Web-based Radio Program

How to Prevent and Overcome the Most Common Mental Health Disorders

Borderline Personality Disorder

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Good morning. This is Dr. Greenspan coming to you via our web-based radio show. Thank you for joining us today. As you know, we've been talking about different types of mental health challenges and a kind of common sense, developmentally based approach to understanding and helping both children and adults with these types of challenges. We've talked about anxiety, depression, and behavior and conduct problems; today we're going to talk about what's often described, technically or clinically, as "borderline syndrome" or "borderline disorder" or "borderline personality disorder." This term, which may confuse many, is a confusing term and sometimes it's used even in a derogatory way, such as, "Oh, he or she is borderline!" meaning they're hard to read, hard to understand – different. But, actually, I'd like to take the mystery out of the concept of "borderline" and make it clear and understandable and characterize or describe what we think of when we use that term – at least what clinicians often think about – in terms everyone can understand. This will help clinicians, as well as non-clinicians, have a deeper appreciation of what individuals who are characterized this way are struggling with and how those who are in relationships with them can help them.

In general, let's go back to our developmental model, and I'll try to show what the pathway is; in showing the pathway we'll better understand the characteristics of borderline disorders. As you know, we've talked about attention and regulation as our first stage in development that characterizes all individuals. Then there is the ability to engage in relationships – warm and intimate ones. Next, there is the ability to read and respond to a wide range of emotional signals and get involved in two-way back-and-forth communication through gestures and signaling. Then there is the ability to do shared social problem solving, where you get into longer kind of emotional dialogs, through gestures and signaling, to solve problems together, almost implicitly, i.e., without words. We've also talked about the fifth stage, where we have the ability to create ideas or images (what's often technically called "representations" or "symbols"), where we can literally picture emotions and experience them in terms of their multiple features from many points of view, including visual, tactile, verbal, and an emotional or "feelings" point of view, all at the same time. Then we reach a critical sixth stage, which has to do with creating bridges between ideas, where you see a child answering why he wants to go outside by saying, "Because I want to play." This ability to build bridges between representations or symbols or ideas allows us to link emotions together – our emotions with someone else's emotions. The reason I'm going to go into this stage in more detail is because this is where we see the primary problem in borderline syndromes or borderline disorders.

This ability to link representations or ideas together also involves our ability to link emotions, our representations or pictures of emotions, with someone else's. So, it's our ability literally to picture in a multi-sensory way our own feelings and the feelings of a caregiver, for a

child, or the feelings of a partner or spouse or a good friend for an adult, allows us to do two things. First, it allows us to know who we are as a person because we experience ourselves as a group of feelings – a kind of vibrancy or tone in our bodies. So we define ourselves by a whole range of feelings that characterize "me," as well as thoughts and values and intentions and experiences – but these are organized around our feelings. Also, we characterize others in this way. Mom is experienced in a certain way, with a certain feeling tone; Dad in another way; a good friend in yet another way. So, what brings us in contact with others and helps us understand others is this ability to build bridges between our feelings and their feelings. It also allows us to separate ourselves from them – not to confuse what's "us" vs. "them." We all do it a little bit – we do what we call "projecting," where we put our feelings onto some else's. So if someone is angry, we assume he's angry at us or if someone else is scared we assume she's scared of us. We all know that mechanism that's been bandied around in the popular press, as well as among clinicians, referred to as putting yourself on someone else, rather than projection or externalization. Whatever you call it or wish to call it, the ability to more or less have a sense of who you are as separate from someone else – to have a self-image or self-picture and, eventually, an identity that's distinct and defined, is based also on this ability to connect ideas together because you can then connect your ideas to someone else's ideas and you understand the differences between them. So this ability to connect ideas together allows us to have a sense of who we are and to form a sense of our personhood, of our self and, eventually, of our identity.

This is critical because without that we constantly lose the sense of who we are and we're constantly confused with our feelings of "us" or "them." Are we angry or are they angry? We may so over identify with someone else who's depressed that we feel depressed if we're in that person's presence and we don't know if we're depressed or catching that person's depression. We have poor body boundaries, literally, but it's really poor psychological boundaries or poor "self" boundaries or a weak identity. We wonder why a teenager goes along with the group, even when it's unwise. Well, the weaker the sense of identity, the weaker the self-definition, the easier it is to become part of something else. We all have this tendency, more or less – we're not talking about a distinct phenomenon.

