novels there, more precious than any ruby-red slippers, made both me and this book possible.

*When we are no longer able
to change a situation . . .
we are challenged to change ourselves.*

▪ Viktor E. Frankl ▪

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Foreword

The *Essential Family Guide to Borderline Personality Disorder* is a very useful addition to the growing literature on *borderline disorder* (the term most acceptable to my patients and readers). The author's first book, *Stop Walking on Eggshells* (with Paul T. Mason), has been an international best seller in this field since its publication in 1998. A brief overview of the history and current status of borderline disorder will provide context for this guide.

Borderline disorder has been surrounded by many myths that leave people with the disorder and their family members feeling very hopeless. This should not be so because there are many actions that can be taken to markedly reduce the effects of borderline disorder on those who have it and on their families.

For almost a century, borderline disorder has been referred to as a “wastebasket diagnosis,” reserved for those patients whose presenting symptoms are often so complex that they do not fall cleanly into a single diagnosis, thereby frustrating the clinician, the patient, and the family. Borderline disorder is resistant to treatment with conventional uses of traditional treatment approaches, and it was not listed in the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* until 1980. According to the latest research, this devastating disorder has an estimated prevalence of almost 6 percent in the general population.

The many years of neglect of borderline disorder have resulted in a high prevalence of underdiagnosis, disability, continued suffering, premature

death by suicide, and a deep sense of hopelessness. These overwhelming emotions pervade not only those with the disorder, but also their family members, whose lives are terribly affected. In short, borderline disorder is an overlooked, devastating disorder of tragic proportions.

Today, however, there is new hope as a convergence of factors are causing dramatic strides forward. The first factor is represented, in part, by the reports of neuroimaging studies that demonstrate clear differences in the brains of people with borderline disorder compared with those of control subjects. Other studies have demonstrated a high degree of heritability of borderline disorder, further underscoring the fact that the disorder has a significant biological basis. These studies provide clear and visible evidence that borderline disorder is associated with anatomical and functional abnormalities of the brain, and that the disorder should be viewed no differently than medical disorders affecting other organs.

The second factor is the emergence of research on the effective use of a new generation of antipsychotic agents, antidepressants, mood stabilizers, and psychotherapeutic and psychosocial interventions specifically developed for borderline disorder. Treatment programs have also been significantly effective for patients with the disorder, and they have provided highly useful information and new skills to patients' families.

The third factor has been the development of two national advocacy organizations focused solely on borderline disorder: the Treatment and Research Advancements National Association for Personality Disorder (TARA APD) and the National Education Alliance for Borderline Personality Disorder (NEA-BPD). These organizations are dedicated to educating patients and their families about the disorder and how to cope more effectively with it.

The other mission of these organizations is to increase awareness of the disorder on a national and even international level and stimulate public and private funding for research and education. As a result of the efforts of the leadership of NEA-BPD, people with borderline disorder, their families, and professional experts in the field, the U.S. House of Representatives passed a resolution (H. Res. 1005) on April 1, 2008, designating the month of May as Borderline Personality Disorder Awareness Month.

In addition, other organizations have added significantly to the increase in activity in the field. For example, the National Alliance on Mental Illness (NAMI) has recently named those with borderline disorder as one of their “priority populations.” The Borderline Personality Disorder Resource Center has been recently established to help those affected by borderline disorder “find the most current and accurate information on the nature of BPD, and on sources of available treatment.”

Two new important private resources for research funding of borderline disorder have begun to have a positive effect on the field. Founded in 1999, the Borderline Personality Disorder Research Foundation (BPDRF) “has mobilized research centers in the United States and Europe to investigate whether BPD is a recognizable distinct entity, and, if so, what the defining characteristics of the disorder are.” Initially, it selected and funded four centers to investigate borderline disorder from varying scientific and clinical perspectives. In addition, it has awarded research grants to twenty-two investigators.

During the past decade, the National Alliance for Research on Schizophrenia and Depression (NARSAD) has expanded its original focus from schizophrenia and affective disorders to other prevalent mental disorders such as anxiety disorders. Since 1987, this donor-funded organization has awarded more than \$180 million in grants to senior and new meritorious researchers involved in brain research focused on psychiatric disorders. Recently, it has included borderline disorder in its areas of interest.

A final critical factor has been the marked increase in the amount of information readily available about borderline disorder. During the past decade there has been an increasing number of books written for the non-professional about borderline disorder, and there has also been a comparable number of Web sites launched. One of the most successful of these books has been *Stop Walking on Eggshells*, coauthored by Randi Kreger, the author of this guide.

In *Stop Walking on Eggshells*, Kreger focused her attention on the families of those who do not acknowledge their borderline disorder, do not seek treatment, and blame their difficulties on others. The success of this book attests to the large number of people who fall into this group—whom

Kreger calls “higher-functioning invisible BPs” in this book—and the devastating effect their behavior has on their families and others close to them.

In *The Essential Family Guide to Borderline Personality Disorder*, Kreger significantly expands the scope of *Stop Walking on Eggshells* and her accompanying workbook by providing a current and understandable description of the symptoms, nature, and treatment of the disorder by using numerous helpful examples. She also provides much useful advice to families on how to effectively help and how to cope with a family member with borderline disorder.

To do so, Kreger has read broadly in the area and has consulted with a number of leading experts to ensure, to the highest degree possible, the accuracy of her content. This represents no small amount of investigative work, as scientific knowledge in the field is expanding rapidly.

