

Beyond Boundaries

*The advanced guide for loved ones of people with BPD**

By Bon Dobbs



* Borderline Personality Disorder (BPD) or traits of BPD.

Second Edition

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Acknowledgements

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Ok, Bon, what's wrong with boundaries?

In a word, nothing.

What I have a problem with is people using only boundaries (also known as “limits”). I have a problem with people thinking that boundaries are the end-all, be-all of relationship tools. I also have a problem with people using “boundaries” that are not really boundaries at all.

Let me explain... Many in the Non-BPD support community (loved ones of people with borderline personality disorder – BPD) seem to latch on to boundaries as the main tool for dealing with their loved one with BPD. While boundaries (if understood and used properly) can be an effective tool for you, boundaries are not the end-all, be-all tool in a Non-BPD's toolbox. I have read hundreds of messages that advise others to “enforce their boundaries” with someone with BPD, as if boundaries will make the relationship more manageable. Actually, boundaries are not the most effective tool in dealing with someone with BPD. What are the more effective tools? I will explain those at length in this eBook.

Another problem with boundaries is that if a Non-BPD decides to use ONLY boundaries, troubles will occur. The reason behind this is that boundaries are an effective tool for YOU, but not necessarily an effective tool for the relationship. Often, when someone is using only boundaries, the person on the “receiving end” of the boundary will feel like they are being dealt with harshly, which, in some circumstances, can cause MORE rage. With BPD, the application of “tough love” is most often not effective. While tough love may be appropriate with substance abuse or other behavioral disorders, BPD is not primarily a behavioral disorder. It is primarily a disorder of the emotional regulation system (some researchers have suggested renaming the disorder to “Emotional Regulation Disorder”). It is a true mental illness with both biological and environmental causes and effects. It's not just a person behaving badly, even though it can include severe behavioral dysfunction.

A final problem with boundaries is the misunderstanding of what boundaries are and to whom they apply. I explain this issue in the “About Boundaries” section of this eBook.

The reason I titled this eBook “Beyond Boundaries” is because the tools represented within are just that: they are tools to take your relationship to an effective level, beyond the knee-jerk idea that boundaries are the best tool for a Non-BPD/BPD relationship. Although many support groups, self-help books and even therapists provide the single tool of boundaries for your relationship, this eBook will provide you with an entire tool kit. Like any tool kit, the tools contained within are appropriate for different tasks. Your job, if you are willing to do it, is to learn the function of each tool and then practice with each tool until you have a complete mastery over it. That is the way to emotional freedom and peace in a difficult relationship.

Introduction

This eBook was written for loved ones, family members, friends and supporters of people with Borderline Personality Disorder (BPD). It is important to note that your loved one need not be diagnosed with BPD in order for the tools and skills in this eBook to work for you. Most of these skills work with any emotionally sensitive person (ESP). As for you, you can be a “loved one” (or supporter) of someone with BPD if you are a spouse, parent, child or friend of someone with BPD or the traits of BPD.

Firstly, you might want to know a thing or two about me. My name is Bon Dobbs, and I am a Non-BP. My wife of almost two decades and one of my three daughters exhibit traits of borderline personality disorder or BPD. When someone is a loved one of someone with BPD, the BPD support community typically refers to that person as a “Non-BP.” The person with BPD is often referred to as a BP or a borderline. It’s not a particularly functional way of connoting the groups involved in the community, but it is the de facto “short-hand” way of referring to each group. For the past few years, I have been writing about, providing advice, researching, and generally existing knee-deep in the BPD support community. Some of you may know me from either my email support group (called the [“Anything to Stop the Pain” or ATSTP list](#)) or from my blog (at www.anythingtostopthepain.com). I have been trained in Dialectical Behavior Therapy family skills (DBT-FST) and in mentalization-based family skills. If you don’t know what either of those terms mean, be patient; those terms and many others will be explained throughout this eBook. If you need more clarification, I have added a glossary to the back of this eBook.

This eBook grew out of my previous book: [When Hope is Not Enough: a how-to guide for living with and loving someone with Borderline Personality Disorder](#). I wrote and published that book in 2008 (sometimes referred to as “WHINE” since the non-BPD community seems to enjoy using the acronyms of book titles, although personally, I don’t really like the book referred to in that fashion, even after doing it myself for a while there). This eBook contains skills, tools and approaches that I either omitted from that book or I have learned since I wrote it. Many thanks go out to the members of the Anything to Stop the Pain (or ATSTP) Internet support list. They have helped me refine, correct and rethink certain skills, making the skills more effective with our loved ones with BPD.

I have heard many people say, especially on Internet sites, that the only thing to do with someone with BPD is to leave them. Sometimes, I have to agree that exiting the situation is more effective than continuing to live in confusion and pain. I heard Dr. John Gunderson, who is an expert in BPD and a talented clinician in treating BPD, say that he takes pride in his skills and gains satisfaction from his work because “if you can treat people with borderline personality disorder, you can treat anyone.”¹ So, if the clinicians who treat BPD patients every day think they are a hard nut to crack, what hope is there for the family members and loved one of these individuals?



Introduction

People with BPD can be extraordinarily difficult people to interact with, let alone to live with and make a life with. Clinicians, therapists and psychologists spend at most a couple of hours a week with your loved one with BPD. As a loved one or family member, you spend the rest of the time.

I feel that skill acquisition is essential to making that time as enjoyable as it can be. Without a clear view of the dynamics of BPD and the role the disorder can play in interpersonal relationships, your life is likely to be hell on earth. I have heard hundreds of stories from Non-BP's about the crazy, out-of-control behavior that their loved one with BPD exhibits. If you don't understand the function of the behavior and the mental/emotional underpinnings, and if you are not told how to effectively react to such behavior, you are in for a ride (and perhaps you have already been on that ride for a while).

My approach has been to learn the skills necessary to make my life (and their life) easier during those many hours spent together. Many partners ask, "Why bother?" This question is a valid one. Sometimes leaving the person is the only viable solution. Yet, I found that the "just leave" advice was not palatable to me. I love my wife and have chosen to stay with her.

For the parents of children with BPD, it isn't as easy as just leaving. Few mothers or fathers want to "dump" their child, even if he/she behaves in the way that is confusing, stressful and saddening to the parents. Most parents have deep and abiding love for their children despite the behavior, and the idea of leaving the child is just too painful. I am often asked by parents whether there is any hope for their children with BPD or for the relationship between the parent and child. I believe that the answer to that question is "yes," but hope alone is not going to make it work effectively for both parent and child. In my opinion, any relationship between a loved one and a person with BPD requires skills. It is almost as if we need to learn a new language, a language that the person with BPD has been speaking all along and we heretofore haven't understood, before the relationship gets better, closer and more trusting. Once the Non-BP and the BP begin speaking the same language, then the real healing can begin. Unfortunately, for you, the Non-BP, you have to learn their language before they can start learning yours.

This eBook is an attempt to teach you fluency in the language of interpersonal relationships with someone with BPD. *When Hope is Not Enough* was the basic version (even as difficult as many found it to learn and apply that language to their relationship), this is the "emersion" course. While it may not be as long as my last book, this eBook is packed with information. Some people are better at learning new languages than others, for various reasons. Some people are better at relating to someone with BPD than others as well.

The goal of this eBook is to make you more comfortable interacting with a loved one with BPD. This eBook is designed to get you closer to a trusting, respectful and compassionate relationship with this person. If that aligns with your goals for your relationship, then you've come the right place!

Housekeeping

Before I begin with the real meat of this book, I have to do a little housekeeping. First of all, it is important for you to know that I am not a mental health professional or hold a license in the mental health field. This book is a “self-help” book intended to provide advice, support and education. This book is not a substitute for mental health counseling or for any other treatment that you or your loved one might pursue. If you are in the midst of a mental health crisis, if your loved one is acting in a way that is dangerous to his/herself and/or others, I urge you to seek professional help immediately.

What I am (rather than what I’m not) is a loved one of someone with BPD. My wife has been diagnosed with the disorder and one of my daughters exhibits traits of the disorder. As I said in the introduction, I have been trained in DBT-FST and in mentalization techniques. I have attended professional conferences regarding BPD. It was necessary for me to participate fully in my daughter’s therapy, since she is a minor. I have learned, practiced and honed my skills as a supporter of people with BPD. Whether I can be considered an “authority” on the interpersonal struggles of Non-BP’s is arguable. Still, my previous book, Internet support list and blog have helped hundreds of Non’s live a more peaceful and loving life with their BP loved ones.

The guidelines and tools contained within this book are not intended to cure your loved one of BPD. I don’t believe anyone has the ability to “cure” or to recover from BPD except the sufferer his/herself. Often, this recovery is only possible with the guidance of a knowledgeable mental health professional. The only person who can take the steps necessary toward recovery is the person suffering the disorder. The family members and loved ones can make the environment more suited to taking these steps, but the path toward recovery is one that only the sufferer can travel. That said, the skills in this book, once mastered, can help make taking this path much less arduous for the traveler.

I will use many terms throughout this book with which you may be unfamiliar. As I said, I have been studying BPD and the dynamics of interpersonal relationships as it relates to BPD for years now. Sometimes I may use a term that I consider well known to me yet unknown to you. I will try to define those terms in their first usage. I have also included a glossary to help you understand these terms.

Some terms are copyrighted by their owners/originators. This situation makes me unable to use certain terms, however helpful, in this book. I have attempted to adapt the more useful concepts where possible.



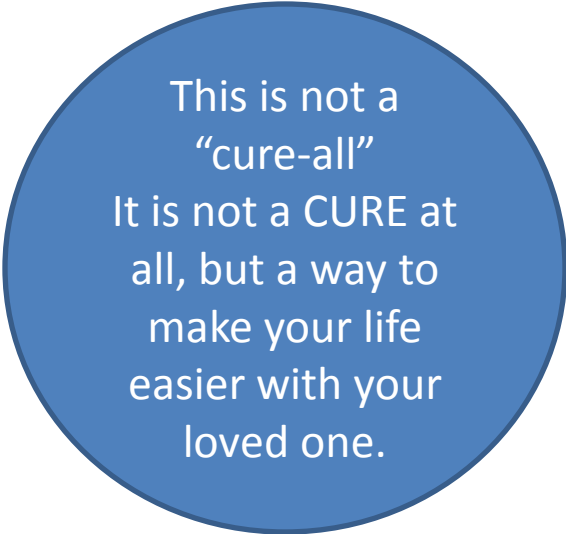
Housekeeping

Throughout this book, I will use the female pronoun(s) to refer to a person with BPD unless the person with BPD is specifically a male. Traditionally, BPD has been more often diagnosed in women than in men. However, recent epidemiological studies have indicated that the prevalence of BPD is actually split equally between men and women.² The reason that more women are diagnosed with the disorder seems to be that more women seek treatment than do men. It is unclear whether this finding will stand the test of time, yet, for the purposes of this book, I will refer to a person with BPD as she or her.

This term “Non-BP” 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 “Non’s” 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. I usually refrain from using the term “normal” and comparing anyone to a person that represents a “normal” standard. I just don’t find the concept of normal too useful.

For information about resources available on-line, please refer to the Resources section at the end of this book.



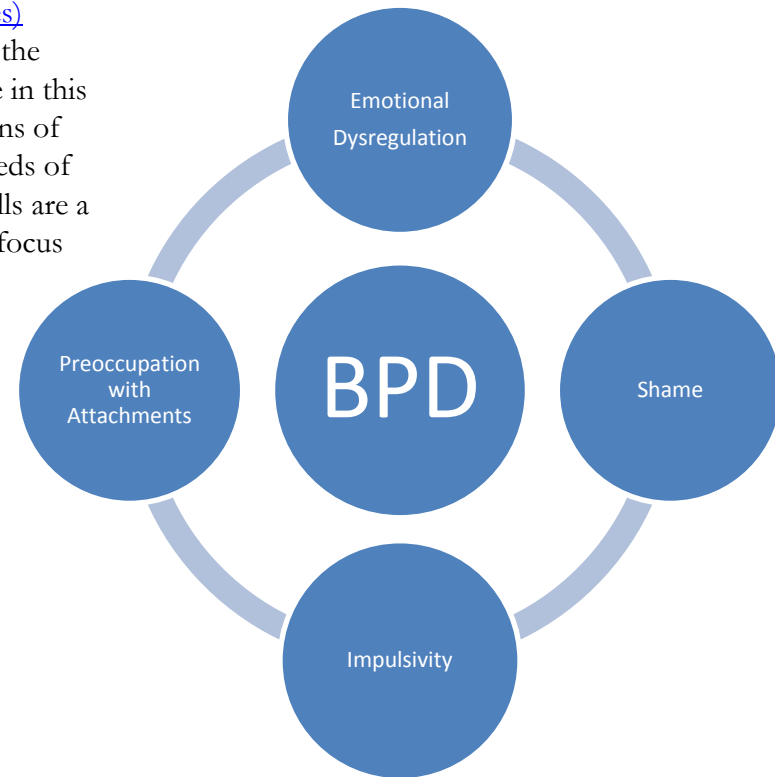
This is not a
“cure-all”
It is not a CURE at
all, but a way to
make your life
easier with your
loved one.

