

# When Hope Is Not Enough

A how-to guide for living with and loving someone

with Borderline Personality Disorder

By Bon Dobbs

First Edition

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## Preface

What is this book about and for whom is it written?

This book is about living with, and loving, someone with Borderline Personality Disorder (also known as Emotional Regulation Disorder). The purpose of this book is to share effective tools and strategies to make your life easier in your relationship with this person.

Before you respond “my loved one doesn’t have a personality disorder,” read on, please. The most difficult relationships in our lives are with people that are disordered in one way or another. Your loved one may not qualify for the diagnosis of Borderline Personality Disorder, but if you read on, you may find many features of your loved one that reflect those of people with the disorder. I’m not saying that it is “right” to diagnose your loved one; I’m only saying that many, many people have these traits. I can help you navigate your relationship with someone with these traits, whether or not they actually have the disorder.

The intended audience of this book is the “Non-BP,” or the person who doesn’t have the disorder, but cares for someone who does have the disorder (or a similar disorder). This “Non-BP” could be a parent, partner, child or friend of the person with Borderline Personality Disorder.

Unlike many books on this subject, this book starts with the premise that you want to continue to have a relationship with this difficult person. If you are a spouse, I assume that you want to stay married. If you are a parent, I assume that you want to continue a relationship with your child (sometimes you may have no choice). If you are a child of a parent with the disorder, I assume you want to learn how to effectively interact with your parent. Finally, if you are a friend, I assume you want to continue to be friends with this person. I do not cover how to sever a relationship with someone with the disorder in this book.

If you actually have the disorder, I would suggest getting a different book. This book is not intended for a person with the disorder; however, it is unlikely that anything in this book would disturb you very much. There **are** some discussions of self-injury and other pain-management behavior – so

there is a possibility that portions of this book might be “triggering” of such behaviors if you are prone to them.

Also, unlike other books on this subject, I will tell you precisely how to deal with and talk to someone with the disorder. I found that, after reading some self-help books on this subject, I was left with little on the “how” side. I knew more about the disorder, but I didn’t know what to do next. I hope that after reading this book, you will know exactly what to do next. I want you to have the “know-how.”

So, if you fit the category of being a “Non-BP” (or suspect you might) and you want to know what to do next... read on!

## Introduction

Welcome! If you have found this book I can only assume that you are a loved one of someone with Borderline Personality Disorder (BPD) – either diagnosed or suspected. I know something about how you feel. I have been married to a woman with this disorder for over fifteen years. We have children and one of my daughters also exhibits the signs of the disorder, although she is still a pre-teen. I have been dealing with this frustrating emotional disorder for a long while now.

OK, first things first...

Before you read this book, you must know that I am not a mental health professional. I have no training in psychology or behavior modification, and no professional certifications of any kind (at least not in the mental health field). I am a person who lives with and loves someone with BPD. I have taken it upon myself to learn as much as I can about this disorder and how to live more peacefully alongside someone with it. If you or your loved one is experiencing a mental health crisis, I urge you to contact a mental health professional immediately.

The techniques and tools presented in this book are not a substitute for mental health care. This book is not a prescription to “cure” BPD in your loved one. Only a motivated person with the disorder, working with a trained mental health professional, can recover from and “be cured” of the disorder.

If you suspect that you have the disorder, I suggest that you turn to another text or to a mental health professional for guidance. This book was written specifically for those that do not have BPD but are in a relationship with someone who does.

### **My story in brief**

I knew that there was something wrong. I just didn't know what it was. We had been married for fifteen years before I figured it out. We had had four wonderful children together. But there was something wrong with my wife. In the past two years, she had been arrested for DUI twice; she had been investigated by Child Protective Services twice; she had become dependant on prescription drugs; and she had “run off” several times in the night.

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She also had been very angry with me and the children on occasion, yelling at us and telling us that all of her problems were “our fault.” I knew she had experienced deep depressions and that she was impulsive when taking the prescription medications. What I didn’t know, I was soon to find out.

On a humid night in September 2005, I was putting my two year-old son to bed when my teenage daughter ran upstairs and into the room.

“Mommy’s hurt! You have to take her to the hospital!” she cried in a panic.

“What?” I responded, shaking myself awake and getting up from my son’s bed where I had been sleeping next to him. “She’s hurt?”

