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# **BORDERLINE PERSONALITY DISORDER DEFINED**

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## **The definition of Borderline Personality Disorder from the DSM-IV**

**“The defining criteria of Borderline Personality Disorder (BPD) is a pervasive pattern of instability of interpersonal relationships, self-image, and affects, and marked impulsivity that begins by early adulthood and is present in a variety of contexts, “as indicated by five (or more) of the following:**

- 1. Frantic efforts to avoid real or imagined abandonment.**
- 2. A pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of idealization and devaluation.**
- 3. Identity disturbance: markedly and persistently unstable self-image or sense of self; or sense of long-term goals; or career choices, types of friends desired or values preferred.**
- 4. Impulsivity in at least two areas that are potentially self-damaging: for example; spending, sex, substance abuse, and binge eating.**

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

**6. Affective instability: marked shifts from baseline mood to depression, irritability, or anxiety, usually lasting a few hours and only rarely more than a few days.**

**7. Chronic feelings of emptiness.**

**8. Inappropriate, intense anger or difficulty controlling anger; frequent displays of temper.**

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

**Borderline Personality Disorder is not one “disorder”. It is to a great degree a collection of disorders that co-exist and often feed off of each other in ways that make life very difficult for people diagnosed with it.**

**Borderline Personality Disorder is primarily a relational disorder that I believe stems mainly from the core wound of abandonment that is at the heart of the Legacy of Abandonment in BPD, in so far as the nurture/**

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environmental side of the nature (biology/genetics) vs nurture (unmet developmental needs and core wound of abandonment along with abuse and so forth) debate as to the cause of BPD is concerned.

One thing is for sure, if you have BPD or know and care about someone who does waisting time worrying about what it “should” be called or how it should be better defined is just a life-trap. It won’t help anyone with BPD transform their suffering into manageable pain and eventually that pain into the growth necessary to recover from BPD.

*BPD may co-exist with (to name a few):*

**Post traumatic stress disorder**

**Mood disorders**

**Panic/anxiety disorders**

**Substance abuse (54% of BPs also have this problem)**

**Gender identity disorder**

**Attention deficit disorder**

**Eating disorders**

**Multiple personality disorder**

**Obsessive-compulsive disorder**

**Narcissitic Personality Disorder**

It should be noted that many of the traits associated as being BPD traits are commonly found in the general population as well. The line is drawn between the average and the Borderline Personality Disorder person by

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the number of characteristics listed above that affect them along with the severity or intensity of that affect.

In Borderline Personality Disorder, like DID (MPD), there is (often) a likelihood of a trauma history: “Physical and sexual abuse, neglect, hostile conflict, and early parental loss or separation are more common in the childhood histories of those with Borderline Personality Disorder.”

### *How Does Borderline Personality Disorder Manifest?*

Most Borderlines have a very difficult time being alone. Most frantically will do almost anything to avoid being alone. Borderlines do not have a stable sense of identity and often in spite of many overwhelming affects mention most often, depression.

Functionally, Borderlines are known to put people in either “all good, or all bad” categories. This is known as splitting. The good person is idealized and the bad person is devalued, there is no in between. It is the black and the white, there is no grey area in the world of the unrecovered Borderline.

The depth to which most Borderlines feel their pain is for the most part not understandable to non-borderline individuals. This deep intrapsychic pain is often the pain of a traumatic childhood. Borderlines live in constant fear, terror of having to deal with real or often imagined abandonment. Attachments and bonds are very difficult for borderlines to develop

because there are many control and trust issues with which they do not cope well. They have a strong need to protect themselves from anymore pain which sees most borderlines basically being incapable of dealing with their own vulnerabilities or the vulnerabilities and emotions of others. Borderline individuals may not seem it to the outside world around them but they are very sensitive people in a great deal of pain. The very unfortunate reality of this personality disorder is that when they need and what they need to the most Borderlines often are compelled by impulse to push away, to sabotage in order to protect themselves from the agony increasing that is ever present inside.

Borderlines, not unlike anyone often project, to a greater degree, grant it than the average. It is this projection out onto others of all that is essentially reality inside of the borderline themselves that leads them to often be so abusive to those around them. Borderlines struggle very much with image of self and identity and in so doing often have no clear defineable understanding of where they end and the next person begins. This is a boundary issue that has its roots most often in the way in which these individuals were raised.

