

But I Love You

A Primer for Understanding
a Loved one with
Borderline Personality Disorder

By Bon Dobbs

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Introduction

This “primer” grew out of my book “When Hope is Not Enough: a how-to guide for living with and loving someone with Borderline Personality Disorder.” If you have read that book, you will not find much new material in this one. There are a couple of new things (most notably, the “cheerleading” tool), which do not appear in “When Hope is Not Enough.”

This primer was born out of frustration about “When Hope is Not Enough.” One of my list members (of the “Anything to Stop the Pain” Google Support List) found that she and her husband were having trouble understanding the structure of “When Hope is Not Enough.” They felt that many of their “burning questions” were answered only in the end of the book. They have an adult daughter with BPD and wanted to know answers to questions like “Why does she constantly lie to us?” and “Why does she react with rage when we make innocent suggestions?” The problem that they found with the full “how-to guide” was that way in which I presented the material. In “When Hope is Not Enough” I present a model of BPD that is initially more “inwardly” focused on a person with BPD’s feelings, reactions and motivations. The three core components of BPD that I present in my previous book are: emotional dysregulation, shame and impulsivity. These aspects are, in my opinion, the drivers of all of the behaviors, as crazy as some of these behaviors seem to us. However, these aspects are all internal to the person with BPD and, as parents of an adult daughter with BPD, my list member and her husband wanted to understand their daughter’s behavior from the “outside in” more fully.

This list member took it upon herself to reorganize and summarize the material in “When Hope is Not Enough” in order to more easily explain to her husband the tools and attitudes contained therein. The result is this primer. While “When Hope is Not Enough” contains a more complete and more detailed explanation of BPD and what you can do about it, this primer is a more compact “jump-start” version of that book.

Enjoy and I hope it helps.

Bon

SEARCHING FOR ANSWERS

Have you asked yourself some of the following questions regarding people who you love and who you desperately want to understand better?

- Why do they lie to me about things that obviously DID happen?
- Why do they get so terribly (and, to me, unreasonably) upset about imagined slights or suspicions, well-meant comments and suggestions?
- Why are their moods so unstable and unpredictable?
- Why do they blame others (including me) for things they themselves have done and will not acknowledge?
- Why do I have to think twice before I say anything to avoid their ranting and raving?
- Why do I feel that they do not care about my feelings?
- Why do I feel so manipulated and cornered in our day-to-day relations?
- How can they be so convincing to others and so deceitful towards me?
- What do they have against me? What have I done wrong?
- What leads them to create situations which are harmful to me in terms of emotions, finances, career, friendship, parenting, or others?
- How can they demonize people (including me) one minute and idolize them the next?
- Why am I being attacked, when I have done nothing?

If you have wondered about these issues, then it is quite possible that your spouse, sibling, parent or child displays some traits which are characteristic of Borderline Personality Disorder (BPD).

What is Borderline Personality Disorder?

First, BPD is not really a “personality” disorder, but rather a mood and impulse disorder, with the alternative, and probably more accurate, name of Emotional Regulation Disorder (ERD). And the word “borderline” is a carry-over from an early attempt to classify the symptoms that did not quite fit under other diagnoses.

It sometimes takes a lot of time for mental health professionals to arrive at a BPD diagnosis, even tentatively, because outsiders, including therapists and psychiatrists, do not generally witness BPD behavior first-hand. Unless the person with BPD displays outlandish and/or violent behavior outside the home or in front of strangers, few would believe that they have any real problem coping with life.

Here is what some people diagnosed with BPD have to say about the “label”:

I don't think the name is very descriptive of the disorder but I don't have an alternative. It is all about personality. It is all about what makes me, me. It is behavior that almost everyone experiences at times but I see the main difference being that this is how I live 24/7. I don't think you can will yourself out of it. I think it is all about learned behavior from experiences that we've had. It is a way of seeing and reacting to life that is more extreme than the average person.

It is about a lack of self-esteem and self-worth, about not knowing who you are. It's about trying to be what you think people want you and need you to be. You don't know how to be yourself because you really have no sense of self.

For me it also means not being able to accept the fact that what I think and feel can be different from what someone else thinks or feels. If I feel I'm a bad person and I'm not lovable then I don't understand in my head how anyone else can see that differently.

If I feel strongly about an issue or a situation I don't understand why everyone else around me doesn't see it exactly the same way as I do.

BPD is the definition of who I am. I know others may not feel this way, but to me it is the essence of who I am. That doesn't make me feel bad really. I find it kind of comforting. I can now see and understand why I feel the way I do. Why I think the way I do. Why I react so differently from everyone else. It puts the broken pieces of the puzzle that was my life all together for me to see.

What does being Borderline mean to me? It has been very helpful to find a name for the enigma that is me. It helps to know that I am not alone and that others deal with many of the same issues that I do. It is funny but having a name for this condition helps me to feel less strange or weird. At least I fit in somewhere in the human race. Plus knowing that I have BPD helps me to better pinpoint the issues that I have to work on to get better. It gives me a direction in which I can travel to heal. I assume that I will always have some BPD traits and yet that is probably not all bad if I can channel these traits into good actions rather than negative ones.

I really hate it when someone says "oh she is a BPD person". I am NOT a "BPD" person - I am a woman who has been diagnosed as having Borderline Personality Disorder... I am also a mother, a Cub Scout leader, a teacher, a paralegal, a person who loves playing flute and piano - I think you get my drift. I am a complex individual made of many parts - the BPD is just one of those parts. I don't want people to think of me as just any one of those parts - because that diminishes who I really am. And to label me as a BPD unfairly ignores all of the complex things that make up me as a person. WE are all complicated and amazing people with complex lives and BPD is just a part of that - it is not what defines us.

BPD is a disorder to the extent that the person suffers from **emotional dysregulation**, i.e. reacts strongly and emotionally to the slightest provocation, dwelling on those intense emotional reactions for periods longer than other, less emotional people. They are more sensitive to emotional cues and triggers, and, because of their low tolerance (developed by conditioning and adapting over their lifetime) to these cues and triggers, will react with alarm even though their emotional reaction may not match the reality of the environment.

Associated behaviors include raging, wildly swinging mood shifts, lying, substance abuse, binge spending, risk-taking, unfaithfulness, panic and anxiety attacks. Self-inflicted wounds are another form of pain-avoidance behavior (paradoxical though it may sound, it is a bit like stubbing your toe so you are no longer aware of your headache). 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.

These behaviors are not only dangerous to the person with BPD and detrimental to their personal and professional lives, but they are also deeply disturbing to the persons who love them. In this book, the people who are in relationships with BPD persons are called Non-BPD persons, or simply Non's. We all suffer from some degree of emotional dysregulation at one time or another, but the Non's are normally better able to control and handle them than the BPD persons.

This how-to guide has been developed by me, Bon Dobbs, based on years of extensive research and, more uniquely, on the experience acquired through

living and learning with a BPD wife and daughter. Using the practical, tried-and-true approaches and tools outlined in this guide (more fully detailed and explained in his book “When Hope is Not Enough”) has allowed me and many of my readers to vastly improve their relationships with our loved ones, as well as our overall quality of life.

Testimonials about “Whine Hope is Not Enough”:

It just takes some time, patience, and practice. I started seeing results pretty much right away (I’ve only been implementing “When Hope is Not Enough” for a weeks now), just from changing my general mindset and by stopping invalidating my wife. We’re not fully friend/friend yet but I see progress.

I know it’s hard but I truly believe that, by reading “When Hope is Not Enough” and implementing the tools, you’ll see improvement.

I really recommend reading “When Hope is Not Enough” if you haven’t yet done so—to me, this is where learning to be effective began.

...basically is what we are trying to teach by sharing the effectiveness of the tools, techniques and mindsets of “When Hope is Not Enough”. IT isn’t just about doing what is most healthy for our BP’s, it is also about doing what is most healthy for US as Non’s.

It didn’t take me long to figure out that for me, faster progress will be made from reading Bon’s book “When Hope is Not Enough”. I bought the electronic version for \$7.50, printed it out and put it in a little 3-ring binder. I have now read it once and have started the second time through after a couple of days letting it sink in. I had the pleasure of experiencing one of my BPD wife’s “storms” during this sink-in time. She was the same - I was different. Kinda surreal experience.

