

UNDERSTANDING BORDERLINE PERSONALITY DISORDER



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Symptoms of Borderline Personality Disorder

Trying to determine if you or someone in your life may suffer from Borderline Personality Disorder? You will soon find out, however, that this is a complex question. There are no simple behavioural checklists; no definitive tests. Identifying Borderline Personality Disorder requires having a working knowledge of the disorder and some insight into the past life of the person in question.

Borderline Personality Disorder is a disorder of the emotions. Imagine a person who is extremely sensitive to rejection (fearful of even perceived or anticipated rejection) and has a limited ability to modulate their emotional impulses (love, fear, anger, grief, etc.). To protect themselves from their own feelings, they are prone to adopt a multitude of dysfunctional rationalizations and cover-ups.

For example, a person suffering from BPD may so fear rejection in a new relationship that they recreate themselves in the image of a person they believe would be lovable. When the negative emotions for making such a sacrifice surface - and not having the ability to modulate them, they lash out at the target of their affections for "making them do it" - rather than face their own feelings of inadequacy / fear of rejection, ultimately damaging the relationship they so fear losing, and reinforcing their feelings of inadequacy / fear of rejection.

What is going on in a Borderline Personality Disorder sufferer's mind and how they are acting can be two entirely different things. To the sufferer, BPD is about deep feelings, feelings often too difficult to express, feelings that are something along the lines of this:

- If others really get to know me, they will find me rejectable and will not be able to love me; and they will leave me;
- I need to have complete control of my feelings otherwise things go completely wrong;
- I have to adapt my needs to other people's wishes, otherwise they will leave me or attack me;
- I am an evil person and I need to be punished for it;

- Other people are evil and abuse you;
- If someone fails to keep a promise, that person can no longer be trusted;
- If I trust someone, I run a great risk of getting hurt or disappointed;
- If you comply with someone's request, you run the risk of losing yourself;
- If you refuse someone's request, you run the risk of losing that person;
- I will always be alone;
- I can't manage by myself; I need someone I can fall back on;
- There is no one who really cares about me, who will be available to help me;
- I don't really know what I want;
- I will never get what I want;
- I'm powerless and vulnerable and I can't protect myself;
- I have no control of myself;
- I can't discipline myself;
- My feelings and opinions are unfounded;
- Other people are not willing or helpful.

To the family members, BPD behaviour is often very frustrating can feel unfair and punitive - something like this:

- You have been viewed as overly good and then overly bad;
- You have been the focus of unprovoked anger or hurtful actions, alternating with periods when the family member acts perfectly normal and very loving;
- Things that you have said or done have been twisted and used against you;
- You are accused of things you never did or said?
- You often find yourself defending and justifying your intentions;
- You find yourself concealing what you think or feel because you are not heard;
- You feel manipulated, controlled, and sometimes lied to.

As such, the most obvious "symptom" of Borderline Personality Disorder is a lifelong pattern of instability in interpersonal relationships, self-image and emotions.

Do I Have Borderline Personality Disorder?

"About a year ago I went to my doctor and told her how I was feeling, she told me I had symptoms of BPD and to maybe see a therapist. I never ended up going but I did look it up and a lot/almost all of it related to me. I never thought much of it because I just thought I was a normal teenage girl who liked to party a little too much, didn't really know who I was, and was sad & insecure sometimes.

I recently got into a relationship, about 4 months ago, I've never been in one before. I don't even know how to act in a relationship because I usually push the other person away in fear that once they get to know me, they'll leave me, so I leave first. He's the first guy I've ever had any sort of real connection with, but we fight a lot. For the most part we usually fight because of me, I get these feelings and emotions that come out of nowhere and I freak out about. For some reason they made me look up borderline personality disorder and I relate more than ever.

I don't know if it's all coming out because I just have no idea how to function in a relationship or because something really is wrong. I just don't think it's that hard to learn how to be in a relationship and I don't think most people go through this. I constantly need reassurance that he likes me, that he thinks I'm pretty, that he likes my body, that I'm important to him. When he's not around, all I can think is that I could be single, that it would be better that way. When he's with me all I can think is that I never want to be alone again.

Every little detail I found myself getting upset over, I start fights over stupid things. I also find myself thinking; If he's not with me and he's not texting me I think he's cheating because why would someone like him want anything to do with someone like me? But then sometimes I think I could get a way better looking guy than him, that I'm too good for him.

I'm sure I could go on, but this is the gist of what's going on. Everything just seems so black and white. Either I think things are perfect or everything has going to shit. Is something wrong with me, I keep wondering? Maybe I'm too insecure or jealous or something. I don't know what's going on, I don't know why I can't let things just be."

I Have Borderline Personality Disorder

"It is not the same as being borderline psychotic nor is it the same as having bipolar disorder. While people with BPD do suffer mood swings, they rarely last more than a couple of hours and change from one emotion to the next rapidly encompassing the entire realm of emotional experience, whereas people with bipolar disorder go through manic and depressant phases lasting three to eight days.

BPD is a disorder that a great deal of the population is ignorant of, and those who have heard of it are often misinformed, even though an estimated two out of every one hundred people suffer it.

When you are with someone who has BPD, you will notice definite patterns in their behaviours, that may or may not be extreme; people with BPD can be excellent at hiding their cardinal traits from the average person, and only once you really get close to someone can you discern that there may be something different about them. This makes it exceedingly difficult for us because we live in terror of being rejected and abandoned, and when we let someone in, they see one side of us, and when we make them aware of our BPD and they get freaked out and leave, they are fulfilling our never ending cycle of fear.