Also, this ability to connect ideas together allows us to connect the past to the present and relate the two. So we might think, "Well, I'm angry because last year everyone forgot my birthday and this year it's happening again!" or "I'm happy because I'm getting the wish I didn't get last year, this year." So, this history of who we are and our feelings can be connected to the current moment. Also, begin and as we get older, and particularly in our teen years this blossoms, we can begin to appreciate the future, but even as young children we can appreciate tomorrow or next week or the next birthday or the next holiday and anticipate. So we don't exist any longer just with a sea of creative feelings that characterize the fifth stage. Making these connections between ideas really starts between ages two and three and reaches a nice crescendo at age three, when we can get involved in causal thinking. As we get better and better at this, more and more we have the sense of self, based on this ability to connect ideas together, and a sense of others that brings in the past, the present, and the future; in other words, that brings in a wide range of feelings, a wide range of experiences, and a wide range of intentions. This includes fears and anxieties, as well as happiness, assertiveness, curiosity, and creative longings and tendencies. So we become a complex person who's in a historical and future context, as well as the present, that exists in relationship to others. Eventually, as we get older, we'll exist in terms of a larger group, a peer group, and eventually a sense of our culture, and it will keep

broadening and broadening as we move on in life. Eventually it will extend to different types of relationships, including creating our own family, as we're adults.

So, the nice part of the human journey and the human drama is that this sense of self and this sense of others keeps growing and developing with experience. But the fundamentals have to be in place. If the fundamental capacity to connect ideas together is weak, then this huge building, this huge edifice we're creating of a complex sense of self and a complex sense of others, isn't as – to use a technical term – "differentiated" and stable and secure as it might be because we want our sense of self and our sense of others in the context of the individual to be both broad and all-encompassing, and yet distinct and unique to us and our experiences. We want it to be both broad and to integrate a great deal of experiences that we want to be highly differentiated or highly unique. So it's like a painting that's both complex and faces the full quality of life, but yet has highly distinct images in it, and these all hold together into highly distinct patterns. That's what we're looking for in our healthy sense of self and healthy sense of others based on this fundamental ability to connect ideas together that becomes broader and more differentiated and more integrated as we grow and develop. So it incorporates both this fundamental ability to connect ideas and then the ability for multi-causal thinking, comparative thinking, gray-area thinking, and true reflective thinking. All the stages that we talk about in our book, *The First Idea,* which goes into this in great detail and which I recommend it for those who are particularly interested in how healthy growth and development occur, as well as the book that came before it, *The Growth of the Mind*, which is another good book that goes into these stages of development in more detail, through the life cycle.

To return, though, with this foundation, to individuals we characterize as having borderline syndrome, in my experience, developmentally, they tend to have a tendency to be vulnerable in their capacity to build bridges between ideas, between representations, which means between feelings, and between past, present, and future, between their sense of self and a sense of others. So, sometimes we describe it body boundaries that are a little poor or less differentiated, less secure, and less stable. But we can think of it less vaguely – I think we can think of it more developmentally, in terms of this capacity to connect ideas together is on shaky ground; it exists, but it is easily overwhelmed by a storm of strong feelings. So when the individual experiences extreme anger or extreme sadness or extreme fear or sometimes even extreme intimacy – a closeness with someone – the intensity of the feeling overwhelms the ability to connect ideas together. Individuals who have this challenge, who don't have this secure sense of connecting ideas together, often describe such moments of intense feeling and of experiences that reflect this porous boundary. So it may be that they become overly suspicious and worried that someone is angry at them, or going to hurt them, but it's not a chronic pattern like a person who believes the FBI is after him and is going to do him harm. It might be more of a temporary feeling of worry or fear related to the intensity of the feeling. It might be characterized by depression, overwhelming sadness or despondency, because an experience of, let's say, a loved one is such that we put ourselves in that other person's shoes and we "over identify" with him or her, taking in that sadness and making it our own and even double it or triple it. We might feel despondent because it could be one of our children is ill or a spouse is ill and we're overwhelmed with grief, so our imagination is running wild with all kinds of worries. The distinction I'm trying to draw here is that while everyone would do this to some agree, in this case it's because of our weakness in connecting ideas together that we'd be unable to step back and say, "Gee, I'm really reacting strongly to this." Instead we would tend to believe that

life is ending and the world is coming to an end, literally, because we're experiencing grief for the illness of a loved one.