I have read the book and it amazes me how so much valuable information can be condensed into such a quick and easy read. It is written in a style that most anyone can understand and it is filled with useful examples on how to use this approach in everyday situations we all face with highly emotional people. Used correctly, the information provided in this book can help you improve your relationship right now... not next year, not next month, TODAY

When I first suspected my wife had BPD, I came across “Stop Walking on Eggshells”, which my therapist recommended, and which helped me understand how my life had been affected after a year of living with my wife. But I also wanted to understand what my wife was going through and to learn to better interact with her, and I found “Stop Walking on Eggshells” to be unsatisfactory and incomplete in this respect. “When Hope is Not Enough” was the answer. It lays out a clear explanation of BPD and a step-by-step skills development plan for improving interactions with my wife.

Thanks to this book and the other resources it suggests, I no longer live in a fog of confusion and despair, and I am optimistic for the future of our family. Interactions are still sometimes very difficult with my wife, but I better understand why now, and I’m learning how to make them better every day.

Thank you, Bon, for writing this book.

“When Hope is Not Enough”, in all honesty, out of close to \$400 worth of BPD materials I bought, gave me something really concrete to work with. Whether or not it works is up to many factors but, I feel confident that I have the tools I need to work off of, and that is something not even my therapist has given me no matter how much I asked.

What causes BPD?

No consensus has been reached by the researchers. It can result from a series of circumstances, either acting individually or jointly, in any combination: a) genetic predisposition b) family conflicts/attachment issues and/or c) brain physiology. Many people do feel compelled to find out the reasons WHY their loved one is this way and that question is answered more fully in “When Hope is Not Enough.”

In this guide, instead of trying to try to figure out the why’s and wherefore’s, which can be fruitless to those already living with BPD persons and could lead to assigning unwarranted blame, I want to focus on providing some help in dealing with your loved one’s with BPD characteristics.

The focus of this book is to provide tools that can enhance your ability to mitigate the rage and emotion-driven behaviors in your loved ones. It is not a quick fix – neither a fix, because all these tools and your best efforts cannot actually cure BPD; nor is it quick, because these tools need time to be assimilated and put into practice in a consistent manner. You will have to see which approaches work best, on a trial-and-error basis. And it is **most** important to bear in mind that, in order to get results, it may be necessary for you to make some changes in your own attitudes and beliefs as well, and perhaps rethink some of your own reactions, as you will see further on.

Is there a cure for BPD?

First, one must remember that there are not only varying degrees and modalities of BPD, but also that there are cycles in their behavior – so for some, if the environment does not trigger their strong (usually negative) emotional reactions, the symptoms can remain dormant for long periods of time, and/or can present at lower intensity. Countless number of people whose lives had been impaired by BPD have recovered, and their inspiring stories can be found on the Internet.

Once officially diagnosed, the BPD person is sometimes treated with a combination of (a) mood stabilizers and anti-depressants, which can be a double-edged sword in that they cause different (and sometimes very severe) side effects in different people (and, as you will see below, people with BPD frequently have a tendency to over-medicate since they don't feel the desired effects at lower doses), and (b) therapy designed specifically for BPD persons as pioneered by Dr. Marsha Linehan, called Dialectical Behavior Therapy (DBT). This therapy operates under the premise that there are several “dialectical dilemmas” at work in the mind of a BPD. These are opposite modes of thinking and behavior, and the BPD will swing wildly between them. (More under **Therapy**)

How does it feel to have BPD?

An anonymous post on the internet gives you an idea.

You wanted to know the worst about me, the things I told no one and hid below the surface. How do I explain it? How do I explain who I am when I am not even sure of it myself? How do I put into words the worst parts of me that I have run from for so long? I will tell you my secrets, I will tell you everything. Maybe it will help me. Maybe you will hate me for it or maybe you will understand. I don't know, but I am sick of running. So here it is, I will give you what you want.

I hate you. That is not true, but sometimes I think it is. I will not answer the phone when you call, even though I want to talk to you. I will not call you, even though it is all I want to do. I will not reach out to you, even though every part of me wants to. I will be mad at you, I will want to hurt you, I will drive you away because I am afraid to let you closer. I need your constant attention, your reassurances, but I will greet them with cold indifference. I will be jealous of the attention you give others, and I will get mad at you for ignoring me. I will feel close to you and care for you one day, only to be mad and want you out of my life the next.

I am an emotional amnesiac, maybe I always have been. I take each event, each day, each conversation as a separate event, always looking for signs that you might hurt me. When I feel neglected, I will get mad and forget that the day before you told me how much you cared. I am an inconsistent mess. There is a part of me who is happy and confident and another part that is insecure and needy. These days, I never know which one it will be. Every time I think I am in control, that I know you care and I feel comfortable with our relationship, the fear and doubt will come back. Maybe with time it will go away completely, but doubt it. All it will take is another close relationship, another new friend, another day and it will be back.

You ask what you can do and I do not know what to say. The needy part of me wants your constant attention; it needs your words and thoughts, your presence. But I know that is not the answer, I must accept the limitations on our relationship. The scared part of me wants you out of my life because it would be easier. The hateful part of me wants to hurt you because it thinks you have hurt me. All I can ask you to do is to understand, to not give up. I will ignore you at times, I may be rude to you, I may try to hurt you. I may hide from you and wait for you to reach out to me, so I know you will care. It is not fair to do these things, but I will. I cannot ask you to put up with this, it is not fair and no matter how I act, I care too much to put you through this. But you asked, and this is all I have to tell you.

I do not like this. I do not like that I am needy and clinging. I do not like that I hurt people. I do not like that I am rude and sarcastic to those around me. I do not like this part of myself. For years, I have ignored this and pretended it was me, but I have realized that is wrong. This is not me, it is a false identity created to protect me from the world. This was not an easy

realization, and perhaps I haven't fully accepted it yet. But I have found my path, I have realized I can change and I can accept this side of me and keep it from becoming who I am. It will not be easy and it will not be quick, but I have faith that I can do it. Perhaps one day I will see me as the person you see behind my defenses, and perhaps one day I will let others see that person as well.

This is for you, but you are many people. You are the people close to me now. You are the people I want to be close to even though I have kept you away. You are the friends I have pushed away in the past, the friends I never forgave and never let back in my life, the friends I never had the chance to tell this to. You are the people I will meet in the future, the people I will care about until once again I push them out of my life. You are the part of me that is still trying to understand who I am. You are all of these people and many more.

This person is in pain, deep emotional pain, which she can't get out of by herself. She tries to relieve this terrible pain by lashing out at others or her self. A comparison is that of a person on fire, who will do anything to douse the flames, including running right over you if you are standing in her way as she rushes towards the lake.

SOME MAJOR BPD ISSUES/SYMPTOMS

1. SHAME

Shame is one of the most marked features of BPD. It is the most crucial emotion that must be addressed if recovery is to occur. (see **Therapy**).

Shame is different from guilt. Shame is about who we are, while guilt is about what we do. Shame is a feeling of being broken inside, of being a bad person. When we feel guilt, we expect retribution for what we have done. When we feel shame, we expect contempt from others and feel contempt for ourselves.

Where does all this shame come from?

The deep-seated feeling of shame may stem from what is often called an “invalidating environment” in youth. When emotional responses, particularly negative ones, such as fear, anger and sadness, were met with derision, or are dismissed, when emotional reactions are considered inappropriate, wrong, invalid, unacceptable, and efforts were made to control or change them, an “invalidating environment” exists. As a result, a person becomes unable to validate and trust themselves. If communication of negative emotions is punished, then a response of shame follows, first the experiencing of the intense emotion, and of expressing it.

One therapist told me about there being a black sheep in every family - a black sheep being the one who stood out as the strongest - so for their lack of security "they" would then put down this black sheep and "kick it into shape" so that it became a white sheep. It never did become a white sheep so it just felt like it didn't fit in anywhere. Alas - we have BPD.

The natural reaction to shame is to cover it up. Allowing another person to know that you carry around a feeling of shame makes you very vulnerable and exposed.

Other people created the shame I carry. Therefore, only other people can remove it. I was rendered powerless to do anything about it the moment it happened. I was powerless then, therefore I am powerless now.

It is also important to know that this shame prevents many people with BPD from going into therapy, for this involves two distinct shame reactions. 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, if therapy fails to heal her, 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.

