

Challenges Faced by Non BPD Spouse and Family: A Case Study

Padmakali Banerjee¹, Amita Puri^{2*}, Astha Puri³ and Trisha Banerjee⁴

¹*Pro Vice Chancellor, Amity University, Gurgaon, India*

²*Consultant Clinical Psychologist, Citizen Hospital, Gurgaon, India*

³*Data Scientist, Oracle, Denver, USA*

⁴*Volunteer, Optimus Psychological Services, India*

***Corresponding Author:** Amita Puri, Consultant Clinical Psychologist, Citizen Hospital, Gurgaon, India.

Received: July 25, 2018; **Published:** December 26, 2018

Abstract

Non BPD spouses of individuals with Borderline Personality Disorder (BPD) remain in an enigma for years suffering silently, facing daily challenges of listening to verbal spews and venoms of the BPD spouse who after heartily doling out the verbal “vomit” will sit back with “head in hands” and cursing his life for being the “poor victim” of the non BPD spouse. Valiant are those who choose to live with their BPD spouses and face a life-long battle of trying to win “them” over with their love and affection, unconditional and unfiltered. Yet the damage done during childhood stays and remains unaltered. The BPD spouse will continue to rave and rant with self-pitying moans. In our practice, we interact with many such non BPD spouses who feel empowered once the diagnosis is made clear to them. Suddenly they feel as if the dots in their unassuming lives start connecting and feel a sigh of relief. This paper presents a case study of a non BPD spouse coming to terms with her BPD spouse’s unpredictable behavior which had made her life “a living hell” - in her own words. Thought surgery after relevant diagnostic disclosure empowers.

Keywords: *Borderline Personality Disorder; Thought Surgery*

Ode to Borderline Patient

Life is full of traumas all around

Wish someone, somewhere would try to understand me

People around me are here to wound

O troubles, have pity, please unhand me.

I deserve to be more happy than I am today

Even though people are always not kind

I wish I could find my peace someday

The troubles abound me merciless grind.

For me. My people seem not to care

Even tho' I am so generous n my approach

I am so free with my love and lair

Alas ! Why then I am treated like a cockroach

Oh, Why am I destined to suffer

And me so willfully innocent??

O ! some courage could I muster

For my heart's wounds to vent

*So that my deaf folks could finally realize
How heartless and cruel they are to one so pure
O! they are filled with so much malice
Forcing their rejections on me to endure*

*One day they will bitterly cry
For having wasted precious time of love
For, in giving my heart was never shy
But heartlessly, they pushed and shove*

*Indeed to me, they have been such dears
Alas ! Life was never a bliss when they were near.*

- Amita Puri

Introduction

Borderline personality disorder (BPD) is a complex mental disorder which afflicts around 1% - 2% of the general population [1]. It is seen that it's also the most common personality disorder for which people meet the mental health professionals for treatment. Ten percent of all psychiatric outpatients and 15% - 20% of inpatients are estimated to have BPD [2]. BPD is characterized by severe impairment in functioning [3], extensive use of psychiatric treatments (Bender, *et al.* 2001) and a mortality rate by suicide of almost 10% - 50 times higher than the rate in the general population. However, effective treatment for the management of BPD is still elusive and the prognosis is short lived [4].

BPD seems to impair several domains of functioning. According to the current Diagnostic and Statistical Manual of Mental Disorders (DSM- 5; American Psychological Association [APA], 2013) criteria there are over 200 unique combinations of the five (out of the nine possible) DSM-5 criteria necessary for this diagnosis, and due to an artifact of the current nosological scheme, it is possible for two individuals with BPD to share only one diagnostic criterion [5]. Several authors have suggested that the pattern of comorbidity observed across DSM-5 classes (e.g. anxiety, depressive, personality disorders) may be best accounted for by a shared temperamental vulnerability [6]. Many studies have revealed that patients with Borderline Personality Disorder (BPD) [7] pose a formidable challenge to the mental health system [2,6]. They engage negatively with the staff and have a bad reputation, create unconsciously hostility and violence, hurt themselves, threaten to suicide, antagonize the staff, drop out of treatment and even sue their therapists. They are perceived as difficult, annoying, manipulative, and as "bad" and not "ill". In this scenario, it is not surprising that the attitudes of mental health staff towards hospitalization and treatment of BPD patients may affect the way they deal with them and may escalate a vicious cycle of miscommunication, misinterpretation which may and cause a revolving door of hospitalizations and high dropout rate [8,9].

