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Meghan Albrecht
Resilient Traits of Children
Raised by a Parent with
Borderline Personality
Disorder

ABSTRACT

Much of the literature on BPD and children of parents with BPD focuses on the psychopathological tendencies of this population, specifically the high risk these children have of going on to have BPD as well. The purpose of this study is to better understand how children with BPD adapt and are resilient in ways that exclude them from developing BPD.

Three memoirs written by daughters of mothers with BPD were selected based on APA criteria met by each mother for BPD and the daughter's ability to articulate and reflect on her experience with her mother from childhood to adulthood. These memoirs included *Wishing for Snow* (Gwin 2004), *Her Last Death* (Sonnenberg, 2008), and *Searching for Mercy Street* (Sexton, 1994). All daughters were biologically related to their mother, and did not meet the criteria for BPD at any point in their lives.

The major findings described ways in which the passing down of BPD was impeded by the development of resilient traits. These traits included: first, the importance of writing one coherent narrative. Gaining control over her life story by processing and accessing emotions not otherwise named, daughters were able to find and put together all the pieces of her experience with her mother. Second, each daughter accepted the similarities she shared with her mother, but also clearly defined her

differences allowing for the development of the daughter's separate sense of self. Third, each daughter connected with another person who provided a sense of stability allowing for the development of a secure sense of self. Finally, each daughter was empowered by the non-traditional female role her mother played in their family, which influenced the daughter to pursue non-traditional female roles in her adult life.

RESILIENT TRAITS OF CHILDREN RAISED BY A PARENT WITH BORDERLINE
PERSONALITY DISORDER

A project based upon an independent investigation,
submitted in partial fulfillment of the requirements
for the degree of Master of Social Work.

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2009

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This thesis is dedicated to Andrea and Allison.

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CHAPTER I

INTRODUCTION

Just as a tree will, within certain limits, be able to grow around an obstacle so that it can ultimately expose its leaves to the life-sustaining rays of the sun, so will the self in its developmental search abandon the effort to continue in one particular direction and try to move forward in another. -Heinz Kohut (1984)

If you cannot get rid of the family skeleton, you may as well make it dance.
-George Bernard Shaw (1901)

Borderline Personality Disorder (BPD) affects roughly 2% of the general population and comprises one fifth of all psychiatric inpatient populations. Seventy-five percent of those diagnosed with BPD are women in their child bearing age (Lamont, 2006). Research has focused on the psychopathological tendencies of children whose parents meet the criteria for BPD. This includes a tendency towards impulsivity disorders like ADHD, conduct disorder and disruptive behavior disorder (Feldman, Zelkowitz, Weiss, Vogel, Heyman & Paris, 1995). Children whose parents meet the criteria for BPD are at five times greater risk than other children in the general population to acquire this personality disorder (APA, 2000). Very little research has looked at what prevents children raised by parents with BPD to develop without evidence of these symptoms (Lamont, 2006; Mowbray, Bybee, Oyserman, Macfalane & Bowersox, 2006).

The purpose of this study is to better understand how children raised by parents

with Borderline Personality Disorder adapt and are resilient in ways that exclude them from developing BPD. This study examined three memoirs written by daughters of mothers identified as meeting the criteria for BPD. For the sake of this research, resiliency is defined as ways in which the daughters adapted and did not develop BPD.

CHAPTER II

LITERATURE REVIEW

The literature reviewed for this study includes a discussion of the diagnosis of BPD, psychopathological research on parents with BPD, and an overview on the literature on resiliency and studies of resiliency among children whose parents have a mental illness, including the very little research specific to parents with a diagnosis of BPD.

Borderline Personality Disorder

The literature on BPD is vast and consists of much debate about the etiology, usage, relevancy and legitimacy of the diagnosis (Lenzenweger & Cicchetti, 2005; Nehls, 1998; Paris, 2007; Zanarini & Frankenburg, 2007). There are roughly 256 combinations of symptoms of the DSM IV criteria for Borderline Personality Disorder which include five of the following:

1. Frantic efforts to avoid real or imagined abandonment. [Not including suicidal or self mutilating behavior covered in criterion 5]
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., promiscuous sex, eating disorders, binge eating, substance abuse, reckless driving). [Again, not including suicidal or self-mutilating behavior covered in criterion 5]
5. Recurrent suicidal behavior, gestures, threats, or self-mutilating behavior Such as cutting, interfering with the healing scars (excoriation) or picking at oneself.

6. Affective instability due to 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 and worthlessness.
8. Inappropriate anger or difficulty controlling anger (e.g., frequent displays of temper, constant anger, recurrent physical fights).
9. Transient, stress related paranoid ideation, delusions or severe dissociative symptoms. (APA, 2000, pp. 292-293)

The term borderline comes from the psychodynamic idea of someone presenting on the border of neurosis and psychosis. The main traits of the disorder include emotional deregulation, impulsivity, and difficulties with interpersonal relationships i.e. fear of abandonment and unclear boundaries (Paris, 2007). Though the disorder has been thought to look similar to and has been diagnosed as various Axis I disorders like post-traumatic stress disorder, bipolar disorder, and schizophrenia, BPD is a separate and distinct diagnosis (Lawson, 2000; Zanarini & Frankenburg, 2007).

Lenzenweger and Cicchetti (2005) outlined the stages of research throughout the clinical development of use of the diagnosis. Pre-1960s research led to the demarcation of BPD as a unique disorder separate from schizophrenia or psychosis. Research in the 1960s and 1970s focused on behavioral and psychological displays of diagnostic criteria which led to its publication in the DSM III. After its publication, there became a need to scientifically measure the symptoms of BPD. In the 1980s patients began to be clinically diagnosed with BPD. With the official use of the diagnosis came statistics of who was diagnosed with BPD. Over 70% of the population were women, 90% had endured either physical, emotional or sexual child abuse, and in almost every case, the person with BPD had one parent that also fit the criteria for BPD (Nehls, 1998). The research of early 2000s sought to better understand the etiology and course of development of the disorder.

This research included understanding life trajectories of those with BPD, working to create reliability defining this disorder, and identifying a need for more scientific and neurobehavioral inquiries into measuring certain symptoms.

BPD currently represents over 20% of the psychiatric inpatient population (NIMH, 2001). Two percent of the general population is assumed to have this disorder (NIMH, 2001). Because of the interpersonal difficulties experienced and defined by the diagnosis, relations between providers and patients have created a stigma for those with BPD. These individuals are considered “manipulative,” “not sick,” “more difficult,” and “noncompliant” (Nehls, 1998, p. 101). This stigma often times changes the attitudes that clinicians have for these individuals in that the person with BPD is creating these sources of contention on purpose (Nehls, 1998). This attitude highlights the lack of empathy and information about the true pain that people with this diagnosis experience. The general sense from Nehls (1998) is that for individuals with BPD, it is like everything they touch turns to sand despite how much they want to hold it. They long for personal closeness, but at the same time cannot tolerate it.

Children’s Experiences of Their Parent’s BPD

Though there is variation in the behavior of a parent with borderline personality disorder towards their children, children most commonly describe their experience as living with Dr. Jekyll and Mr. Hyde (Glickauf-Hughes & Mehlman, 1998). Lawson (2000) created character profiles of four different kinds of “BPD mothers.” These profiles described the mother’s internalization of the world and how it manifests itself in the relationship with her child. The Waif mother appears somewhat like Cinderella with her history of childhood abuse and feels unworthy despite her accomplishments. This

mother's message to her child is "life is hard" (p. 37). The Hermit mother is much like Snow White who has let few people into her world for fear of being hurt. Her message is "life is too dangerous" (p. 38). The Queen mother is exploitative of others and greedy, though internally she is empty. She speaks "life is all about me"(p.39). Finally the Witch mother is full of self hatred and projects that as rage onto her children. She says that "life is war" (p. 38).

Lawson (2000) hypothesized that children of parents with BPD live in a make-believe world: "Borderland" (p. 4) where these children have come to accept that some things are real and others are not. Similar to Alice in Wonderland, Lawson noted that children tended to feel they had experienced something very different from how their BPD parent experienced the same interaction. Frequently, parents with BPD experienced cognitive distortions when at a level of intensified affect, producing a gap in memory. This results in the invalidation of the child's experience (Lawson).

Children encountered their parent's fear of abandonment as overwhelming neediness and suffocation often resulting in caustic impulsive reactions toward the child's move towards independence (Lawson, 2000). A borderline parent will often project their own shame onto their child, by using shaming tactics when disciplining the child. The child experiences an underlying anxiety of either being hurt by their mother, or their mother engaging in self-harming behaviors. In addition transitional objects that serve as symbols of their attachment to their mother, like blankets or teddy bears, tended to be targets for the mother with BPD.

A borderline mother might also disown her child at certain times, will have difficulty discerning boundaries between herself and their child, and create a heightened

level of distress in the child's ability to form a separate identity. It is not uncommon for the child to fantasize about actually having to kill their mother in order to have a separate sense of self (Lamont, 2006).

Psychopathological Studies of Parents With BPD and Their Children

Several fixed methods studies looked at the psychopathological tendencies of children raised by parents with borderline personality disorder. The results of these studies suggested children raised by a parent with BPD may be susceptible to an episode of major depression (Barnow, Spitzer, Grabe, Kessler, & Freyberger, 2006), ADHD, conduct disorder, disruptive behavior disorder or BPD (Feldman et al., 1995). Children raised by parents with chronic mental illness are likely to have an episode of major depression (Abela, Skitch, Auerbach & Adams, 2005; Pittman & Matthey, 2004), however the risk of depression becomes even greater for children whose parent's axis I diagnosis is coupled with the axis II diagnosis of Borderline Personality Disorder (Abela et al.). Susceptibility to psychopathology consists of two factors "cognitive vulnerability factors," (p. 69) such as low-self esteem, ruminative tendencies, high self criticism and pessimistic accrediting and "interpersonal vulnerability factors," (p. 69) like reassurance seeking, dependency and insecure attachment styles (Abela et al., p. 69). Combined, these two factors create an even greater risk for children with parents with BPD to not only have an episode of depression, but to also develop BPD (Abela et al.).