In every relationship, small or large, having BPD feels like lying with your belly face up waiting for someone to stab you in it. Instead of dealing with the abandonment we feel is inevitable in a relationship, we will often reject you first, even if we are quite fond of you. If we do not openly reject you, we create patterns and environments that make you uncomfortable so you leave, even though that may be the last thing we really want you to do.

In times of unusually high stress, when we feel more out of control than usual, our brains may respond by temporary psychosis, or the loss of touch with reality. This scares us just as much as it scares you.

People with BPD are prone to self-destructive behaviours (reckless driving, financial irresponsibility, cutting, etc), suicidal tendencies or ideation, severely damaged self-image, paranoia in relationships and social settings, extreme trust issues and fear of abandonment, hyper-sensitivity to judgment and other people's emotions, increased sporadic aggression, defining people in black and white terms (and variations between co-dependency and total dissociation with the people around them. People with BPD also have the tendency to compartmentalize memories, experiences, and events within their brain, in order to better cope with their emotions. All of these traits can make a romantic relationship, or even a friendship, with someone very difficult and are usually the cause of the breakup or break down.

Not all people with BPD are "crazy," nor should you stay away from us if we trust and love you enough to tell you about our disorder. Understand that our trust does not come easily, in any way, shape or form and we are giving you a very precious gift. Do not assume we are incapable of living normal, happy lives, or that we are incapable of holding down jobs. We can succeed just as well as the other ninety-eight out of one-hundred people who do not have BPD —it just may take us a hell of a lot more perseverance."

Questions: Borderline Personality Test

Please note affirmative answers to the questions do not indicate a fixed conclusion. They may, however, provide you with the realization that there's a possibility you or a loved one may be a Borderline Disorder Personality. A definitive diagnosis can only be made through an evaluation by a psychiatrist or mental health care clinician who specializes in Borderline Personality Disorder.

- Does criticism from other people, even in small measure, make you feel horrible inside?
- While being successful in your work life, do you feel as though a happy, successful relationship has been the one thing that's alluded you?
- Would you say your emotional life has been characterized by anguish?
- Have you found it hard to have close friends for very long?
- Do you feel like you have less friends than those around you?
- Do you tend to, at first, over idealize people and later often feel let down by them?
- Have you ever been accused of behaving in ways that are all or nothing with nothing in between?
- Have you taken on the values, habits and preferences of people, institutions, religions or philosophies, only to regret this decision later?
- Have you experienced intense episodes of sadness, irritability, and anxiety or panic attacks?
- Have you often felt raw? exhausted? in despair?
- Do you have trouble sleeping?
- Have you experienced chronic feelings of emptiness? Have you experienced a physical manifestation of this in your stomach or chest?
- Do you have trouble being alone?
- Have you experienced intense relationships?
- Do you feel like other people's emotional needs are too great?
- Have you felt depleted from giving it your all to relationships?
- Have you felt like since you've given it all to relationships and they haven't worked, that your only choice for sanity and balance is to not be in a relationship?
- Do you often feel lonely even when you are in a relationship?
- Do you consciously or unconsciously fear being abandoned?
- Do you seem to require more time with your partner than those you observe around you?
- Does your partner accuse you of having a double standard about the relationship?
- Have you said you feel "unsafe" in your relationship?
- Do you feel like your partner isn't telling you everything?

- Have you ever experienced an overpowering feeling that your partner was keeping things from you? Has your partner expressed feeling falsely accused of doing or saying things?
- Do social engagements and vacations often end up in turmoil?
- Do you feel a strong need for control?
- Are you often afraid that the world is going to cave in on you... that your life is going to collapse if you aren't in control of everything?
- Have you demonstrated outbursts in your most intimate relationships that seemed very appropriate at the time, but you regretted later?
- Have you suffered from intense bouts of anger that last for hours, maybe even a few days?
- Are your expressions of anger sometimes followed by shame and guilt?
- Do you ever feel shameful?
- After a relationship has ended, have you felt like you're experiencing Post Traumatic Stress Syndrome?
- Have you ever cut someone off and refused to speak to them?
- Have you continued to refuse contact no matter how hard they try to reach you?
- Do you use alcohol or drugs to soothe your emotional pain?
- Do you have, or has anyone suggested you have, an eating disorder?
- Have you been known to spend too much, eat too much, be sexually promiscuous, or drive too fast?
- Have others commented or complained you work too much?
- Has anyone ever accused you of being paranoid?
- Have you ever cut yourself?
- Have you ever experienced so much emotional pain that you felt like you wanted to die?
- Have you ever attempted suicide?

Why is Borderline Personality Disorder Difficult to Diagnose?

The term "borderline" means in-between one thing and another. Originally, this term was used when the clinician was unsure of the correct diagnosis because the client manifested a mixture of neurotic and psychotic symptoms. Many clinicians thought of these clients as being on the border between neurotic and psychotic, and thus the term "borderline" came into use.

The term "borderline" has been used in a number of ways that are quite different from the DSM-IV criteria for borderline personality disorder (BPD), and that the misuse of this diagnostic label has long been criticized. In some circles, "borderline" is still used as a "catch-all" diagnosis for individuals who are hard to diagnose or is interpreted as meaning "nearly psychotic," despite a lack of empirical support for this conceptualization of the disorder.