About Borderline Personality Disorder

In *When Hope is Not Enough*, I present a model of BPD that is quite a bit different than the ones presented in other self-help books on the disorder. I did this to focus the Non's attention on what is really going on internally in someone with BPD. I feel that you can't fully appreciate what it must be like to have BPD unless you get a sense of what it feels like to have the disorder. Of course, as someone who does not have the disorder, I can only speculate what it really feels like. However, the aim is to encourage empathy within the Non-BP. **Few long-time interpersonal relationships can flourish in the absence of empathy.**

The model I present is one of three “core” features of BPD. One of the problems I see with the current diagnostic criteria for BPD (and for other personality disorders) is that the [DSM-IV \(which is the diagnostic guide for mental disorders used in the United States\)](#) allows for a “5 of 9” diagnosis. What this means is that a person can be said to have the disorder if she exhibits at least five of the nine diagnostic criteria. The problem I see in this approach is that if one extrapolates all of the possible combinations and permutations of five or more diagnostic criteria out of nine possible criteria, we come up with hundreds of distinct configurations of the same disorder (some say 256, but my mathematical skills are a bit rusty in that area). To me, this just doesn't seem useful or workable. Therefore, I focus on four features that I believe are common to all people with BPD. These are:

Emotional Dysregulation. This is the feature in which a person has a diminished capacity to regulate her emotional reactions to emotional cues in the environment. The nature of emotional dysregulation is that a person will heat up quickly at the slightest provocation and will, generally, cool down more slowly from the emotional upset. Emotional Dysregulation is such an important feature of BPD that I have called it the “engine” of BPD behavior. When someone is emotionally dysregulated (or just dysregulated or experiencing an “Emotionally Dysregulated Moment” (EDM)), she is likely to behave in a reflexive, emotion-influenced way. This means that the reaction of a person in the throes of emotional dysregulation will be the reflexive, natural one, even if that reaction is inappropriate in a given situation. In other words, if a person is dysregulated and experiencing sadness, she will react to that sadness in the natural way: by crying or sobbing. If a person is dysregulated and experiencing anger, the person will attack, scream or exhibit threatening behaviors. If a person is dysregulated and experiencing fear, she will run away or hide from that which threatens her.



About Borderline Personality Disorder

Shame. This feature is an integral part of BPD. All people with BPD feel some level of shame. It is important to note that shame is distinctly different than guilt. When a person is guilty, she feels bad about what she has done. When she feels shame, she feels bad about who she is. Shame is highly corrosive and can infect all corners of a person's experience. Shame motivates many of the behaviors of people with BPD. A person with BPD will behave in a myriad of ways that distracts others from revealing or discovering her shame. If the shame is exposed, then the shame is confirmed. In this way, the BP's (as a "bad person") self-image is shattered and there is little alternative. She will protect the revelation of her shame at almost any cost – including leaving a partner before the partner leaves her, dropping out of therapy, turning the perceived criticism around on the partner, burning bridges and even suicide. I compare shame to the "fuel" of BPD.

Impulsivity. This feature is the propensity to act before thinking and to not examine the consequences of the action before acting. Because of the emotional dysregulation and the shame, a person with BPD might act on her impulses to halt the pain that arrives with these other two features. This increased impulsivity will get more pronounced if the BP is under the influence of drugs or alcohol. Some prescription drugs (such as benzodiazepines, or "benzos", like Xanax, Ativan, Klonopin, Valium, etc.) increase a person's impulsivity even further. A person who heeds their impulses to act might do things that later she might regret. It's not a "if it feels good, do it" thing, it's more a "seemed like a good idea at the time" thing. I call impulsivity the "accelerator" of BPD.

Preoccupation with Attachments (or attachment relationships). This feature is a new one that I have added to my "model" of BPD. I added it because I was attending the International Society for the Study of Personality Disorders (ISSPD) and listened to Dr. John Gunderson present a detailed model of his experience with BPD. The purpose of the presentation was to present a "real world" clinical model of BPD from the viewpoint of someone with many years of experience treating the disorder. One of the features that Dr. Gunderson provided was this "preoccupation with attachments." I believe this feature is born of shame and emotional invalidation (which I will explain later in this eBook). Because a person with BPD is unable to provide internal validation for her emotional states, she seeks external validation not only for her emotional states but also for her sense of self. I will cover attachments and how they contribute to BPD in a later section. Suffice it to say that attachments and close attachment relationships play a big role in the configuration of BPD.

These are the four "core" features that I believe everyone with BPD share. While other features/symptoms of BPD exist, I believe each of the other symptoms are precipitates of the interaction of the above four features within the mind of someone with BPD. One issue that several of my readers bring up is: "These features are all about THEM! How do I know if these features exist? What can I do about them?" OK, yes, these features are all about them. They are the nuts and bolts of what it feels like to have BPD .

About Borderline Personality Disorder

These “core” features interact with one another and can result in significant maladaptive and even dangerous behavior. These features also fuel other “internal” symptoms of the disorder such as:

- Rejection sensitivity
- Fear of judgment
- Suicidal ideation
- Ruminating
- Mistrust

The internal symptoms and cognitive issues can in turn cause “external” symptoms such as:

- Self-injury
- Blame/Fault-finding
- Rage/Threats
- Insomnia
- Lying
- Irresponsibility
- Avoidance
- Substance abuse
- Bridge burning

Admittedly, this is a very brief explanation of BPD. More information about the details of BPD, what it is and how it affects a person’s thoughts and behaviors can be found in *When Hope is Not Enough* and within the other books about BPD.

Note that the interaction of the core features and these other symptoms make BPD very painful to the sufferer. 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. The person with BPD is motivated by dousing the fire – that is the goal of the behavior, not to burn you, even if you do get burned in the process.

What causes Borderline Personality Disorder?

There is no consensus on what causes BPD. Some researchers feel that it is entirely biological (even genetic) and others feel it is entirely a product of the environment. Most are somewhere in between these two poles. Dr. Marsha Linehan, who developed Dialectical Behavior Therapy (DBT), has put forth a “bio-social” model, in which both biology and social interactions play a role. On one side of the equation is a biological propensity to emotional dysregulation, perhaps in-born, that makes the sufferer vulnerable to BPD. On the other side is what Linehan calls the “invalidating environment.”

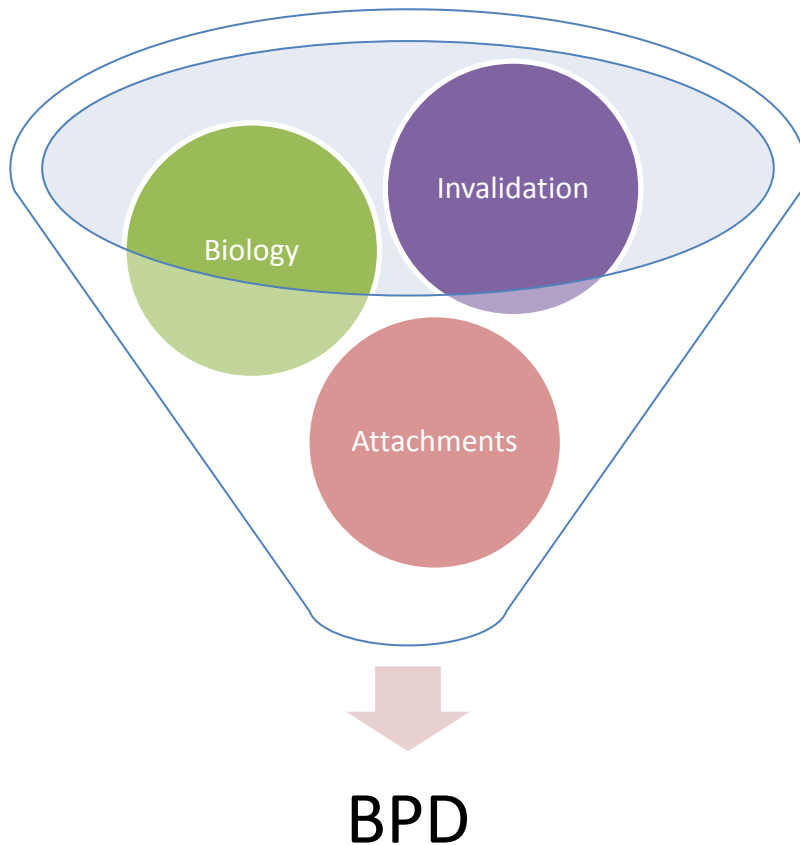
The Invalidating Environment is one in which emotional responses, particularly negative emotional responses, are met with derision, dismissal or scorn. This reaction does not have to be abusive. When someone who is biologically vulnerable to strong emotional responses has their emotional reactions met with invalidation, the person can start to develop BPD.

If the parents or peers of someone who is biologically vulnerable to experiencing powerful emotions do not accept as valid the expression of those emotions, the person lives in an invalidating environment. Since emotions are natural expressions of how one’s mind measures the surrounding environment, the invalidation is of something natural and something that cannot be “controlled.” While one’s behavior as a reaction to negative emotions can be controlled (and I will talk about this in more detail later), the arising of the negative emotions are, for the most part, beyond the conscious control of the person. Therefore, when the expression of this subconscious reaction is met with dismissal, the person begins to feel broken and defective and develops a low self-image. She begins to have a “response of shame.”³

Invalidation of this sort is embodied in several forms. The most common form of emotional invalidation comes from telling the person that their emotional expressions are “wrong” or “bad” and from punishing the individual for being upset in some way. Additionally, the punishment of emotional responses, particular corporal punishment, can have a lasting effect on the person. She learns that feeling angry or sad gets her punished and she will try to suppress these feelings. Unfortunately, emotions cannot be completely suppressed and, when the emotions arise as a natural reaction to external (like a threat) or internal states (like being tired or run-down), the cycle of invalidation begins all over again. Emotions can be self-feeding and, if the person experiencing the emotion tries to push them away, the emotions can come back stronger than before. Emotions can also generate other emotions – that is, you can be angry that you are sad – which can generate more emotional dysregulation.

I believe that the biological vulnerability must exist for invalidation to result in BPD. As a parent of fraternal twin girls, one with emotional issues and the other without, I have found that my emotional daughter’s reactions to invalidation or rejection are much more sensitive and over-the-top than her twin sister’s. While both have experienced inadvertent invalidation from my wife and I (that is, early in their life we didn’t know about emotional validation), only the emotional twin seems to have trouble coping with the invalidation and has internalized this as shame.

What causes Borderline Personality Disorder?



Many researchers also point to the importance of attachment relationships (or lack thereof) and the development of self. I personally do not like to term “attachments” that much. The reason is that it is a general term that many people do not understand. At some level the researchers are really speaking about the “bonding” experience between mother and child. While a complete explanation of the nature of bonding and attachment relationships is beyond the scope of this eBook, note that poor attachment relationships in childhood (for whatever reason), can lead to an unstable self and to the seeking of attachment relationships later in life. Unfortunately, much of the “seeking” is met with disappointment for the person with BPD, because too much weight is placed on the adult relationships and the need for external validation.

While this brief overview of the causes of BPD is most likely not extensive enough to satisfy your desire to know why, keep in mind that most researchers believe it is the result of biological and environmental factors. By applying the skills expressed in this eBook, you can help modify the interpersonal environment and reduce at least one catalyst for BPD behavior.

About Boundaries

If you do any research on BPD, you will find a plethora of advice from all types of people. There are Internet support groups, self-help books and personal stories that tell you what to do as a Non-BP. Some of this advice is good and works effectively with someone with BPD. Some of this advice is not so good and is ineffective with someone with BPD. Some of this advice is misperceived by the Non-BP and applied in a way that is not intended by the advice giver. **The most misunderstood tool is boundaries.**

If I had a nickel for every time someone joins my Internet list and says:

“I set boundaries and try to enforce them.”

... or something like that, I'd be rich. Well, not really but I would probably have a couple of hundred dollars anyway.

Unfortunately, most people who try to create and apply boundaries to their BP relationship, do so improperly and with misunderstanding. This misunderstanding is amplified across the Internet and in publications about dealing with an emotionally sensitive person. The misunderstanding arises in two forms: one is the meaning of a boundary, and the second is to whom the boundary applies.

Many people believe that a “boundary” is equivalent to a rule and that they have to enforce their personal boundaries with a person who has BPD. This is not the case. A personal boundary is not a rule that needs to be enforced. Instead, a personal boundary is a limit that one puts on one's own behavior. It is a choice that you make about your own behavior and a limit on the behavior you're willing to engage in.

This leads me to the second, more common misconception about boundaries. Boundaries are not about the other person's behavior at all. They are about your behavior. Often the idea of boundaries is mentioned with respect to children. Many people will advise you to “enforce boundaries” for children so that they will understand the limits of behavior. In actuality, these are not boundaries at all. They are rules. Since boundaries are about your behavior, not another person's, boundaries can only be respected based on your own behavior. When someone with BPD “crosses your personal boundary” what they are really doing is breaking an agreed-upon rule set up between you and the other person. Only you can “cross your personal boundary.” If you, as a result of the person with BPD's behavior, decide to cross your personal boundaries, you have made that decision yourself. You cannot control other people's behavior with a boundary – especially when that behavior is based on emotions. I will talk about behavior modification and “controlling” behavior later in this book, but, for now, let's assume that the only person's behavior you can control is your own. When you “set a boundary” for someone with BPD what you are actually doing is “laying down the law” (i.e. setting up a rule) to them. You are telling them that they can't do a particular something which you find unacceptable. This is not a boundary at all. It is a rule.

About Boundaries

Often, when people are faced with inappropriate behavior (or behavior they find inappropriate) the suggestion is to create a personal boundary. What is really being suggested is that you create a rule for the other person, not a boundary. Remember your boundaries can only be crossed by you. It is important that you be consistent with the application (rather than enforcement) of your boundaries. If you are inconsistent (you do one thing one time and don't do it the next) , then your personal boundaries are fluid and porous. You are also providing intermittent reinforcement, which is harmful to the relationship.

