

Bright, beautiful, and deeply troubled

Borderline Personality Disorder: How to help the person and protect yourself

Several years ago, LEADERSHIP editors conducted an interview with Jim Smith, executive director of the Highland Park Presbyterian Church Family Life Counseling Center in Dallas, and his colleague Victoria Martin. Jim and Victoria were concerned about helping church leaders understand borderline personality disorder. In churches, people with this malady can often cause confusion or turmoil for pastors.

Sadly, shortly after our conversation with them, Jim died from cancer. But we felt the insights he and Victoria shared that day deserved to be published.

Linda was the divorced wife of a Presbyterian pastor. She was bright, articulate, and charming. Inwardly, though, she was filled with a paralyzing sense of confusion, emptiness, and need. Having dallied in a number of promiscuous relationships, she had yet to sate her emotional hunger.

One morning after Sunday school, she approached Jim Smith, a counselor in our church-related center, about her problem. That week they met for an initial psychological evaluation, during which he first suspected the nature of Linda's problem. His suspicions were confirmed when a short time later she handed him a two-page sonnet she

composed in his honor entitled *Cantos for Counsel*.

Here, with her permission, is a portion of her poetic idealization of Jim, whom she had known for less than two weeks:

OBSESSION

I discover my addiction to the hypnotic drug you've infused my needy spirit. No plant, no flower, no chemist could proffer an opiate more pure. You care. You accept. I need not do anything to earn or curry favor. With you I am that child of God; I am somebody; I am all of myself—past, present, yet-to-be—the little girl-self in one chair, the nurturing mother/woman-self in the other, joined/bonded by my trust in you.

I am reverent before this Grace.

TEMPTATION

Without warning a veiled curtain drops suddenly on our stage, obscuring the glowing exits, shadowing the players. This flip-side of newfound forgiveness and freedom rears and paws like the alluring, silvery unicorn—prancing seductively to an illicit glade—knowingly, caressingly—nudging amorously, playfully.

by Victoria Martin

Notice the effusive praise and alluring seductiveness—two traits of one of the most difficult of all emotional illnesses to treat: borderline personality disorder (BPD). Unless a pastor or counselor understands the nature of this problem and takes concrete steps to establish safeguards, difficulty or even disaster may follow.

Dangerous liaison

For some unknown reason, BPD occurs most commonly in women in their twenties and thirties. Unlike with other psychological problems, someone with BPD does not usually grow worse over time—at least, younger women often improve and begin to outgrow the disorder in their late thirties. Women over forty with this disorder, however, rarely improve.

People with this illness can drive well-meaning pastors to the edge of emotional exhaustion. Those with BPD can make unreasonable demands for attention, leading pastors to believe they are the only ones on earth who understand them. Borderlines will soak up as much time as a pastor will give and then want more.

Another peril is the borderline's desire for a *special* relationship with the pastor. In women working with male pastors, this often manifests itself in a desire for sexual bonding, as Linda's *Temptation* passage reveals. A male pastor struggling with personal insecurities or a poor marriage is vulnerable to a female borderline in search of intimacy.

Linda was even more explicit in

her desires in this brief poem she handed to Jim during the course of her therapy:

Unconditional acceptance.

God's gift to me via a human courier.

Rising, blushing warmth
firmly budding breast flowers
softly stirring internal petals
beckoning, musky lubricity
gently throbbing, sweetly
aching contractions
begging death-union and ex-
quisite release.
Completeness.

On another occasion Jim was counseling a woman in a professional setting who hugged him on her way out the door. Without warning, she took his hand and put it on her breast. Jim, a professional therapist, immediately reported the incident to coworkers in the office and took steps to make certain such an incident was not repeated.

Drawing the line

When I was a young intern, I began counseling a woman with BPD. The counselee hooked me into believing I was the only counselor on earth who could help her. Soon the counselee was calling me at home and on weekends. She began bringing me gifts. When I began to restrict how much the woman could contact me, she attempted suicide. She timed her arrival at the emergency room to coincide precisely with her scheduled appointment with me. In fact, I was waiting for her in my office when I was paged by the hospital. This was the counselee's way of forcing me to show care.