Additionally, with the recent popularity of “borderline” as a diagnostic category and the reputation of these clients as being difficult to treat, “borderline” is often used as a generic label for difficult clients or as an excuse for therapy going badly.

The essential feature of Borderline Personality Disorder is a pervasive pattern of instability of interpersonal relationships, self-image, and affects, and marked impulsivity that begins by early adulthood and is present in a variety of contexts.

Borderline Personality Disorder is a relatively recent addition to the American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders (DSM) and the World Health Organization International Statistical Classification of Diseases and Related Health Problems (ICD). Accordingly, the majority of practicing mental health professionals graduating prior to 2000 have not been trained on the diagnosis and the treatment of this complex disorder as part of their professional curriculum.

Additionally, the clinical definition of Borderline Personality Disorder is very broad. In the DSM-IV it is defined in terms of nine criteria of which 5 or more are indicative of the disorder. This translates to 256 clusters of criteria, or constellations as they are known, any one of which is diagnostic for BPD. Within these constellations, there are high functioning borderlines that operate well in society and whose disorder is not very obvious to new acquaintances or the casual observer. Also, within these constellations are the low functioning borderlines who are more apparent as they can't hold jobs, or they self-harm (cutting). Suicidal attempts/ideation and anorexia/bulimia are some of the most serious aspects of this disorder - yet, many with the disorder do not exhibit either.

Proper diagnosis and treatment of Borderline Personality Disorder is spotty at best with healthcare providers, marriage counsellors, and family therapists who are often hesitant to diagnose or treat the disorder. As a result, most borderlines are undiagnosed or in treatment for other maladies such as depression, bipolar mood disorder or PTSD.

Symptoms of Borderline Personality Disorder – National Institute of Health

People with BPD often have highly unstable patterns of social relationships. While they can develop intense but stormy attachments, their attitudes towards family, friends, and loved ones may suddenly shift from idealization (great admiration and love) to devaluation (intense anger and dislike). Thus, they may form an immediate attachment and idealize the other person, but when a slight separation or conflict occurs, they switch unexpectedly to the other extreme and angrily accuse the other person of not caring for them at all.

Even with family members, individuals with BPD are highly sensitive to rejection, reacting with anger and distress to such mild separations as a vacation, a business trip, or a sudden change in plans. These fears of abandonment seem to be related to difficulties feeling emotionally connected to important persons when they are physically absent, leaving the individual with BPD feeling lost and perhaps worthless. Suicide threats and attempts may occur along with anger at perceived abandonment and disappointments.

People with BPD exhibit other impulsive behaviours, such as excessive spending, binge eating and risky sex. BPD often occurs together with other psychiatric problems, particularly bipolar disorder, depression, anxiety disorders, substance abuse, and other personality disorders.

Symptoms of Borderline Personality Disorder - The Mayo Clinic

People with BPD often have an unstable sense of who they are. That is, their self-image or sense of self often rapidly changes. They typically view themselves as evil or bad, and sometimes they may feel as if they don't exist at all. This unstable self-image can lead to frequent changes in jobs, friendships, goals, values and gender identity.

Relationships are usually in turmoil. People with BPD often experience a love hate relationship with others. They may idealize someone one moment and then abruptly and dramatically shift to fury and hate over perceived slights or even misunderstandings. This is because people with the disorder have difficulty accepting grey areas — things are either black or white. For instance, in the eyes of a person with BPD, someone is either good or evil. And that same person may be good one day and evil the next.

In addition, people with BPD often engage in impulsive and risky behaviour. This behaviour often winds up hurting them, whether emotionally, financially or physically. For instance, they may drive recklessly, engage in unsafe sex, take illicit drugs or go on spending or gambling sprees. People with BPD also often engage in suicidal behaviour or deliberately injure themselves for emotional relief.

Other signs and symptoms of borderline personality disorder may include:

- Strong emotions that wax and wane frequently
- Intense but short episodes of anxiety or depression
- Inappropriate anger, sometimes escalating into physical confrontations
- Difficulty controlling emotions or impulses
- Fear of being alone

Symptoms of Borderline Personality Disorder – American Psychiatric Association DSM-5

The DSM-5 work group is recommending that this disorder be reformulated in the DSM-5 as the Borderline Type.

Individuals who match this personality disorder type have an extremely fragile self-concept that is easily disrupted and fragmented under stress and results in the experience of a lack of identity or chronic feelings of emptiness. As a result, they have an impoverished and / or unstable self-structure and difficulty maintaining enduring intimate relationships. Self-appraisal is often associated with self-loathing, rage, and despondency. Individuals with this disorder experience rapidly changing, intense, unpredictable, and reactive emotions and can become extremely anxious or depressed. They may also become angry or hostile, and feel misunderstood, mistreated, or victimized. They may engage in verbal or physical acts of aggression when angry. Emotional reactions are typically in response to negative interpersonal events involving loss or disappointment.

Relationships are based on the fantasy of the need for others for survival, excessive dependency, and a fear of rejection and/or abandonment. Dependency involves both insecure attachments, expressed as difficulty tolerating aloneness; intense fear of loss, abandonment, or rejection by significant others; and urgent need for contact with significant others when stressed or distressed, accompanied sometimes by highly submissive, subservient behaviour. At the same time, intense, intimate involvement with another person often leads to a fear of loss of an identity as an individual. Thus, interpersonal relationships are highly unstable and alternate between excessive dependency and flight from involvement. Empathy for others is severely impaired.