In *The Essential Family Guide to Borderline Personality Disorder*, Kreger utilizes a markedly different approach to educate her readers. Using novel concepts and approaches, she integrates a comprehensive amount of information about the disorder and its treatment.

Kreger does so in a writing style that neither “talks down” to the reader nor expects a high level of knowledge of psychology and neuroscience. Kreger achieves her formidable task in a very impressive fashion. In *The Essential Family Guide to Borderline Personality Disorder*, there is much to be learned by family members who are affected by loved ones with borderline disorder, and also by professionals who strive to help them.

Robert O. Friedel, MD

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Director, Borderline Personality Disorder Program

Department of Psychiatry, Virginia Commonwealth University

Richmond, Virginia

Author, *Borderline Personality Disorder Demystified*

www.bpd-demystified.com

Acknowledgments

When someone asked a songwriter I know how long it took her to compose a song, she said, “my whole life.” In the same way, this book took my whole life—the years I spent in my own BP/non-BP relationship, the dozen years I spent managing my online community for family members, and the three years of intensive research and writing that went into this particular book, the third of my trio of books for those who are struggling to love someone who keeps painfully pushing them away.

On the publishing side, the heavy lifting was done by my good friend and literary agent Scott Edelstein and former Hazelden editor Rebecca Post. Few agents provide the hand-holding and “rah-rahing” that Scott does, and no one else could have been such an excellent sounding board. He has been with me from that day in the early 1990s when he said, “So, do you think you’re ever going to do that book on borderline personality disorder?”

Rebecca Post actually initiated this book when she asked me whether I was interested in writing something for Hazelden—a memoir, perhaps. That seed of an idea grew into the book you now hold in your hands. She nurtured this book in a way that few editors do today. Sid Farrar and the staff at Hazelden stepped in after Rebecca left and have been positive forces in shaping the manuscript, ensuring accuracy, and promoting the book to a wide audience.

Because of the success of my previous books, *Stop Walking on Eggshells* and *The Stop Walking on Eggshells Workbook*, I had access to some of the

top BPD clinicians, researchers, advocates, and other professionals when writing this book. They all share my passion for helping those with this insidious disorder and for helping their friends and family.

At the topmost level is Robert O. Friedel, MD, Distinguished Clinical Professor of Psychiatry at Virginia Commonwealth University and the author of *Borderline Personality Disorder Demystified*. He kindly wrote the foreword and spent hours teaching me how impairments of the physical and chemical brain can lead to BPD behaviors. He also lent his insights to the chapters on treatment and finding a clinician. Thank you.

Another important contributor is Blaise Aguirre, MD, the medical director of the Adolescent Dialectical Behavioral Therapy Center at McLean Hospital in Belmont, Massachusetts. He is a child-and-adolescent psychiatrist recognized for his work in the treatment of BPD and is the author of *Borderline Personality Disorder in Adolescents*. Dr. Aguirre managed to do interviews with me despite his hectic schedule, sometimes fitting me in by cell phone as he walked through the hospital corridors. If you are the parent of a borderline child, you *need* his book.

Jim Breiling, PhD, from the National Institute of Mental Health, is the clinical cornerstone of all things BPD—a kind of real-life “BPDCentral.” He has been supportive of my work for many years and answered a multitude of questions during the time we’ve worked together. He is the greatest.

Other clinicians and professionals who gave me in-depth interviews or significant content include the following (in no particular order):

- Beverly Engel, MFCT, a psychotherapist and the author of eighteen self-help books.
- Barbara Oakley, author of *Evil Genes: Why Rome Fell, Hitler Rose, Enron Failed, and My Sister Stole My Mother’s Boyfriend*. At the last minute, I asked Barbara to apply first aid to the brain chemistry section in chapter 4. She assisted me in writing it and came up with the analogy of tree pollen.
- John Gunderson, MD, Professor of Psychiatry at Harvard Medical School and Director of Psychosocial and Personality

Research at McLean Hospital in Belmont, Massachusetts, and Cynthia Berkowitz, MD.

- Sharon, founder of the online community NUTS (parents Needing Understanding, Tenderness, and Support to help their child with borderline personality disorder).
- Perry D. Hoffman, President of the National Education Alliance for Borderline Personality Disorder and cofounder of the Family Connections Program.
- Floyd Koenig, who served as an impromptu research assistant, gathering information on topics at my request.
- A. J. Mahari, a recovered individual with BPD who has authored several electronic books and maintains the Web site Borderline Personality Disorder from the Inside Out (www.borderlinepersonality.ca).
- Debra Resnick, PsyD, President of Psychological Services and Human Development Center, Inc., in Fort Washington, Pennsylvania. Debra, a psychotherapist who specializes in dialectical behavior therapy (DBT), uses my workbook in a great deal of her work with families.

Furthermore, I am honored that these leading clinicians known for their work with individuals with BPD reviewed chapters of this book for accuracy (although I take all responsibility for the content). These notable people are

- Robert O. Friedel, MD: chapters 1–6
- Marlene Schwartz, RN, MSN, PhD, ANCC, APNP: chapter 8 (Power Tool 2: Uncover What Keeps You Feeling Stuck)
- Debra Resnick, PsyD: chapter 9 (Power Tool 3: Communicate to Be Heard)
- Freda Friedman, PhD (DBT psychotherapist and coauthor of *Surviving a Borderline Parent*): chapter 10 (Power Tool 4: Set Limits with Love)
- Blaise Aguirre, MD: chapter 11 (Power Tool 5: Reinforce the Right Behavior)

Other professionals whom I interviewed or whose work inspired me include Byron Bloemer, PhD; Annette Boehm; Andrea Corn, PsyD; Carolyn DeRoo; William Eddy, attorney, mediator, and clinical social worker; Kathryn Jane Gardner, PhD; Mary Gay, PhD, LPC; Jan Hargrave; and James Holifield, LCSW.