Emotions do not arise entirely on their own. They are based on cues or triggers from the environment and compared by our “emotional immune system”, so to speak, to the meaning of the cue. For a person with BPD, the meaning can be misjudged or misinterpreted, and in turn that can cause impulsiveness and irrational behavior. Then, after the emotional dysregulation is gone, the BPD may feel embarrassed and shameful about the behavior. She may not express her shame, may defend her behavior, and may not apologize – because, again, to be seen as shameful marks her as “broken”.

This shame can quickly escalate and transmute into sadness, fear, and anger. Anger is a very powerful emotion, and, in most cases, will trump the others.

2. ANGER

Even though the BPD person’s reaction sometimes seems completely crazy and out of touch with reality, it is often an expression of their anger.

A person with BPD can fly into a rage about seemingly nothing - smallest thing out of place, something not being done the way the person expects, etc. This anger is usually born of **shame** and **sensitivity to judgment**. The fear of judgment of others reflects one’s shameful feelings about oneself and resonates deeply about one’s core beliefs. A person with BPD will panic that you are “finding out” that she is a bad person. She has to – *at all costs* – defend her “goodness”. So she redirects the focus off her inner shame and refocuses the discussion on others. This puts you on the defensive, and serves the purpose.

And, just as she will naturally feel angry based on HER interpretation of the event, you, on the receiving end, will also go through the same process. If you have been yelled at or had something thrown at you, you are likely to interpret that event as threatening, and the natural reaction to an attack is either fear or anger (the famous “fight or flight” response). So, if she is in a rage (about something that may have never really happened) that will trigger negative emotions in you as well. And this vicious circle will continue until one of the parties leaves the confrontation for one reason or another. Over time, this pattern creates “conditioned behavior” - behavioral responses that are conditioned and appear to be automatic reactions to similar situations.

In order to protect yourself from maladaptive conditioned behavior, you will have to examine your conditioning, and quite possibly have to re-train yourself in some areas.

We, the people considered as “Non’s”, must acknowledge the depth and strength of these feelings – and learn to accept BPD feelings even if they seem unreasonable, and run counter to our own feelings and beliefs and values. Accepting their feelings does not mean condoning behavior. We will come back to that later.

The world is how I feel. Anything that does not reflect/support my feeling must be annihilated. When it comes to feelings and ideas other than what I experience, I am like the Taliban. Those alien forces threaten who I am, and so must be removed from my midst.

3. SENSITIVITY TO JUDGMENT

A person with BPD has a tendency to anxiously expect and overreact to perceived judgment and rejection. She might avoid tasks, meetings or other social interactions if there is any sense of rejection implied. Such a person will scan other people’s reactions for disapproval or rejection. When actual rejection occurs or is perceived, especially when the rejection originates with someone whom the BPD feels is important to her, rage and even violence can occur.

The person with BPD who perceives she has been rejected by a significant person (one from whom she is less likely to expect rejection), becomes hostile. This is closely related to **shame** and **fear of judgment**. In both cases, a person with BPD will judge herself harshly because of the shame (“I am a bad person”) and will reject themselves (“I don’t deserve acceptance”), and additionally, and perhaps ironically, she may lash out, rage at or abuse people who do offer her acceptance, because she feels she deserves the rejection. In this way, the feelings around acceptance versus rejection are a no-win situation for you – if you reject the person with BPD, she gets angry, but if you accept her, she may judge you as “stupid to be accepting someone as bad as me”. She also anticipates (“pre-lives”) negative emotions from future assumed rejections.

The way the world operates is "effect and cause." If I feel a certain way, I will find a cause for it that does not involve me, because otherwise I will be judged as wrong. And I cannot be judged as wrong.

4. LYING

Lying can be either by admission (“telling falsehoods”) or omission (“leaving out the truth”). The motivations for lying of either kind by someone with BPD include:

- when it is more painful to admit or tell the truth
- when she wants the other person to think “better” of her than she thinks of herself
- to avoid the judgment of the other person or judgment of herself
- when she can’t see the “truth” because of emotional reasoning – when feelings = facts

If the person to whom the lie is told is likely to judge the person with BPD as “bad” or “deficient”, the expectation of disapproval triggers first **rejection sensitivity** and then **shame**, because the person with BPD actually feels deep inside that, if she admits the truth, the other person will “find out” that she is a “bad person” and reject her fully.

If I do something I feel is wrong, I am unworthy of living. Therefore, admitting I am wrong -- or that I did something to hurt someone -feels just like committing suicide. I don't want to die, so I can't acknowledge that I am wrong. Even to the judges inside me.

A person with BPD does not live in the same “reality” as you do. Your truth is informed by what you see, hear, experience and what you believe about these inputs. A person with BPD is most often informed by her feelings about the experiences. These feelings can be “misaligned” with the facts. In other words, the “truth” is how she feels about a situation. A person overcome with strong emotions cannot incorporate information that does not fit, maintain or justify the emotion.

Memories are the files in my mental "cabinet." But because I am always being judged, I need to use those files like a lawyer. Therefore, only the memories that suit my current feeling will be called up. Those that present evidence that contradicts that feeling will not be considered admissible ... or will be doctored to preserve my innocence.

During a period of emotional dysregulation, the person with BPD will be unable to “see the facts” if those facts do not support the conclusion of what she is feeling. Therefore, the person with BPD is likely to interpret or generate alternative “facts” that support what she is feeling. She cannot be “reasoned

with” during this state because reasoning requires an objective view of the evidence presented. The strong (usually negative) feelings will drown out all reasoning or examination of evidence.

In effect, she is not really “lying”, but merely pointing out “facts” (or generating them) that support her overwhelming emotion about the situation. The subsequent lies, which are used to cover up or support the emotional reasoning, are typically told because you would think of her as less of a person (and deservedly so) if it was revealed that she lied in the first place. Apparently, deep down, a person with BPD is more concerned with the pain and shame the revelation of her lie will cause her.

While it is useful to know the motivations behind the lies, it still doesn’t make the lies any less hurtful. Being lied to is a painful and hateful experience for the Non’s. It destroys trust and personal integrity, and leads to suspicion and paranoia. You end up feeling, angry, saddened and disconnected from your loved one with BPD. It is a confusing, embarrassing and painful experience.

5. FEAR OF INTIMACY, FEAR OF ABANDONMENT

Each fear is the flip-side of the other, and in a world of black-and-white, all-or-nothing thinking, one can become the other rather quickly. Strong, close relationships usually make people feel deep emotions. Unfortunately, for a person with BPD these feelings can be overwhelming and exhausting and she pushes away for fear of being lost, adrift on a tidal wave of feelings.

The specter of abandonment haunts every relationship. And in the midst of these emotions, the BPD can experience a loss of their sense of self. Sometimes a person with BPD will decide to run away from a relationship (with associated “bridge burning”) rather than experience this “lack of self” feeling, which both intimacy and abandonment fears arouse. In other words, the person might “leave you before you leave me” (in the case of abandonment) or seek to show that “I don’t need you” (in the case of intimacy). In this way, the person with BPD can control the ending of the relationship without waiting for the ending and obsess/ruminate about when it will inevitably end.

There is no greater weakness than vulnerability. Open yourself up, and all you will be is exposed. And if you are exposed, you can only rely on trust. And trust is the cause of abuse.

While the history of a person with BPD does not actually have to include abuse, the emotional invalidation she has experienced throughout her life feels like actual abuse, because it is a denial and invalidation of her very nature and being.

6. LACK OF TRUST / BLAMING

A person with BPD has a marked lack of trust of the world and of other people around her. She often feels vulnerable and powerless. If her emotions can be engaged and dysregulated so easily and so often, and her emotional reactions are so painful, she has to guard herself against that pain. She might feel that vulnerability is a form of emotional abuse, due to the severity of emotional pain that comes with it. In her mind, the risk of emotional pain outweighs any level of trust.

She might believe that you don't understand her because the way in which you react to her emotional states (in her mind, not necessarily in the world) causes her pain. If you understood her properly, you wouldn't cause her pain, she believes. She perceives that you are the cause of some of her pain and that creates an inability for her to trust you. You probably get blamed for many, many things, including things over which you have no control. She might attribute her own qualities, particularly negative qualities, to others around her

Why does a person with BPD go to great lengths to assign blame to anyone else (including God, the world, everyone, etc.) other than herself? She does not want to be seen as the "cause" of problems or pain. This would again make her "bad" and in being "bad" she deserves nothing less than death. It is easier to find someone else or something else (like karma or life itself) that is a more acceptable cause of her pain and problems. Rather than projection, it is more the fear of rejection, ridicule and emotional pain if she is at fault. It confirms her shame and that she is a bad person. Through **black and white thinking**, if she is a bit at fault, she is doomed. So, even after the emotional dysregulation dissipates and the person with BPD returns to "baseline", she rarely admits her responsibility for her own behavior.

