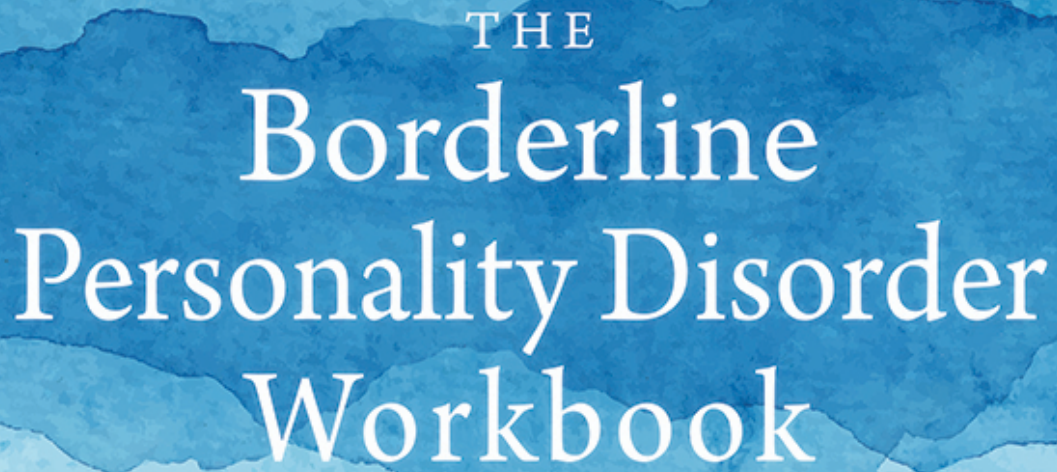


A NEW HARBINGER SELF-HELP WORKBOOK



THE Borderline Personality Disorder Workbook

AN INTEGRATIVE PROGRAM TO
UNDERSTAND AND MANAGE YOUR BPD

STEP-BY-STEP GUIDANCE TO HELP YOU:

- » Balance Emotions » Improve Relationships
- » Challenge Negative Beliefs » Grow Beyond Your BPD
- » Reclaim Your life

DANIEL J. FOX, PhD

“The Borderline Personality Disorder Workbook by Daniel Fox is a user-

friendly, systematic, and pragmatic set of tools designed to help clients with borderline personality symptoms identify and work toward change through a variety of multidimensional activities and exercises. Supplemented by extensive online content, the positive approach of this workbook is sure to inspire hope for the most discouraged of clients.”

—**Sherry Cormier, PhD**, professor emerita in the department of counseling and counseling psychology at West Virginia University, author of *Counseling Strategies and Interventions for Professional Helpers* and *Sweet Sorrow*, and coauthor of *Interviewing and Change Strategies for Helpers*

“Daniel Fox has bridged the gap between the classic understanding and contemporary application of the authoritative findings concerning personality pathology. In his latest book, Fox has unraveled the dual construct of personality development toward more accurate identification and effective intervention—now and for future generations. The inclusion of the information addressing online behavioral expression is timely and crucial for a culture driven by social media. Online users have practical tools to alert them to unsuspected predators, and/or dating prospects who may have underlying personality pathology. The academic, mental health, and social communities will be forever indebted to Fox.”

—**Verdi Rountree Lethermon, PhD**, retired director of the Houston Police Department’s psychological services division, previous adjunct professor at the University of St. Thomas and Houston Baptist University, and private practice clinician

“Daniel Fox won’t let you off easy. *The Borderline Personality Disorder Workbook* is truly a book that expects you to WORK! If you think you might have some symptoms of borderline personality disorder (BPD), and are willing to address these problems, and, most of all, are truly committed to working hard at fixing them, this is the book you need.”

—**Jerold J. Kreisman, MD**, author of *Talking to a Loved One with Borderline Personality Disorder*, and coauthor of *I Hate You - Don’t Leave Me*

“When working with clients who present with personality disorders, it is sometimes difficult for our clients to grasp the concept of a personality disorder, and even more difficult for them to acquire, execute, and maintain the skills necessary to successfully navigate their everyday lives. As a psychologist and mental health professional, I am always seeking better and more efficient resources that assist my clients on their journey in therapy, as well as providing some structure when developing treatment plans. Well, I hit the jackpot with this resource! Fox has done a marvelous job creating a

resource that really helps to better facilitate this work! This workbook is user friendly and can either be used while someone is currently in treatment with a mental health professional, or independently attempting to improve their lives. This workbook does an excellent job breaking down the who, what, when, where, and how of navigating the diagnosis of BPD, and will definitely be an excellent addition to my referral resources for both clinicians and patients!”