Some of the risks for children raised by parents with BPD may come before the end of the first year of their life (Hobson, Patrick, Crandell, Garcia-Perez & Lee, 2005). In this fixed methods study, ten mothers with BPD were compared to 22 mothers without psychiatric diagnoses. The study looked at how both samples of children engaged with a

stranger without any provocation by their mother, and then monitored how mothers played with their children. The study suggested that though some children, due to their personality strengths, engaged positively with the stranger, that most children had disorganized behavior and were unable to maintain “emotional equilibrium” (p. 329). The BPD mothers had difficulty engaging positively with their children and were more intrusive and less empathic when teaching and playing with their child (Hobson et. al, 2005). In response to these and similar findings, Lamont (2006) described reasons for this parent/child interaction resulting from the mother’s history of unresolved trauma and her inability to reflect on her own childhood in order to facilitate empathy.

Herr, Hammen and Brennan (2008) had the largest sample to be studied to date of 815 BPD mother-child pairs. They found a similar result to the Abela et al. (2005) study in that maternal BPD symptoms affected the childrens’ ability to make friends, the security of their attachments, and perceptions of their mothers’ disposition. Their findings suggested that BPD isn’t necessarily a genetic manifestation that is passed on to the next generation, but more a child’s reaction to the stress of living with a parent’s inability to regulate emotions (Herr et al., 2008). This study used the self reports of 15 year olds to better understand the stress they experienced.

In an empirical study of families with a parent with BPD compared to other axis II diagnoses, it was found that the BPD diagnosis created more instability for children in these families (Feldman et al., 1995). Former and current psychiatric patients diagnosed with a personality disorder at a teaching hospital were contacted to participate in the study if they had children over the age of four in their custody. Nine women with a diagnosis of BPD had 23 children who participated in the study. Fourteen women who were diagnosed

with other axis II disorders had 21 children who participated. The study used multiple questionnaires including the Revised Diagnostic Interview for Borderlines, Family Trauma and Resilience Interview, and the FES, a self report of the participants overall family satisfaction. It was determined that children with mothers with Borderline Personality Disorder experienced frequent changes in school and changes in members of the household; had family members who exposed them to drug and alcohol abuse as well as multiple suicide attempts and overall instability. In addition these children had more psychiatric disorders than those with parents with other axis II diagnoses.

Schiers and Bok (2007) conducted a study to compare the effects of family members in a caregiving role with non-familial caregivers of a person with BPD. Sixty four Norwegian caregivers were contacted through support groups for BPD caregivers. Participants filled out a survey assessing for heightened symptoms of psychological distress connected to their caregiving role. The symptoms included anxiety, agoraphobia, depression, hostility, distrust, and somatic problems. The study found that the main difference between family caregivers and non-family caregivers was the increased level of hostility experienced by non-family caregivers toward the patient. Both family and non family caregivers experienced a heightened level of psychological distress from their experience caretaking a person with BPD. The familial caregivers were generally spouses, siblings, or parents. There were no children or adult children represented in this study. In studies done with children (Abela et al., 2005; Barnow et. al., 2006; Pittman & Matthey, 2004), the age of children studied varied widely across many developmental stages. A six-year-old child might make sense of an experience very differently than a 15-year-old child in these studies. In addition this spectrum of ages might not account for the

differences in language skills as well as understanding of self. In addition, children who were currently living with their mentally ill parent might see things very differently than a child who was no longer living with that parent. The other non-BPD parent's involvement with the child was rarely acknowledged.

In terms of methods, the children were generally asked to complete multiple surveys, and to participate in focus groups (Abela et al., 2005; Barnow et al., 2006; Pittman, & Matthey, 2004). It is also hard to truly understand the incentive these children had to take the time to participate in these studies, let alone accurately fill out the surveys. The Abela et al. study had children filling out over five surveys by themselves, with no mention of whether or not the children could even read.

Other areas of demographic detail rarely raised in the literature were number of siblings, whether or not it was single parent household, income, number of hospitalizations that the parent had on average a year, nor a description of the parent's symptoms at baseline.

Finally, the literature reviewed in this section, though helpful in understanding the pathological future of individuals raised by a parent with BPD, provided little insight into how pathology might not develop in these children.

Studies of Resiliency of Children with Parents with Mental illness

Glickauf-Hughes and Mehlman (1998) presented the idea that although many of the behaviors of adult children raised by a mother with BPD appear similar to their parent's primitive behaviors, that there are children who have established a secure sense of self in spite of their interpersonal struggle. This was the only study on resilient traits of an adult child raised by a parent with BPD that I have found. The study looked

retrospectively at nine long term psychoanalytic patients between the ages of 23-51 who self-identified their mother as having BPD. In therapy, these patients described their mother as angry, regressed and unpredictable which left many of these adult children with a variety of self-identified intrapsychic and interpersonal difficulties. These included anxious attachments with primary supports in which the adult child feared retaliation from their mother. Feelings of anger and dependency were generally uncomfortable emotional states because of the how their mothers expressed these emotions. These adult children's general emotional states were a source of discomfort as they confused "normal emotions with primitive emotion and feelings with actions" (p. 301). These children were noted as being highly critical of themselves as well as unable to regulate their self-esteem based on their parent's inability to hold both the good and the bad parts of them as a whole. Finally these children described a feeling of being an imposter in their level of success due to having to take on adult levels of responsibility at a very young age. The fact these were all self identified areas of concern brought to treatment speaks to these patients' self awareness and immense desire to not be like their mothers.

Glickauf-Hughes and Mehlman (1998) identified resilient traits including the patient's ability to fantasize, be self-aware, recognize that emotional needs were not going to be met by primary supports and therefore turn to other adults and peers. Many of these traits counter her mother's symptomology based on the lack of interpersonal conflict these children experienced evidenced by their interest and sustainability of friendships. Another discussed resilient trait was the desire to not be like her mother:

By negatively identifying with the mother they develop a greater ability to fantasize about other types of parents they desire, and thus identify with other people who may alternatively provide better parenting. They

fantasize about the kind of good non-borderline object they want to be to others, and may heal, in part, by being a non-borderline parent to his or her own child. (p. 298)

This was the first article that I encountered which considered ways in which adult children had understood their condition in order to not repeat the pattern of behavior. Rather than assuming that their behaviors were leading to BPD itself, this study suggested that BPD does not have to be a legacy. This was due to certain inherent sensitivities of the individual's personality, as well as the differences in levels/kinds of trauma experienced by the BPD parent compared to the child experiencing the BPD parent.

Self-understanding was the focus of another important study on resilient adolescents with a parent with psychiatric disorders (Beardslee & Podorefsky, 1988). This way of studying resilience came in response to difficulties categorizing resilient behavior. Self report provides a means to understanding how the person going through a certain experience values it. Eighteen Caucasian, English speaking children between the ages of 13-19 with one parent with an affective disorder, were selected out of 250 children aged 6-19. Basis for selection was their overall adaptive functioning rating composed of "school performance, work performance, involvement in other activities and relationships with mother, father, siblings and friends" (p. 64). Levels of self understanding were measured within this study including awareness of the parent's mental illness, awareness of the nuances of the diagnosis, and the capacity to observe and reflect on the experience of parental illness (p. 66). The children who were deemed more resilient adjusted to the spectrum of affect and symptomology of the parent's illness and understood that they were

not responsible for their parent's illness and could not cure their parent's illness. Finally these adolescents sought an independent life that did not rely on their parents.

Children who received education about their parent's mental illness showed sensitivity to that parent (Pittman & Matthey, 2004). Though not specific to any particular diagnosis, the study suggested the importance of children understanding the illness in terms of self-efficacy, and their lack of accountability for the behaviors their parent exhibits. Specific to BPD, patients and family members of these patients described the diagnosis differently (Schulz, Schulz, Hamer, Resnick, Friedel, & Goldberg, 1985). In a fixed study, 16 patients with BPD and 35 family members of these patients were asked about certain aspects of the diagnosis. Etiology, perceived burden on family members, and symptoms of the illness most difficult to manage were identified differently among family members than those with the diagnosis (Schulz et al., 1985). This discrepancy suggests the need for psychoeducation for family members and those diagnosed with BPD both in terms of early intervention and family therapy.

Two studies looked at the narratives of families, siblings and offspring of a person with mental illness to hear personal accounts of how these offspring have come to define their experience of coping (Kinsella & Anderson, 1996; Marsh & Lefley, 1996). Kinsella and Anderson found that their study expanded theory presented in earlier studies about traits of resilient offspring and siblings by means of flexible methods. Ten adult offspring of a parent with mental illness, and ten adult siblings were interviewed for up to two hours about coping skills, needs and self-perceived strengths. Despite the effort to gather positive information from family members, many shared the pain and sadness that had come from their mentally ill family member. In addition a distinction was made between

coping skills. Family members identified and defined differences in positive and negative coping skills that they acquired. Coping skills that were considered negative generally helped them through the immediate situation, however resulted in long term adverse repercussions. These negative coping skills included unhealthy escapes, internalization of emotion and the use of drugs or alcohol. Parent's behavior often lead to the child's desire to sever all ties with the BPD parent or other family members. Identified positive coping skills included objectifying the illness, constructive escape, and similar to the Marsh and Lefley (1996) study, the ability to see a positive outcome from the adverse situation. Another interesting finding of Kinsella and Anderson was the variation in age between the sibling or offspring when their family member developed symptoms of mental illness. Offspring were generally younger than siblings when their family member was diagnosed. This study was one of the first to show different means of coping and the after affects of choosing one means of coping over the other.

