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Borderline Personality Disorder and the Loved Ones Who Care

by Candida Moreira, MCP, RCC

Borderline Personality Disorder (BPD) is a pervasive mental illness characterized by intensely-felt emotions including persistent suicidality, self-harming behaviours and emotional outbursts. While more prevalent in women, like most mental illnesses it doesn't discriminate, and without treatment, BPD can leave a trail of destruction through the lives of those it touches.

Not unlike depression or anxiety, living with BPD can significantly distort one's reality. Those living with it are often filled with intense fears of perceived abandonment. The slightest human error (for example, forgetting to reply to a text) can lead to a long and fast spiral into despair and feelings of total emptiness. It is the desire to stop these overwhelming emotions that leads to unhealthy coping behaviours that are associated with being borderline – cutting, burning, binge-drinking, exploding in anger at the people they are or feel closest to.

Ravaging and destructive BPD is relentless in its objective to convince you that you're alone and unfixable. This illness keeps a powerful hold on you, affecting your behaviour in a way that is not easily understood from the outside. Furthermore, you are convinced that because of these same behaviours, you are inherently unloveable and destined to a life alone filled with pain.

Borderline Personality Disorder is difficult for everyone involved. Difficult however, is not synonymous with bad, or mean, or less than. More importantly, a diagnosis of BPD is not a life-long sentence of pain; with help, those living with this illness can learn skills for managing the things it can do to make life feel entirely and overwhelmingly unmanageable.

Loving Someone with Borderline Personality Disorder

Family and friends must grapple with the pain and destruction that may come with a close relationship to someone living with BPD. Since treatment options are costly, and can be difficult to access, families are left grasping to make sense of what their loved one is experiencing, trying to navigate through a minefield of emotional explosions.

I've learned you can't take it personally. I've learned this working alongside warriors. These are people fighting every single minute of every single day, to not get swallowed up by the thoughts that torture them. BPD feels impossible. I've been told it is like living without an emotional thermostat. I've heard it compared to living in a warzone—by someone who had actually lived in a warzone. From those on the other side of the illness – doctors, friends, family – I've heard borderline behaviour described as mean, manipulative, and attention-seeking. More times than I can count, I've heard it described by many, regardless of their relationship to it, as hopeless. The idea of change seems impossible.

Is There Hope For Change? Absolutely.

When you help someone understand how and why they feel the way they do, you create room for them to change unwelcomed feelings.

Sometimes I feel like in the simplest terms, the experience of BPD can be summed up as this:

Person supporting someone with BPD: I feel like she doesn't care about me or my feelings, sometimes she scares me, and I don't like tiptoeing around her.

BPD: I'm sorry. I DO care!! I care about you SO much it scares me. ALL of my feelings scare me. I don't know how to stop feeling so.... I don't understand why I did that.

So where does one start?

When you are able to offer what Carl Rogers referred to as unconditional positive regard, and able to be with someone, in their pain, without any expectation that they feel differently about it, you help create space to think about *doing* differently. Here, clients can begin to feel empowered; this space can connect them to the belief that they can come out the other side.

Knowing this is helpful when working with clients who are chronically unhappy, and having a difficult time making any sense of their life. It is particularly helpful when working with those who present with borderline personality disorder, as well as their friends, family, and other supporters in their life.

Why is it so hard to treat?

It can be difficult to remember that the illness itself (not the person behind it) can be treatment-resistant. It takes time to find a therapist who's a good fit. The strong stigma attached to the label can also be a barrier to service. But help is definitely available. Because of some really important work by Marsha Linehan, a pioneer in the treatment of BPD, there is so much available to us as helpers to provide guidance and support to those navigating this illness.

In 2011, Linehan spoke candidly to the New York Times and identified herself as someone who has lived with this often-debilitating illness. Linehan is someone whose accolades precede her – anyone in the know, knows about Marsha. Still, despite having helped countless people come out the other side, Linehan didn't disclose her own experience living with BPD until decades after being mired in the very illness that's at the centre of the work she does.

Linehan's Dialectical Behaviour Therapy (DBT) is supported by research as an effective treatment for individuals with BPD. DBT skills therapy helps teach us how to manage our thoughts and feelings so that they don't dictate our lives. At the core of BPD is a lack of ability

to regulate one's emotions. When you want to stop feeling what you are feeling but you can't, it's hard to get anything right. And when we're stuck inside our feelings it can feel like we've always been in them and also, might never get out. But all feelings peak and then subside – often within 15 minutes. Using the right combination of patience, logic, mindfulness and breathing, we can all learn to get through it.

But how?

Central to DBT is the acceptance of paradoxical feelings. One must at once hold two almost mutually exclusive ideas. In the context of DBT, practicing radical acceptance (at least as I understand it) includes accepting that you are unhappy AND accepting that you want to change that: I hate you right now. But I also don't want you to leave.

These paradoxical feelings can lead to maladaptive behaviours that provide temporary relief from excruciating pain. While these behaviours are unhealthy and often damaging, they make sense given the person's experience. These behaviours become tools for dealing with something that can make you feel inhuman. DBT provides the tools that can help you feel human again. When the client is able to accept that these behaviours are both necessary and must stop, that is the space where change starts to happen – for everyone.

The skills learned through DBT have been proven widely applicable – and not just in therapy. The benefits of self-regulation, the ability to practice radical acceptance, opposite action and mindfulness meditation – all components of DBT, would be felt by most of us. The skills learned can help us identify what it is we need, and when necessary, communicate to others that we need it.

DBT treatments are effective in helping individuals with BPD and also for those around them. The skills learned in these groups can help us alleviate stress, be more present (for ourselves, and for others), and feel more aware of and in control of, our emotions. For non-BPD clients, these same principles can make one of the most complicated

and misunderstood illnesses a little easier to understand. And when we understand, we are in a better position to help those who need to be understood.

Candida Moreira, RCC works for a non-profit counselling agency in Metro Vancouver and is in private practice. Her focus is on play therapy with children, and working with children, youth and adults affected by trauma and abuse. She has a special interest in helping people heal from Borderline Personality Disorder and the stigma this diagnosis can carry, as well as supporting the loved ones in the lives of someone who struggles with BPD. Please see www.oxalawellness.com for more information.

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