Coping With A Person With Borderline Personality Disorder In The Family

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Abstract

Borderline Personality Disorder (BPD) is a disorder known for the chaotic behavior it facilitates in its sufferers, and the emotional and mental struggles it incites in those surrounding someone with the disorder[MOU1]. This study assessed how family members of persons with BPD are affected by the intense and emotional behavior which is characteristic of BPD. Thirty-two participants completed a self-report questionnaire about their experience with BPD behavior in their family member, their mental processing and outward reactions to such behavior, and their coping mechanisms. Participants spoke at length on these matters, and the results vary widely. Participants universally reported some manner of emotional struggle in response to their family member's behavior. Most reported that they had learned to process and react to BPD behavior differently as time progressed. Answers varied, with a spread of both positive and negative traits in handling, coping mechanisms, and outcomes being discussed by participants. Common coping mechanisms included seeking external support, detaching from the family member, self-development, and mindfulness techniques.

Introduction[MOU2]

Borderline Personality Disorder (BPD) is a disorder known for the chaotic behavior it facilitates in its sufferers, and the emotional and mental struggles it incites in those surrounding someone with the disorder[MOU3] (Mason & Kreger, 2010). According to the American Psychological Association (2013), BPD is characterized by affective instability due to a marked reactivity of mood (DSM-5 criterion 6[MOU4]), as well as inappropriate, intense anger or difficulty controlling anger (DSM criterion 8). Most notably to those around someone with BPD, it constitutes itself as a pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of idealization and devaluation (DSM criterion 2), or *splitting*, a mode of very "black-and-white" thinking and feeling.

Splitting is a manner of thinking which causes those with BPD to display great praise and love to their family members when feeling happy and secure, but to demonize, accuse, and criticize family members because of perceived slights or wrongdoing, even when these perceptions are not realistic (Elliott & Smith, 2009). This highly sensitive and lively emotionality stems from an underlying fear common to all sufferers of the disorder. This fear is expressed in the first and most fundamental criterion of BPD: the presence of frantic efforts to avoid real or imagined abandonment (DSM criterion 1). Persons with BPD possess an extreme fear of being abandoned by their loved ones. This fear is so pervasive in their psyche that sufferers are often consciously unaware of this mechanism, which spurs their ultra-sensitive emotionality and corresponding behavior (Mason & Kreger, 2010).

This extreme mode of feeling leads to a pattern of negative externalizing behaviors which are difficult and confusing to those surrounding someone with BPD, usually family members or spouses. Persons close to someone with BPD are often the targets of irrational accusations and unwarranted criticisms of their actions, motivations, character, and their person as a whole. As a result, family members are often bewildered by the other person's behavior (Mason & Kreger, 2010). Family members take blows to their self-esteem, and tend to feel trapped and helpless in the face of such behavior (Buteau, Dawkins, & Hoffman 2008). The manner of lashing out displayed by BPD individuals is often a *projection* of their own ills and faults on those they are targeting. Persons with BPD experience severe emotional turmoil, which is described in the criteria of identity disturbance: a markedly and persistently unstable self-image or sense of self (DSM criterion 3), as well as chronic feelings of emptiness (DSM criterion 7). Because of their marked identity disturbance and chronic feelings of emptiness, persons with BPD often such pain by projecting their negative traits onto those they love the most.

The externalizing behavior of BPD inevitably leads to difficulties for family members and relatives of people with BPD (Mason & Kreger, 2010). Many family members withdraw from interacting and sharing themselves with the person with BPD, or will end the relationship if they are able. However, those close to someone with BPD often remain emotionally invested, or codependent, despite the interpersonal turmoil. This can occur either from feelings of guilt in regards to the BPD individual's behavior, a strong sense of familial obligation, or fears of what the person with BPD will do if they leave (Mason & Kreger, 2010). Considering the nature of the disorder, a hesitancy among relatives to leave for fear of consequences is understandable. BPD sufferers often exhibit

impulsiveness in at least two areas that are potentially self-damaging (BPD criterion 4), as well as recurrent suicidal behavior, gestures or threats, or self-mutilating behavior (DSM criterion 5).

As a result of feeling trapped in a relationship with someone with BPD, many family members experience further damage to their mental and emotional health. Those on the receiving end of accusations and criticism from their relative with BPD often experience an emotional crisis of their own. Many come to believe that they are the cause of the problems, and take on a sense of guilt and shame as a result (Mason & Kreger, 2010). Family members also tend to feel isolated, or actually become isolated from other friends and family members. This isolation occurs when family members have no one to talk to who understands BPD behavior, or as a result of the BPD individual's attempts to isolate the other person from friends and other family members. As a result of this isolation, effects on family members' self-esteem are exacerbated, as are the feelings of guilt and helplessness (Mason & Kreger, 2010).

For those who have a long relationship with someone with BPD, the accrued effects to their emotional health takes an even greater toll on their mental and emotional state. Some family members come to emulate the unhealthy thought processes of their relative; They may develop their own relational insecurities with others, or they may adopt a somewhat split way of thinking, leading to "black-and-white" interpretations of others' behavior, or a sense of all-or-nothing solutions to problems (Mason & Kreger 2010). Many long-time family members of someone with BPD become codependent on their relative with BPD. This can occur from regularly giving in to the person's demands in order to assuage intense emotions, and forgiving them repeatedly for behavior

normally considered intolerable. When this occurs, it is often a result of a family member's desire to make up for the losses and suffering which the person with BPD experienced earlier in life. Long-term relationships with someone with BPD can also result in an adopted habit of hyper vigilance and arousal, so that one can actively avoid doing or saying something which might trigger the person with BPD to become upset; This constant arousal is stressful to the point that it can lead to physical illness (Mason & Kreger, 2010).

As a result of the externalizing behavior of those with BPD, family members must learn to understand their BPD relative's behavior and cope with it. Mason and Kreger incorporate the five stages of grief (denial, anger, bargaining, depression, acceptance) as a process applicable to family members of someone with BPD. Many family members will encounter this process of grief and acceptance. This process means emotional difficulty and confusion for family members, but ultimately it is a means of coming to terms with the extreme behavior of the family member with BPD.

Mason & Kreger (2010) go on to describe the ways by which family members can cope. Their means of coping are based on an understanding of BPD, and a sense of self-care. They advocate for a rational understanding of irrational BPD behavior, as a means to come to terms with such behavior. One method of coping is that of choosing not to take the actions of the person with BPD personally. This means a conscious recognition that the ill person's words and actions are not grounded in reality, and that they have little to nothing to do with the recipient's true character. Other methods of self-care and fostering understanding include: seeking outside support and validation from those who understand, taking responsibility for one's own behavior and needs, and "detaching with

love" by recognizing that one is not responsible for the BPD individual's irrational behavior and suffering.

Mason and Kreger (2010) also describe ways in which family members can respond to a BPD individual's outburst which are constructive, or at least not further damaging to the situation. They advise using a non-combative communication style when handling intense BPD emotionality. Non-combative strategies include speaking in "I" statements instead of "You" statements, minimizing one's visible reaction to irrational criticism and accusations, avoiding counter-attacks and the compulsion to defend one's self, and making neutral observations. Such strategies can be difficult for family members to utilize effectively and faithfully, but these skills can be improved over time. These strategies provide a framework for a "healthy" way to respond to BPD behavior. Many family members of those with BPD initially defend themselves and try to reason with the individual, but Elliott and Smith (2009) emphasize that these individuals "will *not* be receptive to logic and reasoning during an outburst."

Because of the pervasive chaos and difficulty of handling BPD, the process of coming to terms with it can be long and arduous. A family member's journey of handling this illness can be made harder when individuals meeting criteria for BPD resist treatment, or deny that there is anything wrong with them in the first place (Mason & Kreger, 2010). The way individuals handle having a relative with this illness can change over time with the accumulation of patience and proper coping skills.

The purpose of this research is to gain insight into how family members of individuals with BPD experience, and cope with, the emotional behavior which is so characteristic of BPD. This study uses a qualitative approach in order to get an in-depth

look at the thoughts, feelings, and experiences of family members of persons with BPD. Therefore, the focus of this study's methodology is draw out a considerable amount of information from just a few participants. The study consisted of a questionnaire designed by the researcher which contained a series of questions, many of them open-ended, for participants to answer about their experiences with a relative with BPD, including their thoughts, feelings, and coping mechanisms with the BPD relative's behavior[MOU5][MT6].

Method

Participants

The criteria for participation in this study were that participants be of legal age (18), and that they have a relative with BPD. Relatives of participants could include an immediate family member, spouse, or significant other.

The researcher's original goal number of participants was 12. After the study was posted online, a surprising number of participants began the study. Given the potential to gather a broader and more diverse amount of information, the researcher and faculty advisor chose to let the study run for up to 50 participants (with IRB approval). After one week the study was closed. Forty-seven participants began the survey. Only 32 participants completed the survey (three only completed the quantitative items). Of the 32 participants considered in the final analysis, 9 were male and 23 were female. However, the gender ratio of the family member in question was more even, 17 were male and 15 were female. Eight participants had a parent with BPD, two had siblings with BPD, and 22 reported having a spouse or significant other with BPD.