“Yes, hurry,” my daughter urged me.

I went downstairs and found my wife in the kitchen. She was clearly under the influence of her prescription medication, and she had been drinking wine. She was standing next to the counter with a carving knife in one hand. Her arm was bleeding from ten or twelve scratch-like cuts. I looked at her and knew immediately that she had inflicted these wounds on herself. The cuts were not very deep, but they were quite bloody.

“Please, don’t take me to the hospital. They will put me in the psych ward,” she said with tears in her eyes.

That’s when I first discovered that my wife’s illness was more than depression. It was something much more.

After that night, I began to research self-inflicted wounds. You see, this was one thing of which I had no understanding whatsoever. As I said, I knew my wife had experienced periods of depression, and I had also experienced periods of depression in my life – so I could relate to wanting to stay in bed for the day because you’re depressed. I had also used alcohol on occasion to deal with the emotional pain in my life. (I never took prescription drugs though). But what about the self-inflicted injuries? I never had experienced any desire to hurt myself in that way. I knew that she wasn’t attempting suicide; so, what, exactly, WAS she doing? Was she punishing herself? I was at a loss.

I began to research self-inflicted injury, self-harm and self-mutilation on the Internet. I found out the motivation for self-inflicted injury can be varied. One of those motivations, which I never considered on my own, was that the self-inflicted injury (whether it is “cutting” – like my wife did – or burning oneself or pulling out chunks of hair) serves to halt the pain that a person feels. It seemed strange to me, but inflicting pain releases endorphins and serves to ease other pain. While self-punishment can be a motivation as well, I found out that it is more likely for a person to hurt him or herself to relieve pain than to specifically cause pain.

I also found out that the habit is something of a nervous one – in order to relieve the itching feeling of uneasiness, self-injury can serve to release that nervous energy. In addition, it can be a “shameful secret” in which the person who harms him or herself does so habitually and in secret. Generally, it is not a call for attention or for help. If it is hidden from the people that would answer that call, how could it be?

I also discovered something else when researching self-injury. That was, of course, Borderline Personality Disorder (BPD). A person doesn’t have to have BPD in order to engage in self-harm. However, many people with BPD do engage in self-harming and parasuicidal (harming behaviors not meant to cause death) behaviors. When I started following the links about BPD and about the behaviors involved in BPD, I realized I was reading a report on the mental state of my wife. It was quite disturbing for me because I had a pretty dim view of what BPD meant. I never understood the disorder completely. The more I read, the more convinced I became that I was dealing with BPD in my wife. However, it wasn’t good enough for me, a lay person, to diagnose my wife. What I decided to do was email our old therapist to see if he had some insights into a proper diagnosis or he could tell me whether I was barking up the wrong tree. After waiting a week or so, I received an email back confirming the borderline diagnosis (along with Major Depressive Disorder) for my wife. At that point, I officially became a “Non-BP.”

My journey did not stop there. It has been over two years since I made the discovery that my wife has BPD. In the intervening months, I did several things to try to learn more about BPD. You see, I needed support. If you are anything like I was, you are confused, angry, frustrated, and sad. You are at your wit’s end with your loved one’s behavior.

The first thing I did was join an on-line email support list for Nons. The list is the largest community of Nons on the Internet. I also got a copy of a popular book for loved ones of people with the disorder and read it cover to cover. At first, I thought that both of these resources were excellent, and I began to put into action the techniques I learned and the advice I received on the Internet list. I soon found out that, at least with my wife, these techniques were not working consistently.

Desperate, I decided to attend a Dialectical Behavior Therapy Family Skills Workshop. Dialectical Behavior Therapy (or DBT) is a therapy designed by Dr. Marsha Linehan of the University of Washington to specifically help people with BPD. It was actually initially developed to help suicidal and parasuicidal women, but found to help BPD patients as well (although DBT therapists call the patients “clients”). The purpose of my family skills class was to expose “Nons” to some of the tools and techniques available within DBT and how to apply these skills to their day-to-day life.

After my attendance of the DBT-FST class, I started to believe that people with BPD had been given a very bad rap on the Internet. I understood much more about the disorder and realized that most “Nons” are not given the opportunity to learn the skills that can help manage their relationship with the person with BPD. I started a blog for the sole purpose of sharing the skills with other people.

