

Co-occurring Disorders Series

# UNDERSTANDING BORDERLINE PERSONALITY DISORDER AND ADDICTION

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## INTRODUCTION

**D**uring various points in your life, you may have been diagnosed with and/or treated for borderline personality disorder (BPD) or a chemical dependency. For example, you may have completed a thirty-day substance abuse program or attended Alcoholics Anonymous (AA), Narcotics Anonymous (NA), or outpatient treatment. You may have attended group counseling, attended individual psychotherapy, or taken medications to overcome emotional pain associated with borderline personality disorder. We recognize that substance abuse and other mental health conditions co-occur and that effective treatment strategies integrate therapeutic interventions, skills, and techniques from both fields.

This workbook is intended to help you to help yourself with the recovery process. We hope to provide an easy-to-understand set of tools that aids the development of effective interpersonal skills and coping mechanisms. You may use this workbook to

- work on your own for self-understanding and discovery
- work jointly with a therapist, substance abuse counselor, clergyperson, or sponsor
- work with a family member or friend
- supplement your Twelve Step or other substance abuse treatment

This workbook is not intended to be a substitute for treatment or a cure-all for substance abuse and BPD. However, you may find many useful ideas and skills here to aid you in living a more successful life.

Additionally, this workbook may be useful to mental health professionals and substance abuse counselors. This workbook can help them to

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- structure individual treatment approaches
- find a common language with clients
- identify primary client-specific issues
- integrate co-existing treatment of BPD and substance abuse
- structure time-limited group psychotherapy



## TWO

# WHAT IS BORDERLINE PERSONALITY DISORDER?

This chapter will help you

- gain a general understanding of BPD and how it relates to substance abuse
- recognize that BPD manifests itself in many learned behaviors that can be unlearned
- develop a sense of hope in relationship to your life and recovery from BPD and substance abuse

Susan is a twenty-six-year-old mother of two who works as a dental hygienist. She has been married and divorced three times and is currently living with her boyfriend. She describes a profound sense of loneliness and emptiness in her life and reports that she frequently drinks excessively to numb her emotional pain. During these bouts of drinking, she goes to bars and usually ends up engaging in one-night stands, which she deeply regrets the next day. She has scratched and cut herself in the past, and on one occasion, she cut herself deep enough to warrant a visit to the emergency room, where she was hospitalized against her will. She states, "I hate myself. I am no good. I don't know why anybody would want me."

Tearfully, Susan reveals that her stepfather abused her both sexually and physically when she was younger. Her first marriage, at age seventeen, was under much protest from her mother. Susan states that she felt that getting married was the only way to get away from her abusive stepfather. Soon, however, her husband "turned out to be just like him." Her second husband was also abusive. Her third husband was a "nice guy who couldn't put up with my craziness. I don't know why I treated him the way I did. He deserved so much better." They divorced about seven months ago after Susan had a brief affair.

Professionally, Susan frequently changes jobs, but she is successful and resourceful in finding new employment. She is very active in her church community where she sings in the choir and sometimes plays the piano. Her children are bright and very capable; however, they are frequently in trouble with others for acting-out behaviors. Most recently, John, age seven, was called into the principal's office for making a sexual comment to another classmate. Apparently, he justified his behavior by saying, "That is what Ted (Susan's current boyfriend) says to Mom." Susan feels extremely ashamed of this incident, stating, "I don't want my children to go through what I did as a child. I will do anything for them."

Does any part of this story sound familiar to you? How do you know if you really have borderline personality disorder? If you can identify with Susan's story and have the majority of the symptoms listed below, there is a possibility that you may have BPD. However, be careful not to jump to conclusions without considering an outside opinion that may include a psychiatrist, licensed therapist, or other mental health/medical professional.

According to the current edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)*, the diagnostic criteria for BPD has four different categories of distinguishing features, which include maladaptive behaviors, emotions, relationships, and personal identity. Additionally,

most therapists associate cognitive difficulties with BPD. For each of the following categories, place a check mark next to each phrase that seems to apply to you.

### **Personality Traits Associated with Behaviors**

- ☐ self-destructive acts, such as self-mutilation or parasuicidal behaviors (superficial cutting or threats of suicide), that happen more than once
- ☐ chronic impulsivity in at least two areas that are potentially self-damaging, such as spending, compulsive sexual behavior, substance abuse, gambling, binge eating or starving oneself for punishment, shoplifting, reckless driving, or undermining personal success

### **Personality Traits Associated with Emotions**

- ☐ anger that is intense, uncontrollable, and inappropriate
- ☐ shifts or quick changes in mood
- ☐ frequently having a hard time tolerating and controlling feelings
- ☐ frequent acting-out of feelings, rather than allowing yourself to feel them

### **Personality Traits Associated with Relationships**

- ☐ a pattern of unstable and intense interpersonal relationships characterized by splitting (you view yourself or others to be "all good" or "all bad")
- ☐ frantic efforts to avoid real or imagined abandonment
- ☐ alternating clinging and distancing behaviors ("I hate you; don't leave me")

- ☐ profound difficulty trusting people and yourself (early childhood development of trust may have been betrayed by someone who was close to you)
- ☐ hypersensitivity to criticism or rejection
- ☐ having the feeling of weighty dependency on others in order to survive
- ☐ profound need for affection and reassurance from others
- ☐ interpersonal oversensitivity and overidentification with others
- ☐ a history of childhood neglect, sexual abuse, physical abuse, or emotional abuse

### **Personality Traits Associated with Identity**

- ☐ ongoing self-image problems and uncertainty in jobs, educational pursuits, career choices, and "fitting in" with others
- ☐ chronic feelings of loneliness, emptiness, or boredom
- ☐ mild dissociation ("checking out" emotionally in the face of distress)

### **Cognitive Difficulties Associated with BPD**

- ☐ racing thoughts
- ☐ frequent ruminations (preoccupation with worry)
- ☐ overidentification with helplessness, hopelessness, and powerlessness
- ☐ brief and temporary "breaks" with reality
- ☐ tendency to overgeneralize
- ☐ black-and-white thinking (seeing people or things as all positive or all negative)



Borderline personality disorder has received much attention because of the dramatic presentation in the media (movies such as *Girl Interrupted* and *Fatal Attraction*, for example) and the difficult nature of diagnosing and treating BPD, particularly if there is a co-occurring substance abuse problem. BPD is not untreatable, and many excellent therapists are available to provide treatment. Be careful not to shame yourself for having BPD feelings, thoughts, and behaviors, but rather concentrate your efforts on admitting the behaviors that are not working for you. You are not the only one who has experienced symptoms of BPD. Consider the following information and statistics:

- BPD affects 2 percent of the general population, 10 percent of the individuals seen in outpatient mental health clinics, and about 20 percent of psychiatric inpatients.
- Of clients with BPD, 70 to 75 percent report a history of self-injurious (parasuicidal) acts.
- Post-traumatic stress disorder (PTSD), anxiety, and depression may co-exist with BPD.
- Individuals with BPD have an increased risk for substance-related disorders.

## THREE

### TREATMENT APPROACHES AND SUPPORT

This chapter will help you

- recognize resources in your community to assist you in recovery
- gain a general knowledge of how psychiatric medications work in your treatment
- develop further understanding of BPD and how it relates to substance abuse
- develop a personalized treatment team to help you in the recovery process

The ill effects and pain associated with substance abuse have been well documented throughout history. Alcoholics Anonymous (AA) and other substance abuse treatment approaches now look back at decades of research, support groups, and treatment centers throughout the country. Most likely, in your community, you have the option to choose from several AA meetings daily and/or attend a substance abuse treatment facility.

In the space on page 9, write down the chemical dependency resources available in your community. You may want to consult your phone book or call a local community resource (such as a community mental health center or drug and alcohol recovery center) and ask about specific treatment resources available in your community. Be sure to include phone numbers. If you include AA as a resource, be sure to list at least one meeting time and place.

## Substance Abuse Treatment Resources Available in My Community

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

In contrast to substance abuse, BPD has only recently been the focus of research and clinical attention. Until about the mid-1980s, many clinicians believed that BPD (and other personality disorders, for that matter) were essentially untreatable. Practitioners suggested that "this is as good as it gets" and attempted to treat the symptoms without addressing underlying and deep-rooted patterns of behavior.

More recently, however, structured approaches to the treatment of BPD have been introduced. Most notable has been Marsha M. Linehan's work on Dialectical Behavior Therapy for BPD. In her book *Cognitive-Behavioral Treatment of Borderline Personality Disorder* (1993), she outlines a structured approach to effectively treat BPD. Her treatment approach includes individual therapy, regular skills groups, and crisis interventions.

Despite the recent advances in research and many treatment centers and mental health centers offering treatment specifically geared toward BPD, you may find that the resources are not as readily available as those for substance abuse. Consequently, it will be helpful to locate community resources in your area.

In the space on page 10, create a list of available BPD treatment resources in your community. Chances are high that there is a therapist in your community who understands the unique issues presented by individuals with BPD. Be patient when trying to locate these resources.

