

Borderline Personality Disorder:
A View from the Inside
by Anna Warde, with Shannon Huggins, LCSW
Published in Recovery Today January 2008

I have been participating in a weekly education and support group called “Family Connections,” a program designed for the relatives and loved ones of persons with Borderline Personality Disorder (BPD), a serious mental illness characterized by pervasive instability of moods, interpersonal relationships, self-image, and behavior. While less known than other mental illnesses, BPD is much more common, affecting approximately 2% of the general population which is twice the percentage of people diagnosed with schizophrenia. There is also a high rate of self-injury without suicidal intent, as well as a significant rate of suicide attempts and completed suicides in severe cases.

The Family Connections program was developed by Perry Hoffman PhD and Alan Fruzzetti PhD, two clinical psychologists and researchers, in concert with the National Education Alliance on Borderline Personality Disorder (NEA.BPD). The program, based on the 12-week research-based manualized model used so successfully by the National Alliance on Mental Illness (NAMI) in its well-known classes such as “Family-to-Family,” has been available for many years on the east coast and in other large cities but is now slowly gaining momentum nationwide. This is due, in part, to NAMI’s recent decision to include Borderline Personality Disorder in its priority population, paving the way to greater awareness and understanding of the illness and its impact on the family. In Austin, we are especially fortunate to have a local chapter of NAMI (NAMI Austin) that has stepped up to fully support and fund the first Family Connections class.

Although only four sessions into the twelve weeks, I have already developed a great respect for those who deal with this disorder as a part of their daily lives. The group consists of roughly a dozen people – some professionals who work with this population but mostly parents, children, and spouses of those with the disorder, called “consumers” in this context because they are often consumers of mental health services. Each Tuesday evening, I witness the tremendous amount of confusion, love, anger, and pain that relatives of consumers experience. I understand it in the stories they tell, hear in their tones of voice, see it in their facial expressions, and feel in the air as if I could reach out and touch it. It is real and it is raw.

First and foremost, what I am struck with is the group members’ sincere desire to better understand their loved one’s illness and to find tools to cope. There is hope that they can learn to work with the situation as it exists and to know that all involved are doing the best they can yet, they can do better. There is also an impatience, best described as a “been there, tried that, didn’t work” attitude. Some individuals are in relatively new relationships while other have lived many decades with their ill relative. Some are hot with anger, others are resentfully resigned and still others are on the verge of walking away. Because the group’s level of understanding varies, teaching the basics of BPD is critical to developing a shared knowledge-base but not all want to “wait to get to the good stuff.” Like it or not, these individuals still show up every week, on time and ready for another round.

Each class starts with group members rating their recent level of coping on a scale of one to ten. It appears that for many in the group, this is a rare opportunity to relax a bit and think about themselves. This is a forgotten luxury in a world where chaos is the norm and self-preservation, not self-reflection, reigns. The answers vary from week to week and, as one father pointed out,

coping levels often fluctuate several times in even one day. As the group facilitators present that week's topic and the group process moves forward, the comfort level seems to increase. It would be interesting to take a follow-up rating at the end of each group to assess changes in perception and perspective as folks support one another and come to know that they are not alone.

The sessions are also packed with information and can be exhausting but, at the same time, energizing. There is a collective relief in knowing facts about BPD that validate what those in the group experience and in knowing that research on BPD is advancing significantly. It is also a shock to learn that research on this disorder is nearly two decades behind research on other mental illnesses, surprising to know that the term "borderline" is so stigmatized in the mental health field, and that an inability to regulate emotions is at the core of the disorder. All of this helps yet the group members still shake their heads ruefully, wishing that these explanations had come sooner. Participants cope with humor, for example, worrying about the people from "the little house on the prairie days" who could have benefited from what we know now. The fact that the group facilitators are "family members" themselves helps the participants relate to them – they don't have all the answers and are in the trenches, too, learning as they teach.

The group is not even halfway through and already there is a powerful feeling of connection and camaraderie. I find myself thinking about the participants throughout the week and I look forward to seeing them and listening to them. Inside, I root for them to know that they can move beyond just surviving. Yet I also identify with their anger. I wish I could give the evil eye to the BPD mother who can't speak without yelling. I wish I could kick the demanding ex-wife who uses her children as a weapon against their father. I wish I could threaten the out-of-control BPD daughter: "shape up or ship out!" But then I remember, the consumers are doing the best they can and this is what the illness conjures. The task is no small feat for the people that love them. They must keep their own feelings and needs in mind and know that they can do better in how they respond to their loved one, that they now have access to the best and latest research, that there are strategies that work and that they are not alone anymore. Four sessions down and eight more to go. I can't wait for next week to get here.