In a very similar exploratory flexible methods study of family resiliency, Marsh and Lefley (1996) interviewed 131 family members of a person with mental illness. The family members raised themes of emerging personal strengths developed from experiencing a family member with mental illness as well as family strengths. They described contributions the family member with mental illness added to the family and their own personal contributions to the family. Experiences as caregiver, if the mentally ill person ever recovered, and perceived contributing factors to positive change among themselves, the mentally ill family member and the family as a whole.

On the topic of family resiliency, participants identified a cementing of the family to fill in the holes left by the sick family, as well as the importance of supporting each

other with caregiving tasks. There was a sense of gratification by family members in helping and witnessing any signs of recovery of the mentally ill family member. The majority of participants acknowledged their own personal resilience defined as a broadening of perspectives and priorities. Enduring this life experience created an overall sense of strength among family member. There was a general lowering of expectations of the mentally ill family member which allowed for less disappointment by the family. Both of these flexible method studies allowed space for understanding various coping skills that might not have been perceived as such in a traditional sense.

Two studies (Campbell-Sills, Cohan & Stein, 2006; Tiet, Bird, Hoven, Wu, Moore, & Davies, 2001) attempted to operationalize resiliency in terms of measurable risk and protective factors. Tiet et al.,'s sample consisted of 1,285 parent/child dyads, children ranging in age from 9-17. The dyads were from Connecticut, Georgia, New York and Puerto Rico. The study measured the youth's adjustment through "psychiatric disorders and functional impairment," (p. 352) using various standardized scales of measurement. Maternal psychopathology was also measured. The data collected suggested that the absence of maternal psychopathology resulted in overall better youth adjustment. Girls and children with higher IQ's were considered well adjusted when maternal psychopathology was present. This study also acknowledged the need to look at compounded stress situations in which more than one stressor is present.

Campbell et al. (2006) studied 132 undergraduates who agreed to fill out questionnaires of various measures of resiliency, childhood trauma and psychopathology. Resilience was linked with low neuroticism, and high levels of extraversion and conscientiousness that involved choosing coping skills that were task oriented. These

studies were difficult to understand based on the technicality of measurements. In general, the language of both these studies made the basis of their findings difficult to understand and questionable.

Using mixed methods, Mayberry, Ling, Szakacs and Reupert (2005) illustrated that Australian children, parents and providers perceived the needs of children of mentally ill parents differently. Twelve children between the ages of 6 and 16 participated in the study. There was no documentation of gender, ethnicity or mental health status of these children. The twelve parents included, 10 with a diagnosed mental illness, and two with partners with mental illness. Sixty-two mental health workers participated. Through surveys and focus groups all three groups of participants described similarities in the importance of siblings, the tendency for children to withdraw when the parent's symptoms become more acute and the desire to learn more about the specific mental illness. The group of children emphasized temporary coping skills like the importance of having friends as well as the importance of helping out at home when the parent gets ill. Parents emphasized the desire to have more professional support for their children including education for the child about their illness. Providers agreed with parents, also identifying the importance of education about the child's parent's mental illness. They also stressed the importance for children to be able to take a respite from their home environment. Though the study did not address resiliency directly, it provided insight into the need to help children with the development and awareness of long term coping skills.

Written narratives of adult children addressing the topic of "How my life changed after a family member of my family became mentally ill," were coupled with six interviews looking at how children 9-11 years old understood and articulated their

coping in the immediate situation (Polkki, Ervast & Huupponen, 2004). The narratives talked about the child's need to take on the role of caretaker as her other parent failed to take on needed extra responsibility. The adult children described ways they were able to read their parent to determine the level of acuity of the mental illness. In addition, children who were younger at the onset of their parent's illness were able to feel safer in their home environment and continued to socialize with friends, whereas older children found themselves detached from life outside of their house (Polkki et al.). The six children who were interviewed had difficulty talking about their situations, however in general felt that it was their responsibility to look after their parents because there was no other choice. The study was able to identify various resilient traits in these children including an awareness of their parent's mental illnesses, an ability to articulate thoughts and experiences of living with the parents, ability to distinguish their emotional experience from that of their parents, ability to not feel guilty about the situation, and the ability to find additionally means of attaining self esteem outside of the home including interacting with supportive adults.

The amount of literature on the study of resiliency and its components is immense. It is an area of psychology and social work research that is still evolving in terms of defining terminology, means of operationalizing and measuring and reporting on it. (Luthar, Cicchetti, & Becker, 2000; Masten, 2001; Rutter, 1993). What is agreed upon is that resilience is always coupled with a stressor, either ordinary or extraordinary. The form of stress isn't as important as how it interacts with the human adaptation system (Masten, 2001). This adaptation system is made up of risk factors and protective factors that are specific to various stressors. What could be a risk factor in one situation might be

a protective factor in another (Rutter, 1993). These factors do not translate equally across gender, race, culture, religion and ethnicity (Fraser, Richman, & Galinsky, 1999).

Historically, resilience has been perceived differently by different people.

Vaillant (1977) described this idea using the ego defenses in human adaptation:

In examining the Grant Study men, I have drawn conclusions in terms of evidence that is statistically valid but which may have little importance to a given individual. For example, since, statistically, divorce occurs more frequently among people who are poorly adapted in many other areas of their lives, it can serve in our culture as objective evidence of poor adaptation. Yet in the case of one subject, to stay married might well have been suicidal, and after divorce another man achieved one of the best and most enduring marriages in the study. (p. 50)

Some researchers understand resilience as a certain level of cultural and societal competence; some consider it to be lack of symptoms when psychopathology is expected; others see it as levels of outward achievement or low level of internal distress (Masten, 2001). The fluidity in studying resiliency requires the researcher to identify and define what their interpretation of resiliency is, and their standards for measuring it.

Risk factors suggest similar characteristics among a group of people that puts them at greater risk for developing a certain negative outcome (Fraser et al., 1999).

Though resiliency research has spanned a variety of societal risks, for the purpose of this literature review, the focus is on pathological risk, including any research that might have been done on those at risk for BPD based on their parents' diagnoses of BPD.

Developmental psychopathology, the study of factors of healthy and pathological development throughout an individual's lifespan, is the school of thought where much of the current resiliency research is developing. The emphasis behind this research is to better understand how and why pathology does or does not develop and comes in response

to the medical model's influence in how human psychology was studied. Norman Garmezy, one of the earlier researchers of resiliency worked with inpatient schizophrenic patients in the 40s and 50s and observed a distinction between patients with the same diagnosis. Some patients exhibited a higher level of functioning than other schizophrenics on the unit. This prompted an investigation into how this could be. Garmezy discovered that higher functioning schizophrenic patients, later labeled schizophreniforms, held jobs, were more often married and interacted with their families (Rolf, 1999). This level of competence was a component to these patients' level of resiliency. Garmezy later defined competence as "a variety of adaptive behaviors, and resilience as manifest competence despite exposure to significant stressors" (Rolf 1999, p. 7). Masten (2001, p .228), a current developmental psychopathologist and student of Garmezy refined this definition as "good outcomes in spite of serious threats to adaptation or development."

Further protective factors include individual abilities: cognitive abilities, self-perception of competence, temperament and personality, self regulation skills and positive outlook on life; relationships: parenting quality, relationships with competent adults and connections with pro-social peers; and community resources: good schools, connections to pro-social organizations, neighborhood quality and quality social service and health care (Masten & Powell, 2003). Rutter (1993) argued that it is essential to look at processes in addition to specific factors that create certain outcomes. These processes may be more effective at different stages of development and based on different levels of stress previously encountered. Bonanno (2004) emphasized the commonness of resiliency and the variety of ways that a person achieves it. Unlike recovery, resiliency is a way of maintaining equilibrium in the face of stressors, rather than being temporarily submerged

by a traumatic event. He connoted that resiliency is achieved by a variety of means including a positive emotion, repressive coping, occasional self enhancement and a robust personality, defined as someone who believes they can influence their own life and look for meaningful purpose,

These protective factors are not universally helpful in all experiences of stress, despite being proven to be effective in some (Glantz & Sloboda, 1999). Because of this, much of resiliency research has consisted of longitudinal studies that show the ebb and flow of stress and adaptation over the course of human development (Glantz & Sloboda; Valliant, 1977).

The gaps in literature suggest that there is a need for more research on how children raised by a parent with BPD have been resilient. My definition of resiliency based on the review of literature is ways of adapting that prevents the child from developing Borderline Personality Disorder. Very little research has been done on families not seeking mental health services. Both BPD and resiliency research are in need of continuing to open up stories of individuals experiences by means of exploratory design.

CHAPTER III

METHODOLOGY

This study identified three memoirs written by women whose mothers appeared to fit the APA criteria for Borderline Personality Disorder. The authors were identified as being resilient by not meeting the criteria for BPD. I chose memoirs as my sample in order to hear in each daughter's own words areas of her life she felt important to include when describing her experience in relation to her mother. In addition, I wanted to get as in depth as I could with the limited time that I had to study these women's lives. Finally, I felt it important to have access to the daughter's full life from their earliest memories to present day in order to see how the women coped with various life stages.