It might also be characterized by fear of success – maybe good things happen too quickly and all of the sudden we're anxious we can't live up to certain standards but, again, this isn't just the ordinary expectable feelings that everyone would have and then we step back and take a deep breath and say, "Well, I'll do my best." It would be something where we'd become persuaded that we won't be able to perform and we get paralyzed by fear and anxiety. So then it's anxiety or suspicion or depression, usually all the characteristics of a porous body boundary based on this vulnerability in our ability to connect ideas together, particularly with a "storm" of feelings when feelings become very, very, very strong.

Another way we can express ourselves is through impulsive behavior. If we are unable to connect ideas together very well and we find ourselves in a new social situation – let's say we're a young adult in a club or bar – and somebody is teasing us, we might misread it and think he's trying to pick a fight and we hit him first! Not because we're a violent or aggressive individual; we think we're protecting ourselves, but it's based in this case on a misreading of the signal – not distinguishing teasing, which would make us a little uncomfortable, from being attacked, where we think the person's about to physically assault us so we strike first in self-protection. This leads to impulsive behavior. So, again, whether it's impulsive behavior or anxiety, fear, depression, or suspicion, these can all be characteristics of a borderline personality, and the same individual could vacillate, showing features of each of these at different times.

There may be a predominant tendency toward more impulsive or more depressive or more suspicious or more fearful types of experiences. The key distinction here is in the experience, rather than being able to still retain one's sense of reality testing and talk oneself through it and saying, "Gee, this is unrealistic," one instead gets lost in the feeling and one tends to believe the emotion of the moment and one's sense of reality or one's appreciation of reality (what we sometimes call "reality testing") is, therefore, compromised. This temporary compromise in reality testing would be our ability to appreciate reality – this characterizes what we ordinarily call "borderline." This should be distinguished from a person who has a chronic and persistent difficulty with appreciating reality, which we often describe with different terms – from psychotic or schizophrenic, or other types of deficits in reality testing on a more chronic basis. So we're not talking about individuals who are "delusional" or who have an ongoing (constant) difficulty with appreciating reality. We're talking about people who experience temporary storms of this lowered ability to appreciate reality. That allows them or enables them or causes them to be more moody or more impulsive or more anxious or more fearful, and so forth.

Because of this, obviously, relationships can be more difficult and stormier. They can experience intimacy and closeness too intensely, and then they pull away but are afraid to be alone so they go back into the relationship; or they can cling in a dependent way, like a baby, feeling fear of abandonment as though the other person is going to leave them forever, rather than just go away for a couple days on a business trip. So there are many forms in which this will affect relationships. It will obviously affect work and friendships, as well as intimate relationships. Usually individuals characterized as borderline, as distinct from having severe personality disorders – and we'll talk about that next time – often tend to want relationships and they like to be involved in lots of relationships, so often the capacity for engaging and relating to others is strong. Sometimes these individuals are very charismatic.

One individual, for example, because of her ability to "enter the skin" of another person, as well as her verbal skills and her overall sophistication, could describe these characteristics and described how she would become literally almost different people – not multiple personalities, not with different names or different identities – she knew she was the same person in some way – but she felt like she could be whatever anyone wanted her to be, to such a degree that she lost herself in their expectations and their views. Because of that she was good at making friends and the initial stages with a boyfriend were often very romantic and very intense because she was their perfect partner – she was whatever they wanted her to be. But then she would find herself very anxious and depressed and more fearful and needier and more clingy because she'd basically lost her sense of who she was, and she'd find herself feeling confused about what she was feeling and what they were feeling. For the first month or two it was often glorious, as she entered their skin and became a part of them and they thoroughly enjoyed the experience because they couldn't believe someone existed who so greatly shared their interests and their warm sense of humor, and who appreciated their particular wisdom and intelligence, and so forth and so on.