Materials and Procedure

The study was hosted in Qualtrics, online survey software. Hosting this study online allowed the researcher to recruit from a larger pool of participants than was accessible through personal contact.

Recruitment for this study was originally designed to work two-fold, both through contacts of the primary researcher, and online. Upon seeking out online resources and finding BPDFamily.com, the researcher contacted the moderators of the website. BPDFamily.com was established in 1998, and is now the leading online support group

for family members of those with BPD. After emailing and garnering interest from the Board of Trustees at BPDFamily, the researcher sought IRB approval for the study. After obtaining IRB approval, the researcher finalized plans to collaborate with BPDFamily.com as a representative of Middle Tennessee State University, in order to recruit from users of BPDFamily.com. A post was made on multiple forum sections at BPDFamily.com containing the recruitment flyer with information on the study, its purpose, and the requirements to participate. In each post, a link to the study was included.

Once interested individuals clicked the link, they could proceed. The link took participants to the first page, consisting of the informed consent information. This page gave a brief overview of the study's purpose, listed the participants' rights during the study, asked for their age, and gave them the option to give consent or decline. If they declined or were under legal age, they were brought to the debriefing at the end and the survey was over. If the participant gave consent, they could proceed.

The first portion of the study presented the McLean Screening Instrument for Borderline Personality Disorder (MSI-BPD; Zanarini, 2003) to participants. This is a brief diagnostic tool designed to indicate a diagnosis of BPD. The original MSI-BPD consists of 10 statements given in the first person to indicate certain traits, most of them taken directly from the DSM criteria for the disorder. This study presented the questions in the third person, so participants could answer them in regards to their family member. Analyses in Zanarini's study reveal both a sensitivity and specificity of over .8 in regards to identifying the disorder, if individuals answer affirmative to 7 of the 10 statements.

However, there was no minimum of affirmative answers required for further participation in this study.

There are two reasons for not excluding those who answered below the required 7 affirmatives. The first is that the DSM-5 requires only 5 of 9 separate criteria be met for qualified mental health professionals to make a diagnosis of BPD. Considering many of the statements on the MSI-BPD essentially replicate the DSM's language in regards to such criteria, the researcher considers affirmative answers to even a few of the criteria to deem a participant worthy for this study. The second reason for not excluding on this basis alone was because participants are answering for another individual about distinctly personal criteria, some of which could only be truly verified by the person in question. All answers to the MSI-BPD were left to be considered in the final analysis in regards to their indication of this study's validity.

The next portion of the study consisted of open-ended questions written by the primary researcher, and edited by the faculty advisor to eliminate language and questioning deemed unnecessary. The researcher originally wrote 9 open-ended questions for this study, but this number was reduced to 7 after discussion with the faculty advisor. The questions asked participants to speak at length on experiences having to do with witnessing and coping with their ill family member's highly emotional behavior. The first question asked participants to describe the intense emotional behaviors, characteristic of BPD, which they had witnessed from their relative. This was asked to establish a baseline of participants' experience, and to get them in the mode of thinking about their relative's behavior.

The next few questions asked participants to speak on their thoughts and feelings, as well as actions and responses, to such behavior. Some of these questions were written with descriptive language about BPD behavior to establish context, and all were phrased in such a manner which would encourage participants to speak openly and truthfully. For example, the second open-ended question was,

> "When individuals with BPD are upset, they often make accusations towards others (or towards you) about their thinking, actions, and character. When your family member is making accusations and/or criticisms towards you, how do you mentally process these encounters in real time? What do you think and feel in the moment during these episodes? For example, do you choose not to take it seriously, or do you take it personally? Describe what often goes through your mind in these situations."

This particular question was focused on the internal mechanisms of participants' thinking. Others, such as question three, focused on participants' external responses:

> "How do you typically react when your family member is upset and/or throwing criticism at you? For example, do you try to walk away from the situation? Do you remain calm, or silent? Or do you often find yourself engaging your family member?"

The next three questions asked participants about their strategies to diffuse emotional BPD behavior, ways of coping after an outburst from their relative, and ways of coping with their relative's illness in a more general sense. The final open-ended question asked participants to evaluate their experience with their relative's behavior over time:

> "Dealing with the emotions of someone with BPD presents significant challenges. Do you feel that your handling of your family member's intense emotionality and criticism has improved over time? If the answer is yes, then what's changed?"

This question is designed to get participants to put their experience into a temporal perspective, as well as to help them (and the researcher) understand their answers in a larger context.

The final portion of this study consisted of 13 declarative statements which participants would rate on a 5-point Likert scale from Strongly Disagree to Strongly Agree. The statements made claims about coping effectiveness, interpretations of events, opinions of self, and other issues in regards to handling a BPD relative's emotionality. Examples are:

> "When my family member is upset, I am generally able to handle it without getting stressed out or depressed as a result."
>
> "I tend to distance myself from my family member so that I can better take care of myself."
>
> "When my family member is upset with me, I often respond by defending myself and/or telling them that they are in the wrong."

These statements are designed to get participants to evaluate themselves in a direct sense. Some of the statements address the same issues as in the open-ended questions, while others concern matters separate from the open-ended section. For example, the following statement is given:

> "I tend to feel isolated as a result of my family member's illness and behavior."

This statement is designed to get a cursory understanding of the participant's feeling of being isolated. While this issue is not considered in the main focus of the study, it is a relevant marker in regards to coping with a relative with BPD.

After completing the study, participants were given a debriefing on the purpose of the study and its usefulness to others looking for information on how family members cope with a relative with BPD. The debriefing also gave contact information for the

primary researcher and faculty advisor in case participants wanted further information about the research. A directive was also given to BPDCentral.com for participants who wanted more information on the disorder, and they were thanked for their contributions.

Results

Quantitative Analyses[MOU7]

Examining the numbers of responses to items on the McLean Screening Instrument for Borderline Personality Disorder (MSI-BPD; Zanarini, 2003) showed that most participants' relatives met the criteria for BPD. Twenty-seven participants reported more than 7 criteria, three reported 6 criteria, and one reported 5 criteria. The mean number of affirmative answers to the MSI-BPD was 8.1 (*SD* = 1.38).

The responses to the quantitative coping items were used to compute a coping score for each participant. These scores ranged from 22 to 52 out of a possible maximum score of 65 (*M* = 35.90, *SD* = 7.34). The mean number of years participants had lived with a relative with BPD was 17.49 (*SD* = 13.60; 1.33-54).

The relationships between the MSI-BPD, coping score, and number of years with a person with BPD were evaluated using Pearson correlations. There was only one significant relationship, and that was between coping and the number of years, $r(29) = -.38$, $p = .04$. The longer someone reported living with a relative with BPD, the worse their reported coping.

Qualitative Analyses

Witnessing BPD Behavior. Participants almost unanimously reported being the subject of yelling, criticism, accusations, and excessive anger. BPD behavior was frequently described with phrases such as "extremely moody," "exploding into rage," and "erupting" into anger. The propensity to anger was accentuated in many family members by a high sensitivity to any perceived slights. While a minority of participants explicitly

referred to their family member's verbal outbursts as "verbal abuse," this label seems implicit in most of participants' experiences.

Participants' accounts of their Borderline family member's behavior were frequently characterized by intense, untrue criticisms and accusations. The range of accusations varied widely from character attacks, to exaggerated claims of wrongdoing (including accusations of lying and stealing which did not actually happen), to claims that the participant doesn't understand them, and even accusations stemming from paranoid dreams had by the family member with BPD. While a few participants mentioned that they felt occasional guilt when their family member's accusations or criticism would contain some small amount of truth, the accusations as recounted by all participants were largely not based in reality.

Family members often made character accusations in an effort to gain control in a given situation. One participant described her ex-husband's typical behavior as "Yelling and accusing - This was his go to control method of choice, and I think the volume was used to drown others' opinions out." Other participants went into detail, describing how their family member would level accusations designed to cut them or other family members down emotionally. A parent of an adult Borderline daughter told how, "If she feels you've done her wrong, she first lashes out with horrible allegations of how you've ruined her life." Multiple participants reported that their family member had used similar phraseology during an emotional outburst. "Accusations and critical behavior most commonly but also blaming everyone, me, others - the world for all of their problems. Statements such as you have ruined my life, you are impossible to live with," says one person about their long-time spouse.

Some family members leveled accusations which seemed to defy plausibility. One mother of a Borderline teenager described the character accusations leveled at her: "When we wouldn't let her friend spend the night at the last minute on Christmas eve, she yelled, screamed, informed us that we were selfish, bad Christians who had lost what might have been our one chance at saving her friend from a life of prostitution." Similar views of reality were observed in other parent-child relationships. One woman recounted particularly eccentric behavior in her mother: "I've witnessed my family member lie about having a severe physical disability and then watched her cry and rage whenever anyone questioned the validity of her claims." While distortions of reality were not exclusive to the parent-child relationships examined in this study, those which did occur in parent-child relationships often manifested as particularly senseless. One of the most lengthy responses, by the adult child of a mother with BPD, gave a brutal account from their childhood: "Yelling hateful things at me, crying, blaming me for her feelings, accusing me for not understanding her. 'You don't understand me! I am in pain!,' was a common thing she would yell....Accusing me of not being loyal to her, accusing me of favoring other family members."