The blurring of boundaries between self and other causes the borderline to act out what is often their own self-hatred and disdain for self onto others. At times it seems as though there is an “average collective reality” in the world and then there is the reality of the Borderline Disordered individual. Disordered dysfunction (inter-personally and or in others areas of

life) is the basis of this lifestyle. It is a life that for any Borderline living it, is often entrenched in chaos and marred by virtually inescapable feelings of helplessness and victimization.

## **Borderline Personality Disorder Is a Relational Disorder**

What I know, as someone who has recovered from BPD, is that Borderline Personality Disorder is a relational disorder. The epicentre of this relational disorder is the loss of authentic self to what I call the core wound of abandonment. Lacking a sense of known self, people who are diagnosed with BPD cannot relate to “self” let alone to “other”.

Most, if not all, efforts made by those with BPD to relate to others begin with in the stage of idealization. The borderline puts the non borderline on a pedestal and is soothed by the presence of an emotional container - you, the non borderline, to hold and mirror their every angst-filled dys-regulated emotion and/or mood. This idealization means that the borderline essentially puts the non borderline on a pedestal.

The first time that you, the non borderline, can't meet the need of the borderline or for whatever reason the borderline feels failed or let down he or she will be triggered into feeling and/or re-experiencing and re-living his or her original abandonment trauma.

It is from this place of very young and primitive pain that the borderline

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can be and act desperate in a second. When a borderline feels and/or is acting desperate they usually perceive that you have failed them somehow. This sets you, the non borderline, up to be the target of any and all of the borderline's unresolved issues of abandonment. The borderline will project these out onto you. You will effectively cease to exist until the triggered dysregulated mood shifts and the borderline comes back to a base level of emotion and mood.

In the manifestation of Borderline Personality Disorder the person with BPD, the borderline, re-lives his or her past and past abandonment trauma which is now a repeating "repetition compulsion" that is experienced, in the here and now, in dissociative ways that lead the borderline to ascribe to you, the non borderline, the split devaluation that belongs to someone in his or her past.

While there are many layers to the presentation and manifestation of BPD key among them all is the borderline's inability to get close or stay close with anyone. You see, it is what a borderline most wants and needs that is equally terrifying for him or her. This is the heart of the reality of "I-hate-you-don't-leave-me" and "get-away-closer" behaviour that is most often, at least initially, perplexing to the non borderline.

Borderline Personality Disorder manifests itself in and through what are the compulsions of the borderline false self's need to rupture relationships and essentially defeat the lost authentic self in and of the borderline

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at every turn in terms of relating. The borderline false self that has risen from the abyss of self left as the result of the core wound of abandonment - and its deep and profound intra-psycho narcissistic injury to the psyche of the borderline dooms it (and the borderline) to repeat, re-live, re-experience and re-create over and over again the initial rupture in a primary relationship in childhood that caused the abandonment trauma in the first place. The borderline false self becomes a pseudo-self of sorts. A “self” that doesn’t know how to trust. A “self” that is all about distrust. A “self” that is inconsistent, emotionally immature, wounded, and incapable of being congruent.

This is why if you are in any form or type of relationship with someone with Borderline Personality Disorder who will not get help and stick with it - who will not go to therapy - you, the non borderline need to Radically Accept this and think about what that means for choices and decisions that you have to make.

It has been said that Borderline Personality Disorder is a catch-all garbage pail diagnosis that often seems vague and that many who are non borderline have (at least initially) a very difficult time trying to understand let alone fathom.

What I know, as someone who had two borderline parents, developed BPD, and recovered from BPD only then to have the very painful experience of having a relationship with someone with BPD, from the non bor-

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derline side, is that however one defines BPD or to what extent, the most important thing to know, come to understand, and remember is that non one - absolutely no one - can rescue or change a borderline.

Borderline Personality Disorder, by its very definition and manifestation is a very serious mental illness. In some it appears to be more intractable than others. My guess about why is that it may well depend upon two main things:

- 1) How many, if any, other co-morbid disorders exist.
- 2) The choices that the borderline makes or doesn't make.

