

DOWNLOAD PDF UNDERSTANDING YOUR BORDERLINE PERSONALITY DISORDER

Chapter 1 : The difference between bipolar and borderline personality disorder

Understanding Your Borderline Personality Disorder: A Workbook provides a structured framework for healthcare professionals to use with those diagnosed with the disorder. The workbook covers diagnosis, treatment options and relapse prevention, as well as providing interactive opportunities to explore and discuss different symptoms of Borderline.

Home Borderline Personality Disorder and Addiction Understanding the Signs of Borderline Personality Disorder Few, if any, mental health disorders leave a person feeling rejuvenated and refreshed. In fact, more often than not, mental health problems do just the opposite. Exhausted by the constant up and downs of mood swings, persistent low feelings, and general psychological anguish, people diagnosed with mental health disorders frequently can feel subjected to the confines of their own mind. Borderline personality disorder BPD , in particular, can be one such illness that zaps a person of energy, self-esteem, and hope for a better tomorrow. With proper treatment and maintenance, disorders like borderline personality disorder can be managed in such a way that allows you to live the fulfilling, happy life you deserve. A Look at Borderline Personality Disorder: Symptoms Similar to some symptoms of bipolar disorder or anxiety, persons with borderline personality disorder often have intense mood swings frequently mixed with paranoia. A signifier of this illness is an extreme instability in relationships, self-image, and behavior. Based on information from the National Institute of Mental Health , some sufferers of BPD often have psychotic episodes as well, and three-quarters of the BPD population are thought to practice self-injury. The illness is thought to affect an estimated 2 percent of the population 1. In order to be diagnosed by a mental health care profession, one needs to be at least 18 years of age and exhibit five or more of the following symptoms: Extreme reactions to real or perceived abandonment. The feeling of being abandoned is perhaps one of the most indicative markers of borderline personality disorder. Feelings may constitute extreme love idealization or hate devaluation and are subject to change without notice or predicating event. People with BPD may also seem overly reliant or dependent upon friends, lovers, or family members. This disturbance in perceived identity is frequently negative or pessimistic and can shift suddenly. For example, someone with BPD may have extreme feelings about how they are unloved or worthless triggered by an event in which a friend is five minutes late for a lunch date. Impulsive or dangerous behavior. Impulsive or risky behavior often includes sex, substance abuse, binges , or charging a lot of money on credit cards. These behaviors are often considered to be dangerously impulsive and can put oneself or others at risk. The National Alliance on Mental Illness reports that living with BPD can manifest into destructive behavior, such as self-harm cutting or suicide attempt. Chronic feelings of emptiness or boredom. Those suffering from BPD may often feel disillusioned or unfulfilled with their places in life. Referring to the earlier example about a lunch date, a person with BPD may yell at a friend for being late. Intense and highly unstable moods. Those with BPD often display unpredictable and erratic behavior as the result of varying moods. Stress-related paranoia or dissociative symptoms. This symptom is marked by a loss of reality or perception. Treatment for BPD Do you recognize any of these symptoms in yourself or someone you love? It may be time to seek help. There absolutely is assistance out there for you. Call us at and we can connect you to the care you need. You May Also Like:

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Chapter 2 : Understanding borderline personality disorder: how I taught my teacher | Time To Change

The book Borderline Personality Disorder: The NICE Guideline on Treatment and Management explains that the rate of comorbidity is so high that it's rare to see an individual with solely borderline personality disorder.