Some “rules” are unspoken and commonly understood. Some are governed by the law. Rules are rules and they have to be enforced. **Boundaries do not have to be enforced.** It is important for you to understand the difference between rules and boundaries so that you can effectively use boundaries with your BP.

Now that I have explained the definition of a boundary, I will explain why, when applied improperly, they are ineffective. If what you are really creating for someone with BPD is a rule, then we should no longer call it a boundary. That is where we need to dismiss the idea of a boundary as applying to anyone else besides yourself. People with BPD may have trouble applying and sticking to their own personal boundaries, but there is nothing you can do about that. You can't control another person's behavior with a boundary. Additionally, you can't control another person's behavior with a rule either. You can try, but more often than not, the rule will be broken by the person with BPD. Why? Because they are acting on their feelings which fuel the action impulses. They don't feel like sticking to the rule, and I say that not to be flippant, because **emotions are a powerful motivating factor for behavior.**

Boundaries are for YOU, not the relationship.

If you have to enforce it, it is not a boundary. It is a rule.

With BPD, rules are made to be broken.

Likely reactions to “boundaries” include rage, saying “you are trying to control me” and impulsive behavior, such as running away at times when it is unsafe, doing drugs or having unsafe sex.

About Emotions

Why discuss emotions when we are talking about a personality disorder? Well, most researchers agree that the main component of BPD is emotional dysregulation. If you understand the function of emotions and how they play a part in BPD, you can understand the relationship better and interact more effectively with someone with BPD.

Emotions involve both the body and the mind. Each emotion has a physical and mental configuration. [Dr. Paul Ekman has shown that for “universal emotions” (he cites seven of them: anger, sadness, joy, disgust, contempt, surprise and fear) the person feeling the emotion also will display the emotion on their face.⁴ It is impossible to suppress this emotional display inside of 1/25th of a second. Ekman calls those expressions that are quickly suppressed (but not completely suppressed) “micro-expressions” and has developed a tool for recognizing those within other people. I highly recommend [Ekman’s tools for learning to read emotions](#) as displayed on other people’s faces.] What we see is that, once the emotional system becomes engaged, the body reacts automatically and reacts in a way that is “hard-wired” in our brains and bodies. We may feel a knot in the stomach, sweaty palms, a loss of blood to the extremities, a rise in blood pressure or other automatic physical reactions.

The emotions triggered are in line with the interpretation of the event. Sometimes the interpretation is “misaligned” with reality, yet the emotions are real and felt nonetheless. An example I use in *When Hope is Not Enough*, is that of an ancient Hindu parable. In this parable, a person sees a rope as a snake and jumps away with fear. The fear is real to the person seeing the “snake.” The fear only dissipates when the person realizes that it is a rope and not a snake, and perhaps the person will feel foolish that they jumped away in fear from something that was harmless. Still, the person feels the fear and has the natural physical and emotional feelings run through their body and mind. Also, this person behaves in the natural way as a reaction to fear: they jump away from the “threat.”

What I realized about this story after I published that book was that humans get more utility from a “false positive” (thinking a rope is a snake) than a “false negative” (thinking a snake is a rope). It allows us to better survive in a threatening world. Considering the “false alarms” (positives) that a person with BPD experiences, this threat-awareness, for whatever reason, seems to be on a hair trigger for someone with BPD.



About Emotions

Emotions play a huge role in our lives and in our decision-making. Many people believe that a person can't make sound decisions if they are "too emotional." Most people place value in being rational (as opposed to rash). However, studies have shown that every decision – from buying ice cream to hiring an employee – has an emotional component. We just don't notice the emotional component often because it is so built-in that it just seems natural, unless the emotions are expressed for everyone to see. We usually only notice the emotions of people that "wear their heart on their sleeve." Yet, everyone has emotions. When something just doesn't "feel right," that is your emotional system contributing to a decision.

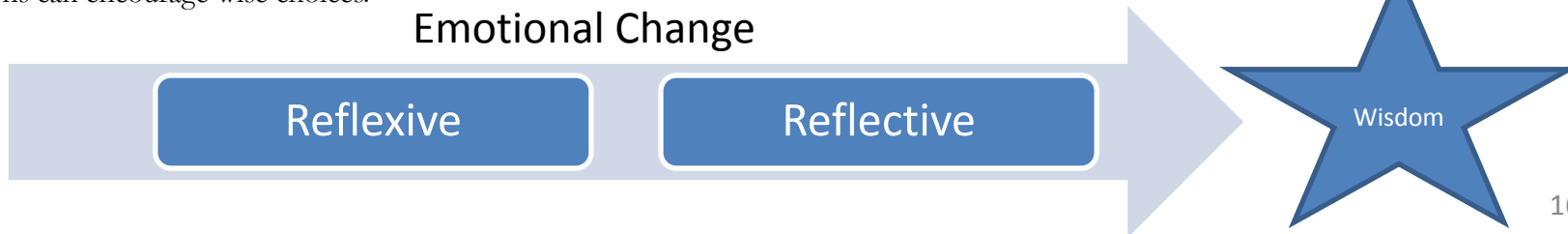
Typically, people do the natural thing when responding to their emotions. This natural thing is built-in. In *Emotions Revealed*, Dr. Paul Ekman tells us that there are seven universal, built-in emotions.

So, when your loved one reacts in the "reflex" way to the about emotions, he/she is reacting naturally. Whether the "trigger" is appropriate for the situation remains to be determined, but the reaction is typically the normal one.

These emotions are "reflexive" emotions and can save a person's life. However, if the reflexive emotion is not aligned with reality, it can cause problems. One skill that I will explain later in this eBook is how to turn reflexive emotions into "reflective" emotions. Reflective emotions can encourage wise choices.

Emotion	Reflex
Fear	Run away
Anger	Attack
Joy/Happiness	Rejoice, smile, laugh
Disgust	Turn away
Contempt	Judge others
Surprise	Jump back
Sadness	Cry, withdrawal from others

Emotional Change



About Emotional Communication

Emotional communication is one of the most difficult forms of communication for many people to understand. If you are anything like I am (or was years ago), you are a thinker, a solver and a fixer. You want to help your loved ones better navigate life by fixing their problems or providing wise advice. This situation is particularly acute with our children. Often we see our children struggling with life's choices. Sometimes we cringe when we know that they are making the wrong choices. We think, "if he/she knew what I knew about life, he/she would make another choice."

The interesting thing about emotional communication is that its function is usually merely to be heard by someone you trust and are willing to share with. A person that communicates with you based on his/her emotions typically **does not want you to solve the problem**. Instead, he/she only wants to express his/her emotions without being judged or told what to do in a given situation. An emotional person really just wants to insure that you are "on their side" in a given situation.

Unfortunately, in our lives we are taught that loved ones need to have their problems solved. We are taught to be judgmental about other's behavior. We are taught that emotions cloud our ability to make wise decisions.

This eBook seeks to reverse some of that teaching. Here's "rule" number one:

When someone communicates with you emotionally, they trust you with their very self.

Emotional communication requires a large amount of trust on the part of the person doing the communicating. A person who is emotional trusts you and can be very vulnerable in that communication. While the communication can be encoded in other issues, the core of the conversation is how this other person feels. In the next few pages, I will also point to some resources that can help you decode an emotional message, but, before I do that, I need to tell you "rule" number two:

When someone communicates emotionally, the context is more important than the content.

About Emotional Communication

What does that mean? It basically means that one has to understand the emotional context of a conversation, instead of focusing on the actual content of the conversation. OK, what does that mean? That means that when someone is emotional, they may talk about one thing when they are really trying to express something else. For example, I have a close friend who has an emotionally sensitive wife (not diagnosed with BPD though). When they were renovating their new home, his wife became quite upset about the bathroom faucet fixtures. She flew into a rage about how these fixtures were not the right ones and how they didn't match the towel racks. When he related this story to me he just couldn't understand how she could become so upset and thoroughly enraged about something as trivial as that. He couldn't understand how the whole situation got so out-of-hand and how he ended up being to blame for the fiasco. I simply told him, "It wasn't about the faucets."

Why did I respond that way? Because, as I said above, the issue was emotional – it was about emotional context, rather than concrete content. His wife was upset, frustrated and angry that the faucets didn't match. If she had not had these emotions, she wouldn't have expressed the rage and blamed her husband for the error.

Learning to identify emotions in yourself and others is a valuable skill.

In conversations, I have found that the communication that gets the strongest natural emotional reaction is usually the core issue in that communication. When I say "natural" here, I am referring to "primary" emotions, rather than "secondary" ones. Primary emotions are those that are built-in and not socialized. Fear reactions are typically primary, although they can be secondary, if someone is afraid of their own anger, for example. Often, secondary emotions are "misaligned" with the environment; meaning, secondary emotions are often based on interpretations of the environment that are based on internal assumptions that don't necessarily match what's really going on. An excellent example of this is when someone assumes the intention of the other person incorrectly and that assumption triggers an emotion. When you find yourself saying, "I didn't mean it that way!" you are usually in such a situation.

I noted earlier the difference between reflexive and reflective emotions. There is little correlation between primary and secondary emotions. This means that primary emotions can be either reflexive or reflective (although mainly reflexive) and secondary emotions can be reflexive or reflective.

It is important that, in emotional communications, that you listen to the emotions expressed. It is ok to ask questions, and I will teach you how to ask these questions later in this eBook.

About Emotional Profiles

While the last few pages were about emotions and what makes us all similar, each person has a unique emotional profile. This profile is based on five independent factors. When I say “independent” here, I am saying factors that can each be unique in each individual. The emotional profile factors are:

1. **Tolerance.** This is the sensitivity a person has to triggering events. Those with a high sense of threat awareness (like people with BPD) are likely to have this factor set at “hair trigger.”
2. **Onset.** This is how quickly the emotion gets to full intensity.
3. **Intensity.** This is how intense the emotion affects a particular person.
4. **Duration.** How long the emotion lasts and continues to affect the person’s thinking.
5. **Return to baseline.** How long it takes a person to “get over” the emotional reaction.

A person with BPD will likely have an emotional profile in which all five aspects are poorly regulated. That is, the tolerance will be low and they will react at the slightest provocation. The onset will be fast and they will react quickly to the trigger. The intensity will be high, and their experience and expression of the emotion is likely to be strong. The duration will be long and it will last a longer time at top intensity. Their “return to baseline” will take longer and they will be emotionally upset longer than others might. In other words, people with BPD are likely to be an emotional volcano, ready to erupt at any minute.

For this reason, a person with BPD can be difficult to deal with and to understand how they get upset at the most “trivial” of things.



I got a new attitude

*"We can't solve problems by using the same kind of thinking we used when we created them."
- Albert Einstein*

Each of the tools I propose has been used and tested by me and by people in my Internet group. While others, including “experts” on Non-BP’s, may recommend some tools that are diametrically opposed to what I offer, I assure you that what I am advising I have done with my wife and daughter and gained significant positive results. I have also seen others implement these tools in their lives with significant success.

While some of the tools may be difficult to implement in your life and some may seem counter-intuitive, these tools are effective in managing a Non-BP/BP relationship. **Depending on your background, biological make-up and sensibilities about the world, you may have an easier or more difficult time understanding and implementing these tools in your life.** I have seen the evolution of many Non-BP’s on my Internet list and some take more time than others to get their minds around the tools and practice them in their lives. I do want to note that when the Non-BP begins to utilize these tools, most experience a vast improvement in their relationship with their loved one with BPD. 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. It took me close to two years to make these attitudes and tools a part of me.

Before you are ready to learn the tools and practice using them, it is vital that you examine your attitudes toward your loved one and your attitude toward life in general. This examination will not be easy; it takes time to understand one’s own attitudes toward life and even more time to adjust them.

The attitudes I present are the ones that allowed me to rethink my relationship with my BPD wife and emotional daughter. Once I adopted these attitudes in full, I felt a huge sense of relief about my relationship. Many Non-BP’s carry around a sense of dread about interactions with their BP’s. This feeling of dread can color the interaction and set you up for “failure.” Also, many Non-BP’s feel that they have been emotionally abused by their loved ones with BPD. I have found that by adopting the attitudes below, the equation of emotional abuse has been rewritten in my relationship. I no longer feel emotionally abused and will explain how I got to this point in the chapters that follow. Just note that I didn’t have to do anything to my loved one with BPD to arrive at this sense. Instead, I changed myself and my approach to the relationship which, in turn, changed the dynamics of the relationship for the better.



The Effective Mind Set

You are of worth and your feelings matter (even when it seems everyone tramples them)

Sometimes it feels like your feelings don't matter in a relationship, but they do. I find that many Non-BPD's think that their loved one with BPD doesn't care about their feelings. The Non's want to get to a place where their feelings matter. When your feelings matter in a relationship you feel greater self-worth. I find that self-worth is one of the most important aspects of feeling good about yourself and about your life. Not self-image, self-worth. When you feel like you and your feelings matter in the world, you feel better, happier and can more easily tolerate frustration (see below). The first step in the process of becoming closer with another person is to accept that you have value and your feelings matter.

You can tolerate frustration (even though it hurts)

Pain hurts. Frustration is painful. It's bothersome but it is bound to be a part of life. Not getting what you want, or having what you like taken from you, not getting your way and the many other of life's frustrations can make you suffer. Like I said earlier, pain avoidance or the immediate cessation of frustration is one of life's biggest motivators. Unfortunately, some of life's frustrations don't have an immediate remedy. Sometimes you have to live in a frustrating situation for a period of time. While you might start to believe "I can't take it anymore," I would encourage you to ask yourself, "Really? Can I not take it anymore?" Why do I mention frustration tolerance here? Because the process of healing can be a long one with steps forward and steps back. There will be times in your life that you will have to endure frustration, whether it is related to your loved on with BPD or not. Understanding that you can and believing your ability to endure is important.

