

WHEN YOUR
MOTHER
HAS
BORDERLINE
PERSONALITY
DISORDER

A Guide for
Adult Children

DANIEL S. LOBEL, PH.D.

When Your Mother Has Borderline Personality Disorder



WHEN YOUR MOTHER HAS BORDERLINE PERSONALITY DISORDER

A Guide for
Adult Children

DANIEL S. LOBEL, PH.D.


**ROCKRIDGE
PRESS**

Copyright © 2019 by Rockridge Press, Emeryville, California

No part of this publication may be reproduced, stored in a retrieval system or transmitted in any form or by any means, electronic, mechanical, photocopying, recording, scanning or otherwise, except as permitted under Sections 107 or 108 of the 1976 United States Copyright Act, without the prior written permission of the Publisher. Requests to the Publisher for permission should be addressed to the Permissions Department, Rockridge Press, 6005 Shellmound Street, Suite 175, Emeryville, CA 94608.

Limit of Liability/Disclaimer of Warranty: The Publisher and the author make no representations or warranties with respect to the accuracy or completeness of the contents of this work and specifically disclaim all warranties, including without limitation warranties of fitness for a particular purpose. No warranty may be created or extended by sales or promotional materials. The advice and strategies contained herein may not be suitable for every situation. This work is sold with the understanding that the publisher is not engaged in rendering medical, legal, or other professional advice or services. If professional assistance is required, the services of a competent professional person should be sought. Neither the Publisher nor the author shall be liable for damages arising herefrom. The fact that an individual, organization or website is referred to in this work as a citation and/or potential source of further information does not mean that the author or the Publisher endorses the information the individual, organization or website may provide or recommendations they/it may make. Further, readers should be aware that Internet websites listed in this work may have changed or disappeared between when this work was written and when it is read.

For general information on our other products and services or to obtain technical support, please contact our Customer Care Department within the United States at (866) 744-2665, or outside the United States at (510) 253-0500.

Rockridge Press publishes its books in a variety of electronic and print formats. Some content that appears in print may not be available in electronic books, and vice versa.

TRADEMARKS: Rockridge Press and the Rockridge Press logo are trademarks or registered trademarks of Callisto Media Inc. and/or its affiliates, in the United States and other countries, and may not be used without written permission. All other trademarks are the property of their respective owners. Rockridge Press is not associated with any product or vendor mentioned in this book.

Interior Designer: Sean Doyle

Cover Designer: Joshua Moore

Art Producer: Michael Hardgrove

Editor: Emily Angell

Production Editor: Edgar Doolan

Production Manager: Giraud Lorber

ISBN: Print 978-1-64152-723-1 | eBook 978-1-64152-724-8

I would like to dedicate this book first and foremost to my wife, Diane, without whose support this would not have been possible. In addition to her encouragement and emotional support, she provided invaluable technical and editorial expertise.

I also want to thank my two sons, Zachary and John, who support me in everything I do and especially during this project.

Next, I would like to acknowledge those who grew up with a mother with borderline personality disorder (BPD). This book was written for you, in the hope that it will provide healing and relief while guiding you to a better relationship with your mother and other people in your life.

Finally, I would like to send my sympathies to anyone who suffers from BPD. They are the ones affected most by this terrible disease.

As you read this book and attempt to make constructive changes in your relationship with your mother, try to recognize that she is in pain. Do what you can to have as much compassion as possible during your process of healing. Improving your relationship with your mother will benefit both of you even when neither of you get everything you want.



Contents

Introduction **x**

CHAPTER 1

What Is Borderline Personality Disorder? 1

CHAPTER 2

Growing Up with a Mother with BPD 21

CHAPTER 3

Riding the Emotional Roller Coaster 47

CHAPTER 4

Managing Your Relationship 65

CHAPTER 5

Practicing Self-Care 95

CHAPTER 6

Your Healing Journey 113

CHAPTER 7

Your Life, Your Terms 133

Resources **145**

References **147**

Index **149**

The image features a light pink background. A horizontal strip of the pink surface is torn away, revealing a dark blue layer underneath. The word "INTRODUCTION" is printed in white, bold, uppercase letters on the dark blue strip. On the left side, the torn pink paper is curled up, showing its layered texture.

INTRODUCTION

If you are reading these words, then you probably either know or suspect that your mother suffers from borderline personality disorder (BPD). People whose primary parent experiences BPD feel a unique but distinctive pain, and if you are like most adult children of mothers with BPD you have struggled for years to understand why you feel so bad about yourself and what to do about it without compromising yourself, your family, and your life.

When it comes to your mother, do you feel like no matter what you say or do, it is wrong? Do you feel like you are not good enough or that she is disappointed with you? These feelings are not unusual among individuals raised by a mother with BPD. You probably have spent your life trying to find different ways to please her, but to no avail. One mother with BPD almost convinced her son to divorce his wife because she wouldn't use the mother's preferred diapers on their child. Another mother with BPD arranged cosmetic surgical procedures to correct the aspects of her daughter's physical appearance that the mother did not like. This resulted in permanent damage to the young woman's body.

During my twenty years as a forensic child custody evaluator, I often saw examples of how a parent's mental illness can affect their parenting and their child's development. Though I felt satisfaction as an advocate for children in abusive or dysfunctional households, this satisfaction was limited because, as an evaluator, I was not allowed to provide treatment to my clients due to the potential for conflict of interest.

Thankfully, in my private practice I *was* able to provide treatment to families suffering from BPD. And it's from my work in private practice that I was able to develop specialized techniques specifically suited to help these families. In this book, I will share these techniques and methods with you so that you and your family can heal from the damaging effects of this disease.

In my time working with families coping with BPD, I have found that managing BPD symptoms and effects require special techniques. Many of these techniques are adapted from standardized behavioral tools such as Cognitive Behavioral Therapy (CBT) and Dialectical Behavior Therapy (DBT) for use with BPD sufferers. All of the techniques offered in this book will be effective if you or your mother with BPD are also using these behavioral methods.

In my first book, *When Your Daughter Has BPD: Essential Skills to Help Families Manage Borderline Personality Disorder*, I offered strategies to parents coping with a child who might be developing BPD. In this book, I will discuss strategies for adult children who may have grown up with unstable parenting due to a mother with BPD. This book will focus on how BPD affects the ability of sufferers to parent and will explore BPD's effects on the relationship between mothers with BPD and their adult children. You will learn how your mother's illness has caused you pain and damaged your sense of self. You'll also learn techniques that will guide you to a continuing relationship with her that minimizes further pain and damage while allowing the two of you to heal together.

How This Book Can Help

This book is written for the adult who has grown up with a mother who suffers from BPD. I have two goals for the reader. The first and primary goal is to show you how to heal yourself. Adult children of mothers with BPD suffer from the damage to their sense of self that comes from persistent childhood emotional abuse. This book will

help you heal your damaged sense of self and gradually experience relief as you first set boundaries that help stop your mom's hurtful behaviors and then reverse the effects of your painful past experiences.

The second goal is to help you manage the relationship with your mother so that you can continue to have her in your life while protecting yourself from further hurt and damage. Of course, this will require that you have a realistic expectation of the limits of such a relationship. Keeping yourself safe will require that you stop engaging in activities that are hurtful or potentially hurtful, which means that you will probably be able to share fewer experiences with your mother. You will need to choose quality over quantity when choosing what to share with your mother.

I will present dialogue and anecdotes throughout the book that will illustrate new ways of relating to your mother that are less hurtful and more satisfying than ways you may have tried in the past. You will need to use these techniques consistently in order for them to be effective, but I'll show you how to develop consistent new behavioral habits that will make a difference.

The latter part of the book will focus on healing from the damage caused by being raised by a mother who suffers from BPD. Following the strategies in this book will help you redefine not only your relationship with your mother, but also your relationship with yourself. It will guide you in exploring what you value in others and in yourself. This method will help you heal yourself from the effects of unstable parenting.

The book will present exercises that, when practiced daily, will help you transition to a more peaceful, more stable, and more secure existence. Over time, if you practice them consistently, the methods I'll show you will become natural and no longer require much effort.

Changing your relationship with your mother and with yourself is a major undertaking that will take months, if not years, and require patience and persistence. You will certainly benefit from as much support as you can get, both personal as well as professional. This book is

not a substitute for professional treatment, and I'll discuss how and where to seek support in the second half of the book.

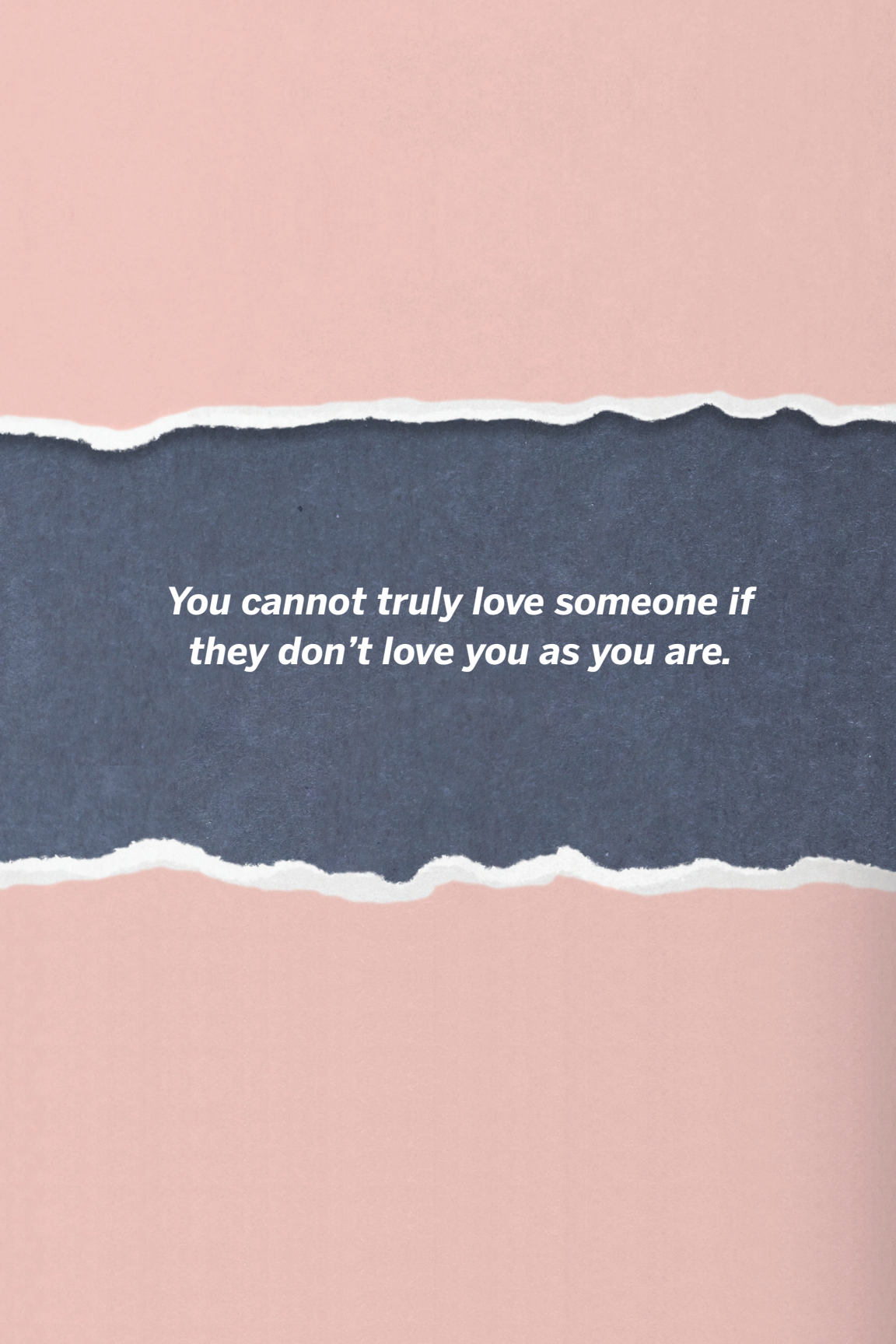
You Can Get Relief

As I tell all new patients seeking help with a loved one with BPD, while we need to talk about problems and pains, if you actually want your life to change, then you will have to do some things differently. This book will serve as a guide to changes that you will need to make to move forward into a more positive future.

Many adult children of mothers with BPD find relief by ending their relationship with their mother. While this solution may provide some relief, the path I'll describe in this book can hopefully help you preserve the positive aspects of your relationship with your mother while you protect yourself and your family from further harm from her disease. Some of the tools I'll show you may be challenging, but when you use them consistently they'll lead to improvement in your life and in your family functioning. For many people, professional support is helpful and often necessary. When seeking out such support it is critical that you work with providers who understand BPD and specialize in working with families that suffer. Please refer to the Resources section at the back of this book for more information on providers and support for BPD families.

This book is an opportunity to change your life. It won't be easy, but if you are ready to put an end to feeling guilty, anxious, and angry, and to start living your life your way, then you're ready to start on the journey of a lifetime.

Now, let's get started.

The image features a central dark blue band with a torn, deckled edge, set against a light pink background. The text is centered within the dark band.

***You cannot truly love someone if
they don't love you as you are.***



What Is Borderline Personality Disorder?

Borderline personality disorder (BPD) is one of the most misunderstood psychiatric diagnoses. The behaviors associated with BPD, which I'll describe in the next section, seem unstable and unpredictable to others, but many patterns of behavior associated with BPD are actually highly predictable. Understanding these patterns is the first step in taking control of your life. I'll teach you how to anticipate hurtful behaviors from your mother and preemptively set boundaries that either prevent or minimize her ability to hurt you more. These boundaries are self-protective, not punitive, and you will learn how to create and maintain these boundaries with as much compassion as possible.

This does not guarantee that your mother will see these boundaries as non-punitive, though. In the coming chapters you will learn to trust your own knowledge of your motives more than her accusations that you are an ungrateful child (or worse) and let go of the need to hear her tell you that you are okay. I call the process of setting self-protective yet compassionate boundaries *stopping the bleeding*, which means stopping her from hurting you.

Defining BPD

BPD is what's known as a personality disorder. Personality disorders are a subset of psychiatric diagnoses characterized by inflexible

thoughts and behaviors. They often coexist with other disorders such as anxiety and depression.

Perhaps the most distinctive characteristic of a personality disorder is an individual's lack of insight into their illness and how it affects their interactions with others. Unlike sufferers of disorders such as anxiety, depression, attention-deficit/hyperactivity disorder, etc., who are generally aware of their symptoms and seek help for these conditions, sufferers of many personality disorders rarely seek help. This is because they do not recognize their symptoms. They see themselves as healthy and believe that their behaviors and experiences are natural. In other circumstances, such as in casual relationships, the symptoms are masked because of feelings of shame or fears of being ostracized. For example, many children of mothers with BPD report that their mother treats them better in front of other people than when they are alone. This occurs because the mother does not want to be judged to be the aggressor—she is more comfortable in the victim role. Anxiety is acceptable because it is perceived by the BPD sufferer as “something that happens to me,” while personality disorder is “something wrong with me.” As you will come to understand as you read this chapter, it is intolerably painful for a person with BPD to acknowledge that there is something wrong with them, which makes diagnosis very challenging.

According to the American Psychiatric Association's *Diagnostic and Statistical Manual* (DSM-V), the defining characteristics of borderline personality disorder are as follows:

A pervasive pattern of instability of interpersonal relationships, self-image, and affects, and marked impulsivity, beginning by early adulthood and present in a variety of contexts, 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 persistent unstable self-image or sense of self*
- 4. Impulsivity in at least two areas that are potentially self-damaging (e.g., spending, sex, substance abuse, reckless driving, binge eating)*
- 5. Recurrent suicidal behavior, gestures, or threats, or self-mutilating behavior*
- 6. Affective instability due to a marked reactivity of mood (e.g., intense episodic dysphoria, 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 (e.g., frequent displays of temper, constant anger, recurrent physical fights)*
- 9. Transient, stress-related paranoid ideation or severe dissociative symptoms*

To be diagnosed with BPD, each of these criteria need to negatively affect the person's daily functioning and cause them suffering.

Managing your relationship with your mother means that you'll need to understand that, even though her behavior seems erratic, there are actually distinct patterns. Understanding your mother's patterns of BPD behavior will allow you to be prepared for them and to respond in ways that keep the relationship functional. In the next section, I'll explain the most common symptoms, which will help you better understand your mother's reality.

SENSITIVITY TO ABANDONMENT

Individuals with BPD view abandonment as confirmation of their worthlessness. The illness causes them to struggle constantly with feelings of self-loathing. They cope with these feelings by looking to others to confirm their value, usually by including them or taking care

of them. Their need for validation is so strong that they insist on others doing for them what they are capable of doing for themselves. This is why codependency is so common in relationships with individuals with BPD, which I'll discuss further in Chapter 3. When they feel slighted by others, people with BPD experience feelings of abandonment, which they believe confirms their unworthiness. They generally respond by lashing out. They often view every single interaction in a relationship as a test of their own worthiness. One man described feeling devastated when, after being encouraged all of his life by his mother to pursue higher education, she berated him for going to college. His entire first year was compromised by his mother's ranting at him for abandoning her by going away to school. It didn't matter that he attended a top school on scholarship located less than 100 miles away from his mother's home. Her accusations of abandonment were verbally abusive and nearly sabotaged his education. He had to stop talking to her for most of his sophomore year so that he could recover his academic standing and create more effective boundaries for dealing with her.

UNSTABLE RELATIONSHIPS

Individuals with BPD tend to have highly unstable relationships, but the instability follows a consistent pattern. Their need for validation from others in order to get relief from feelings of self-loathing causes them to become fast friends with anyone who seems at all interested in them. Their hunger in this area can be so deep that they idealize anyone who shows them any respect or friendliness. The person with BPD offers warmth and support to their friend as long as the other person continues to meet their needs. This idealization of others causes them to demand perfection from the people closest to them. But eventually, the person with BPD has a need that the idealized person cannot perfectly satisfy. When this happens, the BPD sufferer becomes enraged and devalues the other person. Friends who were "the best" instantly become "the worst." The person with BPD immediately withdraws their friendship and they either lash out or sever the

relationship. This pattern is extremely common in almost all intimate relationships with BPD sufferers and results in a series of intense relationships, some romantic, that end poorly.

IDENTITY DISTURBANCE

Because people with BPD persistently struggle against self-loathing and are so dependent on validation from others, they often experience abrupt changes in the way they see themselves. They frequently switch between states of self-loathing (when they feel slighted by others) and self-adoration (when others satisfy their demands). Because people with BPD have such frequent demands, and because they make demands of multiple people in any given day, their days are often a roller coaster of gratification and frustration. This continual switching between two very different states leads to their self-perception being highly unstable.

Individuals with BPD experience self-loathing because they have difficulty managing their emotions and because they rely on others to make them feel worthy and well. Unfortunately, their solution to feelings of inferiority is to force their codependency on others, which, though in the short term alleviates the self-loathing, in the long run reinforces their neediness, which only increases their self-loathing. This is similar to the vicious cycle of addiction, where taking the drink or the drug satisfies cravings in the short term but increases dependency in the long term. One of the clearest examples of self-loathing is self-mutilation, where a person purposely injures themselves. Even while this is occurring, they often express grandiosity in their claims that they know what they are doing when they hurt themselves—they know better than the doctors.

IMPULSIVE BEHAVIORS

BPD makes it difficult for sufferers to control their impulses. The person often resorts to extreme behaviors that are driven by strong emotions that the individual can't or won't control. These impulsive behaviors may include lashing out at others verbally and/or physically, as well as impulsive self-harm such as self-mutilation, which I'll discuss in more

detail below. The person with BPD may also exhibit sexual impulsivity, such as promiscuity, as well as making impulsive purchases.

Unlike non-BPD sufferers, those who are afflicted rarely apologize for or take responsibility for the consequences of these behaviors. They often justify their impulsive and aggressive behaviors by the behavior of others. If you tell your mother she is hurting you, she is likely to respond, “Well, you hurt me, too.” They may justify impulsive sex and purchases using self-pity: “Well, at least I enjoyed some pleasure.”

Individuals with BPD avoid taking responsibility for their mistakes or behavior problems, because to do so increases their sense of feeling flawed or broken, which in turn fuels their self-loathing. BPD sufferers will commonly portray themselves as victims, which they use to justify their disruptive or hurtful behaviors.

RECURRENT SELF-HARM AND THREATS

Recurrent suicidal and self-mutilating behaviors serve several different functions for sufferers of BPD. They may threaten to hurt or kill themselves as a way to get people to do things they don’t want to do. When they feel neglected or abandoned, BPD sufferers frequently make statements such as, “I might as well just kill myself. You probably wouldn’t even notice.” It’s not unusual for people with BPD to perform self-destructive behaviors—cutting or burning themselves, taking a handful of pills, or injecting themselves with toxic substances—in front of others to try to manipulate them.

Individuals who suffer from BPD also often mutilate themselves in private. They commonly cut or burn themselves as an expression of their self-loathing. They generally say that feeling the physical pain and/or drawing their own blood gives them relief from emotional pain by replacing it with physical pain. This behavior can be an effort to make their body match their sense of themselves as damaged. Once again, what brings some temporary relief in the short term makes things worse in the long run by producing a physical wound, which is an enduring reminder to them of their brokenness.

Another way those with BPD may use suicidal threats or self-harming behavior is to avoid activities they dislike or that feel threatening, such as school, work, or uncomfortable social situations. They may self-harm shortly before the situations they're trying to avoid. They often present the self-harming behaviors as accidents, such as a fall or an accident with a kitchen knife.

Most of these suicidal and self-mutilating threats and behaviors are not meant to be lethal, however they are almost always impulsive and should be treated as potentially very dangerous. We will explore ways to manage your mother's threats and violent gestures in Chapter 3.

EMOTIONAL INSTABILITY

Sufferers of BPD often go from a state of calm to agitation, depression, anger, and other heightened emotions quickly and seemingly without cause. This *affective instability*, or *emotional lability*, is related to the instability in the way that they perceive and understand themselves and the world around them. Their view of themselves can shift quickly between feeling entitled and better than others, where they feel a sense of calm and well-being, and experiencing self-loathing, where they are agitated, depressed, and can be self-deprecating. These types of mood swings can be triggered by seemingly neutral comments or behaviors that cause the person with BPD to feel slighted or unloved. Put another way: The way your mother treats you is likely to be more about how she feels inside than about your actual behavior. You can learn a lot about your mother's behaviors—and start to identify patterns—by observing her moods.

For example, a woman was told by her mother that the mother had terminal cancer. The daughter tried to reassure her mother that she would help her seek out the best available care and treatment for her illness. To her surprise, the mother responded angrily, “You didn’t care about me when I was well, why would I think you will care about me now?” The mother in this example was probably not really responding to the daughter; she was just expressing her anguish about her diagnosis, but, unfortunately, in a hurtful way.

The mood swings associated with BPD are often confused with those of bipolar disorder, which is characterized by alternating between states of depression and mania. A major difference between bipolar disorder and BPD, though, is that the mood swings in bipolar disorder are largely driven by unstable brain chemistry, while the mood swings in BPD are driven by the reactions of the person with BPD to their perceptions of others. There are instances when someone suffers from both disorders, which, as you might imagine, causes even more instability of mood and behavior.

FEELINGS OF EMPTINESS

Feeling empty is a central part of the experience of the person with BPD. They often feel like a part of them is missing, because it is. Healthy individuals have a stable core sense of self that gives them a secure base; they know who they are. They don't need excessive admiration from others in order to feel worthy. But the person with BPD lacks a stable core sense of self and seeks to fill in the gap with validation from the people around them. For this reason, individuals with BPD are *exquisitely sensitive* to criticism. This is because if others tell them that they are not good at something, it makes them feel damaged. They are unable to effectively reject the opinions of others. When accused of being a bad mother, they rarely dispute it. Instead, they blame the child for the sufferer's being unable to parent effectively.

These chronic feelings of emptiness often create a sense of need that is so intense that the sufferer is rarely satisfied with what they get from others. They are frequently disappointed with others and, as I've mentioned, often lash out to express their dissatisfaction and frustration, which causes instability in their relationships.

INAPPROPRIATE INTENSE ANGER

BPD sufferers often have angry outbursts both in public and private settings. While it's normal for humans to get angry when they are hurt, people with BPD take it to a whole new level. They don't keep their pain secret, but rather wear it with a sort of pride (which may come across

as self-pity) to reinforce both their need to be taken care of and their victim status. They often lash out at those they perceive to be responsible for the hurt they're experiencing. Their outbursts might take the form of verbal and/or physical attacks, breaking objects, or using objects as weapons. The intensity of the anger is usually disproportionate to the situation, such as experiencing instant rage when someone cuts in line in front of them or speaks ill of them. The anger is proportional to their internal self-loathing rather than to the situation as seen by outsiders.