If I take responsibility for making something happen, I will have to deal with disappointment. At some point, it won't work, and that means will have been wrong, which will feel like death. I cannot risk death, so I can't risk responsibility.

7. BLACK AND WHITE THINKING.

This refers to the tendency for a person to believe that events or other people are either all good or all bad in any given situation. People with BPD will often vacillate between these two polar ways of thinking, sometimes about the same event or person. It is also known as splitting. This approach can be extremely frustrating and confusing to the loved ones, because the person with BPD might one day idolize you and then the next day think of you as evil or

malevolent. You never know exactly where you stand with the person with BPD.

For example, when the BPD person detects that a friend has judged her in some way, she will likely color (or “split”) the friend black, meaning she will suddenly assign the friend to the category of being evil. Rather than waiting for that opinion of the friend to subside, the BPD may impulsively burn bridges with the friend, communicating with the friend in a nasty and unforgivable fashion, causing the friend to abandon her.

Thought is reality. If I think of something, it is already done. If someone else mentions something, they have already made it happen.

8. MANIPULATION

Being manipulated by a BPD (through embarrassment, emotional blackmail or the like) can make you doubt yourself and your ability to make sound decisions. It can build resentment toward the person with BPD. It invalidates your intentions in a given situation because you feel “forced” to make a particular choice.

But this “manipulation” represents actions which have a function and an objective in their view, so it is more like a “tool” to make the person feel better. In other words, in most cases her behavior is not intentionally manipulative, but rather a desperate attempt to cope with painful feelings or to get her needs met, without the actual goal of harming others. Often, you feel bad or sad if you don’t give into the manipulative request – but if you do you would be making decisions based on this negative emotion. You are not responsible for the attempted manipulation, but you must be responsible for your response to it.

9. RUMINATING

BPD persons have a propensity to have worry thoughts about events and turn them over and over in their minds. This is an extended form of worry and anxiety in which the sufferer will examine events with an eye to find malignant intentions or judgments of others. Ruminating can lead to paranoia regarding the intentions of others.

Often the ruminating will extend over a long period of time, and will cause the person with BPD to look for hostile meanings within interactions with others. During this “search for meaning”, the person with BPD may ask others about what is meant by certain actions or words while clearly implying that the BPD

believes that the other person is judging her or is angry at her. Ruminating is a form of personalization and **fear of judgment**. The person with BPD will likely feel that situations which are not “about her”, are, in fact, not only “about her” but are exclusively about how she feels about the situation.

Ruminating can lead to emotional “reasoning” – the situation in which a person’s feelings equal actual facts. If she feels that there is a malicious intent or a negative judgment in a given situation, there **MUST** be one in reality (feelings created facts). Ruminating is a method of finding this negative and/or judgmental meaning. Ruminating most often occurs when a person with BPD either has time on her hands or is bored, and it can also occur as she tries and fails to fall asleep.

Ruminating can be combated with distraction with something the BPD enjoys and engages her mind. Physical activities are also good. Mindfulness, which is a component of Dialectical Behavior Therapy, also helps stop ruminating because the point of mindfulness is to be “in the moment” and not consider past or future events.

10. DEPRESSION AND EMOTIONAL PAIN

Depression and grief can be a trying experience for anyone. You feel pain in every area of your body and mind. Sometimes you will just want to retreat to your bedroom and go to sleep for hours just to get some relief from the physical and mental anguish you feel. You might also use alcohol to relieve the pain by “turning off” your mind. Many people drink themselves into a stupor and to try to extinguish the pain for a short period. Drugs and alcohol **CAN** function to reduce pain. However, this pain reduction is temporary.

People with BPD are likely to use large quantities of alcohol and/or drugs to deaden their pain – some estimates of substance abuse by people with BPD are as high as 75%. Many BPD persons ingest large quantities (more than someone without BPD could handle) and not overdose or even pass out. Unfortunately, anti-anxiety medication, painkillers, alcohol or illicit drugs can have several negative effects and consequences, including an increase in impulsivity or dyscontrol. The results may cause more shame and self-punishment when the BPD sobers up. Impulsivity can involve risk-taking behaviors such as reckless driving, gambling and others, again with the objective of halting and/or deadening the emotional pain with a rush of adrenaline. Eating disorders are also other tools used by BPD persons to alleviate emotional pain, as are binge shopping, obsessive plastic surgery, and binge travel.

People with BPD are likely to feel emotional pain many times a day, every day. Since these emotions are basic (like fear, sadness and anger), the reactions to them are both physical and mental. These emotional pain states are powerful and have the ability to overpower rational thinking. When you are in pain, regardless of the source, the main reaction of the body and mind is to get out of or to relieve the pain as soon as possible and by whatever means necessary.

11. SLEEP ISSUES

One of the physical aspects of BPD is problem with sleeping. This is caused, in part, by ruminating. Also, some studies have showed that the brain chemistry of a person with BPD is configured in such a way as to utilize serotonin ineffectively. Many people with BPD will require sleep medication and sometimes will take these medications in large doses.

12. SELFISHNESS.

People with BPD can often come off as selfish, self-involved or not empathetic to other people's pain or problems. One has to try to remember that it is difficult for anyone under the influence of strong (especially negative) emotions, like a BPD is, to see anything or anyone but herself. Yet this characteristic of a person with BPD can lead to resentment and anger within the loved one, leading them to cry out – *What about me?*

A person with BPD is often not self-aware and is capable of talking about herself for an hour and be totally oblivious to the person(s) with whom she is speaking. Although it may seem on the outside that the BPD loves herself greatly, in reality the opposite is true. She spends much time trying to detect whether other people can see her shame and hate her as she hates herself. She actively monitors the environment for disapproval, sometimes becoming outlandish and paranoid. She may declare that other people hate her, but this personalization of the environment is an extension of her own self-hate.

BPD persons can also become “control freaks” because they feel so out of control of themselves emotionally. This, in combination with the fact that a person with BPD pins her hopes on others to solve her problems, causes her to try to control other people's behavior and obtain outcomes that lessen her own pain.

While a person with BPD does appear selfish and self-involved (even Narcissistic at times), she actually has an “externally-focused self-validation function.” This means she requires external validation to feel accepted.

13. BOUNDARIES

Setting boundaries refers to *you* and your actions and reactions. It does not mean setting rules for a person with BPD. Boundaries are about what you will and will not do, should certain situations arise. You make boundaries for yourself and you abide by them for yourself. You must respect your personal boundaries, even if it appears that she can't respect her own.

It is important to remember that people with BPD will often attempt to push you to your limits. They might behave in a way that is decidedly unlovable just to see if you will love them anyway.

It has been said that people have three basic emotional needs in their life – (i) to feel that they are worthy, (ii) that their feelings matter, and (iii) that someone really cares about them. However, in the case of a BPD, each of these needs can get distorted. Shame causes the person with BPD to feel worthless, invalidation can cause the person to feel that her feelings do not matter, and relationship conflicts can make her feel that no one really cares about her. She may seem to violate her own boundaries and values, in a frantic attempt to get these three basic needs met. However, emotions will most often trump values and her boundaries.

14. TIME HAS NO MEANING.

A person with BPD will link long-ago negative emotional experiences with current events because it “feels the same”, leading them to act on these emotional memories in a way that seems inappropriate for the current situation. That is a feature of emotional memory - time is not a factor in emotional memory.

All time is in the present. If something makes me feel bad now, it is linked directly to the greatest pain I ever experienced – and that pain is happening now, too. Time can't heal any wounds because time never really passes. Everything - past, present, and future -- is NOW.