## Borderline Personality Disorder Treatment Resources Available in My Community

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Medications are another resource used in the treatment of BPD. They are a helpful addition to therapy. Medications will not cure your BPD or substance abuse. However, they may make some of the symptoms more tolerable and help you avoid relapsing into substance abuse or other self-destructive acts. You may already have been prescribed medications such as antidepressants or antianxiety medications (anxiolytics) to help you with the intensity of emotions. Often, until correctly diagnosed, individuals with BPD are prescribed a variety of medications in an attempt to alleviate the intense emotional symptoms.

From the following list, check which (if any) medications you have been prescribed in the past or are currently prescribed.

### Antidepressants:

- |   |   |
|---|---|
| <input type="checkbox"/> Prozac (fluoxetine)    | <input type="checkbox"/> Paxil (paroxetine)     |
| <input type="checkbox"/> Zoloft (sertraline)    | <input type="checkbox"/> Effexor (venlafaxine)  |
| <input type="checkbox"/> Celexa (citalopram)    | <input type="checkbox"/> Lexapro (escitalopram) |
| <input type="checkbox"/> Wellbutrin (bupropion) | <input type="checkbox"/> Luvox (fluvoxamine)    |
| <input type="checkbox"/> Remeron (mirtazapine)  | <input type="checkbox"/> Other: _____           |

### Antianxiety (anxiolytics):

- |   |   |
|---|---|
| <input type="checkbox"/> Xanax (alprazolam) | <input type="checkbox"/> Valium (diazepam)    |
| <input type="checkbox"/> Ativan (lorazepam) | <input type="checkbox"/> Restoril (temazepam) |
| <input type="checkbox"/> Ambien (zolpidem)  | <input type="checkbox"/> Sonata (zaleplon)    |
| <input type="checkbox"/> Other: _____       | <input type="checkbox"/> Other: _____         |



## Mood stabilizers:

- |   |  |
|---|--|
| <input type="checkbox"/> Depakote (valproic acid) | <input type="checkbox"/> BuSpar (buspirone)        |
| <input type="checkbox"/> Topamax (topiramate)     | <input type="checkbox"/> Lamictal (lamotrigine)    |
| <input type="checkbox"/> Tegretol (carbamazepine) | <input type="checkbox"/> Trileptal (oxcarbazepine) |
| <input type="checkbox"/> Eskalith (lithium)       | <input type="checkbox"/> Neurontin (gabapentin)    |
| <input type="checkbox"/> Other: _____             | <input type="checkbox"/> Other: _____              |

## Antipsychotics (neuroleptics)—Sometimes used as sedatives or mood stabilizers:

- |  |  |
|--|--|
| <input type="checkbox"/> Haldol (haloperidol)    | <input type="checkbox"/> Zyprexa (olanzapine)    |
| <input type="checkbox"/> Navane (thiothixene)    | <input type="checkbox"/> Prolixin (fluphenazine) |
| <input type="checkbox"/> Seroquel (quetiapine)   | <input type="checkbox"/> Trilafon (perphenazine) |
| <input type="checkbox"/> Clozaril (clozapine)    | <input type="checkbox"/> Risperdal (risperidone) |
| <input type="checkbox"/> Mellaril (thioridazine) | <input type="checkbox"/> Other: _____            |

Individuals with chemical dependency and BPD may have periods of time where they feel that a relapse of self-destructive behavior is about to happen. When this happens, it is important that you utilize the resources available in your community. In the space on page 12, consolidate the information from the lists on pages 9 and 10, and identify your substance abuse and BPD treatment team. You may not have an individual listed in every category, and you may choose to add others to your team.

## My Substance Abuse and BPD Treatment Team

My substance abuse treatment professional: \_\_\_\_\_

My BPD therapy treatment professional: \_\_\_\_\_

My physician/psychiatrist: \_\_\_\_\_

My substance abuse sponsor: \_\_\_\_\_

My clergymember resource: \_\_\_\_\_

Others: \_\_\_\_\_

When looking for a physician or psychiatrist, consider an individual who understands co-occurring disorders and who prescribes medications that will not compromise your recovery from addiction.

## FOUR

### LEARNING ABOUT YOUR DIAGNOSIS

This chapter will help you

- recognize the progressive effects of substance abuse
- identify personal obstacles to your recovery
- understand that the environment you grew up in influences your "sense of self"

Substance abuse is a progressive illness affecting millions of people and claiming many lives every year. Chances are that you initially didn't recognize how serious your substance abuse has been. Like many others, you may have minimized the abuse by saying "It's not that bad," blamed others for the abuse by suggesting "They drove me to drink," or denied the abuse altogether by claiming "I don't have a problem. I can stop anytime." Most of these defenses are not apparent until it is too late. Most substance abusers hit "rock bottom," but everybody's rock bottom is different. For example, hitting bottom could mean reaching a point where loved ones reject you, you lose your job, you become less productive, or you get in financial or legal trouble.

Substance dependence is defined by the development of tolerance to the substance and experiencing withdrawal symptoms if the substance is not consumed. Subsequently, many substance abusers find themselves in a vicious cycle where they need larger and larger amounts of the drug and experience more and more physical and emotional pain when the drug is not consumed. Their entire lives center around the drug. At this point,

they are not consuming the drug anymore; it is consuming them. Once dependent on a drug, people find themselves taking more of the drug than intended. Obtaining the drug becomes the most important activity in the addict's life to the neglect of friendships and other social activities. Job loss, legal problems, and alienation then become just a matter of time. The biggest obstacles to dealing with substance abuse are minimization, denial, and blame. To help you identify how you may have used these defenses, complete the following activity.

### Recovery Activity: Minimization, Denial, and Blame

In the space below, note five ways in which you justified your substance abuse. Think about what you told others and how you rationalized the abuse to yourself. (Examples: I can stop anytime I want. Driving drunk is not a big deal. You drive me to drink.)

1. \_\_\_\_\_ M D B
2. \_\_\_\_\_ M D B
3. \_\_\_\_\_ M D B
4. \_\_\_\_\_ M D B
5. \_\_\_\_\_ M D B

Now go back over the above list of justifications and decide whether each statement mostly relates to minimization, denial, or blame. Circle the "M" for minimization, the "D" for denial, or the "B" for blame next to each statement. *Minimization* refers to a tendency to belittle your use or claim to use less than actually has been used (saying, for example, "It happened, but it wasn't that bad."). *Denial* is a tendency to say "I don't have a problem. It didn't happen." *Blame* is when you say something such as "It happened, but it wasn't my fault." Most likely you will find that you overuse one of these defenses, even though all three might be familiar to you.



Because you suffer from borderline personality disorder, you may have experienced periods of intense confusion, a sense of deep emptiness and worthlessness up to a point where you had false sensory impressions and mild dissociation ("checking out"). You may have had the impression that someone was talking to you in a mean and derogatory way or that others were out to get you. Later, once the immediate crisis was addressed, you may have wondered why you felt so paranoid and "crazy." We believe that BPD is the outgrowth of three main roots:

1. the conviction of basic badness
2. mistaking wants for needs
3. an inability to make compromises

First, the conviction of basic badness is a deep-rooted belief that you are not worthwhile. Time and again, we have heard individuals with BPD say, "Deep down, I am evil and no good." This conviction of basic badness is so powerful that individuals with BPD often come to believe that anything positive must be somewhere "out there." This belief may lead to excessive clinging to relationships and insecurity in friendships.

Marsha M. Linehan likened BPD clients to burn victims who are burned over 90 percent of their bodies. Subsequently, they may be perceived as overreacting to the slightest touch with an excruciating outcry of pain.

Second, we found that individuals with BPD experience a *want* with the same intensity most of us experience a *need*. Fundamentally, we have only a few needs: food, water, air, and shelter. If one of these needs does not get met, we may perish and die. Most of us would fight fiercely if someone threatened our access to these basic resources. In addition to these needs, we also have numerous wants. We may experience wants with a varying degree of intensity, but our survival does not depend on getting our wants fulfilled. Individuals with BPD, however, often feel that their very core and sense of self is threatened if a want is not fulfilled. Subsequently, they will fight fiercely to get their wants met.

Third, individuals with BPD struggle with weighing the pros and cons

of an action. While they recognize the pros and cons in most situations, individuals with BPD struggle with holding on to the ambiguity (and tolerating the insecurity) that comes from compromises. The core "inner emptiness" accompanying the conviction of basic badness and the deep fear of abandonment lead to confusion between wants and needs. These three main roots of BPD will be discussed in detail in later chapters.

## FIVE

# THE CONVICTION OF BASIC BADNESS

This chapter will help you

- gain a general understanding of the basic badness theory and how you can apply it to your recovery
- recognize your core belief system

People with borderline personality disorder often feel fundamentally flawed, bad, and inferior. They often say, "If you really get to know me, you won't like me and you will reject me." Using alcohol and other substances may give temporary relief, only to have the intense and deep sense of self-loathing return once sobriety sets in. Thus, individuals with BPD and chemical dependency find themselves in an eternal vicious cycle: trying to cover up feeling basically bad about themselves by using substances, but then having the sense of basic badness reaffirmed by the substance use and other self-defeating behaviors.

