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**Presentation Transcript**  
**Borderline Personality**  
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**March 27, 2008**

The title of this presentation is *Borderline Personality*. It's part of an ongoing series on *Mental Health and the Bible*.

It's a beautiful, clear, crisp winter day here in New Mexico – snow on the mountains and none on the ground. Right? None in town. Yes!

As Western society becomes more and more mentally ill, we're also becoming more sophisticated in our awareness of mental illness. Ten years ago the term *borderline personality disorder* was not known by too many people. But now the media has picked up on it and off we go! The media likes it because of all the drama that is sometimes involved with this condition. We'll talk more about that later.

Ten years ago I wouldn't have chosen to speak on this topic, but today it may be helpful because so many of us carry the symptoms and we encounter so many others with them. It's estimated there are six million people in the United States with borderline personality disorder – one in every thirty-three women you meet and one in every hundred men.

Twenty years ago a friend of mine, who was a psychologist, told me that I ought to get some education in psychology. I asked him why he thought that would be a good idea. He said, "Because it would help you understand folks better." I didn't really understand the full impact of that until I started school again to do some studying in psychology. We would learn about various types of mental health issues and this light bulb would go on in my head, and I'd say, "Oh, I saw that person in a movie," or "I met him at the store," or "He goes to my church." I'm hoping that this series will help all of us have the same kind of experience, because it really helps us know how to treat other people – what they need and how to help them.

So today we want to cover the symptoms, the causes and the recovery from what is called *borderline personality disorder*.

The first thing I can do to help you understand this personality type is to explain the name. In the fifties, borderline personality disorder was thought to be a personality type

that was between psychosis and neurosis. So it was on the borderline, right? But no one thinks that way about it any longer. In fact, some are lobbying for a new name. This new name is much more descriptive of what it's all about. They want to call it *emotional regulation disorder*, because people that have it have problems regulating their own emotions. I believe that really is the core of it, but there's also more to it than that, as always.

So how does the inability to regulate emotions affect those who have it? Well, there's a symptom list in the diagnostic manual. This is my rendition of those symptoms, but people with this condition, generally, have an *unstable* self-image. Their sense of themselves changes rapidly – and sometimes right back to what it was before, just a few hours earlier. It's very unusual.

Generally, these people view themselves as evil or bad. Because there is a dissociative feature to it, many of them think they don't exist at all, in some cases. That sounds really strange, doesn't it? But, have you ever just zoned out for awhile? That's kind of a dissociative state.

The instability that they suffer is often the cause of a lot of changes in jobs, friends, goals, values – even gender identity. Their relationships are usually in turmoil – lots of drama around that. They may feel chronic feelings of emptiness, chronic paranoia, and a loss of contact with reality. Often their relationships could be called love-hate relationships.

Also, for these folks, everything is either black or white – good or bad. You are either my friend or my enemy. And sometimes that can swap back and forth just over the slightest things. They may idealize somebody, and then, when they don't get what they want, they abruptly and dramatically shift to fury and hate over perceived slights or misunderstandings. It's really tough to do therapy with somebody like this if you're on your own, because a lot of that gets zeroed in on the therapist. Most therapists that work with people that have borderline personality disorder work in clinics, where there's an answering service and a secretary to kind of buffer them from the stalking and the constant harassment and all that stuff that these people do a lot of times. Yes, stalking. That figures into it big time. A lot of people, who are stalkers, have that problem.

Impulsive, or risky, behavior. Driving too fast, illegal drugs, unsafe sex, spending or gambling sprees. I received a phone call from a man some time back, whose wife suddenly started smoking, drinking, running around on him, and neglecting their kids – just went haywire. As we talked, it became obvious to him that she'd been that way all along, but he had just kind of missed a lot of it. It wasn't as severe. The stress that she was under with the children – and maybe with him – exacerbated the situation.

They have an inability to take responsibility for their behavior. That's why the therapists always have problems. They want to blame the therapist a lot – or those around them. Sometimes they have self-harming behavior – cutting, to relieve anxiety. Now this doesn't mean that all cutters are borderline, or even that all borderline people cut, but it is a possible feature. Ten percent of people with this condition can commit suicide. So it's a very unpleasant way to be in the world.