I searched various BPD family support group websites for suggested reading, but found no memoirs of adult children. I searched variations of "memoirs of adult children with mothers with BPD" on Google, and came up with *Helen's World of BPD Resources* (www.bpdresources.com/books.html), which suggested various titles including self-help, fiction and cinematic references about BPD. There was one memoir suggested on this site: *The Liar's Club*, Karr (1994) I then searched that title on Amazon.com to find other titles related to *The Liar's Club*. After reading the synopsis of over forty suggested similar titles, I narrowed my sample down to nine titles. Because of the depth of information in each memoir, each roughly 300 pages, I felt that three memoirs would be sufficient for the purpose of this study. Each memoir was read through once in order to determine its relevance and level of appropriateness for this study. The six preliminary

titles not used were: *Who Do You Think You Are* (Meyers, 2008), *Running With Scissors* (Burroughs, 2002), *The Glass Castle* (Wals, 2005), *Mommy Dearest* (Crawford, 1997), *The Liars Club* (Karr, 1995) and *Cherry* (Karr, 2000). I did not use these titles for a variety of reasons. Although *The Liars Club*, *Cherry*, *The Glass Castle* and *Who Do You Think You Are* did show examples of resiliency, it was difficult to isolate the mothers' behaviors as predominately BPD instead of examples of major depression, psychosis and behavior resulting from substance abuse. Both *Running With Scissors* and *Mommy Dearest*, though qualifying memoirs based on their mother's borderline traits, felt frequently over-dramatized and made me question the accuracy and reliability of these two authors' accounts of growing up. In addition Christina Crawford was adopted, an exclusion criteria for my sample. These memoirs could be completely true accounts, however I felt that their dramatic nature would be distracting to the study.

The three memoirs I selected included: *Wishing for Snow* (Gwin, 2004), *Her Last Death* (Sonnenberg, 2008) and *Searching for Mercy Street* (Sexton, 1994). The three memoirs picked were read twice more each.

The three selected titles had the most clearly defined clinical examples of BPD in the mothers whereas depression or substance abuse appeared more pervasive in some of the other titles. All authors were biological daughters of their mothers and their memoirs spanned their entire lifetimes from their earliest memory of their mothers to their current age, usually mid forties, when they wrote.

Though I did attempt to find memoirs written from a more culturally and gender diverse background, I was only able to find applicable memoirs written by white American women. There was some variation, however, among these women's socio-

economic backgrounds, sexual identity, religion, and area of the United States in which they grew up.

While reading the memoirs, I noted ways in which the daughters were resilient and adaptive as previously defined by the literature: how they described and depicted their mothers, their overall relationship with their mothers, their relationships with other people, ways they understood their mothers' illnesses, paths they followed in their lives, and current interests and identities. The daughters did not always provide full names, so characters are identified with as much nominal information as given in the memoir. Finally, I sought to identify ways in which the daughters developed a secure sense of self apart from their mothers, and did not go on to have BPD.

CHAPTER IV

FINDINGS

The major findings of this study were as follows: first, each woman was a historian of her mother's life, which served the purpose of documenting the truth about a confusing and chaotic childhood. Resiliency came in the form of gaining control of her life story through putting together the various pieces of her memories and accessing emotions to create a whole narrative. Second, each daughter was able to accept the similarities she shared with her mother but also clearly defined her differences, which proved resilient in terms of identifying a clear separate sense of self, as well as her identifying patterns of learned behavior that did not accomplish desired outcomes. Third, each daughter was able to find a connection with someone other than her mother who provided a sense of stability, which allowed her to develop a more secure sense of self. Finally, each daughter found that her mother's non-traditional role within her family eventually empowered her as a woman to assume non-traditional female roles in her adult life. This in turn proved resilient as the complexity of the mothers behaviors was appreciated rather than considered all bad. These findings described ways in which the passing down of BPD was impeded by shared resilient traits of each daughter. The findings section begins with a description of the lives of each of the three daughters with evidence of each mother's APA criteria met for Borderline Personality Disorder.

The Memoirs

Her Last Death

Her Last Death, (Sonnenberg, 2008) referring to the multiple suicide attempts and “accidents” that Susy’s mother Daphne endured throughout Susy’s childhood, is a linear account of Sussanna’s experiences with her mother. Though no formal diagnosis was used when describing Daphne, she manifests symptoms unique to BPD. The memoir opened in the present day; Susanna was in her mid forties, married with two children, living in Montana as an abortion clinic counselor. She was faced with the decision to fly to Barbados where her elderly mother had been in a near fatal car accident. Susy grappled with a choice that she never knew existed: to not respond to the emergency. A distinction emerged between the constant threat of death of a mother, which Daphne amplified exponentially with Susy’s age, and the loss of a mother that diminished for Susy as she grew up. A New York Times bestseller, *Her Last Death*, is an accessible look into the life of a daughter grappling with individuation and identity in a relationship with a mother with Borderline Personality Disorder.

Susanna Sonnenberg. Five-month-old “Susy” immigrated with her 19 year old mother, Daphne and 24-year-old father, Nat, to New York City from Southampton, England, in 1966. The Jewish family moved into an upper middle class section of New York City. They were supported by Susy’s paternal grandparents. It is unclear what Susy’s father did for work, however he had some affiliations with a New York magazine. Her parents separated shortly after the birth of her sister, Penelope, in 1969. Susy reported that her father was having multiple affairs since arriving in New York, and described her mother as feeling abandoned with two young children, and homesick for her life in

England. Despite having “mothers’ helpers” around to help with the children, Susy found herself acting as a mother to her sister, while her mother tried to find work to maintain their upper middle class lifestyle. Susy recalled the constant influx of men in her mother’s life that she attributed to her mother's variety of untraditional jobs, including a brief time as a female taxi driver. It appeared that her mother’s promiscuity with wealthy men allowed for the family to maintain a façade of their previous social status. Daphne went on to remarry and divorce twice more.

Susy’s father remarried shortly after his legal divorce when Susy was in the second grade. He divorced within a year of this marriage. Susy described her attachment with her father unlike that of her sister’s, in that she was “the only one allowed to cry on his shirt” (Sonnenberg, 2008, p. 14). She was taken to different cultural events with him and, in general, she was favored for being the eldest. He was diagnosed with MS while she was in high school, and attributed his poor prognosis to her not matriculating to Oxford.

Susy began to realize that her parents were unable to provide stability for her around the second grade. Despite prior signs of impulsivity in her mother, Susy recalled the event that began her mother’s series of deaths intimated by the title of the book. Her mother stole coats and sleeping bags and picked Susy and Penelope up from school, explaining to their teachers that she had been recently diagnosed with leukemia and was going to be spending her last days with her children driving to the Grand Canyon. After the adventure, Daphne reported that she was given misinformation from the hospital and did not have leukemia. In a separate incident with her father as chaperone, Susy was sexually assaulted while at a movie theater, and despite telling her father about the

incident, he dismissed the assailant's actions, and simply said she should never allow someone to do that to her.

Susy described having minimal boundaries between herself and her mother, in which she was her mother's best friend and equal, talking explicitly about men, sex, and even going as far as doing lines of cocaine together. This kind of relationship hadn't seemed problematic to Susy until her later life. She described a language between them in which her mother would ask questions "looking for the heart of things, eager for all my 'thoughts and feelings.' No one else made me feel really interesting, different, magical" (p. 62).

Daphne was hospitalized after threatening suicide when Susy was in the seventh grade. Daphne had a history of back-related pain for which she was receiving painkillers, and had been hospitalized under these auspices before. This was the first time Susy was aware of, that her mother was psychiatrically hospitalized. Daphne moved to New Mexico after being discharged from the hospital. Susy chose to live in New York for the last few weeks of school with friends and then moved to New Mexico. This appeared to be the beginning of difficulties between Susy and her mother, in that the intimacy Susy once accepted as the defining part of her relationship began to feel uncomfortable. Daphne became distraught at Susy's new found independence in adolescence. Daphne became physically abusive towards Susy, however Susy never fully relinquished the intimacy between them, and there remained a certain enmeshment between mother and daughter.

Susy entered boarding school in high school, partially due to the instability of her mother's on again, off again relationships with abusive men, and partly because Susy was

a gifted student. Susy quickly discovered how different her mother was from other students' mothers, but in addition to that Susy sought to replicate the level of intimacy that she experienced with her mother. Susy took an interest in her married English teacher who acknowledged Susy as a talented writer. She started to have a sexual relationship with him which lasted more than a year. This relationship separated her from many of her peers.

After graduation, Susy was both accepted to Oxford and enmeshed in a romantic relationship with a compulsive gambler, Noah. She described choosing to not go to Oxford due to her father's illness, but also felt it difficult to leave her dissatisfying relationship with Noah. Susy started work at a political magazine in New York instead of attending college. She found the level of success she was achieving a comfort. She and Noah were engaged despite her concern about his gambling and inattention, and her inability to be monogamous. A week before the wedding, Susy broke the engagement off. She went on to have multiple sexual partners which she attributed to her inability to be alone. Overwhelmed by her lifestyle at 27, Susy moved to Provincetown, MA to start writing a book about her mother. It was at this time she met her future husband at an artist/writers function. She recalls him not being her type because he had firm boundaries, was independent of her but proved he would always return to her. For the first time she felt she could rely on someone in addition to herself. They moved to his home state of Montana, where they built their modest life together. Susy became pregnant unexpectedly shortly after their marriage. They mutually decided to terminate the pregnancy. Susy went on to become a counselor at an abortion clinic to teach and support other pregnant women facing this decision. She, her husband, and two sons

currently live in Montana. She has limited contact with her sister who maintained a more loyal tie to their mother. Susy chose not to visit her mother after finding out that she had sustained life threatening injuries from a car accident in Barbados, rather Susy chose to visit her father who was in the hospital facing death from MS. Refer to Table 1 for the APA criteria met for BPD.