—**Meagan N. Houston, PhD**, licensed psychologist; owner of Houston Behavioral Health, PLLC; police psychologist for the Houston Police Department located in Houston, TX; and author of *Treating Suicidal Clients and Self-Harm Behaviors*

“Fox has created an outstanding, comprehensive workbook for individuals suffering from BPD that is both accessible and inviting. It provides a straightforward approach to developing the skills and understanding needed to overcome this painful and emotionally crippling disorder. If you suffer from BPD, this book offers you a clear path toward creating stable and meaningful relationships, developing a compassionate and clearer understanding of yourself, and shedding your feelings of being alone and hopeless. This book will make lives better!”

—**Russ Wood, PhD**, founder and director of Clear Fork Psychology

Services; has treated individuals suffering from BPD and other personality disorders since the 1980s

“Fox has written a superb book that helps both people with borderline personality and the therapists who work with this disorder. In this workbook, Fox lucidly integrates evidence-based techniques and tools to help with thoughts, emotions, behaviors, and relationships—treating those with borderline personality as whole people who can achieve and maintain success and recovery. Fox’s work is a must-have for those who want to understand, treat, and recover from borderline personality. Enthusiastically recommended!”

—**Lane Pederson, PsyD**, author of *The Expanded Dialectical Behavior Therapy Skills Training Manual*, *Dialectical Behavior Therapy*, and *DBT Skills Training for Integrated Dual Disorder Treatment Settings*

“Daniel Fox has taken his extensive knowledge of this challenging clinical population and has synthesized the literature with his own therapeutic experience and style. *The Borderline Personality Disorder Workbook* challenges the individual with this disorder to change through a series of self-examination exercises of one’s beliefs and behaviors, and why these behaviors are maintained. Through a systematic process of exploring what

BPD is, to understanding the nature of the problem and acting on what has been learned, the person with BPD is guided to conquering their conflicts and building and eventually maintaining a new self. The workbook may also be used by mental health professionals working with persons with the challenge of BPD.”

—**Roy H. Tunick, EdD**, licensed psychologist in West Virginia; past president of the West Virginia Psychological Association (WVPA); and professor emeritus in the department of counseling, rehabilitation counseling, and counseling psychology at West Virginia University

THE Borderline Personality Disorder Workbook

Publisher's Note

This publication is designed to provide accurate and authoritative information in regard to the subject matter covered. It is sold with the understanding that the publisher is not engaged in rendering psychological, financial, legal, or other professional services. If expert assistance or counseling is needed, the services of a competent professional should be sought.

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Lorna Smith Benjamin's sequence of early experiences contributory to BPD (Figure 1, page 19) is used by

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This book is dedicated to my three heartbeats:

my wife, Lydia, and my two children, Alexandra and Sebastian

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Introduction: A New Way to See Borderline

Personality Disorder (BPD)

Borderline personality disorder (BPD) was once seen as a disorder that defied

treatment. Many individuals who meet criteria for this disorder, as well as those

who have traits, are still inclined to believe this even today. However, this is not

the case! BPD is a treatable disorder, and with proper treatment, skill building,

enhancement of insight, and many other factors we'll discuss and explore

throughout this workbook, you can put yourself on a path to reducing BPD's impact and growing beyond it.

The hope for change can be a scary thing, and it may feel like a risk to have

hope that something that has been with you for so long could be weakened. I have

spent the majority of my career trying to educate mental health professionals,

clients, and clients' friends, family members, and significant others that it's possible to successfully treat BPD.

As you go through this workbook, challenge yourself to see yourself and your

BPD differently. Encourage yourself to see it as a treatable disorder, something

you can grow beyond with the right treatment and skills.

What Can This Workbook Do for You?

There is no “cure” for any personality disorder. A cure implies getting rid of the

disease or illness, and we can’t get rid of your personality or personality disorder.

Wait! Don’t slam the workbook shut yet! There are different ways to define the

successful treatment of a personality disorder. What we can do is reduce symptoms

and their impact on you, others, and situations. This workbook will help you do

just that by giving you the skills and tools to act and react to your world in a more

productive manner; to learn about what drives what we’ll call negative beliefs,

behaviors, and patterns; and to reduce the intrusiveness of BPD symptoms and the

impact they have on your life.