Another person had the opposite tendencies – she had trouble forming intimate relationships because she had this tendency to enter the skin of the other person, but as soon as she did she got so anxious and scared of losing who she was that she started picking fights and becoming defiant and stubborn and negative. As a consequence she would sabotage her relationships, even the potentially very good ones, in their early stages.

Another individual became so fearful of being rejected and convinced she was going to be rejected that she became demanding and clingy. So early in a relationship she'd frighten people away. One young man became so suspicious and so jealous that if his girlfriend gave any indication of interest in another guy, even if was just to point out what a good dancer he was or that he looked like a mutual friend of theirs, it would so threaten him that he would get angry and suspicious and accuse his new girlfriend of being unfaithful, just right after they discussed having an exclusive relationship with each other. This would, obviously, scare and drive the new partner away. So, this experience can take many, many forms and, again, the common denominator is the lapse of appreciation of reality and the fundamental weakness in this ability to connect ideas together.

Now what is the characteristic pathway more fully explored for this individual? Well, from the physical side, you recall we always look at the regulatory profile. Individuals with this pattern tend to have lots of difficulties in the way they react to sensation. Many are very over reactive to sensations, like touch and sound and movement, so because they're so over reactive it's a little harder for them to contain their own feelings and contain other people's feelings in terms of these boundaries or organizations that connect their feelings to other people's feelings, because they're so intense. So they tend to have more extreme tendencies to be over reactive. Although some such individuals can be a little under reactive and therefore not organize their feelings well and connect them to others because they don't sense them enough. Borderline personalities can have both tendencies, but I think you see more of the over reactive pattern, although the under reactivity and sensory craving can all contribute to this kind of a problem, so we see all three patterns.

Motor planning and sequencing tends to be a little more problematic. Remember the ability to plan and sequence enables one to create patterns and to organize patterns. Remember at the heart of this problem is difficulty with having stable patterns and a stable sense of who we

are and a stable sense of others by linking ideas together. So the ability to sequence and therefore create patterns may be a little weaker.

Visual-spatial thinking tends to be especially vulnerable in such individuals. Visual-spatial capacities tend to be associated with big-picture thinking – seeing the forest for the trees. To connect all our feelings together – all our images together – into a sense of self involves just such big-picture thinking. Getting lost in each tree may mean we can identify a hundred or a thousand different feelings, but we don't necessarily create the forest that makes a stable sense of self or that enables us to appreciate who someone else is, incorporating all their feelings, rather than defining them by their feeling of the moment. So this tendency to live in the trees rather than the forest is another characteristic, and the visual-spatial thinking isn't always as strong as it could be. Here, again, people will vary some – they may have only a weakness in visual-spatial thinking and not be too extreme in terms of being over reactive or under reactive to sensation.

Interestingly, for many individuals with borderline patterns, verbal skills – auditory processing and language skills – can be very, very strong. Many such individuals are extraordinarily "intelligent" by ordinary standards and may do very well in school because of their excellent memory and good verbal skills. Many may be talented writers, but it's not a necessity that they have strong verbal skills. Sometimes that area can be weak, also, and is a processing problem that would make the difficulty even more complex and perhaps even more challenging to work with.

So you see lots of sensory processing and motor planning and sequencing challenges of different types, but I would say the prototype is someone who is a sensory over reactive, highly verbal, intelligent, "very sensitive" individual, who's weaker on the visual-spatial and weaker on the motor planning and sequencing, even though he may have some excellent fine motor skills or even some excellent gross motor skills, and the overall ability for pattern creation and for seeing the forest for the trees tends to be a little weaker.

Then, developmentally – in terms of their pathways – because their early regulation and sense of security is vulnerable and weak, their engagement may be very strong, but chaotic with lots of shifting feelings. Truly intensive communication may incorporate lots of different feelings, but some feelings would be scarier and more difficult, especially aggression and assertiveness and feelings of extreme intimacy.

Sequencing and problem solving would show a kind of interesting pattern with gifted abilities in short-run sequencing and problem solving, as long as it weren't too complex. The ones that require big-picture thinking and long-term strategizing would be more difficult. The creative use of ideas would be very strong, and many feelings would get represented, except the dramas would tend to stay more fragmented – they tend to jump around more and there would be scenes with aggression and sadness and loss and assertiveness and curiosity and intimacy, all kind of spinning around rapidly, rather than a more gradual exploration of each of these and a bridging or connecting them to one another. So we may have a very creative person, but one who's a little more fragmented.