The best advice in preventing the above scenario is to construct limits at the outset of the counseling relationship. Doing so is no guarantee that the individual will accept or obey them, but it's much easier at

the front end of a counseling relationship than in the middle.

Boundaries are important not only to protect the pastor's time and reputation but as a therapeutic tool. Part of this pathology stems from the borderline's childhood: her boundaries were consistently violated, especially if sexual abuse

Borderlines often play off a pastor's desire to help.

were involved. As an adult, she is unaware of what constitutes normal demands on others.

Some pastors wrestle with setting limits, believing it is somehow selfish. They believe they should be fully available. It's helpful to remember the example of Christ, who at times let the multitude press in on him but on other occasions went off away from the people. Jesus set boundaries.

Here are several ways pastors can from the outset protect themselves and still help their member suffering from BPD.

Limit availability. Pastors should counsel the borderline only in a professional setting. Never hold impromptu sessions in a parked car or at home. A secretary or other staff member should be in close proximity, and if at all possible, the door should be left open.

Meet once or no more than twice a week. The beginning and ending time of each session needs to be clearly stated. Unless you guard your schedule, a borderline may spend an entire day with you. Make it clear the session will last no more than an hour. Have your wife or secretary interrupt you when the

time is up.

One reason borderlines try to violate established parameters is that it makes them feel as if they're special to the pastor, different from others who have to play by the rules.

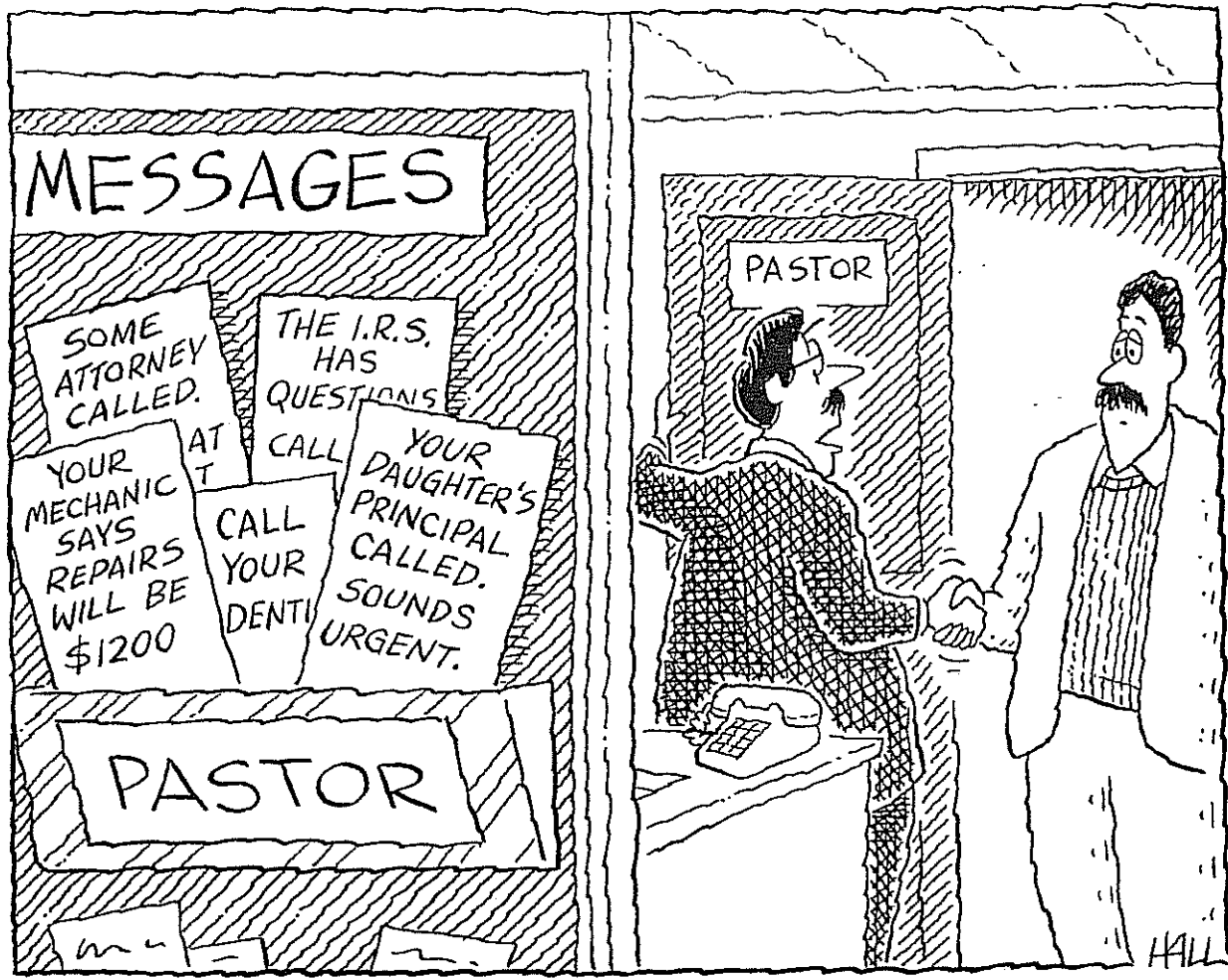
Never divulge personal information. Borderline counsees will often try to gain personal knowledge about the pastor. This is an attempt to establish a *personal* relationship with the pastor. They'll ask about the pastor's children or grandchildren. They'll be curious about how his mind works, wanting to know his likes, dislikes, and fears. When this happens, pastors should say, "This session is about you, not me." The personal information a pastor shares with a borderline could be used against him later when the *devaluation* process gets underway (more on that later).