Participants also recounted experiencing recurrent, destructive criticism from their family member with BPD. One man described the criticism wielded at him by his SO: "On a regular basis, I get criticized for who I am because I don't want to go out, because I don't want to drink, which translates into me being boring or that we aren't made to be together." Describing the confusing behavior of a particularly contentious spouse, one woman expressed that, "He is very contradictory...Some days I get it right only to try again the next time and be condemned over how I could ever think that was a good idea."

In some cases, the criticism reached a point of being repeated to the point of inanity. One woman wrote, “My sister shows anger by what I call ‘her mixtape’. She belittles me by saying things like I’m ‘lazy, run away from conflict, don’t have any friends, and that I’m not really a good older sister’” to describe the oft-repeated criticism uttered by her sister. Many participants acknowledged that the criticism and accusations thrown at them were often an attempt to gain control over them, or a projection of the accuser’s own faults, or a combination thereof.

The criticism and accusations experienced by participants often reached a level which participants recognized as deeply personal and calculated. Such vicious criticism was well-summed up when one person said, “My partner has a habit of choosing my most vulnerable moments, he is quite adept at this.” Other participants reported similar coldness and calculation in their family member’s motives. “Her criticism is meant to tear me down so she can continue to do terrible things to me,” says one woman depicting her mother’s verbal offensives. When expressing exasperation at her daughter’s propensity for verbal abuse, one parent declares, “She is definitely over-attuned to my visible expressions and sees fear, pain, worry and probably disappointment.” These accounts suggest a particular emotional intelligence which allows these individuals to find someone’s vulnerable points and attack them.

Aside from an overwhelming amount of criticism and accusations, participants reported a wide range of intensely emotional behavior. Family members were frequently on the receiving end of overly-sensitive moods and reactions, manifested as states of intense anger, sadness, and jealousy. One woman described how her family member would often, “go into a full on rage where she chases the person around the house

screaming and shrieking at them," when they were upset. Another participant reported that their family member had, "yelled and even screamed in my face as well as my kids' faces." These behaviors of yelling and screaming were reported in some form or another from a majority of participants. Multiple family members recognized that these behaviors, like the patterns of accusations and criticism, were exercised as a means to gain control over them.

A few participants reported threats which their family member had made, in order to gain leverage and control over them. Threats of divorce, calling the police, self-harm, and physical abuse were made. One participant reported that their spouse, "makes threats about himself and others (threatens suicide, threatens to hit me, but never follows through.)" Another person reported that among other erratic behaviors in their family member, "There are also suicidal threats." Yet another report told that their family member's behavior consisted of "Ongoing criticism, long sessions of berating me for my faults, threats of divorce, threats of ruining me financially." One notable claim was made by the same family member multiple times, "She threatens to tell everyone 'the real story about me,'" but seemingly to no avail.

A number of participants reported that their family member had engaged either in acts of physical destruction, or in acts of physical abuse, or both. These behaviors were reported in both male and female family members with BPD. One woman reported that, "In extreme situations, there has been throwing and breaking of objects. He pulls his hair, pounds his fist on tables or other furniture, gets right in my face." Other participants gave similar reports of roughhousing and aggression during emotional outbursts. "I have often had to leave the house, and come back to broken windows, punched in walls and doors,"

said one participant of her family member's episodes. One person gave an account of a particularly furious and physical episode, saying, "He started angrily 'cleaning.' The 'cleaning' involved smashing and breaking things, being very rough with property, violently throwing items in the bin outside, and slamming doors hard enough to shake the house...This lasted for several hours."

The physicality of BPD family members included occasional reports of physical abuse, either towards the participant, or towards a pet in their household. All of the reports of physical abuse in this study were either very brief, and seemed to be descriptions of isolated incidents, rather than parts of a recurring pattern. The reports of physical abuse in this study also took place among a host of other emotional and erratic behavior. One participant mentioned that, "I have witnessed and been subjected to verbal, emotional, and physical abuse from my spouse," without volunteering further information regarding incidents of physical abuse. Three other participants mentioned physical abuse with little-to-no detail. One woman reported that her significant other, "yells, breaks things, hits themself, curses, and has, at times, hit me." Two participants mentioned that their family member had exercised physical aggression towards pets. "He tormented pets, chased an elderly dog around the house for so long, she defecated," reported one woman.

Some participants reported intense, emotional episodes in which their family member would be highly upset for hours at a time, and even up to an entire 24-hour day in one participant's experience. These participants report such relentless emotionality to be mentally and physically exhausting for both persons. One participant reported that their significant other, "can sob for 12 hours straight until he passes out." Another participant reported an incident where her spouse's agitation and aggressive behavior

seemed to have no end: “In August we disagreed about money at 6pm. He was silently fuming for about 30 minutes to an hour.” This family member proceeded to rough-house around the house, which “lasted several hours. He went to bed late, storming upstairs and making an angry, hurtful remark as he went. About 3am he came downstairs to demand to know if I was coming to bed, then stormed back up again. He was loud and angry and his hands were shaking. At 5am I went to bed, and he was lying there, wide awake, still angry...When he left for work later that morning, I heard the door slam...When he came home at the end of the day...He was still visibly angry.” Yet another participant told of, “a 7-hour episode of him threatening me, verbally abusing me and me eventually having to call the authorities.”

Aside from the behaviors discussed above, various other ill, erratic, and even odd behaviors were reported among family members with BPD. Many of these behaviors were desperate attempts to gain control, while others seem to merely be expressions of hostility. One participant reported that their parent, “stares a lot [at others] when he doesn’t get his way or people don’t understand him.” The child of a Borderline mother reported that her outbursts, “could last from 10 minutes to several hours,” and would consist, among other things, of “screaming primal screams like a wild animal, growling, stomping around the house.” Another participant reported especially destructive behavior: “She’s had two suicide attempts and she steals things from us.” Some participants reported especially manipulative behavior: “He secretly recorded my exploding [in retaliation] in an effort to make me look as if I were the volatile one, not him.”

A small number of participants gave reports of manipulative forms of, “attention and external validation-seeking behavior” in their family member. The same participant who mentioned their family member’s recording of their outburst also reported that their family member, “lacked sense of self, often a chameleon trying to fit in with others and act how she felt she would need to, to be accepted.” Similar chameleon-like behavior was also demonstrated when an hours-long outburst resulted in a participant calling the police: “When the sheriff showed up, [my family member] seemed fine, but he wasn’t. He immediately went into victim mode. It was the strangest thing I’ve ever seen, to see him go from raging intense anger to the behavior of a little child.” This manipulative, character-altering behavior occurred very seldom in participants’ reports, but these incidents stand out because of their unique nature.

A few participants reported a certain physiological trait in their family member which comes off as particularly bothersome. “His eyes did not look normal, I don’t think he even realized what he was doing or saying...To this day I remember his eyes, and how strange they looked.” This disconcerting description was echoed by two other participants. Another participant reported their family member engaging in, “violent verbal assaults and occasionally physically when in a rage, eyes go black and cold as if there is nothing behind them.”

Lastly, a few participants reported incidents where their family member would do or say things to distort the participant’s reality. One participant reported a strange incident with her mother: “My mother’s moods changed instantly and suddenly, as if someone flipped a switch...My mother’s emotions would go back to normal [after an intense outburst], and she would insist that we have a snack and watch a movie or play a

board game...which made me question my own perception of what had just happened." A couple of participants reported times when their family member would explicitly deny recent occurrences. One spouse reported being on the receiving end of criticism and devaluing words, "only for her to convince me the next day or two she has no recollection of the words she spoke." Such distortions of reality seem to occur as deliberate attempts to confuse the recipient of such behavior.

Interpreting BPD Behavior. Being on the receiving end of intense BPD behavior resulted in mental and emotional difficulty for nearly all participants. Reports of experiencing negative feelings during emotional outbursts from their family member were very common. Words frequently used to describe participants' internal responses included stress, guilt, fear, shock, anger, confusion, sadness, and frustration. Overall, all participants seemed to have experienced some level of emotional pain on account of their family member's words and behavior. The intensity, duration, and outcome of such pain varied significantly. Nearly all participants reported that they had taken BPD behavior personally when it occurred, yet a significant portion explained that they had learned to take such behavior less personally (or not at all) over time. Alternatively, a significant number of participants reported that their internal responses to BPD behavior were tumultuous and continued to be so over time, or had gotten worse.

Participants were very honest about what they felt when on the receiving end of BPD behavior. One participant reported that when his family member was throwing verbal abuse at him, "I was confused, shocked, and hurt and had no understanding as to what was happening." Other participants were just as upfront. "I take it extremely personally," says one spouse of 17 years. A mother of a teenager with BPD said,

"Although I know I shouldn't take it seriously, it still creates very stressful, worrisome feelings including guilt and results in me questioning my behavior as a mother." Another participant reported that despite understanding her family member's disorder, "It's really hard not to feel horribly insulted in the moment. It's always wounding, because she is always shooting for the jugular." Some participants reported less intense internal reactions, but were still affected. "I take it at face value. I am confused at first and then frustrated," says one spouse. Another person said, "Over the years I have learned not to take it all seriously but it still stings in the moment." For some participants, the painful feelings were accentuated by the sense that they could not control the situation. One person said, "I took it very personally. I have very good control over my anger. I could see [their] mood change and was helpless in its escalation."