Table 1

APA Criteria For Borderline Personality Disorder Met by Daphne

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. Impulsivity in at least two areas that are potentially self damaging: promiscuous sex, substance abuse
 4. Affective instability due to a marked reactivity of mood
 5. Chronic feelings of emptiness and worthlessness,
 6. Inappropriate anger
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Wishing for Snow

Minrose Gwin (2004) writes an historical account of her mother, Erin Taylor, tracing the lineage of Erin's large southern family. Raised in Mississippi, rich with stories of generations past, many of whom are still living in the same house, this memoir has a tone of searching for identity through people who have come before. There is an overall tension between her mother's range of competency as a result of the drastic

changes in severity of her symptoms. No diagnosis was used to define Erin's symptoms, however the inconsistency of competency, rage, and an overall depiction of her empty sense of self, define Erin's behavior to look like Borderline Personality Disorder.

Wishing for Snow refers to one of the few things that truly gave Erin pleasure: snow in the south due to its rarity and ability to change a familiar landscape. The memoir jumped between present and past, often times focusing on an older Minrose's relationship with her mother, and the caretaking involved. Minrose appeared to be processing the last years of her mother's life. Her mother died from ovarian cancer in her late sixties, shortly after she was released from her second mental health commitment in three years.

Minrose Gwin. Minrose was born in Mississippi in the late 40s. Her mother, Erin Taylor, a recent triple major graduate from the University of Mississippi became pregnant with Minrose shortly after meeting Al, a handsome aviation cadet. They were married before Minrose's birth, and divorced fourteen months later. Erin's family was pleased with Al's demeanor, however he felt that he was not ready for marriage and wanted to continue to find himself. Erin and Minrose moved in with Erin's parents for the next five years, Minrose enjoying the attention her grandparents provided for her. In addition to her grandparents Minrose enjoyed the company of Eva, the family's servant, who let Minrose do many of the things a more domestic mother might share with her daughter, i.e. cooking, learning how to sew, laundry. Erin did not know how to cook or sew and was relieved to have these tasks done by someone else.

Erin remarried a traveling salesman when Minrose was six, and the couple proceeded to have two more children. The family moved from southern town to southern town based on where the salesman was able to get work. Minrose recalled moving up to

three times a year, and usually being incredibly poor. Her mother often joined with other women in their low-income apartments to share the task of cooking and laundry.

Minrose recalls the Salesman as being let down by Erin's inability to provide domestic duties. Erin often times went out to find temp work to cover for the Salesmen's lack of income. Minrose recalls being physically abused by her mother during this time, and her mother being physically abused by the salesman. There is little information about the other two children's relations with their parents.

The remaining few details Minrose disclosed of her childhood involved vacations with her cousins and other relatives, and the importance of a summer job she held in high school typing the tax roll on ledger sheets for her uncle's drugstore. Minrose's real father remained in contact with her through gifts alone, sending her expensive presents at Christmas. He had arranged funding for Minrose's college education. She later found out that he had become a medical doctor.

Minrose focused much of her attention in high school on the increasing acuteness of her mother's mental illness. Erin was becoming more threatened by Minrose's growing up, resulting in more outrageous and abusive behavior. Minrose described finally hitting her mother back when she was 15, which ended the physical abuse she endured from her mother. Her mother's behavior became more bizarre; for example, she became more selective about eating just canned green beans and could often times be seen running naked through their neighborhood. She started becoming more inappropriately concerned about Minrose's daily bowel movements sent Minrose for medical treatment.

Minrose was accepted to an unnamed college fifty miles from home, and her mother corresponded with her frequently through lengthy letters, at least three times a week. Throughout this time it became clear that Erin was becoming reckless with her own life, garnering a history of driving off the road multiple times, and overdosing. Her psychiatrist suggested that Erin was going to need to be “re-raised”(Gwin, 2004, p. 34), though Minrose does not suggest a formal diagnosis given to her mother. Erin did not agree and returned to school to get her degree in social work, and shortly after a degree in poetry writing.

Post college Minrose started working the police beat for the local newspapers, and then continued to do freelance writing work during the days. She returned to school to get her M.A and her PhD, her work focusing on gender, race and region. She married her husband in 1969 after becoming pregnant with their daughter.

Minrose committed Erin twice as Erin’s behavior continued to escalate and become more dangerous. Erin became more delusional and stopped eating. Nine months after being discharged from the state hospital in Mississippi to a nursing home in New Albany, Erin died from ovarian cancer at the age of 67.

After her mother’s death, Minrose divorced her husband of 19 years and partnered with a woman. They moved together to start a life in New Mexico. She currently teaches English at Purdue University. Table 2 describes the APA criteria for BPD met by Erin Taylor.

Searching For Mercy Street

Searching for Mercy Street, (Sexton, 1994) titled after one of her mother’s poems, is a memoir of the legacy left to Linda Sexton by her mother. Mercy Street was the place

that Anne Sexton wanted to go home to because it was a place where “confrontation joined hands with forgiveness” (p. 9). A place that Anne knew she would never find, and if she were to find it, Mercy Street wouldn’t live up to her expectations. Linda experienced her mother in this metaphorical way as well. The memoir described in great detail Linda’s life in relation to a chronically mentally ill mother who was also a famed poet. Anne committed suicide when Linda was a senior in college. Linda was forty

Table 2

APA Criteria For Borderline Personality Disorder Met by Erin

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.
 4. Impulsivity in at least two areas that are potentially self-damaging: anorexia substance abuse
 5. Affective instability due to a marked reactivity of mood
 6. Chronic feelings of emptiness and worthlessness,
 7. Inappropriate anger
 8. Transient stress-related paranoid ideation, delusions or severe dissociations
-

when writing this memoir, and was able to balance her memories on both sides her mother's suicide. A central theme of the memoir was Anne’s constant abandonment of Linda. Letters, poems, and pictures that Anne shared with Linda became the most important part of her mother that Linda could safely attach to.

Linda Gray Sexton. Linda was the eldest of the two children born to Anne and Alfred Sexton of Newton, MA. Linda was born in 1953, her sister Joy in 1956. Linda was sent to live with her grandparents shortly after her birth, due to Anne's inability to care for her. Anne was depressed after the birth of her children and was hospitalized multiple times during the early years of her children's lives. Alfred was a traveling salesman who wasn't able to stay home to care for the new baby. Linda recalled spending much of her developing stages of life between family houses: paternal grandparents, maternal grandparents and finally a maternal aunt. She and Joy were not always kept together during these moves. Linda recalled enjoying time with her paternal grandparents, however recalls enduring physical abuse while living with her aunt's family (Sexton, 1994).

Linda and Joy returned home to physical violence in their house as well as enduring Anne's multiple suicide attempts and hospitalizations. During these times Linda found comfort in reading, especially fairy tales. She described learning quickly that no one could truly protect her, that no one was in control, and that she had to rely on routine for safety. Linda learned as a child she had to become in tune to her mother's behavior scanning for any warning signs of shifts in Anne's mood in order to avoid further abandonment. Linda later became interested in writing, knowing this was how she could access her mother. Linda received attention and felt more accepted by her mother because of Linda's interest in writing.

Anne and Alfred divorced when Linda started college. Anne had gone on to win the Pulitzer Prize for a collection of poetry and started touring, giving readings. Anne would usually become intoxicated before these events, and her readings were not always

as popular as her actual work. Linda attended Harvard during this time and studied English, her dissertation focusing on Virginia Woolf. Linda recalled her mother coming to Harvard to do a reading, and feeling very much invaded, as her mother performed severely intoxicated and dedicated the reading to Linda, something that Anne rarely did. Linda was aware of the mixed feelings Anne had for her from Anne's inconsistent behavior towards her.

In 1974, during Linda's senior year of college, Anne committed suicide. Linda described feeling that she had to take charge of the situation as neither her sister nor father wanted to coordinate the service. In addition, Anne made Linda her literary executor. Linda was now in charge of boxes of journals, letters, unfinished and unpublished work, and her mother's secrets.

Linda described her relationship with her boyfriend as turbulent at this time, as Linda was struggling to define her own identity as a writer, while taking on the task of working on her mother's biography and book of letters. She described feeling very much alone during this process, and haunted by her mother's past. During the time she spent working on her mother's biography and book of letters, she recalled abusing alcohol and struggling with intimacy in her relationship. With the two projects requested by her mother completed, Linda began writing her own fiction, and she disclosed that the abuse of alcohol ended as quickly as it had started. She and her husband married and went on to have two children. Table 3 outlines the APA criteria for BPD met by Anne Sexton.

One Coherent Narrative

Putting words to her own memories validated each daughter's experience in the context of her mother's mental illness. Writing the memoir in general appeared to be an

empowering experience for each woman in that fragments of memories were pieced together into a whole story. Their mothers' voices previously held most of the power when they were children, and in writing the memoirs they could make sense of sense events and relationships that previously hadn't made sense.

