

## Letting The Light In

I was diagnosed with borderline personality disorder (BPD) in 1990, when I was twenty-nine years old, following a suicide attempt. The overdose wasn't my first attempt at taking my life. Several years prior I had tried to cut my wrists but was unable to go deep enough. I didn't tell anyone what I had done. Through that act I discovered the ritual of cutting which calmed the emotional up and downs that were plaguing me as well as the internal emptiness that had invaded my soul.

I've been in different forms of psychotherapy since I was twenty-three and after receiving the diagnosis of BPD, I wanted to know why. What had caused me to develop this illness that back then carried such a negative connotation in the psychiatric community? I wanted someone or something to blame. I wanted a reason to shove in a box, tie it up with a pretty bow and place high up on a shelf in the closet. I wanted the BPD out of sight and out of mind.

Life didn't work that way. A picture of a broken animal, it's still body lying contorted by the side of the highway came to mind as I endured repeated hospitalizations and frequent episodes of depression and anorexia. Chaos reigned. I wasn't actively suicidal, but when I went to bed each night I begged to a power greater than myself not to wake up.

After my first two hospitalizations for anorexia, the loss of a promising career in marketing and the suicide attempt I went on the rolls of social security disability. I was a patient on a long-term Dialectical Behavioral Therapy (DBT) hospital unit that specialized in treating BPD for almost a year until my insurance ran out and then I lived in a halfway house for three-

and-a-half years. Part of the time I was staying in the residence, I was attending an outpatient DBT day program for people with BPD. In 1995 I left the residence and moved into my own apartment.

Three years later, while continuing with the intensive therapy I had started while on the long-term unit, I entered a graduate school program for social work. I was going to become a therapist. Being in therapy for so long had sparked a fascination with the process and I wanted to help others as my therapists had helped me.

In 2000 I graduated with a perfect 4.0 GPA and found my first job at an outpatient mental health clinic near my home in Westchester, New York. They knew nothing of my history. My supervisor was a kind man and I did well there until 2005 when the unrelenting depression returned and I needed to be hospitalized. I had known I felt off, but I didn't want to believe that my mental illness could interrupt my life again.

There was no doubt that I had to be admitted; there were suicidal thoughts involved. I hadn't been this depressed in a long time. My mother had passed away in 2002; perhaps it was a long-delayed reaction to her death. Maybe it was just time for me to fall apart.

I returned to work after a month but nothing had changed. Another hospitalization several months later followed at the beginning of 2006. This time when I returned to work I found that my clinical responsibilities had been severely curtailed. Humiliated, I resigned.

The internal chaos had assaulted my core once again. Without my job which had defined me since my mother's death, I felt increasingly empty. This tidal wave of emotions brought the beginning of a complete breakdown which required six hospitalizations in all and several years to return to my former level of functioning.

In 2007, when I was still on this roller-coaster ride I enrolled in writing class at a local center. I enjoyed the feeling of creating something from nothing, of crafting a sentence, a paragraph and a finished essay. I continued to take classes for two years and I published several pieces. I didn't feel comfortable calling myself a writer, but I enjoyed the elation that came from seeing my name in print.

The writer identity began to sneak its way into my psyche and slowly replaced the patient identity. I had found something else that I was good at and that was validated by others, by my instructor, by my classmates, and by seeing my work in the pages of an anthology.

I had started with a new therapist who was also a psychiatrist and a psychoanalyst. She specialized in Transference Focused Psychotherapy (TFP), which is a psychodynamic treatment for BPD that focuses on the transference between the therapist and the client and the insights gained. The therapist highlights the behaviors that have become apparent in the therapeutic relationship and how they influence the client's relationships in her life outside the therapeutic office.

The therapy called for sessions twice a week. Dr. L. encouraged me to free associate but that was difficult for me. I was used to censoring what I said which went back to a fear of criticism from my father. He used to tell me to "*Think*," especially during our chess games, as my hand was poised over the board holding a rook or a pawn. He purposely mangled the word think, so it stuck in my mind and I rarely answered a question without hearing his harsh voice reverberating in my brain.

When Dr. L. asked me a question, for many years I used the "*Think*" excuse which seemed plausible until she confronted me.

“I don’t think you’re thinking as much as you claim to be when I ask you a question,” she said in a calm voice.

Disbelieving, I looked at her.

“It goes back to the chess games you played with your father, but more with your fear of angering him — and your fear of rejection from him — and from me.”

Slowly, I nodded. “I was terrified of what he might say to me if I dared to say the wrong thing. I couldn’t risk it. I couldn’t risk that he might think I was stupid. If he thought I was stupid, he wouldn’t love me. I wouldn’t be his daughter any more. He’d abandon me.”

“Go on,” Dr. L. urged.

“Just like if I said the wrong thing to you, you’d reject me and abandon me.”

“And you wouldn’t be my daughter anymore?”

I burst into tears.

Dr. L. encouraged me to return to my career as a social worker on a part-time basis at first. I found a fee-for-service job at an outpatient mental health clinic in Queens, New York, not far from where I had grown up. It was a long drive from my home in Westchester, but they were willing to take a chance on me.

After nine months of working part-time I was hired on a full-time basis. Soon after that the Executive Director of the agency tapped me to start working on some administrative projects for her. She had noticed my penchant for perfectionism and my talent for detail-oriented work and she put it to use. Slowly I stopped taking on clients and began taking on more administrative

work. I enjoyed the feeling that I was contributing to the running of the clinic in a more global way. I felt as though I had finally found my niche.