Not a “One and Done” Deal

There are many great skills, tools, activities, and exercises in this workbook that’ll

help you reduce the negative impact of BPD and the negative beliefs, behaviors,

and patterns you engage in that are connected to it. None of them are “one and

done” skills or exercises. I often tell my clients that learning a mental health skill

for managing BPD, or any other mental health concern, is similar to learning how

to roller skate. At first it may seem odd and you may stumble, but the more you do

it the better you’ll get. You may find that there isn’t enough space in this workbook

for you to fully answer the exercise prompts and questions. Please don’t let this

stop you from writing and thinking! Use as much extra paper as you need to complete these. Many of the exercises can be downloaded at

<http://www.newharbinger.com/42730>. See the back of the book for details about

accessing this material.

Learning to use skills and tools takes time and practice. I encourage you to

integrate them—and the adaptive and healthy beliefs, behaviors, and patterns they

bring—into your everyday life. Doing so will require commitment and work, but

the outcome will be less intrusion of BPD in your life, which can build your sense

of empowerment and significantly impact your life.

How This Workbook Is Organized

This workbook is organized in five sections based upon my therapeutic approach

to working with individuals who exhibit varying degrees of BPD symptoms. In

part 1 you'll learn what BPD is, how common it is, how it develops, and what

symptoms of the disorder you tend to exhibit. We'll explore your connection to

and comfort with others, as well as the different types of BPD.

In part 2 you'll learn about your readiness and motivation to participate in growing beyond BPD and determine where you are in the process of change.

You'll also learn about common triggers that promote maladaptive (unhealthy)

behaviors and beliefs, and I'll provide you with the skills to help you recognize

whether your relationships are positive or negative.

In part 3 you'll learn to manage your responses when you're triggered, to recognize high-risk situations, and to cultivate options for yourself for adaptive

coping. You'll acquire the skills to change and challenge those dysfunctional

beliefs, learn self-soothing techniques to enhance personal control, and strengthen

love and conflict resolution skills.

In part 4 we'll go over the tools you can use to reconstruct and build a healthier view of yourself and the people (and situations) who encourage adaptive

and healthy response patterns. This part of the book will guide you toward identifying your internal motivations and perceptual distortions; challenging your

destructive feelings, beliefs, and wishes; and examining the internal defense mechanisms that prevent psychological growth and perpetuate BPD symptoms.

You'll confront your internal love-hate relationship and be encouraged and challenged to give up your "old ways" and to welcome new adaptive and healthy

response patterns.

In part 5 you'll learn about the types of stress you experience and implement the best coping strategy for dealing with them. This will help you build upon your

newly found self-acceptance, as well as maintain the insights, tools, skills, and

awareness of your past, present, and future that you've gained from the work you'll have done in this book

There is extensive online content to help strengthen the skills you develop

from this workbook. All five parts of this workbook have online summaries that

pull together the concepts and skills from the chapters in each part. Please use

them, because they will reinforce the growth you've made. These accessories, as

well as other material for the book, are available for download at

<http://www.newharbinger.com/42730>.

How to Use This Workbook

This workbook is designed for individuals with BPD, or for those with BPD traits

who may not meet the full criteria for the diagnosis but have issues similar to

people with BPD. Regardless of which camp you fall in, this book is absolutely for

anyone who wants to reduce their problems related to this disorder. You can use

this workbook as an additional component to treatment or as a singular resource.

It's always good to have a positive resource and outlet in life who can support you

when you need it, such as a mental health provider. If you aren't seeing a therapist,

I encourage you to consider doing so.

Throughout this workbook I'll refer to Betty and Tony, and we'll look at their

experiences learning and using the skills outlined in this workbook. These two

individuals and their stories are based upon a combination of past clients I've had

in treatment. They're here to illustrate skills and to make concepts easier to understand.

One great thing about workbooks is that you can go at your own pace. You can address issues as you feel ready to address them. The material in this workbook is designed to help you do that by identifying your motivation, then

behaviors, then the internal drives and needs that promote your BPD, and finally

ways to maintain the skills you've learned and the successes you've experienced

while going through the workbook. Start at the beginning and work forward, and

go as far as you feel comfortable. You can always learn some skills, put the

workbook down for a bit, and then, when you feel ready to go further, pick it back

up again.