You may find yourself in this cycle believing that "I am not worth anything and don't deserve to be in a relationship with a decent person" and using a substance to temporarily escape this inner sense of emptiness, worthlessness, hopelessness, and powerlessness. Take a brief moment and imagine yourself as a newborn baby. Recognize that you weren't born with this fundamental sense of basic badness. Based on your personal experience and environment, you started thinking about yourself in negative terms and internalized this belief over time. *You were not born with a negative sense of self.* Logically, you know that nobody is born with

a fundamental sense of basic badness. While all of us have some characteristics we are not too proud of, most people don't identify primarily with this part of self.

The question of how you got this way—how you internalized this sense of basic badness—then arises in order to fight back and work on a more positive and realistic self-perception. The conviction of basic badness mostly can be traced back to childhood perceptions and experiences. Research suggests that an overwhelming majority of individuals who have borderline personality disorder may have been abused emotionally, physically, or sexually. These experiences shape a person's self-perception in powerful ways. The following schema illustrates this.

### Development of Basic Badness



### Possible Explanations of the Abuse

1. Others treat me badly because they are bad.
2. Others treat me badly because they are bad, and I did something to deserve this.
3. Others treat me badly because I am bad and deserve to be treated badly.

A young child depends on others for survival. As newborns, we are not very well equipped for survival. We depend on others to keep us warm, feed us, and take care of our every need. Irrespective of your childhood experiences, having survived indicates that you received this fundamental



level of nurturance. Because others take care of us and our survival depends on them, we believe that "others are good." This belief becomes a deeply internalized, fundamental truth for us. Consequently, if these "others" (whether they are family members, friends, acquaintances, or strangers) behave in ways we experience as abusive, this fundamental truth that "others are good" is challenged. We try to explain this abusive behavior that goes against our fundamental belief. As the illustration on page 18 shows, three possible explanations present themselves to explain this dilemma:

1. It must be the other.
2. It must be both of us.
3. It must be me.

Only the third explanation, "It must be me," maintains the childhood core belief that "others are good." As a child, it is essential to our survival to believe that "others are good." Therefore, as a child, you may have internalized the "I am bad" belief. Often, this is reinforced by what abusers may have said to you about yourself. For example, an abuser may say "See what you made me do" or "It hurts me more than it hurts you" to blame the victim.

Recognizing that the conviction of basic badness is a learned internalized belief is a first step in recovery. If the belief has been learned, it can be unlearned and replaced with a healthier, more honest, and more realistic sense of self.

### Recovery Activity: Basic Belief

Take a moment and reflect on your basic belief. Write down how you feel about yourself:

Deep down I feel that I am

This is your basic belief. This belief affects how you think and feel about yourself and how you act in almost all situations. Next, think about some experiences that may have led you to believe this about yourself.

I feel that I am

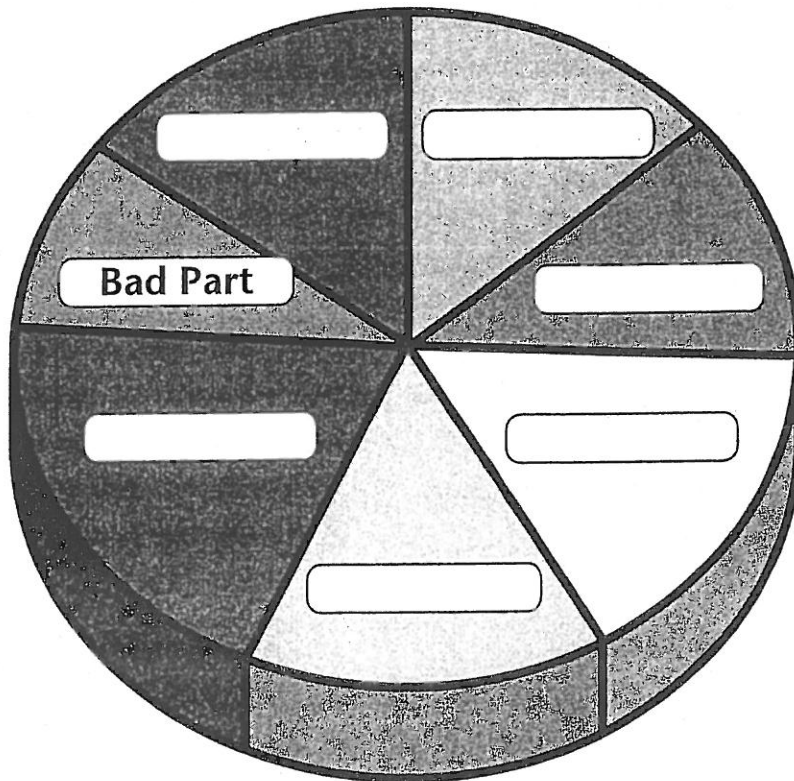
(insert your basic belief from page 19) because of the following experiences:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

While it may be difficult to believe, all of us have one part of self that we do not particularly like. All of us have done things we are not proud of. We may hide our flaws from others. However, the "bad part" is just that: a part. It does not define who we are. Your reading this right now demonstrates that you have not totally succumbed to the belief that you are not worthwhile and that you have hope that you can recover your "basic goodness" (as Tibetan Buddhism refers to the natural and inborn sense of self). There are many things you have accomplished and mastered.

To help you work toward a healthier and more realistic sense of self, complete the "Circle of Self" on page 21. In each of the blanks on the circle, identify an aspect of your life where you have been successful and felt accomplishment. You may be part of a church community, sponsor a recovering individual, play an important role at work, or have a family. Write words (such as "AA," "church," or "family") in the blanks to evoke these healthy experiences. Remember, the "bad part" is not all of who you are.

## Circle of Self



## SUICIDE AND SUBSTANCES—FALSE SOLUTIONS TO REAL PROBLEMS

This chapter will help you

- gain a basic understanding of obstacles that interfere with treatment
- identify inconsistencies between your feelings and your behaviors
- recognize symptoms of false solutions to real problems

Suicide ideation and substance abuse are oftentimes coping strategies that are not helpful in the process of recovery. Even though they temporarily serve the purpose of distraction or change your focus, the consequences can be devastating. For example, when emotions become very high, you may feel like cutting yourself, drinking, or engaging in other self-harming behavior. If you carry through with these activities, you may end up in the emergency room or, if you drink or take drugs, in jail.

The idea behind treatment is not to take away any of your prior coping strategies, but rather to add other methods and

People with BPD may sabotage their success because of their conviction of basic badness.

skills to your toolbox that have positive or less devastating effects. People with BPD may sabotage their success because of their conviction of basic badness. One of the primary ways to overcome self-defeating behaviors is to become aware of what is happening and why. The following activity will help you develop this awareness.

## Recovery Activity: Sabotaging Behaviors

Describe how you have used the following sabotaging behaviors (if not applicable, leave blank). Use additional sheets if necessary.

Substance abuse (What substance did you use? How much? Where did you use? Whom did you use with? Why do you think it was important for you to use at that moment?)

Assuming or mind reading (Example: She is not talking to me, what have I done wrong?)

Suicidal/parasuicidal behavior (self-injuring) or thoughts (suicide as coping mechanism)

Relationship problems (Example: caretaking in hopes of being liked)

Anger (Example: I got angry at my sister so that I could distance myself from her.)

The next step in this process is to identify inconsistencies between your feelings and your behaviors. Feeling and thinking one way and acting another can significantly intensify unwanted emotions. Acting out in a self-destructive manner is regularly the consequence. Consider this example of John and Jane:

John and Jane have been dating for the last six months. They enjoy each other's company and have had several positive experiences together; however, John is routinely late. On their last date, John was thirty minutes late for their night out to see a movie, which resulted in them missing the movie all together. Jane felt disappointed and angry. She wanted to express to John how she felt taken for granted; however, she never said a word to him. Because they missed the movie, they went bowling instead. Afterward, John walked Jane to her doorstep, and he gently kissed her on the



cheek. Later that evening, Jane drank six beers, knocked her favorite picture off of her bedroom wall, and had thoughts of cutting herself.

Jane avoided directly expressing her thoughts and feelings to John. As a result, the night ended negatively for her. People with BPD often avoid confrontation for fear of being rejected. The following activity will help you with this dilemma by first identifying the inconsistencies, and second, providing you a choice about your behavior.

### Recovery Activity: Feelings and Behaviors

Describe a situation or experience where your feelings and actions were contradictory. (Example: My brother did not invite me to the family party at his house. I deeply resented this. However, when I met him the next time, I "put on a good front" and acted as though nothing had happened.)

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What were your feelings? (Example: I felt angry and rejected.)

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What were your behaviors? (Example: I bit my tongue; I didn't say anything.)

I resolve to do the following to bring my behaviors in line with my feelings. (Example: I will talk with my brother assertively but not aggressively and tell him that I felt rejected.)

