

## IN THIS CHAPTER

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# Chapter 1

# Exploring Borderline Personality Disorder

A charming, exciting, intimate, intelligent, fun person suddenly turns mean, sluggish, angry, self-defeating, and dismal — a radical change for no obvious reason. What causes the unpredictable ups and downs from fear to rage, intimate intensity to distance, and euphoria to despair that some people experience on a daily basis? Borderline personality disorder (BPD), arguably the most common and debilitating of all the personality disorders, causes chaos and anguish for both the people who suffer from the disorder and those who care about them.

This book takes you inside the world of BPD and shows you what living with this disorder is really like. Unlike some books and articles about BPD, we strive to maintain a compassionate, kind perspective of those people who are afflicted with BPD. You may be reading this book because you know or suspect you have BPD or some of its major symptoms. If so, expect to find a wealth of information about BPD and its causes. Discover hope as you read about effective treatments.

Perhaps you are a reader who cares about or loves someone who has BPD. By reading this book, you can discover why people with BPD do what they do as well as

see how you can better relate to them. Finally, even if you're not in a close relationship with someone with BPD, you no doubt have a co-worker, neighbor, supervisor, or acquaintance who suffers from BPD, or at the very least, a few of its prominent symptoms. Even superficial relationships with people who have BPD can pose surprising challenges. This book can help you better understand what's going on and how to deal with the problems BPD creates for you.

If you're a therapist, you can use this book to expand your understanding of BPD. You can see how to deal with difficult therapeutic issues. You can also figure out how to set better boundaries while you simultaneously take care of both yourself and your clients.

In this chapter, we describe the basics of BPD in terms of how the disorder affects both the people who have it and the people who have relationships with them. We present what's known about the causes of BPD. We also tally up the costs of BPD for both the people who have it and the society they live in. Finally, we overview the major treatment options for BPD and show those of you who care about someone with BPD what you can do to help.

## Breaking Down Borderline Personality Disorder

*Personalities* are the relatively consistent ways in which people feel, behave, think, and relate to others. Your personality reflects the ways in which other people generally describe you — such as calm, anxious, easily angered, mellow, thoughtful, impulsive, inquisitive, or standoffish. All people differ from their *usual* personalities from time to time, but, for the most part, personalities remain fairly stable over time. (Check out Chapter 2 for more on personality.)

For example, consider someone who has a generally jolly personality; this person enjoys life and people. However, when this person experiences a tragedy, you expect to see normal grief and sadness in this generally jolly person. On the other hand, someone with a personality disorder, such as BPD, experiences pervasive, ongoing trouble with emotions, behaviors, thoughts, and/or relationships. The following sections describe the core problems that people with BPD frequently experience.



TECHNICAL  
STUFF

The American Psychiatric Association has a manual that describes specific symptoms of BPD. The manual groups these symptoms into nine categories. In Chapter 3, we describe those nine symptoms in some detail. In this chapter, we condense these nine symptom categories into four larger arenas of life functioning that are easier to digest.



REMEMBER

Although BPD has an identifiable set of symptoms, the specific symptoms and the intensity of those symptoms varies greatly from person to person.

## Unpredictable relationships

People with BPD desperately want to have good relationships, but they inadvertently sabotage their efforts to create and maintain positive relationships over and over again. You may be wondering how they continually end up in rocky relationships.

Well, the answer lies in the fact that their desire for relationships is fueled by an intense need to fill the bottomless hole that they feel inside themselves. People with BPD ache to fill this hole with a sense of who they are, a higher level of self-esteem, and high amounts of outside nurturance, unconditional love, and adoration. But no one can fill such a huge personal chasm. Partners and friends may be defeated soon after they enter the relationship. Their attempts to make their friends who have BPD happy too often fail. The people with BPD reflexively respond to their friends' efforts with surprising disappointment, pain, and sometimes even anger.

This intense negative reaction confuses partners of people with BPD because people with BPD typically start out relationships with enthusiasm, warmth, and excitement. New partners may feel entirely enveloped by love and caring at the beginning of their relationships, but, repeatedly, things go terribly wrong.

What happens to turn a relationship so full of love and excitement into something full of pain and confusion? Well, many people with BPD fear abandonment above almost anything else. Yet, at the same time, they don't believe they're worthy of getting what they really want. They can hardly imagine that another person truly does love them. So, when their partners inevitably fail to fulfill their every need, they believe the next step is abandonment.

This conclusion simultaneously fuels the person with BPD with terror and rage. As a result, they push their partners away. Better to push someone away than to be pushed away, right? This series of reactions is extremely self-defeating, but it's born out of fear, not malice. See Chapter 8 for more information about BPD relationships and Chapter 18 for how you can work to improve them.