When and How to Get HELP

If you feel triggered or overwhelmed while working on something in this

workbook, you can try using the strategies you've learned and practiced or you can

seek assistance from a trusted person, which may be a mental health provider. As

you go through this workbook, it's important to keep in mind that addressing and

exploring BPD may bring up many issues for you that you can't manage on your

own. If you have thoughts of self-harm or of harming others, stop!

Contact your mental health provider,

call the national suicide hotline (1-800-273-8255), or

go to the nearest emergency room.

Your safety is priority #1.

BPD is a challenging disorder, and difficult thoughts, feelings, and memories may come up as you go through this workbook. It's vital to know when you may

need help. To assist you with this, I created the HELP steps:

H—When you *have* intense emotions, thoughts, or memories,

E— *Exit* the situation or consider another way to deal with them instead of reacting negatively.

L— *Let* someone help you, or help yourself, and relax.

P— *Pursue* help from a trusted and positive friend or mental health provider if the intensity of your emotions, thoughts, or memories isn't reduced and you feel pressured to harm yourself or others.

If emotions, thoughts, and memories overwhelm you, remember to use the HELP steps.

Part 1: BPD and Successful Treatment

Chapter 1: BPD 101

Many people misunderstand what borderline personality disorder (BPD) is and

how it impacts people's lives, including those who have it and the family members, friends, loved ones, coworkers, and others who are in their life. Perhaps

you were diagnosed by a mental health professional, or, having felt that something

just wasn't quite right in your life, you researched BPD and found that some of its

symptoms seem to reflect how you see yourself, others, and situations. In this

chapter we're going to clear away the clutter and confusion and identify the criteria that fit for you. Getting a clear picture of your BPD is the start of a journey

of self-exploration, which will allow you to grow beyond your BPD.

As you already know, BPD shows up differently for different people. So to start, I'd like to introduce you to Betty. Betty struggled with BPD for many years,

but she was able to overcome it by developing an understanding and skills that

empowered her to take control of her BPD symptoms and her life. We're going to

talk about her a lot as we make our way through this workbook.

Betty

Betty was a twenty-two-year-old woman who had always had difficulty making and keeping friends. Multiple relationships with friends, significant others, family members, and coworkers had ended because of intense arguments and even physical fights. Many people were frustrated with her strong need to control them and dictate what they did, her demanding style, and her immediate and intense reactions. In many ways she was like a chameleon, as she tended to change her views and values to fit in with the different types of people, such as people who liked politics, were part of the goth subculture, or were sexually adventurous. She changed to avoid being rejected and to feel understood. If her friends wanted to do something other than what she wanted, Betty often became visibly angry and then ditched them. Yet her friends also enjoyed spending time with her because she was usually the life of the party and never backed down from a dare. However, sometimes Betty was slow to respond to her friends' texts or emails and would stay at home for days at a time for no obvious reason. She'd regularly say, "I'm usually alone in a crowded room." When she wasn't around friends, Betty

often cried and searched the Internet for her next romantic encounter.

Betty was head over heels in love with Steven the instant they met and wanted to talk with him every day. She broke up with him when he didn't immediately respond to her texts about a gift she'd left on his doorstep. She began referring to him as "the devil." This was a difficult breakup for Betty, and though she ended it she felt rejected, alone, lost, conflicted, and confused about her feelings about Steven, as well as about herself.

Betty had issues outside of her relationships, too. When she was highly stressed, she often felt detached from her body and the world around her. She said that she often felt like a puppet with a stranger working her strings. She drove recklessly and had two DWIs, and she shoplifted if things got "too boring." Betty had seen numerous psychologists and psychiatrists since turning twelve years old, and she was diagnosed with obsessive-compulsive personality disorder, impulse control disorder, and major depressive disorder. Medication was helpful for some things, but not for others. Her problems persisted, and medications kept changing as issues arose and dissipated based on what was going on in her life.

After Betty broke up with Steven, she cut her arms and her

coworkers saw the scabs. She was embarrassed, and she decided to reenter treatment. This time in therapy she discovered that she met criteria for borderline personality disorder. This diagnosis made sense to her, and having it (and the help of a skilled therapist) allowed her to embark on a journey of healing.

Many of the approaches and techniques you'll find in this workbook helped Betty grow past the harmful patterns of BPD that had been holding her back for so

long. They worked for her, and they can work for you, too.

Betty's experience of BPD may resonate with you, but you may be doubtful that you can successfully manage it. Before Betty could manage her BPD, she first

had to know what it is and that she wasn't alone in suffering from it. The same is

true of you, so let's explore what BPD is and how common it is.