15. SELF-INJURY

Self-injury can come in many forms, and includes cutting oneself with razors or knives, burning oneself with cigarettes or matches, pulling out clumps of hair and picking at oneself (especially the nails and/or cheek) until blood is produced. Self-injury is one of the most difficult behaviors for the loved one to understand. In the case of BPD, self-injury is usually done for the purpose of pain relief (one pain supplanting the other, through the release of endorphins, the body's natural painkiller), and not to get attention or to manipulate the

loved one. Most self-injury is done in private and without the knowledge of the loved one. Occasionally, the self-injury cannot be covered up, and others notice the wounds. This may create even more shame and embarrassment for the person, in addition to the risk of infection and even death.

16. THERAPY

Unfortunately, you cannot force someone to go to therapy if they don't want to. Use the tools in the book for a while, and the BPD might begin to gather some self-awareness or to share her inner thoughts and feelings with you. It is likely that these thoughts and feelings will be filled with shame, self-hatred and worry. At that point, you can say something like – *boy, it must feel awful to feel that way about yourself. What do you think you can do to feel better?* or – *That is so painful to feel that way. Maybe someone can help?*

However, many people with BPD resist going to Dialectical Behavior Therapy (DBT) because it identifies them as having BPD, and they do not want that label; also, DBT may seem like a therapy of last resort, and, if it fails, she will run out of options.

DIALECTICAL BEHAVIOR THERAPY

Dialectical Behavior Therapy is a creation of Dr. Marsha Linehan, a professor of psychology at the University of Washington. DBT consists of four “modules”, each of which is employed during each stage of the treatment. The basic structure of DBT is that it is a modified version of Cognitive Behavior Therapy (CBT) that enhances CBT with several other elements. DBT proposes that a person with BPD lacks “dialectical” thinking and that if dialectical thinking patterns can emerge, progress can be made.

DBT is a behavioral therapy. The client is first encouraged to change how she behaves in the face of overwhelming emotions. Essentially, DBT retrains the client to behave differently in situation in which she may have behaved ineffectively. Gradually, this behavior modification encourages the client to think and react differently than in previous occurrences of similar situations.

The four modules of DBT are:

- Core Mindfulness. Mindfulness was added to DBT to cut down on ruminating and to focus the attention of the BPD on the current moment.
- Emotional Regulation. As noted, emotional dysregulation is at the core of BPD and teaching skills to aid in the regulation of emotions is important to alleviate the emotional pain experienced by the BPD.
- Distress Tolerance. Some discomfort in life cannot be avoided and a person with BPD is taught to self-soothe and other skills to accept painful life events.
- Interpersonal Effectiveness. A person with BPD is taught how to more effectively approach interpersonal situations and not to rage, threaten or just “give in”.

DBT uses acceptance and change as opposites and tries to synthesize the two so that the BPD begins to consider shades of grey in a situation and in her self.

DBT operates under the premise that there are several “dialectical dilemmas” at work in the mind of a BPD. These are opposites modes of thinking and behavior, and the BPD will swing wildly between them. One purpose of DBT is to gain a balance between the polar opposites. The dialectical dilemmas are:

- Unrelenting Crisis (biological) - Inhibited Experiencing (social): the "balance" achieved through "Wise Mind" (for Unrelenting Crisis) and "emotional experiencing" (for Inhibited...)
- Active Passivity (biological) - Apparent Competence (social): the "balance" achieved through "Problem Solving" (for Active Passivity) and "Accurate Expression" (for Apparent...)
- Emotional Vulnerability (biological) - Self Invalidation (social): the "balance" achieved through "Emotional Modulation" (for Emotional...) and "Self Validation" (for Self...)

Once these dilemmas are synthesized and the skills mastered, the BPD will no longer have to attend DBT regularly.

DBT is not the only therapy that has been shown effective with BPD. A new therapy – called Mentalization Based Therapy – has also been shown effective, but it hasn't been around as long as DBT has.

THINGS FOR YOU TO DO AND CONSIDER

Reexamine your attitudes toward your loved one and toward life in general. It takes time to understand one's own attitudes toward life and even more time to adjust them. Some of the attitudes required to understand with someone with BPD tend to be counter-intuitive or run against attitudes that have been ingrained in you since childhood. Many of us are very "quick to judge" the behavior of other people.

Emotions are not right or wrong – they just are. You probably place a lot of value on rationality, you are a solver, and you like to think things out. But you have to discover the power and importance of emotions.

I used to think that people who are emotional could not make sound decisions. I also used to shy away from making decisions when I was emotional. But I was wrong. It turns out that emotions are required to make sound decisions. Everyday decisions require an integration of emotional and rational thinking.

The first worksheet for DBT shows a diagram of emotion mind on one side, rational mind on the other and wise mind as an intersection of the two ways of thinking. One must think AND feel to be wise.

Not all people think the same way you do. Even though you have known or lived with the person for years, you may discover that her reactions and inner thoughts are quite dissimilar to yours. Neither better nor worse. Just different.

No one has a corner on the truth (even you). "Truth" is different from "what happened", because truth must be filtered through the mind of the person perceiving the truth. Since emotions are important and people think differently, different people will feel differently about an event. The feeling is real and part of the truth for each person. "What really happened" cannot be isolated from the emotions that color it, especially in the case of a highly emotional person, whether BPD or not. The memory of the event is more likely to be of the feeling that they got when the event took place than the event itself. And this type of memory is valid, because the feeling is real, albeit internal to the one who experienced it. In the realm of human interpersonal relationships, feelings are as real and truthful as events.

Some things in life have to be accepted (and others can be changed) – as in the Serenity Prayer – Lord, grant me the serenity to accept the things I cannot change, the courage to change the things I can, and the wisdom to know the difference. One of the things you will need to accept about your loved one is

that she has an emotional disorder and that she may never be entirely “healthy”. It is perfectly natural to grieve for the “normal” child or “normal” relationship you may never attain – so go ahead and mourn if you feel sad. After the grieving, acceptance should make it easier. This is not to say that there is no hope – little by little, things can get better, but the choice to make things better is sometimes not completely yours.

It is more important to be effective than “right” – Many people in life pride themselves on their morals and ability to discern right from wrong. Many people try to do the right thing in any given situation. Sometimes people will do what they think is right, even if it hurts another person that is close to them.

People are typically very judgmental. However, there are two major problems with being judgmental when dealing with someone with BPD.

First, it denigrates her feelings and creates an “invalidating environment”. If she feels she can’t be accepted AS IS, she will either feel shameful or fly into a rage against the judge – or a combination of the two.

Second, the person is acting on her feelings and doing something that has, at one time in their life, been used to assuage negative feelings. She is acting in a way in which she (thinks) will make her feel better. You might not behave in the same fashion, but if you had her history, thought like her, had strong negative feelings as she does, chances are you would behave in the same way. Thus, judging her behavior as wrong or bad is missing the objective of the behavior. Yes, the behavior may be self-destructive or nasty, but it is a tool for adapting to how that person feels.

Being effective is doing whatever is necessary to gain a positive outcome in any given moment. The major difference between effectiveness and mere adaptive behavior is that effectiveness takes into account the consequences that are associated with a given behavior, not just the immediate effects.

Now, what if the most effective thing goes against your values? My response is that **emotions trump values**. Emotions are immediate and primal, whereas values have been developed over time, over generations, and are more abstract than emotions. If someone is overcome with powerful negative emotions, we find that (i) it is important to them, (ii) they are not thinking the same way you might, (iii) your version of the truth in this situation does not match theirs, and (iv) the fact that they are in this state is a truth and must be accepted. Once those attitudes are applied to an emotional situation, you can start to be effective, even if being effective goes against the grain of what you deem is right or good.

Additionally, many people try and “win” in interpersonal encounters. They try and convince the other person that their view is right and the other person’s is wrong. Dropping the concept of rightness/wrongness, winning/losing is a first step toward being more effective.

You can’t solve anyone’s (emotional) problems (except your own) – your regular approach to problem-solving does not work with emotional situations. In fact, it can make the situation much worse. Usually, an emotional person just wants to be heard and needs to know that the emotions she feels are warranted. She has to solve her own emotional problems, and it is not your job to do that. Your job as a loved one is to listen and empathize, not solve.

It’s not about you – it is all about his/her feelings. A person with BPD will act specifically to halt emotional pain, and will do anything, including hurt you, to stop their own painful negative feelings. Even though it hurts, it is about her feelings, not about you. This concept is extremely important to keep in mind when someone with BPD seems to be aiming to hurt you.