## Acting without thinking

Human brains have built-in braking systems, which, in theory, are a lot like the ones that five-ton trucks use to slow down as they roll downhill. These brake systems come in handy when the trucks drive down steep mountains, or, in terms of

the human brain, when the intensity of emotions flares up in certain situations. Unfortunately, most people with BPD have brake systems that are adequate for golf carts — not five-ton trucks — which are hardly enough to handle the weighty emotions that often accompany BPD.

*Brain brakes*, as we like to call them, keep people from acting without first thinking about the consequences of their actions. Like rolling dice in a game of craps, behaving impulsively rarely results in winning in the long run. Common impulsive behaviors in people with BPD include the following:

- » Impulsive spending
- » Gambling
- » Unsafe sex
- » Reckless (but not wreckless) driving
- » Excessive eating binges
- » Alcohol or drug abuse
- » Self-mutilation
- » Suicidal behavior

See Chapter 5 for a tour of the dangerous, reckless world of people who have BPD and Chapter 15 for how to start inhibiting such impulsivity.

## Volatile emotions

The emotional shifts of people with BPD are almost as unpredictable as earthquakes. They can also be just as shaky and attention grabbing. After people with BPD unleash their emotions, they usually don't have the ability to regain steady ground.

The rapidly shifting emotional ground of people with BPD causes the people around them to walk warily. In the same day, or even the same hour, people with BPD can demonstrate serenity, rage, despair, and euphoria. See Chapter 6 for more information about this emotional drama and Chapter 16 for how to try to control it.

## Confusing thoughts

People with BPD also think differently than most people do. They tend to see situations and people in all-or-nothing, black-and-white terms with few shades of

gray. As a result, they consider events to be either wonderful or awful, people in their lives to be either angels or devils, and their life status to be either elevated or hopeless.

Sometimes the thoughts of people with BPD travel even closer to the edge of reality. For instance, they may start thinking that other people are plotting against them. They may also distort reality to such a degree that they may seem briefly incoherent or psychotic. Psychosis entails difficulty understanding what is real versus not, including obviously false beliefs and seeing or hearing things that others do not. Such departures from reality are usually brief.

People with BPD also sometimes perceive their bodies as being separate from themselves, which is called *dissociation*. They describe these occurrences as like looking down at what is happening to them from another vantage point. See Chapters 9 and 10 for more information about the thought processes of people who suffer from BPD and Chapter 19 for how to form more adaptive ways of thinking.

## Exploring the Origins of BPD

If you trip over a log and hurt your leg, the cause of your pain is obvious. The doctor orders an X-Ray and discovers a fracture. She sets the leg and sends you home to rest. You know where the pain in your leg came from and what to do about it.

Similarly, if you plant a tomato seed in fertile soil, in a sunny spot, and then water regularly, you are likely to see tomatoes emerge after a few months. The origins of your tomatoes are obvious. You can be pretty sure that the seed, soil, sun, and care caused the tomatoes to grow.

In contrast, BPD doesn't seem to have a clear-cut cause, a consistent pattern of symptoms, or even a consistently predictable response to treatment. Nevertheless, different factors do seem to combine to increase a person's chances of getting BPD. Experts agree that biological, psychological, and social factors combine in highly complex ways that aren't always fully understood. These risk factors include the following:

- » **Trauma:** People with BPD often — but *not* always — have histories of abuse, neglect, or loss.
- » **Genetics:** BPD tends to run in families.

- » **Parenting:** Some people with BPD report having parents who told them that their feelings weren't important or accurate.
- » **Social and cultural:** Family instability, a culture that fosters individual needs and desires over those of the community, and even the angst of adolescence may all contribute to the high incidence of BPD in certain populations, at least in the Western world.
- » **Biology:** People with BPD appear to have differences in the way their brains work and the way the neurons in their brains communicate.

The multiple causes of BPD should increase compassion for the people who suffer from the disorder because these causes prove that people don't go through life asking for BPD. They acquire the disorder for reasons beyond their control. For more information on causes of BPD, refer to Chapter 4.

## Counting the Costs of BPD

BPD inflicts an amazing toll on sufferers, families, and society. For a long time, experts assumed that about 2 to 3 percent of the general population had BPD. However, some findings suggest that this estimate may have greatly underestimated the extent of the problem and that up to 6 percent of the population may warrant receiving this diagnosis at some point in their lives.

The next sections take a look at the personal costs, both physical and financial, of BPD for the people who suffer from BPD and the people who care about them.