Emotions are important (as important as rationality)

I talked a bit about emotions earlier. I used to be a "thinker" who believed that rationality was the only answer to life. I never placed much value in emotions or realized the influence that emotions had on my life and on my decision-making process. Emotions are vitally important for making sound and wise decisions. Sometimes you might hear someone saying that the decision just didn't "feel right" or that they needed a "gut check." Both of those situations involve your emotions. The idea of "thinking with your gut" (or even with your heart) essentially refers to emotional decisions. A balance of emotional and rational factors are required for a decision to both "be right" and to "feel right." With BPD the balance can, at times, be tipped well to the emotional side. For most "thinkers" the balance is tipped toward the rational side. However, in relationships you need both emotions and rationality to make a wise choice.

The Effective Mind Set

Not all people think the way that you do (some are more sensitive, some are less)

I always thought that my wife basically thought about things the same way as I did. I mean, who could be closer to me than a person I have spent more than decades side-by-side with? I was wrong.

It turns out in this case that my wife thinks about things unlike I do. Even though we have been together for decades and have gone through many of the same life experiences, her reactions and inner thoughts are quite dissimilar to mine. This is not to say that the way I think is “better” or “worse” than the way she does. It is just different. She is naturally much more sensitive than I am and likely to do things based on her emotions.

Other people are not a mental “copy” of you. They think differently and, while you can use your own experience and thinking pattern as a general guide to what others are thinking, you have to stop assuming that others are thinking the same way as you are.

No one has a corner on the truth (even you)

This particular attitude is probably the most difficult to accept depending on who you are. If you accept the above two attitudes, it will be easier to accept this one. “Truth” is different from “what happened,” because truth must be filtered through the mind of the person perceiving the truth. The feeling is real and part of the truth for each person. “What really happened” cannot be isolated from emotions that color it. This is especially true for an emotionally sensitive person, whether or not they have BPD. The memory of the event is more likely to be of the feeling that they got when the event took place rather than the event itself. And this type of memory is valid, because the feeling is real, albeit internal to the one who experienced it. What that person is recalling is the feeling, not the event. This is not to say that feelings create facts in the real world. In other words, just because I feel scared, it doesn’t mean that people are threatening me.

The point of this attitude is subtle and key to understanding and interacting with a person with BPD. That truth, for them, is not the same as it is for you in certain cases. Remember however, that their truth is as real to them as yours is to you and that your truth is also colored by your emotions, beliefs and prejudices. This is not to say that feelings can be used as evidence in a courtroom, but in the realm of human interpersonal relationships, feelings are as real and truthful as events.

The Effective Mind Set

Some things in life have to be accepted (and others can be changed)

When I think of acceptance, I am reminded of the serenity prayer that was “adopted” by Alcoholics Anonymous. It goes like this: “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.”⁵

I used to think that was a sappy little cliché, but now I realize that it contains much wisdom itself. If you are anything like me, you are not happy that life is not fair. I used to walk around and think about how life is not fair and “why me?” Sometimes I still rail against the feeling that I never get a break and that things are always hard.

What I was doing though was protesting things I couldn’t change. Trying to change things that cannot be changed leads to frustration. While certain things can be changed in life (like your attitude), some things cannot be changed. It really does take wisdom to identify the ones that can be changed and those that can’t.

Once you’re sure that something cannot be changed, it must be accepted “as is”. Otherwise, you are resisting a fact of life and that leads directly to frustration and suffering.

You can’t solve anyone’s (emotional) problems (except your own)

You may think that, if the person with BPD is your spouse or child, “who else, other than me, is supposed to solve my loved one’s problems? Isn’t that what being a loved one is all about?” The short answer to those questions is: they have to solve their own emotional problems and no, that is not what being a loved one is all about. Your job as a loved one is to listen and empathize, but not solve. I will tell you ways that you can increase your ability to both listen and empathize later in the book. At this point you must adopt the attitude that it is not your job to solve other people’s problems. You can only solve your own. It is a hard lesson to learn, but it is also a necessary one.

Usually, when a person comes to you in an emotionally dysregulated moment (called EDM on my support list), she just wants to have her feelings heard and acknowledged. She does not wish to have the “problem” solved. The emotions are the source of the “problem,” not whatever she happens to mention as the problem.

The Effective Mind Set

It is most important to be effective (rather than right all the time)

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 that hurts another person that is close to them.

People are typically very judgmental. Before I started down this path, I also was very judgmental. Sometimes I can still be judgmental. When I talk about judgmental, I am talking about judging whether other’s behavior is “right” or “wrong” in your eyes. It is the act of labeling other people’s behavior as “good” or “bad.” The problem with being judgmental when dealing with someone with BPD is two-fold. First, because of the shame involved in BPD, when a person’s behavior is judged as wrong or bad, the person will expand that judgment to his or her feelings and further expand it to his or her self. Therefore, a judgment of the other person’s behavior is essentially a judgment of the other person’s self. Secondly, the person is acting on their feelings and doing something that has, at one time in their life, been used to assuage negative feelings. They are acting in a way in which they will feel better.

One of the biggest problems with being judgmental toward someone with BPD is that it denigrates their feelings and creates the “invalidating environment” that I spoke about earlier. If you judge another person’s feelings (by way of their behavior) as bad, you are judging them as bad – at least for an emotionally sensitive person. A sure sign of being judgmental is name-calling and labeling. If you find yourself, internally or externally (meaning to yourself or to others) labeling someone, you are likely being judgmental.

I say, “It is most important to be effective.” What does it mean to be effective? Before you can be effective, you have to dismiss being judgmental, because it is a roadblock to effectiveness. Being effective is doing whatever is necessary to gain a positive outcome in any given moment. In the case of emotions, it is doing what is necessary to feel better 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. That is where the idea of “positive” outcome comes into play. Effectiveness takes into consideration the positive goals of the dysregulated person. It is a goal-oriented approach.

The Effective Mind Set

It's not about you (or IAAHF)

This concept grew out of my pain as a Non-BP. It started with a typical “newbie” Non question, which was: “What about me?” I was extremely upset at my wife and about her behavior at the time and wondered where I fit into the relationship. Why did it seem that it was all about her?

Certain events occurred that made me realize that my wife's behavior was not about me. Even in times she said her behavior was done to hurt me, I discovered that her behavior was actually a “tool” (although a self-destructive and, arguably, relationship-threatening one) to manage her own emotional pain. She did all of these things to make herself feel better, not to hurt me or the kids. She wasn't going to stop doing them for me or the kids either, because these behaviors functioned to temporarily salve the internal pain.

That is when I changed the formulation of this idea to: it's not about you. On a large Internet-based support group, I presented this idea and it was met with derision and scorn. I was a bit surprised that an idea that had helped me would be rejected. So, I modified it once again to: it's all about him/her. However, even that seemed to be a bit over-reaching. The entire relationship is not about him/her, even if it feels like that sometimes.

The final formulation, at least the one I published in *When Hope is Not Enough*, is “it's all about his/her feelings” (or IAAHF for short). When your loved one behaves in a manner that is seemingly destructive toward you (or someone else this person supposedly loves), it is important to keep in mind: IAAHF. Nine times out of ten, they are acting specifically to halt emotional pain, which is why I called my Internet group “Anything to Stop the Pain.” They will do anything, including hurt you, to stop their own painful negative feelings. It's all about his/her feelings.

In a follow-up to this idea as presented in my last book, I just wanted to clear up a common misperception about IAAHF. Some people interpret this concept to mean that everything in the relationship has to be about the BP's feelings. In other words, some people feel that, because of IAAHF, their feelings don't matter. That is not the intention of IAAHF. The intention is to explain the maladaptive and destructive behavior of a person with BPD. IAAHF refers to the motivation behind rages, spending sprees, substance abuse and other negative behavior. It is to answer the question: how can this person, who supposedly loves me, treat me some poorly at times? That behavior is not about you. That behavior is all about emotional pain management. That behavior is motivated almost entirely by emotional pain and the desire to squelch it.

The Effective Mind Set

It's not about you (or IAAHF)

As I said before, 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. The person with BPD is motivated by dousing the fire – that is the goal of the behavior, not to burn you, even if you do get burned in the process.

Everyone is a person and deserves respect and compassion (even when they are yelling at you)

Despite what many people on the Internet might say about them, people with BPD are people too. Sometimes they are called monsters. I have heard Hitler had BPD (probably not true) and that BPD is really a manifestation of demon possession a la “The Exorcist”. None of this is true. In reality BPD is a fairly common mental illness that is very painful for the sufferer and for those around them. I say “fairly common” because a recent study showed a 5.9% prevalence of BPD in almost 35,000 adults.⁶ If it is 5.9% then BPD is three times more prevalent than bipolar disorder and schizophrenia combined.

My point here is that people with BPD are human and you will probably run into many of them in your lifetime. Even when they are acting out, they deserve respect and compassion.

And so do you. One way you can assure respect and compassion for yourself is if you have respect and compassion for yourself. Be gentle with yourself and don't take on too much at one time. Don't try to “boil the ocean” as I like to put it. Having compassion for yourself and for others is an excellent way a facilitating a true, honest, respectful relationship.

The Effective Mind Set

The four modes of thought

I have come up with four modes of thought that all of us are in at one time or another. These are:

1. “If only” thinking. “If only” thinking can be dangerous and it is often the thinking involved in BPD. The idea is that “I would be happy if only I had/lived/did something.” It is conditional thinking. Unfortunately, with BPD, once the conditions are fulfilled, another condition comes to life. That is, if your wife with BPD is thinking, “I would be happy if only we lived in New Zealand” and then you move to New Zealand and she’ll find another “if only” to consider.
2. “What if” thinking. “What if” thinking can be helpful or harmful depending on what it is that you are thinking about. Sometimes “what if” can lead to great advances. However, with BPD, what if is usually the root of ruminating. The person with BPD will spend hours in anxious what if thinking, worrying about what might happen and how they will feel when these things occur.
3. “As if” thinking. “As if” thinking is the mental state behind bullshitting. It is pretending to understand something when in fact you could care less about whether the thing is true or not. As if thinking is often used to get someone out of your face. You can also use as if thinking with yourself. Sometimes as if thinking is the key to beliefs that we can’t definitively prove as true or false, like the belief in a supreme being. You can behave as if the supreme being exists, but you can’t prove it. In these cases, as if thinking can benefit you.
4. “As is” thinking. “As is” thinking is accepting the world and conditions as they are in a given moment. Many times as is thinking can lead to peace and acceptance. However, if you accept something that can be changed, as is thinking can lead to complacency. However, if you try to change things that you have no control to change, it leads to frustration.

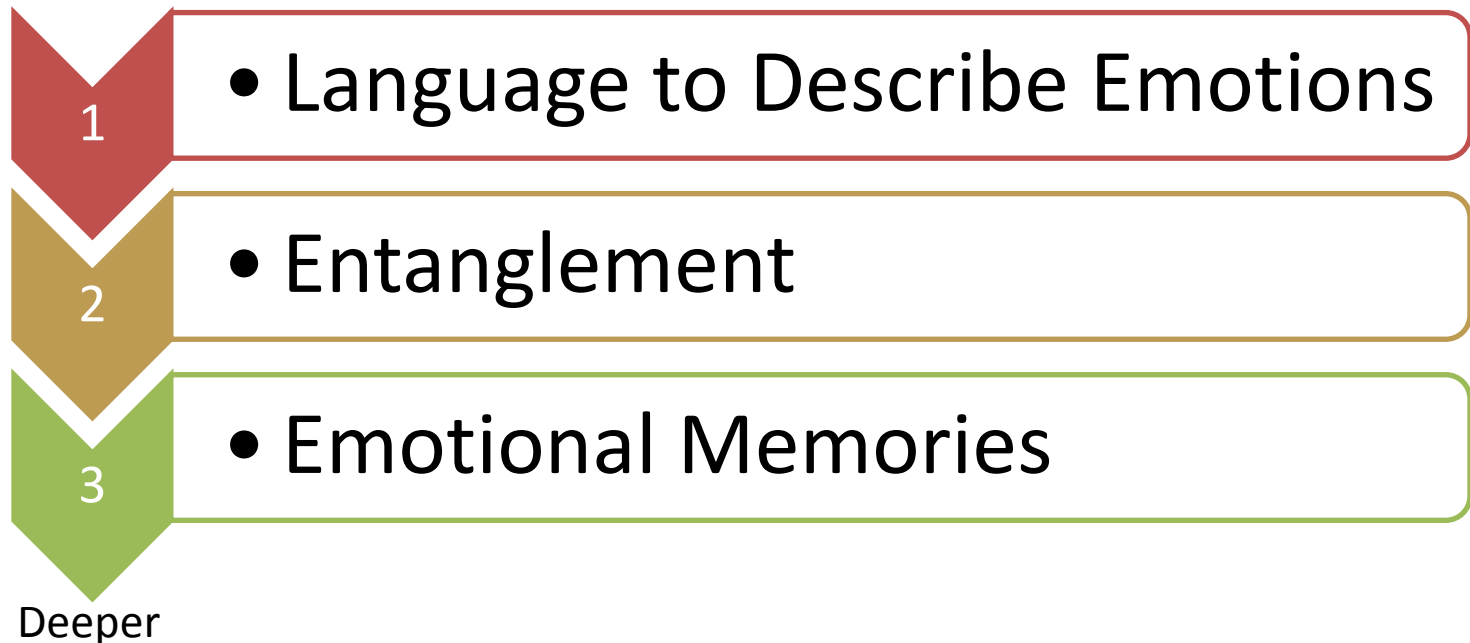
I would encourage you to look carefully at your own thinking and see if you are in one of these four modes. If so, perhaps that mode is appropriate for the situation, but perhaps not.