Power accompanies words: the ability to speak your mind, to tell your own story to say what you want to communicate—this is a right for which we fight from the moment we discover the ability to speak during our second year of life. It is a right humankind has pursued throughout its history. For part of my life I refused to remember my own difficult memories, much less speak or write of them, even to myself; words and memory can be a gift—but they can be a threat as well. Memory may carry insight and even illuminate my life, but the scenes that it reveals can be dangerous. How much am I willing to endure *in order* to remember? Do I truly want to be empowered by memory or language? (Sexton, 1994, p. 22)

Table 3

APA Criteria For Borderline Personality Disorder Met by Anne

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. Impulsivity in at least two areas that are potentially self-damaging: promiscuous sex, substance abuse
 4. Affective instability due to a marked reactivity of mood
 5. Chronic feelings of emptiness and worthlessness,
 6. Inappropriate anger
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The memoirs created a space for reflection on Sexton's, Gwin's and Sonnenberg's relationships with their mothers as well as with other key players in their stories. This allowed for acceptance and understanding of their mothers rather than blame or shame. The process of writing the memoirs was a resilient trait in that the daughters were able to welcome the complexity of their relationships with their mothers. Self-reflection allowed for perspective to what was previously held as truth in the family stories. Now in their forties and early fifties, it became clear to these daughters that gaps in their family story might have been filled inaccurately. As the daughters explored their histories they discovered other versions than the ways their mothers had told the stories.

Sometimes the revelations I discovered jibed with my own memories, and sometimes they stood in direct contradiction to what I believed to have been true. Dueling perspectives: my mother as a young mother, my own as a young child. I was learning that the human mind rewrites its own history when that history is too ugly to be embraced. (Gwin, 2004, p.45)

A language for their experiences with their mothers was not always accessible to these daughters as they were growing up. Their mothers took up most of the space in their families, and finding words or describing their experience often proved difficult. Resilience came in the form of standing outside the relationship and attempting to describe it. As Sonnenberg (2008) puts it: "I didn't have the language for the tangle of being with her" (p. 6). As the untangling began, a more linear story emerged and indescribable phenomena started to translate into words. Emotions surfaced with the discovery of words. Sexton (1994) described the initial discomfort that came with finding and putting words to emotions and experiences:

To write these words frightens me. What sin do I commit by remembering and speaking at last? Like some long craved for food finally in my mouth, words

have power. Mother used to own all the words. Now I own some of them. Once I hated her for using her voice. Now I understand why she did. (p. 41)

Putting words to their memories, allowed the daughters to begin to process the events in their lives, and duly mourn parts of their childhoods that were lost.

*Accepting the Similarities and Embracing the Differences
Between Their Mothers and Themselves*

It appeared that when the daughters were younger they sought out means to be similar to their mothers, or to take on similar interests of their mothers in order to keep their mothers interested in them. Sexton (1994) recounted embracing writing as a means of connecting with her mother. Sonnenberg (2008) engaged in sexualized conversations with her mother, as well as abiding by her mother's impulsive lifestyle. Gwin (2004) took up typing like her mother, who used it to supplement their low income. Though not always a choice, their behaviors were adaptive at this age because of their ability to stay connected with their primary care givers.

Despite generally not getting their physical needs met, the daughters sought out ways within themselves to make their mothers interested in them to get a form of emotional needs met. This resulted in the mothers creating a web entangling the boundaries between the mother and daughter. They began to know more things about their mother than any other child at their age. They became best friends with their mothers, which created an emotional intensity that kept them protected from ever being separated: "it was our way, our sumptuous code..."(Sonnenberg, 2008, p. 7). The goal for each of the daughters between the ages of 3-14 appeared to be to find similarities between herself and her mother in order to not be abandoned by her mother.

Some similarities were not chosen, however, and were the result of lineage and history that preceded these daughters. Sexton (1994) described her bond of similarity as something passed down to her over which she had little choice:

Already we were linked, from her cheek to mine; already we were joined by the bewitched worm and the dangerous trail it leaves; by the mole, evidence of the worm's passage in our collective soul. Mother believed as did her family, that the curative magic of language passes between generations, hand to hand, a "Gray" chain of talent weaving down through time: from the essayist Arthur Gray Stapleton to his letter—and poetry writing daughter, Mary Gray Harvey; from Mary Gray to her daughter Anne Gray Harvey Sexton the poet; and so from Anne Gray to Linda Gray, novelist. (p. 117)

Gwin (2004) described her awareness of the patterns intrinsic in her because of her family's history:

My early childhood—how can I say it? —was like the second draft of a story...it had resonance; it was something that had happened before but had yet to happen: history but also possibility. (p. 23)

Around the time of adolescence outside forces began to create natural separations between the daughters and mothers. It was these separations that provoked the beginnings of physical and verbal abuse directed at the daughters, as the daughters' independence stirred up fears of abandonment in their mothers. These obstructions to the mother/daughter relationships included boyfriends, awareness of their mothers' mental illnesses, careers and the creating of a new family. The solidification of these outside affiliations allowed the daughters to understand that there were other ways of getting their needs met. It was through this process that the daughters learned ways in which they were repeating patterns of behavior similar to their mother's. For example, Sonnenberg's (2008) sexual relationship with her English teacher did not initially seem inappropriate to her because of the loose boundaries with men displayed by Daphne.

Over time, the “sumptuous code,” between mother and daughter became uncomfortable for the daughter and no longer achieved what it initially was ascribed to do. Sonnenberg (2008) described the change she felt when she wanted to keep certain things private, not because she was ashamed of her relationship with t her English teacher, but because it was something she didn’t want her mother to take away from her:

But something changed. When my mother, on the phone asked for the news at first I had babbled about the crush. She asked, and I wanted to tell all the little ins and outs of being obsessed with somebody. Then, for reasons I couldn’t identify, I started to keep it to myself. I sacrificed my desire to plumb Dr. Crawford’s every move. Instead I colored in the boxes, made up kisses, detailed who said what, the politics she valued. (p. 115)

The next level of awareness that surfaced for the daughters was their acceptance that their mothers had mental illnesses. Though not aware of the diagnoses, the daughters described in great detail the signals, behaviors and body language that defined an oncoming episode. By separating the mental illness from their mothers, the daughters could begin to protect themselves from their mothers’ behavior and embrace an emotion that had not been allowed as of yet to be expressed: anger. Anger manifested itself in several ways, but generally was associated with their mothers’ suicide attempts. The constant threat of losing her mother to her own means started to take its toll and initiated a sense of the mother having control once again over the daughter’s fear of abandonment. So resilience for these daughters came in the form of acknowledging this anger, and protecting themselves from further emotional hurt.

Sexton (1994) described this process as a means of beginning to shut off the way her mother’s choices were going to affect her. “And so I began to hate her. I hated her selfishness and her sickness, and I could no longer tell where one stopped and the other

begun. I pulled a shutter around my emotions, around my soul, and hibernated” (p.172).

Sexton continued:

I say these words to know them better: I wished for my mother to die. As much as I dreaded her suicide, I also craved it. I longed for freedom from the tyranny of her many neuroses that seemed, in the last year, to have overtaken her personality. By that last summer I did not like her anymore. Anne was her mental illness....I say these words to know them for the first time and to admit my greatest guilt: in the last months of my mother’s life I chose to ignore her cry of loneliness. I refused to make her last days less painful. In the end, I left her to die alone. (pp. 186-187).

Gwin (2004) describes the difficulties with the part of her mother that was not mentally ill, that would surface in fond memories, and would keep Gwin wanting to return back to her mother. Sometimes it took a slammed door in the face to know that the relationship could no longer be:

After the second commitment I drove six hundred miles to visit her at Whitfield. She came into the visiting room barefooted, took one look at me, snatched up the books and bedroom slippers and pronounced, “Minrose. You are the last person I want to see on the face of the earth.” Then she put the slippers on her feet, threw the box and box top at me, turned and sulked out of the room. I sat down on the plastic-covered couch and stared at the wall, waiting for her to come back, but she never did. That was the last time I saw her. (p. 36)

Advanced education and the competency they experienced from their careers were the final differences between the mothers and daughters. Gwin (2004) became an academic; Sonnenberg (2008), a counselor; and Sexton (1994), a writer. All three chose career paths in which they were the experts. “The feeling of competence I gained by making decisions—even inexperienced ones—allowed me to feel in control of my life, for just a few hours a week” (Sexton, p. 203). These women showed resilience by choosing to be different from their mothers in that they were taking control of their lives, rather than being emotionally pulled by it.

Extracting themselves from their mothers due to their embraced differences appeared possibly the most difficult stage of resiliency. For some it meant having to get physical distance by moving out of state before claiming their differences. For some, as Sexton (1994) described, it took her mother's actual death to finally have the space to let go of her mother, the two as entwined as they were:

It was time to do something than merely tend Mother's garden. I needed to find not just a room of my own, but work and a life of my own as well. Perhaps even worse, I still felt confused, without even realizing it and despite years of therapy, about the deep connection that continued to exist between my mother...I fought this battle with myself over and over through the years as unwillingly, I loosened my hold on this peculiar connection between us—that connection that so interfered with my own ability to become a strong independent person. And how it hurt. Ultimately releasing control of her life and work became a metaphor for letting mother herself go, for acknowledging that I hadn't been able to keep her alive then I couldn't keep her alive now: to return to life myself I had better let the body drop and settle to the bottom of the pond. (pp. 216-217).

Importance of Other People

Each daughter had an experience with a person other than her mother who provided that glimmer of love for her that her mother couldn't consistently provide. These people did not always provide healthy relationships, however they made each daughter feel special and important and further, praised their talents. In addition, the daughters were on a constant search to find people who would make them feel safe. Should these outside people fail to do that, the daughters would move on to find others who could provide this.

Sonnenberg (2008) described her father as being the first person other than her mother who made her feel special:

I was the eldest, the one my father took to things. One night when Penelope was asleep he called me from bed. Come Sue, he said softly, It's the phantom of the

opera. He settled me in his arms in front of the television. The movie was scary, and when I was afraid he told me the names of the actors and said one of them was famous for his ways and makeup. You see? He said it's pretend. I wanted to watch to the end, see what would happen but I was too scared, shaking. He let me hide my face against his shoulder until the movie was over. (p. 30).

