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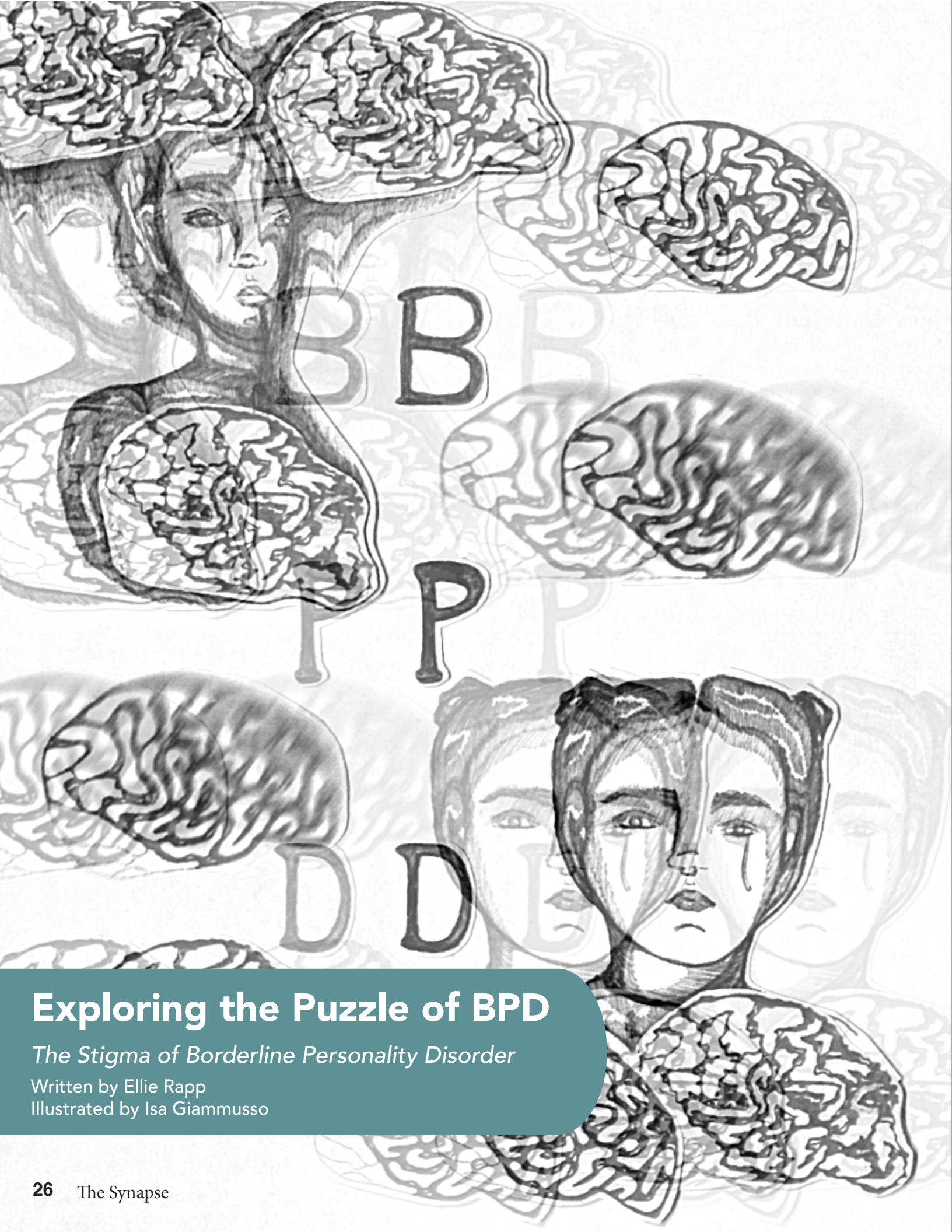
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Exploring the Puzzle of BPD

The Stigma of Borderline Personality Disorder

Written by Ellie Rapp

Illustrated by Isa Giammusso

A patient walks into a doctor's office and hands them a 1,000-piece puzzle. "I am not sure that any patient of mine has given me a puzzle," says the doctor. The patient explains that, despite already seeing hundreds of doctors, no one has been able to solve this puzzle. Some doctors gave up: "It is much too difficult, give it to someone else so they might figure it out." Others exclaimed, "This is not worth my time since there is no way I can solve this." The doctor asks the patient what others have tried "Hammers, screwdrivers, chainsaws..." The doctor was baffled. Amused at the thought of anyone solving a puzzle with a chainsaw. They took the puzzle from the patient and, with time and patience, put it together.

