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Mental Health Professionals cannot agree on the root causes of BPD. I wonder how important causes are in the long run? What is more important than causes is for borderlines to be more appropriately treated and assisted to recover. The causes that each borderline needs to understand, if any, are the ones that contributed to their own current personality disorder. Universally, whether specific causes are ever traceable or not, the fact remains that too many people's lives are being ripped apart by BPD.

BPD is a serious mental illness. At its epicenter are pervasive instability of moods, intense unstable personal relationships, an unstable self-image, and often erratic and unpredictable behaviour.

Those diagnosed with BPD are often very mercurial - being very quick and changeable in temperament and often quite volatile.

The marked and pervasive emotional inflexibility and instability seen in those with BPD disrupts every aspect of their lives and the lives of those closest to them or anywhere relationally around them.

What Joseph Santoro, in his book, [The Angry Heart](#), calls "The Borderline Zone", and what I often refer to as being in the active throes of BPD, highlight the reality of Borderline emotional mood dysregulation. It is this cognitively distorted lack of emotional regulation that leaves those with BPD unable to manage their moods or their lives.

Borderline Personality Disorder affects 2% of young adults and is diagnosed more often in females than males. The majority of those diagnosed with BPD report having been abused and/or in other ways traumatized in the very developmentally crucial stages of emotional/psychological connection, attachment, and bonding. The disruption or arrest caused by the core wound of abandonment leaves those who are later diagnosed with BPD, without the skills to relate in age-appropriate healthy ways.

The roots of Borderline Personality Disorder (BPD) have long been in question. There is no across-the-board agreement in the mental health profession when it comes to this question. It continues to be debated. How much would it benefit you to know the root causes in your life? Are you waiting to be rescued by a profession that cannot accurately

define the root causes of BPD, or, at the very least, that certainly cannot agree as to what those causes, in fact are? If so, please think seriously about becoming your own advocate and educating yourself. That is how I recovered. By taking charge of my own process and by only working with those therapists that did not ascribe to the pejorative BPD is untreatable kind of mentality. BPD is treatable. You can recover.

In the book, I Hate You, Don't Leave Me, Kreisman & Straus speak to this issue:

“The factors contributing to the borderline syndrome often transcend generations. The genealogy of BPD is often rife with deep and long lasting problems, including suicide, incest, drug abuse, violence, losses, and loneliness.

It has been observed that borderlines often have borderline mothers, who, in turn, have borderline daughters. This hereditary predisposition of BPD prompts a number of questions, such as: How do borderline traits develop? How are they passed down through families? Are they, indeed, passed down at all?

In examining the roots of this illness, these questions resurrect the traditional ‘nature versus nurture’ question. The two major theories on the causes of BPD - one emphasizing developmental (psychological) roots, the other constitutional (biological and genetic) origins -- reflect the dilemma.

A third theoretical category, which focuses on the grander environmental and socio-cultural factors, such as our fast-paced fragmented societal structure, destruction of the nuclear family, increased divorce rates, increased reliance on non-parental daycare, greater geographical mobility, and changing patterns of women’s roles, is also important. Though empirical research has yet to be conducted [as of 1989 when this book was first published at any rate] on these environmental elements, many professionals speculate that these factors would tend to increase the prevalence of BPD.

The available evidence points to no one definitive cause - or even type of cause - of BPD. Rather, a combination of early developmental, neurobiological, and social factors are probably responsible for the illness.”

Kreisman & Straus continue on as relates to Developmental Roots with the following:

“Developmental theories on the causes of BPD focus on the delicate interactions between child and caregivers, especially during the first few years of life... In many cases the disturbed parent-child relationship takes the more severe form of early parental loss or prolonged, traumatic separation, or both... The borderline’s family background is frequently marked by incest, violence, and/or alcoholism. Many cases show an ongoing hostile or conflictual relationship between mother and pre-borderline child.”

In his book, New Hope for Borderline Personality Disorder, Neil Bockian, Ph.D., writes,

primary care-giver. Those with BPD continue to seek and search for some type of protective, nurturing relationship that would ultimately meet their unmet nurture needs, needs that went unmet during their formative years, and that for those with active BPD have still yet to be met. Borderlines desperately, consciously or unconsciously, crave, and are in need of, a corrective experience that could fill the hole in their souls and begin to heal their very profound and primal pain.