REMEMBER

In spite of the bleak topics we cover in the following sections, many people with BPD manage to have brilliant careers and live long, fairly successful lives. Furthermore, the passage of time typically results in reduced severity of BPD symptoms, and therapy can accelerate this process. In other words, don't give up, because you have many reasons for hope!

### Health costs

Experts consider BPD one of the most severe mental illnesses. About 10 percent of the people with BPD eventually kill themselves, and many more of them seriously injure themselves in suicide attempts. Multiple studies conducted from the 1940s to the present have consistently found that people with severe mental illnesses (such as BPD) die young — shockingly, studies show that people with BPD live lives that are 20 to 25 years shorter than the lives of people without mental illnesses.

Many factors contribute to these premature deaths. First, people with mental disorders, including BPD, often resort to smoking cigarettes — an obvious risk factor — as a desperate coping strategy. Furthermore, people with mental illnesses usually have greater difficulty controlling impulses and, thus, find quitting even more daunting than other people do.

In addition, researchers find higher rates of obesity and diabetes among sufferers of BPD — researchers now consider both of these conditions to be almost as bad as cigarette smoking in terms of the health risks they pose. Additional risks that people with BPD carry with them include heightened probabilities of heart disease and stroke. Unfortunately, some of the medications that mental health professionals use to treat mental illnesses make matters worse by leading to additional weight gain (and its accompanying increased risk for heart disease, stroke, and diabetes; see Chapter 20 for more on medications and BPD treatment). Furthermore, people with chronic mental illnesses usually receive inadequate basic healthcare because they lack financial resources.

Accidental death rates and death from violence are also significantly higher in people with mental illnesses such as BPD. Risky, impulsive behaviors may result in unintentional deaths because of traffic accidents, drug overdoses, or sexually transmitted diseases. (See Chapters 8 and 15 for more on impulsivity and BPD.) People with mental illnesses are also more likely to be homeless, which in turn creates additional risks due to poor nutrition, lack of healthcare, poor living conditions, and victimization.

## Financial and career-related costs

BPD can exert a ruinous effect on employment and careers. People with BPD tend to be chronically underemployed — in part, because they may start out idealizing new job possibilities, only to end up disillusioned and disappointed when jobs don't live up to their inflated expectations. As we explain in Chapter 7, people with BPD often experience problems with knowing who they are, which often causes them to drift from job to job because they don't know where they want to go in life. Finally, because many people with BPD struggle to get along with other people, they often lose or quit their jobs because of relationship problems in the workplace.

On the other hand, some people with BPD are highly successful in their careers. They may be unusually skillful and gifted. Most of these surprisingly accomplished people still relate to their co-workers in problematic ways. For example, they may misinterpret co-workers' intentions and react to the slightest provocation with oversensitivity and anger. Their successful careers stand in stark contrast to their failed relationships.

## The toll on family and friends

Marriage isn't as common among people with BPD as it is among people without the disorder. And, when people with BPD do marry, not as many of them choose to have children compared to the general population. Perhaps surprisingly, their rate of divorce doesn't appear to be strikingly different from the rate among the rest of the population.

Family members of people with BPD suffer right along with their loved ones. Watching their loved ones cycle through periods of self-harm, suicide attempts, out-of-control emotions, risky behaviors, and substance abuse isn't easy. Partners, parents, and relatives often feel helpless. Friends often go from trying to help to walking away in frustration and anger.

Furthermore, families of people afflicted with BPD must deal with the frustrations of scarce treatment programs, discrimination, and stigmatization. Even when families do secure treatment, the treatment process is prolonged and costly. Clearly, BPD casts a wide net of anguish that captures a lot of people in addition to its specific victims.

## THE EFFECTS OF BPD ON THE HEALTHCARE SYSTEM

BPD costs the worldwide healthcare system a lot of money, and, surprisingly, BPD possibly costs more money when it isn't treated than when it is. Some of these costs result from the personal health problems that often accompany BPD. (We describe these health issues in the "Health costs" section of this chapter.) These health problems cause people with BPD to go to the doctor more often, and because of chronic underemployment, a disproportionate number of people with BPD receive their healthcare at emergency rooms, which is the priciest source of medical care.

BPD is associated with at least 10 percent of all mental health patients. We strongly suspect that this estimate is low because many mental health professionals are reluctant to assign this diagnosis to their patients. This reluctance is a direct reaction to concerns about stigmatizing patients. In addition, since BPD often comes with other, co-occurring mental health diagnoses, it's sometimes overlooked.

Furthermore, BPD accounts for 15 to 20 percent of all inpatients in mental health hospitals. Inpatient mental health treatment tends to be extremely expensive, so costs mount quickly. Politicians often view these costs as prohibitive — a view that results in the underfunding of such services. Because publically financed mental health treatment programs are woefully inadequate, some people with BPD end up homeless or in prisons and jails rather than in hospitals or outpatient settings.