What Is BPD?

BPD is one of ten personality disorders identified in the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5; APA 2013). This

is the standard reference that therapists of all specialties use to diagnose mental

disorders of all kinds. A *personality disorder* is broadly defined by the inability to

adjust one's behavior, thinking, and pattern of responses in relation to particular

situations or feelings, or both. In the words of the DSM-5, BPD is “a pervasive

pattern of instability of interpersonal relationships, self-image, and affects, and

marked impulsivity, beginning by early adulthood and present in a variety of contexts” (APA 2013, 663). Many individuals who meet the criteria for BPD can

look back at their childhood and adolescence and see the beginning of these symptoms and patterns. However, a diagnosis of BPD is often inappropriate for

children and adolescents, because they're still growing and developing and learning how to manage and respond to life circumstances. For someone under the

age of eighteen to be diagnosed with a personality disorder, including BPD, their

symptoms must have been present for at least one year (APA 2013).

There are nine criteria listed in the DSM-5 related to BPD. An individual needs to meet five or more of these to qualify for the diagnosis. You may have

received a diagnosis from a mental health professional, and hopefully that individual went over the criteria that relate specifically to you. To help you gain a clearer understanding of your BPD, the exercise below will help you identify criteria that are specific to you. I paired each with an example from Betty's story.

Identifying Your BPD Symptoms

Place a checkmark next to any description below that matches how you see the

world and how you act and react.

Frantic efforts to avoid real or imagined abandonment (APA 2013, 663).

Betty perceived that her boyfriend was abandoning her because he didn't respond to her gift quickly enough, which drove her to break up with him, causing her to feel even more abandoned. She had a history of inappropriate behavior related to feeling abandoned.

A pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of idealization and devaluation (APA 2013, 663).

When Betty met Steven, she was "head over heels" in love and wanted to talk with him every day, but she broke up with him, referring to him as "the devil," when he didn't respond quickly enough to her texts about a

gift she'd left on his doorstep. She'd had similar experiences with her three previous boyfriends.

Identity disturbance: markedly and persistently unstable self-image or sense of self (APA 2013, 663).

Betty had difficulty making and keeping friends, as she tended to change the types of people she liked to spend time with, and her views and values changed to match them.

Impulsivity in at least two areas that are potentially self-damaging (for example, spending, sex, substance abuse, reckless driving, binge eating) (APA 2013, 663).

When she wasn't in a relationship, Betty compulsively searched the Internet for her next encounter. She drove recklessly and had two DWIs, and she shoplifted if things got "too boring."

Recurrent suicidal behavior, gestures, or threats, or self-mutilating behavior (APA 2013, 663).

Betty had a history of self-mutilation, cutting her arms or legs when she was under stress or feeling lonely. She cut her arms after breaking up with Steven.

Affective instability due to a marked reactivity of mood (for example, intense episodic dysphoria, irritability, or anxiety usually lasting a few hours and only rarely more than a few days) (APA 2013, 663).

When she wasn't around her friends, Betty often curled up on her bed and cried, or grasped for ways to calm herself and feel connected, such as going on texting sprees or scouring dating sites for her next hookup.

Chronic feelings of emptiness (APA 2013, 663).

Betty often felt alone, even when she was hooking up or was with a significant other. She'd say, "I'm usually alone in a crowded room."

Inappropriate, intense anger or difficulty controlling anger (for example, frequent displays of temper, constant anger, recurrent physical fights) (APA 2013, 663).

Betty had had multiple intense arguments and physical altercations with friends, boyfriends, family members, and coworkers.

Transient, stress-related paranoid ideation or severe dissociative

symptoms (APA 2013, 663). (*Paranoid ideation* is being afraid that others are plotting against you, and *dissociation* is mentally separating from physical or emotional experiences, or both.)

When under a high degree of stress, Betty often felt detached from her body and the world around her and reported that she felt like she was a puppet with a stranger working her strings.

Write the number of checkmarks here:

Did you check five or more criteria above (circle your response)?

YES NO

Based on the exercise above, do you feel that the symptoms of BPD fit with how you see your world, interact with others, and respond to people and situations (circle your response)?

YES NO

If you marked four criteria or fewer but still identified some BPD traits that you recognize in yourself, this workbook can still be of great value to you. It can

help you learn how to reduce the harmful impact they're having in your life.