Individuals with BPD have a very low tolerance for frustration. When they feel obstructed in their efforts to get what they want when they want it, they express rage. They may also blame others for not helping them enough. For example, a young man arrived at his mother's house and heard banging in the basement. When he got downstairs, he observed his mother kicking the washing machine and yelling profanities at the machine. She was agitated. She was frustrated because her goal of doing laundry was obstructed by the washing machine. She was kicking the machine partly in the hope that it might get the machine to work and partly as an expression of her frustration. The young man approached her and offered to help, which she did not accept. Since she was already in a rage, their conversation sounded like this:

MOM: *I can't believe that you made me buy this piece of crap washing machine. This is your fault.*

SON: Mom, I will help you get this fixed.

MOM: *You helped enough already. You are a loser like your father.*

In this example the mother is in a rage and the son's only option is to retreat. If the mother had been receptive to help, she would have gotten it.

PARANOIA

The term "borderline" refers to the border between reality and psychosis. Individuals with BPD will sometimes develop paranoid beliefs or delusions when they are very stressed. For example, when having

difficulty at work, someone with BPD may blame these difficulties not on their own behavior but on the fact that their coworkers or managers “hate me” or “are trying to get rid of me.” In some situations, the person with BPD tries to use this to avoid responsibility for their own behavior.

DISSOCIATIVE SYMPTOMS

Dissociation is the experience of being only partially present, as though watching one’s life or oneself from a distance. In the individual with BPD, this can happen during significant stress and is the result of further fragmentation of the sense of self. This level of fragmentation serves the short-term goal of reducing the BPD sufferer’s vulnerability to being hurt by others by only exposing part of themselves. They may have poor or distorted memories of what happened during these dissociative episodes, such as a person with BPD carrying out impulsive sexual behavior and later not remembering such behavior. Dissociative episodes may also be triggered or heightened by use or abuse of certain substances.

HOW COMMON IS BPD?

According to the American Psychiatric Association, the prevalence of BPD in the general population is estimated at 1.6%, although some feel that this might be an underestimate and the actual prevalence may be as high as 5.9%. This means that as many as four million Americans suffer from this disorder. The uncertainty of the exact prevalence is due to the fact that many individuals who suffer from BPD never receive formal diagnosis. Of those diagnosed with BPD, 75% are female.

Common Causes of BPD

Researchers consider three factors to be primary causes of BPD. Each cause influences the development of BPD in a different way, and the more of these factors that are present, the more likely a person is to have BPD.

GENETICS

The APA reports that BPD is five times more common among first-degree relatives of sufferers than the general population, which supports the idea that BPD is at least partially genetic. A recent study showed that BPD has some genetic overlap with bipolar disorder, major depression, and schizophrenia. However, studies to date haven't been able to identify a specific gene mutation responsible for the disorder. Researchers are working on mapping a BPD gene.

BIOLOGY

Neuroimaging studies have found several differences in the way the brains of people with BPD function as compared to non-sufferers. The researchers found differences in both the anatomical structure and neurochemical dynamics of the brains they studied. The research hasn't been able to pinpoint whether these differences are due to genetic makeup or are a result of experiences that alter brain functions and cause BPD symptoms.

ENVIRONMENT

Experts on BPD generally believe that environmental causes interact with genetic and biological factors in the development of BPD symptoms. Studies have found that individuals with BPD are more likely to have been victims of childhood maltreatment than people without the disorder. They've also found that mistreated children are more likely to develop BPD symptoms than children who were not mistreated.

In my clinical practice, I've found that individuals who develop BPD tend to be raised by parents who have difficulty disciplining them and setting boundaries. These parents give into their child's protests and rants, thus rewarding this behavior. This we will refer to as *feeding the illness*. The illness, the BPD, gets fed and gets stronger when others give in to angry outbursts or other hurtful efforts at manipulation. This is the biggest error that loved ones of people with BPD can make: Giving in to

What If I Act Like My Mother?

If your mother has BPD, you are at least five times more likely to develop the illness than the general population. If you feel you may have the disorder, you can seek professional help. It's quite challenging to officially diagnose borderline personality disorder, but the diagnosis isn't as important as your behaviors. If you are hurting others the same way your mother hurt you, it's time to change those behaviors.

If you find that you lash out or mistreat others in your life as your mother mistreated you, you'll need to change that pattern. Therapy can be very helpful to learn to cope with your emotions in healthier ways to avoid lashing out or hurting others. Researching and reading about other approaches to handling intense emotions can also help. If you're not sure, ask people close to you if they see you behaving the way your mother does or hurting them in other ways, and work to change hurtful behavior. In the long term, you'll want to create your own model of power rather than mimicking your mother's hurtful one.

the BPD sufferer's hurtful behaviors. This is a form of enabling, and I'll discuss how you can stop enabling your mother with BPD in Chapter 4.

HEALTH EFFECTS OF BPD

Living with undiagnosed and untreated BPD can have many consequences to future health and quality of life. Health risks associated with BPD come from both the disease itself and from health problems that are often associated with untreated BPD. Direct health risks associated from having BPD include the consequences of impulsive and self-harming behaviors. People who self-harm may injure themselves so acutely they can develop health problems or even die. Impulsive social behaviors, such as promiscuity, can expose the sufferer to dangerous situations with unknown partners or exposure to sexually transmitted diseases. Those with BPD also experience high levels of stress due to the high levels of conflict in their unstable relationships and the experience of self-loathing. The persistent stress experienced by these individuals often causes stress-related symptoms such as difficulty sleeping, digestive disorders, headaches, and other health problems.

People who suffer from BPD often have co-occurring disorders that also add to health risks, such as substance abuse, mood disorders, eating disorders, and post-traumatic stress disorder. Each of these disorders brings additional health risks to both mind and body.

LIFE WITH BPD

It is sometimes difficult to sympathize or empathize with BPD sufferers because their disease often causes them to be hurtful to others. Sufferers of BPD are not bad people; they are sick people. They suffer tremendous pain and feel unable to help themselves. They believe that they must depend on others to help them feel all right, and they feel constantly disappointed with the efforts of others in warding off their feelings of self-loathing. Many of the efforts of others to make them feel better actually make them feel worse, by making them feel more flawed.

With non-enabling support from friends and family members and the help of providers trained to treat this disorder, individuals with BPD can learn to manage their emotions and behaviors. Once they stop unhealthy and enabling behaviors, those behaviors can be replaced by healthy ones. These healthy behaviors become self-reinforcing as they improve the quality of life of the BPD sufferer, which compels them to continue these healthy behaviors and expand upon them.

The following dialogue between Tim and his mother, Maureen, shows a typical interaction between a young adult and a mother with BPD:

TIM: *Mom, guess what?? I just got into my first choice of colleges!*

MAUREEN: Which college is that?

TIM: *UCLA!*

MAUREEN: You mean you are going to California?

TIM: *Yes, isn't it great?*

MAUREEN: Why are you leaving me?

TIM: *What? I'm not leaving you; I'm going to college!*

MAUREEN: Why don't you go to college nearby and live at home?

TIM: *Going to UCLA is my dream!*

MAUREEN: You dream of leaving me; you're so ungrateful. I wish I had never had children!

In this dialogue, you can see how Maureen, the mother with BPD, hears everything through the lens of her fear of abandonment and how she lashes out at Tim when she perceives that he is going to abandon her by following his dream of going to UCLA. Tim, so excited at first, is left in pain, feeling confused and unsupported.

Common Experiences

Children of mothers with BPD often suffer unique symptoms that may cause significant problems and damage their sense of well-being. These may include:

- Post-traumatic stress disorder—depending on the nature and intensity of your mother’s hurtful behaviors, you may have experienced (or currently be experiencing) a partial or full-blown traumatic reaction. (I will discuss PTSD more in Chapter 6.)
- A strong sense of guilt about not being good enough for others.
- Significant anxiety.
- Depression.
- Self-doubt.
- Codependent relationships.
- Identity confusion due to unstable feedback from mother during formative years.

Later on, I’ll talk about each of these symptoms and give you some tools to aid your healing.

Alice's Story

Alice grew up in a household where her mother dominated her father. By the time she was aware, her father had stopped resisting and automatically gave in to her mother when they disagreed. It was so common and so natural for her father to give in that it became normal to Alice.

She learned that, like her mother, she could prevail over her father by being aggressive with him, such as by yelling at him or threatening to withdraw from him. She had grown up seeing her mother prevail in most situations by lashing out against those she considered to be resisting her. She quickly learned that this did not work against her mother, but it worked pretty well with other adults in the family, as they were used to this behavior from her mother.

Some parents of her friends found Alice unpleasant company due to her demandingness and agitated behaviors, and they discouraged their children from inviting Alice to their homes. Academics came easily to Alice, but school officials, including teachers, coaches, and administrators, experienced Alice as uncooperative, resulting in some suspensions for insubordination.

As a young adult, dating was difficult for her. Although she was able to attract numerous love interests, the relationships tended not to stand the test of time. Alice's insistence that her partners subordinate to her when in conflict drove them away.

Alice did not understand why people generally seemed to feel uncomfortable around her, although she was acutely aware that they were. She was shocked when she finally sought professional help and it was explained to her that the family model she grew up with was seriously flawed by her mother's illness and her father's capitulation, and that she had taken on some of the traits of her mother's illness through her mother's modeling. Through therapy, she was able to change her understanding of healthy intimate functioning, with associated improvement in her social functioning and satisfaction.

EXERCISE: **Identify Her Pain**

It is important to be consistently mindful that you are dealing with a mother who is in pain, not an evil person. In this chapter you learned that your mother's primary and most acute sources of pain are:

- Fear of abandonment
- Rejection
- Self-loathing

For this exercise, each time your mother expresses pain to you, try to catalogue her pain into one of the above categories. Ask her whatever questions are necessary to have her explain her pain. This will encourage her to express feelings to you in words, rather than actions. As you become more mindful of her pain and better at identifying it, you will become more validating to her, which will benefit your relationship.

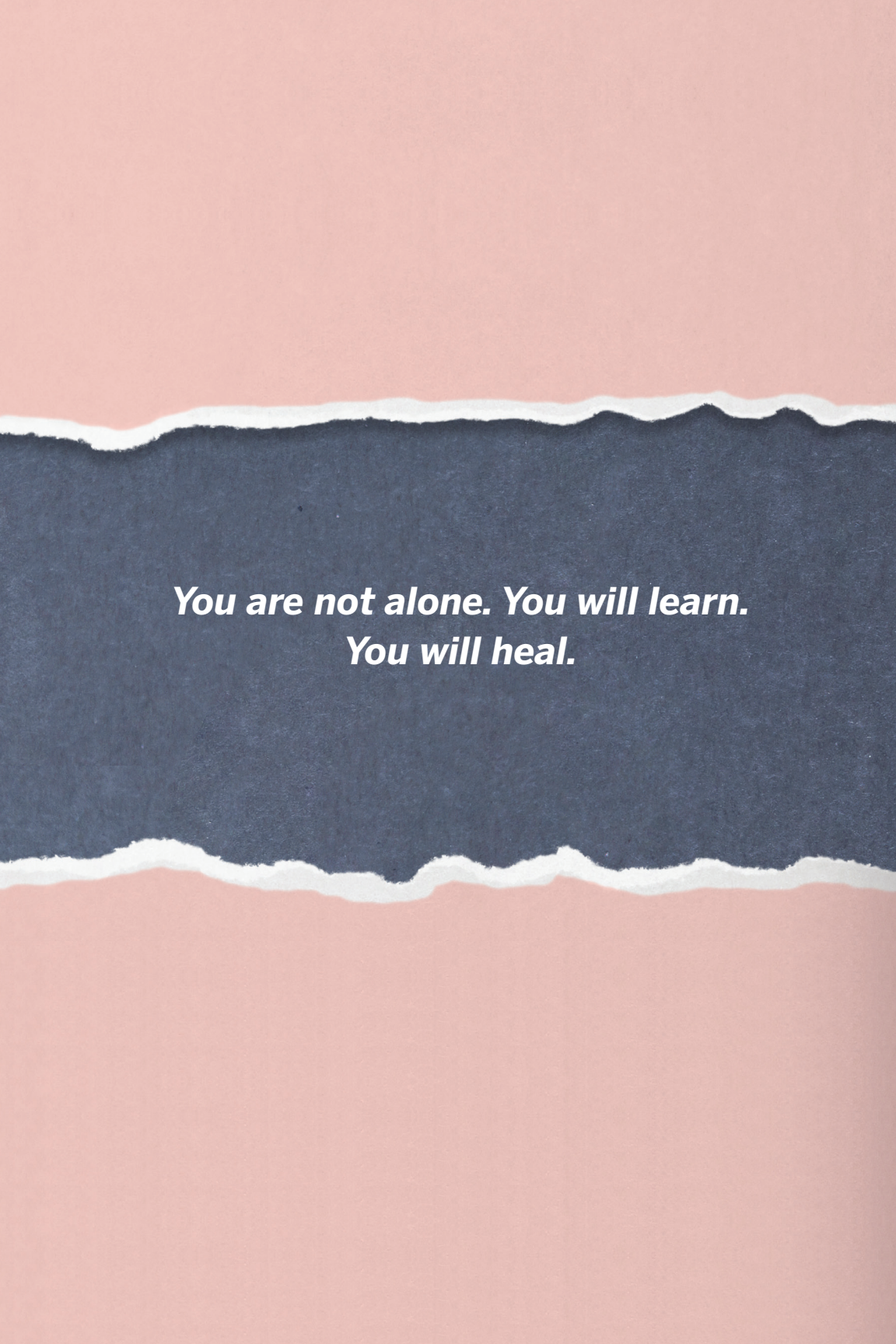
Of course, being mindful of the pain of others is healthy in all relationships. The types and sources of pain will most likely be different for non-BPD sufferers, but the techniques practiced here will work just as well.

Conclusion

In this chapter, I explained the symptoms of BPD. Having a good grasp of this disorder will help you cope with the seeming instability of your mother's emotions and behaviors and will help you develop strategic changes in how you relate to her. These changes will support a more stable relationship between you and your mother.

The rest of the book will discuss techniques for changing how you approach your relationships with your mother—and your relationship to yourself—that will reduce your susceptibility to being hurt, while helping you heal from the damage your childhood trauma may have done to your sense of self.

The next chapter will focus on how your sense of self was damaged by your relationship with your mother. It will also explore how your family was affected by the disorder and how you were, in turn, affected by the damage to the family.



***You are not alone. You will learn.
You will heal.***



Growing Up with a Mother with BPD

Human infants and children are programmed to believe that the world is good because Mommy and Daddy are good. This is called *imprinting*, and it predisposes us to believe that our parents know everything and are all-powerful. This is actually a projection of our need to be completely taken care of: In order to survive, we need our caretakers to be completely capable. When our needs are not taken care of, we are programmed to believe that we are the problem, not the parent. This empowers us to make whatever changes we need to in ourselves to get our parents to take care of us, but it also sets us up to blame ourselves if they fail.

Healthy mothers work hard to be empathetic to their children so that they can accurately pinpoint the needs of their children and meet those needs. They welcome feedback from their children that allows them to be more effective as a caretaker. Mothers with BPD, however, want their children to only want what they, the mothers, want to give. If the child is distressed, they want the child to be comforted by their hug. If the child is not comforted by the hug, they feel criticized and slighted. They don't learn to increase their own empathy to become a better mother; instead they may lash out at the child for demeaning their efforts at parenting by needing something that they can't or don't want to give.

This is often a primary wound of children who are raised by mothers with BPD: You are punished for needing something that she

is not able to offer or not comfortable offering. A common example is a child getting sick when the mother has plans. The mother with BPD may get angry or frustrated with the child for getting sick and needing her care at a time when she doesn't want to offer it. This is one of the cornerstones of the deep feelings of guilt, self-doubt, and poor self-esteem you may suffer. When your mother rejects your very real needs as a child, you feel bad about having those normal childhood needs and you may feel guilty or shamed for being yourself. This may undermine your confidence in future relationships and contribute to codependent patterns. Codependency refers to one individual encouraging another to be dependent on them. Mothers with BPD often depend on their child for constant reinforcement of their worthiness by having the children serve them. Many of these children give up parts or all of their lives to keep pleasing their mothers in this way, which encourages the mother to stay dependent on them.

The Mother-Child Relationship

Human infants cannot survive without total support from a caretaker. Most often this role is filled by the mother. Without this total support, the infant's life is in danger. Timely responses to the infant's needs for feeding, changing, and soothing help the child feel calm and secure. When the infant doesn't get this immediate care, the child will experience discomfort that they are helpless to address. This interferes with the infant's ability to trust their mother and can affect their ability to trust others throughout their lifetime. A child who grows up in this way may develop anxiety from not being able to rely on their mother and a feeling of helplessness from not being able to do anything about it, which can contribute to depression.

As I discussed in Chapter 1, people with BPD suffer from a chronic sense of emptiness, which makes them seek frequent confirmation from others that they are okay. The feeling is so painful that it causes them to seek reassurances from their own children, to the point where

a mother with BPD may need this reassurance in order to even provide basic caretaking and support to her kids. The pain that causes the reassurance-seeking is one of the primary causes of codependency, which I'll discuss in Chapter 3. Mothers with BPD seek evidence that they are an effective mother, and they often expect their children to prove this by being loyal and obedient. If the child is not perfectly obedient, the mother takes it as evidence that she is not a good mother, feels pain, and lashes out. The child then learns that, in order to be loved, they have to behave perfectly and never need anything their caretaker doesn't want to give.

Below is an example of Sally reacting to her young daughter Sonia's rejection of Sally's attempt to help.

SONIA: *Mom, my stomach hurts!*

SALLY: Here, I'll get you some Pepto-Bismol.

SONIA: *Yuck, I don't like that stuff. It makes me nauseated.*

SALLY: But it'll make you feel better!

SONIA: *I'm not going to take it. It makes me feel worse.*

SALLY: You're so ungrateful! Fine, do it your way then. You're on your own. (Walks away and refuses to help Sonia any further.)

The mother experiences any argument or difference of opinion from her child as a lack of appreciation, which she sees as an invalidation of herself as a mother. In response, she threatens to withdraw her caretaking and support. Unfortunately, this experience of pain and invalidation can cause the mother to resist or oppose her child's normal efforts at independence, because it makes the mother feel unneeded and unwanted.

In this way, the child of a mother with BPD bears the burden of maintaining the bond with the mother and feels pressure to please the mother or risk her withdrawing some or all care and support. This dynamic is called *walking on eggshells*, and I'll discuss it in more detail in Chapter 3.

Effects of Having a Mother with BPD

Children being raised by a mother with BPD may experience certain mental health issues stemming from their upbringing. They may also develop personality characteristics and needs that are unique to growing up in an emotionally unstable environment. Do you recognize any of these behaviors in yourself or your siblings?

Mental Health Issues:

- Addiction to substances or unhealthy behaviors
- Low self-esteem
- Depressed mood
- Excessive anxiety
- Intrusive thoughts or images of disturbing or traumatic events
- Social withdrawal
- Sleep disturbance

The Effects of an Unstable Home Environment

People who grew up with a mother with BPD may feel:

- Persistently ill-at-ease.

- Expected to serve others at all times.
- Unable to relax.
- A constant sense that they are doing something wrong and are about to be accused.
- That they will be blamed and attacked for their mother's pain.
- Guilty, while at the same time feeling helpless in their efforts to please her.
- A sense of dread at being around their mother, while at the same time needing something from her that they cannot get.
- Guilt for not wanting to be around their mother and not being able to please her.
- Emptiness due to the lack of validation and unconditional love that children need from their mothers.
- As if they are experiencing a dark childhood that they pray will end so they can escape.
- Enslaved by their friends and partners, driven by the belief that they need to please others in order to justify their own existence.
- Alone almost all of the time, even when they are with others.

Attachment Theory

Researchers in child development believe that an infant's attachment to their mother affects their relationships throughout their lifespan. Attachment theory describes the emotional bonds between two or more humans, particularly the intense bonds between parents and children or between people in romantic relationships. It states that, as human infants are dependent on their primary caretaker, often the mother, for survival, for most infants their attachment to their mother is by far the most important thing in their life. Attachment theory goes on to offer an explanation of how the early attachment between primary caretaker and child can affect the child's relationships for their whole lives. The type of attachment the child has with the mother is determined by characteristics of both the infant's and the mother's behavior.

Here's how it works: Infants are born with different temperaments or levels of nervous system stability. These temperaments are based on genetic, gestational, and medical factors, such as gastric issues, injuries incurred during the birth process, birth defects, infection, etc. Those infants lucky enough to be born with stable, more developed, nervous systems tend to be more content and are better prepared to make their milestones. These infants are naturally calm and/or happy and require minimal care and attention to keep them content. They respond positively to the mother's care and presence and welcome the mother all the time. These infants are the easiest to bond with and are most likely to have healthy attachments to their mother.

Other infants are born in distress with less developed/less stable nervous systems. These infants tend to have more difficulty feeding well or calming themselves for sleep, and seem to remain that way for most of their infancy. They are difficult to console, and some do not like to be touched. It is much more difficult for mothers to bond with these infants as they may not immediately return their mother's affection. The attachment between these infants and their mothers may be

unstable; the mother often exhausts herself unsuccessfully trying to comfort her child.

A third infant temperament is fearful. These infants have difficulty tolerating separation from their mothers and experience panic when the mother so much as goes to the bathroom. Sometimes mothers, not wanting to draw unwanted attention or to deal with an unhappy child, will bring their child with them everywhere—even into the bathroom when they don’t have others around to look out for the infant while they’re gone. The baby then develops the expectation that their mother will always be around and doesn’t go on to develop healthy independence. The bonds between these infants and their mothers is stable, but codependent.

Similarly, mothers have different temperaments based on their genetics and upbringing. How well the mother and child bond—and what the child learns about connecting with others—will depend on both of their temperaments.

The maternal qualities that support a mother’s ability to attach to her infant in a stable and supportive manner include:

- **Empathy:** The ability to understand what her baby feels is necessary in order to understand what the child needs. Understanding a baby’s needs is particularly challenging during the first year of life, before the child has the ability to express these needs in words.
- **Patience:** Children are, by nature, impatient because they are only aware of their own immediate needs, so a mother must teach this skill to her child. If she doesn’t have patience with her child, the child doesn’t learn this valuable skill, and tensions in the relationship will make it less stable.
- **Ability to put the infant’s needs first:** This quality is tested on a daily basis in most mother-child relationships. A healthy caring mother will put her own needs below the needs of her baby. She’ll change her infant’s diapers when she would rather be sleeping and will drop everything when her child is sick, hurt, or crying.

Unfortunately, BPD cripples its victims in exactly these areas, making it almost impossible for mothers with BPD to foster a stable and healthy attachment to their children. As mentioned previously, the attachment style that the child has with the mother is very often the template for all attachments throughout their lifespan. Children that have unstable or insecure attachments with their mothers tend to repeat these less-than-optimal attachments with their spouses, friends, and children. The next section will describe four different types of attachment infants have with their mothers that become a template for their relationships throughout the rest of their lives.

THE FOUR ATTACHMENT STYLES

Bartholomew and Horowitz identified four attachment types through their research that we can use to understand human relationships throughout the lifespan. These attachment styles are most often formed in infancy, depending on how the mother (or primary caregivers) and the child interact.

- **Secure attachment** is the most stable. Both mother and child feel safe with one another, so their behavior is consistent, which increases their sense of security. This safety minimizes stress from the relationship and diminishes stress from outside sources. The infant sees the mother as a source of comfort and nurturance and seeks her out as a solution to all discomforts and needs, and she responds with caring and support. The security of this relationship drives the infant to seek stable relationships later in life and it gives them the skills to do so.
- **Preoccupied attachment** is unstable. Inconsistent parenting causes the infant to worry about having their needs met, so the child becomes preoccupied with the relationship. Sometimes the mother satisfies the needs, and the infant feels close to her. At other times the mother is not available, and the infant can feel

unworthy of her care. This may happen when mothers are not physically available as well as when they are physically available but not consistently emotionally available. This attachment style is common in families where the mother has substance abuse problems but also occurs when mothers are merely distracted by their own needs. This inconsistency adds to the child's stress, rather than helping the child cope in a healthy way with stressors from external sources. As adults, these children need a lot of reassurance from others and are easily hurt by criticisms or perceived slights, such as being left out of social gatherings. They continue to feel unworthy and compensate by seeking codependent relationships, where they rely on others to support their self-esteem through persistent adoration or affirmation. Adults who were raised in primarily inconsistent attachment environments are often uncomfortable being alone and rely on others to keep them from feeling lonely.

- **Dismissing attachment** occurs when the infant or child gives up on the mother and withdraws from any kind of bond. These children become indiscriminate about where they get their needs met. They may accept food, comfort, and support from strangers on the same level as they do with their mothers. This attachment style helps the child feel less stress about their mother not being consistently responsive, but they may still feel stress regarding getting their needs met. This stress will decrease as they become more independent. Sometimes adults with this attachment style focus on function rather than intimacy in their relationships. These individuals may have a steady group of individuals they play golf with or commute with, but outside of these activities the person doesn't nurture the relationships, and when the activities stop the relationships go dormant. The person may prefer to be alone and may experience feeling both that they are unworthy of attention and affection from others and that others are unworthy of theirs.