Also Patricia A. Judd, PhD; Anne Katherine, MA, CEDS; Janet Klosko, PhD; L. Allison Langlois, PsyD; Daniel Mattila, MDiv, LCSW; Bennett Pologe, PhD; Karen Pryor; Rachel Reiland; Kimberlee Roth; Kwan Soo, MD; and Amy Sutherland. The founding mothers of the fundamental premise of all three of my books have been Harriet Lerner, PhD, and her book *The Dance of Anger*, and Susan Forward, PhD, and her book *Emotional Blackmail*.

I would also like to thank two singer-songwriters for the use of their lyrics: John Forster (“Codependent With You,” page 158) and Carrie Newcomer (“Closer to Home,” page 242). I found Carrie’s lyric about going “to the edge of my blindness, and then a little more ways” to be a perfect definition for a leap of faith.

All writers have something we must deal with called “real life,” which occurs in those brief moments when we’re not stewing about the book, researching the book, writing the book, rewriting the book, or incessantly talking about the book until everyone around us becomes thoroughly sick of hearing about it. My husband, Robert, has kept me fed these past three years (twelve years, if you count the first two books) and seen to things like changing the oil in my car while I had my nose in a book, was staring at my computer, or looking blankly at nothing while my mind was churning out the solutions in the second half of this book. He is the one who avidly scans the Internet and sends me new book reviews, articles, and the URLs of Web sites he thinks I might be interested in.

Lisa Radtke, the manager of my Welcome to Oz (WTO) online family community, took over after the death of a dearly beloved volunteer and has, for the past several years, kept the WTO community a safe, sacred place for all 16,000 members in fifteen Listserv “neighborhoods.” Assisting Lisa is another longtime volunteer, Rita Closson, MA, who scans

the list and sounds the alert when something needs attention. Rita missed her true calling as a stand-up comedian.

In 2007, computer programming whiz kid Robert Bauer tried to help me keep my technically challenged message board on www.bpdcentral.com in one piece. When it became apparent that, like the *Titanic*, it was sinking fast and all I could do was rearrange deck chairs, he gave the message board new life at his “Facing the Facts” board at www.bpdfamily.com. He has been generous with his time and expertise in all sorts of matters.

Also in 2007, Leslie Steis assisted me by setting up interviews and doing research. I learned a great deal from her about the challenges facing grandparents, who are so often villainized and prevented from spending time with their beloved grandchildren.

Finally, I would like to recognize Edith Cracchiolo, a good friend whom I sorely miss. She and I worked together on the WTO community for ten years. For several of them, she dedicated more than eight hours a day to assisting people on the WTO, especially her beloved adult children. In 2005, she traded in her earthly guardian angel wings for real ones up in heaven. How I wish she were here so I could give her this book. She would have taken it in both hands, looked up at me with a grin, and exclaimed, “Yes!”

The author gratefully acknowledges the following sources:

Kay and Doug’s story, pages 11–13, reprinted with permission from *Hope for Parents: Helping Your Borderline Son or Daughter Without Sacrificing Your Family or Yourself* by K. Winkler and R. Kreger (Milwaukee, WI: Eggshells Press, 2000). Richard and Laurie’s story, pages 13–15, reprinted with permission from *Love and Loathing: Protecting Your Mental Health and Legal Rights When Your Partner Has Borderline Personality Disorder* by R. Kreger and K. Williams-Justesen (Milwaukee, WI: Eggshells Press, 2000). All material from A. J. Mahari’s Web site articles reprinted with permission of the author. Material from June People’s radio interview reprinted with permission of *The Infinite Mind* produced by LCMedia, Inc., ©1999. Material on schema therapy reprinted with permission of Jeffrey E.

Young from www.schematherapy.com—this material also appears in *Schema Therapy: A Practitioner's Guide* by Jeffrey E. Young, Janet S. Klosko, and Marjorie E. Weishaar (New York: Guilford Press, 2003). Material on medications for mental health conditions, page 80, taken from www.drjoe-carever.com, “The Chemical Imbalance in Mental Health Problems,” by Joseph Carver, PhD, reprinted with permission. Medication chart, pages 81–82, taken from www.bpddemystified.com, reprinted with permission of Robert O. Friedel, MD. E-mail from Rachel Reiland, pages 101–102, reprinted with permission of Rachel Reiland. Material on the Stockholm Syndrome, page 149–150, taken from www.drjoecarver.com, “Love and Stockholm Syndrome: The Mystery of Loving an Abuser,” by Joseph Carver, PhD, reprinted with permission. Material from www.aboutpsychotherapy.com reprinted with permission of Bennett Pologe, PhD. Material from the National Association of Cognitive-Behavioral Therapists Web site (www.nacbt.org) reprinted with permission. “Codependent With You” music and lyrics by John Forster, page 158, ©1991 Limousine Music Co. (ASCAP), all rights reserved, reprinted with permission. Chart on boundaries, page 199, reprinted with permission of Donna Bellafore, www.drbalternatives.com, © by Simmonds Publications. “To the edge of my blindness, and then a little more ways,” lyric adapted with permission on page 242, from *Closer to Home*, lyrics by Carrie Newcomer.

