

**Being Borderline - An Operator's Manual**  
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The following guide describes some initial considerations and treatment options for individuals with Borderline Personality Disorder. It is not meant to be a scientific manuscript, but a compilation of options my patients have found useful. This document reflects only my own views and not the views or policies of the University of Pittsburgh School of Medicine.

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Updated references from 2022

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"Do not remove a camel of the burden of his hump, for you may remove him from being a camel" - G. K. Chesterton

So you've been diagnosed with Borderline Personality Disorder (BPD). BPD is nothing more or less than a set of personality features that tend to go together. It is considered a disorder because it is often associated with unhappiness and because some people with BPD kill themselves. Having BPD can make life very difficult, both for people who have it, and people they know. Just the same, BPD does not mean that you have to be unhappy. Rather, learning to live with BPD (rather than to simply getting rid of it; that would be like getting rid of a personality) can be a rewarding experience in which you learn to understand yourself and your natural way of reacting to things. Moreover, being borderline can be associated with great passion and types of experience that most other people will probably never be able to have. Learning to live with BPD can allow you to experience more of the plusses and fewer of the minuses.

## **Definition of BPD**

Many people with BPD are intrigued and surprised to find that aspects of their personality that they had never thought were related actually are. As a borderline you have experienced at least five of the following symptoms: frantic efforts to avoid abandonment, frequently intense unstable relationships, lack of self concept, impulsivity (can be characterized by reckless driving, reckless sex, spending way too much money, hurting yourself, e.g., by burning or cutting yourself, etc.), suicidality, emptiness, moodiness, and suspicion or confusion when you are stressed.

## **The Stats** (from <http://205.139.4.187:80/eggshells/basicbpd.html>)

- 2% of the general population have BPD
- 10% of all mental health outpatients have BPD
- 20% (or more) of psychiatric inpatients have BPD
- 75% of those diagnosed are women, in some studies
- 45-75% have been physically or sexually abused

## **The Downsides**

From the symptoms listed in the definition, you can probably see that you might be unhappy a lot of the time. If you're frequently feeling abandoned and betrayed, it's easy to get upset. You might also get wary of relationships, and cut them off early a lot; this can lead to a lifestyle of frequently starting over in life situations and relationships. It's no great leap to figuring that you're sense of stability might be disrupted a bit. In fact, being borderline is often associated with being clinically depressed. Additionally, a tendency to react very emotionally to interpersonal situations can strain friendships and relationships. As such, if you're stressed, rather than getting support, you may find people pulling away from you, which could further upset you and make you feel abandoned, creating a vicious cycle.

## **The Perks**

The definition of symptoms of BPD leaves out many of the upsides of being borderline. That is, the skills and abilities that go along with having these symptoms. After all, why would most people put up with these symptoms if no aspects of their situation were ever appealing? As a borderline you probably experience an extraordinarily rich and intense life - your highs and lows every day may be higher than the highest highs and lowest lows most people experience all year. People with BPD often have very high energy when they're "up". People with BPD have often started over a lot in their life, and are therefore practiced and good at leaving things behind. As a

result, being borderline could mean you feel like you carry around less emotional baggage than other people. Similarly, individuals with BPD are known for being easy to get along when you first meet them, since they're practiced at new interpersonal situations.

Additionally, people with BPD are good at "splitting," i.e., seeing issues, people, and situations from multiple perspectives, and jumping back and forth between those perspectives. This skill can be very confusing, since it can lead to a feeling of instability; rather, using the skill constructively can allow you to rationally weigh out options, and consider alternatives from multiple perspectives in a fair and balanced way. A trick to keeping "splitting" as a skill rather than a liability is to realize when you're doing it, and to make sure you only do it when you want to.

People with BPD are often quite sensitive to subtle social or emotional nuances. This skill can be a double-edged sword. It can work to your advantage in that you may be quite good at reading people's feelings, and using their weaknesses to manipulate them. It can work against you since, if there's any hint of discomfort you'll pick it up, and may over-interpret it. For example if someone is a bit bothered by a remark you've made and pulls back a bit so they can have a bit of space, you may pick up on this subtle action and interpret the person as abandoning you. If the person doesn't realize what they've done (and thus doesn't think to apologize for abandoning you) a grand misunderstanding can be had by all. To keep this skill working to your advantage it's often useful to be explicit about discussing your perceptions in a way that others can confirm or disconfirm them, e.g., by asking "are you abandoning me by pulling back?"

### **Some General Strategies**

Here are a few general strategies that people with BPD often find helpful as they begin treatment.