BPD Is a Spectrum

As you went through the preceding exercise, you may have noticed that some of

your behaviors, feelings, and thoughts are not as intense—or perhaps are more

intense—than Betty's. That's normal, because no one's BPD is identical to anyone

else's. The *intensity* or *severity* of each criterion is unique to each person, as is how

it impacts one's life. Betty's behavior as it relates to some of the criteria is severe

or extreme, serving as important sources of pain and possibly even danger for her.

The same may not be true for you. This difference in presentation is what helps

therapists determine where an individual falls on the BPD spectrum, which ranges

from mild to extreme.

If Betty is an example of someone who falls at the extreme end of the BPD spectrum, where do you think you fall? In the exercise below, circle where on the

spectrum you think you fall for each BPD criterion. Take your time and just answer what feels right for you. There are no right or wrong answers, only what

you think, and that's good enough.

Frantic efforts to avoid real or imagined abandonment.

Mild Moderate Severe Extreme

A pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of idealization and

devaluation.

Mild Moderate Severe Extreme

Identity disturbance: markedly and persistently unstable self-image or sense of self.

Mild Moderate Severe Extreme

Impulsivity in at least two areas that are potentially self-damaging (for example, spending, sex, substance abuse, reckless driving, binge eating).

Mild Moderate Severe Extreme

Recurrent suicidal behavior, gestures, or threats, or self-mutilating behavior.

Mild Moderate Severe Extreme

Affective instability due to a marked reactivity of mood (for example, intense episodic dysphoria, irritability, or anxiety usually lasting a few hours and only rarely more than a few days).

Mild Moderate Severe Extreme

Chronic feelings of emptiness.

Mild Moderate Severe Extreme

Inappropriate, intense anger or difficulty controlling anger (for example, frequent displays of temper, constant anger, recurrent physical fights).

Mild Moderate Severe Extreme

Transient, stress-related paranoid ideation or severe dissociative symptoms.

Mild Moderate Severe Extreme

When you look at your responses, where would you put yourself on the BPD spectrum?

Mild Moderate Severe Extreme

Now that you've identified the symptoms that impact you the most, the ones that influence how you see yourself, the world around you, and those within it,

let's piece together what influenced your answers and describe it below.

Why did you rate yourself (mild, moderate, severe, or extreme) as you did? (You can consider the number of symptoms marked at a particular level, specific symptoms that cause you to judge yourself harshly, and so on.)

In what part or parts of your life (for example, relationships with family and friends, work, how you see yourself, and so on) do these symptoms cause the greatest problems?

When you look back at your responses to the questions above, and your ratings, what have you learned about your BPD?

Learning about and exploring your BPD will help you grow beyond it, but sometimes it can make you feel like you're alone. You may feel like you're the only one having these feelings, thoughts, memories, and reactions, but it's important to remember that you're not alone. BPD is a disorder that many people experience.

How Common Is BPD?

Feeling alone is common for people with BPD—so common that it's a criterion

(chronic feelings of emptiness) for the disorder. But you're not alone.

Approximately 18 million—or nearly 6 percent—of adults in the United

States have been diagnosed with BPD (Grant et al. 2008). Historically women

were diagnosed with BPD more often than men, as much as three to one, but

nearly an equal amount of both genders (53 percent women, 47 percent men; Grant

et al. 2008) meet the criteria for BPD.

In other parts of the world the prevalence of BPD ranges between 1.4 percent

and 5.9 percent of the general population (Samuels et al. 2002; Coid et al. 2006;

Lenzenweger et al. 2007; Grant et al. 2008; Trull et al. 2010). As you can see from

these statistics, many individuals are dealing with BPD and are working to overcome it.

Setting the Stage for Success

Using the spaces below, pull together what you learned from this chapter so you

can take this information with you.

The most helpful information I learned from this chapter:

1.

2.

3.

While going through this chapter, I was thinking

and it helped me to see that

This workbook is for and about men and women like Betty and you who have

to deal with issues related to BPD, be they traits or the full diagnosis. Throughout

this workbook I use the term *borderline personality disorder (BPD)* when discussing the thoughts, feelings, reactions, beliefs, and wishes of people who fall

somewhere on the BPD spectrum. However, it is *not* my intention to define or

label individuals based on this term or diagnosis. It's important to remember that a

diagnosis is used for treatment and not for self-definition. It's my hope that you'll

find this exploration of BPD to be a route to healing and growth, along which

you'll find ways to control and overcome it.