However, this search is fraught with desperate attempts to find the kind of connectedness that would enable those with BPD to find the 'self' in 'other' that they so terribly need to begin to address their absence of a known self.

With the inherent relational instability that is commonplace for those with BPD, the legacy of the core abandonment wound is such that the borderline doesn't know how to bond or attach in healthy enough ways to produce stable age-appropriate relating. With the combination of this inability to bond or attach in healthy stable ways and a predominant sabotaging false self borderlines continue to fail to reach the level of understanding and personal insight that could lead to a substantive change in the course of the quality and viability of their relational/relationship patterns.

This pivotal nature of the abandonment wound in the causation, development, and formation of Borderline Personality Disorder will be explained and examined further in this ebook.

I believe that knowing what BPD actually encompasses is very important. Having some idea of the genesis of it in your own life, if you are borderline, or in the life of the borderline in your life, may be helpful. However, to get caught up in any debate about the actual origin of BPD, overall, is to do yourself and the borderline in your life great disservice. Leave it to the experts. What matters most in your lives, if you are reading this ebook, is finding ways to understand what you are feeling and why if you are borderline. If you have a borderline in your life (or have had) you may want to understand much more about this as well.

Understanding and awareness of each individual on his/her own personal and individual level in his/her life is most crucial so that the untold agonizing suffering of BPD can be recovered from.

It is with this in mind that I hope all reading will not get caught up in blame either. Parents have responsibility. Things happen. With the exception of absolute physical abandonment, neglect, abuse, and any actions taken with malice and not taken with

In my experience of not attaching or bonding with my mother I found that as I got older and eventually came to understand this and feel the searing pain associated with this lack of attachment it was in and of itself very emotionally traumatic. Failure to bond and failure to master separation-individuation traumatizes an infant's psyche. It is wounding. It is a loss of self and blocks healthy emotional development all before the age of 2 years. The ensuing schemata is one of distrust, lack of emotional safety, and protection at all cost. A piece of the infant's psyche and soul separates from his/her forming sense of authentic self which is experienced as a death when it is supplanted by the creation of the false self in response to abandonment trauma.

"Early maladaptive schemas have their origins in adverse childhood experiences and are particularly resistant to change. They cover themes familiar to psychoanalytic psychotherapists and are organized into five principle domains: disconnection and rejection; [ergo abandonment] impaired autonomy and performance, impaired limits; other-directedness; and over-vigilance and inhibition." writes Anthony P. Winston.

Other-directness results from the abandonment – rejection wound and is a primitive maladaptive way of trying to maintain some sense of self through other, lost self, false self projected onto other = this is who I am (right now).

About Abandonment In General

In life, no one gets to live free of some form of feeling, perception, and/or experience of abandonment at one point or other in life.

No one gets out of childhood unscathed. Every person has some hurt and pain, disappointment, and loss and experience of abandonment.

In fact, most relationships issues or problems emanate from abandonment wounds.

The major difference between those who do not have Borderline Personality Disorder, and those who do, has all to do with the age and stage of life when abandonment wounds are suffered.

This coupled with the degree to which one may or may not be pre-disposed to a propensity toward a highly sensitive temperament can mean the difference between the healthy age-appropriate mastery of early childhood emotional development and the arrested emotional development that leads to BPD.

of false self have learned to relate to “other”, at best, as nothing more than a mere extension of fragmented, dissociated self, and at worst, quite literally as an object.

In his book, Healing The Shame That Binds You, John Bradshaw writes, “Abandonment is the precise term to describe how one loses one’s authentic self and ceases to exist psychologically. Children cannot know who they are without reflective mirrors. Mirroring is done by one’s primary caretakers and is crucial in the first years of life. Abandonment includes the loss of mirroring ... Besides lack of mirroring, abandonment includes the following:

Neglect of developmental dependency needs

Abuse of any kind

Enmeshment into the covert or overt needs of the parents or the family system needs”

The abandonment wound then, regardless of its genesis, or all that experts would like to argue ad infinitum about, truly results in the destruction of the authentic self. (See Chapter Four - The Destruction of Self). To what degree there is some biological aspect to this, well, to this day, we just don’t know.

What I do know, as a person who has had Borderline Personality Disorder, is that the central cause is abandonment and/or the experience of abandonment. Aside from theories about the biological aspects of BPD, that are just theories, there can be no denying that we have family systems with inter-generational dysfunctional patterns of relating. Our family systems also tend to pass down, from one generation to the next, similar dysfunctional environments and unhealthy philosophy about how to raise children much of which is added to through the legacy of the unresolved trauma, abuse, and abandonment, of the generation before us.