Beware of physical touch. Don't give in to a borderline's request for touching, hugging, or other displays of affection. The worst possible damage a pastor can inflict on those with BPD is to engage in some form of inappropriate sexual contact with them.

Why? Besides the obvious—it's immoral and unethical—borderlines interpret sexual contact as incest, even though they may have initiated it. As in the case of a small child, the authority figure in their life, whom they trusted and adored, violated them.

A wise prayer for the pastor counseling a borderline personality is, "Lord, protect me, even when I don't want to be protected."

Get support. Several years ago, Jim traded a pheasant-hunting weekend for a speaking engagement at a small church in South Dakota. The pastor had a borderline individual in the church and was distraught. The nearest mental health professional was sixty miles



"Come in, Mr. Fenster. Tell me about your problems."

away, so the burden for this person fell entirely on this small-town pastor. Jim encouraged him to drive the sixty miles for encouragement and guidance.

If possible, meet regularly with a mental health professional or another pastor, simply for insight or accountability. Doing so is an important defense. Someone outside the church needs to be aware that you're involved in this emotionally draining counseling relationship.

The stage of rage

One of the most bizarre aspects of this disorder is the intense rage borderlines can display when they sense someone is backing away from them. Depending on their lev-

el of functioning, they may go from simply leaving the church sputtering, "The pastor is unloving," to spreading malicious rumors—"The pastor tried to seduce me."

In either case, when the pastor attempts to backpedal from the relationship, the borderline may try to punish him, having perceived abandonment (similar to the reaction of the woman in *Fatal Attraction*). To maintain the relationship, she may threaten violence, suicide, even blackmail or some form of self-mutilation. Her self-destructive behavior seems to be an attempt to feel something. Even pain is to be preferred to feeling nothing.

Professionals disagree about

why borderlines suffer from such an intense fear of abandonment. Some point to genetics: Adoption studies that compare the behavior of children separated at early ages from their family of origin suggest some borderline tendencies may be inherited.

Conventional wisdom, though, says their fear, coupled with family instability, abuse, or traumatic disruptions, results from an emotionally unavailable mother. A borderline grows up with radar highly sensitive to rejection or abandonment. The slightest offense is interpreted as exclusion. Anger erupts. In extreme cases, a borderline will even take revenge.

The aforementioned Linda was

molested by a relative when she was 4 years old. When she reported the incident to her mother, her mother threatened to sew her vagina shut. By the time she was 13, she was involved in regular intercourse with a young man from church planning to enter the mission field. Linda struggles with the origin of her problem:

I don't know where you came from.