However, Sonnenberg sought other protectors after her father failed to do so the day of her sexual assault. Mr. Cutler, her English teacher in boarding school, provided that feeling of being special: "Mr. Cutler told my adviser I was the best writer he'd had in ten years, which I told my mother." The relationship became sexual, and Sonnenberg initially experienced as protective, but later found herself in a vulnerable position. It wasn't until she met the man who would become her husband, that Sonnenberg finally felt protected and grounded. She initially described him as not her type because he was boundaried and set limits, and in general helped Sonnenberg make decisions that were protective of her interests.

Grandparents were a main source of protection for both Sexton and Gwin as they grew up:

If my mother was the strongest influence upon me during childhood, her importance to me was defined by her repeated absences. In contrast, the second strongest influence during my childhood was that of an equally powerful woman—whose importance to me was defined by her nearly continual presence...I recall how Nana always entered calmly, bringing, with her safety, security and the sense that an adult had arrived to take charge (Sexton, 1994, p. 27)

Sometimes in the middle of the night when I had a feeling about things, I would crawl into bed with my grandmother. I had once seen a picture of little brown bats pleated up with their feet curled under them sleeping on the side of a cave, and that's the way I would see my grandmother. The bedsprings were weary and I didn't weigh much, so after a while I'd roll downhill into the soft place of her back and stick there, like she was the cave. I still sleep with my feet folded together. (Gwin, 2004, p. 25)

Other people taught the daughters' basic skills. Some of the more important people were the ones who opened up different worlds to the daughters, the ability to be imaginative, to pretend, and to consider the possibility of being able to leave and live in another land:

Eva let me help her cook and made doll clothes and lace bonnets for my dolls. I walked her home in the afternoons and she and I would sit around drinking iced tea...I used to help Eva feed in the material while she sewed at her machine since she had no little girls or boys of her own to do it and her husband worked days and sometimes nights too...At night my grandfather would read to me. I would sit next to him on the sofa in the cool dark living room; the chosen book in his lap. I would turn the pages. We read all the Uncle Wiggly books...Uncle Wiggly gave me a lust for travel. I secretly packed my grandmother's handbags and pretended they were my traveling valises. I believed I was mounting the skies in my own airship, ready, like the old gentleman rabbit, to find my fortune and look for adventure and danger. (Gwin, 2004, p. 68).

The daughters proved resilient in their ability to seek out people who could enhance their self esteem and show them other ways of being in the world.

The Mother's Nontraditional Role in the Family

Each mother was a single mother raising her children with little help from her husband or ex-husbands. Each mother came from a traditional upbringing where single parent households were looked down upon. Whether by coincidence or not, the mothers who were married had husbands who were often times on the road for business. Each mother independently, or with the help of extended family, raised her children, and found a means of bringing income to her family. All three mothers sought avenues of work that were appealing to them, and would spend most of their time concentrating on their interests.

Sexton (1994) alluded to the fact that her generation was really the first in which women were balancing work and family, that women were caught between two worlds(p.

217). In many ways these memoirs identified these mothers as being pioneers in the changing tides of women's roles in society.

Each daughter eventually embraced the idea of their mother accepting a nontraditional role in their family. As the daughters got older, they enjoyed learning more about their mothers intellectual life. Gwin (2004) described finding correspondence between her mother and other writers, which she hadn't known existed:

What these papers from my pack rat mother tell me is that the truth is even harder to tell than I thought. That there was an Erin who existed in a world apart, who inspired passionate correspondences on literature and art, who was cherished and admired by people I never knew or even heard her speak of. (p. 39)

These mothers were a generation or two ahead of their time and had brought to the surface many of the taboos of their own generation, which they shared with their daughters. Gwin (2004), who later in her life self identified as being a Lesbian, recalls her mother breeching this topic:

When she got home, she whispered to me on the phone that she thought most of the women there were homos...She liked the homos all right, she said, but she didn't think she would tell anybody but me about them. She wrote more during those two weeks than in any other time in her life, though she felt a bit left out of things.(p. 48)

Many of the happier times recalled by the daughters were spent talking about language, words and ideas. In their own ways, the mothers cultivated resilient daughters through nontraditional education and exposure to various writers.

Acting in counterpoint to the tension were the long, delightful afternoons during which Mother and I talked, looking over drafts of her poems, afternoons when she recommended new books for me to tackle: *Madame Bovary*, *Catcher in the Rye*, *Henderson the Rain King*, *One flew over the Cuckoo's nest*, *Ethan Fromme*, *the Age of Innocence* and a variety of Kafka works...I liked reading of strong women in control of their lives, their loves, their world. I envied them, this quality and desperately wanted to be one of them—in control of my destiny in ways my

mother never would be, in ways I could not then be because I was a child subject to the whims of irrational adults. (Sexton, 1994 pp. 114-115)

In turn the daughters felt that they were given a means to take on the world, and that they would do just fine when they “left the nest” (Gwin, 2004, p.40).

She does not worry that her babies in their first efforts to fly will fall kerplow into the dust of dead people’s lives. She knows that she, and they, are unlike other birds. They will open their little wings, and they will fly without failing. (Gwin, 2004, 40).

CHAPTER V

DISCUSSION

The purpose of this study was to understand the resilient traits of adult children raised by a parent with Borderline Personality Disorder, rather than the factors that lead to the pathology of these children. This chapter will discuss the implications of the findings of the experience of three adult daughters described in their own personal memoirs. These findings will be discussed in relation to the similarities and differences with the pre-existing literature. Limitations of this study and suggestions for further research will be addressed. Finally, the last section of this discussion will consider implications for social work practice based on these findings.

Implications of the Findings

Memoirs

Though written memoirs have not been considered in the literature on resiliency, the elements writing a memoir entails have been raised in a variety of studies. By writing the memoirs, the daughters evidenced their level of self understanding (Beardslee et al., 1998). The daughters' ability to articulate and describe certain feelings attached to their memories was similar to the resiliency exhibited in the sample described by Polkki et al. (2004). The writing of the memoirs assisted in self identifying areas of their life that were concerning to them. These were areas that were related to how the daughters saw

themselves behaving similarly to their mothers in certain situations (Glickauf et al., 1998). In this way, memoirs enhanced self-understanding in ways similar to the Beardslee et al. (1988) study, by allowing the writer to reflect, articulate and inevitably rise into consciousness reasons behind their own and their mother's behavior. Finally Bonanno (2004) emphasized the importance of occasional self-enhancement and a robust personality as resilient traits. Compared to autobiographies, memoirs often allowed for a more emotional perspective to the daughters' relationships with their mothers. This could have allowed the daughters to embellish or augment certain parts of the story in a way that protected them. However, on the other hand, these accounts could also be entirely true, based on the literature reviewed of the chaos within families in which one or more members has BPD.

Identifying Similarities and Differences

Research suggested that a resilient trait of children raised by a parent with BPD was to negatively identify with the mother's behavior and to desire to not be like the mother (Glickauf et al., 1998). My findings dissented from this idea slightly, in that I found that while the daughters did identify with their mothers and even repeated some of the behaviors that the daughters understood to be troublesome, the daughter's ability to separate the illness from their mother allowed for ways to positively identify with her. When the daughters were younger they found a need to be like their mother, in order for their mother to take interest in them. All three daughters were able to individuate from their mothers with their own interests and families. Though some of the borderline traits surfaced throughout, the daughters' awareness of this behavior prevented them from ever meeting the full criteria of BPD.

Similar to their mothers, the daughters chose careers that allowed for mastery and creativity; however, these careers differed in the structure and accountability held by working within a university, clinic or publishing house. These careers often relied on knowledge of social nuances and development of relationships that the daughter also understood was difficult for their mothers. In support of this finding Campbell et al. (2006) discussed the role of extraversion, conscientiousness and task oriented coping skills to higher levels of resiliency.

Importance of Other People

Much of the literature on resiliency reviewed for this study emphasized the importance of other people in the child's life (Kinsella & Anderson, 1996; Marsh & Lefley, 1996). Glickauf (1998) furthered this finding by suggesting why children seek other adults. There is a point in which these children become aware that their emotional and sometime physical needs are not going to meet by their BPD parent.

Family members or other influential adults that served as role models were generally sought to provide the needs not met by the BPD parent. Dissimilar to the literature, fathers in the memoirs were not capable of being the other support in the family. The siblings of each daughter was younger than her, and the sibling relationships were created more for survival then emotional support; in many cases, the younger sibling was an additional responsibility for the elder sister.

The literature doesn't address the issue of inappropriate relationships similar to what Sonnenberg (2008) experienced with her English teacher. This suggests that there are various means by which these children learn to get their emotional needs met, as well as understanding what these emotional needs are. Often the daughters found grandparents

supportive while they were young, and found people who noticed their talents when they got older.

Mother's Nontraditional Role in the Family

None of the literature addressed the non traditional role of mothers within these families, and how this role change shifted other roles within the family. Daughters became parentified and mothers often became the children. Fathers were able to be elusive, and not always the primary breadwinner. The mothers seemed to go against societal norms for living by following their passions, and often being the source of income to the family. Though appearing selfish at times for their lack of motherliness, this behavior taught the daughters that a woman's role wasn't simply to look after her family, but to develop her own interests. This was an influential shift in how the daughters saw their mothers, especially as the daughters uncovered correspondence, writings and praise for the work they took on. The daughters were living through the sexual and feminist revolution, while their mothers evoked this idea forty years earlier. Though there was evidence of mental illness, there is also room for discussion about societal factors influencing the true "madness" of these mothers.