Unpacking your emotional baggage

Most people have emotional baggage that they drag into relationships. Many people don't even realize that this "baggage" is dragging down their relationship. When many people first join my Internet list, I find that they have their emotions entangled in their partner's (or child's or parent's) emotions. The emotions of the person with BPD have a great deal of effect on the emotions of the loved one. Also, many people are not really familiar with the language of emotions and often represent certain things as feelings that are not really feelings. Finally, some people have deep emotional memories, some of them quite painful, that can cloud their ability to see the moment for what it is. Each one of these conditions is a layer packed into you emotional baggage.



I like the word "packed" because, for me, it has another connotation. I was a computer programmer for a while and information can be "packed" when you are writing computer programs. "Packing" information is a form of terse encoding of information, tightly packed into a tiny little space, often encoded and unreadable by humans. I feel that, often, our emotional baggage is like that. Tightly packed, layer upon layer. It requires unpacking before you can understand the true content.



Unpacking your emotional baggage

When I meet with Non's on "coaching" or "consultation" calls, I find that many times the emotional issues of the Non are intertwined with that of the person with BPD. This is a big problem when it comes to solving emotional issues and sorting out what is what in a relationship. One thing that I usually recommend to Non's is to ask themselves if the issue at hand is actually an issue to the person with BPD. Let me give an example... I met with a mother of a son with BPD. The son is about 20 years old. He is smart and living on his own, but all of his expenses are being paid by his parents. The mother wants him to get a job. Here is where the point of what is on her plate versus what is on her son's. The son is perfectly fine not having a job. His expenses are completely paid for. Why would he bother getting a job? The issue of his unemployment is the mother's issue. She feels bad asking her new husband to contribute to her son's life and livelihood. Unless she cuts the payments way down to the point where the son begins to feel the pain of not having enough money to live, then the situation will still be all about her. The son does not want nor need a job since his expenses are paid.

The first thing you must do to unpack your emotional baggage is to understand what is yours and what is theirs. You may be surprised that even things that you have thought is all their problem is really a problem that you are harboring.

Once these problems and issues are sorted out into what is yours and what is theirs, it is also important to reduce the problem to basic emotions. What I mean by this is that the problem is causing you to feel a certain way. You should not blame the problem on others. Instead, be true to yourself and say: "This [issue] is making me feel angry/sad/fearful." Then, you can look into the issue as to WHY it is making you feel that way. That is the first step in unpacking your emotional baggage. Continue with this for each feeling and you can open and drain the festering emotional wounds you feel.

*"Any emotion, if it is sincere, is involuntary."
- Mark Twain*

Dance or Die

In 2008, Dr. Paul Links published a study that ranked the interpersonal “triggers” of emotional dysregulation in people with BPD. In descending order of importance the triggers are:

MOST

I
M
P
O
R
T
A
N
C
E

Interpersonal Issues

Daily Life

Internal Psychological States

Physical States

Media Stimuli

Therapy

Memories

Impulsivity

Major Life Change/Stress

LEAST



*"Dance first. Think later. It's the natural order."
- Samuel Beckett*

This study contains both good and bad news for a loved one of someone with BPD. The bad news first: since “Interpersonal Issues” are at the top of the list, each interaction will be interpreted (see below) through a filter of “threat-awareness” based on emotional reactions. That is what causes the “walking on eggshells” behavior of the loved ones. Meaning, if you fear a major blow-up every time you say something, you’re “walking on eggshells.” The good news is that childhood events (memories) are not that triggering, so working with a person in the “here and now” can be effective.

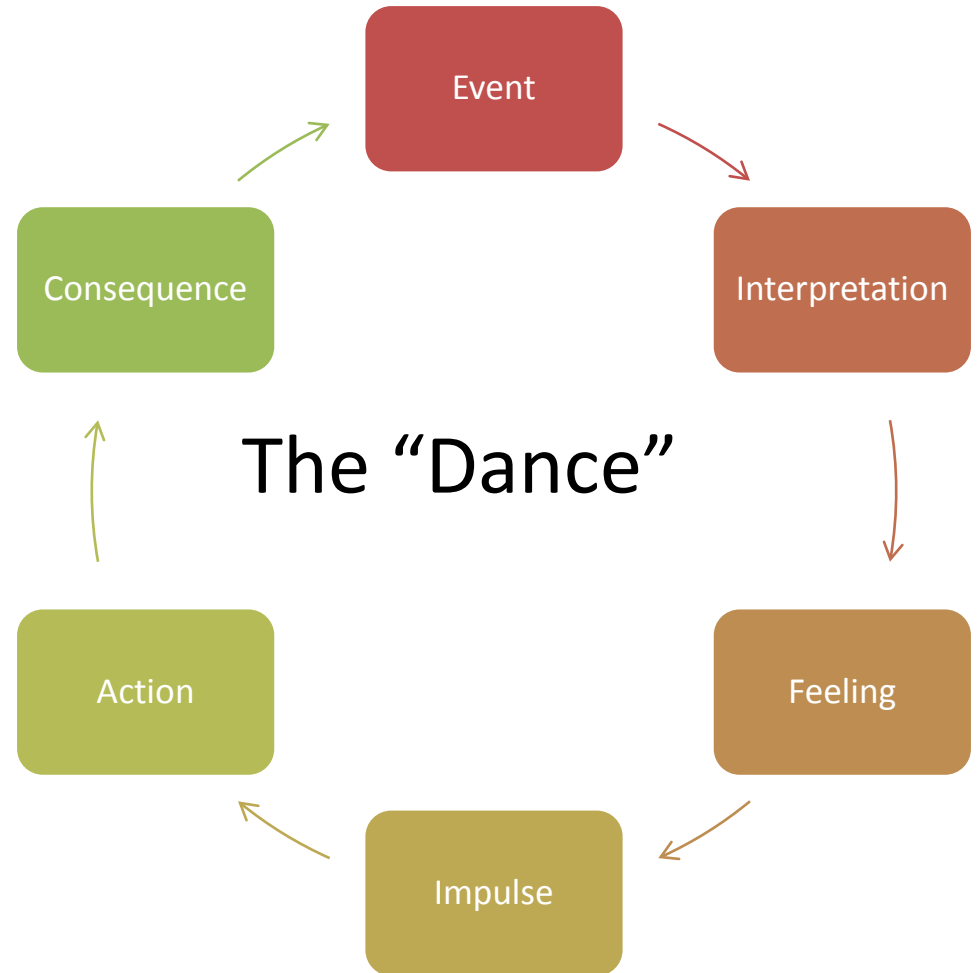
Dance or Die

The interaction between a person with BPD and their loved ones (their major attachment figures) is very important to the person with BPD as demonstrated on the previous page. Often I have heard the interaction called “the dance.” In *When Hope is Not Enough*, I called this interaction “the BPD dynamic.” The reality is that this cycle of interpersonal interaction is valid no matter who we talk to. It’s just that, because of the sensitivity of the person with BPD to interpersonal issues, it becomes even more important for loved ones to understand and see clearly what is occurring.

The diagram to the right represents the “steps” in the dance. I will explain each step and signify the places where the dance can be arrested such that you and your loved one doesn’t go around and around like a carousel of emotion-fueled behavior.

We read a diagram like this one like a clock, starting with the 12 o’clock position (“the event”) and following along clockwise until we reach the top again. While this diagram is represented as a cycle, one can halt the cycle and I will explain how to do so later in this eBook.

It is important to note that events don’t cause emotions. In fact, even if the event is an emotional one, no event (and no one) can make you feel a particular emotion. It is the interpretation that triggers the emotions.



No one can **make** you feel any emotion.

Dance or Die

The event is what happened or occurred. It doesn't have to be a physical event; it can be entirely mental in nature. However, most of the time it has been my experience that people with BPD react to "local" events. This means that usually the event that kicks off this process is something that just happened, not something that happened many years ago.

The event to which a BP reacts can seem trivial to you. Like the idea of a heat sensing control, a person with BPD has her alarm set to go off at a lower temperature than your own. Thus, that which may have no effect on you may have a significant effect on someone with BPD. The main thing to understand is that the experience of this alarm is as real to the person as it would be to you if your alarm were to go off.

The event doesn't actually trigger the emotion directly. In fact, it is the interpretation of a particular event that triggers the emotion within someone. Different people can interpret the same event in different ways.

Some people have interpretations conditioned within them. That is, through experience and repetition, the reaction to what is interpreted as an event similar to a past event will be interpreted as the same event. It develops through learning and reinforcement. This in turn points to someone's "beliefs" about certain events. Beliefs are interpretations calcified and conditioned. I am not saying that beliefs are "wrong," only that ingrained beliefs can trigger automatic thoughts about external or internal events.

A person with BPD is bound to have some internal beliefs and propensities that interfere with a more "objective" interpretation of events.

The interpretation is the reason that emotions are triggered and later in this eBook, I will provide you with some skills to help someone with BPD modify their interpretation of events. If the interpretation can be modified, the emotions will never come.



Event



Interpretation

Dance or Die

Emotions (feelings) involve both the body and the mind. While they often seem completely automatic, they follow the cognition process (the interpretation) very quickly. Reflexive emotions are just that. They are “mind reflexes” intended to protect us from harm. Studies have shown that reflexive emotions take a different path in the brain than do reflective emotions. This is because sometimes you just don’t have the time to think. One example of a reflexive emotion is the “flight or fight” impulse. Additionally, people with BPD are much more likely to experience reflexive emotions, even in times when they are not appropriate. That is, the threat awareness is very highly attuned (to the point of being overly sensitive) and a person with BPD will react strongly and quickly to a perceived threat. But remember that this threat is based on an interpretation, even if that interpretation feels “wired in” and automatic. It’s one thing to be running away from a lion on the plains of Africa, and another to have your loved one criticize you. In the case of the brain/mind of a person with BPD, these two threats “feel” equal and their brains will react as if a threat of bodily harm is imminent.

It is not pleasant to live in a situation where you believe that you are constantly under threat. It is painful and intense. It is tiring to be constantly on guard.

In *Emotional Awareness*, Ekman tells the Dalai Lama that when he was training to become a psychotherapist, his psychology supervisor told him, “If you can increase the gap between impulse and action, you will have helped your patient.” He goes on to say, “What he should have added was, ‘And, boy, that is hard to do!’”⁷ A person that is overcome with powerful emotions, such as fear or anger, is likely to get action impulses to behave in the natural fashion for each emotion.

Action impulses usually follow the “natural” reaction to the emotion felt. Unfortunately, as I mentioned earlier, one of the symptoms of BPD is impulsivity (or impulse control). Since these are action impulses, they are subject to the poor impulse control that is common in BPD. Therefore, it is likely that a person will react to the felt emotions in a way that is natural. Unfortunately for you, the natural reaction to anger, which in itself is a powerful emotion that can trump others, is attacking behavior or rage.

Feeling

Impulse

Dance or Die

Since the emotions are dysregulated and overwhelming, a person with BPD will express her emotions and behave in a certain manner. She will try to communicate her emotions to you. By yelling and attacking, she is trying to communicate her anger. This can lead to a misunderstanding because you are shocked that she reacted strongly to something that seemed trivial to you. You can't understand why she would react this way. Now, this is an important point and you should read it carefully and try to understand it closely. Remember the problem is not the event; it is that the person with BPD is angry. She is doing what most anyone would do when they are angry – she is expressing her anger and trying to communicate that she is angry. The natural reaction to anger is to attack or to display the anger to hurt, scare or intimidate the other person (or animal). Even though her reaction seems completely crazy and out-of-touch with reality, she is expressing, behaving and reacting to her anger in a natural way. Once the anger is gone, the problem will be gone. Without anger there is no need to rage at you.

Action

This step is the one at which most books about emotional disorders stops, but since this is an eBook for the people that are in a relationship with a person with BPD, I will go beyond just explanation of the cause, to actual steps you can take to help your BP through these moments.

Consequences are important in life and behaviors have consequences. Later in this eBook I will speak about **intention** quite a bit. Before I do, let me just say that intention does not remove consequence. Even if someone didn't intend to burn down the house while playing with matches, it doesn't magically make the house arise from the ashes.

Consequence

People with BPD will often not consider the consequences of their behavior while emotionally dysregulated. Their only aim is to express how they feel – sometimes without words (with violence for example). Still, consequences are important and can be far-reaching. If you are using reflective emotions, you are more likely to consider the consequences of the actions.

Since BPD is chiefly an emotional disorder and since shame is involved I have found the following about consequences for someone with BPD (from most important to least):

Future Painful Emotions
Judgment of Others
Suffering of Others
Punishment

What this means is that the “normal” (or natural) consequences might not actually “take” in someone with BPD. A threat of punishment is less likely to cause behavior change than the possibility of future negative emotions – the “I’m going to feel really bad when...”

What Keeps Us Dancing

You need to understand that this “dance” of which I am speaking can be a dysfunctional one with a lot of toes stepped on or it can be a beautiful waltz in which you and your loved one are perfectly in synch. I will explain the “perfectly in synch” dance later in this eBook. For now, let’s focus on what keeps us stepping on each other toes in the dance.