As a spouse, in the Indian context, living with a spouse who has borderline personality disorder is quite a challenge. Because he/she is the one who reigns supreme in the household, he/she will expect to be treated like a king and one has to acquiesce to all his/her whims and fancies at all times. He/she will expect your absolute loyalty and devotion even as he/she showers you with the choicest verbal vomit in terms of insulting your parents and relatives, belittling you publicly and trampling your self-esteem as and when his/her highness wishes.

And in return, you will be surgically pared away from your family and friends. Till you are left only at your BPD's spouses mercy. And the icing of the cake is that you will be royally blamed for making your spouse's life hell. And that after marrying you, or been in a relationship with you, the "poor" BPD has suffered a lot. Oh yes, all BPD's love to play the victim.

The following is an excerpt of some thoughts shared by the Non BPD spouse of a 66 year old Doctor who had made his family's life's hell by being a very strict disciplinarian. Some of the examples from their "uneventful" life had been the sons being hit black and blue with the belt even at a "perceived" disobedience - especially when the poor boy had only been trying to give an opinion; cutting off all contacts with

his wife's family; would not let her or the kids accept any gifts from them; forbade their sons to visit their maternal grandparents..... etc.

Deeper probings revealed an abusive childhood of the father himself where he had been badly treated by his mother and beaten up by father. He himself would sometimes tell his sons that he did not want to talk about his childhood as it had been a very painful one. Unfortunately, a BPD pattern had ensnared the father's behavior, feelings, thoughts and perception and his own family i.e. his wife and two sons were paying heavily for that. The atmosphere could be so tense in the house that you could cut it with a knife whenever he would be around.

His sons were studying medicine in prestigious colleges but he would make it a point to visit their faculty and would like to know their progress in every term exams, attendance and the co-curricular activities they were engaged in while giving suggestions to the faculty in a forceful way. His sons had stopped going home even during vacations and would meet their mother outside home every once in a while. Although himself doing well in his medical practical, he had kept his sons on a shoe string budget and would many delay giving them their "meager" pocket money for the week - sometimes postponing it by a week. The mother would sometimes transfer money online to the sons but there would be an uproar in the house as and when the father got to know of this.

The above were some of the challenges faced by the family while living with a borderline father. The paradox is that a BPD is of above average intelligence and is supremely sensitive. Yet living with a BPD on a daily basis require patience of saints. Especially, the undiagnosed Borderline.

The mother shared few of her thoughts here which exemplify in a classic manner, the challenges faced by the other family members while living with a Borderline. She looked up on net for the symptoms, once the diagnosis was disclosed and shared the following.

Dear Dr. Puri

Sending you a list of symptoms and my memories/experiences associated with them. The symptoms are highlighted in Bold followed by the specific memory or incident.

I truly touch your feet. Only you have been able to understand my dilemma of 25 years. Even my own mother used to feel that I am not adjusting well with my husband and that I need to "do more" to make him feel respected and loved.

Below have been my experiences.

You will have rare occurrences when your partner fears you leaving enough that they will apologize, but it's not a real apology.

Case Study

It happened once about 7 or 8 yrs back also when the boys were very upset with the things at home and all I remember is my husband called us all to the Dining Table and told the boys that their deepest desire would be coming true, that is, we all as a family would start going out together for movies, dinners, outings and even holidays. This fell apart within no time.