- **Fearful attachment** occurs as the result of overparenting, even if the excessive parenting is done with good intentions. Fearfully attached people are very picky about their relationships because they expect to be disappointed by others. They feel worthy of the attention and affection of others but feel others are unworthy and, hence, inevitably disappointing. As children, their parents anticipated their needs and met them immediately, before the child even showed that they were uncomfortable. These individuals compare all connections with others to this original connection, and they fear attachment to anyone else because they are almost never able to find others who will treat them the same way. Many of these people remain dependent on their mothers into adulthood, which decreases the need for them to seek out more satisfying relationships with peers. They may suffer a crisis when the mother becomes disabled or dies. Many of them convert to the dismissing style of attachment after the loss.

Children of mothers who suffer from BPD rarely form a secure attachment. Overparenting is also rare as the mothers with BPD are usually too preoccupied with getting their own needs met. Thus the most common attachments these children form are the preoccupied and the dismissing types. Preoccupied attachment forms when the child is continually worried about whether or not they'll get their needs met but still tries to get care from their mother, and dismissive attachment develops after the child gives up hope in getting what they need. These two types of less-than-ideal attachments are the result of repeated damage to the child's bond with their mother.

ATTACHMENT INJURY

Attachment styles are linked to a person's ability to trust others and be trusted. Someone has a secure attachment when they can trust others appropriately and others can trust them appropriately. When a caregiver breaks the trust of their child by not meeting that child's needs, this causes what is called an *attachment injury*. For children of mothers

with BPD, attachment injuries are common. Here, I'll discuss the two major types of attachment injury.

- **Traumatic attachment injury** involves betrayal. A traumatic event is one that is so psychologically intense and damaging that the child can't manage it, either during the event or afterward, which causes severe stress. Any kind of abusive behavior toward a child is traumatic, especially when perpetrated by the mother. In this circumstance, the person you need to trust the most is hurting you on purpose. The child has the experience of being driven away from that which they need most, while often being blamed for the abuse due to their inadequacy or worthlessness. Children who experience this type of injury often have lifelong difficulty trusting others and may even experience flashbacks of the abuse when entering into vulnerable situations.
- **Persistent attachment injury** happens when the child experiences frequent disappointment such as being made to feel less than, unworthy, or not a priority. For the infant, this might take the form of the mother responding inconsistently and often not fully. Leaving the child too long in a soiled diaper, incomplete feeding, ungentle bathing, and impatient attempts to comfort the child are examples of persistent disappointments that injure the attachment by deteriorating trust.

Complicated Love

Healthy love is most common in secure attachments where both people in the relationship are concerned about each other's feelings as much or almost as much as their own. This brings a sense of safety associated with consistency and reliability. Children of mothers with BPD rarely have the opportunity to experience a secure attachment with their mother, which complicates the attachment to their mother because they can't rely on her to be available or kind.

EXERCISE: **Find Your Pain**

In the next section, you will learn how keep new injuries to a minimum while in a relationship with your mother with BPD. It can be challenging to interact with someone who sometimes attempts to please you and other times tries to purposely hurt you. This technique will require that you feel your pain so that you can protect yourself.

If you are like many children of mothers with BPD, you have learned to numb your own pain. This is because pain causes you to feel anger, which makes you want to push away the source of the pain. As a child, you could neither stop the pain nor leave your mother. Because the pain was constant and you couldn't get away from it, you may have just learned to ignore it. Though that was a natural effort at coping, to move forward and heal you will need to be able to identify and feel the different types of pain. This will help you craft the best coping mechanism for each. You'll have to stop numbing the pain in order to protect yourself against future pain.

This exercise involves labeling your pain. I've already discussed two types of pain common with children of mothers with BPD: betrayal and disappointment. In trying to label the different types of hurt, focus on the feelings—such as shame, sadness, emptiness, etc.—rather than getting bogged down on what causes it. As you do this exercise, be aware that pain often is experienced as anger. In this circumstance, try to label the emotion that is causing the pain that is making you angry. A quick way to get started is to first tap into your awareness of your pain. Examining your own pain with your mother present is the ultimate goal, but that may not be realistic at this time.

Step One: Let's begin at the beginning. This involves recalling the pains of your childhood. Recalling childhood memories is an associative process. That is, one memory triggers another. A good way to get it started is to ask yourself, "What is the most painful childhood memory I can think of?" or "When did I first experience what it is like to be inconsolable?"

Step Two: Create a narrative around the pain. This can be in journal form. Each narrative should be brief, but ultimately you are putting together a historical account of your life and chronicling your pain.

Step Three: Identify patterns of hurt. Some examples of labels you can use include rejection, damage to self-confidence/self-esteem, anxiety, fear, and guilt. Write out the sentences below, either in a journal or on a sheet of paper. Using these labels, and any others you can think of, fill in an emotion for each of the sentences below. You may use more than one word and more than one emotion for each sentence:

- The way my mother hurts me the most is _____.
- The way my mother hurts me the most frequently is _____.
- The way I feel when I am around my mother is _____.

Step Four: Take an inventory of your reactions to how your mother hurts you so that you can figure out the best coping strategies for your situation.

But I Still Love My Mother!

At some point many children of mothers with BPD come to realize that they are in an abusive relationship with their mother, yet they continue those relationships anyway. Many end up asking, “Why do I keep her in my life when it’s so painful?”

If this sounds familiar to you, let me reassure you that it’s normal to feel conflicted. You are likely compelled to maintain the relationship to avoid the feelings of guilt you experience if you don’t. Your mother has probably accused you over the years of not being good enough, which enslaves you into seeking her approval. You may have heard her call you ungrateful, a bad child, or any number of other things when you’ve tried to set a boundary with her. Does this dialogue sound familiar?

MOM: *I was hoping you would call me last night. Did you forget you have a mother?*

CHILD: Oh, sorry, I was working last night.

MOM: *What was more important than calling me?*

CHILD: My job.

MOM: *I can’t believe you! You are ungrateful for all that I have done for you!*

These interactions can make you feel like you are not good enough, which makes you try even harder to please your mother, while simultaneously feeling anger and hurt due to repeated injury. This is complicated love.

This kind of complicated love is what often tortures adult children of mothers with BPD: You love your mother but yet she often hurts you. How can you have her in your life without experiencing that pain?

It is possible to have your mother in your life in a healthier way. One way to do this is to identify the ways that she tends to hurt you and set up boundaries to prevent her from doing so whenever possible. Below, I'll discuss some examples of common ways that mothers with BPD can hurt their children and boundaries that can help reduce the pain.

- **Abusive behavior.** When people with BPD don't get what they want when they want it, they sometimes strike out at others by saying and doing hurtful things. In order to stop this behavior, you'll need to make it clear that it will no longer be tolerated. One way to do this is to use the *form before content* method, which involves setting a boundary that you will refuse to address the topic of a conversation if your mother doesn't express herself in a civil/respectful manner (I'll show you this tool in Chapter 4). With verbally abusive behaviors, such as attacks on your sense of self, you'll also need to invalidate those statements. For example, if your mother calls you a terrible person because you are not pleasing her, you must look inside yourself. If you are happy with who you are, there is no need for you to entertain her judgmental and hurtful attacks. Attacks to your sense of self are only hurtful to the extent that you allow these statements to shape your view of yourself. I'll discuss how to become impervious to your mother's attacks throughout the book.
- **Betrayal.** Individuals with BPD often use other people's secrets to help them get their needs met. If your mother betrays your confidence regularly, then you'll need to withhold confidential or sensitive information from her. When you withhold information from her in public, shaming may occur. For example, your mother may try to punish you by telling your peers that you used to wet your bed as a child if it appears that you are paying more attention to your friends than to her in a social situation. If you cannot withhold sensitive information, then you may need to avoid being in certain social situations with your

mother. Many children of mothers with BPD who still live at home avoid bringing friends and lovers home, often because their mother may use the opportunity to shame them, betray confidential information, or pry into their lives.

- **Disappointment.** This is a result of others not meeting your expectations. If your mother frequently disappoints you in the same ways, then you need to change your expectations. You must accept that your mother cannot or will not change her behavior. For example, if your mother is chronically late for events, you might adjust by telling her that events begin 30 minutes before they do.

When Home Doesn't Feel Safe

When individuals do not feel safe, they experience fear. This emotion causes us to become hypervigilant of possible threats and prepared to flee from danger. Similar to children of alcoholics, children of mothers with BPD approach their homes tentatively. They look and listen for evidence that their mother is in a good mood or otherwise occupied before they let her know they're in the house. If they perceive danger, they proceed to their room as quickly as possible and occupy themselves with homework or sleep or some other activity. They avoid contact with their mothers if they can. When flight is not possible, anxiety replaces fear, and since young children can't ordinarily leave their homes permanently, they will often develop a sense of helplessness. Over time, this may contribute to the development of depression. Adults normally seek autonomy and independence; it's a part of a healthy developmental process. But sometimes, children of mothers with BPD can have issues separating from them due to attachment issues.

Family Dynamics

Like many mental illnesses, BPD affects entire families. The instability of the disorder causes instability of the family structure, and everyone

in the family experiences stress. The mother with BPD expresses a persistent need to be the center of attention and lashes out when things do not go her way. Over time, this causes family members to experience a sense of dread associated with family gatherings, and they tend to avoid them. This lack of cohesion and connection may cause families to eventually reach the *breaking point*, where the family structure collapses because family members aren't getting their intimacy needs met. When participation in the family structure adds stress, family get-togethers decrease in frequency until they become rare or absent. With participation by other family members and the tools and strategies you will learn in Chapter 4, you can help your family avoid the breaking point and you can collectively strengthen the valuable family bonds that may have become weakened by BPD.

In this example, Monica attempts to triangulate her daughter, Lori, and Lori's brother, Steve—meaning she attempts to use them against each other by using the grandchildren as pawns—when she cannot get what she wants. As you can see, Lori sets a boundary with her mother when Monica starts resorting to personal attacks.

MONICA: *Honey, I'd like to take my Johnnie and Karen to a show in town. I think they'd love it.*

LORI: That sounds great. When?

MONICA: *It's a Thursday matinee.*

LORI: But the kids have school that day!

MONICA: *Oh, come on, they can miss a day.*

LORI: Mom, they have to go to school.

MONICA: *Why don't you want your children to have a relationship with me? You have always hated me.*

LORI: Can't you take them on the weekend?

MONICA: *Forget it. I'll take Steve's kids instead. I don't know why I needed to have more than one child.*

LORI: Okay, Mom. If you would like to talk about a solution that works for everyone, I'm willing to do that, but if you continue to attack me, then this conversation is over.

Lori tries to negotiate a solution with her mother but draws a boundary when Monica becomes hostile. When you set boundaries like this, it's critical that you are prepared to back them up. Your mother will test them, and, if you don't stand strong, you'll have a more difficult time setting boundaries in the future. The key is to only choose boundaries that you know you can enforce. In the above situation, it is very likely that Monica will participate in a cooperative conversation—as long as Lori can hold the boundary—because this is the only way she will be able to take her grandchildren on an outing. But if Lori were to give in to the next round of attacks and agree that Monica can take her children on a school day, then she will have trouble establishing a similar boundary in the future.

I discuss boundaries further—and offer some tools to help you establish and maintain boundaries—in Chapter 4.

Being Your Own Parent

The development of an adult personality requires years of nurturance and stimulation. Our mothers play a critical role in passing on knowledge and preparing us for success outside the home. What children do not get from their mothers, they must get elsewhere. Some children are fortunate enough to have older siblings or grandparents who supplement the learning they get from their mother, but others have to parent themselves. These children often learn their self-parenting techniques vicariously, by watching others parent and be parented. They also hone their skills at figuring out their own needs and getting them fulfilled.

However, the better you get at parenting yourself, the more your mother with BPD will want you to parent her. She will become reliant on you for various functions including, and especially, safety and security. Mothers with BPD often call upon their adult children to pay

bills, act as a health care proxy, and serve as a chaperone. Your mother is likely to seek your advice on various decisions (although if she takes your advice and it goes badly, she will blame you). This behavior is called *parental inversion* and is a form of codependency, which I'll discuss in detail in the next chapter.

EXERCISE: **Do You Know How to Say No?**

Are you reluctant to send back food that you don't like in restaurants? Do you feel guilty when you are unable to give others what they want no matter how unreasonable the request? If so, you may be a *parentified* adult child and particularly vulnerable to others becoming overly dependent on you. People who are inclined to be dependent on others tend to seek out individuals who have difficulty saying no. Mothers with BPD train their children not to say no so that they will always be willing to please her.

For this exercise, take inventory of how often you say yes when you should say no. For one week, keep track of every time someone asks you for a favor, including what your response was, as well as the non-ideal experiences you have and how you responded. For instance, did you order a meal that wasn't prepared correctly and decide to eat it anyway? Did you say yes to a work assignment even though you already feel totally overwhelmed at your job? Write your decisions down and check in with a trusted friend about them. This will allow you to stimulate a discussion about your habits and get feedback as to whether you are saying yes when you should be saying no.

PROTECTING YOUR FAMILY

If you have a family of your own and your mother is still alive, you must protect them from being hurt by her. I suggest using a process called *inoculation*. This involves warning others about patterns of behavior that lead to abrasiveness or argumentativeness with your mother and preparing your family members for these exchanges. This needs to be done very gingerly, or it will be perceived by your family members as bitterness rather than a bona fide concern. Remember that they did not grow up with this situation and it will seem very foreign to them and difficult to believe until they see it.

You should also keep in mind that sufferers of BPD are often able to relate to others respectfully in limited, or non-intimate, relationships. This is because non-intimate relationships are limited with regard to codependency: They don't get imbued with the primary demand of validation. As relationships become more intimate, they are more likely to be engaged by your mother in her need for self-validation. So people who don't know her become comfortable around her, sometimes to be blindsided by her as closeness increases. Your mother's increased interest and efforts to contact your family members more frequently may signal her idealizing them. This will feel good to them . . . but then they will inevitably disappoint her, and she may lash out.

Neither youthfulness nor advanced age excludes your family members from being targeted if they disappoint her. Keeping your children physically and emotionally safe from the effects of BPD on your mother involves consideration of your mother's history of impulsive behavior, as well as the age of the child, especially in decisions that involve leaving the child or children alone with her.

It is suggested that you educate your family about *triangulation*, the polarizing of two or more family members in competition with another, and how to avoid it. You will need to actively intervene when you see efforts to polarize family members from each other. For example, minor children should be told never to agree or disagree to plans with your mother without checking with you and your spouse first. This makes it

clear to your mother that decisions for the children are made by you and your spouse, and not the child, thereby avoiding triangulation.

How BPD Affects Your Life

Our brains continue to develop physically throughout our entire childhood. The experiences we have with our environment during our development affect all aspects of our neurological functioning. Psychologically, this includes thought (cognition), emotion (feeling), and social functioning. Not only are patterns of how you think, feel, and interact with others demonstrated, but also the processes themselves are modeled by a parent or parental figure. It's especially important that we learn healthy skills for problem-solving, emotional modulation, and empathy, which are vital for later functioning. Unfortunately, these are also the very aspects with which people with BPD have trouble. Below, I'll describe some common effects on these processes caused by being raised by a mother with BPD.

RELATIONSHIPS

An unstable attachment with your mother is likely to have effects on future relationships throughout your life. The most profound effect is that you may have difficulty trusting others. As discussed above, children who do not get what they need from their mother learn how to get it elsewhere. This makes them fiercely independent. Having achieved this independence after much painful disappointment, it may feel unnatural to you to ask for or accept help. Doing so might make you feel anxious because you anticipate disappointment.

Many adult children of mothers with BPD seek out codependent relationships: They don't let others take care of them, but they seek needy individuals to take care of, in order to bolster their damaged self-worth by feeling useful or needed. They have become very competent, and their independence is attractive to needy people who want someone to take care of them. While these relationships may last for

many years, the attachments are unstable because they are imbalanced: One person consistently contributes more than the other. This often results in a power imbalance within the relationship, where one person has more control than the other. This imbalance can cause the relationship to destabilize further due to feelings of resentment and disappointment that undermine trust.

SELF-CONFIDENCE

The damage to the sense of self-worth that occurs with inconsistent attachment in childhood causes a lack of self-confidence. While these adults might eventually figure out how to sustain themselves, they are not confident in social situations. This is because an important part of a healthy attachment involves the child getting accurate social feedback from their mother, which helps the child learn how their social responses affect others.

Mothers who suffer from BPD often give their children manipulative feedback, designed to get a particular response from the child, rather than accurate feedback designed to teach the child valuable information. For example, the mother might express disappointment in the child to get the child to offer even more reassurance or positive feedback to the mother, even when the child's initial response was perfectly fine. The above dialogue is an example of this. In it, the mother rejected her adult child's efforts to arrange an outing with her grandchildren because she didn't get it exactly her way. This behavior gets in the way of the child's development of social confidence because the child doesn't fully understand how others will react to them.

FEELING DIFFERENT FROM EVERYBODY ELSE

People with BPD often have a distorted view of others. Weak empathy and feelings of emptiness cause them to see others largely in terms of whether those others please them or don't please them. When the child doesn't please their mother, she tells the child that they are worthless,

which is a distortion. This lack of accurate feedback from the mother can lead to the child feeling different from everybody else. Understandably, people raised by a mother with BPD tend to develop a sense that others have an easier time understanding social cues and know better how to respond to those cues effectively. Much like their childhood behavior of entering the home quietly in order to read the social environment before interacting, those raised by a mother with BPD tend to enter social situations quietly and with reservation until they are sure they are welcomed and accepted.

Isolation vs. Dissociation

Adult children of mothers who suffer from BPD often feel isolated as described above. Isolation involves separating yourself from others, which may be a sign of a contemplative process or might signify the early stages of depression. If you are isolating yourself and are experiencing other signs of depression (changes in appetite, attention, or sleep patterns), consider seeing a professional.

On the other hand, if you suffered trauma in childhood such as abuse, you may also experience dissociation. Dissociation is a symptom of post-traumatic stress disorder (PTSD), which I will discuss in Chapter 6. It feels like things are not real or like you are watching your life from someone else's perspective or on TV. Severe dissociation may be accompanied by flashbacks or a reliving of childhood trauma. Dissociation involves separating yourself from yourself and is rarely a healthy process. If you find yourself dissociating more and more, you should see a professional that specializes in working with trauma victims/survivors.

Tommy's Story

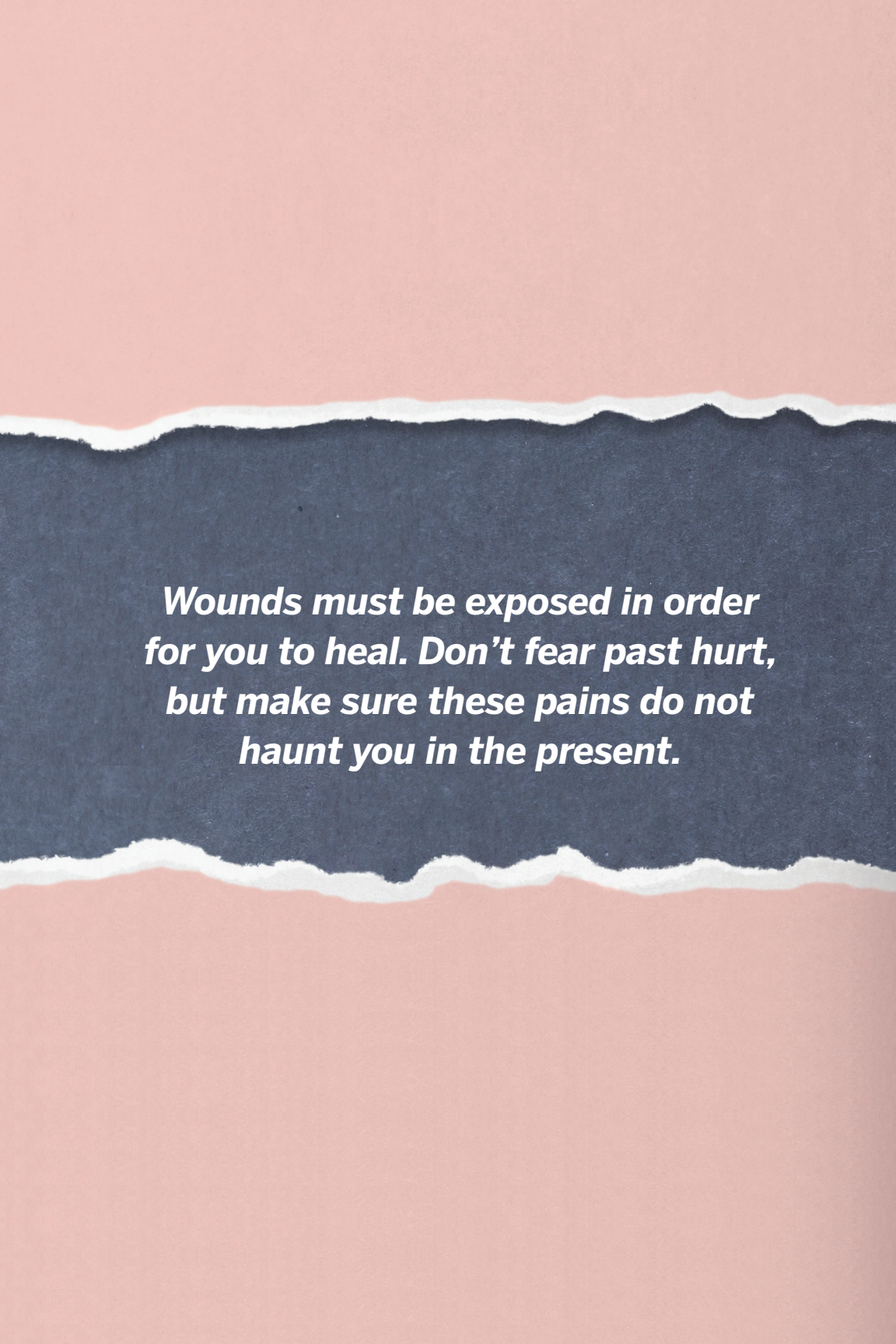
Tommy learned early in life that his mother could not share his joyful experiences with him unless she was the focus. His enjoying vacations or success at school or work without involving her in some way was seen as a slight, and she expressed hurt whenever he expressed joy.

So he learned not to share his successes and pleasures with her. Growing up, these conditions resulted in him not sharing his pleasures and successes with anyone. He never learned the joy of this very important form of intimacy. Nobody knew how to please Tommy, so nobody did. Tommy didn't really expect that others would try to please him, as that had not been his experience. He was aware that other people pleased others, and he often felt left out and isolated. He had little trouble finding others who enjoyed being in a relationship with no demands or expectations.

It wasn't until his second marriage, to a very emotionally generous woman, that he discovered that most people who love him experience joy when he experiences joy, even if they were not participants. This changed his life and his relationships forever.

CONCLUSION

In this chapter we explored the importance of healthy attachment to the mother-child relationship and how attachment can be affected by the mother having BPD. Because attachment is such an important part of childhood, any attachment injuries will have a significant impact on how the child will grow up and learn about relationships. In the following chapters, I will offer tools and strategies to help you transition your relationship with your mother into a healthier state that benefits the entire family. I'll also discuss strategies to help you heal from the damage that has already been done.



*Wounds must be exposed in order
for you to heal. Don't fear past hurt,
but make sure these pains do not
haunt you in the present.*



Riding the Emotional Roller Coaster

The bond between a mother with BPD and her child is different from the way mothers without BPD bond with their children.

The instability of mood, emotion, and relationships that troubles sufferers of BPD causes their bond with their children to be inconsistent, hence, unreliable and insecure. When the mother is pleased, she offers the child attention, care, and warmth. When she is not pleased, she can be punishing or she may withdraw and become neglectful. For the child, this instability may feel like a roller coaster, which often fuels significant anxiety.

If you were raised with this type of unstable bond with your mother, then you may have spent most of your young life trying to figure out how to please her and get her to treat you consistently. You have probably not succeeded. The reason you have not been successful is that her behaviors are determined in part by factors other than your behavior, the most significant factor being her BPD symptoms. In this chapter, I'll explore the most common challenges in the relationship between an adult child and a mother with BPD.

Parent-Child Role Reversal

As mentioned previously, parental inversion happens when the parent compels their child to act as their parent. This occurs frequently when the mother has BPD and can begin as early as conception—when a

mother with BPD gets pregnant in order to have a child to take care of her, and as a reason to have others around her pay attention and care for her throughout her pregnancy. As we know, BPD causes many people to experience self-loathing. They cope with this feeling by getting other people to do things for them in order to validate their worth. For some, the pursuit of validation becomes a persistent focus, which can cause them to look at every transaction with others as both potentially validating and potentially rejecting. The mother with BPD may use her child's existence to get others to take care of her and, in this way, she indirectly expects the child to be a source of validation and support. For example, she may invite people over to see her new baby, but then compete with the infant for attention, such as by putting the child down for a nap right before or shortly after others arrive so that she can be the focus of attention.