Coming to terms with their family member's behavior allowed some participants to improve on their internal handling and feeling in regards to BPD behavior. Many participants reported that early in their relationship, they tended to take accusations, criticism, and other behavior personally, but had learned to lessen or eliminate this personalization as time went on. The reasons for such improvement varied. Participants often reported that acknowledging and understanding their family member's disorder eased their negative feelings. One participant reported that, "At first, I took it very personally and thought I had done something horribly wrong. I thought what he said was true, that it was all my fault. Now that I'm aware of BPD, I'm able to take what he says in a more detached, clinical way." As seen in this person's response, understanding BPD behavior allowed them to emotionally detach from the full weight of their family member's harsh words. Another participant explained that although she took her mother's

words and criticisms very personally while growing up, she had learned as an adult, “not to take it personally because I understand that her mental illness is what makes her so critical and mean.” Insight into the projective nature of BPD helped one participant, as they reported: “Once I understood that these are accusations about their own thinking and actions, I could choose not to take it personally.” A few participants cited therapy as being helpful to their internal processing of BPD behavior. “I previously took [the accusations, criticism, and blame] personally and reacted by defending myself...However, I’m in therapy and reading books to try and learn better responses,” says one spouse.

For some participants, learning not to take their family member’s words personally seemed to come at a cost. One participant explains that she did not get relief from her feelings until separating from her spouse: “I used to always take it personally, thinking that I was a flawed individual. Now that we aren’t together, I usually laugh it off.” Other participants gave similar accounts. When asked if she had improved at handling her family member’s criticisms over time, one spouse said, “No, I think I handle it in the way that is best for me, not in the way that was best for my partner, at the time I thought it best just to detach as I was not going to continue the marriage.”

While many participants reported improvement in their ability to process the harsh words and behavior without internalizing it, some experienced continued or worsened suffering because of their family member’s behavior. One spouse of 17 years reported, “I take [their behavior] extremely personally. I can’t separate his feelings from my reality and contemplate what made him hate me so much...I don’t hold any more hope that this will stop at some point.” One mother reported that despite understanding that her daughter’s words were irrational, she still suffered: “Even though the second thought is

always, ‘but that’s totally not true’, you’re already bleeding emotionally...Some days it’s easier than others. She wears us down.” Another participant explained that after three years and understanding their family member’s disorder, “I am hurt and confused” by their behavior, and when asked if their handling has improved overall, they said, “Yes but at a great personal cost to my mental and physical health.” One participant reported that even after learning to detach from the most hurtful aspects of their spouse’s emotional behavior, their words cut still be distressing: “I feel unhappiness and fear as he makes frequent divorce threats and emotional distancing.”

Some participants experienced frustration and anger during their family member’s outbursts. One spouse reported that when his partner was making untrue accusations, “I felt angry or frustrated when I was being blamed and felt I wasn’t being treated fairly.” When dealing with their partner’s repeated attacks on their character, another participant said, “I feel annoyed that its happening and exhausted that we can have the same discussion over and over again and they act like it’s the first time.” One participant reported that they had learned to control their anger, but, “Often I can feel my boiling point going up and I try to leave...Most of these attacks are on my character and who I am so it’s difficult not to take them seriously.”

Some participants reported that they became confused or disoriented during their family member’s emotional outbursts, or even seemed to enter a different state of mind where they could not think rationally in the moment. This seemed to occur when their family member’s words and demeanor became so loud and vicious that it overwhelmed them. Some participants who reported experiencing this disorienting state said that they did not actually process their family member’s words as they happened. One child of a

mother with BPD explained that, “I dissociate heavily during these episodes. It’s like my mental processes go into suspended animation. I experience a terrible physical tension, and often find myself grinding my teeth, but I’m not really processing what she says.” Another participant states that after receiving criticism and verbal abuse from her spouse, “I feel like my mind was put in a washing machine. I can’t understand how he could think the things about me that he said.” In this case, the suspension of reality in her spouse’s untrue and harsh words caused her to feel confused during and after the encounter. Others recounted feeling empty during their family member’s outbursts. “I don’t really absorb what he says, I just kind of go blank inside for a bit. I can feel the fear, but everything else goes numb.” One participant recounted a particularly somber way of feeling; When efforts to defend herself against her mother’s criticism failed, “I would basically stop thinking any thoughts and would become emotionally numb and physically frozen. It was like my body turned into an empty vessel that her hateful words filled up with pain.” This state of confusion in the face of intense verbal abuse is highly uncomfortable and distressing for the participants who have experienced it.

Accounts of positive or constructive thinking in response to BPD behavior were next-to-none. One participant recounted a different way of feeling which was surprisingly positive when compared to the internal reactions of other participants. The adult child of a father with BPD reported that, “First I take note that he is angry and the severity of the cause,” when their father is upset. “If it’s small like a misplaced spoon then I know there’s a hidden cause, so I encourage him to talk and the culprit comes up.” This type of response was an outlier, considering the internalizing and difficult responses of most other participants.

Responding to BPD Behavior. Participants generally reported efforts to minimize their level of response and visible reaction to their family member's intense and emotional behavior. Participants frequently reported that they had learned not to engage or argue with their family member when they were upset, because it did not help resolve these situations. Common responses to BPD behavior included controlling the extent to which they engaged their family member, as well as remaining silent, walking away, or using techniques to actively diffuse their family member's highly emotional behavior.

One question in the survey asked participants if they used strategies in an attempt to diffuse BPD behavior, and were given the following examples: using "I" statements instead of "you" statements, using statements of empathy, and minimizing their visible reaction. A majority of participants reported that they had, in some way, made attempts to diffuse BPD behavior. Many used a combination of these said techniques towards their family member, while a number of participants reported using other techniques, as well, in an attempt to diffuse their family member's intense behavior.

The most significant theme among participants' answers was an acknowledgement that they had at some point engaged their family member during emotional encounters, but that they generally resisted doing so. When they did engage by defending themselves or telling their family member that they were in the wrong, it did not improve their standing in the eyes of their family member or change their mind, nor did it help to calm them down. One participant reported that, "In the first couple of years [of our relationship], I would always engage too much trying to get her to see things rationally. This was before she was diagnosed. Now, I remain calm." Other participants reported similar experiences of learning to remain calm in the face of their family

member's verbal outbursts. "I learned that any type of rebuttal to his accusations and the like just fueled the fire," said one spouse. Another participant reported that, "I used to engage. Now I usually just sit there or, if I feel myself getting too overwhelmed, I leave." The adult child of a Borderline mother reported that their reactions had changed drastically over the years, as they came to understand that putting up a fight to their parent's verbal abuse was useless. This participant reported that as a youth, "I would try to fight back verbally and defend myself against her criticisms at first, but it never worked. I would get angry in response to her and yell back," but that as an adult, "I respond with empathy while maintaining my own boundaries. I can almost always remain calm."

However, participants frequently reported difficulty in remaining calm when their family member was throwing criticism and accusations at them. Some participants explained that simply witnessing and/or waiting out their family member's behavior was exasperating. "I try to remain calm and figure the situation out but often he can go on and on for hours," says one SO. A long-time spouse reported that, "I have learned strategies for staying calm and not reacting...but this is very hard!...I feel a need to defend myself from false accusations." Other participants reported that their ability to stay calm during their family member's outbursts could only last for so long. "I try to walk away, try to maintain calm even if I am shaking inside but sometimes I react and engage even though I know that this is futile," says one SO. The ability to remain calm was often tested when family members would make cruel accusations about the participant's character. One person reported that despite learning to typically ignore their SO's verbal attacks, "There are times when the attacks have been so aggressive and mean that I've exploded and

gotten angry. Most of these attacks are on my character and who I am so it's difficult not to take them seriously." Another participant reported that, "I remain calm and silent until they engage me in an unavoidable way. If they start launching personal attacks or threats at me, I will stand up for myself and tell them they need to calm down or leave." As seen already, participants often reported that they had no other recourse but to walk away during these encounters. However, a small amount of participants reported that even walking away from their family member in these moments seemed to fan the flames: "I have often tried to walk away, but that infuriates him," says one spouse.

A variety of diffusing techniques were used by participants in an attempt to curb the force of their family member's behavior, or to lessen the length of time of such episodes. A majority of participants reported that they had used statements of empathy and validation towards their family member when they were upset. One person reported that, "I have recently learned to validate her feelings and it would significantly shorten and diminish the episode." Another person said, "I use empathy statements or I stay silent." A few participants spoke in-depth about showing empathy to their family member. "I say things like, 'It sounds like you're having a hard day' or 'You sound really upset today' and then I just listen to her talk...I try to validate and normalize her feelings when I can," says one person. Participants similarly used "I" statements towards their family member, rather than "you" statements, in an attempt to curb their emotionality by taking the direct focus off of their family member. "I usually try to use empathetic statements and 'I' statements as much as possible," says one person. Another person said, "I ALWAYS say 'I feel.'" One person explained that, "Strategies I have used

successfully have included factual statements about feelings I have, and listening to her side."