Whether we like it or not, what is more true than not about all of us as human beings is that we internalize our experiences and we need to un-learn what doesn’t work, what isn’t effective, and/or what isn’t healthy. If we fail to do this, we pass on to the next generation the very things that we ourselves suffered from most. No matter how unintentionally this happens, it does nonetheless, happen.

In conjunction with what object relations and attachment theories tell us about bonding and attaching, initially in life, in what is the healthy process of the psychological birth of the child (Mahler, 1975) a clearer, irrefutable picture of the central essence of

time again, ways they abused me in every way possible -- even with all of this -- what was the most poignant pain, the most difficult reality to deal with in all of my recovery, and it was the last major piece, was the legacy of not attaching to my mother and her inability or lack of capacity to meet my most basic human needs. It was the arrested development caused me by the core wound of abandonment.

The legacy of the original abandonment wound in my life was that I was not psychologically born, my authentic self was not psychologically born, until I was over 30 years of age.

I lived the first 30 odd years of my life re-living this most painful abandonment from my mother. The ensuing psychological death of my authentic self and the fact, as I would come to know it, that I had never been taught how to attach to anyone. I had never even experienced the feeling of a trusting healthy bond. I had so many destructive talionic and punishing and defensive ways of relating that were abusive and certainly not healthy, welcomed or wanted by anyone else.

For the better part of over thirty years the only feelings I could really feel were anger, rage and hatred. I didn't feel love. I didn't feel sad. I didn't feel happy. I was a dead child, teen, woman, walking trapped in the epitome of a false self created to help me survive and that then went on to steal the very life I was entitled to and meant to have.

It wasn't until I finally found a therapy program - group therapy - in 1994, at the age of 37 that I was finally able to surrender (though I fought it like hell) to the excruciating chipping away of my defenses. This was the process that was necessary to even begin to get in touch with any feelings and all the pain that my false self had been created to hide from me. The very me that I was supposed to be, meant to be, and then had to fight like hell to become years later.

You see, awareness, is everything. Awareness cannot be welcomed in or held onto without the pain that accompanies it. Opening up to acknowledge your pain is the juncture at which you can shed the legacy of your abandonment wound(s) and false self and begin the journey toward the reclamation of your authentic self.

I can acknowledge that both of my parents had a lot of problems, My father also was

Not having bonded with my mother and the resulting arrested development caused by the core wound of abandonment left me without any known sense of my authentic self for over thirty years of my life. Thirty plus painful and lost, lonely years of living in borderline hell.

borderline. My mother may have been. Both of them I would say were people in a great deal of repressed and or stuffed pain. They didn't deal with their own emotional wounds or pain. The reality of this, however, is that what isn't faced or dealt with does get passed on to the next generation. Even though I've spent most of my life dealing with the handed-down issues that is the legacy of my family and been dedicated to continuing personal growth I did not want to have any children, and so didn't. At least this way, part of the cycle in our family came to a merciful screaming halt.

I remember my father one time said, "I don't remember one time in my entire life that my parents said that they loved me, and you think you've got it so bad." This was in response to my questioning him about some of the ways he had treated me in my childhood. It was the same conversation in which I asked him why he hit me and physically abused me so much and I asked him if he'd do it again. This was in 1990 and I was 33 years old. His response was, "I hit you to knock some sense into you."

I then asked him, if he thought that his physical abuse had knocked any sense into me, if he thought it has worked and he replied, "No, not really, not at all." To which I then asked him if he would do it again, and he said, "Yes." Recognize that borderline logic? Nonsensical really. It wasn't long after that I made a very difficult choice. I chose not to talk to either of my parents. I was in group therapy and while I had memories about my mother sexually abusing me, I was just beginning to realize so too had my father. In fact, before these memories came back to me in therapy, in a quasi-confrontation of my mother on the phone, in 1990, I had said to her that someone had sexually abused me and that someone had tried to ruin my life. I wasn't directly accusing her or my father. I was using a singular tense. My mother's response was, at the time, very confusing and alarming to me, she said, "If you are going to continue to accuse us of this then we will take you out of the will." By the way, this represented potentially a very considerable financial loss.

