

Incest Survivors and “Borderline Personality Disorder”

Andrea Nicki PhD

University of British Columbia, Canada

ABSTRACT

This essay is about the common experiences of survivors of incest trauma and the psychiatric label of “borderline personality disorder” which harms their interests by keeping attention away from much needed societal changes. I draw a parallel with the survivors of a severe storm, seeking to illustrate the severe difficulties of incest survivors in a society that stigmatizes and marginalizes them. Because of negative thinking about incest survivors and their personalities and the societal minimization of incest as a serious trauma, the aftermath of incest is, in important respects, different from and more layered than the aftermath of a natural catastrophe.

Introduction

A few weeks ago I was feeling a need to reconnect with a Survivors of Incest Anonymous (SIA) support group. I had trouble finding the location of the meeting as the place is a faceless white building, in between a pet store and a large brick seniors’ center. When I finally found it, I was directed with a handwritten scribbled sign hanging lopsided on the door telling people to go to the back. After some steps in the wrong direction into the back of the pet store I stumbled up some broken door steps and fell into a comfortable, cozy home environment. A very slight woman with pretty turquoise eye shadow greeted me with a quick, relaxed smile and hug and I went into the kitchen to make myself a cup of tea. Other members had arrived and were chatting and laughing. Then the meeting began, with the usual introductions and lead up to an open floor and time for more introverted, individual sharing. I listened attentively to each woman refer to the usual topics at SIA meetings: denial and lack of support of relatives; unsupportive job environments which allowed no room for gloomy and cheerless faces emerging from a sleep full of the usual nightmares; dominating boyfriends or husbands who women admitted were so much like their original abusers but who they found it impossible to separate from; unemployment and financial dependency on complicit mothers and siblings; inept and humiliating responses of police voyeuristically enjoying hearing about “sexy” forbidden “relationships” between adult men and young girls; and psychiatric mistreatment with a barrage of labels. Hearing the women’s stories made me feel very much at home and I snuggled up with a giant teddy bear and sipped my hot tea.

My compassion and love for incest survivors magnified but so did my anger about the injustices we had faced and continued to face. For example, why, I asked, did we have to be anonymous? What was there to be ashamed and secretive about? Could we not in large letters paint the words “Support Group for Incest Survivors” on the front of the building/our house? We had done nothing wrong, and had continued on courageously despite the severe lack of support and the ugliness surrounding us. We should be wearing medals of honour and an amount of ribbons totalling the years of our lives.

“Borderline Personality Disorder”

In mental health practice it is still very common that when women present histories of chronic sexual trauma they are given the label of “borderline personality disorder”, despite the numerous feminist critiques of the term in scholarly literature which maintain the label over-problematizes personalities.¹

Here I am adding that the label gives no consideration to the fact that a person’s persisting difficulties are exacerbated by a society that is not structured around being welcoming and supportive toward survivors of childhood trauma with their particular struggles. Thus the label “borderline personality disorder” serves to blame individuals for their persistent challenges, in referring to emotions and behaviour as irrational that are actually understandable in relation to the social context of survivors, such as anger and despair, frequent changes in work and relationships, and self-harming behaviour. We live in a society which is both highly individualistic and family-centered, where individuals must depend on their families and cannot rely on the kindness of strangers. If a person is from a very abusive family, or with no or very few non-abusive family members, one is lacking a very fundamental support system and thus will have significant obstacles that others with more functional units will not understand.

It is unconscionable for mental health professionals and theorists to continue to engage with this unethical label in any shape or form. What confident and self-loving person would accept thinking of himself/herself as having something inherently wrong with his/her most basic self? People like incest survivors are so used to being insulted and mistreated that they think they must deserve this psychiatric insult. One woman at an SIA meeting said she had been given three psychiatric diagnoses, including “borderline personality disorder.” She said, “I’m so bad. I’m such a bad person. I am so mixed up.” That she is bad and faulty and not someone

deserving of love is exactly what the label “borderline personality disorder” is telling her, thus affirming her very low self-esteem.

A few months ago I taught a course in health care ethics in an MHA program with health professionals; several of them work in the mental health field and I brought up the topic of borderline personality disorder. I was appalled by how quickly and easily some of the students showed their disgust of “the borderlines.” Activists on behalf of people with other kinds of disabilities such as people with cognitive disabilities and people with physical disabilities have been more warmly received in their challenges to pejorative thought and language; we would not expect to find an article in a scholarly journal entitled “A critical exploration of people with Mongolism” or “Treating Cripples.”²

Proper respect toward survivors of childhood incest trauma is long overdue. After hearing survivors of incest talk about their very negative experiences and poor health outcomes with psychiatrists upon being labelled with “borderline personality disorder,” some members of SIA, including myself, decided to form a non-profit organization called “Matron Saints of Incest Survivors” which provides empowering educational resources and peer counselling, and does community outreach.