In summary, suicide ideation/behavior, substance abuse, and other self-harming behavior may help put off or circumvent intense unpleasant emotions at the moment; however, they are only temporary and the consequences are far more devastating. Emotions and situations that lead to the self-harming behavior are very real and need to be resolved; the self-harming behaviors become false solutions to real problems. In fact, they create more problems, such as chemical dependency and exhaustion of resources. Also, they may scar you both physically and emotionally, thus reinforcing the basic belief that "I am bad."

## SEVEN

### MANAGING INTENSE EMOTIONS

This chapter will help you

- recognize that emotions and feelings are a normal part of life
- learn how to balance emotions in the heat of the moment
- learn to recognize and verbalize what you are feeling

Feelings are a part of each of us. They are normal, and without them, it would be difficult to know what is appropriate or inappropriate in making decisions. The problem exists when you have *too much* or *too little* feeling. For example, if you are numb and turn off your feelings, emotionally you will not have the ability to sense danger or experience pleasure.

Oftentimes, people have a hard time describing what is going on inside. For this reason, it may be helpful for you to distinguish which feeling(s) you may be experiencing. We have included a general list of feelings to assist you. Check the feelings that you identify with most, and use this list as a reference in helping you to name feelings.

#### Feeling Words

- |                                    |                                  |                                    |                                   |
|------------------------------------|----------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> happy     | <input type="checkbox"/> angry   | <input type="checkbox"/> hopeless  | <input type="checkbox"/> cheated  |
| <input type="checkbox"/> pleased   | <input type="checkbox"/> hateful | <input type="checkbox"/> depressed | <input type="checkbox"/> deceived |
| <input type="checkbox"/> fantastic | <input type="checkbox"/> annoyed | <input type="checkbox"/> lonely    | <input type="checkbox"/> shameful |

- |                                     |                                     |  |                                     |
|-------------------------------------|-------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> incredible | <input type="checkbox"/> neglected  | <input type="checkbox"/> inadequate    | <input type="checkbox"/> guilty     |
| <input type="checkbox"/> caring     | <input type="checkbox"/> abandoned  | <input type="checkbox"/> weak          | <input type="checkbox"/> confused   |
| <input type="checkbox"/> satisfied  | <input type="checkbox"/> lost       | <input type="checkbox"/> nervous       | <input type="checkbox"/> violent    |
| <input type="checkbox"/> content    | <input type="checkbox"/> fearful    | <input type="checkbox"/> worried       | <input type="checkbox"/> aggressive |
| <input type="checkbox"/> thrilled   | <input type="checkbox"/> panicked   | <input type="checkbox"/> sad           | <input type="checkbox"/> miserable  |
| <input type="checkbox"/> amazing    | <input type="checkbox"/> irritated  | <input type="checkbox"/> gloomy        | <input type="checkbox"/> humiliated |
| <input type="checkbox"/> calm       | <input type="checkbox"/> unnoticed  | <input type="checkbox"/> anxious       | <input type="checkbox"/> cruel      |
| <input type="checkbox"/> glad       | <input type="checkbox"/> mad        | <input type="checkbox"/> desperate     | <input type="checkbox"/> resentful  |
| <input type="checkbox"/> composed   | <input type="checkbox"/> mistreated | <input type="checkbox"/> insignificant | <input type="checkbox"/> remorseful |
| <input type="checkbox"/> positive   | <input type="checkbox"/> stressed   | <input type="checkbox"/> frustrated    | <input type="checkbox"/> powerless  |
| <input type="checkbox"/> _____      | <input type="checkbox"/> _____      | <input type="checkbox"/> _____         | <input type="checkbox"/> _____      |
| <input type="checkbox"/> _____      | <input type="checkbox"/> _____      | <input type="checkbox"/> _____         | <input type="checkbox"/> _____      |

When you feel too much emotion, then anxiety builds and you may have the need to use substances to cover that emotion. Or you may become overwhelmed by several different emotions. For example, Dan's girlfriend Amanda rejected Dan when he asked her to go to a movie on Saturday. He felt that he had only two choices in how to respond: (1) get angry and yell at her (act out), or (2) hurt himself by cutting or numb himself and hide his feelings of hurt by using marijuana (act in).

In order for you to adjust a lack of emotion or excessive emotion, it will be important to recognize a personal example. Use the following activity to aid you in this process.

### Recovery Activity: Intense Emotions

Describe in detail a situation when you had very intense emotions.

(Example: Last night when I was at the grocery store . . . ) Please be

as specific as possible, including everything you remember about that situation. Go through the situation step-by-step without deleting any details. Use additional sheets if necessary.

You just completed the first step that will aid you in adjusting your emotions. Remember, balancing emotions is the key to making this work. For example, taking a warm bath is a pleasurable experience only if the temperature of the water is just right. If you jumped into a bathtub full of cold water, it would not be pleasurable or comfortable. If you jumped into a tub of hot water, it may even be dangerous and severe burning could occur. Like the water, your emotions need to be regulated. This means that you need to "test" the water to see if it is appropriate to the circumstance and your current experience. The goal is not to get rid of the feelings, but rather to regulate your "personal temperature." The following activity will take you to the next level in learning how to balance your emotions.

## Recovery Activity: Balancing Emotions

List at least one situation when you were not able to balance your emotions. Please be specific.

What were your thoughts? (Example: John hates me because he did not say hello.)

What were your feelings? Use the feeling words list on pages 27–28 to help you.

What action did you take? (Example: I sat there and said nothing.)

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Look at the work that you have just completed. If your feelings and thoughts don't match your actions, you are likely to make faulty assumptions. You may think, for example, "John hates me because he did not say hello." This may make you angry toward John. If you decide not to check out the accuracy of your thoughts and feelings, your assumption becomes solidified.

In order to contest this assumption (John hates me because he did not say hello), it will be important to come up with other possible solutions. For example:

- Maybe John didn't see me.
- Maybe he was preoccupied by his work.
- Maybe he was late for an appointment.
- Maybe his wife had just phoned him and said that his son was in a car accident.

Now, go back to your activity and evaluate whether your actions were based on assumptions and faulty perceptions. Repeat this process with any current circumstances in your life. Remember that feelings are a normal part of all of us and the key is to adequately balance them.



## EIGHT

# BUILDING YOUR STRESS MANAGEMENT TOOLBOX

This chapter will help you

- become familiar with stress coping techniques
- identify your personalized coping approach to stress management
- recognize that stress will not vanish but can be coped with effectively

**S**tress is a part of living. Life would be boring and little would be accomplished if we did not have stress in our everyday life. Stress allows our emotional “muscles” to grow and develop. Too much stress on the muscle can tear it and cause permanent injury, while too little stress can cause it to atrophy or weaken. If stress is used in a constructive way, it can help you toward reaching your goal of recovery.

People who have BPD and a co-existing substance problem have a difficult time tolerating stress. In fact, they have likely become skilled at avoiding stress through using substances and distracting their thoughts and feelings through self-destructive acts. “I felt so overwhelmed that I had to cut on myself so that I could gain some sort of relief,” said Suzy. “My wife and I had a fight and I just had to drink in order to feel better,” said John.

When your stress level is high, it is very difficult to come up with alternative plans to self-destructive behaviors. For this reason, prepare when your stress level is within normal range. “Decide to decide” right now what you will do in the stressful moment. The following activity will help to get you started.

## Recovery Activity: Dealing with Stressful Emotions

State the problem. (Examples: I feel depressed. I am angry with my son. I used cocaine.)

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On a scale of 1 to 10, identify the severity of the problem: 1 would be the least severe and 10 the most severe it has ever been in your life thus far. Circle your response.

1    2    3    4    5    6    7    8    9    10

What feelings does it create for you?

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Now ask yourself how much energy are you willing to put toward resolving or reducing the negative effects of the problem. Rank your energy or motivation level on a scale of 1 to 10: 1 would be the least amount of energy or motivation and 10 would be the most amount of energy or motivation that you're willing to put forth. Circle your response.

1    2    3    4    5    6    7    8    9    10

Ask yourself what impact you can have on the situation listed on page 33 and write it down. Note: If you can't impact the situation, learn to accept what you can't change or control.

Take action by creating a plan to resolve or cope with the problem.  
(Example: When I feel like cutting, I will take a walk around the block.)

As you continue to repeat the above recovery activity, you will eventually come up with your personalized Stress Management Toolbox. The toolbox will be with you on paper or in your head when emotion is overwhelming you. In the following activity, please write down methods that you are willing to try when emotion gets especially high. Keep in mind that you don't have to give up your other negative coping strategies. The object here is to add several additional methods of coping so that you can *choose* from several different options.

## Recovery Activity: My Personalized Stress Management Toolbox

When I feel overwhelmed with stress, I will do the following:

(Examples: Go for a walk, talk to my sponsor, read a book, take a bath, attend an AA meeting, listen to music, clean the house, meditate, phone a friend, play cards, use relaxation techniques, count to ten, give someone I know a hug, write in my journal, focus my thoughts on recovery by talking out rather than acting out my problem.)