Then the critical ability for connecting ideas together exists. The person intellectually and verbally may be able to answer "why" questions and be a good causal thinker and even a very good multi-causal, gray-area, and comparative thinker. They could give you many reasons for something; compare A vs. B and tell you the shades of gray – why A was a little better or much better than B, and give it to you in historical context, give a sophisticated literary analysis, perhaps, but under intense feelings these higher capacities for causal thinking and gray-area and

comparative thinking would be weaker and the person would fall into more fragmented patterns. Not so much extreme polarized patterns, where everyone was good or bad, although those might characterize some individuals some of the time, but more jumping around, more experiencing life and feelings in a piecemeal way, losing a sense of self and a sense of identity.

The ability for reflective thinking – being able to think in two frames at one time: "Gee, I'm angrier than I should be," could occur and often would occur for mild feelings, but when feelings got intense that ability for self-reflection would get lost as part of the larger and more fundamental loss of the appreciation of reality.

So, given this developmental pathway and given this regulatory profile we're discussing and given the fundamental difficulties with what we call borderline syndrome, how do we help such individuals? What's the best way to be of assistance to a family member or friend or spouse who shows these characteristics? Even though there is this problem, we may love such an individual dearly. They may have special characteristics – a kind of "plus" factor – that others don't bring to our lives that energize us and make us feel wonderful and great and so we want that relationship to work. We all have our own idiosyncrasies and our own characteristics and we all have our own mental health challenges, so we want to be able to be helpful as friends, spouses, family members, and parents, even when the individual has these characteristics, and we want to help the individual grow, just as we hope they'll help us grow.

Here is the key: The key – and this is true if one is a therapist working with such an individual – because being a therapist working with someone with such a pattern can be difficult – the key is to pay attention to this developmental pattern we're talking about because it begins with uncertainty about self-regulation, particularly strong feelings. It's very important to establish in the relationship, whether it's therapeutic or just personal, a sense of security, where one intuitively or consciously understands the person's regulatory profile. If the person is over reactive to sensation, you want to provide a lot of soothing and with the person who has a storm of feelings and is unrealistic, don't get lost yourself in that – don't react to it, don't be a "tree" person yourself. Stay calm, be soothing, have an attitude of, "Let's calm down first then we can think this through." In other words, don't join the drama, don't throw fuel on the fire, and don't argue with your child who's in the middle of an irrational storm of argument. We all do this some of the time, and because we do it doesn't mean we have evidence of borderline patterns. So this is good advice for any time this happens, but especially for someone who does this chronically and really gets lost in it. Be soothing, calm them down first, and maintain the security and maintain the relationship. Especially do not react in kind, i.e., don't pull away because they're rejecting; don't counter attack because they're angry; don't be impulsive if they're being impulsive. So maintain the relationship, using your insights; be soothing and calm; and present an attitude of "let's calm down." So if they're reacting to a lot of noise and sensation, make the environment quieter.

Third, when it comes to emotional signaling, keep your eye on the affect or the emotion, not the content. Don't pay attention so much to what they're saying, like, "You did this, you've been bad, you hurt my feelings, you're rejecting me." Pay attention to the feeling and the larger scope of the feeling – the feeling of worrying about being left, being alone. Empathize with the feeling and try to create a reassuring atmosphere so the reality of that feeling is not reinforced, but rather is put in a more realistic context – that that's not the way it's going to happen or play out. But just empty words won't do the trick; it's the reassuring tone of our voice, the empathizing with the feeling, the understanding, along with our continuing presence. So in the

back-and-forth emotional signaling our rhythm is slower, but our intuitive, empathetic understanding with our facial expressions and our gestures is present, as is our focus on the bigger picture so we get into patterns of soothing and back-and-forth empathy in a reassuring way. We, based on the feeling, we can try to problem solve with this individual and figure out how we can help them feel a little better and get through the current storm by getting their ideas and working on it as a team. Again, this should characterize good therapy, as well as all relationships.