Once the child is born, the mother with BPD expects it to provide validation for the fact that she is an effective mother by responding properly to her offers of nurturance. If the infant rejects the mother's efforts to provide nurturance or comfort, the mother will often get angry, feeling that the child is ungrateful. She experiences this rejection as a challenge to her self-worth. The mother suffering from BPD will also frequently expect her infant to keep her from being lonely and to make her feel wanted and valuable.

In early childhood, you were expected to be your mother's playmate. You were expected to want to do what she wanted to do when she wanted to do it. If you were an easygoing child who liked most activities, then you may have enjoyed these times with her because it didn't bother you that you were given few choices. If you were a pickier child, then your relationship with your mother may have been unstable because your mother saw your resistance to her plans as a rejection of her.

Throughout childhood and adolescence, the parental inversion intensifies as the mother increases the emotional and physical needs that she demands her child meet. She tells you that she needs you and that she can't function without you. She transparently shows her pain both verbally and behaviorally if you don't give in to her demands. She may even

threaten suicide or mutilate herself if you refuse her or if she anticipates that you might.

As an adult, you have probably become your mother's primary support by default. She needs to know where you are and must be able to reach you at all times. You must call her when she expects you to call her or she claims that you don't care. She expects to be at the center of all of your family relationships. She is offended if you see other family members, like your sibling, or aunt or uncle, without including her.

The most problematic aspect of the dynamic between a child and a mother with BPD is the mother's dependency on her child's continuous attention and care to prove to her that she is worthy. This may make you feel pressured to always be available to her. But why do you feel that you must comply, give in to her? What do you need from her? The next section will focus on common dependency issues that are characteristic of these kinds of mother-child relationships.

Codependency

In order to satisfy her constant need for validation, your mother may feel the need to keep you close to her. She may do this by trying to keep you dependent on her. From childhood, she likely defined your worth by your ability to serve and please her. If you are like most adult children of mothers with BPD, you are forever trying to please her so that she will tell you that you are good enough. This dynamic is called *codependency*. She needs you to validate her worth by serving her, and you need her to need you. You might find that you also approach other relationships in a similar manner, needing others to need you, to the extent that you develop unhealthy relationships. In order for you to make significant progress in breaking free from the pain of your upbringing, you'll need to work on your tendencies toward codependency. And if you are financially dependent on your mother, the codependence can be much worse. She is likely to use her money as a tool of manipulation to get you to do what she wants.

In order to reap the full benefit of the strategies in this book, you'll need to dismantle codependent bonds with your mother so that you can set effective boundaries. You can do this by identifying where and how you are dependent on your mother for support, approval, validation, money, or in other ways, and ending these dependencies by getting your needs met elsewhere. This is the only way that you can take back control of your life.

Your mother's dependency on you likely causes her to discourage your independence and autonomy. Because she sees every event through the lens of how it affects her needs, she will have a limited ability to celebrate events that increase your independence. Her condition causes her to see events in your life—such as graduation, marriage, relocation, and even a vacation—as threats to her codependent attachment to you. In some instances, she might actually undermine or sabotage these events. For example, she might see your romantic partner as a competitor for your attention and affection and feel threatened by this. If so, she may triangulate by creating circumstances where, in order to please her, you must choose her over your partner. Here's an example of Juanita and her daughter Sophia arguing over Sophia's children:

JUANITA: *Can I take your children to a movie this Saturday?*

SOPHIA: Oh, I'm sorry, I think they're going to the zoo with their father on Saturday.

JUANITA: *Can't they go to the zoo on Sunday?*

SOPHIA: They already have plans.

JUANITA: *No one invited me to go!*

SOPHIA: Mom, come on, it's just a trip to the zoo!

JUANITA: *Everything is more important than being with Grandma!*

SOPHIA: Okay, if it's that important, take them Saturday and I'll tell Leo to bring them to the zoo Sunday.

EXERCISE: **Learning to Say No**

Adult children of mothers with BPD have a very difficult time saying no to anyone—they may feel fearful of reprisal by others for disappointing them, and/or guilt for not pleasing them. If this is true of you, you'll need to develop a way to say no that feels compatible with your empathetic but independent personality.

For this exercise, get a pencil and paper and write down five times in the last month that you should have said no, but didn't. You know you should have said no when you have a strong feeling about not wanting to do something, felt pressured into it, or regret saying yes. For each of the five events, write down a respectful statement or refusal. This will prepare you to say no in the future should these situations, or similar ones, arise. Examples of a respectful refusal include phrases like, "I appreciate this is important to you, but I cannot help you at this time," or, "I cannot do what you are asking me to do, but I would like to be supportive in other ways," or, "I am not capable of doing what you are asking, but I appreciate you coming to me."

JUANITA: *No, that's okay, just tell the children that they don't have a grandmother anymore and I won't bother them.*

In this scenario, Sophia feels compelled to give in due to her mom's guilt-tripping and to suggest to her husband that he take the kids to the zoo on Sunday instead. This requires that, in order to reassure Sophia that she has worth, the husband's needs and the needs of the kids take a backseat to Juanita's needs. Situations like this often cause tension between domestic partners, as the mother with BPD asks her adult child to choose her needs over the family's.

The best strategy in a situation like the one above, but not the easiest, would be for Sophia to tell Juanita firmly, "The children are not available on Saturday, but they are on Sunday." She could still ask her husband (without Juanita knowing) if he could switch the days, but this way she can protect him from her mother's wrath if switching days isn't going to work. This strategy prevents triangulation by keeping the husband out of the transaction between Sophia and her mother. Juanita would most likely choose to see her grandchildren on Sunday rather than not seeing them at all, but in this way, Sophia makes it clear that she's not going to let her mother guilt-trip her into changing plans.

In Chapter 4, I'll focus on how you can develop strategies to maintain your relationship with your mother while minimizing the chances of getting hurt. This will require that you set and maintain boundaries in your relationship with her. You will need to confront her in ways that you probably have not before, and you'll need to be able to stand your ground. The next section will help you prepare for this emotionally.

Walking on Eggshells

Many adult children of mothers with BPD cope with the stress by learning how to avoid conflict with their mothers. This is because they have learned over the years that disagreeing with her often results in her lashing out, but rarely results in peaceful conflict resolution. The easiest way to avoid conflict is very often by giving in to her. In the

short term this appeases her, but it takes consistent effort by the adult child to try to anticipate topics likely to cause conflict and avoid them, and then to give in to the mother's demands when the conflict can't be avoided. This sense of always being careful and hyperalert around a person with BPD is called *walking on eggshells*. If this describes your relationship with your mother, I'll discuss ways to change this dynamic in this section.

In the long term, walking on eggshells—avoiding conflict with your mother while giving in to her demands—actually makes her illness worse. I call this *feeding the illness*. The illness gets fed when you give in to her and when you reward her for threatening or hurting you.

The concept of feeding the illness is based on principles of operant conditioning. Giving in to hurtful behaviors rewards those behaviors and causes the person behaving badly to use them more often. In order to successfully use the tools in this book to change your dynamic with your mother, you'll need to stop rewarding her for her hurtful behavior. This means that you'll need to give up on needing her approval and learn to tolerate her withdrawal of affection when she doesn't get her way. You'll have to admit to her that you can't meet all of her needs and you'll have to stop needing her to need you.

This step—learning to trust your own judgment of yourself above the judgment of others—is a critical part of your healing. You don't have to be disappointed with yourself or ashamed just because you can't please your mother all of the time. When you can accept that you will never be good enough in her eyes, or certainly not for very long, then you can remove the burden on yourself by trying to please her all of the time so as to avoid conflict. You learn this by developing your definition of what a good adult child should be and then following your own standards. This makes you immune to her negative feedback and neutralizes her ability to hurt you. Becoming primarily self-defining, rather than depending on others to need you, will increase your sense of personal stability and decrease your anxiety. This will allow you to be in any relationship with anyone anywhere without threat to your sense of self.

Living Up to Your Own Values

In healthy attachments, the mother serves a vital role in helping her child define themselves. Children generally feel elated when their mothers offer approval, and shame when they do not. They define themselves based on this feedback and alter their behavior accordingly. BPD interferes with your mother's ability to provide accurate feedback to you about your actions. She often cannot tell the difference between your validation of her and what constitutes healthy behavior in her child. For example, a mother with BPD will often see her child's healthy striving for independence as invalidating. This independence means she's needed less, which threatens her self-worth. She may give negative feedback to her child for trying to develop normal autonomy.

Because individuals afflicted with BPD have such difficulty offering accurate feedback, their children must disregard this distorted feedback and develop a sense of self based on their own perception and judgment. To do this effectively, you must be brutally honest with yourself in evaluating how

compatible your behavior is with the person you want to be. You must decide whether your behaviors reflect the personality characteristics that are important to you. For example, if you want to be a kind person, you must make sure that your behavior is kind to others at all times and make adjustments as necessary.

Even where something as basic as being kind is concerned, you may get distorted feedback from your mother. For example, most people think of telling the truth as kind, but sometimes people who don't want to hear the truth will accuse you of being mean if you try to be honest with them. You need to have the confidence in your own judgment to recognize that telling the truth is generally kind, and when you tell the truth, you are being the person you aspire to be. One measure you can use to decide whether to be totally honest in a given situation is to think about, if the tables were turned, whether you would like to be told the truth in that situation, even when you don't like the information that is being delivered to you.

Unstable Relationships

Stable relationships offer security without adding to overall stress. Very stable relationships even reduce stress by providing support to each person. Unstable relationships, where people vacillate in their respect, availability, safety, and trust with one another produce anxiety. Because people with BPD tend to vacillate between idealization and devaluation of those closest to them, relationships are often very unstable, which can cause many types of anxiety in everyone involved.

One type of anxiety comes from the unknown: not knowing at any moment whether the mom who idealizes you or the one who devalues you will show up. As her child, you have to prepare for affection and warmth and, at the same time, a possible attack. These two opposite states cause internal conflict. You struggle between approach vs. avoidance. A part of you wants to hug her and laugh with her, and a part of you feels you need to brace yourself against possible displeasure about something you may or may not be aware of. As you become more fluent in the patterns of behavior associated with BPD, the unknown aspect will diminish.

Another source of anxiety comes from lack or loss of control. Individuals who are raised by a mother with BPD often feel as though they are trapped in the relationship with their mother. They feel that they cannot consistently please her and yet they can't walk away. Many times, they try to control the situation by not rocking the boat. Unfortunately, this often means giving in to the mother's demands and feeding the illness. Long-term relief from this cycle will require that you accept that you cannot appease your mother or control her behavior, and to base your behavior on your own definition of what it means to be a good adult child rather than hers. What you *can* control is whether or not you will allow her statements to hurt you.

When hurting you or threatening to hurt you does not sufficiently manipulate your behavior, your mother may hurt or threaten to hurt herself. In the next section you will learn how to respond to these types of behaviors without feeding the illness.

Jeremy's Story

Jeremy learned from his dad at an early age that it was almost always easier to give into his mom than to argue with her. He didn't really care about his hair, so he let her determine how his hair was styled. He let her choose most of his clothing for him. Why not? She paid for it all.

He went to college nearby and came home often. One year, he really wanted to go with his roommates to Florida for spring break but agreed not to go when his mom told him that she would be terribly hurt if he didn't spend that time with her. Afterward, he told his friends that he couldn't go on spring break trips because he had family commitments.

A few years out of college, while still living with his mom and dad—ostensibly for economic purposes—he met Sandra. Naturally, he expected his mother to be happy for him when he told her that he met a woman he really liked. His mother told him that she thought he was too young to be serious about a woman before she ever met Sandra. Jeremy noticed that his mother was not welcoming of Sandra entering the family. He was told not to bring her to family events because she was not family. Jeremy's mother never supported and often discouraged his spending time with her and did not make her feel welcome in the home. She saw Sandra as a threat to her relationship with Jeremy.

Sandra noticed and became less comfortable around Jeremy's mother and uncomfortable with Jeremy's relationship with his mother. She hoped that things would get better once they were married and Jeremy stopped living with his mom. They didn't get better; they got worse. As soon as Jeremy moved out, his mother began saying, "I hardly ever see you anymore." Jeremy felt an increased sense of guilt and became more solicitous of his mother. Sandra was feeling the increased triangulation.

When the first grandchild was born, the triangulation became unbearable. Jeremy's mother was competitive with Sandra for the attention of the baby as well as her son. She became critical

of Sandra's parenting both directly and indirectly. She questioned Sandra on her choices of foods, clothing, and diapers for the child. She wiped the child's face after Sandra did. She tucked in the child's clothing and offered him food in competition with Sandra for his affection.

Sandra finally confronted Jeremy and told him that she could not live with his mother criticizing and competing with her. She told him that she did not feel supported by Jeremy when there were issues with his mother and often felt that he took his mother's side. With professional help, they were able to save the marriage by setting up boundaries with Jeremy's mother. The mother took some time to adjust. She was angry at both of them for a while, but accepted the boundaries most of the time because she wanted to be part of the family.

EXERCISE: **Deep Breathing**

Deep breathing is a form of relaxation and will quickly but temporarily decrease acute anxiety, especially if you are feeling stress relating to your mother or spending all of your time walking on eggshells. It can be done in any environment and with any posture. Just follow these steps:

1. Focus on exhaling, not inhaling. Make sure when you exhale to empty your lungs as completely as possible of deoxygenated air through your mouth. Tightening your abdominal muscles will help in this process. Let the air out slowly through your mouth.
2. Inhale through your nose. Try to expand your stomach cavity while inhaling in order to maximize the amount of air that gets into your lungs. Breathe in slowly.

Self-Harm and Suicide

Self-mutilating behaviors, such as cutting or burning, pulling out their own hair, hitting walls or other objects, or banging up their car are common in individuals who suffer from BPD. Threats of suicide, suicidal gestures, or, more rarely, attempted suicide and other behaviors, such as taking non-lethal overdoses of medications or cutting themselves, are common in people with BPD. Researchers estimate that approximately 10% of those with BPD take their own lives, while 60-70% of patients with BPD make suicide attempts. All of these self-injurious behaviors should be taken seriously. These behaviors are used to get you to do something that you don't want to do, or to not do something that you want to do. In one of my client families, Diane, a mother with BPD, threatened to kill herself if her son, Jacob, went on vacation without her.

JACOB: *Mom, I'm taking the family to Hawaii. I'll be back in two weeks.*

DIANE: This is not a good time for me to be left alone.

JACOB: *What? But you live alone.*

DIANE: I feel shaky; I don't trust myself.

JACOB: *What do you mean?*

DIANE: I feel like hurting myself.

JACOB: *We'll be back in two weeks.*

DIANE: I hope I'm still here!

Once again, we see the adult child of a mother with BPD forced to choose between giving in to the mother's demands or engaging in painful conflict. While it is understandable that in extreme circumstances like this Jacob may have felt compelled to give in—that is, to walk on eggshells, to feed the illness—and shorten his vacation or postpone it, that decision would make the situation worse in the long run. It would

reinforce Diane's belief that a good way to get him to change his plans is for her to threaten to hurt herself. If Jacob rewarded this behavior by changing his plans, the behavior would only increase in the future.

To starve the illness, you will need to hold your mother accountable for her behavior. In this case, if Diane is really not sure she can go two weeks without hurting herself, she needs to be under professional supervision. A way for Jacob to set a boundary and refuse to feed the illness might be for him to respond, "Mom, if you really feel the need to hurt yourself and don't feel that you can control it, then you need to be in a hospital." She would not like this response and would likely act outraged. But if Jacob has done his work on being self-defining, he can resist Diane's attacks and manipulation by comparing his behavior to his internal idea of how an adult should treat his mother. If it fits his definition of a good child to consider getting his mother medical/psychiatric care if she needs it, he can limit his discomfort with her tantrum. What about if she refuses treatment? Well, if she were bleeding profusely and refused medical attention, what would a good adult child do? The best action would be to call 911 or take her to an emergency room. In this way, Jacob can see through the distorted feedback to his own self-defined values and use them to decide on the best course of action.

If your mother makes these kinds of threats, know that most of the time when you confront her on the seriousness of her threat and connect it to the need for immediate medical care, she will back down. If you are consistent, she will have to stop using these types of threats. If she continues to threaten to hurt herself after you confront her, then you must get her immediate care.

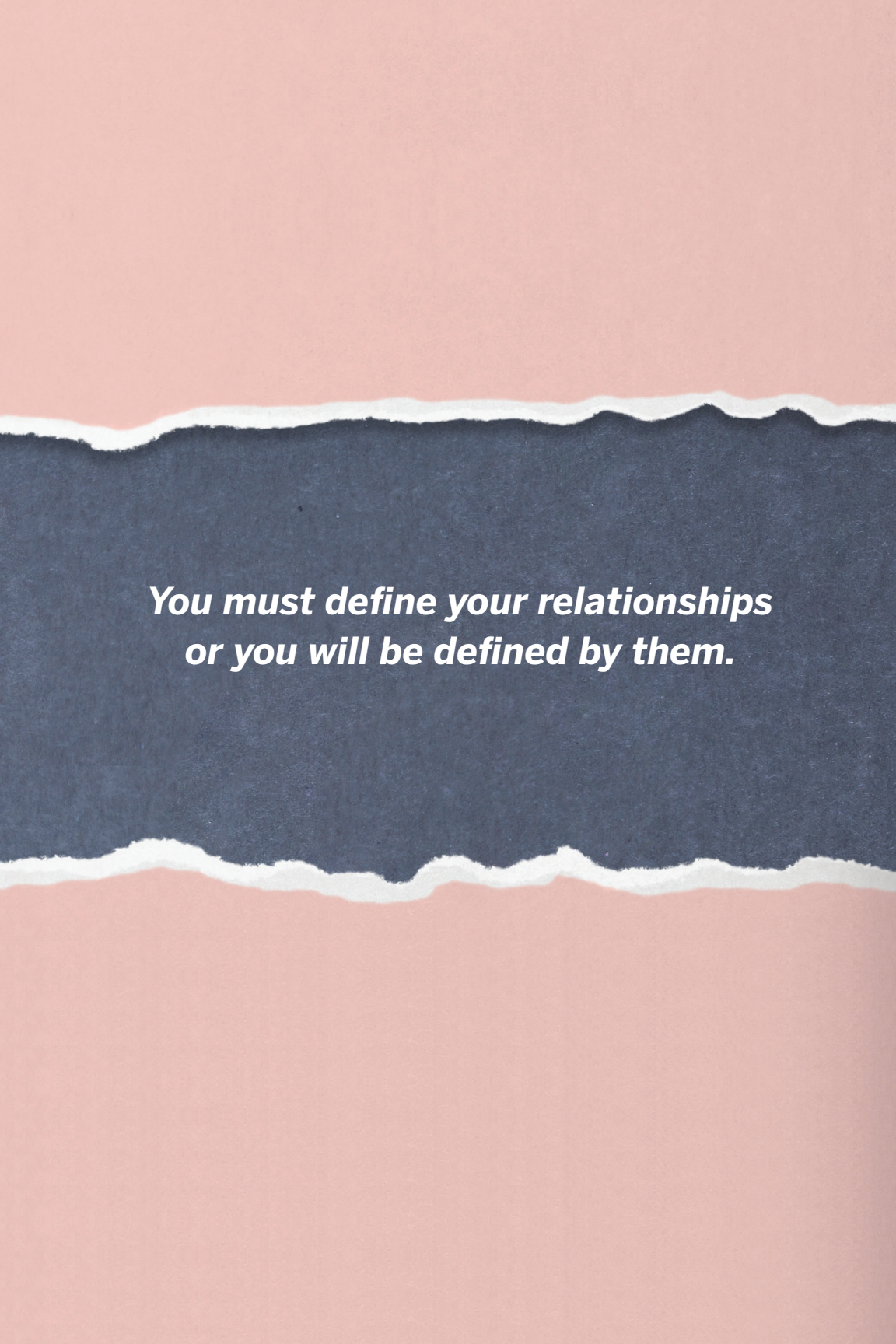
How to Prepare for Calling 911

If your mother hurts herself in front of you, it's important that you contact emergency services. Anywhere in the United States, you can obtain emergency services by dialing 911 on any telephone. Once you do this, you should expect the following sequence of events:

1. The 911 dispatcher will ask you questions about the urgency of the situation. If your mother is unconscious, bleeding, unable to breathe, or in any other imminently dangerous situation, inform the dispatcher immediately so they can send medical personnel.
2. Stay on the line. You may be asked to assist with life-saving procedures.
3. You will be asked to remain at the location until help arrives.
4. The police will arrive with or before emergency medical technicians.
5. You will be interviewed by the police and/or medical personnel. It is very important that you give them as much information as possible about the behavior that prompted you to contact emergency services. It will be very helpful if you can provide history and medical information about your mother.
6. They may take her to the hospital. This will depend on their examination of her as well as your report. If you do not feel that you can protect your mother from self-harm, you must tell them so at this point.
7. If they take her with them, they will take her to the nearest hospital that has appropriate facilities for further evaluation. She can be held up to 72 hours without her consent if two physicians certify that she needs it. If they leave her home, they will make suggestions for follow-up on an out-patient basis.

Conclusion

In this chapter you learned to identify some of the most common patterns of instability in the dynamic between a mother with BPD and an adult child. You also learned that some of your efforts to please your mother may be making her illness worse, as feeding the illness rewards your mother for abusive and manipulative behavior. I've suggested that you may, like many adult children of mothers with BPD, have a tendency toward codependent relationships in your intimate partnerships, and that you will need to transform your relationship with your mother into a non-codependent form. In the next chapter, I'll tell you how.

The image features a central dark blue band with a torn paper texture, set against a light pink background. The quote is written in a white, italicized, sans-serif font.

***You must define your relationships
or you will be defined by them.***



Managing Your Relationship

By now you should understand that while your relationship with your mother feels unstable, it nonetheless follows a pattern. In this chapter you will learn how to use your understanding of these patterns to improve the quality of your relationship with her. The techniques I'll describe are designed to decrease your mother's ability to hurt you while making the relationship healthier, which is good for both of you. It's important to remember that while she may not welcome the changes that you will introduce, they are actually better for her: a win-win.

This approach involves starving her illness, which means that sometimes she will not get what she wants. However, in learning to accept what you have to offer rather than punishing you for not giving her exactly what she demands, she will become healthier and experience greater stability in her relationship with you. Ultimately, this will make her feel more secure. Ideally, she will apply this lesson to other relationships, but that's up to her and not within your control.

You'll need to apply these methods consistently in order for them to be successful. Your resolve will be tested, and if you give in after taking a strong position, you will feed the illness and worsen your mother's condition and the relationship. With each boundary you set, after a period of testing, she will accept the changes and there will be some reduction in conflict and increase in satisfaction.

In working on these techniques, you will have to accept some limitations in your relationship with your mother. One limitation is that there is a significant part of you that she cannot see or hear. Most sufferers of BPD have very weak empathy, which makes it quite difficult for them to understand your feelings, even though they may say that they do. The BPD makes it difficult for your mother to celebrate or honor accomplishments of yours or your close relationships if she sees them as threatening to her access to you or her ability to control you. These limitations are part of the pattern of her BPD and will need to be part of your strategy in managing your relationship with her.

Open Communication

Any improvement in the relationship with your mother will require strategic and consistent changes in the way that you communicate with her. Establishing and maintaining a stable relationship requires open and honest communication at all times so that each of you can coordinate your efforts at keeping the relationship on track. Without open and honest communication there can be no trust, and without trust the relationship becomes a source of anxiety, which causes further destabilization.

This section will offer specific strategies for improving your relationship with your mother by changing your communication patterns. The tools I present below are specifically crafted for use with BPD sufferers, however, you will also find them useful in a variety of other social situations.

BE HONEST AND UPFRONT

Confrontation is the most effective verbal communication tool that we have. Engaging in open and honest communication requires regular confrontation. People often shudder when I raise the need for confrontation; many of us are committed to avoiding it, thinking the term applies only to angry confrontation in the form of an ultimatum. But that is only one extreme form of confrontation.

Confrontation involves direct communication about our thoughts and feelings. In order to effectively tell your mother that she is hurting you, you must confront her. The simplest form is to just say “ouch.” We call this the *ouch tool*. Then you explain how what she just said or did hurt you. She might not like this. She may feel attacked and strike back. If you choose not to use this tool to confront her, you will need to avoid her until your pain reduces . . . until it happens again. If she lashes out, you must wait until she calms down and then confront her again. If she continues to lash out, you will eventually give up on confronting her, and your relationship will be further weakened. In the long run, she will like this less than confrontation. Use confrontation in a constructive, respectful, and, ideally, loving manner, rather than lashing back at her because you feel hurt. Below is an example of this.

ADULT CHILD: *It hurts my feelings when you say you wish I was never born.*

MOM: Well, that’s how you make me feel.