It was a stunning moment of truth for me. I knew that I had to choose my truth or them and my inheritance. While my father had great jobs and we lived in the upper-class, material things were aplenty, they had offered me little, emotionally, but abuse, neglect, abandonment, pain, and so much shame. I wanted real love. I wanted to be cared about. I wanted to matter. I didn't care about all the stuff that money could buy. Money was the currency of love in our family. I had to reject that too. I let go. I walked away. I knew that finding myself and ending my agony was more important than money. I also knew that the richness that I wanted and needed was spiritual and not financial and always would be so.

The combination of being in intensive 3 hour a day, 5 days week group therapy and breaking

CHAPTER FOUR

THE DESTRUCTION OF THE ABANDONMENT WOUND THE LOSS OF SELF

Just as we existed in a form that we do not have cognitive memory of in the womb, that had both an internal and external component to it, so too is this true of our earliest pre-verbal or pre-cognitive experience in this life and world. We are born with an internal world that we bring into the external world.

When an infant meets with abandonment, or experiences abandonment it arouses a very strong biologically imprinting terror. A terror that will be remembered on a cellular level, biologically, and will be emotionally recapitulated indefinitely.

Unsatiated needs represent annihilation - a direct threat to survival and cause very painful, intense and anxiety-producing rage.

What we experience internally as we are beginning to develop a psychological self (Mahler) is projected outward. Experiences of the world outside of the emerging self are then reintroduced from the environment, and/or mother or caregiver, magnifying one's experience.

According to Melanie Klein, with her object relations approach, the environment is a mirror reflecting the baby's internal state/experience and/or conflicts.

When what is mirrored back intensifies the infant's anxieties or terror, causing an annihilating primal experience coupled with unmet needs that represent a direct threat to actual survival (along with psychological survival) the child experiences an all-consuming rage, a state of utter helplessness, and conflict of emerging feelings of hate for care-giver "other" when the person is needed for survival so hate is directed inward. When this hate is directed inward to a developing psychological self, still in its birthing stage, the result is the destruction of and

loss of self. In my experience and understanding of Borderline Personality Disorder, it is this abject terror, this abandonment, that sets the stage for the false self borderline personality.

When the baby's already existing anxiety is not only not relieved by nurture and secure attachment, and satiated needs, but is also compounded by unmet needs, the baby

experiences what Klein called the primitive anxiety of the death instinct. This death instinct is the young infant's nascent psychological womb giving birth to the fear of annihilation.

Joan Lachkar, Ph.D., in her book, The Narcissistic/Borderline Couple, writes, "Klein helps us understand loss and abandonment as linked to the memory traces of the bad breast, the absent breast, or the unavailable breast, as opposed to the good breast. The bad breast may be perceived as a frightful destructive force (the death instinct), which, when introjected into the infant turns up not as an instinct, but as an object ... many theoreticians today tend to take Klein too literally, and apply concrete meanings to Kleinian conceptualizations. In Mason's view, 'Many do not read Klein carefully enough, but when they do they can see that she explains quite extensively that 'breast' stands for 'mothering capacity', which the baby relates to from birth in a very complex way"

The capacity of the mother to meet the needs of the infant relates directly to the ability of the infant to feel connected, nurtured, attached, bonded, safe and secure, all of which promote healthy psychological birth, versus a child that is and/or feels and/or experiences abandonment which disrupts and derails the psychological birth and subsequent ability to master each phase of healthy development leaving him/her with the beginnings of pathological splitting, all-good, all-bad, that impedes and arrests emotional development and is central to the development (no doubt along with other factors yet to be proved) of Borderline Personality Disorder.

If you are borderline, the more you can be aware of your actual feelings when you are triggered, frightened, raging, in high anxiety, the more you can start to become acquainted with the very overwhelming feelings/experience of abandonment that lead you to lose your authentic self. The apex of this abandonment forced you to create the very false self that is or holds the essence of the borderline organization in what is your disordered personality.

I have lived this. I know that I have lived this abandonment and that it stole from me the authentic self that I was meant to give birth to and be years ago.