This book is a slimmed-down version of another book on which I am currently working. The main difference between this book and the other is this book represents a “get to the point” version of the skills required to make life easier when interacting with/living with someone who has BPD or a similar emotional disorder. Unlike the longer version, this book doesn’t dwell on the causes of the disorder (unless necessary to explain the “tools”) and doesn’t go into the advanced tools that one must learn after these “quick start” tools have been applied.

In this book, I will explain some characteristics of the disorder, but this is not intended to be a diagnostic guide. There are plenty of other books and resources that more fully describe the disorder and what behaviors come along with it.

A quick note about terminology. Throughout this book, I will use many terms which may be confusing to you. I will try to define these terms when they first appear. One of the most controversial terms that I will use, sparingly, is the term “Non” (or “Nons” or “Non-BP”). This term originated in the support community some time ago, and it denotes a person who does not have the disorder but is in some sort of relationship with someone who does. As a “Non” you can be a boyfriend or girlfriend, a husband or wife, a sibling, a parent, a child or a friend of someone with BPD. Personally, I don’t like the term very much, because it also creates an “us vs. them” dynamic. I believe that each person has a different capacity to regulate his or her emotions and that there is a wide spectrum of “Nons” and of people with BPD.

I also use the term “BP” or “BP’s.” This abbreviation indicates the person with BPD. While I’d prefer to use the term “a person with BPD” or “a loved one with borderline personality disorder” throughout, I use the abbreviation for the sake of brevity.

To be consistent throughout the book, I have decided to use the pronouns “her” or “she” when referring to someone with BPD, except when referencing a specific person with BPD that is identified as male. BPD is much more common in women than in men. Men do get the disorder, but the breakdown in diagnosed persons is seventy-five percent female. Although I am using “she” and “her” throughout, the advice given applies to men with the disorder as well.

There are many other examples of “jargon” used specifically in the support community. When I use one of these terms I will, as indicated above, try to define it to the best of my ability. Some of the terms are controversial and objectionable to me, and I will explain why I hold this opinion when I get to the term.

Some other terms in the book are used within the therapeutic community and are not well-understood in the support community. Unfortunately, I am forced to leave out some of these concepts because of copyright restrictions on the terms. I provide a list of resources in the back of this book that can direct you to Internet resources in which these terms are defined.

Finally, some of the terms I use are either my own or created by people on my email support list. Links to the list as well as other important resources can be

found in the back of this book. The email list (which is the “Anything to Stop the Pain” Google Group list) has a definitions document that explains most of these terms and goes into detail about others.

Now, let’s get down to business. I suspect you didn’t get a copy of this book to learn about me. So here goes...

## Chapter 1: What's up with that?

I do not think I can do this very much longer....We got in a huge fight tonight. I do not think I can hear what a worthless wife I am one more time...I can no longer live like this. He hasn't worked in two weeks and he judges me? What's up with that?

- ATSTP member C (female, married)

Since you are reading this book, you have probably asked yourself some form of the question above. You just can't understand why this person, who supposedly loves you, treats you with such disrespect and disdain. This is not the way life is supposed to be. Is it? You are confused, angry and in pain. Here are some questions that you can ask yourself to help to understand the source of the pain you feel:

Do you fear coming home from work, or fear your loved one coming home from work, because you have no idea in which state of mind the person will be? Do you dread hearing the door open or entering the house, then immediately look for signs of your loved one's mood?

Do you hold back your opinions about certain subjects for fear of being berated, criticized and judged? Do you not mention this person's erratic behavior for fear of being attacked or not believed by others outside the relationship?

Do you feel that this person is constantly saying that everything is your fault and that you are to blame for all of his/her problems?

Do you feel lied to and/or manipulated? Does external evidence bear out the fact that your loved one has lied about his or her behavior?

Do you feel that this person won't listen to reason or that he/she specifically ignores the truth to support his/her erratic behavior? Do you feel he/she has an inability to take responsibility for his/her actions? Is every problem always someone else's fault?

Do you feel isolated from friends or from family members? Does he/she have a large fear of intimacy such that you feel disconnected from him or her most of the time as well?

Does he/she rarely or never acknowledge your feelings? Does he/she never apologize for hurtful behavior?

Does it feel that this person specifically sets up situations in which the intentions are to “destroy” you in some way (emotionally, financially, career-wise, etc.)?