This happened in Dec'14, the day after I had a breakdown. The whole day I was with friends who took care of me after Sameer, my elder son, called them. He had a talk with his father (I don't know what they talked about) The next morning my husband apologized to me and the boys and said we should give him another chance at being a better father and a better husband. He did appear to make efforts initially, and it did feel like finally things might improve.

You will never win an argument, you will endure them until your person with BPD thinks you have been broken down enough and lets you have some respite.

Can't think of a specific memory but this point resonates. It has happened enough number of times, with me simply agreeing in the end with him, as I didn't have the energy or desire to continue further. Certain things were simply felt and could not be explained logically. He would keep pushing till I would have nothing more to say as I would not have been able to satisfy him.

You will be isolated from those you care for and love, because they will likely recognize how much you are being abused and try to give you some perspective or urge you to leave.

My husband did not allow my mother to be with me during both the deliveries. By the second year of marriage and second baby born, he told my parents to not visit us, or visit only in his presence, there was no telephone in the house and I was not able to be in touch with anyone. He put restrictions on my parents giving me or the children anything, even a balloon. When I persisted in meeting my cousins, he allowed only me and not the children. None of my family members visit us even now.

You will wonder what the hell is wrong with you, how you could possibly make someone so angry.

This happened so often that I actually started believing there must be something terribly wrong with me. I have wondered till today what is it about me that makes him so angry. How or why does he hate me so much.

I'd have an important meeting for my business; she'd call five minutes prior and complain that her windows pc wasn't working. Or the TV or her smartphone (An example).

I was not working at that time and very rarely went out by myself. On a rare occasion that I would be going out, he had to start an important talk at exactly that time. The talk would go on for a long time, it could be about a news article or about something he'd read; anything. Or I would go to say bye to him and he would ask for tea/coffee/sandwich/anything. Or he would give me some work. It made me wonder why he did that precisely at the time I would be leaving.

One evening she was giving our son medication (he was 3 at the time) and he spit it out. In an angry fit she threw his medication across the room and pushed our son hard against the sofa, yelling at him (An example I picked from Quora).

Sameer and Kabir, my sons were approximately 3 and 4 yrs old and we had come back from some place. The car was parked. Sameer got off and Kabir was in the process of getting off. I was already out of the car. Sameer saw Kabir getting off and shut the car door. He did not see that Kabir's hand was in the middle and it got caught. Kabir cried. It was not a big hurt. Praveen got so angry that he screamed at Sameer very loudly and right outside the shop where we were, he slapped Sameer very hard. At such times my husband's body starts shaking with anger and he becomes red and eyes become huge, popping out.

Non-romantic relationships and relationships with family members will also be unstable. If a family member does something that the BPD feels is wrong, the BPD will go years and sometimes decades without talking to that relative. They will spread falsehoods about that person to get others to cut off relations with that relative.

This happened for the first time within 3 months of marriage, when he didn't talk to me for two days. Then when I was expecting the second baby, less than 2 yrs into marriage, he didn't talk to me for 10 months. Again it happened when he didn't talk for 1 ½ yrs. And lastly he again stopped talking for about 4 yrs.

People with BPD often engage in idealization and devaluation of others, alternating between high positive regard and great disappointment.

I have seen this so often with various relationships he formed with people. For some time the person would become everything in his life and then one day the person is out! Including me....

People with BPD can be very sensitive to the way others treat them, by feeling intense joy and gratitude at perceived expressions of kindness, and intense sadness or anger at perceived criticism or hurtfulness. Their feelings about others often shift from admiration or love to anger or dislike after a disappointment, a threat of losing someone, or a perceived loss of esteem in the eyes of someone they value. This phenomenon, sometimes called splitting, includes a shift from idealizing others to devaluing them. Combined with mood disturbances, idealization and devaluation can undermine relationships with family, friends, and co-workers. Self-image can also change rapidly from healthy to unhealthy.