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_
4. \_\_\_\_\_  
\_\_\_\_\_
5. \_\_\_\_\_  
\_\_\_\_\_
6. \_\_\_\_\_  
\_\_\_\_\_
7. \_\_\_\_\_  
\_\_\_\_\_

## IS ANYBODY OUT THERE? — DEALING WITH ABANDONMENT

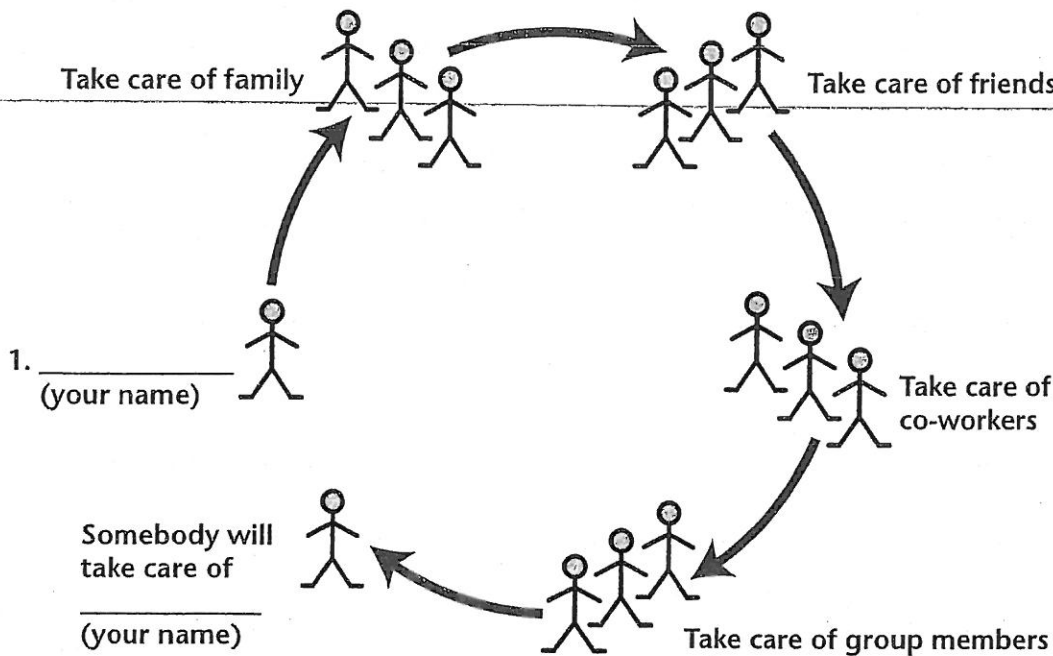
This chapter will help you

- increase your ability to deal with abandonment and loss as part of life
- recognize how loss plays into avoidance and substance abuse
- learn to take better care of yourself

**T**he cycle of substance abuse often leads to isolation and loneliness. Because of long-term substance abuse, your friends and family relationships may have changed. Isolation under these circumstances is common because you may have hidden your substance abuse or found other “friends” who would use substances with you. Even though you now are on the road to recovery, you may find yourself being judged on your past behavior.

Having BPD makes the isolation even worse. Individuals with BPD report a deep sense of rejection and abandonment in their lives. Often, they feel that nobody really cares about them in the same way that they care about others. Their extreme need to be validated and experience relief from their own basic badness leads them to be overly accommodating and friendly with others. They also may strike out first and reject others before they have a chance to be rejected.

You may have been criticized for being too sensitive. You are often aware of what others need and feel. Deep inside, you may harbor the wish to find someone who is as deeply caring as you are. You may think, “If I take care of others, surely somebody will take care of me.” You may try very hard to “earn” support and approval from others. This process works like this:



The hope is that if you take care of enough individuals, eventually somebody may recognize your needs and respond to them. Over time, this leads to a sense of constantly giving, giving, giving without getting anything back in return. Individuals with BPD get very angry and upset because they feel that they have given so much but have not been noticed in return. When they feel angry, they may lash out at their family and friends for being unresponsive. Rejection, abandonment, loneliness, and rage are the consequences, often ending in a bout of substance abuse or other self-destructive behavior.

Consider Jeremy's statement:

"Feeling worthless deep down inside of me, I always tried to get close to people. I always wanted to be a good sport, be liked, and have friends. Being with others seemed the only way to fill this deep hole inside. So, I went along with everything just so I wouldn't be rejected. Gee, I even went to a baseball game, and I hate baseball, just so I wouldn't have to be alone. I never thought my friends appreciated my sacrifice. Eventually, I blew up and just let them have it.

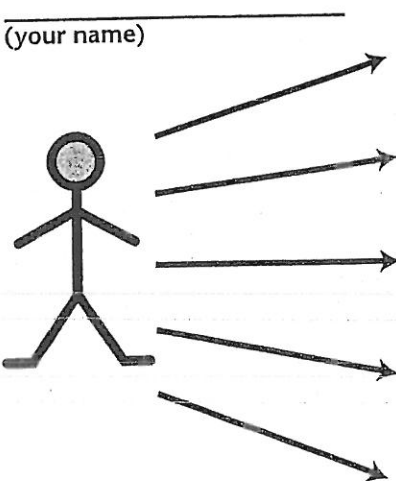
Man, was I angry. I started to yell at them right there at the stadium. Then, of course, I felt so bad that the only thing to do was get totally wasted."

Does Jeremy's statement sound familiar to you? In order to overcome and avoid this deep sense of abandonment and loneliness, you need to learn to "eliminate the middle man and take care of yourself." To do this, first identify the people you have taken care of in hopes of getting your needs met. Use the following activity to help you with this.

### Recovery Activity: Caring for Others

I, \_\_\_\_\_ (write your name), have hoped that if I take care of enough people, somebody would notice my feelings and respond to my needs. I often have compromised my own desires just to get support and avoid being rejected.

\_\_\_\_\_ (your name)



I have taken care of \_\_\_\_\_

I have taken care of \_\_\_\_\_

I have taken care of \_\_\_\_\_

I have taken care of \_\_\_\_\_

I have taken care of \_\_\_\_\_

However, I, \_\_\_\_\_ (write your name), recognize that I have my own wants and desires, likes and dislikes, and dreams like everybody else. I recognize that others can't really get to know me until I understand my own hobbies, desires, and wishes.



You may be trying too hard to be liked and, subsequently, have avoided contradicting others or being seen as “cross.” You may not have voiced your opinions on certain matters. Deep down, however, you may have felt stifled and believed that others would not accept you if you showed your “true self.” Constantly holding back your wishes and desires and doing what others want you to do may eventually lead you to “blow up” and feel extremely guilty afterward. You may have apologized, but the cycle only starts again. Self-punishment (hurting yourself physically, using substances, or doing something you later regret) may also have been the consequence.

Overcoming the fear of abandonment is not going to be easy. It involves tolerating rejection from some and being willing to let others get to know you. It also means that you are willing to develop a new set of expectations toward others. Tolerating this dilemma is how trust is built. You must realize that others have the power to hurt you emotionally, but you must trust that they will not. When you let others know what your interests, hobbies, likes, and dislikes are, you have a chance to be accepted for who you are rather than for who you pretend to be. Once you feel accepted, the deep sense of abandonment decreases. Keep in mind that not everybody will like you. It is not necessary to be liked by everybody, but it is important to be understood by somebody.

Use the following activity to identify some of your hobbies, likes, dislikes, and interests.

## Recovery Activity: Self-Identity

My hobbies are

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My interests are

I feel really passionate about

I really dislike

To strengthen your sense of identity and practice being who you are, share one of your interests, likes, dislikes, or hobbies at least once a day with an individual for the next fifteen days. Change is gradual and may not be readily apparent. Therefore, it is important to track your progress over a period of time. Use the following rating sheet to measure your progress over the next *two weeks*. Rate yourself daily. Feel free to make copies of the activity to use over a longer period of time.

Once you have completed the activity, draw a line connecting each score you gave yourself and see whether there is a trend. Don't be discouraged if you actually experience an increase in feelings of abandonment when you first start tracking your progress (it may get worse before it gets better). Substance abuse and other defenses may have enabled you to numb your own feelings. Thus, experiencing an increase in some feelings, initially, may be an indication of progress.

## Recovery Activity: Abandonment and Loneliness

Rate yourself on the extent to which the following statement describes your feelings: 1 = not at all, 5 = very much so.

*"Today, I feel abandoned and lonely."*

Date	Not at all					Very much so				
___/___/___	1	2	3	4	5					
___/___/___	1	2	3	4	5					
___/___/___	1	2	3	4	5					
___/___/___	1	2	3	4	5					
___/___/___	1	2	3	4	5					
___/___/___	1	2	3	4	5					
___/___/___	1	2	3	4	5					
___/___/___	1	2	3	4	5					
___/___/___	1	2	3	4	5					
___/___/___	1	2	3	4	5					
___/___/___	1	2	3	4	5					
___/___/___	1	2	3	4	5					
___/___/___	1	2	3	4	5					

## LISTENING, ASSUMING, AND MIND READING

This chapter will help you

- identify basic assumptions
- ask clarifying questions
- avoid jumping to conclusions

Individuals with BPD often feel extremely anxious, nervous, and overwhelmed. As a result, paying attention to what others say is difficult. Anxiety and fear of being rejected intensify these feelings. You may try to fill in this "gap" by making inaccurate assumptions about what is said. Or you may be so anxious that you avoid talking altogether and just have a conversation with the other person in your head. This process may become so familiar that you begin to assume what the other person would say or intended to say. This is called *mind reading*. You guess at and read the other person's intentions. If your assumptions were always accurate, this would probably not be much of a problem. However, your anxiety and fears becomes a powerful filter that distorts and colors the words being said. It is like wearing a pair of dark glasses, and you see the world as bleak and dreary. This thought process becomes automatic. Others appear as if they actually want you to feel anxious and fearful. Increased rejection and a sense of isolation result.