This may be due in part to the emotional highs and lows that bring on intense anger, depression and anxiety. These intense feelings can last for a few hours or a few days. People with borderline personality disorder often struggle with other mental illnesses such as mood, anxiety and eating disorders. This can result in high rates of substance abuse, self harm, and suicidal thoughts and actions. If you suspect a loved one struggles with borderline personality disorder, look for the following additional symptoms as identified by The National Institute of Mental Health: When you have this disorder and you meet someone who expresses interest in you and is someone you trust, you may feel inclined to eagerly jump into a relationship with that person. Soon, that person is not there for you as often or as frequently as you would actually like. You feel betrayed, or sense that others have developed a negative impression of you. It can be difficult to put these factors all into perspective and realize that others do not see you as negatively as you may imagine. When this happens, you may become discouraged and say goodbye to valuable friendships. This pattern can lead to very unhappy feelings. Borderline personality disorder leads those who struggle to define themselves as being bad or evil. You may have moments when feel like you do not exist, or like it would be better if you did not exist. Some people who think these thoughts for too long decide to harm themselves, get into car accidents, or binge-eat, and they deeply regret it later. Individuals with borderline personality disorder describe feeling empty or bored, and that life has no meaning. Spending time alone thinking about good and positive things is healthy and helps calm feelings of anger. This skill takes practice. The right treatment can help you learn to be happy during times when you are alone. Help for Borderline Personality Disorder If you or a loved one has any of these symptoms, you may be suffering from borderline personality disorder. Borderline personality disorder can be treated in ways that will bring balance and greater freedom from all of these negative emotions. Our admissions coordinators are available 24 hours a day to answer your questions about available treatment options. You are not alone. Department of Health and Human Services, Web. Accessed 27 June A Guide to Symptoms, Treatment, and Recovery. Related To This The Dangers of Alcohol Use on College Spring Break The gift of attending university is one of the most rewarding and challenging life adventures a person can experience. For many families, the college years are a rite of passage, and families that celebrate the first family member to ever attend college experience incredible pride. University life and young adulthood are also times of new Alcohol Abuse on College Campuses College life in America is often synonymous with weekend parties and alcohol. Many college students find it difficult to abstain from alcohol during social events when friends are also drinking. The college years can be even more challenging for those who have grown dependent on alcohol. Family Therapy and Involvement During Rehab Family therapy is a type of mental health counseling that helps families gain communication skills, heal old arguments and traumas, and find recovery together. Family therapists understand how each person in the family unit is affected by other members in the family group, and have special education and experience in helping each individual heal and

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Chapter 3 : Object Constancy: Understanding the Fear of Abandonment and Borderline Personality Disorder

Understanding Borderline Personality Disorder Stigma about the disorder adds to the suffering of individuals living with BPD. Posted May 24,

Frank Yeomans on the differences between two commonly confused disorders, how to spot the telltale signs of each, and how to treat them. Save this to read later. But for some, mood shifts are so extreme that they could be a sign of more serious conditions such as borderline personality disorder and bipolar disorder, both of which are characterized in part by major mood swings, according to Frank Yeomans, M.D. Bipolar disorder is estimated to affect 2. The prevalence of borderline personality disorder is estimated to range from 1. How do you know if you or someone you love suffers from one of these disorders? And how can you tell the difference? Health Matters spoke with Dr. Yeomans to define these disorders and explain the telltale signs and how to treat them. What does borderline personality disorder look like? Those with the disorder have extremely intense emotions that can shift rapidly from a negative, depressed state to an elated one, but with a predominance of negative feeling states. The illness is also characterized by rejection-sensitivity, chaotic relationships, and an overall difficulty in managing emotions. For example, if a boyfriend or girlfriend does not return your call, instead of being annoyed and moving on, the combination of dejection and anger in a person with borderline personality disorder could possibly lead the person to cut their own wrists. The behavioral manifestations are often self-destructive; in addition to self-cutting, substance abuse, or sexual promiscuity are common "dramatic ways of behaving that stem from not being able to manage emotions. In discussing disorders that involve changes in mood, it is important to make clear that not all depressed states indicate a psychiatric condition. In such cases, the depression may be an ongoing, terribly low, dejected mood but is appropriate to the circumstances. The borderline person demonstrates more reactivity to relatively minor events and demonstrates contradictory emotions that erupt over a short time. How does borderline personality disorder affect relationships? People with borderline personality disorder have relationships that can be chaotic and intense, veering between a desperate neediness for others to an intense anger or dismissal of others when feeling rejected, even in situations where the other person may in fact be neutral or even positive. There is a difficulty with how the individual perceives others. Once, when a borderline patient told me a sad story that brought tears to my eyes, he became very angry because he was convinced that my tears, rather than an expression of empathy, were my way of mocking him. Where does the behavior stem from? It comes from a combination of an emotionally charged temperament and the lack of a solid sense of self. What is the cause of this disorder? There is no single cause of borderline personality disorder, though studies suggest that certain traits, especially a temperament characterized by intense emotional reactions, stem to a large degree from genetics. Developmental factors, including problems with emotional attunement between a developing child and caregivers, seem to play a role, as do physical or sexual abuse, or emotional neglect. How is borderline personality disorder treated? There is no medication that successfully treats the condition, although they may help reduce some specific symptoms, such as intense anxiety. Evidence-based models of psychotherapy are the treatment of choice. Dialectical behavioral therapy operates from the assumption that those with borderline personality disorder lack skills necessary to tolerate intense emotions or thoughts. Transference-focused psychotherapy emphasizes the observation and interpretation of patient behavior in the relationship with the therapist to help identify unrecognized internal states and integrate them into a more coherent sense of self. Mentalization-based therapy similarly helps individuals recognize their mental states and be aware of them in their relations with others. Good psychiatric management is based on a case management model that combines a focus on the environment of the patient, psychoeducation, supportive therapy, and possibly family therapy. Frank Yeomans What is bipolar disorder? Like borderline personality disorder, sufferers experience extreme shifts in mood but between depressed states and episodes of mania, the bipolar patient may experience periods of stable mood. For example, someone with bipolar disorder in a depressed state could be totally dejected,