Borderline Personality Disorder is a personality disorder marked by a long-standing pattern of instability in interpersonal relationships, behavior, mood, and self-image. Those diagnosed with BPD regardless of intellectual capacity remain emotionally and psychologically very immature, like very young children, until and unless they take personal responsibility for getting into treatment and staying in treatment.

Originally thought to be at the “borderline” of psychosis, people with borderline personality disorder (BPD) suffer from a disorder of emotion regulation. While less well known than schizophrenia or bipolar disorder (manic-depressive illness), BPD is more common, affecting 2% of adults, mostly young women. There is a high rate of self-injury without suicide intent, as well as a significant rate of suicide attempts and completed sui-

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side in severe cases. Patients often need extensive mental health services and account for about 20% of psychiatric hospitalizations.

It is a serious mental illness characterized by pervasive instability in moods, interpersonal relationships, self-image, and behavior. This instability often disrupts family and work life, long-term planning, and the individual's sense of self-identity.

People with BPD often have highly unstable patterns of social relationships. While they can develop intense but stormy attachments, their attitudes towards family, friends, and loved ones often suddenly shifts from idealization (great admiration and love) to devaluation (intense anger and dislike or even hatred). They may form an immediate attachment and idealize the other person, but when a slight separation or conflict occurs, they switch unexpectedly to the other extreme and angrily accuse the other person of not caring for them at all. Even with family members, individuals with BPD are highly sensitive to rejection, reacting with anger and distress to such mild separations as a vacation, a business trip, or a sudden change in plans. Borderline fears of abandonment are related to difficulties feeling emotionally connected to important persons when they are physically absent. (Lack of object constancy) This results in the individual with BPD feeling lost and perhaps worthlessness and like they do not really exist. They feel unsafe. They feel the rising of the repressed and dissociated from abandoned pain of their core wound of abandonment trauma. Suicide threats and attempts may occur along with anger

at perceived abandonment and disappointments.

This personality disorder leaves those with it (subconsciously) searching for “self” in anyone and everyone else that they relate to. Those with BPD are lost in the mirror-reflection of the others that they seek to live through.

A.J. Mahari has a new book coming out very soon aimed at the family members, relatives, loved ones, parents of, adult children of, partners and ex-partners of those with BPD. Please check back to [www.facingfactsofbpd.ca](http://www.facingfactsofbpd.ca) for more information and an excerpt coming very soon.



A.J. Mahari has written 7 ebooks on the subject of Borderline Personality Disorder - they are:

The First three (of a series of what will be 5) of Mahari’s “core wound of abandonment series” of ebooks available now are:

“The Abandoned Pain of BPD”

“The Legacy of Abandonment In BPD”

“The Shadows and Echoes of Self - False Self in BPD”

“Rage and BPD”

**A.J. has written 3 ebooks currently available for family members, loved ones, partners, ex-partners - non borderlines and they are:**

**“The Other Side of BPD - *Mindfulness and Radical Acceptance for Non Borderlines*”**

**“Full Circle - Lessons For Non Borderlines” - *based on what A.J. Mahari learned as a non borderline in a relationship with someone with BPD***

**“The Dilemma on The Other Side of BPD” - *Can Borderlines Love? Do Borderlines Feel Love***

*To read more about any of these ebooks and the other 5 A.J. Mahari has written please go to:* **[www.phoenixrisingebooks.com](http://www.phoenixrisingebooks.com)**

*To read about A.J. Mahari’s insightful Audio Programs please go to:* **[www.phoenixrisingaudio.com](http://www.phoenixrisingaudio.com)**

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*Please check back to [www.facingthefactsofbpd.ca](http://www.facingthefactsofbpd.ca) for A.J. Mahari’s up-coming book for the family members and loved ones who have (or had) someone with BPD in their lives - non borderlines.*

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by going to [www.ajmahari.com](http://www.ajmahari.com)

**Check out A.J. Mahari's Video Messages at [borderlinepersonality.ca](http://borderlinepersonality.ca) - [othersideofborderlinepersonality.ca](http://othersideofborderlinepersonality.ca) and [facingthefactsofbpd.ca](http://facingthefactsofbpd.ca) for more information and insight about Borderline Personality Disorder.**

**For a complete list of all of A.J. Mahari's web-sites please go to:**

**[ajmahari.com](http://ajmahari.com)**

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