About This Book

The information in this book reflects the best of three types of research: an exhaustive, three-year survey of the latest scientific studies related to borderline personality disorder (BPD), interviews with more than two dozen top mental health clinicians and researchers, and the collective experiences of thousands of people affected in one way or another by BPD. All these individuals are members of the Welcome to Oz Online Family Community located at bpdcentral.com or the Facing the Facts message board at www.bpdfamily.com.

Welcome to Oz, or WTO, has provided an online home for more than 65,000 family members since it started in 1996. It functions much like a real-life support group, except that members communicate via e-mail instead of face-to-face. Current membership stands at 16,000, with members gathering by type of relationship (parents, siblings, stepparents) or similarities in their situations (partners who want to stay in the relationships versus those who have decided to separate). Facing the Facts—with 7,000 members—offers the same support. There, members post their thoughts on an online message board.

In part 1 of this book, you'll learn exactly how BPD impairs an individual's thoughts and feelings, which in turn triggers behaviors such as raging, perceived manipulation, suicide threats, and excessive blame and criticism. Since the bane of every family member is finding effective professional help, chapter 6 provides hard and soft qualities to look for in a clinician and seven questions that separate neophyte BPD providers from those with the necessary experience.

Then, armed with new insight about how your borderline family member experiences the world, you'll be introduced to five powerful tools that will help you organize your thinking, learn specific skills, and focus on what you need to do to avoid becoming overwhelmed. They will help you become more confident and clear about who you are, and they will show you steps to take to improve the quality of your life.

Many self-help books are written so readers can skip from chapter to chapter as needed. This book isn't one of them. The chapters in *The Essential Family Guide to Borderline Personality Disorder* are like Russian dolls—you open a big doll, and inside there's a smaller doll, and inside that a smaller one, and so on. Many of the concepts and terms used are unique to this book. So, start at the beginning and read straight through. The one exception is the chapter on finding a therapist.

If you feel trapped, this book will teach you how to get unstuck. If you feel burdened, you'll learn how to ask for help from others. If your self-esteem is in the pits, you'll learn how to climb up, step by step. And perhaps most important, you'll come to realize that you have a right to your own feelings and your own beliefs, and the right to pursue your own goals.

Psychiatrist Milton Erickson said, "There are so many things you know. It's just that you haven't always known that you know them." After you're done reading this book, you'll know.

Terms You Need to Know

To keep it simple, we use the following terms throughout this book.

"Borderline" and "BP"

Because the diagnosis of borderline personality disorder (BPD) has been so stigmatized, it's much more acceptable to say, "He's bipolar" or "She's a diabetic" than to say, "He's borderline." In effect, there is a double standard. Just the word *borderline* conjures up such negative stereotypes that many people avoid the term altogether or use a substitute.

One popular alternative is *consumer*, as in consumer of the mental health system. However, a large percentage of people with BPD are not in

the mental health system. They are in as much denial of their illness as an active, untreated alcoholic. They not only don't seek treatment, but also forcefully repel any suggestion to do so.

People with BPD are finding their own solution. Just as people who are gay or lesbian have adopted the word *queer* as their own, individuals with BPD use the term *borderline* or *BP* for short. This book will follow their lead.

“Family Member” and “Non-BP”

A similar problem surrounds the term *family member*. Like the term *consumer*, *family member* is limited. The effects of BPD are far-reaching: in addition to the immediate family, the disorder impacts the lives of extended relatives, co-workers, friends, in-laws, stepparents, those who emotionally support family members, and even therapists. For this reason, the term *non-BP* refers to *anyone* who is in a situation in which the behavior of a BP affects him or her.

Non-BPs may have their own mental health issues, too, from depression to a personality disorder. In fact, it's common for some non-BPs to have either BPD or narcissistic personality disorder (NPD). You'll read more about narcissism on pages 46–47. *Stop Walking on Eggshells* has an appendix called “Tips for Non-BPs Who Have BPD.”

The terms *BP* and *non-BP* are not a philosophy meant to divide loved ones and family members into separate camps. They're just shorthand, like saying “scuba gear” instead of “self-contained underwater breathing apparatus.”

▪ Part 1 ▪

THE ABCs OF BPD

Welcome to Oz

Be true to yourself despite being misunderstood.

It is painful but not fatal.

▪ I Ching ▪

Do you feel as though you're walking on eggshells around someone important in your life? Does this phrase immediately strike not just a chord but a whole piano concerto? If so, someone in your life may have either borderline personality disorder (BPD) or borderline traits.

Take a look at the following questions. If you answer “yes” to most of them, your loved one might have BPD:

- Does she see you in one of two modes: either a hateful person who never loved her or a source of blessed, unconditional love?
- Does he continually put you in no-win situations? When you try to explain that his position is the opposite of what he said earlier, does it bring on more criticism?
- Is everything always your fault? Are you the target of constant criticism?
- Are there times when everything seems normal and you're on her good side—even idealized—but then for no obvious reason everything falls apart?
- When he's angry, does it degrade into a take-no-prisoners, vicious attack that leaves you reeling?