Social Context of Incest Survivors

Incest trauma is no more shaming and also no less serious than trauma related to natural catastrophes. But there are several differences in the aftermaths. One difference is that survivors of natural catastrophes are not heavily stigmatized and shunned or oversexualized by others in society, as when survivors are seen as having had consensual “relationships” with their abusers. Despite having experiences of post-traumatic stress and other serious challenges if the society is highly individualistic, survivors of a natural catastrophe can more easily distance themselves from the natural catastrophe. By contrast, incest survivors, with fewer avenues of validation, healing and support, are left circling the trauma and will have more trouble moving on. For example, when people talk about surviving a natural catastrophe, others may look uncomfortable but it is unlikely that they will question the reliability of their memory or bring up “false memory syndrome,” behaviour that is commonly experienced by incest survivors when they refer to the incest trauma. Further, survivors of a natural catastrophe will not usually be treated poorly by a health professional simply because they are survivors of a natural catastrophe whereas incest survivors often encounter difficulties finding a general health care provider when they mention a history of sexual trauma.

Imagine you are in a storm and there is no shelter and no one to assist you. You must fend for yourself and try to build your own shelter. You use your own wits and also reach out for help and use the telephone and call some help lines. The people on the telephone, the helpers, tell you you are not in a serious storm as you are not so far away from where they are standing where it is very sunny and comfortable. In fact these people have never experienced a severe storm, though they have read about it in books, and have only experienced rain showers themselves. They tell you the storm is now over and that you need to talk about the storm, take some pills, and work hard on controlling your emotions. Your emotions are too stormy, they say; you need to become more stable. And of course your emotions are stormy because from your perspective

the storm is not over, and there are continuing serious challenges, and you are simply reacting to the waxings and wanings of the storm. When a branch flies and hits you on the head you cry out in great pain and anger because there is no one to comfort you. There is nothing wrong with your survival instincts and you know you must make a safe shelter for yourself; you make a raft out of the branches of fallen trees. When your raft breaks because you were so exhausted from your relentless struggles that you forgot to attend to something important, you become very depressed. When the storm subsides for a while you start to feel relaxed and even elated and look wild-eyed (“manic”), as you are so thankful and grateful for a moment of peace, but you know that the storm will soon show its mean red eye again and you are not safe from harm. You keep in contact with the helpers because you think they are better than nothing, though they say there must be something wrong with you since all you can come up with is a raft and nothing more stable and enduring. Some of them say the problem is not just in your personality but in your neurology and genes too. Sometimes you feel so exhausted and alone trying to survive in a reality that the helpers won’t recognize, you feel suicidal. You tell the helpers you are feeling angry toward them. They say you seem to be acting out a fear of abandonment; you should try to control that too. You try to make friends with others in the storm but many of them are in the same panicked state to survive and you are poor company for each other. You consider forming an intimate relationship with someone but you know during a storm is no time for this. The helpers say you have a problem with avoiding relationships. Sometimes you cut yourself with your jackknife to relieve some emotional pain.

Finally the storm abates and stops. You can make a good life for yourself, build a home, not just a raft. You are grateful to be alive. For those who know nothing of severe storms you seem peculiar; they find your conversation questions and your manner odd. You seem from a foreign country and you are.

I look forward to the day when incest survivors can enjoy the same sexually neutral respect that has been accorded to survivors of other catastrophes. Some of my closest friends are refugees, and it’s because we understand well what it means to be deprived of a safe home.

Notes:

1. See especially Herman, J.L. 1992. *Trauma and Recovery*. New York: Basic Books. Herman argues that the label should be replaced with “complex post-traumatic stress disorder.” I explore her views in my article “Rethinking ‘Multiple Personality Disorder’: Recovering Moral Agency” Nicki, A. 2008. *Journal of Social Alternatives*. Volume 27: 4: 2008.
2. This is not to argue, however, that people with cognitive and physical disabilities are not often subject to dehumanizing language and treatment. I am simply trying to raise the status of incest survivor to the level where perjorative language directed at them will be a matter of controversy like the phrase “People with Mongolism” directed at people with cognitive challenges.

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Address for Correspondence:

e-mail: nicandr4@aol.com