Let us now look at the approaches that do NOT work in the long run:

“Boundaries” which are in fact rules. A personal boundary is not a rule that needs to be enforced. A personal boundary is a limit that one puts on one’s own behavior. For example, you may decide that *you* will not go out with a person who is over-medicated.

You cannot control other people’s behavior with a “boundary”, especially when that behavior is based on emotions. When you tell a person with BPD that she can't do a particular something which you find unacceptable, that is a rule, not a boundary. It will not work in the long term.

Ultimatums – these are actually another form of a rule, one that borders on blackmail. Ultimatums almost always have a destructive outcome, and may force *you* to do things you don’t want to, if you want to be consistent. They don’t work with BPD persons for the same reason rules don’t. You can't control another person’s behavior with threats, no matter how severe the consequences. You can point out the consequences to them, but that is where it ends.

Behavior contracts. I do not believe that behavior contracts are effective with persons with BPD, for the same reasons as outlined for rules and ultimatums. A person with BPD acts as her emotions inform her to act. When the person gets dysregulated, for whatever the reason, the behavior contract will be forgotten. On top of that, the contract sets up a dynamic of certain failure for the person with BPD. This failure merely fuels additional shame and feeds the illness.

These approaches are sometimes collectively known as “tough love”.

What I have done is put together tools that have been used and tested by me and by people in my internet group. When the Non's begin to utilize these tools, most experience a vast improvement in their relationship with their loved one, and achieve a feeling of greater inner peace and balance. Again, some of the attitudes and tools I present might go against your natural inclinations and even your value system. However, I would implore you to try each one out and see the results in your relationship.

Tools for improving your relationship

Tool One - Recognizing emotions.

Learning to recognize emotions within your self and in others is the first tool. This skill is akin to taking the person's emotional pulse. You need to see where the other person is emotionally right away, so that you are ready for the behavior that comes naturally from that emotion. Subtools that help:

Mindfulness – a method of being in the current moment and examining one's thoughts and actions carefully. The concept is that all feelings, cognitions, thoughts and experiences are filtered through one's own mind. You have the five senses plus the mental input which comes from your own mind. Your mind can provide feedback to itself and in that way it becomes a "sense" organ. The "true mind" is uncluttered by these sensory inputs (including thoughts). It is like a rock over which the waves pass (whereas the BPD is generally carried away).

One of the simplest exercises, yet difficult to master, in mindfulness is to concentrate on a single thing, such as your breath, sitting and concentrating entirely on your breath as it leaves and enters the body, letting all other thoughts pass out of your mind.

Attentiveness to your own emotions – practice observing yourself during an emotional episode, ideally before more than a few seconds have passed. When we are attentive to our emotions, we can recognize that we are being emotional and can consider whether or not our response is justified. We can develop this habit, making it a standard part of our lives. When that happens, we feel more in touch, and better able to regulate our emotional life.

Recognizing emotions in others - once you have learned to recognize your own emotions, you can start to recognize emotions in others. It is more difficult, because you don't have direct access to the other persons mind or body and can't feel what they are feeling directly. A person with BPD even though she feels emotions more intensely and more often than others do, may have trouble actually identifying the emotions within herself. The emotions take over and she is unable to differentiate one feeling from the next. She becomes her emotions.

Tool Two – Being non-judgmental

Being non-judgmental is very difficult to do at first, but it will reap large benefits with someone with BPD. Ways to decrease your judgments of whether something is good or bad in a given situation are:

Observe – observe the situation first, without immediately judging it as either bad or good, right or wrong, just look at the behavior and listen to the words spoken. Notice the experience and the emotions that are in play. Do not let the emotions actually rise in you. Watch and wait. Focus your attention on what is happening around you and be “in the moment”, not linking the current moment to future or past events.

Describe – describe the situation to yourself without being judgmental about it. Say to yourself, in your mind, this (whatever it is) is happening. For example, it is like seeing someone driving too fast, in your opinion, and you are in the car, and you say to yourself “he is driving 70 miles an hour in a 40 mile an hour zone” instead of “he is an out-of-control jerk”. Notice the environment around you and the other person’s actions and reactions.

Find your feelings. Notice your own feelings, but do not let them run away with you. Sometimes another person’s emotional dysregulation will spur dysregulation within you. Find your feelings and try not to act on them immediately, as much as you feel compelled to do so. Like in the car situation, you can say to yourself “I feel scared that we are going to get hurt”.

Learn to do the most effective thing. Again, the most effective action is sometimes not the one that “will prove us right”. If you use the “truth” to try to fix a situation, you are not behaving effectively, even though you may be “right”. Again, emotions are not about right or wrong.

Focus on the consequences, not your opinion. Rather than inserting your opinion into the situation (for example: this guy is nuts and out of control for driving so fast), focus on the possible consequences of a particular behavior (we could get into an accident).

Examine the language you use about your BPD. The words that you use, even inside your own head, to characterize someone or something do help shape your underlying beliefs about these subjects. Using words like “crazy”, “nuts”, “overly sensitive”, “incompetent”, “pathetic”, etc. – is judgmental and forms an opinion about your BPD in your head. Even if you don’t say them out loud to the BPD, the opinion is still there and can color your interactions with the person.

Tool Three - Validation

Emotional validation is an extremely powerful tool when it comes to emotional situations. It is complex and takes a lot of practice to master. But it is essential to managing a relationship with a BPD. If you learn to master validation, you can see a marked change in the way your BPD loved one interacts with you.

Validation is a tool that verifies that the other person's feelings are valid, but doesn't necessarily condone or agree with their behavior. You are not "giving into" the BPD if you learn to validate their feelings. With validation, you are basically saying "your feelings matter. It is ok to feel that way." Many people believe that when they say "it is ok, I love you", or "you are safe with me", they are being validating, but it is not so. Those statements are about *your* attitudes toward the other person, not about *their* feelings. Validation is always about the OTHER person's feelings, not about your own.

Validation is not giving advice. In fact, if you do give advice when the other person is emotional, they are likely to get angry with you. It feels like you are telling them how they should feel, and they can't control the emotions.

DON'T:

- tell them to feel differently (cheer up, stop being so emotional, etc.),
- to look differently (don't look so sad, don't make that face),
- reaffirm your position (but of course I respect you, but I do listen to you),
- try to make them feel guilty about your attempts at help (I tried to help you, at least I),
- try to isolate them (you are the only one that feels that way),
- minimize their feelings (you can't be serious, it isn't all that bad, there is nothing wrong with you, you are just being...),
- use reason (there is no reason to get upset, let's stick to the facts, it doesn't make sense to feel that way),
- judge or label the BPD (you are way too emotional, you are hopeless, you are too sensitive)

- try to get them to question themselves (what is your problem, why can't you just get over it (what's wrong with you, don't you think you are being a bit dramatic),
- tell them how they should feel or act (you should be excited, you should feel guilty, you should be glad that, you shouldn't worry so much, you shouldn't say that about, you should not be angry with...)
- defend the other person (maybe he is just having a bad day, I am sure she means well, you just took it wrong),
- deny their feelings (you know that isn't true, you don't mean that , you know you love your baby brother)
- use sarcasm (do you think the world revolves around you? did you get out of the wrong side of the bed again?),
- lay guilt trips (what about my feelings? don't you ever think of anyone but yourself?)
- use clichés (time heals all wounds, every cloud has a silver lining, in time you will understand this, you are just going through a phase, everything has a reason)
- show intolerance (this is really getting pathetic, I am sick of hearing about it).

Yes, you may have been (unknowingly) reinforcing shame and anger in your loved one. But changing the way that you interact with the BPD may in turn change them (and you can also start avoiding this type of invalidation with children).

DO:

1) Identify their feelings

In order to identify the BPD feelings, you can use “sensing” words (look, seem, I can see that, it must feel...) rather than “knowing” words (I know that, I understand that, I know you...).

When a BPD is emotionally dysregulated, she has trouble identifying her own feelings and is unable to think rationally. A BPD may feel fearful to communicate even what emotions she can identify, because, if in the past she

has felt invalidated by others, she doesn't trust her emotions with others and may not trust her emotions even inside herself. If you learn to use the skill of identifying the feature of a feeling in your BPD, you can use this part of the validation process to identify those feelings for her. By hearing that her feelings have been noticed, the person with BPD is likely to calm down a bit.

However, it is good to remember that remaining calm in the face of strong emotions expressed by the BPD is not the best and most effective course of action – you will be seen as a threat and she will fight or flee. She will think, “How can you be calm when I am having a crisis?”