I wish I could go far enough back in my memory to find your inception.

Such a gift!

Who gave you to me?

My mother?

My dead abuser brother?
My long-dead soldier brother?
My sibling orientation?
Benign, inadvertent neglect?

Someone has described the borderline's problem this way: Imagine a young child who because of an accident has an arm cut off. As he or she grows older, he or she starts thinking, *Somebody has my arm. If I could just find out who has my arm, I could get them to put it back where it belongs.* They go from one person to another trying to find someone who can fill the void. Of course, no one can do that. Listen to Linda describe her void:

Pernicious cup bearer!
My cup from you is always half-empty—never half full.
Your dregs are my insatiable craving and neediness for affection and affirmation.

Put another way, borderlines have a gaping hole in their psyche. Their lives are often an endless search for the person who can fill it.

Sacramental oxygen

Pastors, because they are caring people, often become one more person in the borderline's search. Borderlines love to extol the help they're receiving. Linda's praise for Jim, peppered with scriptural phrases, is almost idolatrous:

When I think how in these few weeks you've filled
the void of my understanding,
it is oxygen to my faint heart,
courage to my fear,
my balm in Gilead.
I want to shout my joy of freedom from childhood's guilt;
sing hosannas for the validation of my being;
praise for the return of my prodigal self;
offer thanks for your sacramental mandate
to one of the least of these.

Such overstated admiration indicates the person is *idealizing* the pastor, a symptom of those suffering from BPD. Enthralled with the insights they're getting about themselves, they respond with a gratitude that borders on worship. Before long, their unwitting helper can believe he is the Great Healer.

For a discouraged preacher who in a month of Sundays hasn't heard a kind word, such lavish praise can be intoxicating. If the pastor has any narcissistic tendencies, two needy people have just found each other, and the probability for disaster has just increased exponentially.

Signs of BPD

The official diagnostic criteria

Mental health professionals rely on the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) to make diagnoses. Here are the work's official Diagnostic criteria for 301.83 Borderline Personality Disorder.

A pervasive pattern of instability of interpersonal relationships, self-image, and affects, and marked impulsivity beginning by early adulthood and presented in a variety of contexts, as indicated by five (or more) of the following:

- (1) frantic efforts to avoid real or imagined abandonment
- (2) a pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of idealization and devaluation
- (3) identity disturbance: markedly and persistently unstable self-image or sense of self
- (4) impulsivity in at least two

areas that are potentially self-damaging (e.g., spending, sex, substance abuse, reckless driving, binge eating)

(5) recurrent suicidal behavior, gestures, or threats, or self-mutilating behavior

(6) affective instability due to a marked reactivity of mood (e.g., intense episodic dysphoria, irritability, or anxiety usually lasting a few hours and only rarely more than a few days)

(7) chronic feelings of emptiness

(8) inappropriate, intense anger or difficulty controlling anger (e.g., frequent displays of temper, constant anger, recurrent physical fights)

(9) transient, stress-related paranoid ideation or severe dissociative symptoms

Reprinted by permission of the American Psychiatric Association from *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV)*, published by American Psychiatric Association, Washington, D.C. (1994)



"Before our special music this morning,
I'd like to remind you of the organ repair fund."

While the pastor needs to be told how wonderful he is, she needs to idealize him, making him out to be morally, intellectually, and spiritually superior to the apostle Paul.

Such unrealism, however, cannot be maintained forever.

When the pastor grows weary of the gifts, presents, and phone calls at home (or perhaps when his wife does), and attempts to distance himself, the borderline fragments—lashing out with unreasonable anger, much like a little child. Listen how Linda describes her volatile state of mind:

Borderline love
is the terrible two's
not quite grown up.

I stamp my feet, kick at the door,
and scream: "No! No! No!"

(Such hot, willful fury only
trashes these
\$100 Amalfi's.)

I sulk and bawl. Cower in the
corner.

Hide my face.
(Fearful, frustrated tears run,
ruin, unmask
this perfect NM makeover.)