- Slow down - Being borderline often means reacting quickly. By not expecting immediate change in treatment, and by slowing down your decisions about treatment, you may be more likely to stick with a treatment until it gives you results. More generally, slowing down reactions to interpersonal situations may also help you to be able to apply the techniques you learn in treatment.
- Be satisfied with small steps - You've been this way for a while. Even with the best of therapies and therapists it's not likely everything will change over night. Rather, small steps, often characterized by taking two steps forward and one back, will be the rule rather than the exception. Learning to appreciate these small steps and enjoy bits of progress can be quite helpful.
- Similarly, when you start to feel angry it may be hard not to react by blowing up. Rather, getting out of situations by taking time out for your self can help to settle a conflict before it gets out of hand. This type of strategy could also increase the chances that you employ techniques you're learning in therapy.
- Ask before assuming - If you feel abandoned or betrayed, especially by your therapist, consider asking if the person really means to abandon or betray you, or if they have other intentions they have not expressed.

### **Treatment Options**

One trick to being treated for BPD is to find something that allows you to be happier and more stable without making you compromise who you are and who you want to be. A number of treatments may be useful in this regard. Here are some.

- Dialectical Behavior Therapy (DBT) is designed to help individuals with borderline personality integrate aspects of themselves. It focuses on being mindful of your reactions and taking charge of your cognitions and actions with the help of a therapist. Validation studies have shown that DBT reduces suicide risk and self harm behaviors in individuals with BPD. It was developed exclusively for treatment of individuals with BPD.

- Cognitive Behavior Therapy (CBT) focuses on understanding links between your thoughts and feelings, and changing your feelings by changing your thoughts. This process often involves gathering evidence for and against negative thoughts and beliefs that might or might not be true (e.g., "I'm worthless") and learning to evaluate them rationally. It also involves setting up plans and experiments geared at changing maladaptive behaviors. A number of theoretical articles saying why CBT should be useful in treating BPD have been written, and a number of 'single case' studies have been published in which individuals with BPD were demonstrated to get better using CBT. Few larger-scale validation studies of CBT for BPD have been performed.
- Interpersonal Therapy (IPT) is a therapy designed to help people manage their relationships more smoothly. The thought is that many folks who tend to be unhappy, are so unhappy due to social isolation. Helping people to be less isolated can mean learning some new interpersonal techniques. For example, an IPT therapist may suggest that you experiment with preserving continuity in relationships that you might otherwise find are no longer useful to you. That is, if you have a fight with someone, rather than dropping relationships entirely when you have a fight, IPT may coach you on how to keep the relationship. The thought is that while the relationship may not be inherently valuable for you, having the continuity of longer-term relationships can give you a sense of stability. Initial validation studies suggest that individuals with BPD often do not meet criteria for BPD anymore after therapy.
- Pharmacotherapy (PT) involves taking psychotropic medications. Often, the most useful medications for BPD seem to be the same medications that help depressed people feel less depressed: selective serotonin reuptake inhibitors (SSRI's), such as Prozac and Zoloft.

### **Free References**

A lot of the literature on BPD is characterized by scientific descriptions of symptoms, and fairly dry reading. Here are some exceptions on the Web.

<https://www.mind.org.uk/media-a/2966/bpd-2018.pdf> is a good introductory pamphlet. Some of the self-care and how-other-people-can-help tips are particularly useful.

[https://www.amazon.com/Millie-Borderline-Personality-Disorder-Mental-ebook/dp/B014MQPNMW/ref=tmm\\_kin\\_swatch\\_0](https://www.amazon.com/Millie-Borderline-Personality-Disorder-Mental-ebook/dp/B014MQPNMW/ref=tmm_kin_swatch_0) is a pretty awesome free kindle book, especially for giving to people you care about.

<https://www.borderlineintheact.org.au/> is a nice site developed based on the lived experience of women with BPD, to be sensitive to their actual needs and experiences.

<http://www.bpdcentral.com/> gives a basic introduction to BPD, puts it in context (e.g., "Everyone has all these traits to a certain extent. Especially teenagers."), and has many good references.

<https://www.tapatalk.com/groups/mhsanctuary/borderline-pd-f20/> has some relevant resources and is a forum for community discussion though it has not been used much in the last few years.

<https://www.tara4bpd.org/> - The Treatment and Research Advancements Association for Personality Disorder (TARA APD) was founded in 1995 in response to the realization that people with BPD had little or no information available regarding etiology or treatment of BPD. TARA APD raises awareness of BPD, advocates with legislators, mental health systems and policy makers for parity for BPD with other major mental disorders and for appropriate treatment. TARA APO is a national no-for-profit resource center that responds to informational and treatment referral requests.