# Treating BPD

For many decades, most therapists viewed BPD as virtually untreatable. Studies were few and far between, and the ones that researchers did conduct failed to demonstrate reliable, positive outcomes. Fortunately, the past 30 years have produced a handful of approaches that have been established as effective. Several specific types of psychotherapy appear to be the most effective forms of treatment.

## Psychotherapy

*Psychotherapy* refers to a wide variety of methods used to help people deal with emotional problems as well as difficulties in their lives and relationships. Psychotherapy takes place in the context of a relationship between a client and a therapist. Techniques involve dialogue, suggested behavior changes, provision of insights, communication, and skill building. A wide range of professionals, including social workers, counselors, marriage and family therapists, psychiatrists, psychologists, and psychiatric nurses, provide psychotherapy to some of their patients.



WARNING

If you have BPD, you don't want to seek just any psychotherapy because many approaches to psychotherapy haven't proved effective for this particular diagnosis. Instead, you want to obtain therapy based on strategies that have generated empirical support for their efficacy in treating BPD.

As of this writing, the psychotherapies with at least moderate support for their effectiveness in treating BPD include the following:

- » Dialectical behavior therapy (DBT)
- » Mentalization-based therapy (MBT)
- » Cognitive behavioral therapy (CBT)
- » Transference-focused psychotherapy (TFP)
- » Schema therapy (ST)

See Chapter 11 for more information about each of these therapies. In addition, a number of other psychotherapies are under development for the treatment of BPD. These strategies are quite intriguing, but data supporting them is limited at this time. The following therapies represent promising possibilities:

- » Transdiagnostic treatment
- » Metacognitive Therapy (MCT)

- » Systems Training for Emotional Predictability and Problem Solving (STEPPS)
- » Acceptance and Commitment Therapy (ACT)
- » Compassion Focused Therapy (CFT)

Researchers have developed some of these therapies, such as DBT, specifically with BPD in mind. They've also modified some other traditional therapeutic approaches, such as CBT, to enhance their applications to BPD. After reviewing these approaches, we didn't find anything inherently incompatible among them. In fact, we have been struck by how they overlap more than by how they diverge.

Thus, as you can see in Part 4 of this book, we take an integrated approach to treating BPD. In other words, we select ideas and strategies from several of the validated treatments and use them to alleviate specific BPD-symptom clusters. However, we don't explain which treatment each technique is based on because doing so would be too confusing. Furthermore, a few of the strategies we use appear in some form in more than one treatment approach.

## Medication

The purpose of psychotropic medications is to lessen or alleviate emotional pain. Prescription drugs can be lifesavers for many people with emotional problems. However, in the case of BPD, medications don't seem to be as helpful as they are for other emotional problems. Even so, most people being treated for BPD take some form of medication. And sometimes they take a surprisingly large number of medications.

Mental health professionals often give their patients these medications with the hope that they'll reduce some of their patients' symptoms of BPD. However, to date, research provides only limited support for the usefulness of using psychotropic drugs to treat BPD. For more about medications and BPD, refer to Chapter 20.

Many people with BPD also have other disorders, such as depression or anxiety disorders, that have been successfully treated with medication. Thus, using medications to treat other disorders in people with BPD can be a useful form of treatment.

## Relating to People Who Have BPD

If you're a concerned friend or family member of someone with BPD, learning about the symptoms, causes, and treatment of BPD can help you better understand the complexity of the disorder. In Chapters 21 through 24, we provide

detailed information for partners, parents, friends, and adult children of people with BPD. In the meantime, here are a few tips to keep in mind:

- » **Step back and try not to take BPD behaviors personally.** Realize that BPD makes controlling emotions a difficult task. However, people with BPD sometimes mistreat the people they love. By telling you not to take things personally, we aren't suggesting that you allow yourself to be abused — either mentally or physically.
- » **Have a support group or therapist help you maintain your physical and mental health and keep your thinking clear.** People with BPD can make the worlds of the people around them highly confusing and chaotic, so you need to maintain some connection to reality.
- » **Don't try to be a therapist.** You can't solve the problems that your loved one with BPD is experiencing. In fact, you can make matters worse by trying to do so.
- » **Understand but don't accept.** You need to fully grasp what's going on and why, but you also have to know your limits — don't let someone with BPD run you over.

If you're a therapist who works with people with BPD, or are hoping to do so at some point in your practice, check out Chapter 25 for more information on how to relate to patients with BPD. And don't go at it alone; seek supervision or consultation — these cases can be challenging and sometimes confusing. Objective input from others can keep you on track.