Reducing your assumptions about others and your mind reading are challenges that must be overcome in order to develop genuine relationships. To work on this issue, think of a specific situation you were in

where you made assumptions or engaged in mind reading. The reaction of others is one good gauge of whether or not you are making inaccurate assumptions. Have you ever been in a situation where you acted based on your assumptions only to find out that you were wrong? The other person may have argued with you or accused you of lying and "not getting it." Use the following activity to identify one such situation. It will help you identify assumptions you commonly make.

### Recovery Activity: Assumptions

In the space below, describe a situation where you made assumptions or engaged in mind reading that turned out to be wrong.

The other person/people involved were

Describe the situation you were in (be as specific and detailed as possible):

Describe what assumptions you made about the other(s) involved:

Describe what actually was occurring:

In this activity, you identified one situation where you made assumptions that proved to be wrong. In the space below, write down what you were basing your assumption(s) on. What evidence did you have to support your assumption(s)? (This could be a facial expression, such as a frown, or the tone of someone's words.)

Using the technique of "asking instead of assuming" will help reduce your assumptions. Asking for clarification enables you to get a much better understanding of what others are saying or intending. Additionally, when you ask others to clarify, they perceive you as being interested in what they have to say and often are much more eager to share information. Questions that seek clarification should not be challenging or argumentative. Remember, your goal is to understand accurately what is being said by getting additional information.

Here are some sample clarifying questions:

- ☐ What did you mean by \_\_\_\_\_?
- ☐ Help me understand what you mean when you said \_\_\_\_\_?
- ☐ I heard you say that \_\_\_\_\_. Is this correct?
- ☐ I am not quite following you. Can you clarify what you mean?
- ☐ You are saying that \_\_\_\_\_. Am I missing anything?

Select one of the clarifying questions above and put a check mark in the box next to it. Learn this question by heart and be sure to use it in your conversations for the rest of today. You may choose to learn another question tomorrow and put a check mark next to it. This will help you to increase your repertoire of clarifying questions.

Sometimes, it is not possible to ask clarifying questions, and you are left to your own devices. Perhaps the person is not available to talk or may not want to talk to you. In this case, the Three Finger Method works well to overcome assumptions. The Three Finger Method involves putting up three fingers and coming up with three other possible reasons for the situation.

Consider the following example:

Let's assume you called Greg, a good friend of yours, two days ago. He wasn't home so you left a message for him to call you back. He hasn't returned your call, and you are starting to feel that he may not like you anymore, that he has better things to do, or that you are not important in his life. You remember that he was short on the phone the last time you talked to him. Having gathered this "evidence," you may make the assumption that Greg doesn't like you anymore. Feelings of rejection and abandonment may soon follow. Since Greg is not available, you are not able to ask him a clarifying question (such as, "You didn't return my call, I wonder what happened?").



Let's apply the Three Finger Method. Following are three alternative explanations for his behavior:

1. Greg is out of town and not picking up his messages.
2. Greg is ill and not able to return my call.
3. Greg has a lot of stress on the job and must meet a deadline.

Each of these alternative explanations is equally likely. So, you see, in this scenario, feeling rejected tricked you into believing that Greg intentionally did not return your call. Now, use the Three Finger Method and apply it to the situation you wrote about in the recovery activity on pages 43–45. List three possible alternatives:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Ask yourself whether any of these possibilities is more likely than the others. If so, why? What evidence do you have to support any of these three possibilities?

### COMMUNICATION—HOW DO I GET OTHERS TO UNDERSTAND ME?

This chapter will help you

- identify your primary communication style
- learn about the advantages and disadvantages of your communication style
- learn how to communicate more effectively

While growing up, we learn how to talk. However, this does not mean we are experts at communication. We all have been in situations where we felt misunderstood or not able to resolve an issue. Often, this leads to arguments and confrontations. This is especially true for individuals with BPD; their emotions act as powerful filters, which distort what is said and lead to assumptions and mind reading. In the previous chapter, you learned some techniques to deal with making assumptions and mind reading. Now, let's turn to learning and identifying your communication style. Each style has some advantages and disadvantages. Use the recovery activity below to identify your predominant style of communication. Even if you identify yourself as an assertive communicator, this chapter will help you improve your communication skills.

#### Recovery Activity: Communication Styles

Check the boxes next to the statements that are true of you more often than not.

**Aggressive:**

- ☐ I am in people's faces a lot.
- ☐ If I don't like something, you can be sure to hear about it.
- ☐ I get into a lot of verbal arguments.
- ☐ I yell at times.
- ☐ I have been accused of being too loud.
- ☐ I don't avoid verbal arguments.

**Passive:**

- ☐ I rarely speak up if I have been wronged.
- ☐ I avoid verbal arguments.
- ☐ I give in a lot when confronted.
- ☐ I have been accused of not having an opinion at all.
- ☐ If a waiter or somebody else gets my order wrong, I accept the order anyway.
- ☐ I am often afraid to ask for something.

**Passive-Aggressive:**

- ☐ Even though I am not saying something if I have been wronged, I like to get even in other ways.
- ☐ I get angry if I get wronged, but I don't say something to the person involved.
- ☐ I tell others if I have been wronged, but I don't tell the person who wronged me.
- ☐ When people have hurt me emotionally, I will try to make them feel the same way.
- ☐ I frequently give people the "cold shoulder" without letting them know why.

- ☐ I spend a lot of time thinking about what I could have said in a situation where I felt wronged.

Assertive:

- ☐ When I am wronged, I explain to others why I feel this way.
- ☐ I try to resolve issues as they arise.
- ☐ I am willing to make compromises when confrontations or conflicts arise.
- ☐ Often, others look to me to resolve conflicts.
- ☐ I don't experience confrontations as much as I do negotiations.
- ☐ I feel that there is always another side and rarely feel that "I am right and you are wrong."

Count the number of check marks you placed in each one of the sections above and write them here:

1. Aggressive: \_\_\_\_\_
2. Passive: \_\_\_\_\_
3. Passive-Aggressive: \_\_\_\_\_
4. Assertive: \_\_\_\_\_

The category with the most check marks identifies your predominant communication style. If you found yourself with an equal number of check marks in two or more categories, you have a blended communication style. Each communication style has advantages and disadvantages.

If you are an aggressive communicator, you generally get your way. You tell people when you don't like something and don't mind being in their face. However, aggressive communicators often are isolated because others perceive them as being pushy and dominant.

If your dominant communication style is passive, you are very harmonious and easy to get along with. People generally like you because you are accommodating and don't seem to mind if you don't get your way. The main drawback, though, is that you are not getting your needs met. You may think that others always get their way while you rarely do. This leads to resentment and anger. Passive communicators often get involved in relationships with aggressive communicators. While this works well in the early stages of a relationship, soon you feel suppressed as if your opinions and wishes are not important.

The passive-aggressive communication style encompasses going along with what others want on the outside, but being really angry and upset on the inside. Passive-aggressive communicators spend a lot of time thinking about what they should have said in a situation. You may find yourself agonizing for hours about a quick comeback to an insult or comment somebody made. Often, you may look for ways to let others know how you feel without having to talk to them. You may act hurt and hope that they know why you are aloof or cold toward them.

If you are an assertive communicator, you are able to balance your needs with those of others. You are willing to make compromises and negotiate effectively. Your "middle-of-the-road" approach to most situations is much appreciated by your friends, and they often seek you out for advice on relationship matters. You are able to say no to people without offending them or feeling excessively guilty.

Assumptions, as discussed in the previous chapter, lead you to think you know when you really don't. Aggressive, passive, and passive-aggressive communication styles result from assumptions. It is hard not to be assertive and understanding when you really know where the other person is coming from. The belief that others are intentionally hurting or neglecting you leads to conflicts.

In order to become a more assertive communicator, we suggest you use these three steps to assertive communication:

1. Ask clarifying questions. Clarifying questions help you better understand what was said. These questions do not state your opinion,

but they help you to understand the other person.

2. Paraphrase what the other person said. Paraphrasing is a technique that demonstrates to the other person that you really heard what he or she said. It consists of summarizing what the other person has said in your own words. Initially, you may feel like you are parroting the other person. This may feel awkward and strange. However, research has shown that once you demonstrate that you heard what the other person has said, finding a workable solution becomes much easier.
3. Seek a solution. Once you have clearly understood the issue and demonstrated that you heard what the other person said, seek a solution. The other person will be much more willing to listen to your opinion once you paraphrased and let them know you really understand their perspective.