- Does she use fear, obligation, and guilt to get her way? Do you feel so manipulated that you don't trust her anymore?
- Are you starting to doubt your own sense of reality? Has constant exposure to his skewed sensibility, combined with isolation from family and friends, made you feel like Dorothy confounded in the strange Land of Oz?

What Is Borderline Personality Disorder?

Borderline personality disorder is a serious mental illness that causes those who have it to see people and situations as all good or all bad; to feel empty and without an identity; and to have extreme, blink-of-an-eye mood swings. People with BPD act impulsively; their self-loathing and extreme fear of abandonment can cause them to lash out at others with baseless criticism and blame. Some practice self-harm or see no other option than suicide as a way to end their pain.

People with borderline personality disorder experience the world much differently than most people. For reasons we don't entirely understand, the disorder distorts critical thought processes, resulting in emotions and actions that are out of the norm.

If we could look inside the heads of people with BPD to see the way they think, we'd find out they live in a world of extremes. To them, people and situations are all good or all bad, with nothing in between. They don't just admire or respect someone—they elevate that person to an impossible standard and then knock him down when he inevitably disappoints them. They see themselves this way, too, so that one small misstep leads them to think, *I am a worthless person.*

If you could snap your fingers and, by magic, experience what a BP feels, you would be overwhelmed by self-loathing, an intense fear of being abandoned, and a relentless sense of emptiness. Irritability and depression would be there, too, a steady drumbeat blocking out feelings of joy and even simple satisfaction. "BPD is a cancer that eats away at my body, mind, and soul," says one woman with the illness.

It's easy enough to observe how BPs act. Actions, unlike thoughts

and feelings, are obvious. They're what make people with BPD so hard to live with. BPs behave impulsively, not thinking things through. Some deliberately hurt themselves—they make themselves bleed or they attempt suicide. They may spend too much money, engage in dangerous sex, abuse drugs or alcohol, drive recklessly, shoplift, or eat in a disordered way.

People with BPD repeatedly pull people toward them—often desperately—and then brusquely shove them away through bitter criticism, unappeasable rages, and fits of irrational blaming. They elevate people onto a lofty pedestal and then push them off. Some BPs put people into no-win situations and make absurd accusations.

What's difficult for loved ones to understand isn't the *what* of borderline behaviors, but the *why*.

What Is It Like to Have BPD?

Helen is a twenty-two-year-old borderline woman who just transferred from a small community college to a large university, miles away from friends and family. Other people see her as talented and bright, though a little standoffish. She sees herself as defective and keeps to herself because people terrify her.

To assuage the loneliness, she sometimes sleeps with men she doesn't know very well just to feel their bare skin on hers. She is a binge eater now; in high school she was anorexic. She keeps a journal, from which the following entry is taken (spelling and grammar are preserved).

I want to be dependent sometimes, i want to be taken care of i want to be loved no matter what i want complete understanding from everyone (at all times, no less, ho ho ho). i wants someone who makes love to me, to love me, to understand how I FEEL besides this journal, I want to really touch someone and I want them to touch me. I don't know where to go, I doubt myself so much I don't respect myself i don't have confidence I can do whatever. I WANT TO BE LIKE A NORMAL PERSON I WANT TRUE LOVE, i feel insecure and tired.

I AM AFRAID OF MYSELF AND MY FEELINGS I AM AFRAID, HORRIFIED THAT OTHER PEOPLE WILL HURT ME, I CAN'T ACCEPT MYSELF I DON'T FEEL INCONTROL OF MY BEHAVIOR I CAN'T CONTROL MY EATING. I think if I let it all out I could scream and cry and rage and fear and disappointment, anger, hurt. I feel like a little girl. i want someone to come along to take control and enfold me and tell me I will be ok. I feel tired of living sometimes. I want to help myself and my room is so messy I can't stand it . . . I feel like I alternate be feeling so dead inside and feeling so much such rage I would rather be dead! Why do I feel so self-conscious around my roommate? She tells me my feelings are too intense, I'm too spacey, I take everything as criticism. Why do I feel so angry when someone tells me to open up and share my feelings? Why do I let them manipulate me? I am so very hungry . . . I am me my name is Helen Helen Helen Helen Helen Helen Helen

What Is It Like to Care about Someone with BPD?

Loving someone with BPD is a full-time job. Family members describe it as living on an emotional roller coaster or walking on eggshells. They feel alternately pursued and rejected, as if they're constantly being tested for something, but unsure of what it could be. Over time, people who are close to someone with BPD become so accustomed to living with abusive behavior they start to think it's normal. Family members frequently experience feelings of guilt, shame, depression, exhaustion, isolation, and helplessness.

People affected by the behaviors of someone with BPD come in two categories: "chosen" and "unchosen." In the chosen category are partners and friends. The unchosen category encompasses parents, siblings, in-laws, stepparents—both blood family and those who find themselves in this situation because of their relationship with someone else, for example, a wife whose husband's father turns out to have BPD.

If you have someone in your life with BPD, you may

- be angry a great deal of the time at yourself, your loved one, fate, and the healthcare system
- be drained of emotional energy; your inner resources tested to the limit
- grieve for the loss of your dreams of the happy child, loving partner, close sibling, or loving parent
- fear for your physical safety
- question your own self-worth and your ability to be a good parent, partner, relative, or friend
- experience strain in other family relationships
- experience financial difficulties
- constantly walk a tightrope, balancing your needs and the needs of the rest of your family against those of your BP
- deal with the social stigma of having a mentally ill person in your family
- lose contact with family and friends
- worry about being responsible for keeping your family member alive and healthy
- have your spirituality tested—some people question their religious faith or their ability to see life as promising and good

Different types of relationships pose different challenges. The following stories, which are composites of actual family members, display the similarities and the differences of various relationships involving someone with BPD.