This is similar to the above point, yet defined it further and made sense

While strongly desiring intimacy, people with BPD tend toward insecure, avoidant or ambivalent, or fearfully preoccupied attachment patterns in relationships and they often view the world as dangerous and malevolent. BPD, like other personality disorders, is linked to increased levels of chronic stress and conflict in romantic relationships, decreased satisfaction on the part of romantic partners, abuse, and unwanted pregnancy.

He has made it known in so many words about the world and people around as not to be believed or trusted, and in the same breath, he would have an overall kind view about people around and how everyone is basically good. He would always feel that his sister in law (younger brother's wife) was listening in on his conversations with his father on the extension line. Whereas I tried to tell him, she is putting the receiver back after telling Papaji about the phone and that is why you hear the click... why would she want to hear your talk. He would disagree and tell me (using abusive language) that she is..... And she always wants to know what is going on his life. This particular line is his favourite, that people want to know what is up with his life and that he has to protect his family from that. This is the same attitude today also when he doesn't let me enter his office room (only me), that I will come to know what he is working at (and I will tell the whole world) and that he is protecting us. He believes I have nothing better to do than spy on him and talk about his work with others.

People with BPD are prone to feeling angry at members of their family and alienated from them. On their part, family members often feel angry and helpless at how their BPD family members relate to them

He feels very angry if anybody from his friend circle or family becomes close to me. He will say all sorts of things about my 'encouraging' them to be close to me. He wouldn't like it if His father and I would get talking and spend time (whenever he visited). He would ask me to leave him alone or for the kids and dadaji to spend time without me. If kids are not around, I should leave him alone.

Similarly, now if his chacha-chachi (Uncle and aunt) call me to talk about anything, he doesn't like it and asked me 'what kind of relationship I wanted with his chacha!' I was shocked, and said, he is my chachiyasaur) Father in law's younger brother) what relationship would want with him. He still continued saying, obviously I have encouraged him in some way that now they call me instead of him even though they have his number. It was an exasperating experience.

Paranoid thoughts are common. People with this disorder often become paranoid and imagine that people are "colluding" against them].

Similar point as mentioned earlier:

These people act impulsively and in self-damaging ways, for example, engaging in compulsive sex, binge-eating or gambling. Because of this, BPD can often be confused with other personality disorders, such as histrionic personality disorder.

Binge eating is very common and also the quantity. I would feel awkward wondering about the way he used to eat. I think he had managed to control his eating habits at the time of our marriage but soon it had changed again. Food not ready on time would be very distressing for him. Though he himself said, 'meri to bas do rotianhotihain'... true, (I just need 2 bread piece) rotis would be two but he would forget that others are there for eating too and would simply finish off whatever was there. Especially with rice his number of serving would be many and plate full all the time. Many time it happened that there was no food left for me. He could be seen many times eating chaatpapdi before coming home or otherwise too, saying ghar pe pata nahi khana milega ki nahi. (I do not know if I will get food in home). There is a lot of food insecurity I feel in him. In between he decided to eat absolutely simple zero fat food to reduce weight. I would pack it for him. Many time it would come back as it is. Daily I would find receipts for Chicken sandwiches and apple pie and coffee from Barista.

There is binge spending too! Sometimes he will go and spend outrageous amounts and sometimes would lecture us on spending frugally. There is no balance.

He starts something and goes deep into it... 24 hrs involvement and then suddenly one day he will stop it.

The "It's Your Fault" Fight.

"Once my BP girlfriend snapped at me for looking through some DVDs the wrong way. I asked her in a very even tone of voice, "What are you getting upset about?" For the rest of the day she sulked and gave me the silent treatment".

He argued with me, fought and didn't talk for days as he said my pronunciation of the word 'uper' in hindi was wrong.

The "Projection" Fight.

"There's nothing wrong with me. There's something wrong with you!

He actually used the exact same words..... "I have checked and analysed myself and my behavior and there is nothing wrong with me. There is something wrong with you".

The "Testing" Fight.

