



Do you try to avoid horrible, confusing arguments by concealing

your thoughts and feelings?

Are you being accused of things you never did or said?

Do you feel like you are always walking on eggshells? That

anything you do or say will be twisted against you?

Are you at the end of your rope?

"I Hate You - Don't Leave Me"

When your Partner / Family Member has Borderline Personality Disorder

by Randi Kreger

Does someone in your life have borderline personality disorder (BPD)? Only a mental health professional skilled in treating BPD clients can make an accurate diagnosis. But people who share their lives with someone who has BPD usually experience feelings and situations that are remarkably similar. Read the following list of statements. How many of them sound like something you might say?

- ✓ I feel like I'm walking on eggshells. No matter what I say or do, she twists it and uses it against me.
- ✓ He blames and criticizes me for everything that goes wrong, even when it makes no logical sense.
- ✓ I feel like I'm on an emotional roller coaster. When I come home, will I be greeted at the door by the caring person I fell in love with? Or will it be the raging tyrant who's got to have her way, no matter what?
- ✓ He sees me as either all good or all bad, with nothing in between. And when he feels one way about me, he

can't remember ever feeling any other way.

- ✓ I feel manipulated, controlled, and even lied to.
- ✓ I'm afraid to ask for things in our relationship. When I do, she tells me that I'm too demanding or that my needs are wrong or not important.
- ✓ I find myself hiding what I think and feel because it's just not worth the scene that follows when I'm honest. It's become so automatic that I have a hard time figuring out what I'm really feeling.
- ✓ He accuses me of doing things I never did and saying things I never said. I'm tempted to tape record our conversations and play them back to him.
- ✓ She's constantly putting me down. But as soon as I try to leave, she will act loving again, tell me that she'll change, and beg me to stay. Or, she'll threaten me.

- ✓ I try to do what she wants me to do. But just when I think I've got the rules down, she changes them.

If several of these sound familiar, we have good news for you. You are not going crazy. Everything is not your fault. You are not alone either. This may be happening because someone you care about has BPD. If the person you care about really wants help, there is treatment available that can offer hope. And even if they will not change their behavior, there are steps you can take to gain control of your life.

What is BPD?

BPD is a personality disorder that affects about six million people in North America. That makes BPD twice as common as schizophrenia and 50% more common than Alzheimers disease. This also means that for every borderline, there are usually at least three non-borderlines (the BP's partner, friend, child, parent, sibling, etc.) who are going through the same things that you are. That is at least 18 million non-BPs just in North America!

"I Hate You - Don't Leave Me"

Typical BPD Symptoms

People with BPD are people in pain. They tend to feel worthless, empty, moody, needy, depressed, and have difficulty managing their emotions. They have trouble with boundaries -- both their own and respecting others. They are looking for that all-loving "other" who will provide the unconditional love they can't give themselves. They often act inconsistently, and act impulsively in ways they later regret.

People with BPD needlessly create crisis or live a chaotic lifestyle. They will cut people out of their life over issues that seem trivial or overblown. They may act competent and controlled in some situations but extremely out of control in others.

BP's verbally abuse others, criticizing and blaming them to the point where it feels brutal. They act verbally abusive toward people they know very well, while putting on a charming front for others. They can switch from one mode to the other in seconds. They may act in what seems like extreme or controlling ways to get their own needs met. They do and say something inappropriate to focus the attention on them when they feel ignored. They accuse others of doing things they did not do, having feelings they do not feel, or believing things they do not believe.

BP's often have highly unstable social relationships. Their relationships with their loved ones are usually very stormy. Their attitudes towards family, friends, and loved ones may suddenly shift from great admiration and love on one day, to intense anger and dislike the next day. They may think their partner is wonderful one day, but when a slight conflict or disagreement occurs, they unexpectedly switch to the extreme and accuse their partner of "not caring about them at all". They see others as either all good or all bad, and base their beliefs on feelings instead of facts. They have a strong fear of abandonment.

Acting Out, Acting In

Most borderline behavior is about one thing: trying to cope with internal anguish. BP's commonly manage their intense pain in two ways: they either act "in" or act "out". Some BP's will mainly act "in". Some will mainly act "out". And some will act both in and out.

Acting "out" behaviors are attempts to alleviate pain by dumping it onto someone else - for example, by raging, blaming, criticizing, making accusations, and abusing others either verbally, emotionally or physically. They blame loved ones for all their problems, put others in no-win situations, and use emotional blackmail to get the love they need. Acting-out behaviors cause direct anguish for friends, family members, and partners.