The purpose of someone coming to you in an emotionally dysregulated state is to communicate the emotions that she feels. She may have difficulty expressing them and may use other means for expressing them, such as blame, sobbing, raging or other behaviors that are difficult for you to deal with. The underlying point, however, is that she is trying to tell you something, but she doesn't have the language for it. Therefore, if you respond to an emotional communication in either an invalidating fashion or in a way that does not match the emotional distress, the BPD will feel unable to communicate. She will feel – you don't understand anything, you will never understand me. – and not trust you. The tenor of your voice is more effective if you express your emotional identification with emotion in your voice as well, but with slightly less emotion than the BPD is feeling. In other words, express distress in the identification, but less emotion than if you are actually in distress yourself.

Sometimes it is easier at first to use words that are less emotion-laden. Words like “frustrated” (rather than angry) or “upset” or “stressed” are effective beginning alternatives.

So, when you say “wow, you sound so frustrated”, do so in a forceful, emotion-filled and confident manner. The BPD may answer “I am not frustrated, I am so depressed”. That is ok, because now you have your foot in their emotional door. You are now communicating with her on an emotional level and that is the only level on which she will be able to understand in her current state. Of course, she can also say – “you are damn right I am frustrated!” If this is the case, you have correctly identified the emotion, and she has taken a small step toward linking her inner emotional states with the emotion felt. That is a step in the effective direction, because, after repeating it, the BPD can do it for herself, without your intervention. And yes, you do have to become an emotional mind reader.

2) Ask a validating question.

There are many forms of validating questions, but the most effective question for a BPD that is emotionally dysregulated is: “What happened?” Remember this question in your next interaction with your BPD. Sometimes the emotional identification – step 1 – and the validating question – step 2 – will have to be combined if the BPD does not respond to step one. At the beginning, it is best to combine these steps, as in: “Wow, you look so frustrated. What Happened?”

Most of us tend to ask “what’s wrong?” – but, “what’s wrong” can be invalidating. Since the BPD is so sensitive to judgment, she is likely to hear “What’s wrong with you?” So it is more effective to ask “What happened?”

If you already know what happened, you can say “How did that make you feel?”

If you already know how she feels about that, proceed to step three. However, it is often useful to get the information about what happened directly from the BPD, because her distorted and emotion-influenced thinking might have “colored” the truth about the actual events. What you are trying to discern here is how she felt about what happened.

Some other validating questions (especially in following up on the first one – what happened?) are:

- How did you feel about that?
- When did it happen?
- What do you think caused the problem?
- Did that hurt your feelings?
- What would you like to do about it?
- Oh?

3) Make a validating statement.

Try to make the statement more generic, not using YOU or I. A validating statement should be a response to the validating question. This is the most important and most difficult and “unnatural” step, and requires the most practice. What it involves is speaking to the feeling of the situation, to the emotions, rather than to the event, facts or truth of the matter. In the case of BPD, the feelings ARE the truth. One must find the grain of truth in the feelings and speak to that grain of truth.

When you initially begin to practice this technique it is likely to feel forced, fake or patronizing. However, because the BPD has opened up to you emotionally, it is less likely to feel that way to her, because if you do and say this validating statement as naturally as possible (and speak to the truth about the feelings) you can often hit the nail right on the head.

You can say – Wow, it must be really hard to feel that way, or that must have made you feel... – with emotion in your voice to indicate that you heard the expression of the feeling and how it really must hurt. Avoiding judgment is particularly important at this point. Sometimes a BPD might state how she behaved because of how she felt, and you may not agree that the resultant behavior was appropriate. By responding to inappropriate behavior at this point you can interject judgment into the conversation, and that judgment is almost guaranteed to cause additional dysregulation and shame.

This is not the point in the conversation to extol your values or judge the person or punish behavior. This is also not the time to give advice. In fact, unless you are asked for advice, there is never an effective time to give advice in an emotional situation. The emotionally dysregulated person just wants to be heard and to be sure that you are on their side.

Examples of validating statements:

- That must have made you feel really angry.
- What a frustrating situation to be in!
- That is so difficult for you.
- Boy, you must be angry!
- What a tough spot.

- I bet you feel disappointed.
- Tell me more.

Do NOT

- Make it about you (I hated it when that happened to me)
- Try to one-up the person (oh, you think you have it bad...)
- Tell them how they should feel (You should feel blessed)
- Try to give them advice (what you really should do is...)
- Try to solve their problem (I am going to call that girl's parents right now)
- Cheerlead (I know you can do it – there is a time for Cheerleading, but this is not it. See “Cheerleading” later in this chapter)
- Make judgmental statements (what you did was wrong)
- Make character statements (you are too sensitive)
- Make “revisionist” statements (if you had only...)
- Make “life” statements (well, life is not fair)
- Make it about your feelings (how do you think that makes me feel?)
- Rationalize another person's behavior (I bet they were just...)
- Use reason or the “facts” (That is not what happened)
- Use “always” or “never” statements (you always get yourself into these situations)
- Compare the person to someone else (why can't you be like your sister?)
- Label the person (you're nuts)

- Advise to cut ties or ignore the situation (just ignore him).

Remember, the problem that must be addressed is her feelings, not the situation. To address her feelings, you must do so using emotional language, not rational or judgmental language.

4) Make a Normalizing statement about the feelings

One of the things that BPD needs to feel is that she is not crazy or broken. Since shame is such a vital part of BPD, feeling different or crazy or messed up or broken is akin to having to wear a scarlet letter across her chest. She believes that everyone can see through her to her shame, and when she is overcome by strong emotions and acts out on the emotions, she is likely to feel embarrassed by her behavior later. This dynamic fuels more shame. This problem is assuaged by normalizing the feelings.

In its most basic form, the normalization of feelings communicates to the BPD that it is perfectly normal and natural to feel the way she does. Normalization is chiefly about the feelings, but it can also be about the behaviors that the feelings trigger. What you have to do is relate the feelings or behaviors to “normal” people. For example (and this works with children as well):

Using a normal person or group:

- Anyone who felt that way would want to do that.
- I think most everyone feels that way when...
- Most people would be angry if that happened.
- A lot of people react that way.
- I think it is perfectly normal to feel that way.

Using the person’s own experience:

- After all that you have been through I can see how you would feel that way.
- Wow, you’ve experienced so much heartache, no wonder you feel that way.

Using your own experience:

- I think if I felt that way I would...
- I would feel embarrassed too.
- I don't blame you. I would feel that way too.
- That would make me mad.
- I feel so sad too.
- You know what I used to do when I was your age and felt that way?
(for children)

The main purpose of the “normalization” process is to return the BPD to baseline. Only from baseline (and “wise mind”) can the BPD make sound decisions about what to do next. These steps are not to solve anything; they are to reel them back in.

5) Analyze the consequences (of behavior, not feelings)

Analyzing the consequences differs from finding out what the “right” thing to do is. If you try to discover the “right” thing, you are applying your own values and standards to the other person, and what is right according to your value set may not be right according to them. This is not to suggest moral relativism, but rather that, given the situation that this other person is in and what their biological and environmental factors are, her choice needs to be based on consequences, not morals or values. Otherwise, the perceived judgment card will be played, and the BPD might do the exact opposite of what you think is right, just to strike back at her judge.

Before examining the consequences, you need to bridge the gap between the first part of validation and the second half, by using a connecting phrase. One of the most effective is – “At the same time” – it reinforces that everything that has happened in the conversation so far is true, yet pushes the conversation in a new direction. One of the least effective is “but...” because it tends to invalidate what has previously been said.

By listening to her feelings and identifying and normalizing them, you can communicate to her that “I am listening and hearing how you feel”. That alone communicates that her feelings matter and that you care about them, so there is no need to say “But I love you”, “But I support you”, etc.

You can help her analyze consequences in different ways. One is to examine whether the behavior gets her closer to her “goal”. Another is to use future possible feelings to help her weigh the consequences of her actions. Emotional consequences are the most relevant to the BPD, and avoidance of future negative emotional states the most convincing.

6) Don't solve the problem or give advice

Now that the emotions have been identified and validated, and the consequences have been analyzed, it is time for the “problem solving” or “redirecting the choice” phase. Keep in mind that most of the time no practical problem will be solved, even in this phase, because the real issue to the BPD is that she feels bad. You can facilitate her solving the problem, but you shouldn't solve her problem for her.