Is he/she like Dr. Jekyll and Mr. Hyde? Does it feel like these “switches” from friendliness to rage take place over short periods of time? Does he/she rage at you one minute and then, an hour later, act as if nothing happened?

Do you feel as if you are having a relationship with Dr. Doolittle’s Push Me-Pull You? Does he/she look to you for answers and then attack you when you give them? Does he/she turn criticism of him or her into attacks on you and your behavior?

Do you feel many times that the only way to have any peace in your life is to leave the presence of this person? Do your children or other family members feel the same way?

Do you feel you carry around a secret about the embarrassing behavior that you “put up with” in your loved one? Do you protect him or her by not telling others, including friends and family members, about his/her behavior? Do you do this because you feel that others would either tell you to “just leave him/her” or they would judge you for being “weak” or “codependent”?

Do you feel like the entire relationship is about him or her and how he/she feels? Do you feel that there is no room for your feelings? Have you asked yourself “what about me?”

If you answered “yes” to a large portion of the questions above, it is possible that you are in a relationship with someone who has BPD (and very probably that you are in a relationship with someone with BPD traits). Because you have been so isolated and secretive about your relationship, you also might feel that you are the only person in the world who feels this way and experiences this behavior. You are not.

There are millions of people in the United States alone who suffer from BPD or a similar disorder. Conservative estimates say that from one to five percent of the entire U.S. population experience this disorder. That means that you have approximately a one in twenty chance of being involved with someone with BPD. If you are involved in a relationship with a person with BPD, whether you are a spouse, partner, parent, child or friend, you are considered a “Non-BP” or “Non” for the purposes of this book.

The remainder of this book is focused on the “Nons” that are in a relationship with someone with BPD. When I use the term BPD in the rest of this book, I am referring to a “constellation” of conditions and disorders that present themselves in similar ways. What I am trying to describe here is a person who presents the traits of someone with BPD or behaves in a BPD-like fashion. Most of the tools will work with someone who has, say, a form of Post Traumatic Stress Disorder (PTSD) and behaves in a BPD-like way. It’s not necessary to have a definite diagnosis.

Instead, I suggest you try out the tools in this book to see if they are effective. If they are not, try them again. If they continue to be ineffective, then you’re going to have to look elsewhere. Even if you determine that your loved one does not have BPD or a similar disorder, the tools in this book can still help you in your relationship with a difficult person.

What is important about these separate BPD-like conditions and disorders is that they have a core component in common, which is called **emotional dysregulation**. A disturbance to one’s emotional regulation system can exhibit itself in a number of ways, but the behavior of the BP (a person with BPD) and the feelings of the Non are generally consistent and reflected in the questions above.

I put the words **emotional dysregulation** in bold because that concept is vital for you to understand what BPD is all about. What upsets the Nons most about the disorder is the *behaviors* associated with BPD – raging, lying, substance abuse, unfaithfulness, dangerous risk-taking and others. The Nons feel put-upon and under siege, yet what motivates the behaviors of the BP is that they are awash with negative emotional states. They have a reduced capacity to regulate their emotions.

Dr. Marsha Linehan, the developer of Dialectical Behavior Therapy (DBT), states it this way:

The components of emotion vulnerability are sensitivity to emotional stimuli, emotional intensity, and slow return to emotional baseline. "High sensitivity" refers to the tendency to pick up emotional cues, especially negative cues, react quickly, and have a low threshold for emotional reaction. In other words, it does not take much to provoke an emotional reaction. "Emotional intensity" refers to extreme reactions to emotional stimuli, which frequently disrupt cognitive processing and the ability to self soothe. "Slow return to baseline" refers to reactions being long lasting, which in turn leads to narrowing of attention towards mood-congruent aspects of the environment, biased memory, and biased interpretations, all of which contribute to maintaining the original mood state and a heightened state of arousal. <sup>1</sup>

Essentially what you're dealing with is someone who reacts strongly and emotionally to the slightest provocation, who will dwell on those intense emotional reactions for periods longer than you might. A person with BPD-like traits heats up quickly and cools down slowly. I'm sure that if you have been dealing with such a person for an extended period of time, you will have noticed that she seems to fly off the handle at the slightest comment or action, no matter how unintended the "offense."