For some participants, these techniques seemed to ease their family member's emotionality to some extent. But for others, "I" statements and attempts to show empathy did not help, or actually resulted in a worsening of their family member's attitude. One spouse reported that, "I tried empathy statements; they enraged my husband. The 'I' statements also enraged him. Both approaches made him feel as if I were playing therapist." Another person explained that, "I would always try to empathize...I would try to understand first and then reply. I realized too late that my spouse...was never going to be reasonable or logical." Although speaking one's feelings in the first person seemed to help some participants, it did not work well for others. "I tried 'I feel' and 'I understand', and it did nothing to blunt the fury," says one long-time spouse.

A small number of participants reported using other techniques which seemed to help assuage the intensity of their family member's emotional outbursts. One participant reported that, "Laying out options is my main approach," when dealing with his family member's outbursts. This participant also said, "Telling him when he's right is also part of the resolution." Another participant emphasized that when responding, "It is important for me to be steady, speak slowly, and minimize any adjectives."

Additionally, a small number of participants reported that they tended to respond to their family member's behavior by apologizing or placating them. One parent reported that, "I try and stay calm and agree with her and apologize [when they make accusations]...Listen and agree with her. Nothing else works." A couple of other participants reported similar statements of giving in to their family member during these

episodes. One spouse said that, “The only thing that works is to capitulate utterly, and even then he stays angry, he just becomes less explosive.” For those who responded in this way, doing so seemed to come at a cost to their own emotional wellbeing. “I remain silent, or try to placate him, I engage with him daily,” says one participant who also reported feeling hopeless in the face of their family member’s disorder.

Considering the ineffectiveness of different responses to BPD behavior, many participants chose to stay silent, or disengage themselves from the conversation, during these encounters. One person reported that when their spouse is upset, “I tend to go very cold and silent, saying little. I will sometimes correct him when he says something I know to be untrue, but I try to do it with empathy.” Another participant reported that in addition to feeling helpless during their family member’s outbursts, “I am very quiet. I hold myself still and do not make eye contact.” Other participants stated their lack of response more bluntly. “At first, I wept...Now I disengage and no longer interact,” says one participant. Other participants gave similar accounts of disengaging entirely when their family member was loudly criticizing them.

A small number of participants made clear that they make it a point to never get angry or last out at their family member in response. “I would not ever denigrate myself by stooping to the same level of yelling, swearing, or abusiveness,” says one spouse. This type of response was rare, considering that most reported that they at least occasionally responded in kind to their family member.

Coping with BPD Behavior. The questions in this study asked participants about their coping methods in two different aspects. One question asked about participants’ methods of coping in the aftermath of an outburst or intense encounter with their family

member. This question included examples of such methods (venting to a friend, journaling, prayer, and meditation) as a guide. Many answered in the affirmative to these methods, and described a host of other methods for maintaining their emotional and mental stability after these heated encounters.

The other question on coping in this study asked about participants' methods and ability to cope in a more general sense. This question gave participants examples such as: not taking BPD behavior personally, "detaching with love," having a support system, and self-improvement. A majority of participants answered in the affirmative to some combination of these techniques, and many reported other techniques to maintain their general wellbeing.

A majority of participants reported that they had sought outside support from friends and family members. Participants vented to trusted persons both as a means to process their family member's outbursts, and as a means to maintain their self-understanding and a healthy perspective. One spouse reported that, "Sometimes I will tell stories to a close friend," to help herself deal with her spouse's verbal abuse and other challenging behavior. Others reported that recounting their experiences to a trusted person helped them to understand and process their family member's behavior. "I talk to my brother, he understands because he also experiences what I do," says one child of a Borderline parent. Another reported that, "I mostly talk to my girlfriends and try to make sense of [my family member's behavior]." Some participants described venting as being especially helpful. "Having close friends and a therapist who understand all of my history with my mother has...been essential to my healing and coping because I can talk to them without being judged," says one person. This account and others suggest that speaking to

others about chaotic experiences helped participants gain perspective and validation, and was cathartic because it gave them alternative, rational voices aside from the destructive voice of their family member.

While many participants found venting their experiences to trusted others to be a helpful coping method, some found it difficult to do so. One parent of a Borderline child reported that she will, "talk to [my] husband if the outburst hasn't resulted in us arguing." This participant also reported that despite sometimes sharing her experiences with good friends, she is, "sometimes ashamed of things happening, so I censor myself." A couple of other participants reported difficulty in confiding to others because their family member, "has [exhibited] manipulating behavior to isolate me from friends when it suits her," as one participant put it.

A significant number of participants reported that they saw a therapist or a counselor to help them cope with their family member's behavior. A few of these participants said that they would speak to a therapist or domestic violence counselor after arguments with their family member, while most of these participants cited therapy as a means to help them cope in a more general sense. One participant reported that, "[I] worked on my behaviors for 8 years with my therapist, at the same time going to couples' counseling." Another participant reported that their therapist, "helped me work out what was happening logically." Others were more specific about the types of therapy they engaged in. "Through CBT I have been able to recognize that I am not going crazy," says one spouse. "I'm in therapy and working through all of the emotions I'm feeling," says one participant while learning to cope.

Participants spoke about a variety of personal, solitary coping mechanisms which they exercised after rough encounters with their family member. Many participants answered in the affirmative to using journaling, prayer, and meditation to help them cope and calm down. “I write in my journal,” says one person. “I journal, pray, practice breathing techniques, and walk outside,” says another. Other participants went into greater detail about their aftermath coping techniques. One spouse describes that, “I would journal the occurrences, meditate, and even though I’m not a religious person, read Bible passages as well as other inspirational books and articles.” Mindfulness was helpful for many, as one SO said, “I meditate on a regular basis and I journal often after her outbursts.” Many others described similar techniques as common practice. A small number of participants reported that they had tried these coping techniques with only moderate success. “I journaled last year but I felt like I disappeared down a rabbit hole...I’m starting meditation…I feel that my mental health is really suffering,” says one person.

Some participants reported that distractions and removal from physical proximity to their family member helped them after an argument. One SO reported that, “sometimes just physically removing myself from proximity and engaging in alternative and satisfying pursuits,” helps them deal with the stress of their family member’s intense emotionality. A long-time spouse reported that she uses, “prayer and working on my own interests,” to cope. The adult child of a Borderline parent said that, “I remove myself [and] try to engage later at a common time, and about anything but the issue,” as a means to return to normalcy after their parent’s outburst.

A few participants recounted certain activities they would engage in to help them calm down and return to a healthy state of mind after their family member's outburst. One participant was particularly proactive when recovering from an intense argument: "I find physical exercise is a great outlet for me to vent the anger I may feel," says a long-time spouse. This person goes on to say, "I will sometimes crank up music in my car or on home stereo and listen to favorites that go with my mood. Or play piano. I kept a journal but stopped due to laziness and the time it takes." Another participant reported that, "I go and spend time with my animals," to restore their state of mind.

A very small number of participants reported coping in ways which were actually destructive to their mental wellbeing. One participant described their struggle in the aftermath of heated arguments: "I ruminate a lot...I can't sleep," while trying to return to a state of peace. A small number of other participants reported similar helplessness in the face of their anxiety after an argument.

Self-improvement was an important part of some participants' coping experience. This was done both as a way of enhancing future responses to BPD behavior, as well as a means of self-care. One spouse reported that, "I work on myself and how I respond to him so that I can keep from making the situation worse." Other participants reported, "redeveloping myself," and, "working on myself and my own development," as central to helping them cope in a healthy way. A spouse of almost 20 years reported that, "I try and finish my education," to live a healthy life in the face of their spouse's disorder. One person described that serious self-reflection helped them to understand their family member and themselves in the context of their arguments: "Asking myself why I feel the way I do, how did she find the deepest place to hurt me. Understanding my own issues

and how they led to deepening the issue [involving my family member].” The parent of a Borderline child reported, “I’m in therapy and working through all of the emotions I’m feeling. I’m also trying to forgive myself [for mistakes made].”

A frequent report among participants was that they had learned to detach from their family member’s words and behavior. For some, this meant learning not to take their words personally, while for others it meant recognizing that they are not responsible for their family member’s behavior. One person said that, “I remind myself that this isn’t my fault,” when her family member is severely upset and emotional. “I remind myself that she does not really know me as a person and therefore her criticisms of me are not true,” says one person in regards to their Borderline parent’s hurtful words. Another person reported that, “Since learning about BPD diagnosis, I take things a lot less personally and may feel ‘that’s the BPD talking’ and let it go.”

Participants also used other cognitive reminders to help them achieve increased understanding and positive coping. A sibling of a Borderline person reported that to, “remind myself that she is suffering and that it could have been me suffering,” gives them valuable perspective. Other participants described similar experiences of coming to terms with their family member’s disorder to help them achieve further peace. When describing his attitude regarding his family member’s disorder, one person said, “He does what he does and is not likely to change, if he does then good on him.” Another participant described that despite feeling regret when her family member by stonewalled her after an argument, “I now realize that no matter what - at some point I wouldn’t have met her expectations and she would have cut me off regardless of what I did. I’m working really hard to understand her illness and try and move on with my life.” One adult child of a

Borderline parent described how they would retain a healthy perspective by, "try[ing] to keep in mind that she is a terrible person who has done terrible things."