Conditioned responses

What are “conditioned responses”? Well, basically they are habits that have been “conditioned” into you. Most of the time we don’t even notice them. Conditioning is a term that relates to training. Throughout our lives we are being trained and don’t realize it. For example, you may have a conditioned response that is conflict avoidant. When conflict and/or arguments arise, you may be conditioned to immediately run from the conflict or to fold immediately and let the other person “win.” Not everyone is conditioned this way, but many people are. Conditioning feels “automatic” and “a part of you” but it can be unconditioned. It isn’t easy. The first step to unconditioning these responses is to recognize that these responses are learned, not in-born. Therefore, they can be unlearned if they are harming you.

Emotional Memory

Emotional memory is not like regular memory. While any memory can be colored by emotions, some memories are particularly emotional. My wife, for example, can remember her shaming at the hands of middle school bullies more vividly than what she had for breakfast yesterday. Emotional memory knows no time. If it feels the same as some far-distant memory, it becomes the same in your mind. This is particularly true of autobiographical emotional events – those that help define you to you.

Unexpressed Shame

People with BPD are not the only ones that can carry around shame. Non’s can carry around shame as well. If you grew up in a hyper-critical situation, you can develop shame. I have several members of my Internet support list that had narcissistic mothers that were hyper-critical and degrading to these people. Even as adults they carry around unexpressed shame. The unfortunate thing about unexpressed shame is that it makes one very sensitive to criticism, because true criticism supports and confirms the validity of that shame. I would suggest looking carefully into your own mind to see if you harbor unexpressed shame.

What Keeps Us Dancing

Learned Helplessness

Another concept that is new to this eBook is the idea of learned helplessness as Non-BP's. Personally, I think this concept applies to both people with BPD and those who loved them. Not so long ago I was reading a "Non-BPD Staying" book (one that, as this eBook does, encourages the acquisition of certain skills to live with a BP). This book mentioned the idea of "Stockholm Syndrome" sometimes occurs within the Non-BP's mind. Stockholm Syndrome is a condition in which a person who is abducted begins to feel sympathy for and identify with his or her abductor(s). It was coined following a six-day hostage crisis in 1973 in Stockholm, Sweden in which the captors began to feel emotionally attached to their abductors. This other "Non-BP" book likens the state of the mind of a Non-BP to those captives; that is, the abused person (the Non-BP) begins to develop an emotional attachment to the BP because of this dynamic. Stockholm Syndrome has also been used in the context of a weaker abused person (such as a child) bonding to a more powerful abuser. While it is not a professionally recognized diagnosis, several high-profile abduction and abuse cases have mentioned the syndrome in the popular press, including the high-profile case of Patty Hearst. I believe that application of Stockholm Syndrome to a BPD/Non-BP relationship is inaccurate in almost every case. While there may be certain cases in which this dynamic exists, of all of the individuals that I have met in person and online, I have yet to see any that could be properly described as Stockholm Syndrome.

One problem in my mind with the application of this label is that it creates a defined abuser/abused polar relationship and discounts the real affection one may have for the (supposed) loved one in your life. Mistreatment certainly goes both ways in any relationship and in the case of a BP/Non-BP relationship, that mistreatment can arise to the level of abuse. I don't, however, think it can arise to the level of abductor, captor or terrorist on either part. It may feel that way at times, but relationships go through many changes during the course of months and years and to say that the overriding factor contributing to the relationship is only and solely one of abuse and mistreatment, that would indicate (to me at least) that the relationship is not based on love and one which might likely be better off terminated. However, if you are this person's parent or child, it may not be possible to terminate such as relationship. Instead, you have to find ways to break the cycle of abuse. It is difficult, no doubt. Stockholm Syndrome is, in my mind, an extreme form of co-dependency.

A more useful concept is that of learned helplessness. One of the major differences between Stockholm Syndrome and learned helplessness is that the former is psychodynamic or psychoanalytic and the later is behavioral. Before I began to research BPD and the "plight" of the Non-BP, I was never much of a behaviorist. Once I started to understand what actually worked with BPD, I have warmed up to the idea of behavioral therapies in general and to DBT specifically (because it is something of a hybrid approach to acceptance and change, whereas CBT is typical places more emphasis on change). There are several differences between the idea of learned helplessness and Stockholm Syndrome.

What Keeps Us Dancing

Learned Helplessness

The way out of learned helplessness is a reconditioning of one's behavior in which the pain can be removed. That is another difference in the idea of Stockholm Syndrome and learned helplessness. The mechanics of Stockholm Syndrome make it impossible to counteract (I suppose it's years of psychoanalytic therapy or other ideas that this "Non-BP" book purports), while the mechanics of learned helplessness are difficult, yet possible, to counteract. What one has to do to counteract the condition of learned helplessness is find a behavior or technique that is not helpless. One has to find a technique or behavior that one can practice and be effective to alleviate the suffering of the condition in which one is currently helpless.

Concrete Thinking/Worldview

One of the biggest stumbling blocks to developing an effective relationship with someone with BPD (and for the person with BPD him/herself) is the issue of concrete thinking. What is concrete thinking? Concrete thinking is the tendency of someone to be unable to generalize about a particular subject. It is the opposite and absence of abstract thinking, in which someone can generalize. Concrete thinking is looking at instance rather than class. What I mean is that a concrete thinker looks at a particular dog and can only speak about that particular dog (instance). He/she is unable to think about dogs, mammals and animals in general (which are classes and subclasses).

I see concrete thinking in Non-BPs all the time, particularly when they first join my email support list or contact me for support. The Non is tied up in the details of their loved one's behavior and words and is unable to generalize or understand the motivation behind them. Perhaps this line of thinking is related to the idea that Nons often feel at the beginning of the journey to effectiveness that their situation is completely unique: "other people can't possibly understand what I have been through." Anyway, whatever the reason for concrete thinking, it causes significant problems in a relationship.

What Keeps Us Dancing

Concrete Thinking/Worldview

Some sure signs of concrete thinking are:

- The focus on particular behaviors in the person with BPD and bring them up over and over. (“She had an affair and I will never forgive her.”)
- The insistence that whatever is said is unchangeable (“But she told me she hated me!”)
- The insistence that physical or mental health issues are the only cause of behaviors (“It’s PMS”)
- Using extreme, unbending terms such as always, never, etc.
- An insistence on right/wrong, good/bad, morals, responsibility and punishment. (“She’s just evil and deserves what she gets.”)
- Inability to think abstractly, which can lead to inductive, rather than deductive, reasoning (“This dog has fleas, so all dogs have fleas.”).
- Inability to see motivations, especially emotional ones (“She told me to go and I went, but nothing changed.”)
- Focus on content, rather than context (“She is having a fit about the shower not working right.”)
- Categorizing people with a focus on innate, unchangeable traits (“He was born stupid and he’ll never change.”)
- Blame-storming. (“You made me feel that way!”)

Fighting concrete thinking is one of the toughest jobs that I have as an advocate for effective Non/BPD relationships. Many Nons (and people with BPD alike) get stuck in concrete thinking, and are unable to assess the meaning of what is said and done or, perhaps more importantly, the motivation for words and actions. With BPD, the motivation for most words and actions is emotional.

Understanding mental states of others requires abstract thinking and discerning MEANING. It requires an understanding of context, in addition to content. One of the problems with concrete thinking is that people get so caught up in the content, they cease actually discerning what meaning and intention is behind the words and actions.

Assumptions of Truth

People like to be right about things. For some people winning an argument is the main goal. In an emotional relationship “truth” can be malleable. Many people are convinced that their version of the truth is the one and only truth. They may also be convinced that their advice is best for all involved. However, when emotions are involved, the truth can be colored by those emotions. Your truth can be colored in addition to the person with BPD’s truth. It is important to look carefully at what you deem as self-evident to see if these truths are being colored by your emotions.

The basics

*"Insanity: doing the same thing over and over again and expecting different results."
- Albert Einstein*

In this section of the eBook I will summarize and re-cap the tools from *When Hope is Not Enough* and add a tool or two. It should be noted that, although these are the first tools you need to master, these tools are really all about the person with BPD. These tools are the introduction to the language of the person with BPD. You have to use, practice and master these tools before you can move on to the “advanced” tools that I present later in this eBook. The advanced tools are the ones that make the relationship more 50/50. The basic tools are used to get the relationship out of the dumps and to stop the raging, the abuse and the impulsive behavior of the person with BPD.

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.

The basics

Tool One - Recognizing emotions.

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 person's 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. The micro-expression training tool can come in handy for recognizing emotions in others by accurately reading their facial expressions.

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.

The basics

Tool Two – Being non-judgmental

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 seems to be the main thing that “my” Non’s take from my method of interacting with someone with BPD. Like boundaries, if it is the only thing learned, it can be over-emphasized. It is important to use validation in conjunction with other tools presented in this eBook.

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.

The basics

Tool Three – Validation

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). Validation takes some time getting used to. The main point is to make the validation about the feelings, not the behavior. As I showed in the analysis of the “dance” of BPD, behavior and feelings are two separate entities, even though they can seem closely linked, especially when someone is emotionally dysregulated.

The basics

Tool Three – Validation

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.

The basics

Tool Three – Validation

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.

The basics

Tool Three – Validation

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.

The basics

Tool Three – Validation

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.

The basics

Tool Three – Validation

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 basics

Tool Three – Validation

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.

The basics

Tool Three – Validation

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 other 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.

The basics

Tool Three – Validation

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.

Pay attention to the other 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.

The basics

Tool Four – Inserting your feelings

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 combine 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 person with BPD.

The basics

Tool Five – Understanding accusations

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. Do not defend against these types of attacks. 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 eBook, 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 begin.

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.

I have read that cats can learn just about anything, but they only learn through positive reinforcement. Punishment doesn't cause them to learn anything; they do not connect punishment with behavior. Cats do associate rewards with behavior and they can be taught through a reward-based method. I feel that emotional sensitive people are like cats, especially when they are in an emotionally dysregulated moment. Your first inclination may be to punish the person for an emotional outburst, but that is unlikely to work. Threats do work, but only in the short term. Positive reinforcement works in the long term.

The basics

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 eBook. 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. Unpack your emotional baggage.

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 she is 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 on 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.

The “No-no’s”

Labeling them as “crazy”

People with BPD are not crazy, despite their reactions and behavior that might indicate that they are. The name “borderline” is a vestige from an earlier time of psychotherapy that connoted that a person with BPD was on the “borderline” between neurosis and psychosis. Today, most researchers consider BPD to be primarily a disorder of emotional dysregulation and impulse control.

Unfortunately for the person with BPD, the word “personality” is also in the current name of the disorder. Many supporters of people with BPD interpret that word as one of either a character flaw (just bad behavior) or that the person with BPD has a certain personality that is fixed and cannot change. Neither of these situations is correct.

People with BPD are more emotionally sensitive and more emotionally reactive than other people. I like to compare their emotional reactivity to that of a heat sensing control: yours is set to go off at 80 degrees Fahrenheit; a borderline’s is set at 50 degrees Fahrenheit. It is not a question of “crazy,” merely one of more emotional reactivity (or a lower emotional “tolerance” as they say in the controls community). The lower the tolerance, the more times the alarm goes off (even if it’s a false alarm to you).

Judging a person with BPD as crazy actually contributes to the disorder. The reason comes down to shame. A person with BPD is likely to carry around much shame and labeling them as crazy increases the shame. The biggest danger with shame is the option of suicide. If a person with BPD believes they are a broken/bad person (through shame), then what is the use in going on living? Other possible fallout from shame is the “giving up” on therapy, since shame makes a borderline believe that he/she can never be cured.

The “No-no’s”

Getting caught up in the content, rather than the context, of a conversation

I see this situation occur in many Non-BPs. Getting caught up in content, rather than seeing emotional context, is common and natural. Most people feel that they have to listen to the words, rather than the feelings behind a conversation. In the case of BPD, the feelings matter much more than what is being discussed. When I hear Non-BPs saying, “but she said...” or “what she did was...,” it is a sure sign of being caught up in the details, the content, rather than seeking the emotional context of the conversation.

Instead of getting caught up in the details, it is more effective to look for the primary emotional motivation of the words and actions of someone with BPD. Defending against, negating and/or arguing the details and/or accusations of someone with BPD will typically lead to more dysregulation and to an escalation of emotional behavior. Discovering the primary emotional motivations behind the words and actions of someone with BPD can help the person with BPD know that they are understood and heard. This feeling alone helps calm the waters in the interaction. Additionally, understanding and validating the emotional motivations can help facilitate meta-cognition (or thinking about feelings) in someone with BPD, which in itself can build toward self-mastery of his/her emotional states.

That is, one can’t be all feelings and perform meta-cognition at the same time. Each time meta-cognition occurs makes it easier for it to reoccur.

Developing mastery over the poorly-regulated emotions is a goal unto itself, since, if the skill can be generalized, the person with BPD will almost automatically feel better without the intervention of the Non-BP. If they feel better, the attacks, raging and manipulation that are motivated by feeling bad will subside, since they are no longer need to quell the negative emotional states.