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hopeless, and morbid, with no will to live. If they are in a manic state, they might be up all night writing page after page of a novel or playing music, with a sense that they have passed into a special state of genius. A full-blown manic episode shows a period of energy that could go on for days without any relief and would exhaust anybody else. In between the depressed and manic states, they may have periods of stable mood. Additionally, some bipolar patients experience repeated manic states without full-blown manic states; this is referred to as bipolar 2. What is the cause of bipolar disorder? Bipolar disorder is rooted in brain structure and functioning, genetics, and family history. How is bipolar disorder treated? Bipolar disorder can be treated with medication, most often with lithium, which helps stabilize mood. More recently, other mood stabilizers have been developed that doctors might prescribe largely on a trial-and-error basis, depending on side effects for individual patients. Psychotherapy is usually helpful as well to aid the person in managing complications in his life that stem from the episodes of illness. What are the key differences between the disorders? When a person with bipolar disorder is not in a manic or depressive episode, they demonstrate stability that the borderline personality does not show. If a bipolar person is between episodes, they can function pretty well in the world. They can have in-depth relationships that might be disturbed by their periods of illness, but when they are not experiencing episodes, they have a stability that you do not see in the borderline person. Bipolar disorder is more rooted in the biology of the nervous system and more responsive to medication. Borderline strongly involves the psychological level of the mind – the way meaning is generated – in addition to the biology of the brain and nervous system. A more biological condition like bipolar lacks these deeply rooted psychological aspects, or ways of seeing the world and perceiving the self and others. Mood swings of bipolar disorder are more random and less related to events than those of borderline. Those with bipolar might have a hair-trigger kind of response during an episode, whereas the borderline person has a hair-trigger response all of the time. What is important for people to know? Each is a serious illness, and those suffering need to seek out the proper treatment. Both illnesses can be successfully treated. Too often, individuals with borderline personality disorder are treated for depression or bipolar, when it is a more complex problem. It is essential for patients with borderline personality disorder to see a specialist. A lot of general therapists do not do a good job with this patient population: We recognize that finding the right specialist for this disorder is a problem people all across the country and the world have. The Resource Center is a website and call center devoted to education about the disorder and to referring people to the proper specialists. In addition to the website, the center has an office at the NewYork-Presbyterian Westchester Division campus staffed by a senior social worker.