Other symptoms: fear of being alone or abandonment, inappropriate anger – sometimes escalating into physical confrontations – short, but intense episodes of anxiety or depression. Nothing lasts really long – it just changes all the time. Strong emotions that come and go frequently – you know, the emotional rollercoaster thing. Now, just because somebody has a bad day, that doesn't mean they have borderline personality, but that is a feature of it.

Most people that have borderline personality disorder don't have all of these. I think the book says you have to have five out of ten to be diagnosed.

Onset occurs – the books say – in early adulthood, but that, I think, is because most good mental health people are very careful about diagnosing somebody before their brain is completely wired. You wouldn't want to put a label about one's personality, which goes right to the core of who they are, on a child, when their personality isn't even completely formed yet. But you can certainly see the development of it in kids. You can tell that it's coming on.

So where would we find people – example of this – that we can point to? O. J. would be pretty much a classic case, in my opinion. It's never his fault. And there's this up and down, sort of crazy stuff for attention and all that, among other things. And then there was a movie – *Girl Interrupted* – there were two borderlines in that movie – Angelina Jolie and Winona Ryder played girls. One was acting in and the other was acting out. Guess which one would play the acting out and which one would play the acting in. Yeah. Winona Ryder was the innie and Angelina Jolie was the one that was acting out. Probably the most scary one was Glenn Close in *Fatal Attraction*. There was a lot of psychosis there, too. Most people that are borderline aren't like that. Edward Norton in *Fight Club*. There was a lot of serious disassociation going on there, but he could be diagnosed with that. Now, none of these movies are fun to watch. I'm not recommending you watch them. They are certainly not entertainment – at least, not for me. And of course, Hollywood *always* goes to extremes. You know, they think we're so dumb we can't get the point unless they overemphasize everything. But that kind of gives you an idea. Another one that I remember was the mother in *Ordinary People*. She was this really icy, manipulative woman that manipulated everybody with anger, and was always pitting her son against his father – very ugly movie.

So therapists don't like to work with these people most of the time. A number of therapists have been stalked by borderline clients, and stalked, and called a lot – not a fun thing. Not everybody who has borderline personality disorder is like that. That's just a possibility.

Let's talk about causes now. Genetics may play a part in this. Brain abnormalities may play a part, as well. Of course, because it's personality related, attachment – a child's environment – has a lot to do, probably, with it. You know, with all these mental diseases, they can go into the brain, and they can monitor the blood – the chemicals in the brain – and they've noticed abnormalities in brain chemistry when certain of these things are present. But they don't know whether those chemicals are causing the behavior or the environmental influence causes the behavior and the behavior causes the chemicals. The

drug companies would like us all to believe the chemicals cause the problem. So, yeah, they'd be able to fix the chemical problem with a chemical, right? But there really is no proof of that at this point. Most of the big universities that do the research are heavily funded by drug companies. We have to be really careful about tainted research. It's kind of a sick situation, really.

They're learning more now that there's definitely a connection to this disorder and attachment theory. How a child is treated in the first years of life determines their attachment style, which has very much to do with their personality. How securely a child is attached to parents determines how they're going to perceive the world as adults and how they're going to relate to other people. I think this set of symptoms comes mostly from childhood and I'm going to explain to you why I think that right now.

According to Bruce Perry, who is a noted brain researcher, we all respond to stress in one of two ways. So when anybody says something like that – that we *all* respond to stress in one of two ways – what you're talking about is some of the core organization of the way humans function. So this is something that *God* built into us. This is one of the building blocks of human personality and human function. We *all* respond to stress in one of two ways – by either becoming over-stimulated or under-stimulated. These two states – either one of them – if you're under-stimulated, or under-aroused, that's called hypoarousal, and if you're over-stimulated, or over-aroused, it's called hyperarousal. If you're in one of those states, they call that *affect dysregulation*, or unregulated emotions. Do you know anybody that ever suffers from affect dysregulation? Yeah, well, we all do sometimes, don't we? And what are we liable to do when we're in those states? Make big mistakes, right? Because the rest of the brain's not working – just the part that does the emotions.