Core emotional traits and interpersonal behaviours may be associated with cognitive dysregulation, i.e., cognitive functions may become impaired at times of interpersonal stress leading to information processing in a concrete, black and white, all-or-nothing manner. Quasi-psychotic reactions, including paranoia and dissociation, may progress to transient psychosis. Individuals with this type are characteristically impulsive, acting on the spur of the moment, and frequently engage in activities with potentially negative consequences. Deliberate acts of self-harm (e.g., cutting, burning), suicidal ideation, and suicide attempts typically occur in the context of intense distress and dysphoria, particularly in the context of feelings of abandonment when an important relationship is disrupted. Intense distress may also lead to other risky behaviours, including substance misuse, reckless driving, binge eating, or promiscuous sex.

1. **Negative Emotionality: Emotional Lability**
Having unstable emotional experiences and mood changes; having emotions that are easily aroused, intense, and/or out of proportion to events and circumstances
2. **Negative Emotionality: Self-harm**
Engaging in thoughts and behaviours related to self-harm (e.g., intentional cutting or burning) and suicide, including suicidal ideation, threats, gestures, and attempts
3. **Negative Emotionality: Separation insecurity**
Fears of rejection by, and/or separation from, significant others; distress when significant others are not present or readily available
4. **Negative Emotionality: Anxiousness**
Feelings of nervousness, tenseness, and/or being on edge; worry about past unpleasant experiences and future negative possibilities; feeling fearful and threatened by uncertainty
5. **Negative Emotionality: Low self-esteem**
Having a poor opinion of one's self and abilities; believing that one is worthless or useless; disliking or being dissatisfied with one's self; believing that one cannot do things or do them well
6. **Negative Emotionality: Depressivity**
Having frequent feelings of being down/ miserable/ depressed/ hopeless; difficulty "bounding back" from such moods; belief that one is simply a sad/ depressed person
7. **Antagonism: Hostility**
Irritability, hot temperedness; being unfriendly, rude, surly, or nasty; responding angrily to minor slights and insults
8. **Antagonism: Aggression**
Being mean, cruel, or cold-hearted; verbally, relationally, or physically abusive; humiliating and demeaning of others; willingly and wilfully engaging in acts of violence against persons and objects; active and open belligerence or vengefulness; using dominance and intimidation to control others
9. **Disinhibition: Impulsivity**
Acting on the spur of the moment in response to immediate stimuli; acting on a momentary basis without a plan or consideration of outcomes; difficulty establishing and following plans; failure to learn from experience

10. Schizotype: Dissociation Proneness

Tendency to experience disruptions in the flow of conscious experience; "losing time," (e.g., being unaware of how one got to one's location); experiencing one's surroundings as strange or unreal.

Symptoms of Borderline Personality Disorder – American Psychiatric Association DSM-IV

Personality disorders are diagnosed based on signs and symptoms and a thorough psychological evaluation. To be diagnosed with borderline personality disorder, someone must meet criteria spelled out in the Diagnostic and Statistical Manual of Mental Disorders (DSM). The DSM criteria note that people with BPD have a pattern of unstable relationships, self-image and mood, as well as impulsive behaviour. These typically begin in early adulthood.

This manual is published by the American Psychiatric Association and is used by mental health professionals to diagnose mental conditions and by insurance companies to reimburse for treatment.

Borderline Personality Disorder is a pervasive pattern of instability of interpersonal relationships, self-image, and affects, and marked impulsivity beginning by early adulthood and present in a variety of contexts, as indicated by five (or more) of the following:

1. *Frantic efforts to avoid real or imagined abandonment. Note: Do not include suicidal or self-mutilating behaviour covered in Criterion 5*
2. *A pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of idealization and devaluation.*

This is called "splitting." Following is a definition of splitting from the book **I Hate You, Don't Leave Me** by Jerry Kreisman, M.D.

The world of a BP, like that of a child, is split into heroes and villains. A child emotionally, the BP cannot tolerate human inconsistencies and ambiguities; he cannot reconcile good and bad qualities into a constant coherent understanding of another person. At any particular moment, one is either Good or EVIL. There is no in-between; no grey area, people are idolized one day; totally devalued and dismissed the next.

Normal people are ambivalent and can experience two contradictory states at one time; BPs shift back and forth, entirely unaware of one feeling state while in the other.

When the idealized person finally disappoints (as we all do, sooner or later) the borderline must drastically restructure his one-dimensional conceptualization. Either the idol is banished to the dungeon, or the borderline banishes himself in order to preserve the all-good image of the other person.

Splitting is intended to shield the BP from a barrage of contradictory feelings and images and from the anxiety of trying to reconcile those images. But splitting often achieves the opposite effect. The frays in the BP's personality become rips, and the sense of his own identity and the identity of others shifts even more dramatically and frequently.

3. *Identity disturbance: markedly and persistently unstable self-image or sense of self.*
4. *Impulsivity in at least two areas that are potentially self-damaging (e.g., spending, sex, substance abuse, reckless driving, binge eating). Note: Do not include suicidal or self-mutilating behaviour covered in Criterion 5.*
5. *Recurrent suicidal behaviour, gestures, or threats, or self-mutilating behaviour*
6. *Affective instability due to a marked reactivity of mood (e.g., intense episodic dysphoria, irritability, or anxiety usually lasting a few hours and only rarely more than a few days).*
7. *Chronic feelings of emptiness*
8. *Inappropriate, intense anger or difficulty controlling anger (e.g., frequent displays of temper, constant anger, recurrent physical fights)*
9. *Transient, stress-related paranoid ideation or severe dissociative symptoms*

Indicators of BPD

Is someone you care about causing you a great deal of pain?