Now that you know more about what BPD is, let's explore its possible roots and causes.

Chapter 2: Where Does BPD Come From?

This chapter offers insight into the various causes, or roots, of BPD, including

genetic factors, brain differences, psychological and social influences, and early

experiences. The exercise I included will help you understand your own history, as

well as the history of those in your life who may also exhibit BPD symptoms.

The Roots of BPD

It's common for people with a BPD diagnosis to look inward with a sense of self-

blame, self-hate, confusion, and conflict. You may feel as though you're broken or

cursed. You may also believe that this disorder is an inescapable result of who you

are and what you've experienced. Unfortunately, these beliefs and feelings keep

BPD in place, leaving you feeling alone, ashamed, and tangled up in the disorder.

BPD is the most researched and treated personality disorder (Dingfelder 2004) in psychology, yet its causes are neither simple nor certain. There is no

single best explanation as to why you display the symptoms of BPD and have the

difficulties you do, but it might be helpful for you to explore the areas—genetics,

psychological and social influences, and brain functioning—that have the greatest

influence on the development of BPD (Benjamin 1996).

Genetics

Research indicates that 37 to 69 percent of BPD diagnoses are related to genetic inheritance (Ahmad et al. 2014; Distel et al. 2008; Gunderson et al. 2011).

Individuals who have a first-degree relative (parent, sibling, or child) with a BPD

diagnosis are five times more likely to be diagnosed (APA 2013; Gunderson 1994)

themselves than those who don't have such a relative. The BPD symptoms—

impulsivity, anxiousness, difficulty controlling mood, and problems with

interpersonal relationships (Reichborn-Kjennerud et al. 2013; Zanarini et al. 2004)

—one displays tend to have a strong family link. For example, if your mom had a

tendency to be impulsive, you might as well.

In short, if a close relative has BPD, you're more likely to also display BPD

symptoms or to be diagnosed. But keep in mind that we're not simply an

expression of our genetics.

Psychological and Social Influences

Many individuals who have been diagnosed with BPD experienced traumatic

life events during childhood, such as abuse or abandonment (Ball and Links 2009;

MacIntosh, Godbout, and Dubash 2015). Specifically, 36.5 to 67 percent of people

diagnosed with BPD experienced sexual abuse (Elzy 2011; McGowan et al. 2012),

but neglect, childhood adversity, caregivers with alcohol and drug abuse issues,

chaotic family life, disrupted attachments, having lots of different caregivers or

unreliable caregivers, and adults who modeled poor emotional control have also

been linked to the development of BPD (Dahl 1985; Fonagy, Target, and Gergely

2000; Judd and McGlashan 2003; Linehan 1993).

It's important to note that not everyone who has experienced traumatic life

events develops BPD, and not everyone with BPD has experienced them. It's also

worth noting that there's a correlation between the severity of abuse, the age it first

began, the number of instances of abuse, and the type of abuse (such as sexual, emotional, physical, or psychological) and the future development of BPD (Chanen and Kaess 2012; Yen et al. 2002; Zanarini et al. 2002).

Psychological and social influences together determined your early experiences. How often they occurred, how many you experienced, how severe they were, and at what age they happened can all influence the development of

BPD. Although many individuals who develop BPD followed a similar pattern, or

sequence, of early experiences, there is no single route to a BPD diagnosis. That

said, recognizing a common, or influential, set of experiences can help you better

understand your BPD as you continue on this journey.

In her book *Interpersonal Diagnosis and Treatment of Personality Disorders* (1996), Lorna Smith Benjamin identifies a sequence of early experiences that

contributes to the development of BPD (see figure 1). If one, two, or even all of

these early life experiences happened for you, it doesn't mean that you'll absolutely develop BPD, but you are more likely to exhibit similar beliefs, behaviors, and patterns of individuals with BPD.

How you thought about and reacted to yourself, others, and situations

influenced how your brain developed and functions today. Let's now explore brain

functioning, the last potential origin of BPD, and then we'll identify the roots of

your BPD in the exercise that follows.