Parents and Grandparents

Parents of those with BPD receive a double whammy: the anguish from having a disturbed child; then, when they search for help, the shame and shock when most professionals hold them responsible for their child's suffering.

Jill was a beautiful baby. "I looked at her and I could feel the tug at my heart," says Kay, Jill's adoptive mother. Grade school wasn't easy for Jill;

she clung to Kay like rubber cement, refusing to get on the yellow bus: "Don't make me go, Mommy! Let me stay with you!" She had a hard time making friends, and teacher after teacher complained of her being uncooperative. The school counselor was certain that Jill would most likely grow out of it. But she never did.

At fourteen, Jill became introverted and rebellious. "We thought it was just adolescent rebellion, but she never came out of it," says Kay. Years of misery followed: drinking, rebellious friends, and skipping school. Jill's screams of defiance were punctuated by slamming doors and flashing anger. She dated a boy who slammed her into her locker, leaving bruises up and down her arms. She yelled at her parents and demanded they get off her back.

As soon as she turned eighteen, Jill moved in with an equally rebellious girlfriend, the friend's hard-drinking mother, and the mother's drug-dealing boyfriend. The mother moved out of town, leaving the two girls and the boyfriend alone in the apartment. Jill's new boyfriend, Sam, quickly moved in.

A few months later, Jill announced that she was pregnant. Her parents rallied to her side and met Sam, the child's father. Jill and Sam wanted to get married, so Kay quickly put together a lovely wedding. Jill was radiant.

After baby Alicia was born, Jill seemed grateful for her parents' love and support. Alicia quickly became the joy of all their lives. But then Jill felt restless again and rebellious; she began seeing other men behind Sam's back. When she met Trevor, she divorced Sam and married her new love just a few months later. Cozying up to her parents, Kay and Doug, Jill convinced them to pay for another wedding. Then Jill ignored them the entire day of the wedding. She had no photos taken with her family, only with Trevor's family. She called them her "real" family now.

Jill started using her daughter and stepchildren to control her parents. For example, one day Jill told them they could spend time with Alicia only if they took her husband's two boys as well. Kay and Doug agreed. After all, they wanted to establish a relationship with their new step-grandchildren, too. But even though they treated all three children

equally well, Jill raged at them for showing favoritism toward Alicia. “You’ll never see any of the children again,” she threatened.

Kay and Doug found that it was much easier to see Alicia when she was visiting her father, Sam. They knew that Jill wouldn’t like it, but they felt they had no other choice if they were to have a positive and loving relationship with their granddaughter. Unfortunately, when Jill found out about the visits she became so enraged that she accused Sam and Doug of sexually molesting Alicia. Careful examination by a doctor and psychologist found no basis for the accusation, and the charges were dismissed. The psychologist recommended counseling for Jill, but she refused.

Kay and Doug are now in the process of getting court-ordered visitation rights so they will still be able to have some relationship with Alicia. “We don’t want to abandon her because I think she’s already had a lot of emotional damage from the things Jill has subjected her to,” Kay says. “I think we are the only people in her life who show her constant, unconditional love.” Their only hope is that the court will see through Jill’s lies. Yet they know how convincing she can be.¹

Partners

Richard met Laurie at a party and was immediately taken by her stunning brown eyes. After dating for eighteen months, Laurie began pushing Richard toward marriage. Her demands for his time and attention grew steadily until she became almost threatening.

Not long after the couple married, Laurie announced that Richard should spend more time with her and less time with his friends. He did to keep her happy. “She kept exploding over things, and it was always all my fault,” he says. “I twisted and turned to please her, but it was never enough. I’d move out. She’d go into her ‘I’m going to kill myself’ song, and I’d come back and try to make it better.”

After two years, he told her that perhaps they should separate for a while. He recounts what happened next:

She started screaming at me about me wanting to divorce her so I could sleep around. She said really ugly things about how I

couldn't "make her happy." I was so devastated that I just stood there with my mouth hanging open. Then she picked up a plate and threw it at me. It hit the wall. I picked up my gym bag and left.

I was staying with my parents and Laurie called me there all hours of the day and at work to get me to come home. Finally, she started threatening to kill herself if I didn't come back. I gave in and moved back, sure my love could heal her. Then she became pregnant. When she suffered a miscarriage, she blamed me because she said I didn't love her or the baby. She said that this was how God was punishing me. My self-esteem had dropped so low that I was struggling at work and drinking a lot. I was spending more and more time away from home with my friends so I could avoid her anger and her rages.

I vowed to get the hell out. Laurie said that she felt terrible about what she had done. She was so sweet and seemed so sincere. She promised to change. She said how sorry she was and kept telling me that no one would ever love me as much as she did. We made love that night and conceived our son.

The day my son was born was one of the happiest and most difficult days of my life. When Michael was two weeks old, I came home from work to find the locks changed. Laurie screamed at me through the door that I would never see my son again and that she was going to have my parental rights revoked. I drove to a friend's house and sat on the front steps trying to figure out what to do next.