Putting these three steps into practice all at once can be overwhelming. It takes practice to become an assertive communicator. However, the first two techniques (asking clarifying questions and paraphrasing) work well by themselves. Try asking clarifying questions for a couple of days until you feel you have a handle on this technique. Then add paraphrasing to your list and practice this for a couple of days. Don't worry about offering your opinion or solutions at this stage. Being listened to and understood will be highly valued by your friends and others.

Communication is the key to being understood by others. Without it, your relationships and recovery plan will suffer. If you first seek to understand others, then you will be more likely to be understood.

## TWELVE

### ACCEPTING SHADES OF GRAY

This chapter will help you

- recognize shades of gray
- compromise in relationships
- decrease black-and-white thinking and splitting

**Y**ou have adopted a drug-free lifestyle and committed yourself to not use drugs or drink alcohol again. Your ability to stay true to this commitment determines how successful you are with your treatment program. While it is important to commit to this all-or-none approach when it comes to drinking or drugs, it can get in the way of forming lasting relationships when the same attitude is applied to people. People, for the most part, are not all good or all bad, but rather have both likable and less likable qualities.

Individuals with BPD find themselves not being able to decide whether a person is more likable or more unlikable. Think back to a time when you really liked somebody and thought the world of him or her until you felt gravely disappointed by the person. You don't have to think of a romantic relationship—you may think of a boss who really impressed you, a teacher, a friend, or a co-worker. Think about all the positive qualities you thought the person had. Now think about how hurt, rejected, abandoned, and betrayed you felt when you discovered the "other side" of the person. It may be difficult for you to remember any of the positive qualities you thought the person had.

Similarly, in groups of people or friends, you may select one person to



whom you attach yourself. Often this happens at the expense of other relationships within the group or circle of friends. At times, individuals with BPD want to protect this special bond by isolating the individual they feel close to. This process is called "splitting." The fear of being rejected and abandoned may fuel jealousy, motivating you to drive a wedge into the circle of friends.

The above describes a thinking style people with BPD suffer from. They often perceive the world in "black-and-white" terms. They either like somebody or totally reject the person. Often, they change their opinions about people. Because these changes may be difficult to predict, individuals with BPD find themselves rejected, lonely, and abandoned. Black-and-white thinking may result in anxiety. Wanting to know where you stand may lead you to strongly believe that a person is all good or all bad. Similarly, the black-and-white thinking style clouds many issues. Fear hinders many people from formulating a compromise or recognizing that people have both good qualities and qualities that are less likable. As a result, you may feel as if you are always going back and forth on an issue without being able to decide.

To work on this issue, it is important to recognize that most things in life are somewhere in between good and bad. Most things fall in a shade of gray. Even though you would like to have issues clear-cut, most of the time you have to accept compromises.

For example, think about buying a new car. Consider the positive aspects of this purchase (the pros), such as reliable transportation, a warranty, and more freedom to take road trips. However, there are also negative aspects to buying a new car (the cons), such as the down payment, which may wipe out your savings, the high monthly payments, and expensive car insurance premiums. A compromise in this situation may include purchasing a used car that is not older than three years from a dealer who offers a warranty. This way you get reliable transportation, have a warranty, *and* avoid high monthly payments. In addition, you won't be spending all your money.

Use the following activity to work on compromising in other situations. You may choose to make several copies of this activity for future use.

### Recovery Activity: Recognizing Shades of Gray

In the space below, write down a situation (or person) you feel unsure about. This is an issue where you find yourself going back and forth numerous times.

I would like to work toward a compromise in the following situation:

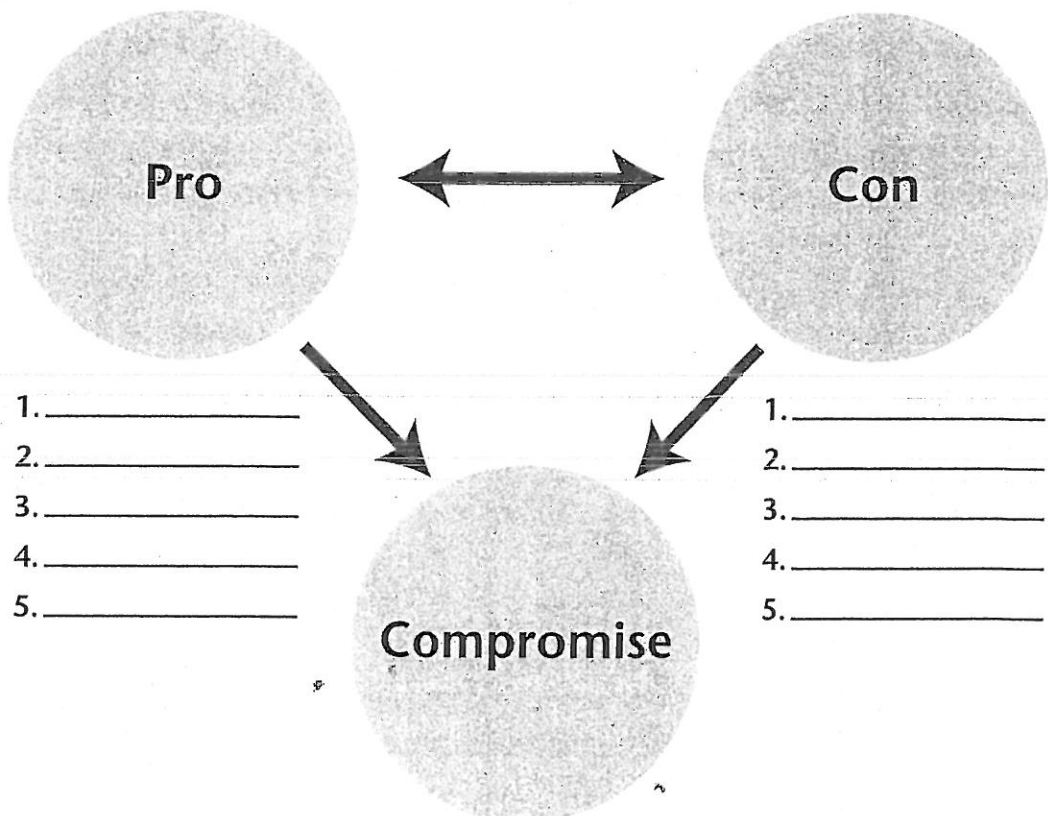
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Next, write down all the pros (reasons for) and cons (reasons against) for this situation.



Based on the pros and cons on page 54, write down what a compromise in this situation would look like.

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## THIRTEEN

### NEGOTIATING NEEDS AND WANTS

This chapter will help you

- distinguish the difference between needs and wants
- develop effective ways of fulfilling personal needs
- recognize and accept that there is no guarantee of success, but you can increase your chances of success

All of us may struggle with knowing the difference between needs and wants. On a daily basis, we are bombarded with advertisements, credit card applications, promotions that say "no interest for nine months," and "same as cash" deals that make us wonder if things that we *want* are really things that we *need*. Because of the impulsivity that often accompanies BPD and substance abuse, learning the difference between wants and needs may be uncomfortable to explore; however, it is imperative to your recovery.

Wants are pleasurable and bring temporary happiness. For example, "I *want* to get high" or "I *want* to be with John tonight" or "I *want* that new car with no money to pay for nine months." Needs are things that are required for us to survive, such as food, shelter, clothing, and water. Problems result when we mistake wants for needs. For example, "I *need* to get high" or "I *need* to be with John tonight" or "I *need* that new car with no money to pay for nine months." Use the following activity to help you distinguish your needs from your wants.

## Recovery Activity: Want or Need

For each statement below, circle either the word "want" or the word "need" as it applies to you.

1. I **want** or **need** to be at the party tonight at Sam's house.
2. I feel so terrible about myself that I just **need** or **want** to cut myself.
3. I **want** or **need** to go to Narcotics Anonymous (NA) tonight.
4. I **want** or **need** to call my therapist because I am so depressed.
5. I **want** or **need** to tell my boyfriend to respect me.
6. I **want** or **need** Marc in my recovery group to like me.
7. I **want** or **need** a drink of water.
8. I **want** or **need** the cravings for alcohol and other drugs to go away.
9. I **want** or **need** a place to stay tonight because it is fifteen degrees below freezing.
10. I am so bored that I **want** or **need** people around me.
11. I **want** or **need** my boyfriend to trust me.
12. I **want** or **need** to have sex with Jane tonight.
13. I **need** or **want** someone to love me.
14. My relapse prevention plan is a **need** or a **want**.
15. Amphetamines are a **want** or a **need**.
16. I left a message for my therapist on her answering machine. I **need** or **want** her to call me back.
17. I **need** or **want** a place to live.
18. An AA or NA sponsor is a **need** or a **want**.
19. I **need** or **want** to go to the emergency room.
20. I **need** or **want** my dad to stop criticizing me.
21. I **need** or **want** reassurance from my child.