Someone with BPD will be more sensitive to emotional cues and triggers from the environment, will react more intensely to these cues, and will take longer to "return to baseline," or will be under the effects of strong emotions for longer than other, less emotional people. Many times, because of the low tolerance of emotional cues or triggers, the person with BPD will react with alarm even though their emotional reaction does not match the reality of the environment. Dr. Paul Ekman calls the period in which emotions influence your decision-making the "refractory period (or state)":

For a while we are in a refractory state, during which time our thinking cannot incorporate information that does not fit, maintain or justify the emotion that we are feeling. This refractory state may be of more benefit than harm if it is

brief, lasting only for a second or two. In that short window, it focuses our attention on the problem at hand, using the most relevant knowledge that can guide our initial actions, as well as preparations for further actions. Difficulties can arise or inappropriate emotional behavior may occur when the refractory period lasts much longer, for minute or perhaps even hours. A too-long refractory period biases the way we see the world and ourselves.<sup>2</sup>

Ekman is not specifically talking about BPD or people with BPD. His book applies to emotions in all people. However, the last two lines of the quote help illustrate what is actually going on with someone with BPD. A person with BPD gets into powerful emotional states more easily than other people, and her refractory period lasts longer than with other people. A person with BPD is like a cork floating on a stormy sea of negative emotions.

What a Non can find useful about this view of BPD is that it is basically a subclass of other mood disorders. Medications like mood-stabilizers and antidepressants do help people with BPD, but they might not offer complete relief. These medications will not halt impulsive and dangerous behaviors. BPD is a severe mental illness with emotional and behavioral components. There is no magic pill that will cure the disorder. However, some medications do help those with the disorder.

While it seems almost completely intractable, there is hope. The tools that I am offering you in this book can help to calm the waters and to help point the direction toward healing. I have seen it with my own eyes in both my wife and daughter.

For now, you should reflect on that fact that BPD is chiefly an **emotional** disorder with behavioral aspects that arise from strong negative emotional states. In the next chapter I will briefly explain emotions and their role in the life of a person with BPD. The purpose of this explanation is for you to understand a little more about how it may feel to have the disorder and how and why emotion-based tools actually work. If you do not accept the idea that BPD is primarily an emotional disorder, the tools are not going to be effective for you.

It is important that you understand what is going on with your loved one. Only by understanding what is going on can you learn how you can do anything about it. Consider the difficult emotional struggles a member of my list is having with his BP wife:

My wife has been on the verge of a breakdown for a couple of days now.

She has a couple things that she NEEDS to do and she can't handle the pressure. Normally she doesn't have anything that needs to be done, just stuff that should be done.

I'm hoping she gets over it soon because her freaking out about stuff that seems really tiny and trivial to me all day is starting to wear on me.

- ATSTP member E (male, married)

I am going to focus on three of the symptoms which, in my opinion, are the foundation for all the others and for the behaviors. These three symptoms are:

- 1) Emotional dysregulation (which I have just explained and is the “cornerstone” of the foundation);
- 2) Impulsivity (which combined with emotional dysregulation forms the motivation behind many of the “nonsensical” behaviors)
- 3) Shame (which motivates many of the mistrust, sensitivity to judgment and black-and-white thinking aspects of the disorder). In the Frequently Asked Questions portion of this book, I address other symptoms and behaviors.

Now, you might be saying to yourself, “Hey! What about me? Why are you talking so much about how THEY feel? I don't care how they feel! I just want to get on with my life! I just want to figure out how to deal with them when I have to without getting raged at!” Believe me, I'm getting to that. Be patient and let me explain some features of the disorder so that you know why the skills work.

## Emotional Dysregulation

I previously explained what emotional dysregulation (the opposite of regulation) is and how a BP reacts to emotional situations. I will delve into it more deeply because, as I have said, emotional dysregulation is the cornerstone of BPD.

People with BPD are highly emotionally reactive to external stimuli and easily upset by events that they perceive as threatening to them. Often, the “actual” events are not really threatening at all. However, the person will perceive the events as threatening and typically will react with a high state of agitation, sadness, anger or fear.