For some, distancing themselves from their family member was necessary to achieve a certain level of peace. After trying numerous ways to lessen and cope with their SO's irrational behavior, one person said, "I now just detach and leave the situation to the point that I have minimized contact." Others did not find the peace they needed until they refused to see their family member in person, or separated entirely from their family member. One participant said that, "I feel I made every effort humanly and conceivably possible to save and improve my marriage...Physical abuse was becoming more and more prevalent and leaving was the best decision."

Lastly, some participants found that setting boundaries allowed them to maintain some peace while still interacting with their family member. One participant said that when their family member is upset, "I respond with empathy while maintaining my own boundaries," including only speaking with them on the phone. One long-time spouse said that, "I am getting better at holding firm on my boundaries and not accepting or validating things which are untrue." Maintaining boundaries was an effective way for some participants to keep the relationship, while retaining their positive mental health.

Effects of BPD Behavior. Aside from the emotional toll of BPD behavior on participants, and the necessary coping as a result, participants reported a variety of mental and physiological effects of BPD behavior on themselves, and even other family members. Some participants reported experiencing anxiety and depression as a result of their family member's emotional behavior. A small number of participants reported

experiencing physiological stress, and two even reported being diagnosed with a physical condition as a result of the stress placed on them by their family member's disorder.

The mental toll on some participants was made clear when some described having dark thoughts outside of distressing rough encounters with their family member. One participant said that the intense, confusing encounters with his family member, "left me hurt, confused, angry while looking for a bright side, a time where these severe bouts of paranoia, suspicion… nightmares would end." Another participant described how their family member's behavior left them, "very distressed and confused, as well as hurt. I was starting to lose my self-confidence and self-esteem." Severe feelings of guilt and distress were had by others, as well. "I felt intense shame and self-loathing and hopelessness during her outbursts and usually for days or weeks afterward[MOU8]," said one participant, describing their experience being raised by a Borderline parent.

The mental toll of this stress led to physiological suffering for some participants. One person said, "I feel that my mental health is really suffering," as well as, "I can't sleep and in my head I'll play out the scenario [involving my family member] and the various outcomes." Another participant reported being diagnosed with an adjustment disorder due to stress from their spouse's behavior, as well as hair loss, loss of sleep, and gastroesophageal reflux disease (GERD). These two participants, as well as others, reported trouble sleeping from the mental stress they experienced. Another participant reported a dismal outcome because of the stress they experienced: "I ended up with a physical disability termed NAAION or Non-Arteritic Anterior Ischemic Optic Neuropathy. The specialists dealing with my condition, including a neurologist, stated that they believe the condition was brought on and manifested due to stress from an

abusive marriage. This condition is the loss of some or all of your vision." A number of participants also reported that they took prescription medications to treat the stress, anxiety, depression, and sleeplessness which they experienced because of their family member's behavior.

A small number of participants also reported that their children suffered as a result of their family member's highly emotional behavior. One participant reported worrying for their three children in the face of their spouse's disorder, and went on to say that two of them, "have been diagnosed with a combination of depression, ADHD, and anxiety." Another participant reported that while they were able to reasonably cope with their BPD spouse's behavior, it was "much harder not to personalize what he did to the pets...and to my grown children."

Discussion

The sample met the criteria for participation, with an average of more than eight affirmative answers to the McLean criteria of BPD for their relatives, and over 17 years on average having a relationship with a person with BPD. Overall, the results show that relatives of persons with BPD do experience a significant amount of stress from these relationships. Participants also reported a number of coping strategies consistent with the recommendations in the literature, as well as some novel coping strategies developed over years of living with a person with BPD.

Childlike Behavior. A small number of participants in this study gave comparisons or descriptions of their ill family member's behavior as being like that of a child. However, the reactive emotional responses so characteristic of BPD have classically been viewed by experts as a manifestation of inadequate socialization of these individuals in early childhood. As explained in an online article by Dr. Susan Whitbourne, individuals with BPD lack a proper sense of self, and tend to "split" others into an all-good or all-bad status in their own mind. These manifestations are reminiscent of the attachment which young children have to their parents, and suggests that individuals with BPD did not possess an adequate attachment during that period in their lives (Whitbourne, 2014[MOU9]).

In an online lecture on BPD, Dr. Jordan Peterson discusses the outcomes of children who are aggressive and hostile. He explains that BPD has sometimes been described as the "female variant" of antisocial personality disorder, even though both disorders are found in both sexes. He emphasizes that children who are not socialized out

of childlike aggression and temper tantrums by the age of four often end up exhibiting significant antisocial behavior as adults. He goes on to describe how the impulsive, emotional behavior of BPD individuals is emblematic of the behavior of young children who are not properly socialized.

The comparison of BPD emotionality and behavior to the behavior of children is not new. Much of the behavior discussed in this study (cognitive splitting, screaming, shrieking, physical aggression, validation seeking) are similar to the traits of antisocial children. The patterns of severe fear of abandonment and marked identity disturbance, as listed in the DSM criteria for BPD, is also suggestive of a childlike mentality, considering children are dependent on their parents for forming their personal identity. This pattern of childlike thinking in individuals with BPD is significant, and demands more research into the correlation between childhood antisocial behavior and adult BPD diagnosis.

The Eyes. Three participants gave descriptions of a strange, empty, or black quality in their family member's eyes during moments of intense rage, or childlike emotionality (as one participant put it). No prior research exists on this phenomenon in the context of Borderline Personality Disorder, or in the context of other mood and mental disorders. However, online discussions can be found in regards to changes in eye color or appearance during manic episodes in individuals with bipolar disorder.

A 2017 article by bipolar II sufferer Julie A. Fast gives insight into the ways her facial expressions and eyes would change when she experienced hypomanic episodes. She explains that in states of dysphoric mania (an "energized bad mood" in her words), her eyes would appear darker and "black." She even provides photos she has taken of her face during both manic and depressive episodes, and the difference in her countenance

and look in her eyes is distinctive. Fast's experiences and description are very similar to the descriptions given by participants in this study. Fast mentions that an eye doctor explained that the blackness of the eyes may be a result of the adrenaline hormone, which causes the pupils to dilate.

The occurrence of an altered appearance of the eyes warrants further exploration. There are other articles online which mention a change in eye color of individuals who are angry, but these incidents are colloquial and do not seem to be based on scientific observation or documentation.

Physical Illness. The incidences of physical illness in the data, which occurred as the result of stress from a relationship with someone with BPD, are in parallel with prior discussion in Mason & Kreger's *Stop Walking On Eggshells*. These authors discussed how hypervigilant thinking, and corresponding physical arousal, can result in physical illness such as headaches, high blood pressure, and ulcers.

Ideas of stress leading to physical illness are not new. Stress has been long known to cause various types of physical illness, largely due to the effect of hormones such as cortisol and adrenaline on cells throughout the body (Bergquist, 2015). A 2008 study by Jan Giffin made known incidents of physical symptoms such as angina, sleeplessness, and stress in family members of persons with "severe personality disorder [including BPD] featuring a chronic pattern of self-harm and suicidality."

The incidents of stress-induced disease in this study strongly support this notion of stress-induced illness. The isolated incidents of GERD, NAAION, and hair loss provide further evidence that a relationship with someone with BPD can be physically taxing to the point of illness.

Interpreting BPD Behavior. Nearly all participants reported that being subjected to verbal criticisms, outbursts, and abuse from their family member was emotionally painful. The consistent pattern of emotionally pained responses to BPD behavior indicates that such behavior is ubiquitously chaotic to those surrounding the individual. However, the variety of such pained feelings, and their course over time across individuals, suggests that there are many factors at play in how these feelings occur and change over time.

Some participants seem to have naturally detached from their family member's behavior over time, while others did not. The position of family members in this study seems, to some extent, to have characterized the painful feelings and experiences which each participant experienced. It is worth noting that spouses and SOs seemed to receive and interpret BPD behavior differently than parents and children.

A significant portion of spouses and SOs reported that their internal reactions seemed to improve after understanding BPD. However, many spouses and SOs did report continuous emotional suffering without repair, or reported some better emotional handling over time, but with costs to the relationship or to their health in other areas. Some reported that their handling improved within just a couple of years, while others reported things only got worse in such a short amount of time. Participants gave similarly mixed responses in longer relationships, as well. The mix of responses among spouses and SOs suggests that emotional effects, and their course over time, may be influenced by other factors. Such factors may include personality traits (of both the individual with

BPD and the family member) and their larger familial culture (ie. some parents reported fearing for their children).

Both children and parents in this study almost unanimously reported feelings of guilt and responsibility in regards to their family member's behavior. Parents questioned their ability to parent in a healthy manner, while children took the blame for their parents' pain and behavior while growing up. While the children of those with BPD often reported improvement in regards to handling of BPD behavior, it did not come until reaching adulthood for some. This suggests that having a parent with BPD may be particularly influential on an individual's emotional outcomes. Parents, on the other hand, tended to report taking their children's' emotional words and behavior seriously, despite knowing that such words and behavior were not based in reality, or in realistic perception. These accounts suggest that having a child with BPD can be exceptionally taxing and worrisome to parents.