Do you find yourself concealing what you think or feel because you're afraid of the other person's reaction or because it just doesn't seem worth the horrible fight or hurt feelings that will follow?

Do you feel that anything you say or do will be twisted and used against you? Are you blamed and criticized for everything wrong in the relationship - even when it makes no logical sense?

Are you the focus of intense, violent, and irrational rages, alternating with periods when the other person acts perfectly normal and loving? Does no one believe you when you explain that this is going on?

Do you feel manipulated, controlled, or even lied to sometimes? Do you feel like you're the victim of emotional blackmail?

Do you feel like the person you care about sees you as either all good or all bad, with nothing in between? Is there sometimes no rational reason for the switch?

Are you afraid to ask for things in the relationship because you will be told that you're too demanding or that there is something wrong with you? Are you told that your needs are not important?

Is the person always denigrating or denying your point of view? Do you feel that their expectations of you are constantly changing, so you can never do anything right?

Are you accused of doing things you never did and saying things you never said? Do you feel misunderstood a great deal of the time, and when you try to explain do you find that the other person doesn't believe you?

Are you constantly being put down? When you try to leave the relationship does the other person try to prevent you from leaving in a variety of ways (anything from declarations of love and promises to change to implicit or explicit threats)?

Do you have a hard time planning anything (social engagements, etc.) because of the other person's moodiness, impulsiveness, or unpredictability? Do you make excuses for their behaviour or try to convince yourself that everything is okay?

Right now, are you thinking, "I had no idea that anyone else was going through this?"

Thoughts That May Indicate BPD

Does this person:

- Alternate between seeing people as either flawless or evil? Have difficulty remembering the good things about a person they're casting in the role of villain?

- Find it impossible to recall anything negative about this person when they become the hero?
- Alternate between seeing others as completely for them or against them?
- Alternate between seeing situations as either disastrous or ideal?
- Alternate between seeing themselves as either worthless or flawless?
- Have a hard time recalling someone's love for them when they're not around?
- Believe that others are either completely right or totally wrong?
- Change their opinions depending upon who they're with?
- Alternate between idealizing people and devaluing them?
- Remember situations very differently than other people, or find themselves unable to recall them at all?
- Believe that others are responsible for their actions - or take too much responsibility for the actions of others?
- Seem unwilling to admit to a mistake - or feel that everything that they do is a mistake?
- Base their beliefs on feelings rather than facts?
- Not realize the effects of their behaviour on others.

Feelings That May Indicate BPD

Does this person:

- Feel abandoned at the slightest provocation?
- Have extreme moodiness that cycles very quickly (in minutes or hours)?
- Have difficulty managing their emotions?
- Feel emotions so intensely that it's difficult to put others' needs - even those of their own children - ahead of their own?
- Feel distrustful and suspicious a great deal of the time?
- Feel anxious or irritable a great deal of the time?
- Feel empty or like they have no self a great deal of the time?
- Feel ignored when they are not the focus of attention?
- Express anger inappropriately or have difficulty expressing anger at all?
- Feel that they never can get enough love, affection, or attention?
- Frequently feel spacey, unreal, or out of it?

Behaviours that may indicate BPD

Does this person:

- Have trouble observing others' personal limits?
- Have trouble defining their own personal limits?

- Act impulsively in ways that are potentially self-damaging, such as spending too much, engaging in dangerous sex, fighting, gambling, abusing drugs or alcohol, reckless driving, shoplifting, or disordered eating?
- Mutilate themselves-for example, purposely cutting or burning their skin?
- Threaten to kill themselves-or make actual suicide attempts?
- Rush into relationships based on idealized fantasies of what they would like the other person or the relationship to be?
- Change their expectations in such a way that the other person feels they can never do anything right?
- Have frightening, unpredictable rages that make no logical sense - or have trouble expressing anger at all?
- Physically abuse others, such as slapping, kicking, and scratching them?
- Needlessly create crises or live a chaotic lifestyle?
- Act inconsistently or unpredictably?
- Alternately want to be close to others, then distance themselves. (Examples include picking fights when things are going well or alternately ending relationships and then trying to get back together.)
- Cut people out of their life over issues that seem trivial or overblown?
- Act competent and controlled in some situations but extremely out of control in others?
- Verbally abuse others, criticizing and blaming them to the point where it feels brutal?
- Act verbally abusive toward people they know very well, while putting on a charming front for others? Can they switch from one mode to the other in seconds?
- Act in what seems like extreme or controlling ways to get their own needs met?
- Do or say something inappropriate to focus the attention on them when they feel ignored?
- Accuse others of doing things they did not do, having feelings they do not feel, or believing things they do not believe?

Additional Traits Common to People with BPD

People with BPD may have other attributes that are not part of the DSM definition but that researchers believe are common to the disorder. Many of these may be related to sexual or physical abuse if the BP has experienced abuse earlier in life.