Laurie contacted a therapist who specialized in family and child sexual abuse. She convinced the therapist that I posed a threat to my son because of my "abhorrent sexual behavior" and the therapist wrote a letter to her attorney suggesting that I be placed on restricted, supervised visitations.

Early one morning, Laurie dropped Michael off at the sitter and said she had to go to work. She never showed up. She began calling everyone she knew and telling them that she was killing

herself. After a six-hour search, paramedics found her in a hotel room trying to overdose. She survived and was put into psychiatric care. Her diagnosis was borderline personality disorder.

My attorney filed for immediate, temporary custody of Michael. It took two and a half years and a lot of money, but I finally won full custody. Laurie is now on supervised visits with our son. She has been on medication and in and out of therapy for the past five years. I wish her the best, because that's what's best for my son.²

Children

Kellie wrote (but never sent) this letter to her borderline mother, Ruth.

For most of my life I have been afraid of you. It is almost like I grew up with two mothers: the Good Mother and the Bad Mother. The Good Mother is very supportive and nurturing. She encourages me to get better at chess, stands up for me, worries about my future, and tells me she loves me.

But when the Bad Mother appears, everything the Nice Mother does gets wiped away. The Bad Mother's anger is out of control, 'cause she can only feel better once she has destroyed. I'm thirteen or so and the Bad Mother doesn't like the way I eat. She thinks it's impolite. She tells me, "You'll never have any friends if you eat like that."

I'm a teenager and once a week I am supposed to take out the trash and clean my room. Sometimes I don't and it's okay. Then sometimes the Bad Mother comes out and screams and yells and rages because the trash overflowed and egg yolk hardened on the floor. She tells me what a jerk I am and says I can't watch TV for a week. "You're ruining the family," she screams at me.

When I grow up, I try desperately to find someone who will love me. I keep on re-creating my relationship with my mother by choosing men who ultimately reject me. When my husband gets irritated at me and doesn't want to talk, or if he says no when

I initiate sex, I am convinced he no longer loves me and we argue. When I return to reality, I don't understand what made me doubt his love. But I keep testing him 'cause I just can't stop.

Siblings

Perry Hoffman, PhD, who is cofounder of the Family Connections program of the National Education Alliance for Borderline Personality Disorder, says that parents and siblings tell her that having a borderline sibling can be devastating.

The parents of an eighteen-year-old borderline daughter just told me that their other daughter, who is fifteen years old, has been so traumatized by her older sister's nonstop verbal barrage they are seeking psychiatric treatment for her.

Some siblings take on an enormous amount of responsibility and end up being the caretakers of their borderline sibling. They make life decisions based on the fact that they have a relative with BPD. For example, I've heard some siblings say that they will never have children of their own because the disorder may be passed on, and they don't want a child of theirs to suffer the way their borderline sibling has suffered.

Siblings also worry about the impact the borderline sibling may have on their marital relationship. They're unsure of how to explain that the entire family is organized around the ill child's behavior.³

Specific issues siblings face include

- losing out on a great deal of their parents' time and attention.
- feeling guilty and wondering if they did something to cause their sibling to be ill.
- fear of bringing their friends home.
- fearing for their own safety and the safety of their parents.
- feeling enormous pressure to be good to make up to Mom and Dad for the problems caused by the borderline sibling.
- problems with self-esteem. "I didn't have much self-esteem until I went away to college and got away from her," Mary says

about her sister. “At college I got some positive attention, and I really used that to build a sense of self-esteem.”

- dreading family gatherings and holidays because their sibling’s behavior is usually disruptive, dampening the celebratory mood.
- being influenced by the friends, sometimes from a rough crowd, of the borderline child.

Other Relationships

Stepparents have tremendous problems dealing with family members and ex-spouses with BPD. This is especially true with women in second marriages when their husbands have children from a previous marriage and an ex-wife with BPD. These women are the main support for their husbands, who are usually embroiled in terrible conflicts with their ex-wives about their children. They see the suffering of their husbands and stepchildren and are drawn into the morass. Many become a target of a vengeful ex-wife.

Friends and extended family members who support the immediate family member of the BP often end up on the roller coaster, too, if only because they’re holding the family member’s hand. These relationships often become strained because of disagreements about how to handle the chaos that BPs can ignite.

BPD in Society

Borderline personality disorder is a complex mental illness that has far-reaching effects. It’s common for people with BPD to suffer from depression, substance abuse, eating disorders, and other serious co-occurring mental health conditions. The disorder can underlie domestic abuse, high-conflict divorce, lost work productivity, sex addiction, gambling, self-harm, criminal behavior, and more. In this way, it’s more than a ripple in a pond; it is a tsunami, an undersea earthquake that sends ninety-foot waves miles past the shore and destroys much of what’s in its path.

Despite its far-reaching and damaging effects, BPD is largely unknown and frequently ignored—especially compared to more publicized yet less

common conditions such as anorexia and bipolar disorder. Because of its complex, multifaceted nature, BPD is likely the most misunderstood and stigmatized mental illness listed in the *Diagnostic and Statistical Manual of Mental Disorders* (more about that later). The vast majority of clinicians haven't been trained to treat people with BPD, resulting in misdiagnosis and improper treatment. It's common for clinicians to miss the diagnosis in higher-functioning patients and drop lower-functioning patients because the clinicians haven't been able to set proper limits.

But over the last decade, a lot of progress has been made. The widespread belief that BPD is always caused by childhood abuse is being challenged by sophisticated brain scans of BPD patients that reveal that the brains of people with borderline personality disorder function markedly different from those without the disorder.