ADULT CHILD: *I’m not trying to criticize you. I’m trying to be closer to you. If you would stop making statements like that, I can be closer to you. If you don’t, then I can’t.*

It’s also helpful to be honest and open in positive ways. Whenever possible, acknowledge your mother’s behaviors that please you and let her know that you appreciate them. Remember that your mother thrives on validation, so be sure to compliment her and let her know you value her.

FORM BEFORE CONTENT

Content and form are distinct aspects of all verbal communication. Content refers to *what* you are talking about—where to have dinner, for example, or your impressions of a movie or TV show. Form is *how*

The Power of No

Children of mothers with BPD are taught the power of yes: If you please your mother, she will be nice to you. So saying no feels like a loss of power, and it may frighten you. You can't have control of your life if you can't say no. Many children of mothers with BPD feel that they don't know how to say no, so here are a few suggestions:

- Always start by saying no nicely. Try not to use a defensive tone and, if appropriate, say thank you for the offer.
- If the other person doesn't accept your no or pushes or challenges you, repeat what you have already said, as if you're assuming they didn't hear you the first time.
- If the other person gets argumentative, you will have to respond assertively. One tool you can use in this situation is called a *secondary response*. Ask why they did not acknowledge your no. It might sound like this: "Why do you keep asking me when I have already said no?"
- If the person escalates the argument beyond this point, tell them politely, "I've already said no, and now I'm ending this conversation." If you have to, leave the room or end the conversation on the phone or online.

People who are not used to you saying no may be surprised the first few times, but if they are reasonable, they'll quickly adapt. Unhealthy people may test your resolve. Continue to tell them no, and if they continue not to accept your boundary, you might need to remove them from your life, if at all possible.

people are talking. This includes tone, receptivity, and whether people are being competitive or cooperative in the conversation.

When frustrated, BPD sufferers sometimes use hurtful or abusive communication. You can use this *form before content* technique to refuse to talk with your mother (the content) if the way she is communicating is hurtful or disrespectful (the form). You set a boundary where you do not allow your mother to be hurtful toward you while you address what she has said.

Here's an example of a phone conversation between Keira and her daughter Lilia.

KEIRA: *Lilia, I need you to come over right away!*

LILIA: What do you need?

KEIRA: *It's not good enough that I SAY I need you?*

LILIA: I'm at work right now. Is this an emergency?

KEIRA: *It is to me!*

LILIA: What is it?

KEIRA: *Never mind. You obviously don't want to help me. I don't know why I even bother to call you.*

LILIA: I'll help you, but I need to know what you need. Once I know that, I'll get there as soon as I can.

KEIRA: *Forget it, I'll just call someone else.*

At this point, many people might give in, feed their mother's illness, leave work, and rush over to their mother's home. Often, the situation then escalates: They may show up annoyed, the mother senses this, and then criticizes her child for not being happy to help her and perhaps for not showing up fast enough. If this happens in the situation between Keira and Lilia on the phone, Lilia could use a secondary response, to be used if the primary response is unsuccessful. Lilia can use the form before content method and respond: "Mom, I'm trying to help you out. If

you want to discuss what's going on with you, I'm pretty sure I can help you, but I won't talk to you about it if you speak to me with hostility."

If Keira continues with hostility, Lilia can simply reiterate that she won't talk about it until Keira adjusts her tone. This might not happen right away. Keira might hang up on Lilia. If she does, the best approach is not to call her back. She knows that if she wants help Lilia will help her, but that she has to be reasonable. If Lilia helps her while she is being hurtful, then she is showing Keira that when she needs Lilia's help all she has to do is hurt her and she will get what she wants.

DON'T JUSTIFY YOURSELF

When you justify any of your decisions, you expose your reasoning to judgment and debate. Individuals with BPD and other personality disorders do not like being told no and they often push back. A very common form of pushback if you deny a request is to ask, "why not?" For many adult children of mothers with BPD, it's habitual to justify your positions and decisions because your mother demanded that you provide an explanation each time you denied her request. In my practice with families affected by BPD, it's common for patients to explain why they can't make a particular appointment time. For example, instead of saying, "I can't make it on Friday," they offer, "I can't make it on Friday because I have to meet with my child's teacher." Offering justifications like this, whether requested or not, puts you in the position of potentially being judged. If you offer justification to your mother, she will always judge you unfavorably no matter what your explanation is. If she disagrees, simply say, "I already explained this to you, and I understand that you do not agree." If the situation escalates further, a secondary response might be, "Do we have to agree in order to love and respect each other?"

AVOID DISCUSSING OTHER PEOPLE

Discussing other people, particularly the thoughts, feelings, and opinions of others, is an invitation to a person with BPD to triangulate. When they're frustrated, individuals with BPD may create situations that pit one

family member or friend against another as a way to reassure themselves of their self-worth. Siblings with a mother with BPD are at very high risk for triangulation. Many mothers encourage competition for her favor among her children as a way of motivating them to serve her. Some of the siblings are idealized and can do no wrong. Others are devalued and can do no right. But the system is usually unstable. Idealized siblings can fall off the pedestal if they disappoint the mother and others can be elevated, particularly if there is a vacancy on the pedestal. For example, Jeff mentions to his mother, Carol, that his brother, Ricky, is having doubts about his marriage. Carol, feeling insecure, triangulates Ricky and his wife by calling Ricky and telling him that he deserves better than the woman he married and that she will support him if he gets divorced. When Ricky finds out that Jeff has discussed his marital business with their mother, he gets angry with Jeff and doesn't speak to him for several months. In this case, Carol's triangulation of the brothers causes conflict and estrangement.

Your mother might directly ask you a question about someone else. You will be tempted to say that you don't know, but if you are committed to being truthful, the real answer might be, "I don't feel comfortable discussing that. Why don't you ask him?" Again, she probably won't like hearing this from you. If she expresses her displeasure, you can tell her that you are just being honest with her and that it's not personal. It's that you want to be seen by others as a person that can be trusted with personal information and that you don't want to betray the other person's trust.

USE STRUCTURED COMMUNICATION

Providing a structure for the communication often adds to the stability of the relationship. You can do this by sharing with your mother (ideally not when she is making a request or demand of you), times that are good for you to talk and times that are not, such as when you are working. You can also tell her other communication preferences such as how you'd prefer to communicate, whether by phone call, text, direct message, or in person. You can also let her know things you'd rather not discuss, such as politics or business. Of course, you should also honor your mother's preferences whenever possible.

The Triangulation Egg

The egg is a representation of any important relationship. It is opaque, and it is fragile. The opacity refers to the need to keep marital communication private. You are supposed to speak to your intimate partner in a way that is unlike the way you speak to anyone else. Most importantly, do not share with others intimate topics or how you make decisions as a couple. The fragility of the egg represents its vulnerability to being scrambled and the need for both partners to protect the egg.

One of the most common examples of egg scrambling is triangulation. This can be done innocently. For example, a friend asked Betty if she and her husband Harold would come to a Memorial Day BBQ. Betty told her friend that she would love to come, she will ask Harold and get back to her. In this way, Betty let her friend in on the marital decision-making because she knows what Betty's decision is even before Betty speaks to Harold. If they do not come to the BBQ, it will be clear that it was because Harold couldn't or didn't want to come. The egg gets scrambled when the friend sympathizes with Betty and tells her she can come without Harold, potentially separating them on the holiday weekend.

A more harmful scrambling of the egg occurred when Barbara found out that her husband, Oscar, cheated on her. She was very hurt and upset and went to her friends and family and told them what happened so that they could sympathize with her. They found a good couple's therapist who was able to help them heal from this crisis. Barbara's family and some of her friends were unable to understand how the couple could heal. They continued to make comments about Oscar, sometimes in his presence, about trust and how to treat a woman. Some of them refused to be around Oscar anymore. If assistance is needed inside the egg, it must be provided by professionals who are not part of the couple's social life. Whether there are sufferers of BPD in your family or not, all partnerships and marriages will benefit from both partners protecting the egg.

If you have a spouse or partner, you must protect your egg, the relationship, from triangulation with your mother. The best way to do this is to not allow yourself to become a messenger between your mother and your partner; let them communicate directly. Do not share with your mother how you and your spouse make decisions (e.g., each of your positions or opinions); just represent all decisions as "ours."

EXERCISE: **Reset Your Default Response**

Children of mothers with BPD often have their default set at yes. You were expected to always agree with her or else you were a bad person. And your mother, generally speaking, never considered your needs and preferences as valid.

This exercise involves resetting your default to neutral, where you consider every request from a neutral perspective and weigh pros and cons before making *your* decision rather than by just saying yes because you were taught to always please others.

As you make decisions throughout the next week, make it a practice to pause for ten seconds before each decision—even easy ones, like what you want for dinner. Get in the habit of considering each and every decision. If you keep forgetting to do this, program a time into your phone or device where, for fifteen minutes each day, you will stop and make a conscious decision each time you are called on to decide something. You may realize how many decisions you make in any fifteen-minute period, such as getting up to get something, changing the song on the radio, whether to answer a phone call or text, what to say if you do, and even what direction to turn your head. Practice being aware of these decisions and how you make them. This will help you get away from the default of always saying yes when someone else wants something from you.

Establish Boundaries

Healthy people are comfortable with reasonable boundaries. They can sense when others feel that they are standing too close or asking questions that are too personal, and they make adjustments accordingly to restore comfort and safety. When they learn about others' boundaries such as "no smoking in the house," or "don't walk on the carpet in street shoes," they can respect those rules. Healthy people welcome others' boundaries because they recognize that reasonable boundaries support the safety and stability of their relationship with the boundary-setter, which they value. If you smoke in your friend's home when they specifically asked you not to, they won't be your friend for very long.

Those who suffer from BPD may see boundaries as a form of rejection and an indication that they are unworthy. They may resist the boundaries you and their other loved ones set. This makes establishing and maintaining boundaries much more difficult, but also all the more necessary. Once boundaries are firmly established, your relationship with your mother will be more stable and hence safer for both of you.

The first step is to carefully choose the boundaries you will establish. You should pick the smallest number of boundaries necessary to support a healthy and balanced relationship with your mother. If you introduce too many boundaries at once, she may feel overwhelmed and confused. In choosing new boundaries you need to make sure that the boundaries are enforceable.

The second step is to use the honest and open communication techniques described above to explain the boundary and offer ways that your mother can get her needs met without violating your boundaries.

The third step is maintaining and defending your boundaries. Because people with BPD tend to resist boundaries, they frequently test them. Your mother might purposefully violate the boundaries you set in order to see how you'll react. Setting a boundary and allowing her to violate the boundary without consequence is another form of

feeding her illness. In many situations, your mother may experience getting away with violating boundaries as proof that she is special: She doesn't have to follow the rules because she is better than other people.

Relationships that require you to struggle to set and maintain your boundaries cannot be intimate. When others persistently test your boundaries, you have no choice but to fortify the boundary. This keeps out intimacy, because intimacy requires trust and you can't build trust with someone who consistently challenges your boundaries. You will have to accept that these relationships are not intimate and adjust accordingly. This might mean that you don't share information with your mother that she can manipulate to cause problems. In the example below, you'll see how a mother pushes her daughter to invite her over for a child's party. One option if this keeps happening is for Dana to not tell her mother about events that her mother is not invited to.

In the following dialogue, Dana is planning a birthday party for her ten-year-old and talking to her mother, Jill, about the party. Jill wants to attend the all-child birthday, but Dana has not planned for other adults to be there.

JILL: *I want to stay over at your house the day before Jesse's birthday so that I can sleep late and be fresh when his friends arrive. I can help set up. I know just what to serve.*

DANA: Mom, Jesse's party with his friends is just for kids. How about we go out with you for dinner afterwards?

JILL: *So, what am I supposed to do while the kids have their party, hide upstairs?*

DANA: Why don't you just come over after the party?

JILL: *You really don't want me there, do you? Does Jesse feel this way too?*

DANA: We want to see you, but the party is really for the kids. We're not having other adults there.

JILL: *Well, if I can't come the night before, I may be too tired to come on Saturday.*

DANA: I understand.

JILL: *Can you at least come pick me up right before the party?*

DANA: Mom, I already told you that doesn't work. Meet us after the kid's party, okay?

JILL: *Never mind, I know when I am not wanted.*

In this example, Dana wants to have a party for Jesse and his friends and then meet up with her mother afterward for dinner. Jill wants to be at the children's party. She doesn't accept her daughter's efforts to set a boundary, tests the boundary, and then tries to use guilt to get what she wants. Dana must sustain the boundary and not let her mother change Jesse's birthday plans to meet her own needs. Eventually, Jill will realize that she has an opportunity to celebrate Jesse's birthday with him after the party if she accepts that he also wants the chance to celebrate with his friends. If Jill is so stubborn that she does not show up for the dinner, then that's her choice. She had the choice to celebrate with Jesse or not to, and chose not to.

Maintaining a consistent boundary might not pay off immediately, but Jill will most likely ultimately accept the boundary and learn that some access to Jesse is better than none. In this way, Dana rewards her cooperation, but not her resistance. Jill learns to cooperate in order to get her needs met rather than test Dana's boundaries.

Preparing to Set Boundaries

Setting boundaries with a person with BPD is very difficult, because they experience boundaries as offensive. Your goal should be to set reasonable boundaries that will improve the relationship by reducing stress on you, making sure your mother doesn't interfere with important aspects of your life, and seeing that others in your life also get their needs met. Your mother will not be pleased by these boundaries. You must prepare yourself to explain to her why you are setting these boundaries and be prepared to enforce them, even if she does not agree. The following steps will help you prepare:

1. Choose boundaries that are enforceable. You should be able to enforce the boundary without causing yourself or others significant pain or inconvenience. For example, you might set the boundary that when you speak to her on the telephone, you will not tolerate her saying hurtful things to you. You enforce this boundary by hanging up the telephone.
2. Set boundaries by explaining them as clearly and simply as possible. It might sound like this: "Mom, I will not

continue telephone conversations with you if you say hurtful things.” If she objects, it is helpful to explain to her that you aren’t trying to hurt her, but trying to make your relationship with her better. You may have to explain this more than once, but don’t spend too much time justifying your decision. It’s not her decision, and it’s not an argument. Don’t seek her approval for the boundary.

3. Enforce boundaries consistently. If you let your mother get her way when trying to set a boundary with her, you’ll be feeding the illness and making it harder to set boundaries in the future.
4. Fortify boundaries, if necessary. If your mother frequently challenges your boundaries, you’ll need to fortify them. For instance, if she consistently says hurtful things to you during conversations despite your efforts to enforce the boundary that she keeps her communication civil, you might need to take a break from phone conversations for a while. If, after a break from phone calls, you begin to accept phone calls again, remind her of the boundary as a first step.

Simon's Story

Simon is a forty-eight-year-old Wall Street executive. His youngest child recently went to college and his wife, Margaret, resumed her career and began working full-time. Simon's mother, Janice, was accustomed to calling Margaret daily and visiting with her and the children often. While both Simon and Margaret recognized that this arrangement was codependent, they were afraid to confront Janice and so they allowed it to continue. Now Margaret and the children are not available on a daily basis, which has left Janice feeling empty and needy.

She started calling Simon at work. She told him that she really missed Margaret and the kids. At first, Simon felt bad for her and took her calls. This was difficult for him as he was very busy at work and was often in meetings. Once she called when he was in a very important meeting. When his assistant told him his mother was on the phone, he said to tell her that he could not come to the phone right now and to take a message. She called back thirty minutes later and said that she needed to speak to Simon right away. Their conversation went like this:

SIMON: *Hi, Mom, I'm in a really important meeting. What's going on?*

JANICE: *Oh, just thinking about how I miss Margaret and the kids.*

SIMON: *I'm sorry, but I'm going to have to call you back later.*

JANICE: *You don't care about me. I don't even know why I should keep going.*

SIMON: *No, I'm just in a meeting right now. I'll call you in a few hours.*

JANICE: *I know that I'm bothering you; I won't bother you anymore.*

Simon hung up and went back to the meeting, but he couldn't concentrate. He was both worried about his mother and angry with her for not waiting for him to return her call. After a few minutes, he realized that he couldn't be effective at his work anymore that day and excused himself, saying it was an "urgent family matter."

Simon called Janice back to reassure himself that she had not hurt herself. She told him that she "just needed to hear his voice." At this point, Simon set a boundary with her. He told her not to call him at work unless it was an emergency. He explained that he usually gets home at 7 p.m. and the best time to talk is between 8 and 9 p.m. or, better yet, on the weekend. He explained to her that he would be able to offer the most of his time and energy then. She said that she understood and agreed.

A few days later, Simon's mother called at work again. Simon took the call and asked what the emergency was. His mother said that she was making some plans for the weekend and wanted to know when he and Margaret might be available for dinner. Simon confronted her on her calling him at work as it was not an emergency. She said that she didn't want to have a conversation; she just wanted to make plans. He reminded her that he couldn't take calls from her at work unless it was a dire emergency. He then fed her illness by telling her that Sunday was best for dinner.

Of course, because Simon hadn't effectively set the boundary, she called him again at work after the weekend. He fed her illness, and so she continued to test his boundary. This time, Simon told his assistant to tell Janice that he was not available when she called unless she was able to describe a specific life-threatening situation. His assistant was uncomfortable with this role (not surprising since he was being triangulated), but he agreed because Simon was his boss.

Janice called Simon's assistant many times during the day and tried to convince him that Simon was being unreasonable. After a few more unsuccessful efforts to contact Simon at work, she eventually stopped calling. One evening, she called Simon at home and complained that Simon wasn't available during the day. Simon reminded her that he couldn't take calls from her at the office during work hours.

A few days later, Simon's mother showed up at his office in Manhattan without notice. Simon was shocked when security called him from the lobby asking if it was all right to send her up. He told security to have her wait and that he would come down. She greeted him with a hug and asked if they could go up to the office and talk for a little while. He told her that he was very busy and couldn't bring her upstairs. She said that she would wait until he had a few minutes. He told her that the rest of his day was busy, that he would call her after work, and then turned and walked away without waiting for her response.

Simon called Janice that evening and told her that he couldn't entertain her at work. She complained that she just wanted to talk for a few minutes and she only went to the office because she knew that his assistant would not put her phone call through. Simon realized at that point that his mother simply did not accept his boundary and that he had to further reinforce it. The next time his mother showed up at the office (it didn't take long), he told security not to let her up and to tell her that he could not take a visitor at that time.

The evening after she showed up to his office again, Simon spoke to her on the phone and maintained his boundary. He reminded her once again that he could not see her or talk to her during business hours unless it was a dire emergency. She argued with him and tested the boundary a few more times by calling his assistant and even showing up one more time unannounced. She stopped talking to Simon for a few weeks, but ultimately realized

that she could continue to fight with him about not getting what she wanted when she wanted it, or she could see her son and daughter-in-law on the weekend and enjoy those times. She finally accepted that she would need to respect Simon's boundary in order to get what she wanted.

Sticking to Your Boundaries

Following are some tips on how to maintain your boundaries while they are being tested.

- Don't ignore boundary violations. This will encourage more violations.
- Try not to be angry or defensive in your explanation about why you're setting the boundary and not allowing her to push it. She will feel victimized by the boundary and may lash out at you or argue with you. Try to be even-tempered, logical, and reasonable.
- Don't argue. The boundaries are not negotiable. If she attempts to argue with you, simply state, "I am not going to debate this point with you. If you want to continue our conversation, then you need to accept that this is the way it's going to be. Otherwise, you are choosing to end this call."

Understand Projection

It's common for all of us to sometimes project our feelings and assumptions onto others. We think we know what others' motivations are or what they're feeling, and then we act as if this is true, when in fact, it may not be true. People with BPD tend to project their feelings of low self-worth and anxiety about their own competence and value onto

people around them. This is why they may get so upset at seemingly inconsequential events or comments. They feel so bad about themselves that they assume everyone else also sees all the ways they don't measure up.

The following dialogue demonstrates a typical situation where the mother is projecting:

JANE: *Are you mad at me?*

FRANK: Why would I be mad at you?

JANE: *You tell me. I'm just the one that birthed you.*

FRANK: No, I'm not mad at you.

JANE: *Then why don't you ever call me?*

FRANK: I call you all the time.

JANE: *My friends have devoted children. They speak to their kids every day, some more than once a day.*

FRANK: I can't call you that frequently. I do the best I can.

JANE: *You hate me.*

Jane is not consciously trying to project her problems onto Frank. Projection is usually an unconscious process where the projecting person has feelings but doesn't know how to communicate them openly or doesn't want to own them directly.

Your mother may project onto you or other family members because she has needs she doesn't know how to or won't communicate directly to you. And because she knows you well, she may be able to say things that are very hurtful because she's the one who trained you to respond the way you do. It's important, as you establish a new relationship with your mother, that you understand that many of her hurtful comments are reflections of her own pain and aren't really about you or your value.

Be Compassionate

You may feel like you are hurting your mother when setting boundaries with her; in fact, she will likely tell you so. Her pain is real. Try to be as compassionate with her as possible. Like a child, she wants you to take her pain away, but you can't. You can offer her empathy and sympathy and encourage her to seek healthy (non-codependent) help, such as a professional therapist or a peer support group. You can encourage her to accept what you can offer with regard to support and attention, but you should acknowledge to her that you simply can't give her everything she needs.

EXERCISE: **Find a Compliment**

People are much more likely to complain about things they don't like than to compliment others on things that they do like. In this exercise, find a compliment for everyone you run into during the next two days. If you are not used to doing this, you may be very surprised at how powerful this can be in relationships. For example, recognize positive attributes in your mother, such as her appearance, accomplishments, or, most importantly, her constructive efforts toward you. When your mother accepts your boundary or your no response without a fight, you can say, "Thank you, Mom, I know that was difficult for you."

Include Her in Your Life

If you let resentment against your mother build up inside, you may find that you tend to avoid contact with her. You may wait for her to call, but not reach out very often. This might result in you feeling burdened by her requests and demands, which sets you up to be unhappy in your

interactions with her. A better strategy is to seek out occasions or settings where having your mother there will likely result in positive experiences. Be the one to call her on the weekend or reach out to set up get-togethers with her under circumstances that are good for you and your family. Your mother wants to be included, and this will give her the affirmation she so desperately seeks. If you make an effort to include her in situations where she isn't likely to cause damage or hurt, she will be getting at least some of what she needs and will be more cooperative and affectionate.

Be Patient

Most likely you have been feeding your mother's illness for many years. A well-fed illness is not likely to accept new boundaries without testing you. Be prepared, like Simon in the above example, to be consistent and persistent in setting boundaries and using whatever tools are available to enforce those boundaries firmly but not punitively. Be sympathetic to your mother's struggle and support her whenever possible, but don't compromise your boundaries. Simon had the benefit of an administrative assistant and a security station at his building to help him reinforce his boundaries. You might not have these same resources for setting boundaries, but you can still refuse to engage in a situation that isn't healthy for you and not take part in things you don't want to do.

When to Seek Professional Help

Dealing with a mother with BPD over the years can be exhausting, and you might find that you get worn down by her persistent testing behaviors. You may find that you avoid her as much as you can and experience little positive in the relationship other than partial temporary relief of guilt. If you feel this way even though you're using the management techniques as best you can, then you may be reaching a *breaking point*. This is a state in which your attachment with

your mother may end up being damaged because you don't have the emotional energy to maintain the relationship in a healthy way. For many, allowing this kind of stress to continue can lead to permanent estrangement from their mother with BPD. If you feel you are approaching a breaking point and you can't be together at all anymore, it's time to consider professional help.

Many adult children of mothers with BPD seek professional psychological help in the hopes that they can meet with a therapist along with their mother. They hope the therapist or other professional will be able to get their mother to see the light: that she is being difficult and can have a better relationship with you if she would be more cooperative and considerate. It rarely works out this way. People with BPD are often reluctant to see a therapist. They don't like the scrutiny and they fear that you and the therapist will gang up on her. For this reason, when they do agree to see a therapist, they may insist on picking the person. They may seek out a therapist that is sympathetic to them and then try to triangulate you and the therapist.

EXERCISE: **How to Be More Patient**

Probably the most annoying part of putting up boundaries and having someone frequently test them is the feeling that you are wasting your time. If you look at frustration as an opportunity to learn how to deal with feeling better, then each time you feel impatient with your mother you can turn it into a lesson. During these difficult moments, try to remember that being more patient is good for you and is not about her. You are entitled to be comfortable and you can choose to be calm even when her behaviors may be annoying. Do some deep breathing (see exercise on page 58) or prioritize self-care (see suggestions on page 97) and restore your sense of control.

It's best to seek out help for yourself first, and it's important that you find someone who specializes in working with personality disorders, as they can help you handle your mother's symptoms. Therapeutic techniques that work well with people without personality disorders often make BPD worse. Depending on your preference and availability you might speak with an individual therapist or you might find a peer group helpful if you can find one. A good source of referral is a local psychological association or training institute for professionals.