The Abandonment Wound destroys the emerging authentic self. Abandonment is intolerable to a young needy infant who relies upon other, upon object, for its very survival. Long before there are known, recognizable, and definable, or recallable cognitions to explain or decipher - there are biological imprints that the organism, (person) on an absolutely physical level as a signal that causes terror, the sense of impending danger

solved abandonment wound(s) and subsequent (actual or perceived) trauma of the past. The abandonment trauma that causes one to literally psychologically lose one self, to be shamed to the core, and to be so shame-based and fear-based as to distrust what part of aspect of self that is known or operated from, and others is the foundation of the tragically, painful, maladaptive and very emotionally immature relating of the borderline.

The Significance of The Loss of Self That Results From the Abandonment Wound

Having had your authentic self and its needs abandoned as a young, helpless, and defenceless infant was so overwhelming that you, as a borderline, lost your self. You created a false protective self in an effort to not be hurt ever again. This false protective and yet sabotaging self houses within it the essence of borderline organization.

If you are borderline, you have been, and/or felt hurt over and over, and you continue to feel the aching annihilating woundedness of your lost self, the self you lost to the abandonment wound(s) of your infancy and young childhood.

The trauma of your original abandonment wound(s) that caused the loss of your authentic self not only has you frozen, still, in all of that original pain, shame, and excessive guilt and feelings of unworthiness, but, it is pain that is being compounded daily - especially whenever you try to relate to your self (actual versus false) and/or others from this very hole in your precious soul.

It is as a result of this abandonment wound and its incumbent abandoned pain that this loss of authentic self is triggered in any attempts to relate and your here and now vanishes and is taken over by the screaming, neglected, abused, and/or otherwise abandoned young child inside of you that is frozen in all of your yesterdays.

Borderlines lose every here and now moment to the original traumatic pain of the original abandonment wound and its on-going legacy of pathological relational styles.

The significance of this loss of self is the very deep core abandonment wound, it is long-lasting, pervasive, and far-reaching in the life and relational experience of everyone diagnosed with BPD. It is this loss of self that leaves the borderline feeling unworthy, lost, needy, shamed, guilty, and unable to attach/form healthy relationships.

Abandoned, unsatiated, and shamed needs, get internalized and the result is feeling unworthy, self-hate, and an inability to soothe oneself.

Each borderline person, until they can reclaim his/her authentic self, does not have the ability to be present to the actual unfolding here and now. He/she is not yet an adult, emotionally or psychologically, and can relate in healthy age-appropriate ways but rather acts more often than not like the frightened little child that he/she was and that never got to master the emotional and psychological growth needed to be able to relate in healthy ways.

The significance of the loss of self that results from the abandonment wound is the false self personality structure that is borderline organization.

It is also from the ashes of the lost authentic self that the false self ascends and it is this false self whose agenda it is to recapitulate the past over and over again. The false self is not the part or aspect of self from which any healthy adult, age-appropriate relating can be generated or sustained.

The legacy and core significance, then of the abandonment wound, in the life of the person who has gone on to develop and be diagnosed with Borderline Personality Disorder, is one of intense, unstable, entangled, enmeshed, toxic, and addicted, pathological relational styles.

Allan N. Schore, of the Department of Psychiatry and Biobehavioral Sciences, University of California at Los Angeles School of Medicine, in his article, *The Effects of Early Relational Trauma on Right Brain Development, Affect Regulation, and Infant Mental Health*, writes, "Development may be conceptualized as the transformation of external into internal regulation. This progression represents an increase of complexity of the maturing brain systems that adaptively regulate the interaction between the developing organism and the social environment. The experiences necessary for this experience-dependent maturation are created within the attachment context, the dyadic regulation of emotions. ... The primary caregiver of the securely attached infant affords emotional access to the child and responds appropriately and promptly to his or her positive and negative states. She allows for the interactive generation of high levels of positive affect in co-shared play states, and low levels of negative affect in the interactive repair of social stress, i.e., attachment ruptures.

Because stable attachment bonds are vitally important for the infant's continuing neurobiological development, these dyadically regulated events scaffold an expansion of the child's coping capacities, and therefore adaptive infant and later adult mental health. In

psychobiological research on mother-infant affiliative processes, Kalin, Shelton, and Lynn describe the long-enduring effects of such transactions

The quality of early attachment is known to affect social relationships later in life. Therefore, it is conceivable that the level of opiate activity in a mother and her infant may not only affect behaviors during infancy, but may also affect the development of an individual's style of engaging and seeking out supportive relationships later in life."