Before I recovered from BPD I would tell people, "I'm just testing you to see how much you love me." I knew that I couldn't start with a full-blown BP rage. So I started softly and slowly. With each test I set forth and the person passed, I upped the ante and said, "If you loved me, you would do this or that." People usually accepted the most outrageous and inappropriate behavior to maintain the relationship.

The exact words (I was just testing you...) have been said enough number of times in the initial years. And I felt, arise testing kaun karta hai?? (Who does this).

You might think that once the non-BP passes the tests, their borderline family member would feel more secure. But that doesn't happen. Instead, people with BPD think, "Why would a healthy, normal person take the abuse? There must be something wrong with them".

This point resonates very well.

There are many examples over 25 years of our marriage. These are a few that resonate strongly with whatever limited reading I have done.

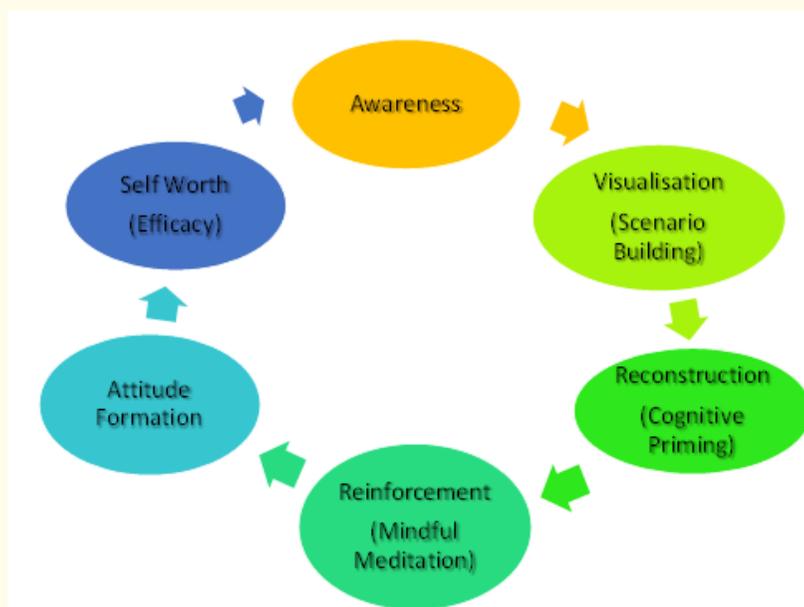
Discussion

This paper deals with the challenges faced by the family members especially non BPD spouse and children of individuals with Borderline Personality Disorder. There are many paradoxes in living with such a person or more precisely, "spending your life with them". They live life King size with the firm belief that their family members reject them, do not like them and love some other sibling or child better than them; that they did not and never receive the love which they deserve. Their family members are out to deceive them, hurt them, make fun of them despite the sufferings, travails the BPD self undergoes for them throughout their live. BPD;s love to play the victim and their mind plays the monster at various times which are see and faced by only the close family members. To the outside world, the BPD is able to maintain this façade of suave personality who is a committed family person. In the above cited case and many such cases, diagnosis disclosure to the family does play an important role in mitigating many a guilt which the family members have been undergoing over the years. Diagnosis disclosure to the BPD individual may or may not prove to be helpful depending upon the situation. Clinician's discretion in this case is warranted.

In the above presented case, the family which involved the mother and her two teen age sons, were put on OAM therapy with the cyclical steps of Heightened awareness, Visualisation (Scenario building), Reconstruction (Cognitive Priming), Reinforcement, Mindfulness Meditation, Attitude Formation and achieving of self Efficacy which brought in peace and more of inner harmony even after 10 months of regular therapy sessions.

The following steps delineate the OAM - Optimism Attitude Model process.

1. Awareness Development
2. Scenario Building (Internal Visualisation)
3. Reconstruction (Motivational videos and Illustrations)
4. Reinforcement (Mindfulness meditation)
5. Attitude Formation (Optimism Development)
6. Self Worth - The Ultimate Peaking of Attitude.



