

My life with borderline personality disorder - 'I've always felt like an outsider, an imposter, someone who was tolerated'

Fiona Kennedy underwent treatment for depression and had long stints in hospital before being diagnosed with an illness, she says, in hindsight, she's always had. She tells of her experience living with borderline personality disorder

Fiona Kennedy / Published 09/02/2016

Fiona Kennedy has been diagnosed with borderline personality disorder. Photo: Andrew Downes.

In April 2014, after a long, long period of recurrent depression, hospitalisation and medication trial and error, I was diagnosed with borderline personality disorder (BPD). I remember the day so clearly. I had been in the psychiatric system for two years by then, but was being treated for 'just' depression. It took quite a while for the word 'borderline' to be mentioned - it's a massively stigmatised disorder, and notoriously hard to diagnose and treat, so is a conclusion psychiatrists are slow to reach.

On the day it finally came out, I was equal measures relieved at finally - finally - having a concrete label to work with, and horrified at just what exactly that label entailed. I remember leaving my psychiatrist's office, and coming straight home to Google. My heart broke the more I read. There was so much that was familiar, so much that I could recognise in myself. It really was a double-edged sword, because while I now knew there was a reason for everything that had gone on over the years, it was also becoming increasingly clear just how difficult a disorder this is to treat.

According to Psych Central, a social network run by mental health professionals, the main feature of BPD is a pervasive pattern of instability in interpersonal relationships, self-image and emotions. People with BPD are also usually very impulsive, often demonstrating self-injurious behaviors (risky sexual behaviors, cutting, suicide attempts).

It is an enduring pattern of inner experience and behaviour, and is inflexible and pervasive across a broad range of personal and social situations. It typically leads to significant distress or impairment in social, work or other areas of functioning. The pattern is stable and of long duration, and its onset can be traced back to early adulthood or adolescence.

I can relate to all of the above, up to and including tracing the onset back to adolescence. I've been asked why I never said anything about it, and the answer is achingly simple - I had no clue anything was wrong. I had no frame of reference, nothing to compare to.

I thought I was just a shy, awkward person who didn't know how to fit in. This started in school, and followed on into college and later work, with each situation bringing its own unique challenges.

Socially, I was cripplingly shy as far back as I can remember. I always felt like an outsider, an imposter, someone who was tolerated, but not really accepted. Awkward. I always felt awkward, like I was taking up too much space.

I was afraid to join in, afraid to be seen. In college this meant clubs and societies weren't an option, and I spent a considerable amount of my degree years hiding in the toilets (yes, really - if I got to campus with much time to spare before a lecture, rather than stand alone outside the lecture theatre I'd hide in the toilets until the last minute). I hated being seen alone. I also hated being alone, but I didn't know how to change it. I might also point out that it is only with hindsight that I can recognise this.

After college I went out to work, and this really sparked the start of the more prominent damaging BPD behaviours. I drank way, way too much, and had a string of relationships that rarely lasted more than a few weeks. I had no idea who I was, and changed according to the company I was with. I was coping the only way I knew how, but I wasn't settled, and was profoundly unsure of myself.

I met my husband Ronan 15 years ago, and that was the start of something very new for me - a solid, stable relationship. That said, it hasn't been without its challenges. We moved west from Dublin 12 years ago, and those first few years were exceptionally hard going. We moved to a small town where we knew no one. We started a family, and I developed postnatal depression which took us to a whole new level of difficulty.

What really stands out as I look back over the years is how one thing built on another until I quite literally could not cope anymore. The effort of functioning, of maintaining some outward semblance of normality eventually became too much, and in 2012 I had my first admission to the psychiatric unit of University Hospital Galway.

It was short-lived - I stayed one night then insisted I was absolutely fine and that there was no reason for me to be there. Needless to say, it was only a matter of time before that decision caught up with me and I was admitted again, this time for five weeks, in early 2013.

But still at this time we thought we were dealing with depression. It took another year of on-going frustration and increasingly self-injurious behaviour before BPD was finally recognised.

In the intervening 18 months I've learned so much, not least what I'm up against.

I had the privilege of working with an incredible therapist for years, and it was her support that ultimately helped me become the person I am today. I'm a million miles away from the scared 17-year-old hanging out in the basement toilets of the UCD arts building.

Despite everything I've thrown at it, my marriage has stayed strong, I have a good relationship with my kids, and I eventually found the courage to put myself out there and meet people. I have wonderful friends who know exactly what is going on for me and without whom I would be lost.

That said, the work is far from over. I went as far as I could with my therapist, but following an overdose last summer, it was decided that a more focused therapy, DBT (dialectical behavioural therapy) was required, and so I finished with her.

DBT was developed specifically to treat the behaviours associated with BPD, and is an intensive year-long programme of individual therapy, group therapy and skills development. Unfortunately it's also particularly difficult to come by, but I'm hopeful of accessing a treatment programme this year.

There is not one single aspect of my life and consequently that of my husband's and family's that hasn't been impacted by BPD.

Ronan's understanding and support has been paramount in keeping me going, although it's been far from easy for him. There have been times when BPD and depression have taken over, and we've gone from living our lives to just about surviving day by day.

It's taken a huge toll on him mentally, emotionally and physically, which is something that I think is often overlooked. Partners and families of those with mental health issues need support too. They need to be able to express the frustration, anger and even grief that goes hand in hand with coping with an often impossibly difficult situation over which they have virtually no control.

Both sides need to be given the space and opportunity to come to terms with what is going on, and to at least try and come to some understanding of it.

Having awareness of symptoms, triggers and disordered reactions is huge. I've reached the stage now where I can (in theory at least) recognise all three, although that doesn't mean the trigger or response can necessarily be avoided.

Rather, I'm starting to figure out how to handle myself, what I need to do to reduce the impact of a trigger and try to avoid the most damaging behaviour. Ultimately this is where DBT will come in.

For my husband, it has meant a steep learning curve in terms of recognising when my behaviour is becoming disordered. Times when I'm overly reactive, be that positive or negative, jumping from idea to idea, or shut down entirely, raise huge flags for him, and from bitter experience he knows to become more watchful, for all our sakes. It's exhausting.

Borderline is really, really hard to live with, for me, and for my family. But, clichéd and all as this may sound, it genuinely has taught us a lot. We're far more open in how we talk to each other, because communication is absolutely crucial in surviving this. The minute we stop talking is the minute problems start. Difficult conversations are all too frequent, but they have to be had.

For myself, I'm increasingly aware of how other people are on an emotional level, and am far more empathic because of it. In fact, being able to identify with someone else helps me, because it takes me out of myself.

It's been unbelievably hard to get to where I am now, but given the chance to go back and change things, I'm not sure I would. I can see strength in myself that has come about as a direct result of everything that has happened over the years.

There's a plan in place for the future in terms of treatment. I'd like to think that the years to come will be less challenging than years past, but either way, I'm (reasonably!) confident that I'll handle whatever comes my direction