

centered

LIFE IN BALANCE

BORDERLINE PERSONALITY DISORDER

LEFT UNTREATED, THE DISORDER
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4 FABULOUS NEARBY
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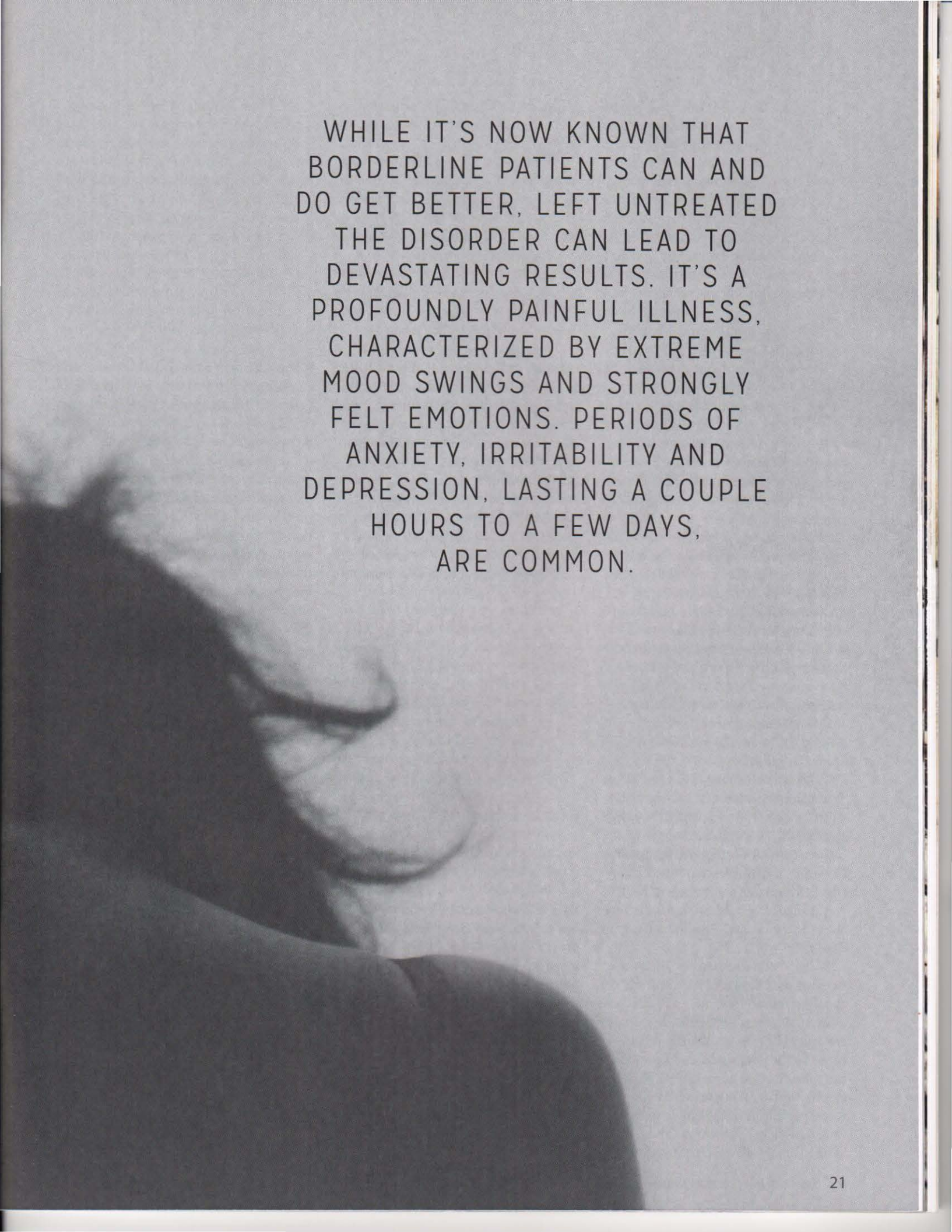
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10 POINTS
ABOUT LOSING 10 POUNDS