Using the simple steps of OAM, the family was guided towards developing self Efficacy leading to believing in oneself and moving on in life taking on the various uncertainties with self-belief, optimism and resilience. This, diagnosis disclosure about their significant BPD family member did help them in “Healing and Dealing”. They were thus, helped in improving their quality of life and to be able to live a more harmonious, peaceful and guilt free life henceforth.

Conclusion

Disclosure about Borderline is very important for family members. As it is they who actually suffer the most. Although the Borderline themselves also have got various issues which also need to be resolved. Many variables have been found to contribute to why professionals choose not to disclose these include a fear of emotionally upsetting the patient, a fear of disclosure negatively impacting the therapeutic relationship, and avoiding stigma associated with the diagnosis. Societal norms including an ethical responsibility and the importance of preserving the therapeutic relationship was also found to impact disclosure. Patients have a right to know their diagnosis. Ninety one percent of the patients surveyed by Shergill., *et al.* [10] believed that receiving their diagnosis was helpful to their treatment and recovery.

The current research suggests that there is an ongoing need for education and training focused on effective methods of disclosure among mental health professionals. Preliminary research in the area of disclose has demonstrated that disclosure increases compliance with treatment and generally leads to better outcomes [10-17]. There is more interesting work which can be done in this area using OAM therapy as an effective model by families for dealing with individuals suffering from Borderline Personality Disorder.

Bibliography

1. Bodner E., *et al.* “The attitudes of psychiatric hospital staff toward hospitalization and treatment of patients with borderline personality disorder”. *BMC Psychiatry* 15.1 (2015): 2.
2. Sansone R and Sansone L. “Gender patterns in borderline personality disorder”. *Innovations in Clinical Neuroscience* 8.5 (2011): 16-19.

3. Bourke ME and Grenyer BF. "Therapists' accounts of psychotherapy process associated with treating patients with borderline personality disorder". *Journal of Personality Disorders* 27.6 (2013): 45-35.
4. Biskin R and Paris J. "Diagnosing borderline personality disorder". *Canadian Medical Association* 184.16 (2012): 1789-1794.
5. Crowell S., et al. "A biosocial developmental model of borderline personality: elaborating and extending Linehan's theory". *Psychological Bulletin* 135.3 (2009): 495-510.
6. Harned MS., et al. "The impact of co-occurring posttraumatic stress disorder on suicidal women with borderline personality disorder". *The American Journal of Psychiatry* 167.10 (2010): 1210-1217.
7. Borderline personality disorder.
8. Falklöf I and Haglund L. "Daily Occupations and Adaptation to Daily Life Described by Women Suffering from Borderline Personality Disorder". *Occupational Therapy in Mental Health* 26.4 (2010): 354-374.
9. Goodman M., et al. "Biological underpinnings of borderline personality disorder". *Social Work in Mental Health* 6.1-2 (2008): 33-47.
10. Shergill S., et al. "Communication of psychiatric diagnosis". *Social Psychiatry and Psychiatric Epidemiology* 33.1 (1998): 32-38.
11. Banerjee P., et al. "Cyber Interventions in management of Borderline Personality Disorder". *International Research Journal of Human Resources and Social Sciences* 3.5 (2016): 1-8.
12. Padmakali Banerjee and Amita Puri. "Thought Surgery in Borderline Personality Disorder for Well Being and Positive Living: A Case Study". *EC Psychology and Psychiatry* 6.3 (2017): 127-132.
13. Braun V and Clarke V. "Using thematic analysis in psychology". *Qualitative Research in Psychology* 3.2 (2006): 77- 101.
14. Gruber L. "Hypnotherapeutic Techniques in Patients with Affective Instability". *American Journal of Clinical Hypnosis* 25.4 (1983): 263-266.
15. What is it like to be married to someone with Borderline Personality Disorder (BPD)?
16. Why BPD relationships are so complicated.
17. 9 Tips on How to Recognize Someone With Borderline Personality Disorder.

Volume 7 Issue 12 December 2018

©All rights reserved by Amita Puri, et al.