Having wildly-swinging out-of-control emotions is not fun at all. It fact it hurts a great deal. Emotional pain is almost constant in BPD and, since emotions affect both the body and the mind, it hurts through and through. Any disease that upsets the emotional system is going to be extremely painful for the sufferer. That is why I called my Internet group, “Anything to Stop the Pain” (ATSTP). I wanted to remind the members that their loved ones are in a lot of emotional pain and that those people would do anything (even the extreme, irrational behavior that they were actually doing) to stop it. I like to compare it to someone actually being on fire. She will do anything to put out the flames, including running right over you if you’re standing in her way on the way to the lake. The quelling of emotional pain is one of the main motivations for substance abuse and impulsive behaviors (like dangerous driving, unprotected sex and binge spending). Each of these behaviors either makes the person with BPD feel better (and more deserving) or temporarily deadens the emotional pain.

Because the person with BPD has such extreme emotional pain, she can at times take that pain out on you. Like the “person on fire” example, YOU can get burned if she runs up to you and transmits the fire to you. YOU can be hurt as she bowls you over on the way to the lake that she believes will quench her fire. It hurts, regardless of whether you’re bowled over...or burned.

So my wife was pent up with frustration and that morphed into MAJOR rage. She told me that she didn't feel like any of us (me and the kids) cared for her, that it was the worst birthday in history, that I don't show her any "special" times,

that I should just f--- off, that we should get a divorce, etc., etc.

- ATSTP member B. (male, married)

## Impulsivity

Based on emotional reactions, people with BPD are likely to be impulsive. It is not a “do it if it feels good” kind of thing. Impulsiveness when someone is emotionally dysregulated is geared to halt the emotional pain. What happens is that the person with BPD gets “under the influence” of their strong negative emotional states, and, because emotions are immediate and strong, if a person makes a decision based on that emotion, the decision is likely to be impulsive. If the emotion is a negative one, like deep sadness to the point of pain, the impulsivity is likely to be in the area of pain relief or pain avoidance. This reason is why people with BPD might go on shopping sprees or overeat or drink-and-drive. She isn’t driving under the influence. She is getting under the influence (in this case of negative emotional states) and then driving. If the emotional state is fear, a person with BPD is likely to run away, even if it is not “practical” at the time. This increased level of impulsivity will likely get more pronounced if the person with BPD uses alcohol or drugs (even prescription drugs) to ease their pain, as such mind-altering substances reduce the barriers to impulsive action. It may manifest itself in self-destructive impulses, like unprotected sex, dangerous driving or shopping that one cannot afford. Sometimes even suicidal behavior might occur in reaction to other symptoms (shame, ruminating, etc.) with the idea that death will halt the emotional pain forever. At times, the suicidal behavior is “accidental” as in the case of an overdose, which was done impulsively and for the purpose of pain relief. So, keep in mind, we are dealing with some serious business here.

My wife also has gone on several (what I like to call) ‘irresponsibility binges’ where she makes impulsive decisions and does stupid stuff. Some of them are quite big (like her running off to a foreign country for 3 days) some small (like her going to a local party while drunk).

- ATSTP member B. (male, married)

## Shame

One of the most marked features of BPD is a sense of pervasive shame experienced by the sufferer. Dr. Richard Moskowitz says this on his website about the role of shame in BPD:

Shame is fundamental to the experience of anyone with BPD and is the most crucial emotion that must be addressed if recovery is to occur. Shame is often confused with guilt, but these emotions have very different meanings. Shame is about who we are, while guilt is about what we do. Shame therefore reflects more lasting beliefs about the self than guilt. When we feel guilt, we expect retribution for what we've done. When we feel shame, we expect contempt from others and feel contempt for ourselves.<sup>3</sup>

As you can see, shame is different from guilt. When someone feels guilt they are embarrassed or judgmental about something that they did. That is, you feel guilty when you do something bad or wrong. When someone feels shame they are embarrassed or judgmental about who they are.

Guilt says I've **made** a mistake; shame says I **am** a mistake. <sup>4</sup>

The person with BPD is likely to feel deep shame about who she is and will likely consider herself, deep inside, to be a bad person. The natural reaction to shame is to cover it up and to hide it from others. It may be that your loved one has never exhibited shame to you. If she has not revealed this sense of shame, she is behaving in a completely natural manner. It is not a matter of trusting you or not trusting you. The natural reaction to shame is to hide.

Letting another person know that you carry around a feeling of shame involves much vulnerability. That vulnerability can feel threatening to the person with BPD. In the second section of this book, I will talk about how to deal with shame in your loved one. For now, it is important that you know that it is there, even if it is not readily visible to you.