The disorientation of some participants in the face of BPD behavior suggests that such behavior can be particularly distressing, and perhaps psychologically damaging, to some individuals. This state could be described as a sort of "emotional limbo" in which the receiving individual was not or processing the situation in a clear or rational manner. While it seemed to occur as a after being emotionally overwhelmed, it is not clear *why* this reaction occurred in these participants. One consideration is that this reaction may be a defense mechanism to harsh BPD words. However, the increased emotional receptiveness and pain of one participant who experienced this disorientation ("...an empty vessel that her words filled up with pain"- see page 26) suggests that she was utterly overwhelmed, unable to mentally or verbally deflect her family member's verbal

abuse. This state of disorientation seems to warrant further study into how family members process irrational BPD behavior.

Responding to BPD Behavior. The occurrence of emotional responses and/or defenses to BPD words and behavior is a natural reaction to the criticisms and accusations which characterize such behavior. Nearly all participants reported that over time, they had developed some pattern of response which did not consist of just engaging the family member, and in verbal self-defense. The initial urge to defend one's self diminished in most participants. While this was not an indicator of positive internal reactions, it makes clear that nearly all family members of those with BPD learned that engaging in response was not helpful. Some participants seemed able to do this without a lot of trouble, while others had a difficult time learning to restrain their responses. The effectiveness of such learning did not seem to be influenced by participants' position in the family, as those in all positions reported varying levels in their ability to resist responding to BPD behavior. The level of reactive handling likely varies due to a variety of factors, such as the personality traits of both individuals, and the larger familial culture.

The diffusing mechanisms included in the questions in this study ("I" statements, empathy statements, minimizing reaction) were very commonly used by participants. This suggests that such techniques might be the rational responses of family members who have learned to respond more constructively to BPD behavior over time, even without external guidance. While some participants reported success with these techniques, others did not, and others still reported that these only made things worse. This variety of effectiveness suggests that responding constructively to BPD behavior is

not a “one-size-fits-all” prescription, but is rather a process which takes time and thought on the part of the receiving family member, in order to figure out what works (or doesn’t work).

The small number of participants in this study who reported giving in to their family member’s emotional behavior seemed to also suffer emotionally. These participants did not generally report improvement over time, but rather that the BPD behavior had gotten worse, as had their own emotional wellbeing. These outcomes suggest that placating to BPD behavior is not constructive or helpful, and may lead to a worsening of BPD behavior. However, those who placate to their family member may do so after experiencing a great amount of emotional trauma, and doing so may be their only perceived way to assuage BPD behavior.

Coping With BPD Behavior. Seeking outside support and validation seemed to be a critical coping method for many participants. Given the chaotic and disorienting nature of BPD behavior, and its effects on family members, the tendency to seek outside support is no surprise. Participants seemed to benefit from outside ears, in that they received validation of their view of reality and the unusual nature of their situation. Participants also expressed relief at being able to speak to others, whether friends, family, or a therapist, without being judged (as they often were by their family member). Many participants found a viable, helpful ear in their therapist. However, the small number of participants who reported censoring themselves in in front of close friends suggests a difficulty in finding trusted persons to talk do. These findings suggest that having trusted and understanding individuals in a friend, family member, or therapist can be particularly

helpful to coping, both in the aftermath of an argument with the BPD family member, and in a general sense.

Participants seemed to benefit greatly from engaging in a variety of mindfulness techniques. Some of these techniques were clearly centered on mindfulness, such as meditation, breathing techniques, and cognitive reminders to help overcome tumultuous BPD behavior. Others used more indirect, such as getting to a space away from the BPD family member after an argument, engaging in other activities, or spending time alone listening to music or watching television. Participants usually engaged in these coping techniques in solitude. The effectiveness of these techniques may be due to the restorative quality of solitude and distraction after an intense experience. The emotional intensity of a family member's BPD behavior is mentally and emotionally taxing. Time alone may allow these family members to "adjust" their thinking and emotions in order to cope with these intense encounters.

Detachment seemed to be particularly helpful to many participants. Relinquishing responsibility for the BPD family member's behavior rightly allowed these participants to escape the burden which these behaviors put on them. Recognizing that they could not control BPD behaviors, the outcomes of such behaviors, or even triggers to such behaviors, allowed participants to put more energy into themselves, instead of into their dysfunctional relationship. Some participants used cognitive reminders during tough times to help them retain this clear, but detached, understanding. Reminding oneself that they were not responsible for BPD behavior, could not change it, or could not prevent it, was very helpful to participants who did so. These findings of mindfulness and

detachment being constructive suggest that a certain amount of learning must take place for family members to process these situations.

Lastly, self-improvement seemed to be of significant benefit to those who actively engaged in such a pursuit. Engaging in constructive or soothing activity seemed to help participants find a comfortable distraction from the chaos, or to find solace. This finding seems to suggest that self-improvement may make up for the chaotic, emotionally damaging effects of BPD behavior. It is possible that redirecting this emotional energy into constructive outlets helps family members to get rid of the angst and pain which they suffer from.

Knowledge About BPD. Participants' reports of knowledge as being helpful to their experience of familial BPD runs contrary to one piece of prior research on the subject. Hoffman, Buteau, Hooley, Fruzzetti, and Bruce (2003) indicated that family members of those with BPD who possessed a high amount of knowledge about the disorder, also experienced higher levels of distress when compared to those with a low knowledge of BPD. In this study by Hoffman et al., levels of depression, personal burden, and hostility towards the ill individual were all higher in family members who scored highly on the researchers' measures of knowledge about BPD. The researchers explain that while this correlation does not indicate a causation between the two factors, it suggests that the two may be meaningfully related.

While this study, on the other hand, did not quantitatively evaluate participants' knowledge of BPD, multiple participants explicitly stated that learning about BPD, and/or increasing their knowledge of BPD, helped them improve in their reactive and coping skills. Multiple participants directly state that reading up on BPD, either in books

or online, educated them on their family member's behavior, and helped them to improve their real-time responses to BPD emotionality, and was[MOU10] a means to help them cope in a general sense. Multiple participants expressed that seeking knowledge on the subject is one of their personal means of coping. Others expressed that since learning about BPD, they've learned to predict their family member's emotionality, or to lessen it, or to take their ill family member's words less personally. At least one person expressed that increased knowledge has helped them to mitigate the confusion and fear they have felt as a result of their family member's outbursts. There is no evidence in these data that increased knowledge of BPD correlates with increased burden, or emotional suffering, for family members.

In the discussion of how increased knowledge of BPD might affect family member outcomes, it is important to note that the established popular literature on BPD geared towards family members (and sufferers of the disorder) are full of knowledge on the traits, causes, and effects of BPD and its corresponding behaviors. Books such as *Stop Walking On Eggshells: Taking Your Life Back When Someone You Care About Has BPD* and *Borderline Personality Disorder for Dummies* combine knowledge about BPD traits and symptoms with knowledge on coping and self-care for family members. But because of the different conclusions reached about how familial knowledge of BPD correlates with emotional suffering and distress, more research is necessary to definitively answer this question.

Coping Over Time. As seen in the qualitative data, participants' ways of coping, and the outcomes of such coping, varied widely. When asked if their handling of their BPD relative's intense emotionality and criticism has improved over time, a slight

majority of participants answered in the affirmative. The age and number of years involved did not seem to affect participants' assertion of their coping effectiveness.

However, the negative correlation (seen in the quantitative results) between successful coping and time involved suggests that those who have had longer involvement with a family member with BPD may be less able to cope effectively. Many participants reported that their better outcomes came when they had learned to detach from their family member's behavior. These observations seem to suggest that the longer someone remains emotionally attached to the person with BPD, the greater the personal burdens, and the less effective the coping. The most emphatic descriptions of negative coping and emotional outcomes seemed to come from participants who showed signs of codependency on their relative with BPD. These incidents were those were participants expressed a great deal of concern over their family member's emotions and wellbeing, or in participants who reported placating to their family member as a means to assuage extreme emotions.

This study did not directly seek to find out whether time involved was a contributing factor to poor coping effectiveness. Therefore, more research is required for professionals and family members to get a sense of how remaining in an emotionally attached relationship with someone with BPD over time might result in lesser coping outcomes.

In conclusion, the results of the present study indicated that people with relatives with BPD do, indeed, experience significant stressors associated with the disorder. These participants also have a variety of coping mechanisms to address these stressors. The results also indicated some specific areas which need additional research to help relatives

of people with BPD to cope. An important takeaway from these was the potential relationship between knowledge of the disorder and coping. These results suggest that increasing knowledge is itself a coping strategy, but that requires further exploration.