The “No-no’s”

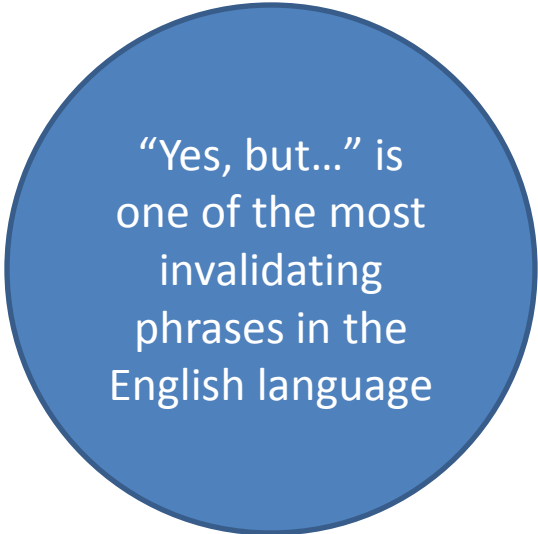
Invalidating their emotions

Everyone experiences emotions, and people with BPD experience them in spades – that is the very nature of emotional dysregulation.

When a loved one of a person with BPD invalidates the emotions of someone with BPD, the result is shame and mistrust in expressing their emotions. The shame comes from thinking of the borderline that: “My loved one tells me I shouldn’t be this way, but I feel this way anyway, so I must be broken.”

What is invalidation? Invalidation is essentially the expression of the idea that it is not OK to feel particular emotions, especially primary ones, like fear, anger and sadness. Page 46 of this eBook indicates ways that you may invalidate a person’s feelings – in the do NOT section.

Instead, learning to validate the person’s emotions is a very powerful tool and essential to relating positively with someone with BPD.



“Yes, but...” is
one of the most
invalidating
phrases in the
English language

The “No-no’s”

"You'll worry less about what people think about you when you realize how seldom they do."

- David Foster Wallace

Thinking that their behavior is about you

Most Non-BPs come to my support list thinking something along the lines of “how is it possible that this person with BPD, who supposedly loves me, can behave toward me in such an abusive and disrespectful fashion?” In other words, the underlying feeling among “newbie” Non-BPs is: “what about me?” or “Why doesn’t this person think about my feelings?”

In reality, little of a person with BPD’s behavior is directed at the Non-BP, whatever the appearances. Remember the concept called “It’s all about his/her feelings” or IAAHF. Many people misinterpret this concept – they think it has a negative connotation. In other words, Non-BPs think IAAHF means “it is never about my feelings,” yet that is not the intention of this formulation. No, instead, the actual intention for the Non-BP is quite a positive one. What it really means is that all of the behavior, words and actions of a person with BPD are motivated by his/her feelings. In other words: “it’s not about you.” Most of it is instead intended to stop the negative feelings experienced by the borderline. Once this concept is fully understood, it can lead to more freedom for the Non-BP emotionally.

When someone with BPD behaves in a way that seems to be intended to harm you, think IAAHF and realize that the behavior is completely motivated by the desire to stop the negative/stormy emotions experienced by the person with BPD. She/he is doing anything to stop the pain.

Going for the goal

"If you don't know where you are going, you will probably end up somewhere else."

- Lawrence J. Peter

When interacting with someone with BPD, one of the things to keep in mind is: what is your goal? Goals are extremely important when dealing with an emotionally sensitive person. Many times their goal will be to get out of the emotional pain. However, your goal is most likely different than mere pain avoidance. When I talk to people, especially parents of people with BPD, I find that many of them have big goals for their children with BPD. They want the person to get a job, to go to school, to get married, to live on their own, etc. These goals are in place even when the person with BPD has trouble getting out of bed in the morning. I always encourage the parents to scale back their goals and make them step-based and achievable.

I had a member of my Internet support list who has a girlfriend with BPD. They have a baby together and soon after the baby was born the mother (with BPD) decided to leave the relationship and move out of their apartment and take the baby with her. The father (who is the member of the ATSTP list) has been heartbroken, both for the girlfriend and the child. When I asked him what his goal was regarding his girlfriend, he responded saying, "I want to be close again with my girlfriend like we once were." While that is a valid goal, it is not one that is step-based and achievable. I encouraged him to scale back the goal to one that he can control. So, he changed his goal to make it more controllable and achievable. He decided that he wanted to have communication with his girlfriend at least once a week. Now he is sending her an email once a week and, when he doesn't receive one back, he follows up with an email stating how he feels about not getting an email back. Since he has been doing this, he has been receiving more regular communication from his girlfriend. This is the first step to re-establishing contact, which is what is ultimate goal is.

Many people advise leaving the relationship when the partner has BPD. I don't provide a blanket statement about having a relationship with someone who has BPD. It's difficult at times, yes. It can be frustrating at times, yes. However, one has to keep in mind the goals of the person in the relationship. If leaving goes against the goals of the person involved, then I don't recommend leaving. What I do instead is what you must do and ask: "What is your goal in this situation?"



If you ask yourself this question, again and again, you can then follow up with the question: "How does doing [whatever] get me closer to that goal? Sometimes you will find that doing [whatever] does not get you closer to that goal.

This same rationale applies to the person with BPD. After the emotionally dysregulated moment has past, it is valid and helpful to ask what their goal is and how doing [whatever] gets them closer (or further away) from that goal. Sometimes, however, the only goal is to feel better. Once they feel better, the problem is solved.

Snatch the pebble from my hand

*"When you can take the pebble from my hand, it will be time for you to leave."
- Master Kan from "Kung Fu"*

I believe that practicing the skills provided in the previous pages puts you on a road toward (what I call) **emotional agility**. Unlike the concept of emotional intelligence, emotional agility is something that can be learned and perfected. It takes practice and (sometimes) coaching.

What is agility?

Agility is the ability to change the body's position efficiently, and requires the integration of isolated movement skills using a combination of balance, coordination, speed, reflexes, strength, endurance, and stamina.

OK, what is Emotional Agility (EA)?

Emotional Agility is the ability to adjust a mind's position efficiently, depending on the conditions of other's minds around you. It is similar to mentalization (later in this eBook), yet the emphasis is on feelings, rather than general cognition. It is the integration of isolated emotional skills including: emotional intelligence, emotional strength, emotional flexibility, emotional balance and emotional stamina.

How does EA differ from emotional intelligence (EQ)?

Ten years ago, Daniel Goldman wrote the book *Emotional Intelligence* which helped define and introduce the concept of Emotional (Intelligence) Quotient or EQ. Goldman recognized that a person's ability to successfully navigate emotional issues has a large impact on the person's life. However, I came up with the concept of EA, because of a very important distinction in my mind between the concepts of intelligence and agility. Intelligence is an innate quality that fluctuates little throughout one's life. You are unlikely to become significantly more intelligent as you grow older. You can become more experienced, wiser and more aware of emotional influences on your life and other's lives, but since the very idea of intelligence is mostly in-born; your EQ is essentially stagnant.



Agility as a concept is completely separate and I have found more accurately reflects a person's ability to train one's mind, to practice and integrate a distinct set of emotional skills and to be effective and efficient in one's emotional life. You can teach yourself EA or have someone teach you. However, even with an experienced teacher of EA, you have to practice, retrain your mind and reinforce the success. It's like a playing an instrument: EQ represents your natural musical talents; EA represents your hard work. Once you have mastered EA, you can play anything you wish, including writing your own music.

Everyone needs someone to call home

Even as adults, sometimes people need their mommy. People with BPD, being so emotional, need other people a lot. The people that are being needed are “attachment people.” The first attachment that a person makes in their life is usually to their mother. Some in the psychiatric community call BPD an “attachment disorder”, meaning the initial attachment with the mother is disordered in some way and it models future attachments which also become disordered. The birth of the self and how one looks at oneself is developed during the period of first attachment. If this attachment is done in a non-disordered way, the child develops a stable self image, one in which they can locate their feelings and one that is not filled with shame. However, if this process is disordered in some way, the child will develop an unstable sense of self. This can lead to attachment issues later in life.

With BPD, the attachment system is hyper-sensitive and can be triggered too often and with little provocation. This can lead to the symptoms of BPD like fear of abandonment, a pattern of attaching and then leaving and a tendency to fall “in love” quickly. In other words, intimacy may be assumed before it is actually established.

Internally this unstable self can contribute to shame and self-hatred. In turn the self-hatred can be “flip-flopped” with what seems like narcissism. In reality, at least with BPD, the person will usually deep-down dislike themselves because their “self” is unstable and every changing. They just don’t know who they are.

When a person is unable to find themselves internally, they may seek to define themselves through others, moving from one attachment figure to another, searching for a “home” in which they can find their true self. As a loved one of someone in this situation, it can be very difficult and confusing for you. The thing that you must keep in mind is that, because you are an important attachment figure in their minds, the stakes will be higher with you as opposed to the stakes with other people in their lives. This is the reason that some have postulated that there are “high functioning” people with BPD. I contend that it all depends of the importance of the attachment in the person’s life. The more important the attachment, the more that is at stake. Keeping this in mind can help you develop empathy, gentleness and compassion for them.



*“The ache for home lives in all of us, the safe place where we can go as we are and not be questioned.”
- Maya Angelou*

Are you mental?

*“Mentalization - to perceive and communicate mental states, such as beliefs, desires, plans, and goals”
-Frederick Leonhardt from “Mentalization Factoids”*

The biggest development in the past 15 years for the treatment of BPD is mentalization-based therapy. The skills associated with MBT are useful to loved ones of people with BPD. Mentalization (or mentalizing) is a skill that can get the relationship to be about BOTH of you rather than solely about the person with BPD and their feelings.

What is mentalization?

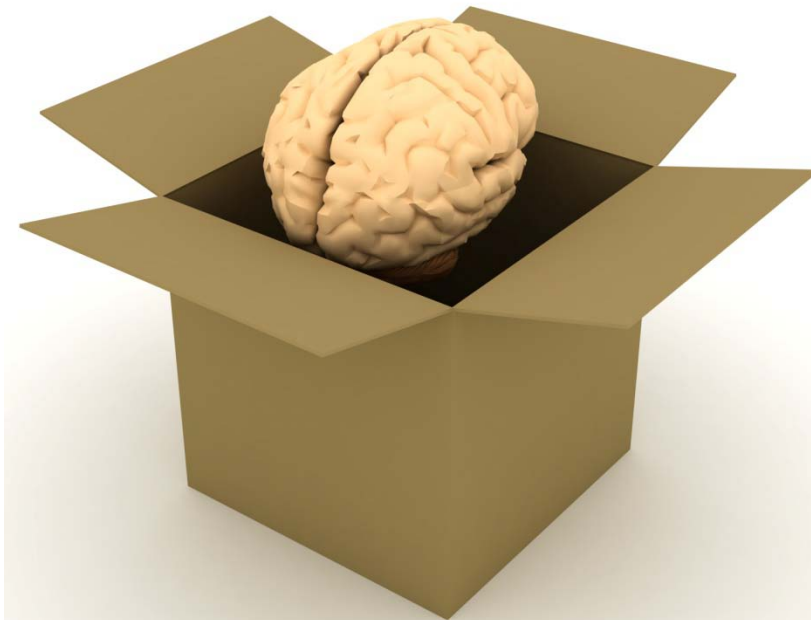
Basically, mentalization is the connection of mind to mind in a particular exchange. It is about in-the-moment interaction, not about the past or future. It is about communicating and understanding your and the other person’s explicit and implicit expressions and motivations, feelings, goals, etc. It is about accurately expressing yourself and listening to the other person in a search for meaning. It is about internalizing the other’s viewpoint and having the other internalize your viewpoint. A really good example of mentalizing is an inside joke – both you and the other person completely understand the meaning of the joke and have internalized the meaning. Jerry Holmes, a researcher that works with Anthony Bateman (a co-creator of mentalization therapy), calls mentalization the process of “seeing yourself from the outside and others from the inside.”

Why mentalize?

We mentalize for several reasons. The main one is that mentalization is a “meeting of the minds” in which a personal connection is made.

Mentalization encourages the integration of thoughts, desires, feelings, motivations, intentions, goals and all other internal mental elements and the communication and understanding of the same in others. When we mentalize, we are out of “lizard brain” thinking and into the prefrontal cortex. That requires the reflection upon meaning and discourages emotional dysregulation, concrete thinking, bullshitting, dismissive attitudes, blaming and IAAHF.

One thing with mentalization is that you have to be authentic and be yourself. If you try to fake your way through it, the other person is bound to know, especially a person with BPD who can detect emotional fakeness a mile away.



Are you mental?

Mentalization serves to:

- Improve trust - others feel that you “get them.”
- Morph reflexive emotions into reflective emotions.
- Improve communication between two people – the meaning is exchanged.
- Build empathy and compassion – you can see the world through the other’s eyes.
- Help work on a relationship – people take responsibility for feelings, words, and mental processes.
- Decrease misunderstanding and resentment – understanding other person’s intent.
- Change viewpoints and assumptions – when alternative meaning is applied to situations, beliefs and assumptions can change.

How does one mentalize?

It is important to remember that mentalization is about NOW. It is not about any other moment than now. Therefore, if you are dragging old issues or future worries into the conversation (or if the other person is) then you are experiencing a “failure to mentalize.” You mentalize by continually monitoring the progress and state of a conversation. You mentalize by asking questions about the current conversation, the feelings and intention of the other person and monitoring your own feelings and understanding of the current conversation. It is a natural skill and is built into the human mind; however, it is also a difficult skill, because we are often not mindful of the current moment when having a conversation. We are often distracted by our own thoughts and feelings, assumptions and automatic thoughts, history and attachment to the other person. If your mind meanders into these things, you are experiencing a failure to mentalize.