My wife is obsessed with her middle-school torturers and remembers every detail of the shame-inducing experience, even though it was more than twenty years ago.

- ATSTP member B. (male, married)

This sense of shame is one of the core features of BPD. People with toxic and core shame often exhibit “push-pull” behavior in which you, as a partner or parent, are loved and cherished one day and hated and reviled the next. She may run from a relationship if you get too close. She wants to be able to control the inevitable ending of the relationship. In her mind, which has a sense of “background shame,” she expects that one day you will see through her and discover that she is a bad person, judge her as unworthy of love and leave. This dynamic gives rise to the fear of abandonment and sensitivity to judgment.

The interplay between shame and the other symptoms of BPD cannot be understated. Understanding shame is the key to understanding the motivations and behaviors of someone with BPD.

Dr. John Bradshaw talks extensively about toxic shame in his book *Healing the Shame that Binds You*. He calls this internal shame “binding shame” and notes:

The shame binding of feelings, needs and natural instinctual drives, is a key factor in changing healthy shame into toxic shame. To be shame-bound means that whenever you feel any feeling, and need or any drive, you immediately feel ashamed. The dynamic core of your human life is grounded in your feelings, your needs and your drives. When these are bound by shame, you are shamed to the core.<sup>5</sup>

It is also important to know that this shame prevents many people with BPD from going into therapy. The person with BPD will experience two distinct shame reactions when considering therapy. One is the fear that the therapist will be able to “see right through her” and judge her as a bad or broken person. The other is that, because the shame backs up the idea within her that she is bad or broken, that the therapy will fail to heal her. This feeling is particularly unpleasant because then her shame would be confirmed professionally and, therefore, in her belief system, she is beyond help. Often,

someone with BPD who is in therapy will drop out when the therapist approaches this sense of shame.

The other two core features of BPD also contribute to the shame. First, a BP will become emotional dysregulated because of her interpretation of an event. That may cause impulsivity and irrational behavior. Then, after the emotional dysregulation is gone, the BP may feel embarrassed and shameful about the behavior. She may not express this shame and may defend her behavior to you, because to be seen as shameful again marks her as “broken.” Finally, since the origin of the behavior was her feelings and being emotionally sensitive is “just how she is,” if the behavior is judged as “bad” or “wrong” then a connection is made between that judgment and feelings. She feels this way and it is wrong to feel this way, but she can’t help feeling this way. In this dialog, two members of my Internet list (A & F) talk about F’s husband and the fear of rejection which arises from his sense of shame:

A: Not feeling loved makes you feel hurt and rejected.

F: Yes - which my husband feels ALL THE TIME. He will twist what I say in his own perception to be "I don't like him"...he also says the words "you don't like me" about 20 times a day.

A: Alcohol numbs your hurt and sense of rejection.

F: My husband has an alcohol/drug problem to deal with his inner world - to numb for rejection...

- ATSTP members A (male, divorced) and F. (female, divorcing)

In the next chapter I will explain the nature of emotions and how they can be an issue with BPD. Hang in there, we will get to the tools that can help you from getting burned or run over.

## **Other Symptoms**

What about manipulation? What about lying and blaming and raging? What about verbal and physical abuse? These are excellent questions. As a loved one

of someone with BPD, you are subjected to many irrational and abusive situations. Those situations and your loved one's behaviors are difficult to understand or withstand. I have personally been lied to, blamed and raged at on numerous occasions. However, by applying the tools that I will explain later in this book, I have been able to reduce the rage and emotion-driven behaviors in both my wife and my daughter. Again, these skills are not a cure-all. In fact, they are not a "cure" at all. The purpose of the tools is to get through the moment and more quickly insure that the BP returns to baseline or exits the refractory period. That will help calm the waters. Real healing can only occur when the BP is out of the emotional dysregulation. Getting the BP out of emotional dysregulation is the first step.

I believe that behaviors can be explained by their root causes, which are the symptoms I have previously explained: emotional dysregulation, impulsiveness and shame. In my longer book, I explain many other symptoms of the disorder, but for this quick start guide I am going to focus on these root causes. When I outline the BPD dynamic a little later, it should be evident why the symptoms are the core of BPD and why the other behaviors arise from these. I do address other symptoms in the FAQ section at the end of this book.