If you are able to distinguish between wants and needs, you are well on your way toward having the opportunity of making some different choices. For example, if you were able to see recovery as a want rather than a need, you now have a choice about how you would like to accomplish recovery—you are in the driver's seat. Of course this does not guarantee success, but it allows you more choices.

In negotiating your needs and wants, you will see that you are already doing many things to be successful and you must *continue* doing them. However, knowing that there is room for improvement, you may identify things you wish to *start* doing. Finally, you will recognize behaviors that are not effective and therefore you need to *stop* doing. In order to help you become more effective in negotiating your needs and wants, please use the following activity.

### Recovery Activity: Negotiation

In order to negotiate my needs versus my wants, I need to START

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---

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---

In order to negotiate my needs versus my wants, I need to STOP

---

---

---

---

---

In order to negotiate my needs versus my wants, I need to CONTINUE



## FOURTEEN

# KNOWING THE DIFFERENCE BETWEEN YOU AND ME— BOUNDARIES

This chapter will help you

- recognize your personal value system
- identify that you are a co-creator of your own destiny (if you don't set the limits, someone will do it for you)
- recognize that there are no perfect boundaries but your own
- gain an increased sense of control with realistic limitations

**B**oundaries are limits that differentiate you from me, or you from your partner, or you from your parents. Unfortunately, many people with BPD have had their boundaries repeatedly violated.

The focus of this chapter is not about resolving childhood trauma or boundary violations in various forms, but rather about developing or reinforcing boundaries in your life. There are four different styles of boundaries: (1) isolation, (2) aggressive, (3) passive, and (4) firm.

### Isolation Boundary

The isolation boundary does not allow anyone to come in nor does it allow anyone to come out. A person with an isolation boundary is often quite lonely with limited social supports.

## Aggressive Boundary

An individual with an aggressive boundary consistently invades others to get his or her needs fulfilled no matter what the cost.

## Passive Boundary

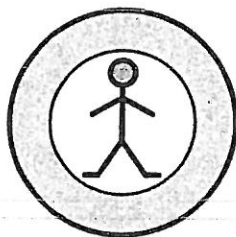
An individual with a passive boundary has a difficult time saying no and allows others to invade through the holes in his or her walls.

## Firm Boundary

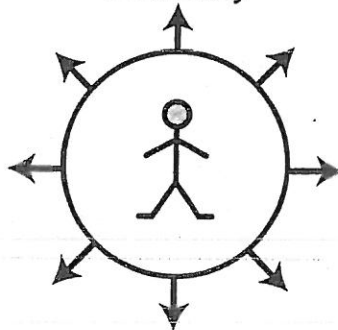
The firm boundary has doors that allow some to come in but keeps others out. This is perhaps the ideal and healthiest boundary.

The following diagrams show what each boundary style may look like.

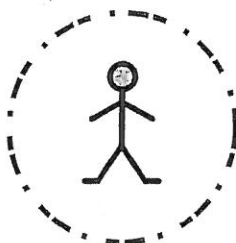
**Isolation  
Boundary**



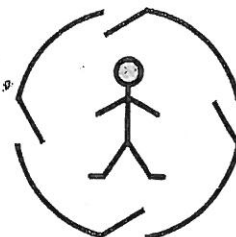
**Aggressive  
Boundary**



**Passive  
Boundary**



**Firm  
Boundary**



We use different boundary styles during various situations and relationships. However, we generally have one style that is most familiar to us. Identify which style you primarily rely on and complete the following activity.

### Recovery Activity: Boundary Styles

What is your primary boundary style?

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Where did you learn this boundary style?

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What are the rewards and consequences of this boundary style?

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How does this boundary style contribute to your addiction?

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Now that you have explored the different styles of boundaries, it may be helpful to learn where boundaries come from. Boundaries stem from our values (what we believe to be appropriate or inappropriate). To increase your awareness of your personal value system, complete the following activity. It will help you identify your personal boundary system and perhaps where it came from.

### Recovery Activity: Self-Exploration

Answer the following questions:

What are my favorite songs or types of music?

---

What are my favorite foods?

---

What is my favorite color?

---

What is fun for me?

---

Who are my friends?

---

Who in my family do I trust the most?

---

Who in my family do I trust the least?

What are my faults?

What are my strengths?

What are my talents?

What are my biggest accomplishments or successes?

What are my likes?

What are my dislikes?

What are my dreams?

How do I see life? Am I an optimist or pessimist?

How do I serve others?

---

Where do I work? Where have I worked in the past?

---

What are my religious beliefs?

---

How do I feel inside?

---

What are my five favorite movies?

---

How do I get along with people?

---

If I could have anything in the world that I wanted, what would it be?

---

To conclude this chapter, read the following list of basic responsibilities. Talking about these responsibilities in a therapy group, with a friend, with a sponsor, or in some other social context can be helpful. Accepting these responsibilities creates awareness of the power within you to change your life, become a co-creator in your recovery, and determine your destiny. Remember, Nelson Mandela, in his inaugural address as the

president of South Africa, said, "Our deepest fear is not that we are inadequate. Our deepest fear is that we are powerful beyond measure. It is our light, not our darkness, that most frightens us."

### Basic Responsibilities for Self

- I am responsible for my own choices and consequences.
- I am responsible to make changes in my life.
- I am responsible to communicate my needs openly and honestly.
- I am responsible for identifying my own feelings.
- I am responsible for validating myself.
- I am responsible for finding support people in my life.
- I am responsible for clearly asking for what I want.
- I am responsible for giving, taking, and creating equitable relationships.
- I am responsible for my own recovery from BPD and addiction.



## FIFTEEN

### SAME STUFF—DIFFERENT DAY ("I'VE BEEN HERE BEFORE")

This chapter will help you

- understand your life patterns
- obtain feedback from others about your life patterns
- accept constructive feedback
- develop realistic expectations of yourself

Working your recovery probably has not been easy. You had several battles to fight and possibly even relapsed at one point. When this happened, you may have felt as though you had to start all over again from square one. You may have said, "Here I go again." Or, conversely, you may have suddenly found yourself in a situation where you thought, "How come I always end up in the same situation? I didn't see this coming at all."

Like everyone else, people with BPD find themselves making the same mistakes until they see the underlying pattern. This presents a challenge to you if you have BPD. Anxiety and fear influence you to believe that most situations are entirely new and not related at all to previous experiences.

Consider Connie's statements:

"I was always looking for Mr. Right. When I went out on weekends, I really wanted to connect with somebody. Often, I ended up waking up next to a guy who would just get up

and leave. I felt terribly hurt and bad about myself. The only way to get over it seemed to be to have another relationship. It wasn't until I recognized the inner hole that I was trying to fill that I finally saw the pattern. That's when I was able to change things."

Like Connie, you may have felt like you were running around in circles, unaware that you were covering the same ground over and over again. These patterns become life traps unless they are recognized.

Identifying the redundant and self-defeating patterns in your life is difficult. Often, others are better at recognizing your life patterns than you are. For this reason, you should identify other people who can help you to identify your life patterns. These people can be family members, friends, people in your recovery program, or therapists. Choose people who will be honest with you and not sugarcoat the truth. Write their names below.

I will ask the following people to help me identify my life patterns:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Approach all of the people listed above. If one of them is unable to help you, go down the list to the next person. Inform each person that you are completing an assignment for your treatment program and that you would like him or her to be entirely honest with you.

Make a copy of the life pattern identification activity on page 69 and fill out the top portion. Give it to each person on your list who has agreed to help you. This will take some risk on your part. It may make you uncomfortable. Use the feedback as a learning experience rather than criticism.

## Recovery Activity: The Life Pattern Identification

I, \_\_\_\_\_, am asking you,  
\_\_\_\_\_ to help me identify my  
life patterns. Becoming aware of what I do over and over again is difficult for me to see. Therefore, I would like to invite you to share your honest feedback with me. This will help me to work on changing my life patterns. In the space below, please give me some feedback about things you see me do over and over again. Don't hold back. Thank you for helping me in my recovery.

I see \_\_\_\_\_ (put your name  
here) engage in the following pattern(s):

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Once you have collected the life pattern identification activities from the people on your list, write down the patterns you would like to work on in the space below.

The feedback I have been given made me aware of the following life patterns:

1.

2.

3.

4.

5.

In order to overcome this life pattern, I would like to be able to do the following:

### Summary

Recovering from borderline personality disorder and chemical dependency is an ongoing process. Recovery is like running a marathon, not a 100-yard dash. Like a long-distance runner, you need to build strength, pace yourself, and don't give up. Your ability to accept feedback honestly and challenge your assumptions is imperative.

The skills you have learned in this workbook are milestones. As you learn to tolerate intense emotions, get to know yourself better, examine your basic beliefs, learn effective communication skills, set appropriate boundaries, and accept shades of gray as part of life, you are moving toward the goal of recovery.

The members of your treatment team (your therapists, sponsor, physician, support groups, and others) serve as your coaches, motivating you and cheering you on to the finish line. Henry David Thoreau once wrote, "I wished to live deliberately, to front only the essential facts of life, and see if I could not learn what it had to teach, and not, when I came to die, discover that I had not lived."