In terms of creating ideas, we're helping the individual characterize his experience, whether as a friend or a therapist, in new ways by focusing on the feelings and not the content – not getting lost in the trees and seeing the larger pattern – let's say focusing on the worry of being left or on the worry about being criticized. You're helping them put into words the larger pattern and you're helping them with their creative side, but not to stay fragmented.

Then we get to connecting ideas together as part of your problem solving and as your relationship permits – it may not permit this in the first hour of the conversation or the first day and certainly not in the early stages of the therapeutic relationship, but you want to help the individual understand what brought on these feelings – what they're connected to, and why they're so scared of being left or so fearful of being attacked or so depressed over a friend's illness. What is it that gets to them so much? You help the individual take a step away and look at things. This is done in a very reassuring and supportive way; you're not looking for deep insight – you're not saying, "Oh, you wanted to attack your mother so now you're afraid everyone's going to attack you." Rather, it's based on the Socratic method, as all good therapies are, but in a very reassuring, supportive manner, where you're helping them with pattern recognition by connecting patterns together. If there are any historical insights they should come gradually as they wonder about the past and earlier patterns and see how early patterns are connected to current patterns. Gradually, over time, what will hopefully happen and what often does happen, is that one sees higher levels of thinking emerge, even under intense feelings with multi-causal and gray-area and comparative thinking and even some ability for reflection – thinking in two frames at the same time and being able to take a step outside and observe oneself.

This will happen only very gradually – maybe over years in a long-term therapeutic relationship or a long-term friendship or a long-term marriage or a long-term parent-child relationship. So the key is to maintain the security in the relationship and the empathy in interaction around the feelings and create this very stable, secure, nurturing environment where integration – being in lots of feelings – and differentiation – distinctness and stability of these developmental experiences – can all be enhanced over time. So that's the long-term strategy.

From the therapeutic side, sometimes medications are used to help diminish the intensity of some of the feelings that are overwhelming, but these have to be done by a very, very experienced clinician who really understands what the core issues are for the patient, because some medications can make matters worse and intensify certain feelings or lead to more fragmented thinking or diminish the creativity or intimacy in a relationship. So one has to be very cautious, given the fluctuating nature of the individual's emotions and thoughts.

An example I mentioned earlier was this very creative woman who entered the shoes of everyone else and took on their personalities and did great for the first few months of every relationship and then became anxious or depressed or suspicious or clingy or needy, depending on the person she was in the relationship with. She did very well over a 10-year period by having

a very empathetic therapist who saw her three times a week and who created just the conditions I mentioned. Around the third year of the therapeutic relationship she was able to form a stable relationship with a young man who truly loved her and who also provided these same experiences I just described. He thrived on her intensity and emotionality, but he was available enough to be empathetic and interactive – he wasn't someone who needed to withdraw into the computer room or into the newspaper. He was available enough, but didn't get consumed. In a sense, he had difficulties of his own where he would be drawn into a relationship with a very intense person who experienced life fully. Interestingly, he was a bit under reactive to sensation, himself; that's why he enjoyed the intensity of the affect. He was a big-picture thinker and a very sweet person who was very gentle and very soothing and could be reflective. Interestingly, however, this young woman would not have been attracted to this man before she had had a number of years of therapy and it's unlikely he would've been able to hang in there as he did if she hadn't been in therapy for a few years. In the extreme it's very hard just for regular folks to be as helpful as they might be because the patterns of the individual experiencing this may be too intense and they may get swept away by the feelings of the moment, themselves, and enter into the fray and therefore the relationship falls apart. But the therapist who's trained to understand such patterns can often in a long-term therapeutic relationship, occurring over many years and sometimes even lifelong, provide the stability and the type of environment I've just described that enables others to come in the person's life in a stable and healthy way.

This is all we have time for today. It's a complex subject, so it deserves its own show. Next time we'll talk about some of the more severe personality disorders which share features with the borderline patterns but are very different in many respects. So we'll talk about people who are chronically suspicious or chronically aloof and avoiding others and people who are chronically passive or very dependent and we'll try to cover the many different severe personality disorders in one discussion because they share a common feature of avoiding or not being able to embrace certain of life's emotional experiences. Many of their "defenses" or coping strategies lead to mild compromises in their appreciation of reality, although in a very different way than we're describing for borderline syndrome.

So we'll look forward to doing that next time. Thank you for joining us today.