Caretaking an Older Mother

Emotionally healthy seniors struggle to hold on to as much of their independence and autonomy as they possibly can. They often resist giving up aspects of functioning such as driving, walking, self-care, and financial management. They loathe having to give up independent living, and they may resist others' offers to help them with any activity that they are accustomed to doing themselves. They may experience pain from their aging bodies and may make adjustments as certain activities become more difficult.

However, people with BPD respond to their decline in functioning by seeking greater dependency rather than less. This is because as they decline, their fears about being unworthy increase. In addition, the disorder is generally associated with low frustration and pain tolerance. People with BPD can be very reactive to any discomfort and tend to seek immediate relief through others. By having others make them feel better physically, they also get affirmation of their value.

Being a caretaker for an aging mother with BPD is complicated by the fact that it adds physical dependence to any codependency that already exists. So, there is a danger of feeding the illness in terms of the physical dependency as well as the emotional dependency. For example, many seniors develop arthritis, which causes severe pain in the affected joints. Emotionally healthy seniors will continue to use those joints even when it becomes uncomfortable, although they might make some changes in

how they use their affected joints in order to decrease the discomfort. People with BPD, on the other hand, due to their low pain tolerance, are more likely to just not use the painful hand, arm, or leg, and ask others to do physical tasks for them. This strategy will cause the joints to get worse and will feed the illness—in this case, the arthritis.

Seniors with serious or multiple medical conditions are best cared for in appropriate institutional settings. But your aging mother with BPD will likely resist any such transition because she sees it as an abandonment and a statement about her worthlessness. This makes it even more challenging to make decisions about her care. It can be hard to see her pain and desperation if you suggest she move to a care facility.

If you agree to take your mother's care on yourself—by moving her into your home, hiring an in-home caretaker, or visiting regularly in order to care for her—you should make your boundaries clear to her before the transition. Trying to do this later on will be much more difficult, because she will have had time to become accustomed to the situation without the boundaries. For example, if you agree to allow her to live in your home, make it clear what room you are offering rather than waiting for her to tell you where she would like to stay. At the same time, let her know the limitations of your availability and be sure to maintain strong boundaries, as I've described throughout this book. I recommend that you give serious thought—and discuss it thoroughly with your family or anyone else who will be affected—before taking on this responsibility. It will change your life and the lives of your family members.

Tips for Caring for Your Elderly Mother with BPD

Know your limitations. Your mother's expressions of need will not be based on her considering the level of burden on you. You have to be aware of your limitations and make accommodations. If you don't do this, you will eventually burn out, and you will either become bitter, sick, or disabled. Below are some tips for avoiding burnout.

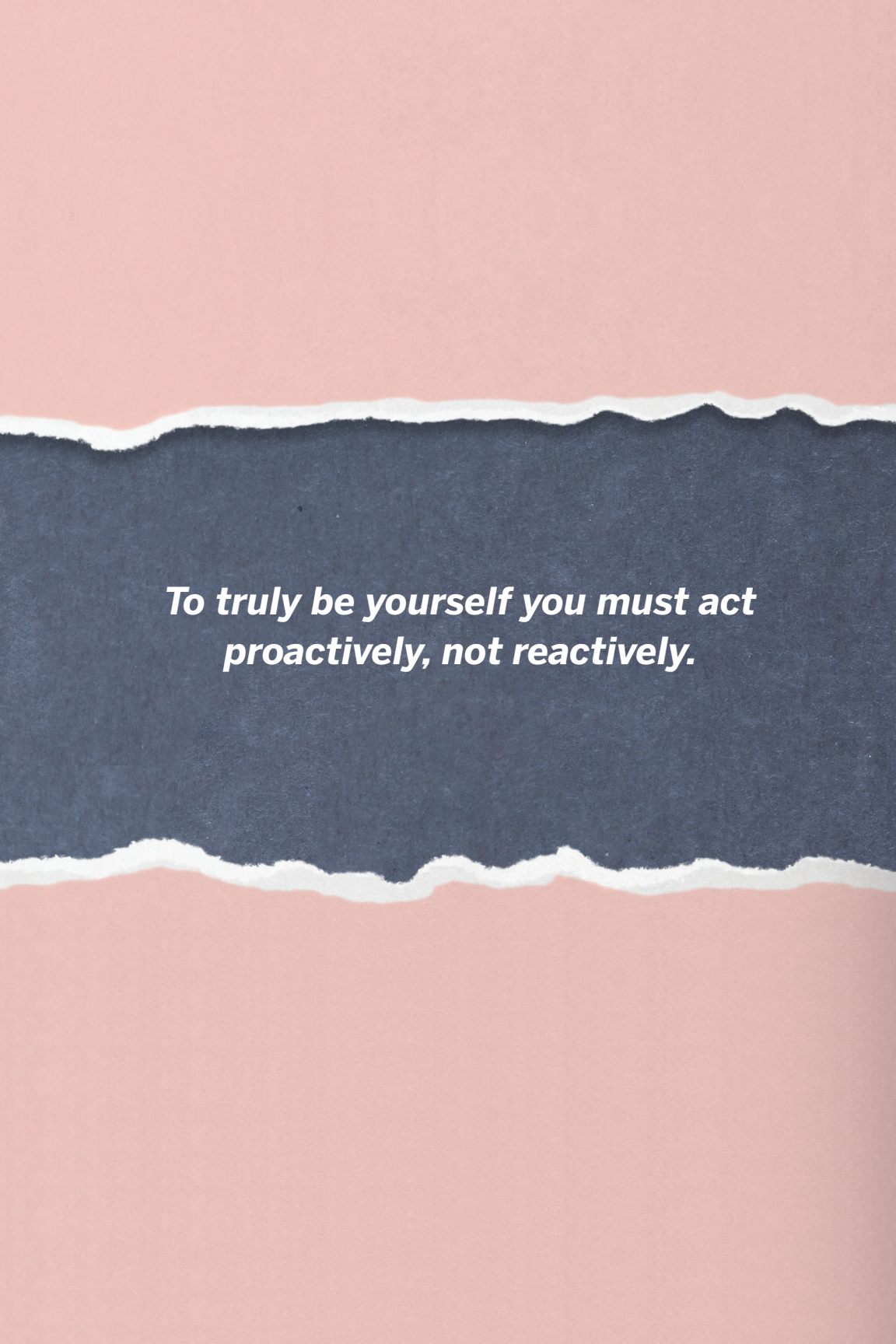
- Learn to distinguish between “needs” and “wants.” There will be times when you are simply stretched too thin and you will have to prioritize, or triage, your time and energy. Some wants will have to be left unsatisfied sometimes. This addresses the core of the codependency.
- Utilize all available resources. If you have siblings, ask them to help out as much as possible. You can ask for help from your mother's siblings if available. You can also

use professional help, such as nurses or home-care companions to provide you with respite whenever possible. Some of these services may be covered by your mother's Medicare or medical insurance.

- Make sure that you do not neglect the rest of your family. Doing so can result in rapid progression toward the breaking point.
- Living with your mother while taking care of her makes enforcement of boundaries very difficult. You must be clear and consistent, but she will often test you. It is very important that you have a respite for yourself if you take care of your mother at your home. This can be an office, club, friend's house, public library, or any place you can go for a break where your boundaries are not challenged.

Conclusion

This chapter focused on maximizing the experience of being with your mother by increasing stability, and hence, security. You will have to use the tools and techniques described in this chapter to make consistent changes in the ways you communicate with your mother to achieve this goal. This will not be easy, and it will not be fast, but if you persevere and are consistent, you will make progress toward a better relationship. The remainder of the book will focus on self-care and healing.

The image features a central dark blue band with a torn paper edge effect, set against a light pink background. The text is centered within the blue band.

***To truly be yourself you must act
proactively, not reactively.***



Practicing Self-Care

Most adult children of mothers with BPD are so focused on taking care of their mother that they do not know how to take care of themselves, and they have learned to feel guilty if they even think about their own self-care. If your mother is not good at taking care of herself, how can she teach you? It's likely that, instead of self-care, she taught you how to take care of her and how to feel guilty or ashamed if you didn't.

It's common for mothers with BPD to tell their children they are “bad children” or “a disappointment,” or she may say, “I wish you were never born.” What all of these statements really mean is: “You are not giving me what I want.” As a child, you naturally take these attacks personally. Most likely this has caused you to struggle to feel good enough because your mother dismissed your best efforts. How could you have known that in other households with healthier mothers, those same efforts would be celebrated? No doubt this affected your self-confidence and probably also your mood.

You probably grew up dealing with a very high level of stress, but you may not have recognized it because you had no way of knowing that life could be any different. You may have felt stress due to the instability of the relationship and being unable to match up your image of yourself with feedback from others. This comes up often for adult children of mothers with BPD. Matching the way we see ourselves with the reactions to our behaviors by others is the way we learn what works and doesn't work in social situations. If we get distorted feedback from our primary caregiver, this can, in turn, distort our sense of how to

behave in social settings. The confusing messages your mother gave you, along with her inconsistent feedback, may have left you unsure of how to interpret others' reactions to you, so you don't understand how others see you or what they think of you. This may cause you to feel self-conscious in all but the most familiar social settings. You might also be introverted, meaning that you prefer to be alone and that being around others can be draining.

Under extreme conditions, such as if your mother was abusive, either physically or emotionally, these attacks can be traumatic. You may have been dealing with the effects of this trauma for your whole life.

In this chapter, you will come to terms with some of the habits you learned in order to survive a BPD mother, learn how to care for yourself without feeling guilty, and begin to heal your damaged sense of self.

Why Self-Care Is Vital

Failure to take care of yourself is a form of neglect. It is not a virtue, as your mother may have taught you. It's a symptom of low self-worth. Self-neglect can take many different forms. There are physical forms of neglect, such as neglecting to get regular medical/dental care, exercise, healthy sleep, and good nutrition. There is also emotional neglect, such as not taking time for yourself, enduring unnecessary discomfort, not pursuing your passions and interests, and not nurturing and maintaining your close relationships. Persistent self-neglect will eventually increase your chances of serious physical and emotional problems and, ultimately, illness, while emotional neglect can lead to mental health issues, increased stress, and unhealthy relationships. It's vital to your healing journey to take care of yourself in physical and emotional ways. Aren't you worth it?

EXERCISE: **Prioritize Self-Care**

It's common for people who are not experienced at self-care to let important self-care tasks go by the wayside. If you feel that others are more important than you are, you'll take care of everyone else before you take care of yourself.

For this exercise, you'll schedule self-care activities in your calendar. Pick a fifteen-minute (minimum) slot each day (preferably around the same time every day) and schedule something that you will do for yourself and yourself alone. These activities might include meditation, exercising, reading, getting a massage, napping, calling a friend, attending a medical appointment, or working on a personal project you're passionate about—anything that contributes to your well-being and is not about caring for others.

You Are Worthy of Love

The bond between children of mothers with BPD is almost always one of conditional love. You receive “love” when you please your mother but not when you don't. She doesn't judge you by your lifetime of service, but by your last act. Because BPD causes black-and-white thinking in its sufferers, your mother will withdraw all affection and support if you displease her. You can't create a stable sense of self-worth if you—as your mother does—continue to judge yourself as solely a reflection of your last act.

You will never be able to feel loved by someone else until you love yourself. Even if others do express love for you, it will feel shallow and possibly manipulative because you won't trust their love no matter how much they show it.

Your experience growing up with a mother with BPD—especially the attacks on your sense of self-worth—likely has damaged your ability to see yourself as lovable. You were told you were worthless or bad by

Selfish vs. Selfless: Is It Healthy to Be Selfish?

Most people feel insulted if they are called selfish and feel complimented when they are called selfless. Selfish people put themselves before others, while selfless people put others before themselves. Many cultures and religions hold the belief that it's better to be selfless than selfish. However, selflessness can be an unhealthy condition if taken too far.

People without a stable sense of self (such as those who grew up with a mother with BPD) can suffer from anxiety as they struggle to figure out who they are. Their self-development has been shaped by the wishes and demands of others rather than by their internal compass. In people with a strong sense of self, this internal compass developed from the child observing and processing others' reactions to their behavior. But, as I've discussed, if the child doesn't get consistent feedback, they grow up not understanding how to cope well with social situations.

If a child grows up desperate to please their mother and afraid she'll abandon them for doing something wrong, that child will learn that putting others first is a matter of survival. They may grow up to have difficulty modulating their emotions because they often confuse what they feel with what they think other people want them to feel. For some, this gets so laborious that they end up just feeling numb. That doesn't mean that putting the needs of others ahead of your own is always unhealthy, but being habitually selfless may

discourage the development of a stable sense of self. Here are some forms of selfishness that are healthy:

- **Self-care** means that you make your wellness a priority over serving others.
- **Self-defense** demands that you put your survival ahead of whoever is attacking you.
- **Self-definition** requires that you value your opinions of yourself above that of others.
- **Self-confidence** asks that you value your judgment above that of others.

Learning to care for yourself requires that you sometimes act selfishly with the understanding that some selfishness is necessary in order to create a healthier life for yourself and your family. If you can learn that you're worth self-care and that this kind of selfishness is important to your well-being, you are well on your way to healing from the pain of growing up with a mother with BPD. You were trained to base your own value solely on serving another person—your mother—while denying your own needs. This doesn't support you in developing a sense of your own intrinsic value.

The healthiest balance is a mixture of selfish and selfless, depending on the given circumstance. You *can* give to others without compromising your own needs. Giving to others shouldn't be painful or destructive to you, and it's not healthy to give to others for the sole purpose of self-validation (in order to be revered by them). Giving to others should be an act of joy and community.

the person you are supposed to be able to trust most. Being selfish in a healthy way (including putting your own needs first when appropriate) is the first step toward—and the foundation of—your personal healing.

Healing this type of injury to the self will require *emotional reprocessing*: working on your emotional reactions to your mother's behavior so that, eventually, the emotional intensity decreases. Part of processing requires recalling critical and possibly painful events and patterns in childhood and reframing them. For example, you learned that when you please your mother, you are good. You get self-worth from serving her to her satisfaction. When you don't please her, she tells you that you have no worth. As a child, you soon came to believe that you have no worth other than to please her, and perhaps others. In the context of this belief system, it's actually selfish to take care of yourself, and self-care actually makes you less worthy. This is what has made you feel unworthy of love.

Emotional reprocessing of this pattern requires that you define your self-worth differently and then evaluate yourself using these new criteria. For example, you might change your definition of what makes you worthy from being of service to others to being the best person you can be. This shift in your personal definition of self-worth can have a dramatic effect on your behavior.

Consider a circumstance where you have plans with your child and your mother asks you to change those plans so that you can be with her instead. By her definition, you are not worthy if you refuse her request to cancel on your child. By your new definition, you feel *more* worthy when you choose being the best parent you can be over pleasing your mother. By changing your definition of self-worth and judging yourself using your own criteria, you make yourself worthy of love. Basing your sense of self-worth on the feedback of others gives them the power to define you. Relying on others to define your worth is a highly unstable situation because different people will have different expectations of you and respond to you differently for different reasons. In order to have the security of a stable sense of self you must be in charge of your self-definition.

Karen's Story

Karen is a sixty-two-year-old divorced mother of two young children. She was raised by Marybeth, a single mother, and was close to her growing up. She is the oldest of three, and her mother often relied on her to help with her two younger siblings—a brother and sister. She loved her siblings but was often overwhelmed by the responsibility of taking care of them while also attending school full-time. This arrangement continued throughout college, and Karen lived in her mother's home while she attended community college.

After graduation Karen got a good job, but Marybeth convinced her to continue living at home. She asked Karen to contribute to the household expenses and help out with her brother and sister. As Karen's siblings got older, they became more independent and less in need of her help, but her mother often sought Karen out as a companion and advisor. Karen was used to being in a parental role with her siblings, so it was familiar to her when her mother inverted the parent-child relationship.

After two years at her job, Karen was offered a promotion. It came with a generous raise but required that she relocate a few hundred miles away to the company headquarters. Karen was proud and thrilled. She was surprised when her mother cried and discouraged her from taking the promotion. Her mother explained that she could not live without Karen and that if Karen really loved her, she would decline the offer and stay home.

Karen was very conflicted about whether to take the job or put her mother first and decline the offer. She lost many nights of sleep. She sought advice both from friends and professionals. She tried to get Marybeth to see that this was not an abandonment and that Karen would be in close touch with her and would visit as often as she could. Her mother expressed anger toward her right up until she left.

Karen loved her new job and tried to make it up to Marybeth by coming home frequently and also offering to fly her mother out to visit, but Marybeth continued to tell her that she was a bad daughter for abandoning her. Karen felt very guilty for taking her new job and started to have anxiety and a depressed mood. She found it difficult to do things for herself such as exercising or going out with friends because she felt guilty enjoying herself while her mother was expressing such misery.

Though she wasn't looking to date, a young man named Tim took an interest in her and asked her out. She wasn't that interested in him, but he was persistent and she needed to feel good about herself, so eventually she agreed to go out with him. She continued to see him because she didn't feel that she was desirable to anyone else.

She noticed after a few weeks that Tim was possessive of her. At first, she was flattered that he cared enough about her to want to know where she was when she was not with him. She also took it as a sign of love when he discouraged her being with girlfriends because he wanted to spend time with her. Initially, she was pleased that he noticed what clothing she wore and even that he asked to her to dress modestly because he was worried about her safety.

After six months of dating Tim, she was surprised to find that she was pregnant despite the fact that they had been using birth control. When he offered to marry her, she agreed. After the wedding, Tim's behavior became even more controlling, and he became more demanding. She had a second child, thinking that then they would feel like a complete family and he would settle down.

She was wrong. Tim often complained that after her job and taking care of the children she did not have enough time and energy for him. She tried to please him but found that she was just too exhausted to be good company after all that had to be done on any given day. Then she caught him cheating on her. He refused to stop seeing the other woman, and she left him.

Karen decided to transfer back home, and she and the children moved in with her mother. They continued to live with Marybeth

until she became ill. Karen took care of her mother until her mother died and continues to live in the house she grew up in. She had difficulty grieving her mother's death and fell into a clinical depression shortly afterward. She finally sought help and after years of therapy was able to see that her lack of self-worth made her vulnerable to being with a controlling man. She eventually came to understand that she needed to see herself as more than a utility to serve others and that she needed to take care of herself. At sixty-two, she began to create a new life, one that supports her self-worth and includes some healthy selfishness.

Rebuild Your Self-Esteem

The first step in rebuilding your self-esteem is to shift from a primarily selfless identity to one that includes healthy selfishness such as self-care. In order to heal, you must go beyond just the basic behaviors associated with self-care, such as fitness, cleanliness, health, rest, and spirituality, and actually change your value system. You must abandon the value system that you were raised with—most notably, the belief that your value is determined by whether or not you please others and that selflessness is a virtue.

The second step is to define your own value system to replace the one your mother may still live by and judge you by. To do this, you will need to reflect on what is really important to you. This is what defines you. The best place to start is with basic human qualities that feel important to you. Examples of such qualities include consistency, balance, honesty, fairness, thoughtfulness, insightfulness, and pragmatism. Once you understand the values that are important to you, you can practice living more and more by these values.

For example, in the selfless system, the most important quality of the self is your ability to please your mother. This requires dishonesty.

You can't tell your mother anything that she doesn't want to hear, or she will be displeased. You may walk on eggshells and avoid topics that create conflict.

Censoring your communication with her while trying to represent to your mother that you are open with her is a form of dishonesty. If she doesn't experience you as being open, then she will also be displeased. In deciding on your personal value system, you might choose to include honesty. If so, you will need to apply this by putting being an honest person above pleasing your mother. If you are able to live up to this value, you'll no longer feel guilty when you disappoint her, though you may feel sad instead at the limitations of the relationship.

You can continue to articulate, modify, and elaborate your value system throughout your life. As you do this, and reflect your values consistently in your daily behavior, your self-esteem will rise. This also maximizes your sense of control over your life because you no longer allow others to define you and drive your decisions and behaviors. This will increase your self-esteem as well.

The final step requires that you shift from your codependence on your mother, and possibly others, for validation of your self-worth, to self-validation, based on *your* definitions of self-worth. Once you no longer seek her approval, but rather decide for yourself if you are fulfilling your own descriptions of self-worth, you will become immune to the effects of her criticism and disappointment. She will probably not stop offering this feedback, but it will no longer erode your self-esteem and self-confidence.

Defining yourself rather than being defined by the values of others is what I refer to as *the departure*. This means departing from conformity, or the way others want you to be. This is necessary to fully realize your independence, but it won't be easy. It also won't be understood by some of the people you encounter in your life. Many people value conformity and won't understand when you choose a different path. Some will be supportive, but some may be offended. It's important that

you understand that you may encounter resistance. In the end, you'll find people who support and celebrate your values, and your life will be better for having chosen to live for yourself and not for others.

EXERCISE: **Building a Better You**

Find a blank page in a journal or use a sheet of paper and write out the days of the week. Alternatively, you could open up your calendar or diary to the following week. Choose seven qualities that are attractive to you and fit your definition of self-worth. Examples of such qualities include mindful, patient, generous, spiritual, strong, loyal, etc. Assign each quality to a day of the week. Every morning check which quality you will focus on that day and try to express that quality in as many of your activities for that day as possible. If you repeat this exercise every week, you will make these qualities feel natural and emphasize their presence in your personality.

Learn to Trust Again

Trust is a feeling. We do not choose to trust. We feel trust when the other person shows us that they are trustworthy and treats us consistently with respect. Knowing you can rely on the response of others in your life creates a feeling of security, which in turn can nurture feelings of trust. As the child of a mother with BPD, you were taught not to trust. The inconsistency due to her frequent betrayals has probably caused you to feel distrust in all of your relationships, most notably with women. Untrustworthiness is likely to have become something you commonly project onto others.

Repairing a broken ability to trust requires that you, when you're ready, take some risks that you haven't taken in a while, possibly

because they didn't work out well for you when you did. It's best to do this in stages.

The first stage is to start to question your absolute belief that others are not trustworthy and that the only one you can depend on is yourself. This will require that you acknowledge that your mother's lack of trustworthiness is not normal, and certainly not healthy. Without accepting this truth, you will not be able to move forward in your ability to feel trust for others.

In the second stage, you'll need to identify traits that can help you differentiate between trustworthiness and untrustworthiness in others. Consider how they treat others as well as how they treat you. If you end up trusting someone who isn't trustworthy, this will be a major setback to your healing.

The third stage is to actually consider individuals in your social world that you might pursue a more trusting relationship with.

The fourth stage is to begin to trust those that you have chosen, at first with minor confidences or vulnerabilities. In this phase you should always have a backup so that if you are disappointed you will not be devastated. For example, if you trust someone to pick you up at an airport or a meeting, you make sure that you have the Uber or Lyft app installed on your phone in case they don't show.

The fifth stage is only for intimate relationships with a proven record of reliability. This stage requires you to trust someone without a backup plan.

Eventually you may trust your mother, but she will have to treat you consistently for an extended period. She'll need to act respectfully and loving toward you whether or not you please her on any given day. She'll also need to consistently respect your boundaries without testing them. If she can achieve these changes, you may begin to trust her.

A New Approach to Relationships

Until now, all of your relationships have been affected by the nature of your attachment to your mother. Being raised with insecure attachments has most likely caused you to view relationships cautiously and you are probably compelled in all of them to seek validation by pleasing those you're in relationship with. This creates an imbalance that leaves you forever dependent on others to maintain your self-definition. As you succeed in your departure from trying to define yourself by the feedback of others and base your self-definition on your own value systems, all of your relationships will probably change significantly.

Those who you have relationships with will adjust in one of two ways. The healthy individuals in your life will support your efforts to become healthy and to have healthier (non-codependent) relationships. You will become closer and more intimate with them after you shed your need to be validated by them. You will find that there are people in your life who want to be close to you because you are you and not because of your efforts to please them. Once you're able to see and understand this, you'll experience deeper feelings of closeness and trust will develop beyond what you have ever felt. This is critical to your healing.

Some in your social world may react negatively as you change your focus from pleasing them to developing a balanced, adult relationship with them. Those who prefer to be pleased rather than loved as an adult—in other words, those who really only wanted you in their lives because you worked hard to make them happy, not because they're interested in getting to know the real you—will either have to adjust to this “new you” by becoming healthier themselves or find they have no place in your life. It will be healthier for you if you limit your relationship with them or even remove them from your life. If these people choose to work on themselves as well, the relationship will become more intimate and satisfying for both of you as you take this journey toward healing and health together.

When you develop new relationships, you'll want to choose people who can experience and express love without resorting to codependent bonding. As you heal, grow, and learn to have healthy boundaries and rely

on yourself for your self-respect, you'll see that you can find and nurture new relationships that are more balanced and based on mutual respect and love. These types of relationships are more stable than those based on needing others' admiration in order to feel good about yourself.

What Does a Healthy Relationship Look Like?