Pervasive Shame

The all-pervasive sense that I am flawed and defective as a human being. It is no longer an emotion that signals our limits; it is a state of being, a core identity. Toxic shame gives you a sense of worthlessness, the feeling of being isolated, empty, and alone in a complete sense. Non-BPs share this characteristic.

Undefined Boundaries

People with BPD have difficulty with personal limits-both their own and those of others. Non-BPs share this characteristic.

Control Issues

Borderlines may need to feel in control of other people because they feel so out of control with themselves. In addition, they may be trying to make their own world more predictable and manageable. People with BPD may unconsciously try to control others by putting them in no-win situations, creating chaos that no one else can figure out, or accusing others of trying to control them. Conversely, some people with BPD may cope with feeling out of control by giving up their own power; for example, they may choose a lifestyle where all choices are made for them, such as the military or a cult, or they may align themselves with abusive people who try to control them through fear. Non-BPs share this characteristic.

Lack of Object Constancy

When we're lonely, most of us can soothe ourselves by remembering the love that others have for us. This is very comforting even if these people are far away - sometimes, even if they're no longer living. This ability is known as object constancy. Some people with BPD, however, find it difficult to evoke an image of a loved one to soothe them when they feel upset or anxious. If that person is not physically present, they don't exist on an emotional level. The BP may call you frequently just to make sure you're still there and still care about them. (One non-BP told us that every time her boyfriend called her at work, he introduced himself using both his first and last name.)

Interpersonal Sensitivity

Many individuals have noticed that some people with BPD have an amazing ability to read people and uncover their triggers and vulnerabilities. One clinician jokingly called people with BPD psychic.

Situational Competence

Some people with BPD are competent and in control in some situations. For example, many perform very well at work and are high achievers. Many are very intelligent, creative, and artistic. This can be very confusing for family members who don't understand why the person can act so assuredly in one situation and fall apart in another.

Narcissistic Demands

Some people with BPD frequently bring the focus of attention back to themselves. They may react to most things based solely on how it affects them.

A Borderline Writes:

"Being a borderline feels like eternal hell. Nothing less. Pain, anger, confusion, hurt, never knowing how I'm gonna feel from one minute to the next. Hurting because I hurt those who I love. Feeling misunderstood. Analysing everything. Nothing gives me pleasure. Once in a great while I will get "too happy" and then anxious because of that. Then I self-medicate with alcohol. Then I physically hurt myself. Then I feel guilty because of that. Shame. Wanting to die but not being able to kill myself because I'd feel too much guilt for those I'd hurt, and then feeling angry about that so I cut myself or O.D. to make all the feelings go away. Stress!"

Therapists use a book called "Diagnostic and Statistical Manual" (DSM) to make mental health diagnoses. They've outlined nine traits that borderlines seem to have in common; the presence of five or more of them may indicate BPD.

However, please note the following:

Everyone has all these traits to a certain extent. Especially teenagers. These traits must be long-standing (lasting years) and persistent. And they must be intense.

Be very careful about diagnosing yourself or others. In fact, don't do it. Top researchers guide patients through several days of testing before they make a diagnosis. Don't make your own diagnosis on the basis of a WWW site or a book!

Many people who have BPD also have other concerns, such as depression, eating disorders, substance abuse even multiple personality disorder or attention deficit disorder. It can be difficult to isolate what is BPD and what might be something else. Again, you need to talk to a qualified professional.

How a Borderline Personality Disorder Love Relationship Evolves

Regardless of how a person with Borderline Personality Disorder alters and tailor her appearance and actions to please others, she often presents with a clear and characteristic personality pattern over time. This pattern usually evolves through three stages: The Vulnerable Seducer, The Clinger, and The Hater. This evolution may take months, and sometimes even years to cycle through. In the later periods, the personality often swings wildly back and forth from one phase to the next.

Love: The Vulnerable Seducer Phase

At first, a Borderline female may appear sweet, shy, vulnerable and "ambivalently in need of being rescued"; looking for her Knight in Shining Armor. In the beginning, you will feel a rapidly accelerating sense of compassion because she is a master at portraying herself as she "victim of love" and you are saving her. But listen closely to how she sees herself as a victim.

As her peculiar emotional invasion advances upon you, you will hear how no one understands her - except you. Other people have been "insensitive." She has been betrayed, just when she starts trusting people. But there is something "special" about you, because "you really seem to know her."

It is this intense way she has of bearing down on you emotionally that can feel very seductive. You will feel elevated, adored, idealized - almost worshiped, maybe even to the level of being uncomfortable. And you will feel that way quickly. It may seem like a great deal has happened between the two of you in a short period of time, because conversation is intense, her attention, and her eyes are so deeply focused on you.

Here is a woman who may look like a dream come true. She not only seems to make you the centre of her attention, but she even craves listening to your opinions, thoughts and ideas. It will seem like you have really found your heart's desire.

Like many things that seems too good to be true, this is. This is borderline personality disorder.

It will all seem so real because it is real in her mind. But what is in her mind it is not what you perceive to be happening.

Love: The Clinger Phase

Once she has successfully candied her hook with your adoration, she will weld it into place by "reeling in" your attention and concern. Her intense interest in you will subtly transform over time. She still appears to be interested in you, but no longer in what you are interested in. Her interest becomes your exclusive interest in her. This is when you start to notice "something". Your thoughts, feelings and ideas fascinate her, but more so when they focus on her. You can tell when this happens because you can feel her "perk-up" emotionally whenever your attention focuses upon her feelings and issues. Those moments can emotionally hook your compassion more deeply into her, because that is when she will treat you well - tenderly.