Limitations and Implications for Future Research

This study intended to understand resilient factors among children raised by a parent with BPD. Though the sample was small, the similarities among these women were significant. Various other themes that surfaced throughout the memoirs could be areas for future research in understanding this topic. Areas to further develop include the relationship of memoirs to resilient individuals, how siblings in the same family

experienced their sister's memoir, and what would be different in how the sibling told their story.

Measuring resiliency proved difficult, but using the idea of these daughters not showing signs of BPD appeared relevant in proving their resiliency. It would be interesting to interview these women in person, to get a further sense of what these women are like, but also to see how stories differ at all if they are told verbatim rather than written.

Using a more psychoanalytical approach to measuring resiliency, similar to Vaillant 's (1977) approach, could be a way to continue to remove the controversial researcher bias with resiliency findings. Though my findings did not feel arbitrary, I felt that I wanted a way to confirm my findings scientifically. The measurement of resiliency is under constant scrutiny, and appears that it could remain as such for many more years. Finally, this study begs for a larger, more diverse sample.

Implications for Social Work Practice

These findings have further implications for social work practice. These memoirs can serve as a reading list for clients and clinicians alike.

Each daughter's memoir illustrated the importance of defining and integrating the complexities of their mother's illness. Helping clients think about the strengths of their mother can start to promote a more empathic way of thinking about their mothers. Drawing on fond memories of their mother proved helpful to the daughters in the memoirs, and might be a starting place in treatment to help separate clients' mothers from their mothers' illnesses.

The three daughters described the importance of competency in order to feel more self confident, as well as more in control of an area in their life. Therefore, treatment could focus on clients' strengths, encouraging them to pursue further career, hobby, and academic interests of which they excel.

Adolescences appeared to be a time for when all three daughters experienced the most emotional, verbal and physical abuse. When working with adolescents living with a parent with BPD, it is important to assess for the safety of the client within the home, and to think about ways in which the client could take a respite from the home environment.

As shown in the findings, outside supports are significant to the daughter's development of self esteem and sense of self. This implies that the therapeutic relationship is of particular significance to the client. As described in the findings sense of self and individuation are two stunted areas of development for this population, and therefore may be the focus of treatment.

Finally, the writing of the memoir itself proved resilient by piecing together and validating the daughter's experience. In order to clarify and unify the client's narrative, it might be useful to encourage clients to journal or reflect through other forms of writing on their memories and their family lore, and where the two might diverge. In addition, writing might serve as a starting point for clients to begin to develop their own voice and uncover emotions within the family narrative.

References

- Abela, J., Skitch, S., Auerbach, R., & Adams, P. (2005). The impact of parental Borderline Personality Disorder on vulnerability to depression in children of affectively ill parents. *The Journal of Personality Disorders, 19*(1), 68-83.
- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders (4th ed.)*. Washington, D.C.
- Barnow, S., Spitzer, C., Grabe, H., Kessler, C., & Freyberger, H.(2006). Individual characteristics, familial experiences and psychopathology in children with Borderline Personality Disorder. *Journal of the American Academy of Child and Adolescent Psychiatry, 45*(8), 965-972.
- Beardslee, W., & Podorefsky, D. (1988). Resilient adolescents whose parents have serious affective and other psychiatric disorders: importance of self-understanding and relationships. *American Journal of Psychiatry, 145*(1), 63-69.
- Bonnano, G. (2004). Loss, trauma and human resilience. *American Psychologist, 59*(1), 20-28.
- Burroughs, A. (2002). *Running with scissors*. New York: Picador.
- Campbell-Sills, L., Cohan, S., & Stein, M. (2006) Relationship of resilience to personality, coping and psychiatric symptoms in young adults. *Behaviour Research and Therapy, 44*, 585-599.
- Crawford, C. (1997). *Mommy dearest*. New York: Seven Springs.
- Feldman, R., Zelkowitz, P., Weiss, M., Vogel, J., Heyman, M. & Paris, J. (1995). A comparison of the families of mothers with borderline and nonborderline personality disorders. *Comprehensive Psychiatry, 36*(2), 157-163.
- Fraser, M., Richman, J., & Galinsky, M. (1999). Risk, protection, and resilience: Toward a conceptual framework for social work practice. *Social Work Research, 23*(3), 131-143.
- Glantz, M., & Sloboda, Z.(1999). Analysis and reconceptualization of resilience: In M. Glantz (Eds) *Resilience and development: Positive life adaptations* (pp. 109-126). New York: Springer.
- Glickauf-Hughes, C., & Mehlman, E. (1998). Nonborderline patients with mothers who manifest borderline pathology. *British Journal of Psychotherapy, 14*(3), 294-302.

- Gwin, M. (2004) *Wishing for snow*. Baton Rouge: Louisiana State University Press,
- Herr, N., Hammen, C., & Brennan, P. (2008). Maternal borderline personality disorder symptoms and adolescent psychological functioning. *Journal of Personality Disorders*, 22(5), 451-465.
- Hobson, P., Patrick, M., Crandell, L., Garcia-Perez, R., & Lee, A. (2005). Personal relatedness and attachment in infants of mothers with borderline personality disorder. *Development and Psychopathology*, 17, 329-347.
- Karr, M. (1995). *The liars' club*. New York: Penguin Books.
- Karr, M. (2000). *Cherry*. New York: Penguin Books.
- Kinsella, K., & Anderson, R. (1996). Coping skills, strengths and needs as perceived by adult offspring and siblings of people with mental illness: A retrospective study. *Psychiatric Rehabilitation Journal*, 20(2), 24-33.
- Lamont, A. (2006). Mothers with Borderline Personality Disorder. *Graduate Student Journal of Psychology*, 8(1), 39-43.
- Lawson, C. (2000). *Understanding the borderline mother*. Lanham: Rowman & Littlefield Publishers, Inc.
- Lenzenwger, M., & Cicchetti, D. (2005). Towards a developmental psychopathology approach for borderline personality disorder. *Developmental and Psychopathology* 17(1), 893-898.
- Luthar, S., Cicchetti, D., & Becker, B. (2000). The construct of resilience : a critical evaluation and guidelines for future work. *Child Development*, 71(3), 543-562.
- Marsh, D., & Lefley, H (1996). The family experience of mental illness: Evidence for resilience. *Psychiatric Rehabilitation Journal*, 20(2) 3-13.
- Masten, A. (2001). Ordinary magic. *American Psychologist*, 56(3), 227-238.
- Masten, A., & Powell, J. (2003). A resilience framework for research, policy and practice. In Luthar, S (Ed.). *Resilience and Vulnerability*. (pp. 1-25). Cambridge: Cambridge University Press.
- Mayberry, D., & Ling, L., Szakacs, E., Reupert, A. (2005). Children of a parent

with a mental illness: Perspectives on need. *Australian e-Journal for the Advancement of Mental Health*, 4 (2). Retrieved October 10, 2008, from <http://www.ausinet.com/journal/vol14iss2/mayberry.pdf>.

Mowbray, C., Bybee, D., Oyserman, D., Macfalane, P., & Bowersox, N. (2006). Psychosocial outcomes for adult children of parents with severe mental illness: Demographic and clinical history predictors. *Health and Social Work*, 31(2), 99-108.

Meyers, A. (2008) *Who do you think you are?* New York: Touchstone.

Nehls, N. (1998). Borderline personality disorder: gender stereotypes, stigma and limited system of care. *Issues in Mental Health Nursing*, 19, 97-112.

NIMH (2001) National Institute of Mental Health. 2008 June 6. Borderline personality disorder. Retrieved November 11, 2008 from <http://www.nimh.nih.gov/health/publications/borderline-personality-disorder.shtml>.

Paris, J. (2007). The nature of borderline personality disorder: Multiple dimensions, multiple symptoms, but one category. *Journal of Personality Disorders*, 21(5), 457-473.

Pittman, E., & Matthey, S. (2004). The SMILES program: A group program for children with mentally ill parents or siblings. *American Journal of Orthopsychiatry*, 74, 383-388.

Polkki, P., Ervast, S., & Huupponen, M. (2004) Coping and resiliency of children of a mentally ill parent. *Social Work in Health Care*, 39(1/2), 151-163.

Rolf, J. (1999). Resilience: An interview with Norman Garmezy. In M. Glantz (Ed.) *Resilience and Development: Positive Life Adaptations*. (p. 5-14). New York: Spritzer.

Rutter, M. (1993) Resilience: some conceptual considerations. *Journal of Adolescent Health*, 14, 626-631.

Schiers, J., & Bok, S. (2007) Psychological distress in caretakers or relatives of patients with Borderline Personality Disorder. *International Journal of Psychiatry*, 53, 195-203.

Schulz, P., Schulz, S., Hamer, R., Resnick, R., Friedel, R., & Goldberg, S. (1985). The impact of Borderline and Schizotypal Personality Disorder on patients and their families. *Hospital and Community Psychiatry*, 36(8), 879-881.

Shaw, G. (1901). *Three plays for puritans*. London: Grant Richards.

- Sexton, A. (1994). *Searching for mercy street*. Boston: Little Brown and Company.
- Sonnenberg, S. (2008). *Her last death*. New York: Scribner.
- Tiet, Q., Bird, H., Hoven, C., Wu, P., Moore, R., & Davies, M. (2001). Resilience in the face of maternal psychopathology and adverse life events. *Journal of Child and Family Studies*, *10*(3), 347-365.
- Vaillant, G. (1977). *Adaptation to life*. Boston: Little Brown and Company.
- Wals, J. (2005). *The glass castle*. New York: Scribner.
- Zanarini, M., & Frankenburg, F. (2007). The essential nature of borderline psychopathology. *Journal of Personality Disorders*, *21*(5), 518-535.