Healthy relationships should have all of the following qualities:

- Both people are able to accept what each brings to the table for support and affection without punishing the other because they don't meet every need.
- Each person must respect the other's needs and feelings. You must be okay with each of you sometimes putting your needs before each other's.
- Everyone must respect each other's boundaries and not test them.
- Both people must respect the things and people that are important in one another's life and not see them as a threat or as competition.
- Neither person must ever hurt the other—physically or emotionally—on purpose.

Ben's Story

Ben is a thirty-six-year-old bachelor from a very wealthy family. He was raised by Annie, who taught him that he must comply with her wishes in order to receive her love and support. He became good at putting her needs before his own. As an adult, he dated

many women, but he never felt loved by them. He was always able to get women to go out with him by approaching them the way he approached his mother: He pleased them as best he could before he expected, or even accepted, anything from them. He did this by lavishly spending his money on them. He would pick up dates in helicopters and take them to other cities for dinner. He took them to exclusive events where they sat in premium seats. It was easy for the women he dated to get used to his lifestyle. The problem was, he could not tell whether they loved him or loved the lifestyle.

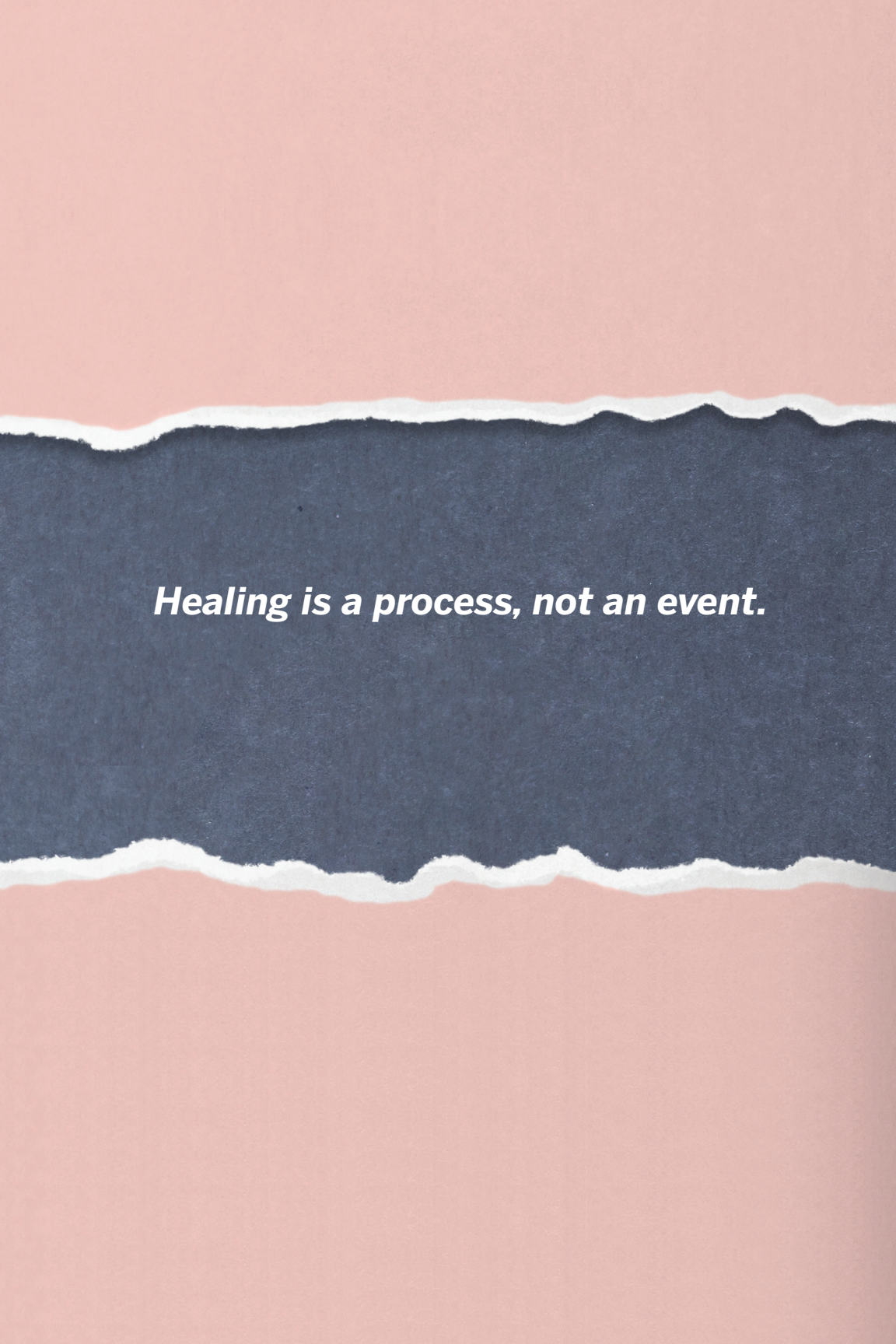
Ben's therapist suggested that when meeting new women, Ben not emphasize his wealth and generosity, but rather just focus on getting to know the other person and letting her get to know him. He recommended that Ben bring his dates to normal, public events rather than wowing his dates with expensive adventures. While Ben understood his therapist's reasons for suggesting this, he still resisted making this change. Through therapy, he recognized that he was actually insecure about letting people get to know him without his wealth because his money almost guaranteed acceptance into social groups, while he felt uncertain about other people accepting him if he was just "normal." He finally decided to try it despite his anxiety.

Ben found that he became more comfortable each time he went on a date without the trappings of luxury. Just about the time it started to feel natural to date this way, he met a woman who was very attracted to him. He recognized that being loved for who he was felt different from being loved for his lifestyle, and he realized that he could never be in relationships with people that love him for his money. Once he felt secure in his relationship, he resumed his generosity and luxurious lifestyle but felt like it was a nice accessory and not the source of his value to himself or to others.

Conclusion

In this chapter you learned that the state of selflessness—living only to please others—that your mother taught you is not healthy for you or your relationships. This chapter provided a guide to the healthy selfishness that is necessary for proper self-care. As part of this transition from focusing only on others to allowing yourself to focus on your own needs, you'll have to learn to define your own values rather than allow others to define the values they expect you to live by, as this is the only way to have a stable sense of self-worth.

The next chapter will focus on teaching you specific self-care strategies. When used consistently, they will produce habits that will lead to consistent self-care and healing. This is necessary to improve your quality of life and improve your relationships with your mother and with others in your life.

The image features a central dark blue band with a rough, torn edge effect, set against a light pink background. The text is centered within the blue band.

Healing is a process, not an event.



Your Healing Journey

Your experience with your mother with BPD will have deep-seated effects on how you cope with life. You may suffer from emotional or psychological wounds, have low self-worth, or wonder if you're really very good at anything. This is normal: You went through a difficult childhood, and it's bound to have affected your development. But the good news is you can create a new life for yourself, with positive and supportive relationships, stable moods, healthy habits, and fulfilling activities. In this chapter, I'll cover some of the common emotional and psychological issues that you may be experiencing and discuss some ways to grow and heal.

Overcoming Trauma

The two most common forms of trauma in the early life of a child of a mother with BPD are being abused and seeing the mother hurting or threatening to hurt herself. A child sees these situations as a threat to their personal survival because they're so dependent on their mother. So, when a child's mother threatens to leave them—either through death or abandonment—because they did something she doesn't like, the child will naturally feel their life is in danger. When we experience an event that's an imminent threat either to ourselves or to someone else, we experience a trauma reaction. We often refer to as the flight/fight/fright response: The threat causes the arousal of our sympathetic nervous system and prepares us to take quick action to stay alive.

In this state we can't process emotions well, as our body's systems are focusing on our survival.

When threatened like this, people may experience traumatic stress, where they feel so overwhelmed with fear that they freeze or panic. They may have a full-blown panic attack, where they are totally immobilized. Unfortunately, even after the threat has gone, the feelings we can't process during our trauma don't just go away. We will often experience them anew once we have gotten away from the threat and our neurochemistry has returned to normal. Sometimes, trauma survivors may re-experience these emotions for years, in which case they may be diagnosed with post-traumatic stress disorder, or PTSD. Those with PTSD may relive the trauma over and over again as their brains try to process what happened.

DO I HAVE PTSD?

If you experienced or witnessed a traumatic event as the child of a mother with BPD and you have some of the following symptoms, you may be suffering from PTSD. Note that this is not an exhaustive list of PTSD symptoms; these are simply general areas of distress or dysfunction associated with the disorder. These symptoms sometimes do not appear until long after the actual traumatic event.

- Recurrent intrusive experiences associated with the trauma. This might include flashbacks, where you relive the event or parts of it. This sometimes takes the form of violent and frightening nightmares or flashes of images, scents, or the sense that you're re-experiencing the event happening in the present moment.
- Dissociation. The most extreme form of this experience is not being able to account for hours or days at a time, sometimes finding yourself somewhere and not remembering how you got there. Less extreme dissociative reactions involve feeling detached from the environment and emotionally numb.

- Getting triggered. You might feel emotionally upset or have flashbacks when you experience certain situations, objects, or places that remind you of the traumatic event.
- Avoidance. You may go to extremes to avoid feeling triggered, including refusing to think or talk about the triggers.
- Missing or distorted memory of the traumatic event(s).
- Exaggerated startle response, such as being overly alarmed when someone comes up behind you unexpectedly.

If you suffer significantly from the above symptoms, you might consider seeking treatment for PTSD before you try to modify your relationship with your mother. Confronting her by setting new boundaries may cause her to react in a way that is re-traumatizing, which can worsen your PTSD symptoms.

Coping with Mental Health Issues

Adult children of mothers with BPD may suffer from a cluster of psychological symptoms that are either caused or intensified by unstable attachment during their development.

The most common psychological symptom they experience is depression. Symptoms of depression include the following:

- Depressed mood
- Anhedonia—diminished interest in activities previously experienced as pleasurable
- Significant weight gain or loss
- Significant change in sleeping patterns
- Fatigue
- Feelings of worthlessness

- Low self-esteem, low self-confidence
- Thoughts of death
- Social withdrawal
- Difficulty concentrating

If you experience a few of these symptoms to a mild extent some of the time, you may be at risk for developing depression. This means it's time for you to increase your efforts at self-care, which could mean taking a fun exercise class, learning a new skill, making plans with friends on a regular basis, or challenging yourself with fitness goals. Even though you may not feel like it, you should attend to all areas of physical or psychological neglect. Sometimes, depression can make us want to isolate—avoid people even when normally we'd be more socially active. If you usually enjoy being alone it's not an issue, but if your behavior changes and you withdraw from friends and family, you may have depression.

If you suspect you may be depressed, it's important to seek professional help such as from a psychiatrist or therapist, or even your primary care provider. Seeking professional help when you need it is a critical part of your self-care. Depression left untreated can get worse and lead to other unhealthy conditions. The most severe is death, such as by suicide.

Another unhealthy condition that is often reported by children of mothers with BPD is addiction. Some addictions are chemical, such as alcohol or drugs. Other addictions are behavioral, such as gambling, overeating, or sex. If you think you might be addicted to a substance or a behavior, consider getting help through your primary care provider. Many cities have resources for addiction treatment resources in the area, primarily focused around the 12-step program, which is central to almost all treatments of addiction in the United States.

Anxiety is another symptom often associated with growing up with a mother with BPD. There are also many non-traumatic forms of anxiety, some of which are listed below:

- **Generalized anxiety.** Excessive anxiety and worry, often accompanied by physical symptoms such as restlessness, fatigue, difficulty concentrating, irritability, and sleep disturbance.
- **Phobia.** A specific fear. Examples are fear of heights, closed-in places, social contact, going outside, or germs.
- **Obsessive-Compulsive anxiety.** Obsession is thinking about the same thing over and over. A compulsion is a behavior that you feel you must do to avoid severe anxiety. This may include behavior such as feeling so anxious that you forgot to lock the door or turn off the stove that you actually go home and check.
- **Panic Attacks.** These can include shortness of breath, extreme anxiety, dizziness, heart palpitations, and feeling as if you're dying. They can come on seemingly without warning and some people may think they're having a heart attack.

Everybody experiences some anxiety on occasion, but if your anxiety is interfering with your life, you might want to consider seeking professional help through a therapist or your medical provider. For example, if you are missing work or can't concentrate at work sufficiently to do what you need to do, or if you can't leave your home due to anxiety, then you need to seek help. There are many effective ways to handle anxiety.

Processing Grief

As the adult child of a mother with BPD, your healing will mean that you need to give up the relationship you now have with your mother in order to begin a new one that's less hurtful and more constructive. You may feel less close to her as you set and maintain new boundaries, and your mother will certainly react to these changes in your relationship by resisting and possibly withdrawing from you. This may initially feel

like a loss—and it is a loss of an old relationship even though that relationship was painful—and you’ll likely need to do some grieving.

Often, the biggest complication of grief is when we idealize the old way of being, which makes the transition hurt more. We tend to forget or to stop focusing on hurtful aspects of the relationship and to remember only the positive aspects.

As you shift your relationship with your mother, you may feel sad or lost without the old form of relationship. This is a natural and healthy part of the process of grieving. In order to move through this grief, it will be helpful for you to differentiate the relationship you have with your mother from the relationship you wish you had.

Your mourning is about the loss of the relationship you wish you had, but you haven’t really lost anything if you can successfully nurture a new and more positive relationship. In your moments of sadness, you may want to write down or speak out loud about the relationship you’re actively forming, and what you would like it to look like. By focusing on the positive aspects of what you’re building with her, you can move through grief more quickly. At the same time, give yourself permission to feel the loss of the fantasy you may have had since childhood that your mother would magically change into a loving, supportive, and kind parent. It may help to seek out therapy or to find a group of people who have also survived a mother with BPD. You will need to give yourself time and space to process the complicated feelings you have about her.

How Do I Know If My Drinking Is a Problem?

Children who were mistreated in childhood often suffer from addiction in adulthood. The following are signs that use of alcohol has become problematic:

- Drinking more than intended
- Unsuccessful attempts to cut down or stop drinking
- Life focused on use of alcohol
- Cravings
- Functional impairment—interferes with work or social life
- Continued use despite physical or mental problems that are exacerbated by alcohol use
- Tolerance—the need to drink more alcohol to achieve the desired effects
- Withdrawal—physical or emotional symptoms that arise as the result of stopping use of a substance

If you experience any of the above symptoms and continue to drink despite making these symptoms worse, you may be developing a substance abuse disorder. If so, talk to your medical provider or search for addiction resources local to you. Addiction treatment is widely available and there are many options for treatment.

Aspects of Grieving

Successful grieving—meaning that you process the grief and are able to function in your life—has several aspects and often occurs in stages. You may be feeling grief about losing the idealized idea of your relationship with your mother. Here are some tips for approaching your grief:

- **Work on acceptance.** There may be a part of you that doesn't want it to be true that you need to let go of this idealized fantasy of your mother. The child you were may still want to cling to the hope that your mother will transform into the perfect mom. Acceptance will come eventually if you continue to build your new relationship with her and see how much more positive your life can be when you set strong boundaries.
- **Take inventory.** This is a self-reflective process where you look at the scope and depth of the loss. In the case of adults with mothers with BPD, you have a complex relationship with your mother that includes aspects that I've discussed in this book such as dependency and

codependency, attachment, painful memories, loving memories, emotional abuse, and, possibly, physical abuse. It may help for you to write down, create art, or speak about the relationship you're actively forming with her. It may also help to speak to a therapist who understands the process of adults who grew up with mothers with BPD, or an in-person or online peer group of others who have had the same experience.

- **Coping with change.** As you set boundaries that give you more time to do things other than comfort or placate your mother, you may not know what to do with yourself. You may feel bored, tired, sad, lonely, or confused. In this case, consider focusing on self-care activities such as starting a new exercise regimen, nurturing relationships with other important people in your life, or doing things you couldn't do before without upsetting your mother, like traveling or redecorating your home.
- **Get support.** Reaching out to friends or family during grieving can be helpful. Attending groups for others grieving similar losses can be extremely helpful in feeling less alone.

Protecting Yourself

If you have been feeding your mother's illness for decades, you probably have a high tolerance for being treated badly. This makes you more likely to endure mistreatment in other relationships, especially intimate ones. You may have normalized the experience of being hurt by those who are closest to you. You may even fail to notice immediately when others mistreat you, especially if this mistreatment is less harsh than what you're used to.

The first step in protecting yourself from mistreatment is to increase your awareness of your own feelings. If you grew up in an environment where sharing your feelings either had no effect on others or, worse yet, made them angry and defensive, then you may have learned to ignore your feelings because expressing them didn't help your situation. Without the ability to walk away from the relationship with your mother, you couldn't act on your feelings—and she ignored them or used them against you—so they became annoyances rather than providing helpful information as they were designed to do. Now you are an adult, and you have more control of your relationships. You *can* walk away if you need to. In order to heal from past mistreatment and avoid future mistreatment, you'll need to become more mindful of what behavior from others you will allow in your life. This is where support from peers, friends, or a therapist can help. You might want to list the types of behaviors you will no longer tolerate, such as lying, temper tantrums, boundary-crossing, physical or emotional abuse, personal insults, and yelling. Make a plan for when you will walk away from any relationship where you are being mistreated.

Clark's Story

Clark is a forty-two-year-old professional who was raised by Susan, a single mother, to believe that strength comes from the ability to tolerate pain and neglect so he could serve others. He believed that it strengthened his character to endure pain or sickness rather than

seeking medical care. He sometimes went days without food in an attempt to control his weight. He restricted fluids and routinely held his urine so that he did not have to compromise his productivity by taking toilet breaks. He prided himself on being able to tolerate these adverse conditions because it made him feel strong and in control.

Rather than experience self-compassion when he was in pain or sick, he would get angry at himself for being imperfect. He considered himself very self-disciplined and assumed that this meant that he was taking good care of himself. The reality was, he had become unable to take care of himself. He believed that self-care took away from his worth because he was more valuable when he was taking care of others. He was also never taught how to take good care of himself.

Clark believed his mother when she told him repeatedly as a child that his duty was to take care of her, not himself. This belief hurt his intimate relationships. His wife, Patricia, was able to tend to herself when she was unwell and only sometimes asked him to help her. He always did and, while it added to his sense of value by making him feel needed, he lost respect for her because he saw her as weak for giving in to her pain and illness. He developed resentment toward her because he felt that she was undisciplined and not trying hard enough in the relationship. In this way, his feelings toward Patricia became increasingly similar to his feelings for his mother, as did his way of reacting to her. He was projecting his feelings for his mother onto his wife.

His wife saw him as emotionally unsupportive. She was reluctant to ask for his help because she believed he respected her less if he helped her. As they aged, Patricia developed some chronic medical problems and conflict increased between them as she spent more and more days not feeling well. Clark became repulsed by her illnesses and stopped being physically attracted to her, which negatively affected their intimacy.

Clark and Patricia had a son and a daughter. He projected himself onto his son, John, and encouraged John to adopt Susan's value system. Clark made John feel ashamed if he was hurting or ill and this stopped John from reaching out to him or to anyone else because he feared being judged as weak or worthless. John suffered physically and socially because it was hard for him to make friends. He also tended to lash out at people when he was upset. Clark became overprotective of his daughter, Linda, which damaged her emotional development. She developed separation anxiety as a young child and now, as a college student, continues to have difficulty being away from her parents.

Psychotherapy helped Clark examine the value system that he had adopted from his mother, and he realized that he was projecting these damaging messages onto his wife and children. He came to accept that until he changed his definition of self-worth, he could not take care of himself or anyone else.

The Importance of Community

Those raised by mothers with BPD very often report feeling alone in their struggle. They may feel isolated or withdraw from others because they don't feel understood, which can contribute to or worsen depression. Having supportive individuals or organizations in your life will help you keep active and grounded.

Under ideal circumstances, the family affected by BPD works together to heal both individually and as a family, but this doesn't always happen. Connections in your community will give you some stability that is independent of your family, which can anchor you during turbulent situations as you set boundaries and shift your dynamic with your mother and other family members.

Community can mean different things. A community can be based on geographic location (for instance, your neighbors), interests and

hobbies, one's identity, a target goal (losing weight or accountability for exercising more), or political or social causes.

In your case, a community of people with experience on a similar healing journey will help you feel connected to others, find support from peers who understand what you're going through, and possible long-term friendships that don't necessarily have to do with your experience with your mother.

A good way to approach making community connections that are about healing is to start with the local chapter of a national organization, such as the National Alliance on Mental Illness (NAMI). Local psychological associations are good referral sources for therapists, peer groups, and support networks. You can also look online for community support. One suggestion is to start with the Personality Disorders Awareness Network (PDAN). You can even get therapy online at sites such as Talkspace and others.

When you first start to reach out to healing communities, it's a good idea to understand what you want out of the connection. Are you looking for professional help, casual peer support, a more formal support group, someone to talk to face-to-face, someone to chat with online, or help with other issues such as depression or addiction?

Once you know what you want out of your community, look online for resources and reach out. If you're socially anxious or unsure how to seek help, the best way is to just jump in; you'll make mistakes, but most of these communities are welcoming and forgiving. If you find that you get a negative response, move on to another group or organization.

Wherever you may go to seek help, if at first you don't find what you're looking for, keep trying.

Building Healthy Connections

In order to survive growing up with an unstable attachment to your mother, you had to learn to be vigilant for signs of instability all of the time. Even during good times, it was always in the back of your mind

that anything might set her off. Walking on eggshells may have made you hypervigilant to signs of other people's discomfort or discontent. Over the years, this may have caused you to lose sight of the positive qualities of your relationship with your mother and even relationships in general.

As I discussed earlier, you may have a tendency to attract unhealthy relationships and to accept bad treatment from others. As you continue to eliminate unstable, abusive, and unhealthy relationships from your life and replace them with stable relationships, you will need to retrain yourself to pay attention to positive aspects of your relationships rather than always looking for danger signs. Stable relationships are more intimate and more secure, so you can let your guard down—but if you don't know how to let your guard down, it may be hard to allow your existing relationships to flourish.

Here are some tips:

- Open up to one or two trusted people about your experiences growing up. It might feel scary at first, but most healthy people appreciate it when others share deeper insights with them.
- Listen to others. Another key to developing stable and open relationships with others is to be a good listener. Ask questions of the people you're around. Be genuinely curious about their lives, their feelings, and their hopes and dreams.
- Be curious about your responses to others. You may have learned from your mother that your feelings were unimportant, but in reality, feelings help us understand our experiences. If you're anxious or on-edge when you're around others, pay attention to what's happening around you when you start to feel that way. Are others acting in a certain way, using a certain tone of voice, or using certain words that feel triggering? What's your physical and emotional reaction? Being aware of your reactions will help you learn to cope well even in situations where you're feeling uncomfortable.

Talking About Your BPD Experience

Getting feedback from others can be very helpful to understand better how the feedback you got from your mother was so often distorted. As a child, without any other experience to compare yours to, you likely believed that you were bad or defective. Gaining the perspectives of other people that you trust will help validate that you are not bad just because you don't give your mother everything she wants.

Unfortunately, you can also get hurt trying to talk to other people about it. Growing up with a mother with BPD is very different from what others may have experienced, and they may not be able to validate your experience the way you need. For this reason, it's a good idea to be selective about whom you talk to in depth about your upbringing.

The people who will be the most able to understand, of course, will be those who are familiar with BPD, whether they're psychology professionals or others who have experienced growing up with someone with this disorder.

In addition to professionals and groups that specialize in BPD, it can be healing to talk to supportive siblings or other family members. Friends who have spent time around the family may also be able to see your perspective and may be able to offer insights, since they were not as involved in what was going on.

Some good friends may be able to be supportive even if they don't understand BPD. If you find that some of the people you are close to want to be supportive but don't really understand what you're going through, encourage them to ask questions if they don't understand something that happened. Pay attention to your inner experience. If you start to feel triggered or upset while answering someone's questions, you can politely say that you need to stop talking about this now and that you can discuss it later. Explain what's happening and how you feel.

Strategies for Talking About Your Mother with BPD

Here are some strategies for talking about your experience growing up with your mother. These will help you get a supportive response and lessen your chances of being hurt.

- Start by explaining that your mother has a disorder called borderline personality disorder and explain how this affected you. The term for the disorder isn't as important as the behaviors and your experiences, though, so don't get hung up on the term for your mom's illness.
- Though you probably feel some anger, remember that others can be afraid of expressions of anger. If you have people in your life who fully accept you and can support you in expressing anger, you can share it with them. Otherwise, explore the pain underneath the anger, such as sadness or disappointment.

- Express the mistreatment you endured, but also focus on your strength and healing. Discuss what you're doing to create a different reality for yourself. You may even find that your friends look up to you for taking charge and turning your life around!
- Don't demonize your mother. Your goal is to create a new relationship with your mother that's healthier than the one you grew up in. It won't be helpful to talk badly about her or dismiss her as a person, especially if she's still in your life. Focus on the fact that you're making positive changes.
- Retell it, but don't relive it. If talking about your experiences brings up painful emotions that start to negatively affect you or others around you, it may be better to talk about it with a professional rather than with your friends. Once you are able to gain some distance from what happened, you can share the details with supportive friends, but until then it's okay not to discuss the more painful memories.