Life with Borderline Personality Disorder

A THIN LINE BETWEEN LOVE & HATE

BY JILL GLEESON



WHILE IT'S NOW KNOWN THAT
BORDERLINE PATIENTS CAN AND
DO GET BETTER, LEFT UNTREATED
THE DISORDER CAN LEAD TO
DEVASTATING RESULTS. IT'S A
PROFOUNDLY PAINFUL ILLNESS,
CHARACTERIZED BY EXTREME
MOOD SWINGS AND STRONGLY
FELT EMOTIONS. PERIODS OF
ANXIETY, IRRITABILITY AND
DEPRESSION, LASTING A COUPLE
HOURS TO A FEW DAYS,
ARE COMMON.

About a year ago I walked into a therapist's office. I explained to her that I was under immense stress. My brother had died of a drug overdose 18 months earlier. My elderly parents, with whom my boyfriend and I lived, were experiencing a series of health crises seemingly without end. And my relationship with my boyfriend was chaotic, difficult. He had been telling me I had problems with my temper. Though I was desperately unhappy in the relationship I couldn't bear to think of ending it and was searching for a way to make it work. I want help with all of this, I remember telling her, but more than anything, I want to live up to my potential. I'm tired, I said, of being the smart, talented girl that never quite gets it together. I want the success of which I know I'm capable.

When she asked me if I'd ever seen a therapist before, I hesitated before answering. "Yes. A few, actually," I finally responded. "About 20 years ago I was diagnosed with Borderline Personality Disorder, along with what my psychiatrist believed was a mild case of Manic Depression. I've been un-medicated for about 15 years and I was doing okay, up until now."

To her credit my therapist didn't try to pawn me off on another clinician, or simply refuse to treat me. In the decades since 1980, when Borderline Personality Disorder (BPD) was officially recognized by the psychiatric community, the condition has come to carry a hefty stigma. Unfair, over-the-top Hollywood portrayals of the illness in films including "Fatal Attraction" and "Single White Female" have painted sufferers

as homicidal banshees. (Sadly, realistic and sympathetic depictions, like Laura Dern's performance as the title character in "Rambling Rose," haven't produced the same box office gold as the more operatic representations.) Even the name, which references the netherworld between neurosis and psychosis where BPD patients were once thought to exist, seems pejorative and is now widely acknowledged to be misleading.

If the general public views those with

IT'S A PROFOUNDLY PAINFUL ILLNESS, CHARACTERIZED BY EXTREME MOOD SWINGS AND STRONGLY FELT EMOTIONS.

BPD as a disaster to be avoided – capable, as I long ago dramatically described myself, of destruction on par with an F5 tornado – therapists are often apprehensive about treating patients with it. "They feel like it's going to be a difficult experience," explains Penn State Associate Professor of Psychology Dr. Kenneth Levy, an expert on the disorder. "They're often afraid the patient will be suicidal and might kill themselves. There are sometimes angry outbursts that the therapist is afraid of, and they're also afraid that the patient might

not get better. Historically that's been a concern and a stereotype with these patients...that they don't get better."

While it's now known that Borderline patients can and do get better, left untreated the disorder can lead to devastating results. It's a profoundly painful illness, characterized by extreme mood swings and strongly felt emotions. Periods of anxiety, irritability and depression, lasting a couple hours to a few days, are common. So are inappropriate, extreme or uncontrolled anger and engaging in risky behaviors like unsafe sex, reckless driving and substance abuse. Individuals with BPD are terrified by the thought of abandonment by friends, family and romantic partners. They often alternate between idealizing the people in their lives and then devaluing them, loving them intensely one day and then hating them just as fervently the next. It's thought that this pervasive instability in mood and relationships might stem from instability in one's sense of self. People with the disorder have trouble identifying their core traits and values from one day to the next. Simply put, they don't know who they are.