The legacy of these attachment ruptures, specifically in those who go on to be diagnosed with Borderline Personality Disorder, is that they have formed the experience, at the very least, where neglect and abuse aren't present, of the core wound of abandonment. They are the pulsating heart of the intensely re-lived out, triggered, regressed, and dissociative abandonment wounds the borderline re-enacts through his/her abandonment fears, abandonment depression, aggression, rage, learned helplessness, and needy demandingness.

At the epicentre of most borderline maladaptive pathological relating styles is the fear of abandonment.

Whether these ruptures or breakdowns, breaks, or disconnection in what needs to be a secure attachment and bond happen in the womb, as well as in early childhood, what becomes clear is that the core wound of abandonment can and is often suffered in the absence of neglect, abuse, or maltreatment. Therefore, for those mothers who did their very best, and still have a borderline teen or adult-child I think the reality of why is becoming more known scientifically.

More importantly, though, even than the causes, are the solutions. We must continue to understand the inner-world of the pervasive unrelenting and undeniable intrapsychic pain of those with Borderline Personality Disorder.



Fear is at the root. Fear stems from the experienced traumatic pain of the core abandonment wound, embarrassment, shame and/or guilt. These feelings and negative associations are toxic. They lead the borderline to behave in equally toxic ways.

An example of a negative association common for many with Borderline Personality Disorder (BPD) is as follows:

In early infancy (or childhood) during a period of need while trusting a care-giver to meet your needs, instead of having your needs met you may have been abused, or neglected resulting in feelings of betrayal. You experienced (for whatever reason or combination of reasons) - being abandoned and subsequently had your emotional/psychological growth halted. The resultant feelings can lead to your fearing getting close to anyone else. This pattern (association) gets repeated many times and as you grow older you have learned to associate getting too close to others with betrayal. Consequently then, you have become adept at keeping others at a distance while at the same time causing yourself pain because you are not able to meet your social/relationship needs.

Negative psychological associations form the foundation for borderline negative core beliefs.

Such negative associations can form quickly and often. You may have many many of them. You may not be aware of this or of the number of negative associations that are, in effect, controlling your feelings, thinking, and actions - controlling the very quality of life today. As each association is formed your continued and patterned response to it only serves to further condition you to act in the ways that you always have. Ways that have caused you much pain, grief, shame, and unhappiness. Ways that you initially had reason to respond from as a young, terrified, and helplessly vulnerable infant whose very survival was threatened.

Now, however, as an adult you will benefit from beginning to realize that when you feel these very powerful and overwhelming feelings of victimization, lostness, helplessness, and vulnerability you are not that helpless child anymore. As these feelings rise up in response to thoughts that now generate the images of the negative psychological associations by calling to the ready your hyper-vigilant and over-exposed cognitive distortions and what have been your ANRPR's, you need to learn to slow it all down and take apart these reactions. The reactions of a terrified, screaming, needy infant do not and cannot possibly serve a chronological adult.

The only way to defuse such negative associations is by first identifying your issues

and secondly being willing to work through the fear and discomfort to break the patterned responses.

These associations sit, if you will, at the border where your thoughts and emotions meet. It is cognitive re-training that can most help to change them. Many will be quite familiar with the work that it takes to recognize triggers and to then defuse them. Associations are much the same and in fact can also be the basis for triggered reactions.

A negative association can be formed from just one exposure to a painful, negative frightening, and or shaming life event. For some borderlines it is the actual events that took place in their lives that cause the negative associations. For others it is the perception (the way in which they experienced events) of the events alone that leaves them with negative associations that make life difficult, stressful and painful.

The recovery process is not only about learning to understand the negative associations that you've formed thus far but also it is about defusing them. Defusing these associations is such a freeing experience. At times your pain or fear or anxiety may worsen as you first start to challenge an association but when you work it through there is peace on the other side of any escalating discomfort.

Neutralizing your ANRPR's is the way that you can begin to undo the powerful negative psychological associations that are the pathways of your triggers that lead back to the deep intra-psychic pain experienced when your false self supplanted, effectively, killed your emerging authentic psychological self. Working to begin to tolerate this pain leaves the borderline feeling as if he/she is going to die, re-experiencing the overwhelming anxiety of the death instinct. This pain comes from within you. It is not bigger than you. You can learn to tolerate it. You can ride it out. You must if you are going to heal and learn how to stop the destructive impact that the abandonment wound in your life has had, and likely still to this very day has on the way that you aren't able to form healthy and lasting quality attachments.