BP's who act "in" may mutilate themselves, make suicide attempts, express self-hate, and engage in self-destructive behavior. They may try to hold in their anger, and blame themselves for problems that are not their fault. Acting-in behaviors mostly hurt the BP themselves, although, those who love and care for them are affected.

High Functioning, Low Functioning

People with BPD vary a great deal in their functionality: that is, in their ability to live a normal lifestyle, work inside or outside the home, cope with everyday problems, interact with others, and so on.

People who are close to low-functioning BP's often find themselves living from crisis to crisis. They often feel manipulated by self-mutilation and suicide attempts. However, because the BP is obviously ill, non-BP's continue to offer their support. Some BP's are so incapacitated by their illness that they are unable to work. They may spend a

great deal of time in the hospital because of self-mutilation, severe eating disorders, substance abuse, or suicide attempts. BPD makes it very hard for them to form relationships, so they may have a weak support system. They may be so incapable of dealing with money that they have no cash for food or a place to live.



High-functioning borderlines act perfectly normal most of the time. Successful, outgoing, and well-liked, they may show their other side only to people they know very well. Although these BP's may feel the same way inside as their less-functional counterparts, they have covered it up very well-so well, in fact, that they may be strangers unto themselves. Non-BP's involved with this type of BP need to have their perceptions and feelings confirmed. Friends and family members who don't know the BP as well may not believe stories of rage and verbal abuse. Many non-BP's told us that even their therapists refused to believe them when they described the BP's out-of-control behavior. Of course, there's a lot of room in between high-functioning and low-functioning BP's.

Defense Mechanisms

People with BPD use the same kinds of defense mechanisms we do, but to a greater extreme. BP's developed these defense mechanisms as children, when they were useful in warding off fear, shame, abandonment, and other negative emotions. Now that the BP is an adult, these strategies do not work

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anymore. But it is hard for BP's to give them up because they have become so automatic and they worked in the past. Here are some of the defense mechanisms borderlines use:

Everything Is Your Fault: Continual blame and criticism is a defense mechanism that BP's who act out use as a survival tool. The BP continually blames and criticizes those around them. The criticism often crosses the line into verbal, emotional or physical abuse. The criticism may be based on a real issue that the person with BPD has exaggerated, or it may be a pure fantasy on the BP's part. If you object to the criticism or try to defend yourself, the BP may accuse you of being defensive, too sensitive, or unable to accept constructive criticism. Since their very survival seems to be at stake, they may defend themselves with the ferociousness of a mother bear protecting her cubs. When the crisis has passed and the BP seems to have won, they may act surprised that you're still upset.

Good or Evil: BP's have a hard time seeing gray areas. They see others as either all good or all bad, and base their beliefs on feelings instead of facts. To them, people and situations are all black or white, wonderful or evil. Dividing the world into good or evil makes it easier for BP's to understand. But it means that if you don't agree with everything the BP says, you're a horrible person who is against them.

Me, Me, Me: BP's demand attention to themselves and their own needs, often to the extreme. For this reason, BP's sometimes have a hard time when other people are the focus of attention, such as when their partner's time and attention is focused on someone else. For example, their partner may be on the phone chatting, and the BP will interrupt and demand attention. BP's may also have a hard time giving support when it is needed, as they are usually only focused on their own needs.

Manipulation: BP's often use fear, obligation and guilt to get their partner to give them what they want. This is why non-BP's often feel manipulated

and lied to. This perceived manipulation occurs because the BP is trying to get what they want, the only way they know how. This usually is not purposeful. Rather, it's the result of the BP not being as skilled in relating to others.

Let's Create the Facts: In general, emotionally healthy people base their feelings on facts. If your dad came home drunk every night (fact) you might feel worried or concerned (feeling). If your boss complimented you on a big project (fact) you would feel proud and happy (feeling). People with BPD, however, may do the opposite. When their feelings don't fit the facts, they may unconsciously revise the facts to fit their feelings. This may be one reason why their perception of events is so different from yours.

Tag, You're It: Some people with BPD who act out may use a more complicated type of defense mechanism - we've named it "Tag, You're It" - to relieve their anxiety, pain, and feelings of shame. People with BPD usually lack a clear sense of who they are, and feel empty and inherently defective. Others seem to run away from them, which is lonely and excruciatingly painful. So BP's cope by trying to "tag" or "put" these feelings onto someone else. This is called projection. Projection is denying one's own unpleasant traits, behaviors, or feelings by attributing them (often in an accusing way) to someone else. Sometimes the projection is an exaggeration of something that has a basis in reality. For example, the BP may accuse you of "hating" them when you just feel irritated. Sometimes the projection may come entirely from their imagination: for example, they accuse you of flirting with a salesclerk when you were just asking for directions to the shoe department. The BP's unconscious hope is that by projecting this unpleasant stuff onto another person-by tagging someone else and making them "it" like a game of Tag - the person with BPD will feel better about themselves.