Mentalization is done from a “stance,” which is summarized as follows:

- Compassionate for yourself and the other person
- Focus on the other person’s mind
- Humble about your viewpoint and not bullying
- Curious and interested, an authentic desire to see the other person’s point of view
- Validating for additional information about inner mental states (before offering alternative perspectives)
- Normalizing and generalizing – “everyone makes sense (to themselves) at all times”

Are you mental?

Mentalization is the true essence of love, compassion and understanding, because it allows you to internalize the authentic “image” of the other person’s mind (and they can yours as well).

Mentalization is essentially done through asking questions, but not leading questions. One cannot ASSUME the other person’s thoughts and feelings are what you think they are. You have to start with a blank slate each time. You can “read” momentary feelings (such as recognizing micro-expressions) but the MEANING of those feelings is not always clear.

If you don’t know, you have to ask.

You ask by being “dumb” and not assuming. For example:

- “I’m not sure I understand. Can you help me out and explain how you feel?”
- “Why do you think he said that?”
- “What happened?”
- “How did you feel about that?”
- “That’d make me feel sad. Do you feel sad about it too?”
- “What do you think was up with that?”
- “Could you tell me more about that?”
- “Really? That wasn’t my intention. Perhaps we could talk about that more?”
- “I wonder if...” statements



The purpose is to probe the other person’s mind and to get as close to a full understanding of the other person’s internal mental processes as possible. It is impossible without a true interest in the other person. It is impossible if you judge the other person, or if you get in your own way, entangled in your own mental processes.

Don’t judge the other person’s mental processes and feelings. It is important to focus on intention. You want to know what the other person intended to say and what the intention is behind their actions. You also want to communicate your intention. However, remember that intention does not rule out consequence.

Are you mental?

A failure to mentalize

Often, when speaking with someone who is a close “attachment person,” misunderstandings, assumptions and ineffective modes of thinking creep into the situation. MBT identifies several “modes” of thinking that inhibit mentalization. These modes are:

- **Psychic Equivalence** – when the world is equivalent to the person’s mind. This is the “feelings = facts” mode. “If I feel sad, there must be someone/something that made me sad.”
- **Pretend** – mental states are not anchored in reality. Pretending “as if” something is true, when external evidence shows the contrary. This is “bullshitting” mode.
- **Teleological** – mental states can only be expressed in action. “If you loved me, you’d buy me a car.” Only tangible actions count, not words or thoughts.

In addition, there are other ways of thinking that inhibit mentalization such as:

- **Concrete thinking** – “But he said he hated me!” Taking something as gospel and ignoring the underlying mental states and their malleability.
- **Pseudo-mentalizing** – seemingly understanding of mental states, but used in a self-serving fashion.

What do you do when the failure to mentalize happens?

When a break in mentalization occurs, you must intervene immediately. You cannot let the break go unnoticed or simply “let it go.” You have to be attentive to the level of mentalization in the conversation and stop the flow of the conversation right away. MBT provides 3 basic ways of dealing with the break in mentalization, each used for a different intensity of the break. They are:

- **Stop, Listen, Look** (for minor cuts, bumps or abrasions).
- **Stop, Rewind, Explore** (for breaks, burns and internal injuries).
- **Stop and Stand** (for life-and-death struggles and near-fatal injuries)

Are you mental?

Huh? What's up with those?

You will notice that “Stop” begins each of these methods. MBT suggests actually holding up your hand, palm forward in a traffic cop sort of way and saying, “Stop...” (or some variant). This “mentalizing hand” is the “shock to the system” that indicates a hold on further progress to a conversation. It is an indication that you can't continue the conversation without some sort of clarification of what just happened.

Stop, Listen, Look

This puts the conversation in “pause mode.” It is to remedy a small break in mentalization. It is a reaction to the reaction of the other person. If the person is triggered into an emotion by something that you said, you must stop, listen and look. Some of the ways to do this are:

- “Wait. I'm confused. What I said seemed to have upset you. That wasn't what I intended. Can you clarify how you feel?”
- “Stop for a minute. You said I was being mean. I didn't intend for that to be mean, but I guess I was. What do you feel that's about?”
- “Hold it. You appear to be angry at that. Is that right?”
- “Hang on. I think what I said upset you. Can you help me out here and explain why?”

I know all of this seems rather clunky; however, the purpose of this is two-fold: 1) to get the other person thinking about their thinking (a re-engagement of mentalizing) and 2) to communicate that you are really engaged in the conversation and interested in how the other person is feeling.

Stop, Rewind, Explore

This process is a bit arduous. It requires you to step back through the last few moments of the conversation and explore each, “frame by frame.”

Are you mental?

- “Let’s go back and explore what happened just then. It seemed to me we were relating well and then something happened. What do you feel happened?”
- “Something happened just now. Let’s try and rewind a bit to see where the conversation went astray, alright?”
- “Hang on a second. I feel like my intention and the way you felt about what I said are not in synch. Let’s go back and see what happened.”
- “Wait. There appears to have been a misunderstanding a moment or so ago. What do you feel about what I said?”

Then, you have to go forward, step-by-step, statement-by-statement and explore each one and see how those made the other person feel.

- “So, I said, ‘maybe he was just tired’ and you felt I was being dismissive of your feelings? Is that right?”
- “You said that you didn’t want to talk about it and I continued. You felt badgered, correct?”
- “When I started talking about our daughter, you felt I wasn’t being attentive to your feelings. Do I have that right?”

Stop and Stand

This process is for the big problems. **It is the way that you apply your own personal boundaries to a situation.** When the other person is way down the path of emotional dysregulation, stop and stand can be the only option. It is basically your way of either ending the conversation or trying to re-frame it completely. The mistake many people make is that they use boundaries (stop and stand) every time. This approach is not healthy for the relationship. How to use stop and stand:

- “As far as I can tell, we are going around in circles about this. I don’t see any point and continuing to talk about it.”
- “I feel we have reached an impasse. You have your view and I have mine. I don’t think going back and forth will do either of us any good.”
- “I can’t really discuss this anymore right now. Maybe we could discuss it again in the morning.”
- “I can’t listen to you when you’re drunk. Let’s talk about this later.”

Remember: like any application of boundaries, this one is likely to cause an immediate strong reaction, but the “stand” part is that you have to stand your ground.

Becoming a CHAMP

Dealing with someone with BPD can be trying. If you practice the skills presented in this eBook, things are bound to get easier. I have come up with an acronym for the “end-state” of using the skills. It is a CHAMP:

CHAMP

Compassion, Curiosity

Humility, Hope and Honesty

Acceptance, Authenticity, Affect Awareness*

Mentalization

Practice, Patience, Persistence



* Affect awareness means that you actively monitor the feelings of the other person and address those feelings as they arise.

“A champion needs a motivation above and beyond winning.”

-Pat Riley

Conclusion

Now that you have gotten all the way through this eBook you may be thinking, “this is a lot of work!” Yes, in fact, it is a lot of work. I decided that rather than dump my relationship with my wife with BPD, I’d undergo some changes to “fix” the relationship. Additionally, my emotionally sensitive daughter needed support and an effective approach as well. I am happy to report that my marriage is (most times) strong and my daughter is thriving at school and in her social life.

BPD is a difficult disorder for the sufferer and for those immediately around them. It feels as though things will never get better. My suggestion to you is to try the things I have laid out in this book. I know it’s not “fair” that you have to do all the changing. However, when you change, the person with BPD is bound to change as well. When you get more effective in the relationship, things will change, usually for the better.

I have several members of my list that are women married to men with BPD. It is a difficult situation, because men are more likely to rage and become violent with their loved ones. I never recommend staying with someone if he/she has a history of physical abuse. The interesting thing about these particular Non-BPD wives is that almost all of them have reported that the rages ceased when they began to practice these skills. That alone might be enough for you to decide to practice these skills.

I know that much of the things I have outlined in this book are counter-intuitive. Some feel as if you are “giving in” to the person’s behavior. However, I don’t feel as though there is a competition in a relationship in which one person wins and the other loses. I believe that all people deserve respect and understanding and that sometimes that is hard to provide.

My guidance is that you practice the skills in this eBook until you have a complete mastery over them. Once you have a complete mastery, they become second nature and you don’t have to think about them – they become a part of you and your approach to the world. In my mind, that is where the true healing can flourish.

Good luck.

Bon

*“This sh*t works!”
- A female, married member of ATSTP Email Support List*

Glossary

Affect Awareness – being aware of other’s emotional reactions to events and words.

Anything to Stop the Pain List – An email support list for Non-BPD’s.

ATSTP – Acronym for Anything to Stop the Pain List.

Attachment Theory – see page 60.

Baseline – The “normal” state of someone emotionally. When they are not experiencing an EDM.

Benzos – benzodiazepine medication such as Xanax, Valium, Ativan and others.

Blame Storming – the process of finding another person to be at fault for a situation.

Borderline – A person with BPD.

Borderline Personality Disorder – a mental disorder in which the emotional regulation system is primarily involved. See page 8.

Boundaries – A often misunderstood concept when dealing with someone with BPD. See page 13.

BP – a person with BPD.

BPD – Borderline Personality Disorder

Bridge Burning – the act of “breaking up” with someone and cutting all ties.

CBT – Cognitive Behavior Therapy.

CHAMP – See page 67.

Cheerleading – Encouraging another person to be effective in their life. See page 53.

Cognitive Behavior Therapy – a therapy with a goal-oriented, systems based approach to solving cognitive issues.

DBT – dialectical behavior therapy.

DBT-FST – Dialectical Behavior Therapy Family Skills Training.

Dialectical Behavior Therapy – a CBT-based therapy developed by Dr. Marsha Linehan to treat BPD.

DSM-IV – Diagnostic Statistical Manual version 4. The diagnostic guidelines in the U.S. for mental disorders and diseases.

Dysregulating – the act of losing the ability to regulate one’s emotions.

Dysregulation – the state in which someone is experiencing a EDM.

EA – shorthand for Emotional Agility

EDM – shorthand for an Emotionally Dysregulated Moment.

Emotional Agility – the learned capacity to more effectively handle your emotions and interact with emotional people.

Emotional Dysregulation – The opposite of regulation. When a person’s emotions “run away” with them.

Emotional Intelligence – Daniel Goldman’s concept of innate (and partially learned) understanding of emotional situations.

Emotionally Dysregulated Moment - when a person is experiencing emotional dysregulation.

Emotionally Sensitive Person – A person who may have a low tolerance for emotional stress, but may not qualify for a diagnosis.

EQ – Emotional Quotient, like IQ but for emotions.

Glossary

ESP – shorthand for Emotionally Sensitive Person.

IAAHF – “It’s all about his/her feelings.” A useful guide to understanding the motivations of someone experiencing an EDM.

I-AM-MAD – See page 49.

Invalidating Environment – An environment in which a person’s emotions are dismissed or met with scorn.

Learned Helplessness – A state in which nothing can be done to end the pain. A state of giving up.

Limits – another word for boundaries

MBT – Mentalization Based Treatment/Therapy.

Mentalization Based Therapy – a new treatment for BPD that focuses on in the moment mentalizing.

Mentalizing – A mental state between two people in which the inner mental processes are understood by each party.

METT – the Micro-Expressions Training Tool.

Micro-Expressions Training Tool – a tool originally created by Dr. Paul Ekman to teach a person to read emotions in others.

Non – A person without BPD. Generally a loved one of someone with BPD.

Non-BPD – Another term for Non.

Pretend Mode – A psychological state in which a person is “pretending” they understand a concept.

Psychic Equivalence – A psychological state in which mental aspects are equal to reality. When feelings create facts.

Reinforcement – a training technique in which a person associates positive response with certain behaviors.

Return to Baseline – The end of an EDM. When a person experiencing an EDM gets over the emotion.

Stockholm Syndrome – A state in which an abused person shows allegiance to an abuser.

Teleological - A mental state in which only physical manifestations of mental events matter.

Tolerance – The sensitivity of a person to emotional stress.

WHINE – An acronym for Bon’s book *When Hope is Not Enough*.

Resources

Bon's blog site:

<http://www.anythingtostopthepain.com/>

Bon's company site:

<http://www.bondobs.com/>

The Anything to Stop the Pain (ATSTP) email support list:

<http://groups.google.com/group/atstpgroup/>

Other eBooks and printed books by Bon:

<http://www.anythingtostopthepain.com/store/>

Notes

1. Dr. John Gunderson from a presentation at the International Society for the Study of Personality Disorders, August 22, 2009, New York City.
2. Grant BF, Chou SP, Goldstein RB, Huang B, Stinson FS, Saha TD, Smith SM, Dawson DA, Pulay AJ, Pickering RP, Ruan WJ. Prevalence, correlates, disability, and comorbidity of DSM-IV borderline personality disorder: results from the Wave 2 National Epidemiologic Survey on Alcohol and Related Conditions. *J Clin Psychiat* 69:533-45, 2008.
3. Linehan, Marsha, *Cognitive-Behavioral Treatment of Borderline Personality Disorder*, pg 72.
4. Ekman, Paul, *Emotions Revealed*, Pages 39-40.
5. from URL: <http://www.quoteworld.org/quotes/663> and attributed to St. Francis of Assisi.
6. Grant BF, Chou SP, Goldstein RB, Huang B, Stinson FS, Saha TD, Smith SM, Dawson DA, Pulay AJ, Pickering RP, Ruan WJ. Prevalence, correlates, disability, and comorbidity of DSM-IV borderline personality disorder: results from the Wave 2 National Epidemiologic Survey on Alcohol and Related Conditions. *J Clin Psychiat* 69:533-45, 2008.
7. The Dalai Lama and Dr. Paul Ekman, *Emotional Awareness*, page 42.