Once the emotional validation steps are complete, she is likely to return to baseline and not feel bad anymore, so in her eyes the problem is solved. However, in your eyes the problem has not been solved because there is still a question of her inappropriate behavior and the possibility of future inappropriate behavior that can put both you and her at risk.

Redirecting the choice is actually a time for you to facilitate the BPD in solving her own problems, not you solving them for her. You can try to influence future behavior and try to have the BPD make more effective choices the next time she feels angry or sad or whatever. You should have the BPD come up with a more effective solution for self-soothing. The solution must be arrived at in little steps. If you continue to ask for solutions, humbly and curiously, at some point the person will come up with a solution that is more effective than her previous behavior. It takes practice.

Some examples of validating and facilitating questions:

- Do you think that will work?
- I never thought of that, maybe you could try it?
- Is there anything you can do?
- What would you like to do?
- Is there anything else you can think of?
- How do you think you will feel if you do that?

When we put all of the steps of validation together, we get the I-AM-MAD communication tool. In order words:

Identify feelings.

Ask a validating question.

Make a validating statement.

Make a normalizing statement.

Analyze the consequences of behavior.

Don't solve the problem or give advice.

I-AM-MAD can help you remember the steps involved in validation. At first, it will be easier for you to start with only the first few steps.

Tips on validation

Show an interest in the person's situation – look directly at the person, maintain eye contact, listen and respond accordingly.

Reflect back the person's emotions – summarize the situation and focus on the feelings – use Sounds like or It seems like – for example, sounds like you are feeling that everyone hates you.

Try to read another person's desires and feelings – I sense that you want me to take you to the mall. You can deny their request but do so in a validating way (not being judgmental and saying - but I am not going to because you haven't behaved well lately).

Validate her feelings based on past experiences – using what you know about the person can strengthen the statement – like, since you were in a terrible car accident, I can understand how you would be afraid to drive, or I remember when you were in this situation last year, you did a great job of getting through it then.

Normalize – communicate that the person's feelings are reasonable, normal, effective or meaningful.

Treat the other person with respect and don't be condescending or judgmental.

Tool Four – Inserting your feelings

It is most effective when you present your feelings in a specific manner. People with BPD instinctively understand the language of emotions, but you cannot lead them to believe that they are to blame for your feelings.

1) Say what happened. Do not insert your judgments in this part of the conversation. Just say what happened exactly. Of course, separating the actual event from the thoughts and feelings that the event evokes takes practice and time. One thing you can do to practice is to walk along and sort of talk to yourself – just describing what you see – I see a blue car, it is going very fast (not something like the driver is an idiot), I see a woman wearing clothes of many colors (not something like she is dressed like a clown) – just facts. Try to sever the relationship between the observation and the judgment.

2) Say how you feel about what you observed. Simply and without judgment. You can say – that made me feel scared – but not: you are always trying to scare me. You should always try to use emotional words. The four main emotions are angry, sad, scared and happy. Don't say things like – I felt disrespected, I felt like you were trying to control me – these are not emotion words. Do NOT use “subjective” terms such as tired, cheated, trapped, imposed upon, manipulated, wronged, unappreciated, mistreated, etc. for most of these are words that require the presence and action of the other person to exist. In other words, you cannot feel cheated without someone cheating you; you cannot feel unnoticed if you didn't expect someone else to notice you. True emotion words are statements about how you feel inside without needing the other person to feel that way.

If you use an emotion word and are non-blaming and non-judgmental, you can't be argued with. Once you have accepted that emotions exist and that they are neither wrong nor right, then stating how you felt is a statement of fact.

3) Say what you want to happen. State what you want to happen specifically and concisely. You can blend this with step 2, describing your feelings – like: I would feel much less scared if you....

If the person with BPD continues to change the subject or whatever, go through steps 1-3 again. This tool is about YOU and about you being heard by the BPD. This is about how to get your needs met. It is a road map for asking for what you want and inserting your feelings.

4) Say “thank you” if they choose to do what you want. If they do what you requested in step 3, you should immediately thank them and back up what you said in

steps 2-3. “Wow – I really appreciate your saying that. That will definitely make me feel less scared”.

Tool Five – Understanding accusations

BPD persons are famous for coming up with “crazy” notions and attributing them to you, leading to attacks with no basis in reality. It is more effective not to defend against false accusations or paranoid blame. This skill is difficult to accomplish because it is natural to defend oneself when being attacked. If you don’t fight back or reinforce that a particular tactic is getting to you, the tactic will eventually be dropped because it becomes an ineffective one for the BPD.

The thoughts and feelings of a person with BPD are so unacceptable to her that she must do something with these feelings. Sometimes this “something” is attributing the feeling to other people. So basically, you should try reversing the projection of the BPD by switching the words I and YOU in a statement they make, and re-interpreting it in your mind. Remember, most of the time it is all about her feelings – not you. An example:

You are a terrible father and the children hate you! (I feel like a terrible mother and I am afraid the children hate me).

The most effective way to react to these types of projection is to ignore the accusations and use the previous tools, mainly identifying feelings and validation, to keep the conversation focused on the real problem, which are her negative feelings. Since feelings can create facts for a BPD, each scenario is equally as real to her at the time. Each feeling is felt strongly and completely. At the same time, if you can practice using the tools in this book, and can set an example for the BPD of emotional modulation, the BPD will learn to moderate her own emotions, self-validate and self-soothe. That is the point at which real healing can be.

Tool Six – Positive reinforcement

Reinforcement, especially positive reinforcement, is a powerful teaching tool. Make a BIG deal of success, accomplishments, etc., right when the behavior is completed. You ignore and don’t punish behaviors that don’t match the desired behavior. Be cool. It is not effective to punish her for behaviors she cannot control.

In other words, if the BPD makes a choice of behavior that is more effective and on the road to the behavior you desire, you magnify it and reinforce it

positively. If she behaves in a way that is not desirable, you do not punish it; you ignore it and or use the validation skills to redirect the choice. You positively reinforce a small success toward the goal and let the failures extinguish themselves.

Positive reinforcement is used in potty training. When a child uses the toilet, you reinforce it by making a big deal out of success. You don't punish backsliding or shame the child when he fails to use the potty.

Tool Seven – Taking care of yourself emotionally

It is a basic foundation for operating the other tools. If you yourself are under the effect of strong emotions, you will be unable to effectively use these tools. Do what is effective and use these tools to be effective. Learn and practice the skills I have set forth in this book. Once you have mastered them, you are much less likely to get emotionally dysregulated yourself. Do things for yourself and by yourself if possible. Do things that you like doing.

Then ask yourself – what is my goal? Think carefully about what your goal is – what the desired future state is. You cannot cure BPD in your loved one. She can only recover from this debilitating mental disorder with her own efforts, in conjunction with receiving professional mental health assistance and acquiring the skills that have been shown effective for overcoming this condition. What you can do is work to make your life calmer, easier and less out of control.

Tool Eight – Cheerleading

Cheerleading when it comes to BPD is an effective tool if used properly. There are three situations in which cheerleading can be effective. Those are:

- When someone is working up the courage to act effectively.
- When someone has acted effectively and you wish to reinforce that act.
- When someone is inaccurate in their assessment of their own capabilities.

Cheerleading is NOT making positive mental attitude statements. It's not about telling someone that they are smart or that you love her. Cheerleading is to encourage effort and effectiveness.

My favorite cheerleading statement is: You can do hard things. This statement reinforces a person with BPD's feelings about themselves and their capabilities. Effort is important to emphasize, not character traits. That is, when a child comes home with a good grade, you can cheerlead by saying, "You must have really worked hard that!" rather than "You're really smart!" The first statement encourages more hard work in the future, since it paid off; the later discourages hard work, since the child has some innate quality that encourages success.

A Final Note

Living with and “dealing with” someone with someone with Borderline Personality Disorder can be difficult, trying and exhausting. I hope that after reading this primer, you will take a more effective approach to this person that you care about. If you do, I expect for *you* to experience a calmer, less emotionally stormy life with this person.

It takes time, practice and more practice to use these tools effectively. Like any set of tools, you have to choose the right tool for the right job, practice with it until you gain mastery over it, and then continue to use it. Once you have done that, the job gets easier.

Good luck!

Bon