So let's think about an infant, since we're talking about kids. An infant whose not fed – when it's hungry, for example – it's going to go into a state of hyperarousal – affect dysregulation. It's going to start crying, because it's stressed. It's afraid it's not going to get something to eat and it's hungry. So it's feeling hunger pangs. If this happens enough, and the child isn't taken care of, it may become apathetic after awhile, and just realize it doesn't do any good. So the ultimate human drive is to put ourselves in a state of affect regulation – emotional regulation. Most of the people sitting here in this room today, I think, are regulated in their affect. Our whole brain is working. We're all paying attention, or pretending to. We're not screaming or deep in a stupor. That would be the two extremes, right? So we're regulated. This is the state we like to be in the most. It's not fun to be really angry, or really depressed or apathetic. So that's the state we want to be in. So this state is referred to as the *optimal state of functioning and development*. So, if you think about a baby that's been changed, and fed and cuddled, you can see how content, and together and regulated they are, can't you? It's all good, you know, because that's all that's important to an infant. It doesn't take much to put them in a really happy place. Change the diaper, feed them, pay attention to them, cuddle them, keep them warm enough. And it's all good, because that's all there is. It's all organized and together and the mood is regulated.

Let's talk about what we've just talked about here in biblical language now. They know that stress causes fear. In the infant, it's the fear that we're not going to be taken care of.

We talk about it, in the business, as anxiety, but it's the fear that we're not going to be taken care of. The Bible tells us that perfect love casts out fear. So when mama comes in and lovingly picks up the baby, and changes it and feeds it, the fear that the baby has – the anxiety – goes away. Perfect love casts out fear. We can say that love and emotional regulation are very closely related – maybe the same thing. Chemically speaking – if I can use that term – what is love? Well, they're zeroing in. They think that it's that state of regulation. That's when the good stuff happens – not the bad stuff. We can say that fear and dysregulation may be the same thing, or very closely related.

Now I want you think about dysregulation. Anger – you know, veins bugging out, eyes popping, screaming, beet red – that's dysregulated. Anxiety, jealousy, control issues, depression, reactive attachment disorder and borderline personality – all carry components of this inability to regulate. We know that we're not loving when we're angry, jealous, anxious – any of those things. These things are all about what the professionals call emotional dysregulation. They're coming to see that this is all really at the root of fear and anxiety, rather than love. Love is regulation and dysregulation is the other things.

So I want you think about this. When the mother is cuddling and nurturing her baby, something really interesting is going on there that they've discovered. Not only is she helping the baby *feel* secure, she's also teaching it how to regulate its own emotions. Because she's not doing the regulating. The baby is. The baby is learning how to soothe itself after it's been upset. And the mother is giving it an opportunity to do that by taking away the stressors. Kids who don't get enough of this always seem to have trouble with impulse control and control of their emotions. They just automatically kind of follow along. It manifests itself in a large number of ways and diagnoses.

Kids that are diagnosed with ADHD. What are their problems? Well, they have attention deficit and hyperactivity disorder. They're dysregulated so much that they can't pay attention and they can't sit still. Reactive attachment disorder. That's where it may actually be physically painful for a child to be cuddled because they've been so mistreated as a child. Oppositional defiant disorder, bipolar disorder in children – not saying that's true in adults, necessarily, but with children – what's called intermittent explosive disorder – these are all affect regulation problems. Depression is an affect regulation problem, isn't it? It's hypo-dysregulated. Right? Or hypo-aroused. Anxiety disorders. We know that that is learned in infancy – when mothers do, or do not, and fathers do, or do not, take care of their children properly – don't nurture them properly, don't attend to them and attune to them properly.

So, do you remember the new name some people want to give this disorder? *Emotional regulation disorder*, right? So it goes right back to what happens in early, early childhood and infancy – and then from then on, too. So more people are starting to see this as the root problem to this set of symptoms.