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Chapter 4 : BOOKS AND PUBLICATIONS - Borderline Personality Disorder

National Education Alliance Borderline Personality Disorder- This is an organization dedicated to raising public awareness, providing education, and promoting research on borderline personality disorder and to help enhance the quality of life of those affected by BPD.

Anxiety is a normal part of being in an intimate relationship. It usually comes in two forms – the fear of abandonment, and the fear of engulfment. Part of us worries that if we dive in to love, we will be abandoned. On the flip side, we fear that if someone gets too close, we will be swamped or never able to leave. This article focuses on the fear of abandonment, which, to its excess, could show up as a lingering feeling of insecurity, intrusive thoughts, emptiness, unstable sense of self, clinginess, neediness, extreme mood fluctuations and frequent relationship conflicts. On the flip side, one might also cope by cutting off completely, and become emotionally numb. If as infants, we have healthy attachment interactions with an attuned, available, and nurturing caregiver, we will be able to develop a sense of safety and trust. If our parent were able to respond to our calls for feeding and comfort most of the time, we would internalize the message that the world is a friendly place; when we are in need, someone will come and help us. We would also learn to calm ourselves in time of distress, and this forms our resilience as adults. If, in contrast, the message that we were given as an infant was that the world is unsafe and that people cannot be relied upon, it would affect our ability to withstand uncertainty, disappointments and relationships ups and downs. Object Constancy Most people can withstand some degree of relational ambiguity, and not be entirely consumed by worrying about potential rejection. When we argue with our loved ones, we can later bounce back from the negative event. When they are not physically by our side, we have an underlying trust that we are on their mind. All these involve something called Object Constancy, the ability to maintain an emotional bond with others even where there are distance and conflicts. Object Constancy originates from the concept of Object Permanence – a cognitive skill we acquire at around 2 to 3 years old. It is the understanding that objects continue to exist even when they cannot be seen, touched, or sensed in some way. This is why babies love peekaboo – when you hide your face, they think it ceases to exist. According to psychologist Piaget, who founded the idea, achieving Object Constancy is a developmental milestone. Object Constancy is a psychodynamic concept, and we could think of it as the emotional equivalence of Object Permanence. To develop this skill, we mature into the understanding that our caregiver is simultaneously a loving presence and a separate individual who could walk away. So even when they are temporarily out of sight, we still know we are loved and supported. In adulthood, Object Constancy allows us to trust that our bond with those who are close to us remains whole even when they are not physically around, picking up the phone, replying to our texts, or even frustrated at us. With Object Constancy, absence does not mean disappearance or abandonment, only temporary distance. However, when one had experienced more severe early or even preverbal attachment trauma, have extremely inconsistent or emotionally unavailable caregivers, or a chaotic upbringing, their emotional development might have been stunted at a delicate age, and they never had the opportunity to develop Object Constancy. The lack of Object Constancy is at the heart of Borderline Personality traits. For the insecurely attached individuals, any kind of distance, even brief and benign ones, trigger them to re-experience the original pain of being left alone, dismissed, or disdain. Their fear could trigger coping survival modes such as denial, clinging, avoidance and dismissing others, lashing out in relationships, or the pattern of sabotaging relationships to avoid potential rejection. They may experience relationships as unreliable, vulnerable, and heavily dependent on the mood of the moment. There seems to be no continuity in the way they view their partner – it shifts moment to moment and is either good or bad. Without the ability to see people as whole and constant, it becomes difficult to evoke the sense of the presence of the loved one when they are not physically present. The feeling of being left on their own can become so powerful and overwhelming that it evoke raw, intense and sometimes child-like reactions. Healing from the Void A big part of developing Object Constancy is to