It sounds hellish, doesn't it? It is. Throughout my twenties and into my mid-thirties I was a nearly textbook example of someone with Borderline Personality Disorder. My personal life, riddled with self-destructive behavior that included leaving my husband for a drug addict, was a mess. I would veer close to serious professional accomplishment, only to sabotage those advancements at the last possible moment. A Penn State University Scholar, I simply stopped attending classes during

my last semester and flunked out. Ten years later, as I was on the verge of major career success as a radio air personality, my addict boyfriend decided to leave me. I responded by swallowing a bottle of my psychiatric meds. And through it all I was periodically ravaged by an emotional pain so intense I can only liken it to being burned alive from the inside out. Sometimes when I look back on it all I'm amazed I survived.

Many don't. Statistics show that up to 80 percent of people with BPD attempt suicide; 10 percent succeed. "The suicide rate in Borderline Personality Disorder is higher than the suicide rate for depression, for eating disorders, for PTSD and for un-medicated Bipolar Disorder," notes Levy. "It's the most deadly of the disorders."

Although her death was not ruled a suicide, singer Amy Winehouse, who died at 27 of alcohol intoxication, is a likely example of someone lost to the illness. But even many of those who actually survive BPD are doing just that and only that: surviving. "These individuals are not able to accomplish what they otherwise could based on their intelligence and aspirations," explains Levy. "That's not to say that there aren't people who are very successful with Borderline Personality Disorder. But more characteristically people are under-employed, if they're employed at all – somebody who went to law school but works as a paralegal as opposed to as an attorney, or somebody who works in a clerical position when they have a professional degree. Their relationship functioning is also quite inhibited. So you see often by the time the patient is in their mid-30s that they're estranged from their families, they can't tolerate being in relationships very easily, they're isolated."

Many experts believe BPD, which affects anywhere from 1.6 percent of adults in the U.S. to a whopping 5.9 percent, is caused by a mix of nature and nurture. According to the National Alliance on Mental Illness, people who have an immediate relative with the disorder are five times more likely to have it. The genetic component likely includes a predisposition to some combination of traits including emotional vulnerability, impulsivity and aggression. Nurture comes into play often as trauma, though the mental health community has not reached a consensus about how great a risk factor it is for the disorder. Studies show that between 30 and 70 percent of BPD patients have experienced severely traumatic events.

To help those afflicted with the illness find peace, or as Levy says, "achieve the life they aspire to," correct diagnosis is imperative which, research indicates, can take a dispiriting 7 to 12 years. Borderline patients are often mislabeled bipolar or with depression or anxiety, preventing them from getting the specialized treatment now available. "There are at least four different psychotherapies for BPD that have had very successful and often replicated randomized clinical trials," details Penn State Professor of Psychology Dr. Aaron Pincus, who studies personality disorders. "They include transference-focused psychotherapy, dialectical behavior therapy, mentalization-based therapy and schema-focused therapy."

"They span everything from behavior therapy and cognitive therapy to psychodynamic therapy," Pincus continues, "so they're really quite different in their approaches. Yet they all seem to help certain classes of Borderline patients. I think in a lot of ways what we're

finding with this is that the disorder is still heterogeneous, in terms of how it's exhibited by a given patient and what the main symptoms are for them. These different treatments seem to do better with certain patients with certain kinds of manifestations of the disorder. So it seems we're in a place where it's about knowing what those different treatments focus on, what the main problem is, and then finding the right treatment for the patient."

The right therapy does help. At 50 years old I finally feel like I'm on the brink of achieving "the life I aspire to." I've survived challenges that in my earlier years would have sent me into a tailspin ending with my hospitalization, including a deeply painful breakup precipitated by my boyfriend. My deepest, most primal fear – abandonment – materialized and I managed to not only endure, but thrive. My career has exploded. I've added a half-dozen big national magazines to the stable of publications I write for in the span of six months. And as I type this I'm getting set to start a new gig as a columnist for the website of Woman's Day, a dream I've cradled close to my chest, never really believing it possible, for a decade. This time I'm swinging for the stands.

I have challenges ahead, of course. My emotions, epic in intensity, still fluctuate wildly. I have a terrible temper I struggle to keep in check. I'm single right now, happily so for really the first time in my life, but I have hope that the love of my life is still out there, waiting for me. So I'm going to keep working on getting well. Because I want it all – and for the first time ever I think I can really have it. ❖

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with Borderline Personality Disorder.

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