What Can Cause BPD?

In general, BPD could be caused by impaired brain chemistry, which can

be treated with medication. It also could be from early environmental influences, anything from long-term isolation to an early infectious disease, to severe physical or sexual abuse. A traumatic event can also be a trigger that brings on symptoms. Each case is different.

Treatment Options

When a person with BPD allows themselves to be treated (denial is often part of the disorder), treatment generally consists of: medications, which are often successfully used to reduce depression, dampen emotional ups and downs, and put the brakes on excessive impulsivity. Therapy, especially cognitive-behavioral therapy, is an option. The major problems are finding a qualified therapist and getting the BP into therapy.

How can I help the BP in my life?

Before you knew about BPD, you were probably very confused about the behavior of the BP in your life. Now that you know it is a treatable disorder, it's understandable that you want to help that person and get them into the best treatment program available. If the BP acknowledges that they need help and wants treatment, you can help them find the most knowledgeable, experienced treatment program available.

Getting Off the Rollercoaster

Now that we have discussed the ABCs of BPD, we will give you some steps for getting off the emotional roller coaster and taking charge of your life. You can apply these steps even if the BP in your life does not change. You will need to complete certain steps before you can begin some of the others. As an obvious example, you must determine your personal limits before you can explain them to anyone else. Other steps need to be practiced on an ongoing basis, for example, not taking the BP's actions personally and taking good care of yourself.

Step 1: Accept that you cannot make the BP seek treatment.

Step 2: Stop taking the borderline's actions personally.

Step 3: Take care of yourself and accept that you did not cause BPD, you cannot control it, and you cannot cure it.

Step 4: Examine yourself and the relationship. Take responsibility for your own behavior, but not anyone else's.

Step 5: Create more predictability in your life by identifying triggers (sensitive areas) that lead to borderline defense mechanisms. Then, determine your own triggers.

Step 6: Pay attention to your thoughts and feelings in order to clarify your personal limits. Observe them consistently.

Step 7: Learn general guidelines for communicating with someone with BPD.

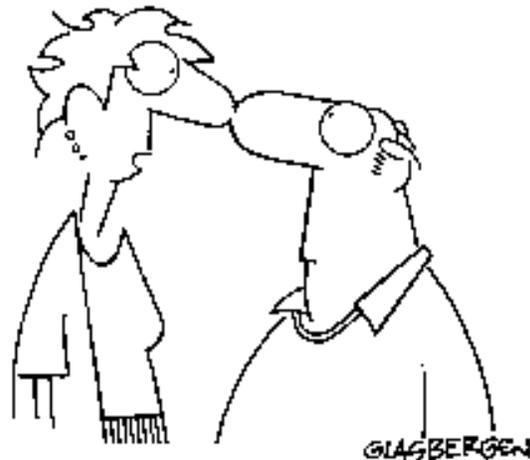
Step 8: When appropriate, shift responsibility for the BP's thoughts, feelings, and actions back to the BP.

Step 9: Develop a plan to deal with unsafe behavior before it occurs, and implement it if necessary.

Step 10: Be aware of the needs of any children. Take immediate steps to make their environment as safe, predictable, supportive, and nurturing as you can. 

Randi Kreger is the well-known coauthor of *Stop Walking on Eggshells: Taking Your Life Back When Someone You Care About Has Borderline Personality Disorder*. She is also the author of the *Stop Walking on Eggshells Workbook*. These two bestselling books, along with her prominent website BPDCentral.com, has brought the concerns of family members with a Borderline loved one to an international forefront. Together, they've sold more than 300,000 copies and been translated into several different languages.

Kreger's popular web site, BPDCentral.com, contains essential information, online support groups, and much more. It is also the home of Eggshells Press, which offers several specialized booklets for various family members: parents (*Hope for Parents*), partners (*Love and Loathing*), and those who find themselves in family court (*Splitting and the You're My World Custody CD*.) Kreger gives keynote presentations throughout the United States and has appeared many times in the print and electronic media.



"I love you so much, it hurts. That's a nice way of saying, you're giving me a headache."

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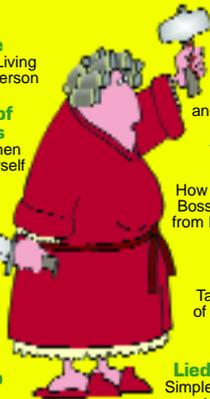
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