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have the ability to hold paradoxes in our mind. The same way the caregiver who feeds us is also the one who fails us, we must come to grapple with the truth that no relationship or people are all good or all bad. We do not have to devalue our partner because they have disappointed us completely. We could also forgive ourselves. Just because we are not perfect all the time does not mean we are, therefore defective or unworthy of love. Our partner could be limited and good enough at the same time. They could love and be angry at us at the same time. They might need to distance themselves from us sometimes, but the foundation of the bond remains solid. Fear of abandonment is over-powering because it brings back the deep trauma that we carry from when we were a little child, being thrown into this world as helpless beings, utterly dependent on those around us. But we must acknowledge that our fears no longer reflect our current reality. Although there is never absolute certainty and safety in life, we are an adult now and have different choices. We could no longer be engulfed or trapped. We can say no, set limits, and walk away. As a resilient adult, we could cradle the 2-month-old inside of us that was terrified of being dropped, we learn to stay inside of our bodies even in fear without dissociating, and we could stay in relationships with others even in the midst of uncertainty, without running away into avoidance and defenses. The trauma of being dropped and left alone has passed, and we are given the opportunity for a new life. Combining her passion and expertise, she founded the international psychotherapy practice Eggshell Therapy and Coaching, where she works with intense souls across the world. Retrieved on November 13, , from <https://>

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Chapter 5 : Understanding the Signs of Borderline Personality Disorder | Dual Diagnosis

To understand what borderline personality disorder (BPD) is, you need to understand what makes it constitute as a personality disorder rather than, say a depressive disorder or a psychotic disorder.

Rathus and Alec L. Rathus, and Marsha M. Rathus, and Heather E. Treating Personality Disorders in Children and Adolescents: American Psychiatric Association, Psychotherapy for Borderline Personality Disorder: New Harbinger Publications, Understanding and Treating Borderline Personality Disorder: A Guide for Professionals and Families. Meeting the Challenges to Successful Treatment. Understanding Variations in Course and Outcome. Judd, Patricia Hoffman, Ph. Doing Dialectical Behavior Therapy: Treatment of Borderline Personality Disorder: A Guide to Evidence-based Practice. Children and Teens Fighting Back: The Guilford Press, Borderline Personality Disorder in Adolescents: The Power of Validation: Helping Your Troubled Teen: Borderline Personality Disorder Demystified: Robert, MD New York: Marlowe, The High-conflict Couple: Borderline Personality Disorder Fact Sheet. National Alliance on Mental Health, NationalAlliance on Mental Health, Nov. The New Personality Self-portrait: Remnants of a Life on Paper: Tusiani, Bea New York: Self Help Mindfulness and Meditation: Your Questions Answered Aguirre, Blaise. The Highly Sensitive Person: Blauner, Susan Rose New York: Telling the Truth about Perfectionism, Inadequacy, and Power. The Feeling Good Handbook. Green, You Need Help! The Basics of Borderline Personality Disorder. Kreger, Randi, and Erik Gunn Milwaukee: Sometimes I Act Crazy: Living with Borderline Personality Disorder. Roth, Kimberlee and Freda B. Freedom from Self Harm: Wellness Recovery Action Plan: The Mindful Path to Self-Compassion: Integrative Treatment for Borderline Personality Disorder: Beyond Borderline Hoffman, Perry D. Inhabited by a Cry: Meeting the Challenges to Successful Treatment, ed. These books may contain triggering information. Loud in the House of Myself: Memoir of a Strange Girl. Pershall, Stacy New York: Get Me out of Here: My Recovery from Borderline Personality Disorder. How Can We Overcome Them?: A Scientific Dialogue with the Dalai Lama. Goleman, Daniel New York:

Chapter 6 : Borderline Personality Disorder – Understanding and Supporting | CTRI Canada

Understanding the Difference Between Bipolar and Borderline Personality Disorder Clinical psychiatrist Dr. Frank Yeomans on the differences between two commonly confused disorders, how to spot the telltale signs of each, and how to treat them.

Chapter 7 : Understanding Borderline Personality Disorder | Skywood Recovery

The term "borderline," used to describe Borderline Personality Disorder (BPD), has entered the mainstream these days with television movie-of-the-weeks sensationalizing "borderlines" and making.