Practicing Acceptance

Acceptance is the foundation for psychological and emotional stability. Most of our pain in life comes from refusing to accept our circumstances and from resisting the present moment. Acceptance doesn't mean that you have to be happy about what's going on; it doesn't mean giving in. You can accept your reality while also choosing to change it. But by allowing the present moment to be just what it is, you lessen much of your pain because you're no longer wishing things were different than they are.

When you accept that you had a difficult childhood and that you still have a difficult time with your mother, you will experience less stress. By accepting what happened, you can focus on what you can do now and every day to change things for the better. There are certain things you can't control, including your mother's behavior. The only thing you can control is your reactions to her behavior. Once you fully accept this, you will no longer be a victim. You will be a survivor, and your life will be more peaceful. You can practice acceptance in many ways, including meditation, journaling, and working with a therapist, spiritual advisor, or through self-help books and other resources that focus on acceptance.

Conclusion

Children of mothers with BPD often experience long-term effects from their upbringing, including grief, depression, anxiety, addictions, isolation, and disconnection. You were not taught healthy ways of being in the world, such as how to connect with others, nurture relationships, and cope with overwhelming emotions. As you continue to shift your relationship with your mother, you will also need to shift your relationship with yourself. This means seeking help when you need it, developing healthy friendships and other relationships, finding support for yourself in your healing, and grieving your old relationship with your mother. Only then can you define yourself rather than being defined by others. In the next chapter, you will learn how to maintain the gains you have made in your personal growth.

The image features a central dark blue band with a torn paper texture, set against a light pink background. The quote is written in white, italicized, sans-serif font.

*Let the past guide your future
but not determine it.*



Your Life, Your Terms

A major theme of this book is that the path to health means you need to be in control of your life to the greatest extent possible. Healthy parents encourage and support independence and autonomy, which prepares children to take control of their lives. Mothers with BPD often discourage their children from becoming independent and force them to focus on pleasing their mothers instead. This often results in children becoming adults that are so selfless that they cannot fully care for themselves.

The goal of this book is to help you take back control of your life and your autonomy. Once you've achieved this, you'll need to maintain and build on this independence throughout your life despite the objections of your mother or others.

Create New Goals

If up until now your life goal has been to please others, specifically your mother, you'll need to create new goals. For much of your life, you may not have paid attention to your own preferences because they weren't treated as priorities in decision-making. Many people in this stage of healing report that they don't know what they want to do with their lives or how they want to change themselves or their experiences in life. If this is the first time in a long time that you're seriously

considering what's important to you and what you want to achieve, then it may take some time to find that part of yourself.

Now is a good time to expose yourself to diverse opportunities and not just ones that your mother or others find valuable. Are there hobbies, interests, activities, or experiences that you've always been curious about but have never explored? Are there communities you've been curious about? Give yourself permission to explore.

When you consider concrete goals for the future, it's a good idea to develop a plan of action. As you explore the world with new boundaries and more self-respect, look around for people you admire or who seem to be living a productive, happy, connected life. What do they do with their days? You don't want to copy others, but you do want to see what options are out there for living a good life.

As you develop new interests, write them down somewhere you'll be able to revisit them easily. How does it feel to be exploring interests without needing the approval of your mother? You may find that you don't want to discuss your newfound life adventures with her at all, and that's perfectly okay. You don't have to if you don't want to.

If you find something you'd like to pursue, such as a training program, schooling, a new hobby, an exercise regimen, a trip, or pursuing a romantic relationship, write down what you wish to achieve, and when. Then create a plan where every day or every week you do something that gets you closer to that goal. Once you reach the goal, celebrate! You deserve it.

Foster Cooperation

Your mother often competed with you for attention. She may have even competed against your own needs so that you'd choose to take care of her needs rather than your own.

As you continue to build a life that is supportive, you may find that you have inherited some competitive tendencies from your mother. While competition is appropriate in certain areas, such as sports and some work environments, it's not going to help you build relationships with others that are open, intimate, forgiving, and honest.

A cooperative environment will help you heal from your upbringing and will allow for deeper connection with others. Whether it's a peer support group, a group of friends, a friendly game of basketball, a hiking outing, your marriage, or your work environment, cooperative situations will help you feel safer with those around you, reduce your stress, and prove that you are inherently worthy, not because of winning over others, but because of your internal qualities. When you and those around you are pursuing compatible goals, you can all heal, grow, and make progress toward your goals.

A competitive environment, on the other hand, thrives on the perception of a lack of critical resources. In a competitive atmosphere, the people around you may value being dominant or sabotage others. This environment is likely to be more stressful and won't support your healing and growth. As you build community and nurture yourself, pay attention to the cooperative vs. competitive energies inside of and around you. How do you feel when in a cooperative environment as opposed to a competitive one? What emotions come up when you feel the need to compete against someone else for resources or support? Do you feel more competitive than cooperative? What has it been like to be this way?

EXERCISE: **Are You Competitive or Cooperative?**

Below are five qualities associated with competitive attitudes and five with cooperative. Add one point for each quality that applies to you. If you have more points for the cooperative features, you tend to be more cooperative in your dealings with others, while if you have more points for competitive aspects—you've got it, you're more competitive. Being competitive isn't necessarily bad, but being overly competitive can mean that you have trouble connecting with others in a meaningful way. For example, if you're overly competitive with your spouse or children, you may damage those relationships. Increasing your cooperative behaviors in your intimate relationships will improve those relationships and help heal some of the effects of being raised by a mother with BPD. It will also decrease the chances that you will pass on to your children the debilitating habit of competing with those you love.

Are you more competitive?

_____ Wanting to always go first.

_____ Comparing yourself to others.

_____ Feeling compelled to show off
your achievements or talents.

_____ Enjoying being the center of attention.

_____ Challenging others in conversation or activities.

_____ Total

Or cooperative?

_____ Wanting to help others.

_____ Prefer group projects to individual ones.

_____ You're modest about your achievements and talents.

_____ You can defer to others without feeling slighted.

_____ You're agreeable in most decisions involving others.

_____ Total

You Are Not Your Mother

The most powerful influence on any child is their parents. Children naturally believe that their parents know best and, like a sponge, each child will take on some of their parents' traits, behaviors, and beliefs. Most of the time, if a child doesn't grow up to develop healthy independence from their parents or caregivers, they will default to believing what they were taught by those caregivers. It requires self-awareness, or mindfulness, to define yourself rather than to rely on the messages your parents gave you.

When you first depart from the path that your mother defined for you—to always be there for her to support and care for her no matter what—you may feel somewhat anxious or apprehensive. This is natural; all of us who have differentiated ourselves from our parents, regardless of when we did so, feel scared when we go out in the world alone and are charged with redefining ourselves in our own image.

Living your life for yourself will become easier the more you practice it. True independence means that you aren't biased toward or against your mother's choices. BPD has a very significant effect on the way that sufferers conduct their relationships, and it's to be expected that some of these effects will be passed down to their children.

Part of your healing will be about looking at your beliefs and values, including what it means to be worthy, what kind of person you want to be, whether cooperation or competition works better for you as a means to reach your goals, and how to keep the positive aspects of your relationship with your mother while minimizing the hurtful aspects.

Below is a story where a man learned how his mother's values continue to influence him in his adult relationships with women:

Brian's Story

Brian's parents divorced when he was ten years old, and he was raised by his mother. His father faded out of his life shortly after he left the home. Brian had a very difficult childhood and vowed to himself that he would not bring a child into an unstable environment like the one he grew up in.

He didn't marry until his thirties, because he wanted to establish himself financially before starting a family. He married Wendy, an architect, and they had a child. Brian was delighted at being a father, but he and Wendy started to have more conflict in their marriage after their daughter was born. He found the marriage harder and harder to tolerate, but he was repulsed not only by the idea that he might do to his child what his mother had done to him and what he had vowed not to do to a child of his own, but also by the idea that he had married someone like his mother. He felt intensely conflicted and anxious, but he stayed in the marriage despite being increasingly unhappy.

Shortly after his daughter turned eleven, he realized that he could not continue in the marriage. He initiated a divorce and struggled with feelings of guilt and disappointment both toward his daughter and toward himself. He felt that he had let himself down and hurt his child.

Brian came to realize that his daughter was not himself as a child and that she wasn't going through the same thing he had. Even though Wendy and Brian were no longer married, they were both supportive, caring parents who understood that it's normal for a child to develop her own independence. Brian's life as a child had been one of instability and loss, which disrupted his development. But he realized that he could protect his daughter from these experiences by cooperating with her mother and making the child a priority. Brian was able to heal himself from his upbringing while being the best father he could be. It required tremendous

mindfulness and self-work, including finding a therapist who was familiar with the effects of a mother with BPD on her children. But he was able to provide stability for his daughter throughout the rest of her childhood. Though he went through some of the same situations as his parents did—marrying, having a child, and divorcing—he had the power to give his daughter a different experience. He did not need to repeat his parents’ patterns of instability and abandonment.

Can You Forgive Your Mother?

Carrying around anger interferes with your ability to enjoy peace of mind and live your life the way you want. You may feel angry toward your mother for the way she treated you and continues to treat you, and you also might feel anger at yourself for “allowing” such treatment, even when you really had no choice. Here, I’ll discuss how to forgive your mother and yourself without feeding the illness.

The first step is to understand that you must approach forgiveness from a selfish perspective: It’s not a gift that you are giving to your mother, but a gift to yourself. Carrying around anger can hurt you in many ways—increasing your stress, contributing to self-harming behaviors, and interfering with you achieving your life goals. By looking at it as an act of self-love to let go of pent-up anger, you remove the burden of trying to make a decision about whether your mother deserves to be forgiven.

The question is, how can you forgive her without getting hurt again? Everyone feels anger for the same reason: You have been hurt, you are being hurt, or you expect to be hurt. If you still feel angry, you are still feeling hurt. You will need to stop the hurt before you can forgive. In a situation where your mother is still in your life, there are two ways for this to happen: Either she stops hurting you or you stop her from hurting you.

If your mother were to stop hurting you and take responsibility for having hurt you, then you may be able to forgive her with trust. In order for anyone who has hurt you to gain your trust after you forgive them, they must indicate that they understand how they hurt you, condemn what they did, and pledge to do their best not to hurt you this way in the future. This is challenging for people with BPD, because taking responsibility for their mistakes or bad behaviors makes them feel defensive, unworthy, and attacked. However, if you're able to help your mother see what she's done to hurt you, and she apologizes and consistently acts better, it'll be easier to forgive her eventually.

If you have to stop your mother from hurting you—by establishing, re-establishing, and fortifying your boundaries, by withholding some information from her so she can't manipulate you or your family and others, and by repeatedly stepping away from her when she says hurtful things—which is the more common circumstance with people with BPD, you won't ever be able to trust her. Though you won't ever get to the trust stage, you may be able to establish new boundaries with her that help her not cause you new pain. In this way, after time, you may be able to let go of some of the anger.

If you find that she has stopped hurting you—whether because she has finally learned that it doesn't help her meet her needs or she is no longer in your life—and you still feel angry, this means that your wound is not healed. To heal, you'll need to explore your pain and begin the healing process, which you have done by picking up this book.

Seek Help

This book has given you a better understanding of BPD and how it affected you as a child and as an adult. I've offered some strategies designed to help your relationship with your mother as well as your relationships with others in your life, including yourself. I've also included some tools for working on self-healing.

Many of the changes I suggest in the book are going to be challenging. As I mentioned in the last chapter, you may want to seek out professional help or peer support. If your mother or you are experiencing dangerous situations—for instance, if your mother is self-destructive or threatens to harm herself, or if she gets belligerent and abusive frequently—I suggest you make sure your mother is physically safe and that you work with a therapist who is familiar with the needs of an adult child of a parent with BPD.

I'll list some resources in the next section. Whatever support you feel you need in your journey toward mental health for you and your family will pay off with a safer, more stable and peaceful life. After all these years, it's what you deserve, and it's within your grasp!

Conclusion

Changing fundamental aspects of any relationship—such as by setting and maintaining boundaries, responding differently to old patterns, changing your sense of your own self-worth, and learning healthier habits—is a gradual process of recovery. If you're consistent in using all the tools available to you for healing and growth, your life and your relationships will improve over time. Some of the techniques I've outlined here may seem overwhelming at first. Don't try to use all of the tools at once. Start with the ones that address the most painful or challenging situations in your relationship with your mother, and then when you've successfully established new patterns, choose another issue to work on.

But know that it *is* possible to recover from being raised by a mother with BPD. It's also very possible to have a healthier, more supportive, and more enjoyable relationship with your mother. I work with families who have been affected by this disorder, and every day I see my patients achieve positive changes. You can, too.





Resources

BOOKS

Cognitive Behavioral Treatment of Borderline Personality Disorder by Dr. Marsha Linehan (The Guilford Press, 1993)

Stop Walking on Eggshells: Taking Your Life Back When Someone You Care About Has Borderline Personality Disorder by Paul T. Mason and Randi Kreger (New Harbinger, 2010)

When Your Daughter has BPD: Essential Skills to Help Families Manage Borderline Personality Disorder by Dr. Daniel Lobel (New Harbinger, 2017)

WEBSITES

Mysideofthecouch.com

NAMI.org (National Alliance on Mental Illness)

PDAN.org (Personality Disorders Awareness Network)

PsychologyToday.com

ARTICLES

Psychology Today articles by Daniel S. Lobel, Ph.D.

- “The Borderline Mother”
- “The Borderline Mother II”
- “The Borderline/Narcissistic Mother”
- “The Borderline Parent”
- “The Borderline Father”
- “The Borderline Daughter”

CLINICAL REFERRALS

- American Psychological Association
- State-specific psychological associations
- Local DBT centers
- Psychoanalytic institutes

References

American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*. 5th ed. Arlington, VA: American Psychiatric Publishing, Inc., 2013.

Bartholomew, K., and L. M. Horowitz. "Attachment style among young adults: A test of a four-category model." *Journal of Personality and Social Psychology* 61, no. 2 (1991): 226–224.

Black, Donald W., Nancee Blum, Bruce Pfohl, and Nancy Hale. "Suicidal behavior in borderline personality disorder: prevalence, risk factors, prediction, and prevention." *Journal of Personality Disorders* 18, no. 3 (2004): 226–239. <https://doi.org/10.1521/pedi.18.3.226.35445>.

Gunderson, John G. *Borderline Personality Disorder: A Clinical Guide*. Washington, DC: American Psychiatric Publishing, Inc., 2001.

Ibrahim, Jeyda, Nicola Cosgrave, and Matthew Woolgar. "Childhood maltreatment and its link to borderline personality disorder features in children: A systematic review approach." *Clinical Child Psychiatry and Psychology* 23, no. 1 (January 2018): 57–76. <https://doi.org/10.1177/1359104517712778>.

Linehan, M. *Cognitive-Behavioral Treatment of Borderline Personality Disorder*. New York, NY: The Guilford Press, 1993.

Lis, Eric, Brian Greenfield, Melissa Henry, Jean Marc Guile, and Geoffrey Dougherty. "Neuroimaging and genetics of borderline personality disorder: a review." *Journal of Psychiatry & Neuroscience* 32, no. 3 (May 2007): 162–173.

Lobel, Daniel S. *When Your Daughter Has BPD: Essential Skills to Help Families Manage Borderline Personality Disorder*. Oakland, CA: New Harbinger Publications, 2017.

Mason, Paul T., and Randi Kreger. *Stop Walking on Eggshells: Taking Your Life Back When Someone You Care About Has Borderline Personality Disorder*. Oakland, CA: New Harbinger Publications, 2010.

Skinner, B.F. *The Behavior of Organisms: An Experimental Analysis*. New York: Appleton-Century, 1938.

Widom, Cathy Spatz, Helene Raskin White, Sally J. Czaja, and Naomi R. Marmorstein. “Long-term effects of child abuse and neglect on alcohol use and excessive drinking in middle adulthood.” *Journal of Studies on Alcohol and Drugs* 68, no. 3 (May 2007): 317–26. <https://doi.org/10.15288/jsad.2007.68.317>.

Witt, S. H., F. Streit, M. Jungkunz, et al. “Genome-wide association study of borderline personality disorder reveals genetic overlap with bipolar disorder, major depression and schizophrenia.” *Translational Psychiatry* 7, no. 6 (June 2017). <https://doi.org/10.1038/tp.2017.115>.

Index

A

Abandonment, 3–4
Abusive behavior, 35
Acceptance, 130
Affective instability, 7–8
Alcohol use, 119
Anger, 8–9
Anxiety, 56, 116–117
Attachment injury, 30–31
Attachment theory, 26–30
Awareness, 122

B

Betrayal, 31, 32, 35–36
Biology, 11
Bipolar disorder, 8
Borderline personality disorder (BPD)
 causes of, 10–11
 defined, 1–4
 effects of on others, 41–42
 health effects of, 13
 life with, 13–16
 prevalence of, 10
 symptoms, 4–10
Boundaries. *See also* “No,” saying
 caretaking, 88–91
 establishing, 75–77, 80–83
 and family dynamics, 36–38
 form before content method, 35, 67,
 69–70
 maintaining, 83
 preparing to set, 78–79
 self-protective, 1
Breaking point, 37, 86–87
Breathing, 58

C

Caretaking, 88–91
Codependency, 22, 49–50, 52

Communication

 about your BPD experience, 127–129
 avoid discussing others, 70–71
 confrontation, 66–67
 form before content method, 67, 69–70
 justification, 70
 open and honest, 66–67
 saying “no,” 39, 51, 68
 structured, 71
Community, 124–125
Compassion, 85
Competition, 134–137
Compliments, 85
Confrontation, 66–67
Cooperation, 134–137

D

Departure, the, 104–105
Depression, 115–117
Disappointment, 31, 32, 36
Dismissing attachment, 29–30
Dissociation, 10, 43, 114

E

Emergency services, 61
Emotional instability, 7–8
Emotional reprocessing, 100
Empathy, 27
Emptiness, 8
Environmental causes, 11, 13
Exercises
 Are You Competitive or Cooperative?
 136–137
 Building a Better You, 105
 Deep Breathing, 58
 Do You Know How to Say No? 39
 Find a Compliment, 85
 Find Your Pain, 32–33
 How to Be More Patient, 87

Exercises (*continued*)

- Identify Her Pain, 17
- Learning to Say No, 51
- Prioritize Self-Care, 97
- Reset Your Default Response, 74

F

- Family, protecting, 40–41
- Family dynamics, 36–38
- Fear, 36, 117
- Fearful attachment, 30
- Feedback, 54–55, 127
- “Feeding the illness,” 11, 13, 52–53, 88–89
- Flight/fight/fright response, 113–114
- Forgiveness, 140–141
- Form before content method, 35, 67, 69–70

G

- Generalized anxiety, 117
- Genetics, 11–12
- Goals, 133–134
- Grief, 117–118, 120–121

H

- Home environments, unsafe, 36

I

- Idealization of others, 4–5
- Imprinting, 21
- Impulsivity, 5–6
- Inclusion, 85–86
- Influences, 138–140
- Inoculation, 40
- Intimacy, 76
- Isolation, 43

J

- Justification, 70

L

- Love, 97, 100

M

- Mental health issues, 24, 115–117
- Mood swings, 7–8
- Mother-child relationship
 - being your own parent, 38–39
 - bonding and BPD, 47
 - codependency in, 21–22
 - conflicted feelings about, 31, 34, 35
 - effects of BPD on, 22–25, 41–42
 - grieving, 117–118, 120–121
 - healthy, 21, 31, 35
 - influence of, 138–140
 - managing, 65–66

N

- National Alliance on Mental Illness (NAMI), 125
- Neglect, 96
- “No,” saying, 39, 51, 68

O

- Obsessive-compulsive anxiety, 117
- Operant conditioning, 52–53
- Ouch tool, 67

P

- Pain, 17, 32–33
- Panic attacks, 117
- Paranoia, 9–10
- Parental inversion, 39, 47–49
- Parenting yourself, 38–39
- Patience, 27, 86–87
- Persistent attachment injury, 31
- Personality Disorder Awareness Network (PDAN), 125
- Personality disorders, 2
- Phobia, 117
- Polarization, 40–41
- Post-traumatic stress disorder (PTSD), 43, 114–115
- Preoccupied attachment, 28–29, 30
- Professional help, 86–88, 141–142
- Projection, 83–84
- Psychological symptoms, 115–117

R

Relationships. *See also* Mother-child relationship
boundaries in, 76
effects of BPD mother on, 41–42
healthy, 107–108, 125–126
stable, 56
unstable, 4–5, 56

S

Secondary response, 68–70
Secure attachment, 28
Self-care, 95–97
Self-confidence, 42, 99
Self-defense, 99
Self-definition, 99
Self-esteem, 103–105
Self-harm, 6–7, 59–61
Selfishness, 98–99, 110
Selflessness, 98–99, 110
Self-loathing, 5
Self-mutilation, 6–7
Self-neglect, 96
Self-parenting, 38–39
Self-protection, 122
Self-worth, 97, 100, 110

Seniors, 88–91
Shaming, 35–36
Social cues and situations, 43, 95–96
“Stopping the bleeding,” 1
Suicidal threats, 6–7, 59–61

T

Temperaments, 26–27
Therapy, 86–88, 141–142
Trauma, 43, 113–114
Traumatic attachment injury, 31
Triangulation, 40–41, 70–71, 72–73
Trust, 30–31, 105–106, 141

U

Unsafe home environments, 36

V

Validation, 48–49, 54–55

W

“Walking on eggshells,” 23, 52–53
Worth, 97, 100

Y

“Yes,” saying, 74. *See also* “No,” saying

Acknowledgments

First, I would like to acknowledge all of the individuals over the years who have sought me out and allowed me to help them with their suffering. You were the ones who taught me what I am now imparting to others who may be suffering pain similar to yours. This is your gift to them. You are paying it forward.

Next, I would like to acknowledge the staff of Callisto Media for their guidance and support in the preparation of this manuscript. Their ability to work with me made me feel like part of a team and enhanced the quality of the product.

I would particularly like to thank Emily Angell, the primary editor, and Melissa Kirk, the development editor, whose contributions to this work were invaluable. I would like to thank Katie Parr, the acquisitions editor, for helping conceive of this project and making it happen.

About the Author



Daniel S. Lobel, Ph.D., is a clinical psychologist in private practice in Katonah, New York. He has been in practice for over twenty-five years. He treats couples, individuals, and families. In addition to psychotherapy, he conducts clinical and forensic evaluations and consults with attorneys and justices on matters involving mental illness and law. He is an Assistant Clinical Professor at Mount Sinai School of Medicine in the Department of Psychiatry and has lectured at Hofstra Law School. He has published research in both clinical and forensic psychology journals, and he lectures around the United States to both clinical and forensic audiences. He also has authored chapters in several textbooks in this field.

Dr. Lobel grew up in the Bronx in New York City. He completed his B.A. at Vassar College and received his M.A. and Ph.D. from the New School for Social Research. He retired from a thirteen-year career at the Veteran's Affairs Hospital and researching under the auspices of Mount Sinai School of Medicine. He also received training at the Albert Einstein College of Medicine in neuropsychological assessment. Following his tenure with the VA, he was the Chief Psychologist of the Learning Disability Evaluation Unit at the New York State College of Optometry (2001–2005).

More recently, he has been focusing on working with families that suffer from personality disorders. In 2014 and 2015, he wrote six guest blogs for *Psychology Today*, which continue to be widely read and cited. In 2017, he released his first book, *When Your Daughter Has BPD: Essential Skills to Help Families Manage Borderline Personality Disorder*.

Caring for yourself and your relationship with your mother who has BPD

Growing up with a mother who has borderline personality disorder (BPD) is difficult—but it's still possible to have a functioning adult relationship with her. *When Your Mother Has Borderline Personality Disorder* provides you with crucial information for understanding the patterns behind her BPD, as well as the tools you'll need to start your recovery process.

Find ways to reconcile your complicated thoughts and feelings using straightforward and easy-to-use techniques. You'll also discover a number of sample dialogues that give you blueprints for safe and secure interactions in a variety of situations.

- **YOU, YOUR MOTHER, AND BPD** Learn why your mother behaves the way she does and how to maintain a relationship with her—without getting hurt.
- **THE HELP YOU NEED** Start healing with essential self-care strategies that will help you rebuild your self-esteem, cope with anxiety, protect your family, and more.
- **RESEARCH-BASED TOOLS** Get proven advice based on the most up-to-date approaches for managing a relationship with someone who has BPD.

DANIEL S. LOBEL, Ph.D., is a clinical psychologist with over 25 years of experience. In addition to psychotherapy, he conducts clinical and forensic evaluations, and consults with attorneys and justices on matters involving mental illness and law. He is also the author of *When Your Daughter Has BPD*.

U.S. \$14.99 CAN \$19.99
PSYCHOLOGY / PERSONALITY DISORDERS

ISBN 978-1-64152-723-1



WWW.ROCKRIDGEPRESS.COM