This research has been key to putting BPD on par with other brain disorders, helping to bring about a wealth of new resources, including nonprofit organizations dedicated to helping patients and families, providing education, and bringing in research dollars. It's also been a compelling reason why other public and private mental health organizations have begun making BPD treatment part of their mission. Public attention has blossomed with more than a dozen new books on BPD, features in the *New York Times* and *O, The Oprah Magazine*, and even characters with BPD on television and in the movies.

Key Principles

Keep these principles in mind as you read this book. These thoughts need to become a permanent part of your mind-set when dealing with someone with BPD.

To Help Your Family Member, You Must Help Yourself First

Your intuition may tell you that it should be the other way around—that the health of your relationship is dependent on your family member's willingness to get help, and your job is to ignore your own needs and concentrate on fixing the other person. Wrong.

People spend years trying to please their borderline family member by twisting themselves into a pretzel to avoid conflict. Even if it works, the price is high. Family members suffer from depression, isolation, helplessness, low self-esteem, sleep deprivation, and even physical illnesses (especially adult children of people with BPD). Predictably, the relationship begins to degrade, which is exactly what family members are trying to avoid.

This means that, paradoxically, the long-term health of your relationship partly depends upon your willingness to look after your own needs, such as taking time away, setting limits with love, and having a hearty life of your own separate from your borderline family member.

This curious paradox is many family members' undoing. They may hear it but not believe it; they may have lost the ability to take care of themselves (or never had it to begin with); or they may be unwilling to accept that giving, giving, and giving some more is just not helping the situation. Of course, that doesn't have to happen to *you*.

BPD Thoughts, Feelings, and Behaviors Are Not Different, Just Exaggerated

We all have traits associated with borderline personality disorder. At times, we all let our feelings overcome logic, blow things out of proportion, and act impulsively in ways we later regret. If we didn't, we wouldn't be human.

Two key differences between what is "normal" and what veers into personality disorder territory are *extremity* and *frequency*. When these traits, thoughts, feelings, and behaviors become so intense and so frequent they greatly interfere with jobs, relationships, and other aspects of daily life, one or more personality disorders may be present.

You Can Improve Your Life Even If Your Family Member Doesn't Change

Right now, you probably feel trapped, confused, and powerless. But it doesn't have to be this way—at least to the extent it is right now. It may seem hard to imagine, but by the time you're finished with this book, you'll have learned tools and techniques that will enable you to feel better and more in control of your life regardless of what your loved one does or

doesn't do. You control your own destiny much more than you think you do, though it takes learning, planning, and practicing.

It Takes Only One Person to Fundamentally Change a Relationship

It takes two to have a relationship. But each person is in charge of 50 percent. Right now, you may think that your family member has power over you and can “make” you do and feel things you don't want to do and feel. This is false. When you take more control of your own reactions and make decisions true to yourself, the dynamic of your relationship will change.

Borderline Personality Disorder by the Numbers

Some of these statistics, provided by the National Education Alliance for Borderline Personality Disorder, were derived through research of borderline individuals within the mental health system or other institutions.⁴ It does not include the hundreds of thousands (probably millions) who do not seek treatment and are a large focus of this book.

Prevalence in Adults

- Officially, four million American individuals have BPD (2 percent of the general public). Cutting-edge research is showing that this number is much higher.
- BPD is more common than schizophrenia.
- BPD is twice as common as the eating disorder anorexia.⁵
- Twenty percent of people with psychiatric hospital admissions have BPD (more than for major depression).

Suicide and Self-Injury

- Ten percent of adults with BPD commit suicide.
- A person with BPD has a suicide rate 400 times greater than the general public.

- Thirty-three percent of youth who commit suicide have features of BPD.

Treatment Challenges

- No FDA-approved medication exists for BPD (although many medications are used to treat the symptoms).
- BPD can co-occur with other illnesses. Most people with BPD also have depression.
- An overwhelming number of clinicians do not have the training or experience to effectively treat those with the disorder. Research-based therapies for BPD are not widely available and are only appropriate for a subsection of those with the disorder. Eighty percent of psychiatric nurses believe that people with BPD receive inadequate care.⁶
- A thirty-year-old woman with BPD typically has the medical profile of a woman in her sixties.

Economic Impact

- Up to 40 percent of high users of mental health services have BPD.
- More than 50 percent of individuals with BPD are severely impaired in employability, with a resulting burden on Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), and Medicaid and Medicare.
- Twelve percent of men and 28 percent of women in prison have BPD.

Understanding Borderline Personality Disorder

*Do I contradict myself?
Very well then I contradict myself,
(I am large, I contain multitudes.)*
▪ Walt Whitman, “Song of Myself” ▪

We’re going to cover a lot of ground in this chapter. First, we’ll look at the nine traits that make up the formal definition of BPD. Then, we’ll rearrange these traits to give you a better idea of how and why people with BPD act the way they do. Next comes:

- Other common characteristics of people with BPD
- The three subtypes of BPD
- BPD in children and adolescents, men, and older adults
- Other mental health problems that often go along with BPD

But first, following are answers to a few commonly asked questions:

1. Does “borderline” mean that people with BPD are on the border of something?

The short answer is “no.” The long answer: A century ago, psychiatrists observed that some patients who generally functioned well got much worse when they talked while lying down on the couch. At the time, psychiatrists believed that all patients were