If you are borderline, you so deserve to end this agonizing suffering and allow your authentic self to be born. This will turn your unbearable and constantly recapitulating suffering into manageable pain. It will, in time change your relational pattern from a borderline organization of unhealthy toxic relating to a new more age-appropriate and healthy way of relating.

Borderline Re-Experiencing of Abandonment In Attempts to Connect, Relate, and/or In Relationships

The inability to soothe what the borderline experiences as foreign and overwhelming emotions that feel as if they are going to kill the borderline leaves the borderline frantically scrambling a great deal of the time, if not most, or all of the time, to not be abandoned and to not be left alone.

Borderlines have experienced a traumatic emotional/psychological abandonment (whether or not the abandonment was real or perceived). It felt, at the time, like impending death. It caused what felt like the death of, and what was the loss of, the authentic self as it was supplanted by an emerging protective false self. Instinctually the infant's flight/fight survival mechanisms were not only aroused, but, were aroused often. This ingrained response, in the form of memory imprints on the infant's brain, acts like a red flag of sorts to always be vigilant and react immediately to anything and everything that even remotely signaled anything similar to the initial overwhelming feelings experienced from having been wounded to the core by having been left with unmet needs, and/or betrayed, and/or neglected, and/or abused, -- all of which is experienced as abandonment.

Those who have developed BPD, as they get older, project out onto others the very negative characteristics of the mother or care-giver with whom they were not able to securely attach or bond with in a healthy way, which means that they are just waiting to be left with unmet needs, and/or betrayed, and/or neglected, and/or abused, -- all of which is experienced as abandonment. The fear of abandonment is immediate upon any connection to anyone. Borderline Personality Disorder, is a relational disorder. Though it is present and manifests in some ways, other than direct relating, it is within the context of relating that it flares up so to speak and is even more pronounced.

So, the borderline relating to a friend, family member, or significant other, immediately experiences the fear of abandonment simply from being in a relational context (this often occurs subconsciously). Borderlines do not know how to flow in and out between distance and closeness. Distance feels like, represents, and triggers abandonment fears and/or feelings - arousing the regressive re-experiencing of past traumatic abandonment.

Closeness feels like it will annihilate or engulf the borderline. It is not well-tolerated. Closeness, in and of itself, no matter how desired, longed-for, or sought after, feels threatening and unsafe. Most borderlines, while in the active (largely untreated) throes of BPD, simultaneously

The second a borderline feels even remotely connected to another person, it sets up his/her fear of abandonment leaving the borderline needy, triggered, and ripe for the agonizing intra-psychic pain of old traumatic and unresolved abandonment wounds.

seek to get close to someone while at the same time not having any capacity, skills, or tools to cope with or tolerate that closeness. This sets up push/pull and get-away-closer behaviour that is the hallmark of BPD and one of the most crazy-making aspects of it for non-borderlines. Borderlines, too, suffer the consequences of their push/pull - get-away-closer behaviour because it is central to how they ensure that they are abandoned again and again, and yet tragically so many with BPD are not aware of this.

"I hate you, don't leave me," is also at the core of the borderline's struggle to attach to anyone, in the here and now. Anyone that the borderline relates to inevitably

ceases to be seen for who they are and instead is seen and experienced by the borderline as the parent or care-giver with whom the abandonment wound was created. "I hate you, don't leave me," then is the consequence of the borderline's attempt to love because that first love that is so important to our psychological development and ability to bond, attach, and to in fact, experience and learn to feel and express love, was desecrated by the trauma of the abandonment wound.

Borderlines, in the active throes of BPD, until somewhat recovered, cannot love in healthy adult ways that are emotionally reciprocal, with mutuality, and in the here and now, because what they know of love truly was experienced more as hate as the result of the abandonment wound.

The depth and profound nature of the abandonment wound is so daunting and so traumatic and scaring, remaining raw, open, and unresolved that it becomes the self-fulfilling prophecy acted-out by the borderline simply and tragically because it is familiar and because it needs to be resolved and healed.

What this abandonment wound and the false self that it created act-out, re-create, and re-create in any and all connections, relational contexts, and/or relationships in those with BPD, is the very painful experience of abandonment. Sadly, this is likely to be the case in the life of any borderline who does not get professional help and work very hard in therapy to recover his/her lost authentic self.

Borderlines seek connections, relational contexts, and relationships, while at the same time