Now, beside the folks that want to name it emotional regulation disorder, there are others proposing a completely *new* way to look at it. Do you get the idea that somehow we don't really know what...we haven't decided what to do with this – where to put it in the book?

What these people are saying is, it's not really as much a personality disorder as a secondary type of trauma – *related dissociative disorder*. I'm talking a bunch of psycho-babble, aren't I? I've got to say that more clearly, right? What is *dissociation*? In its extreme form that's when the consciousness becomes fragmented, or the personality becomes fragmented. It's also just zoning out. Most people dissociate some every day. You know, they're driving in their car, and they get to work, and they can't really remember how they got there. It's not being in the present moment. It's being somewhere else. The problem with that is, that is also a method that people use to get away from severe trauma. That's what causes all this dissociative personality stuff that we hear about – that's so spectacular in the media and all. There's just so much that's terrible, the personality is split up, and one part of it deals with that, and then it goes away and the healthy part comes back. It's a defense mechanism so that part of us can stay sane in insane situations. Flashbacks – that veterans get that have been in war – that would be a dissociation. Where is he? Well, he's not here. He's in Vietnam.

There are three levels of dissociation according to this new idea that's come about. The mildest form would be what they call *acute stress disorder* or *single incident post traumatic stress disorder*. That's where you have a car accident and you have nightmares afterwards, or you develop a phobia about driving. That would be a single incident post traumatic stress.

Second level would be *complex post traumatic stress disorder*. That's where you've been traumatized *multiple* times – maybe from early childhood. And then borderline personality disorder would fit into that second category.

Then, the third level – the worst one – would be *dissociative personality disorder*. And that's *not* multiple personalities. They don't call it that anymore, because it's really just different parts of one personality. It's a fracturing – not somebody else coming in and taking over. I'm not saying that doesn't happen, because you know we know there are such things as demons, but that's *not* what I'm talking about today when I talk about dissociation.

But for our purposes, we're just looking at the second level and the connection between post traumatic stress disorder and borderline personality disorder. They believe it is a type – a response – to trauma in early life.

All of this is really vindicating to me personally, because I said, from the outset of my experience at public school, that almost all the kids I saw, who had focus problems or hyperactivity problems, or any kind of emotional regulation problems, also had *terrible* family environments that they grew up in. Despite some parental efforts to the contrary, I have refused to go along with those who wanted to medicate their kids, and instead, tried to focus them on the quality of nurturing they had given and were giving at the time. Of course, that didn't go too well with some of them. They'd rather give them a pill and not see their part in the problem. Nevertheless, I believe most of them contributed to it – in most cases, not intentionally.

I do know that there are some kids that are helped by medication. And I believe those are the ones that really do have what's called *attention deficit hyperactivity disorder*. You know, one of the easiest ways you can find out if a kid has ADHD without taking them to a psychiatrist is to give them some Mountain Dew or coffee. If it calms them down, they probably have ADHD, because ridilin and adderall and all these things are stimulants, just like caffeine is. If that helps them...what it does is, it stimulates the part of the brain that has to do with impulse control *when* it is *genetically* lethargic – when the lethargy is genetically caused. I don't think it does any good when the kid has been traumatized, because I don't think the mechanism isn't working. I think something else is going on there. I think what's going on there – and this is how they explain what post traumatic stress disorder is – there's a little organ about the size of a walnut that sits right at the top of your brain stem called the imigdula. It is the fight or flight sensor. It scans for threat. So when a child is continuously mistreated or stressed, by not taking care of it, the imigdula begins to get larger and over function because its being exercised so much. And it *never* goes back to normal size. So these kids *look* like they have ADHD, but it's really a problem in another part of the brain – that imigdula is over functioning – so they're always in fight or flight mode to some degree or another.