It's often here, you begin to confuse your empathy with love, and you believe you're in love with her. Especially if your instinct is strong and rescuing is at the heart of your "code." Following that code results in the most common excuse I hear as a therapist, as to why many men stay with borderline women, "But I love her!" Adult love is built on mutual interest, care and respect - not on one-way emotional rescues. And mothering is for kids. Not grown men.

But, if like King Priam, you do fall prey to this Trojan Horse and let her inside your city gates, the first Berserker to leave the horse will be the devious Clinger.

A master at strengthening her control through empathy, she is brilliant at eliciting sympathy and identifying those most likely to provide it - like the steady-tempered and tender-hearted.

The world ails her. Physical complaints are common. Her back hurts. Her head aches. Peculiar pains of all sorts come and go like invisible, malignant companions. If you track their appearance, though, you may see a pattern of occurrence connected to the waning or waxing of your attentions. Her complaints are ways of saying, "don't leave me. Save me!" And Her maladies are not simply physical. Her feelings ail her too.

She is depressed or anxious, detached and indifferent or vulnerable and hypersensitive. She can swing from elated agitation to mournful gloom at the blink of an eye. Watching the erratic changes in her moods is like tracking the needle on a Richter-scale chart at the site of an active volcano, and you never know which flick of the needle will predict the big explosion.

But after every emotional Vesuvius she pleads for your mercy. And if she has imbedded her guilt-hooks deep enough into your conscientious nature, you will stay around and continue tracking this volcanic earthquake, caught in the illusion that you can discover how to stop Vesuvius before she blows again. But, in reality, staying around this cauldron of emotional unpredictability is pointless. Every effort to understand or help this type of woman is an excruciatingly pointless exercise in emotional rescue.

It is like you are a Coast Guard cutter and she is a drowning woman. But she drowns in a peculiar way. Every time you pull her out of the turbulent sea, feed her warm tea and biscuits, wrap her in a comfy blanket and tell her everything is okay, she suddenly jumps overboard and starts pleading for help again. And, no matter how many times you rush to the emotional - rescue, she still keeps jumping back into trouble. It is this repeating, endlessly frustrating pattern which should confirm to you that you are involved with a Borderline Personality Disorder. No matter how effective you are at helping her, nothing is ever enough. No physical, financial or emotional assistance ever seems to make any lasting difference. It's like pouring the best of yourself into a galactic-sized Psychological Black Hole of bottomless emotional hunger. And if you keep pouring it in long enough, one day you'll fall right down that hole yourself. There will be nothing left of you but your own shadow, just as it falls through her predatory "event horizon." But before that happens, other signs will reveal her true colours.

Sex will be incredible. She will be instinctually tuned in to reading your needs. It will seem wonderful - for a while.

The intensity of her erotic passion can sweep you away, but her motive is double-edged. One side of it comes from the instinctually built-in, turbulent emotionality of her disorder. Intensity is her trump-card.

But the other side of her is driven by an equally instinctually and concentrated need to control you. The sexual experiences, while imposing, are motivated from a desire to dominate you, not please you. Her erotic intensity will be there in a cunning way tailored so you will not readily perceive it.

"I love you" means – "I need you to love me". "That was the best ever for me" means – tell me "it was the best ever for you". Show me that I have you.

Love: The Hater Phase

Once a Borderline Controller has succeeded and is in control, the Hater appears. This hateful part of her may have emerged before, but you probably will not see it in full, acidic bloom until she feels she has achieved a firm hold on your conscience and compassion. But when that part makes its first appearance, rage is how it breaks into your life.

What gives this rage its characteristically borderline flavour is that it is very difficult for someone witnessing it to know what triggered it in reality. But that is its primary identifying clue: the actual rage trigger is difficult for you to see. But in the Borderline's mind it always seems to be very clear. To her, there is always a cause. And the cause is always you. Whether it is the tone of your voice, how you think, how you feel, dress, move or breathe - or "the way you're looking at me," - she will always justify her rage by blaming you for "having to hurt her."

Rage reactions are also unpredictable and unexpected. They happen when you least expect it. And they can become extremely dangerous. It all serves to break you down over time. Your self-esteem melts away. You change and alter your behaviour in hopes of returning to the "Clinger Stage". And periodically you will, but only to cycle back to the hater when you least expect it, possibly on her birthday, or your anniversary.

How Is Borderline Personality Disorder Treated?

Borderline personality disorder can be treated with psychotherapy, or "talk" therapy. In some cases, a mental health professional may also recommend medications to treat specific symptoms. When a person is under more than one professional's care, it is essential for the professionals to coordinate with one another on the treatment plan.

The treatments described below are just some of the options that may be available to a person with borderline personality disorder. However, the research on treatments is still in very early stages. More studies are needed to determine the effectiveness of these treatments, who may benefit the most, and how best to deliver treatments.

Psychotherapy

Psychotherapy is usually the first treatment for people with borderline personality disorder. Current research suggests psychotherapy can relieve some symptoms, but further studies are needed to better understand how well psychotherapy works.

It is important that people in therapy get along with and trust their therapist. The very nature of borderline personality disorder can make it difficult for people with this disorder to maintain this type of bond with their therapist.