Appendices

IRB
INSTITUTIONAL REVIEW BOARD
Office of Research Compliance,
010A Sam Ingram Building,
2269 Middle Tennessee Blvd
Murfreesboro, TN 37129

MIDDLE TENNESSEE STATE UNIVERSITY

IRBN001 - EXPEDITED PROTOCOL APPROVAL NOTICE

Friday, January 25, 2019

Principal Investigator	**Andrew Towle** (Student)
Faculty Advisor	William Langston
Co-Investigators	NONE
Investigator Email(s)	*art5d@mtmail.mtsu.edu; william.langston@mtsu.edu*
Department	Psychology
Protocol Title	***Coping with a person with borderline personality disorder (BPD) in the family***
Protocol ID	**19-2138**

Dear Investigator(s),

The above identified research proposal has been reviewed by the MTSU Institutional Review Board (IRB) through the **EXPEDITED** mechanism under 45 CFR 46.110 and 21 CFR 56.110 within the category *(7) Research on individual or group characteristics or behavior*. A summary of the IRB action and other particulars in regard to this protocol application is tabulated below:

IRB Action	**APPROVED for ONE YEAR**		
Date of Expiration	**1/31/2020**	Date of Approval	1/17/19
Sample Size	12 (TWELVE)		
Participant Pool	Primary Classification: **General Adults (18 or older)** Specific Classification: **Individuals who either have BPD or know someone with this disorder**		
Exceptions	Online consent and data collection are permitted.		
Restrictions	**1. Mandatory active informed consent; the participants must have access to an official copy of the informed consent document signed by the PI.** **2. Data must be deidentified once processed.** **3. Identifiable data must be destroyed as described in the protocol. This includes audio/video data, photo images, handwriting samples, contact information and etc.**		
Comments	NONE		

This protocol can be continued for up to THREE years (**1/31/2022**) by obtaining a continuation approval prior to **1/31/2020**. Refer to the following schedule to plan your annual project reports and be aware that you may not receive a separate reminder to complete your continuing reviews. Failure in obtaining an approval for continuation will automatically result in cancellation of this protocol. Moreover, the completion of this study MUST be notified to the Office of Compliance by filing a final report in order to close-out the protocol.

Post-approval Actions

The investigator(s) indicated in this notification should read and abide by all of the post-approval conditions imposed with this approval. Refer to the post-approval guidelines posted in the MTSU IRB's website. Any unanticipated harms to participants or adverse events must be reported to the Office of Compliance at (615) 494-8918 within 48 hours of the incident. Amendments to this protocol must be approved by the IRB. Inclusion of new researchers must also be approved by the Office of Compliance before they begin to work on the project.

Continuing Review (**Follow the Schedule Below:**)

Submit an annual report to request continuing review by the deadline indicated below and please be aware that **REMINDERS WILL NOT BE SENT.**

Reporting Period	Requisition Deadline	IRB Comments
First year report	12/31/2019	The protocol will expire on 03/25/2019 as requested by PI unless a continuing review request is submitted
Second year report	12/31/2020	NOT COMPLETED
Final report	12/31/2021	NOT COMPLETED

Post-approval Protocol Amendments:

Only two procedural amendment requests will be entertained per year. *In addition, the researchers can request amendments during continuing review. This amendment restriction does not apply to minor changes such as language usage and addition/removal of research personnel. .*

Date	Amendment(s)	IRB Comments
01/22/2019	Target population sample size increased from twelve to 100 (ONE HUNDRED).	Minor Amendment

Other Post-approval Actions:

Date	IRB Action(s)	IRB Comments
01/22/2019	Data sharing agreement between BPDFamily and the investigating team is added to the protocol. The investigators are approved to use the external platform for data collection using the IRB-approved tools and templates. Raw participant data or responses must not be shared with the website administrators..	Administrative action

Mandatory Data Storage Requirement: All of the research-related records, which include signed consent forms, investigator information and other documents related to the study, must be retained by the PI or the faculty advisor (if the PI is a student) at the secure location mentioned in the protocol application. The data storage must be maintained for at least three (3) years after study has been closed. Subsequent to closing the protocol, the researcher may destroy the data in a manner that maintains confidentiality and anonymity.

IRB reserves the right to modify, change or cancel the terms of this letter without prior notice. Be advised that IRB also reserves the right to inspect or audit your records if needed.

Sincerely,

Institutional Review Board
Middle Tennessee State University

Quick Links:

Click here for a detailed list of the post-approval responsibilities.
More information on expedited procedures can be found here.

Appendix B.

Part 1

This initial set of questions are about your relative with BPD. Please answer based on your knowledge of their experiences.

(Note: These will be scored as true-false. If a participant does not meet the criteria, then they will still complete the survey, but we may use their data as a control for the BPD relatives' sample.)

- **McLean Screening Instrument for Borderline Personality Disorder.***
  - Have any of your family member's closest relationships been troubled by a lot of arguments or repeated breakups?
  - Has your family member deliberately hurt themselves physically (e.g., punched themselves, cut themselves, burned themselves)? Have they made a suicide attempt?
  - Has your family member had at least two other problems with impulsivity (e.g., eating binges and spending sprees, drinking too much and verbal outbursts)?
  - Has your family member ever been extremely moody?
  - Has your family member felt very angry a lot of the time? How about often acted in an angry or sarcastic manner?
  - Has your family member often been distrustful of other people?
  - Has your family member frequently felt unreal or as if things around them were unreal?
  - Has your family member chronically felt empty?
  - Has your family member often felt that they had no idea of who they are or that they have no identity?
  - Has your family member made desperate efforts to avoid feeling abandoned or being abandoned (e.g., repeatedly called someone to reassure themselves that they are still cared, begged you not to leave them, clung to you physically?)

**This is an official diagnostic tool created and published by Mary Zanarini, EdD in 2003. The criteria within this diagnostic tool are sourced directly from the criteria for BPD found in the Diagnostic and Statistical Manual for Mental Disorders- 5.*

Affirmative answers to 8 of these 10 criteria is the standard to qualify someone for showing traits of BPD.

Part 2

1. What is your gender?

   M F

2. What is the gender of your relative with BPD?

   M F

3. What is your relationship to the person with BPD?

   Parent Child Significant other

   Sibling Spouse Other _____

4. How long has your relative with BPD been in your life?

Part 3

Your answers are very valuable. You are encouraged to speak at length in your answers. The questions are designed to get a sense of how you feel, think, and react during emotional displays from your family member, how you cope afterwards, and how you are generally affected by their highly emotional behavior. You are encouraged to give personal examples and anecdotes to illustrate your experience.

1. A hallmark of Borderline behavior is the display of intense emotions and rage, often toward family members. Since knowing your family member, generally describe the kinds of behavior (ex. yelling, crying, accusing, criticizing) you've witnessed from your them when they are upset. Describe the severity of your family member's behaviors and emotionality during these incidents. Feel free to give examples.

2. When individuals with BPD are upset, they often make accusations towards others (or towards you) about their thinking, actions, and character. When your family member is making accusations and/or criticisms towards you, how do you mentally process these encounters in real time? What do you *think* and *feel* in the moment during these episodes? For example, do you choose not to take it seriously, or do you take it personally? Describe what often goes through your mind in these situations.

3. How do you typically react when your family member is upset and/or throwing criticism at you? For example, do you try to walk away from the situation? Do you remain calm, or silent? Or do you often find yourself engaging your family member?

4. When your family member is having an outburst, are there any certain strategies you use to actively diffuse the situation? Such strategies might include:

-Responding to your family member only using "I feel" statements instead of "You"
statements
-minimizing your visible reaction
-using empathy statements such as, "I understand that you are upset, but…"

5. Being the subject of an intense outburst from a family member with BPD is liable to leave someone confused and distressed afterwards. How do you cope in the moments, hours, and days after such an encounter with your family member? Do you have strategies to help you to process these encounters (ex.: venting to a friend, journaling, prayer, meditation)?

6. Do you have any strategies or reminders to yourself that help you to cope with your family member's illness and behavior in a general sense? For example, such strategies might include:

-Not taking your family member's behavior and criticisms personally

-"Detaching with love"- reminding yourself that you're not responsible for your family member's behavior

-Having a friend or support system with whom you can discuss family issues

-Efforts to improve yourself by working on your own behaviors, issues, needs, and habits

7. Dealing with the emotions of someone with BPD presents significant challenges. Do you feel that your handling of your family member's intense emotionality and criticism has improved over time? If the answer is yes, then what's changed?

Part 4

What follows is a series of statements about yourself and your experiences. You should rate each statement based on how much you agree, or disagree, with what is said.

These statements will be given with a Likert scale:
1 (Strongly Disagree)-2(Disagree)-3(Neither Agree nor Disagree)- 4(Agree)-5(Strongly Agree)

1. When my family member is upset, I am generally able to handle it without getting stressed out or depressed as a result. (POS)
2. I've gotten better at handling responding to my family member's emotionality and criticisms over time. (POS)
3. When my family member makes accusations against me or my character, I am good at not taking it personally. (POS)
4. I often feel like my family member puts me in situations where I can't "win" or do anything they consider right. (NEG)
5. I am good at keeping my own thoughts and emotions separate from those of my family member. (POS)
6. I often go out of my way to avoid saying or doing anything that might make my family member upset. (POS)
7. I tend to feel isolated as a result of my family member's illness and behavior. (NEG)
8. I am good at keeping other parts of my life separate from my relationship with my family member with BPD. (POS)
9. I tend to distance myself from my family member so that I can better take care of myself. (POS)
10. When my family member is upset with me, I often respond by defending myself and/or telling them that they are in the wrong. (NEG)
11. I have found that focusing on my own life and my own issues is a way to make things easier for me in the face of my family member's illness. (POS)
12. When my family member is upset with me, I can respond in such a way that helps to calm them down and diffuse the situation. (POS)
13. I am generally able to be emotionally healthy despite my family member's behavior and illness. (POS)

Higher is more positive coping.

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