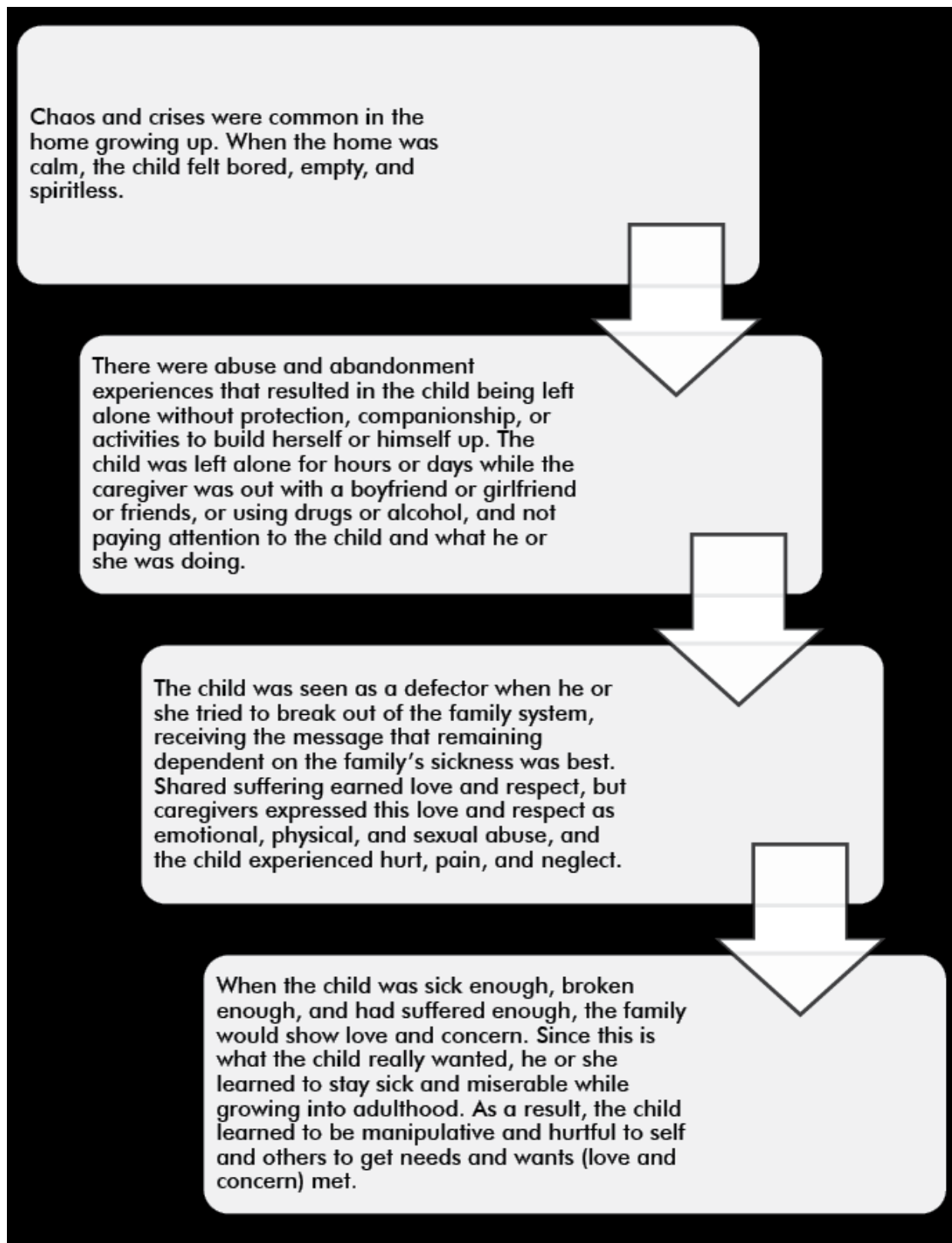


Figure 1

Brain Functioning

Research has shown that individuals with BPD have similar brain functioning. For people diagnosed with BPD, areas of the brain that impact their ability to control impulses and aggression, to accurately recognize emotional expressions in others, to calm down after getting excited or angry, or to reason through problems when agitated or angry tend to show activity (Goodman et al. 2014; Lenzenweger et al. 2007; Sala et al. 2011; Soloff et al. 2008). These findings, that individuals with BPD have a brain that functions differently from those who do not have BPD, hasn't been attributed to just one cause. It's believed that the roots of genetics, psychological and social influences, and early experiences play a part in the development and functioning of your brain and how it, and you, act and react when you think about, evaluate, and perceive yourself, others, and situations. This connection is a good thing: if situations, experiences, actions, and reactions influenced how your brain developed and now operates, then you can change your brain functioning by doing things differently,