The story of the patient and the puzzle appears bizarre, but it is all too common for individuals with Borderline Personality Disorder (BPD). Sometimes, their puzzles are never fully solved.

A 2016 survey reported that 2.7 percent of the United States population is diagnosed with BPD, making it the country's second most common personality disorder – only behind antisocial personality disorder. Worldwide studies also found that BPD is the fourth most common of the ten personality disorders. Compared to non-BPD counterparts, there is a significant increase in comorbidity for BPD individuals to develop mood disorders, post-traumatic stress disorder, and other psychiatric issues. They are also at higher risk for committing self-harm and substance abuse.

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The American Psychological Association (APA) defines BPD as a Cluster B personality disorder — characterized by unpredictable behaviors and emotionality. Patients must have at least five of nine criteria set by the Diagnostic and Statistical Manual of Mental Disorders Fifth Edition (DSM-5) to be formally diagnosed with BPD. Still, people can possess borderline traits without the actual disorder. Traits of BPD are seen in individuals who meet the symptom criteria for some – but not enough – of the BPD diagnosis. Such criteria include severe dissociative symptoms (i.e., disruptions of consciousness), recurrent suicidal or self-mutilating behavior, and a pattern of unstable and intense personal relationships.

Despite unwavering diagnostic criteria, over 250 possible symptomatic combinations could result in a BPD diagnosis. Clinicians may struggle to reach a consensus even if one symptom does not fit the exact criterion. This issue not only creates frustration for clinicians but also for patients awaiting their results. Key factors are available to help in the diagnosis decision and subsequent treatment. For example, individuals with BPD comorbid with major depressive disorder (MDD) tend to respond poorly to antidepressants, while patients with MDD alone respond better. However, more analysis is necessary as these are not concrete methods for ruling out or confirming the presence of BPD.

Unfortunately, constraints on patient-clinician interactions (i.e., fixed appointment lengths) limit the amount of time patients can get an opinion from their doctors. Much time, sometimes up to multiple years, is needed to confirm a BPD diagnosis since misdiagnosis is not only harmful to the patient but could lead to further misdiagnoses of others. This combination creates a seemingly-impossible situation for those seeking a BPD diagnosis and is only worsened by the fact that BPD is an incredibly stigmatized disorder. If these patients experience severe thoughts of suicidality or self-harming behaviors, the sheer time between consultation and diagnosis could be fatal. Approximately 75 percent of patients with BPD have reported waiting four hours or more in an emergency department following acts of self-harm or non-fatal suicide attempts – and were discharged more quickly than patients with other diagnoses.

Mental health issues have been the target of stigma for decades, but BPD is one of the most severe by the general public and healthcare professionals. People with BPD often feel shame because their disorder is commonly misunderstood, even by their closest friends and family. Coping can become unbearably difficult, further damaging their relationships with others, self-image, and symptoms. Patients avoid seeking help from doctors or psychological professionals because they do not feel cared for or listened to. A 2015 study reported that, compared to 29 percent of individuals with other diagnoses, 57 percent of patients with BPD felt rejected or shunned by the healthcare professionals they sought help from. Clinicians themselves have claimed to feel frustration, anger, and inadequacy when treating patients with BPD, as reported by a study using a method of open-mindedness in healthcare. Because of this, it is understandable why some people with BPD steer clear from healthcare.

The stigma towards any mental health disorder stems from outdated prejudices regarding psychiatric issues. It is often forgotten that mental disorders considered common once had very stigmatized origins, such as depression. The poor treatment by their doctors and the negativity from other people have only led to self-stigmatizing in individuals with BPD. This prejudice has since improved but has not gone away completely, despite what some may believe.

The vicious cycle people diagnosed with BPD go through can affect their ability to find secure housing, employment, and some form of proper education. Internalized feelings from stigmatization may never leave the individuals with BPD and act as a trigger for suicidal behaviors. This causes many who suffer from BPD to find themselves in a complicated situation.

Changes must be made for BPD to no longer carry the baggage of decades-long stigma from the healthcare industry and beyond. Patients should no longer be seen as an unsolvable puzzle and passed around amongst doctors like a game. There are lives at stake — beautiful, misunderstood lives. The world must let the BPD community know they are valued, seen, and, most importantly, worth being here. It will go a long way to providing relief, allowing people in the BPD community to breathe a sigh of relief. • • •