They also know that when this is happening – when trauma is going on – there is another little organ that sits right over the imigdula, called the hippocampus. And that has to do with memory processing and storage. When the imigdula is over functioning, so is the hippocampus. It randomly shoots memory out into different places and it doesn't store it in the normal beginning, middle and end sequencing that normal memory has. And that's what a flashback is. There's no middle. There's no end. There's just this huuuhhh! And it's frozen memory. That's quite a bit different than just having the part of your brain that does impulse control being a little lazy. It's two totally different things. And yet, behaviorally, it looks a lot the same. So everybody talks now about how ADHD is one of the most overdiagnosed, or misdiagnosed, conditions – which is a backwards way of saying that trauma is way *underdiagnosed* among children. Nobody wants to think that they traumatized their kid, without realizing it, by the divorce, or by being too stressed with financial problems when your child was an infant, or having post-partum depression, or being on drugs, or whatever. But that *is* a lot of what's going on, I believe.

So, that's the gories. Let's talk about something better. Let's talk about recovery now.

Drugs don't work. You can't give somebody a drug to fix their personality. I mean, we all wish we could, don't we? You know, the red pill or the blue pill, but.... (That's probably worth a sermon right there, isn't it?) Sometimes drugs *seem* to have an effect, because to have this kind of personality problem is depressing. So sometimes – in fact, quite frequently – people who have borderline personality disorder will also be depressed. And so you can give them something for the depression and it will even out the brain chemicals. Again, we don't know whether the chemicals cause the depression or the other way around. But still, it works sometimes. The drugs can mask the depression symptoms, or the anxiety symptoms. But the core problem, which, in this case, is the way the person's personality has formed remains.

Now that sounds pretty serious. How do you change a person's personality? Well, there's been a lot of research on that, and recovery *is* possible for folks – maybe not complete, but the definition – besides all these symptoms – is they have to be serious enough to disrupt your everyday life. So the symptoms may remit enough that they're not disrupting your life anymore and you can live a pretty normal life. That would be a good thing, wouldn't it? If we cause that to happen?

In the case of this personality disorder – and maybe some others, too – it seems to be worse in young adulthood, and then, as time passes, it can get better. That's probably because it's possible to learn to cope with it, to compensate for it and to manage the symptoms. So the experience and the maturity that comes from living longer seems to help in that way.

You know, the attachment people...they talk about making sense of your life. They know that there's another attachment category besides those four – secure, and the three categories of insecure that they see in children. There's another category that's secure in adults. And that's the one that people have moved from one of the insecure over to secure. They're called *earned secure*, because people that are in that category tell stories about how they had to figure out what happened to them, and process it, and learn how to manage it – just makes sense of why they are the way they are and what has happened to them. So they figure out self in the past. That's what therapists help people do a lot. Although therapists aren't the only ones that can do that.

So, besides therapy, there are some things people can do who have this condition. One is to understand the cause – the symptoms – and educate oneself about the issue. Very helpful. We can learn what things may trigger our outbursts – or the outbursts of those that we know who have it.

Not being embarrassed about the condition is important, I think. Most people that have this didn't order it up. It was something that happened to them that they had no control over. It reminds me of the scripture where God says that the creation was made in vain – that we didn't ask for it to be the way it is, but this is how it works.

We can learn to not blame ourselves for having the condition. Most people in this condition have a lot of self-loathing, because of how they've acted – a lot of shame and a lot of remorse.

Also, recognize that one can take responsibility to take care of it and get it treated. Then learning healthy ways to ease painful emotions instead of self-harming. Very important. Taking the step to get treatment. You know, I see people walk into my office all the time, we have one session, and they come back and say, "I just feel so much better." And I tell them, "I'd like to tell you that you're cured, but really, you're relief is just from the fact that you've finally stepped out and done something. And that feels good." So it will feel good for you, if you have this condition, if you go for treatment. This is also something that they're really starting to understand – and it just makes *so* much sense to me. As an adult, somebody who's been mistreated as a child – and it doesn't matter whether it's this kind of a disorder, or child abuse, or whatever – as an adult, you can give yourself the

kind of care that you didn't receive as a child. You can take care of yourself. I hate to use that term, *inner child*, because I still remember the John Bradshaw card with the bears – I tell about that some other time – but it is possible to make up for lost time when it comes to self-care and catching up.