Types of psychotherapy used to treat borderline personality disorder include the following:

Cognitive Behavioural Therapy (CBT). CBT can help people with borderline personality disorder identify and change core beliefs and / or behaviours that underlie inaccurate perceptions of themselves and others and problems interacting with others. CBT may help reduce a range of mood and anxiety symptoms and reduce the number of suicidal or self-harming behaviours.

Dialectical Behaviour Therapy (DBT). This type of therapy focuses on the concept of mindfulness or being aware of and attentive to the current situation. DBT teaches skills to control intense emotions, reduces self-destructive behaviours, and improves relationships. This therapy differs from CBT in that it seeks a balance between changing and accepting beliefs and behaviours.

Schema Focused Therapy. This type of therapy combines elements of CBT with other forms of psychotherapy that focus on reframing schemas, or the ways people view themselves. This approach is based on the idea that borderline personality disorder stems from a dysfunctional self-image - possibly brought on by negative childhood experiences - that affects how people react to their environment, interact with others, and cope with problems or stress.

One type of group therapy, Systems Training for Emotional Predictability and Problem Solving (STEPPS), is designed as a relatively brief treatment consisting of 20 two-hour sessions led by an experienced social worker. Scientists funded by NIMH reported that STEPPS, when used with other types of treatment (medications or individual psychotherapy), can help reduce symptoms and problem behaviours of borderline personality disorder, relieve symptoms of depression, and improve quality of life. The effectiveness of this type of therapy has not been extensively studied.

Families of people with borderline personality disorder may also benefit from therapy. The challenges of dealing with an ill relative on a daily basis can be very stressful, and family members may unknowingly act in ways that worsen their relative's symptoms.

Some therapies, such as DBT-family skills training (DBT-FST), include family members in treatment sessions. These types of programs help families develop skills to better understand and support a relative with borderline personality disorder. Other therapies, such as Family Connections, focus on the needs of family members. More research is needed to determine the effectiveness of family therapy in borderline personality disorder. Studies with other mental disorders suggest that including family members can help in a person's treatment.

Other types of therapy not listed in this booklet may be helpful for some people with borderline personality disorder. Therapists often adapt psychotherapy to better meet a person's needs. Therapists may switch from one type of therapy to another, mix techniques from different therapies, or use a combination therapy.

Some symptoms of borderline personality disorder may come and go, but the core symptoms of highly changeable moods, intense anger, and impulsiveness tend to be more persistent. People whose symptoms improve may continue to face issues related to co-occurring disorders, such as depression or posttraumatic stress disorder. However, encouraging research suggests that relapse, or the recurrence of full-blown symptoms after remission, is rare. In one study, 6 percent of people with borderline personality disorder had a relapse after remission.

Medications

No medications have been approved by the U.S. Food and Drug Administration to treat borderline personality disorder. Only a few studies show that medications are necessary or effective for people with this illness. However, many people with borderline personality disorder are treated with medications in addition to psychotherapy. While medications do not cure BPD, some medications may be helpful in managing specific symptoms. For some people, medications can help reduce symptoms such as anxiety, depression, or aggression. Often, people are treated with several medications at the same time, but there is little evidence that this practice is necessary or effective.

Medications can cause different side effects in different people. People who have borderline personality disorder should talk with their prescribing doctor about what to expect from a particular medication.

Other Treatments

Omega-3 fatty acids. One study done on 30 women with borderline personality disorder showed that omega-3 fatty acids may help reduce symptoms of aggression and depression. The treatment seemed to be as well tolerated as commonly prescribed mood stabilizers and had few side effects. Fewer women who took omega-3 fatty acids dropped out of the study, compared to women who took a placebo (sugar pill).

With proper treatment, many people experience fewer or less severe symptoms. However, many factors affect the amount of time it takes for symptoms to improve, so it is important for people with borderline personality disorder to be patient and to receive appropriate support during treatment.

How Can I Help A Friend or Relative Who Has Borderline Personality Disorder?

If you know someone who has borderline personality disorder, it affects you too. The first and most important thing you can do is help your friend or relative get the right diagnosis and treatment. You may need to make an appointment and go with your friend or relative to see the doctor. Encourage him or her to stay in treatment or to seek different treatment if symptoms do not appear to improve with the current treatment.

To help a friend or relative you can:

- Offer emotional support, understanding, patience, and encouragement—change can be difficult and frightening to people with borderline personality disorder, but it is possible for them to get better over time
- Learn about mental disorders, including borderline personality disorder, so you can understand what your friend or relative is experiencing
- With permission from your friend or relative, talk with his or her therapist to learn about therapies that may involve family members, such as DBT-FST.
- Never ignore comments about someone's intent or plan to harm himself or herself or someone else. Report such comments to the person's therapist or doctor. In urgent or potentially life-threatening situations, you may need to call the police.

How Can I Help Myself If I Have Borderline Personality Disorder?

Taking that first step to help yourself may be hard. It is important to realize that, although it may take some time, you can get better with treatment.

To help yourself:

- Talk to your doctor about treatment options and stick with treatment
- Try to maintain a stable schedule of meals and sleep times
- Engage in mild activity or exercise to help reduce stress
- Set realistic goals for yourself
- Break up large tasks into small ones, set some priorities, and do what you can, as you can
- Try to spend time with other people and confide in a trusted friend or family member
- Tell others about events or situations that may trigger symptoms
- Expect your symptoms to improve gradually, not immediately
- Identify and seek out comforting situations, places, and people
- Continue to educate yourself about this disorder.



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