Dr. L. was pleased that I had come so far, but she had additional ideas about what fueled my tendency to enjoy this specific type of work.

“I think it makes you feel superior, just like the anorexia did,” she told me.

“I admit that when I was in the midst of the anorexia, I got a kick out of feeling that I was better than other people because I could resist eating and because I could drop thirty pounds at will. But what does that have to do with this?” I asked.

“You’re reviewing the work of other therapists. You’re correcting their work and picking up on issues that they potentially overlooked.”

“Yeah. So?” I was defensive.

“I think you get a kick out of that. You feel you know what you’re doing while they know less than you do. It’s a similar situation to when you were actively anorexic.”

I crossed my arms over my chest and slumped down in my chair. “And what if I consider that you might be right?”

I learned that Dr. L. was intelligent and rarely off the mark. A tall woman with short curly hair, she sat impeccably dressed in a comfortable black leather chair with her feet up on a matching ottoman. I sat facing her in a hard-backed, rather uncomfortable chair. At times I wonder if she purposefully chose that chair to keep her clients alert.

In the years I worked with Dr. L. my life began to ease into a predictable rhythm. I was doing well, functioning at a higher level than anyone would have thought possible. I was

advancing at my job. I was writing and publishing. While not dating, I had a full and active social life with a small but close circle of friends and family. And I was able to reduce my sessions with Dr. L. to once a week.

We talked about my lack of interest or desire to date. “You know,” she said to me during one session, “you deny yourself two of the greatest pleasures of life, food and sex. What is that about?”

“I’m afraid,” I replied. “Of becoming dependent on a man, of making myself vulnerable to him. I don’t think I’m capable of an intimate relationship.” I paused. “I’m afraid of consuming him and of him consuming me.”

“That sounds an awful lot like food,” Dr. L. remarked.

In 2012, my father was starting to make noise from his apartment in Queens. His health was declining and he needed my brother’s and my assistance. My work was close by so several nights a week I did his food shopping for him. His apartment was in a state of squalor. I couldn’t believe that I had grown up there, playing on my hands and knees on the white tile floors that were now black with grime and littered with dead roaches.

My brother convinced our father to move up to a studio apartment in Connecticut, closer to him. Dad’s health declined quickly up there and one afternoon in 2013 I took him to the hospital. He never left. He had sepsis and his liver was failing. Transferred to a palliative care facility, he died within ten days. My brother and I tossed his ashes in the Long Island Sound on a brisk spring afternoon.

The depression took root six months after my father’s death, as snow and ice covered the ground and life died from the bitter chill. I had been well for so long, I believed that I was safe.

Day after day at work I shut the door to my office and sobbed. Dr. L. admitted me to a partial hospitalization program. She changed my medication.

I returned to work for a week and felt overwhelmed. Before the sun rose on a Saturday morning, I padded into my kitchen and swallowed a bottle of pills. Wading back into my bedroom, I fell down onto my bed and waited to die. I took a cab to the emergency room and wound up on the cardiac floor attached to a heart monitor. I was transferred to a psychiatric hospital. Dr. L. had mandated that I be admitted to the personality disorders unit.

My BPD symptoms, the ones I thought I was managing so well had erupted in a torrent as though an aorta had torn. Blood was everywhere. I had fired Dr. L. several months back in a burst of anger and although we had seemingly worked it out, I hadn't realized how very angry I still was with her. The internal emptiness, the pain – the night prior to the overdose I had lain on my living room floor, hand outstretched towards my cat, howling as though I were a wounded animal, my snot dripping into the carpet.

For the first time in the nine-plus years that I had been working with Dr. L, I began to talk about my anger. Towards her, towards the people I loved, towards the world in general. She didn't judge me, reject me or abandon me. I told her I was a terrible person, hateful and I should be condemned for having such thoughts. She didn't laugh or even smile. She took me seriously and I felt validated.

I hadn't written since December of 2013 and I was mourning the loss of my creativity. I was mourning the loss of the identity that had once rescued me from being a patient. Now I was ill once again and my only way out was to talk about it.

I worked hard at saying the first thought that came to mind. Without censoring. Without judging myself. Sessions passed. Weeks. Months. I asked my boss if I could return to work full-time in August. Prior to that I had only been at my job part-time. Feeling inspired once more, I began to post my blog weekly. It felt freeing to be writing again.

I visualized the morning mist rising off the ocean, curling up to meet the clouds. My black and white thinking faded to gray. I was able to envision both sides of a concept more easily, to see a compromise where before there had been only absolutes. I realized how deeply my father must have been hurt when the psychiatrist on the long-term BPD unit accused him of sexually abusing me as a child. I realized that his fragile ego most likely never recovered and in response he chose to retreat. *"Daddy, I'm sorry."* Too late. He could no longer hear me. The hatred I once felt for him was dwarfed by my shame.

I recently turned 54 and my core sentiment is one of gratitude. I look back over the last twenty-five years and I am thankful for all the people in my life who stayed with me when I was determined to destroy myself. I thought I was thriving when I was treading water. I thought there could be no more surprises when there were countless bombshells waiting to be unearthed.

Dr. L. commented that this last year has been the most intense. I've done a great deal of work. I still have work to do. I will always have work to do. To preserve equilibrium, to maintain balance. To let the light in. What is different now is I like the person I have become. I respect her. When I recall the level of pain the woman on the carpet was in a year ago, the memory brings tears to my eyes. I am content now and I pray every day that I will never be face down on that carpet again.