Well, I painted a pretty gloomy picture early on. There are also a couple of kinds of therapy that also *really* help a lot of people with this condition – a lot of research behind both of them. One has a terrible name – they both, actually – *dialectical behavior therapy*. What in the world is that? DBT. Well, I'll explain what it is in a little bit, but I want to tell you this story first.

I know a woman who uses this kind of therapy and treats borderline people exclusively. She's made a career out of it. I asked her if it was stressful. She said, "No, I like borderline people." I said, "Oh, you do! Well, tell me about that." She said, "Well, I know what's going on with them and I like to help them." So there is a way to get help and there are people who help – and who *like* to help.

You know, all the self-care items I mentioned earlier want us to include *this* therapy. Changing one's personality is a hard thing to do and we need lots of help and feedback to do it. Feedback is *so* important.

But what *is* DBT? Well, there are two essential parts to the treatment. There's an individual component in which the therapist and the client *weekly* discuss issues that come up during the week, and they work on strategies to deal with them in a *highly structured* way. There's checking in to make sure you did what we talked about. And there's feedback about how it went and what happened. There's phone consultations during the week to follow up on things. And the second feature is group therapy in which clients learn to use specific skills that are broken down into four modules. They call them *core mindfulness skills*. You know, if you have a personality problem, you've always got to be aware of how to act differently. The second one is *emotional regulation skills* for the obvious reason that we talked about earlier. It's all about regulating your emotions. *Interpersonal effectiveness skills* – you know, how to get along with folks. Then, the *distress tolerance skills*, where we learn how to tolerate the distress caused by our own ups and downs. So, this type of therapy is all about learning to manage and understand the problem.

The second one is called EMDR – *eye movement desensitization and reprocessing* – another terrible name. The lady that invented this says now, if she had it to do over again, she'd just call it *reprocessing therapy*. So what's with the eye movement thing? Well, they've discovered that...you know how your eyes move back and forth when you sleep – REM sleep? They think that has some restorative power – sleep restorative. You go to bed with a bad attitude, you get up, you feel better. They've discovered that, if a therapist uses rapid eye movements in conjunction with causing people to hold certain traumatic events in their mind, that it actually, somehow, goes into the nervous system and heals that block that's happening there, so those feelings don't get transferred into the present day situations. Quite interesting, how it works. That's why it's so important to think

about borderline personality disorder as an aspect of trauma and related to dissociation and trauma.

I had a little client, whose father is a border patrol agent, and he suffered post traumatic stress disorder at work. He began EMDR – and I didn't know this, but he was in my office for one of our family sessions – and he was looking at my books, and he noticed an EMDR book there, and he said, “You know, that stuff really works.” He said, “I'm sleeping a lot better. My concentration is better. The nightmares are gone. I'm not having any flashbacks now.”

So, this type of therapy does just what the other one doesn't. It works on the root cause. So I think they are a perfect fit together for this disorder. I think to work on the root cause and to manage the symptoms is much more efficacious than just doing one or the other – probably be a great combination.

That's sort of an overview of the topic. If you want to know more, just Google it. Believe me, you'll find a lot of stuff out there about it. Some of it is good and some of it is a little on the quirky side. So go to the Websites that are well-known and have good reputations. Mayo Clinic has a *really* great mental health in their clinic. And it's written pretty much without psycho-babble – human normal talk. So that's always good.

We hope that all those who suffer from this condition are going to find their way to a better life eventually. It would please us to no end if this message prompted somebody to move that direction. It certainly is hard to be a productive member of the body of Christ when you have a severe case of borderline personality disorder. The guilt, the remorse, the shame – all of that – the tempers – all of that – just makes it very difficult. So we hope that treatment will be an option for Christians who suffer from this affliction. And we also hope that *all* parents will realize the *importance* of emotionally nurturing their children, just like God nurtures us. If we focus on that, and do a good job, the church will not lose so many young people as they grow older.