A pastor is often left bewildered how he went from divine status to a scoundrel worthy of Dante's *Inferno*. This process, known as *devaluation*, is the flip-side of idealization. Her hate is equal to the infatuation she once felt. Yet all the pastor may have done is to suggest that the woman quit calling him at home or stopping by without an appointment.

The trigger in each case is the

real or perceived threat of abandonment. The borderline uses her anger to cope with the real or perceived loss of the relationship.

Once the pastor begins establishing limits, a borderline might begin making threatening statements about what she will do to herself or, in an extreme case, to the pastor or his family. In less severe cases, she will simply disappear and begin her search again for the perfect caregiver.

What the pastor first perceived as a needy person he now sees as a bottomless pit of unrealistic demands: there is not enough nurture in the world to satisfy her emotional craving. How can a pastor tiptoe out of this minefield?

Warm care, high fences

When a pastor or counselor

starts feeling smothered by someone with BPD, the impulse is to cut and run, shutting down the relationship entirely. That's a mistake; it will only ignite the borderline's ire.

The better response is to extricate yourself a little at a time, all the while affirming the person. Let the person know he or she can't call you at home anymore, for example, but can call during the day at the office. You might say, "I care enough about you to want you to become whole. I'm not helping that process by allowing you to cross my boundaries."

The borderline who can be helped will eventually come to grips with this. The goal, of course, is for her to begin setting boundaries.

If she reacts by fragmenting (and threatens suicide, for example), the best course of action is to recommend she go to the nearest emergency room. Remember: the strong pastor who does not cave in to her manipulative demands offers the borderline the best chance of improvement.

Once a borderline encounters a staff member who puts limits on her behavior, she'll often switch to another. In larger churches, it's crucial the staff communicate with one another to prevent this.

Many therapists refer clients with BPD to other therapists who specialize in treating people with the disorder. Most pastors, when they suspect a person has BPD, would be wise to refer. But this is a ticklish process: borderlines are acutely aware of any step a pastor may take away from her. The key is to frame it in such a way that the borderline sees your special concern for her. Her desire for a special relationship with the pastor can work in his favor.

If he says, "I don't want you to suffer the pain you do. I'm going out of my way to take a day off and find someone who can give you

more help than I," she is more likely to respond positively. A pastor can remain supportive while the borderline receives outside therapy, but he must throw up high fences so the borderline can begin to heal.

Such boundary setting, however, will not be welcomed, and, in fact, resisted at every turn. Linda voiced

A spiritual relationship may not cure BPD, but it may curb it.

her natural aversion to boundary-setting:

I stick out my tongue and defy:
"You can't make me!"

(Selfishness corrupts any vestigial womanly graces. I can't even blame PMS.)

Instrument of peace and healing

Spiritual growth can play a large part in the healing process for those with BPD. As they come to depend less upon the pastor or counselor, they discover that some of their deepest needs can be met by the Lord. They can begin turning their destructive impulses over to him. A spiritual relationship may not cure their disorder, but it may curb it.

A growing relationship with God may also introduce to them the concept of guilt. Guilt can help them turn away from their seductive behavior to more appropriate ways of seeking intimacy. From my experience, where improvement has occurred in the life of borderlines, the credit is due to a deepened relationship with Christ.

A life of prayer can certainly help them begin to control their behavior. In some instances Jim and I saw special prayer for a release from spiritual oppression have marked results. One Presbyterian elder who holds a Ph.D. in psychology has seen the release of spiritual oppression help some borderlines live more functional lives. It would be misguided, however, to attribute all BPD to spiritual causes.

In Linda's case, there was marked improvement. Her writings reveal that. At her own suggestion, she began seeing Jim just once a month. Any type of separation is painful for those suffering with BPD, but as they become more functional, they learn to accept that the end of a relationship is not the end of the world. They are not being abandoned, they are being released.

Linda seemed to have such an insight in mind when she sent this final note to Jim:

GRIEF NOTE

Dear and wise friend,
I am thankful upon all our remembrances—
that you have been God's instrument
of peace and healing in my life.

God keep you safe and healthy.
His love and light be with you
In all that you are and
In all that you do.

Remember me in your prayers—
As I shall you in mine—
Amen.

