

Challenged in Defining Psychopathology: Stigmatization of Personality Disorders by Mental

Health Professionals

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One of the most prominent problems in current-day psychopathology is the stigmatization that individuals who have been diagnosed with personality disorders receive from mental health professionals. While in general there is often a negative view of all mental health diagnoses; the stigma associated with personality disorders tends to go beyond this. This stigmatization can influence how mental health professionals approach treatment, ultimately affecting the well-being of those seeking treatment. This essay will explore the challenge of stigmatization, focusing on how it affects the diagnosis and treatment of personality disorders, specifically Borderline Personality Disorder, and examine how mental health professions can reduce this pervasive issue in the field of psychopathology.

One notable example of stigmatization occurs in patients with Borderline Personality Disorder (BPD). Individuals with BPD often struggle with problems such as mood swings, suicide and self-injury, impulsive behavior, and unstable interpersonal relationships (Mayo Clinic). This disorder has gained a particularly negative reputation among mental health professionals due to its intense abnormal behaviors. It was found that when psychiatrists are given a scenario of a patient who has been diagnosed with Borderline Personality Disorder they are more likely to describe the patient as “manipulative, difficult to manage, unlikely to arouse sympathy, annoying, and not deserving of [National Health Service] resources” compared to when the diagnosis is left out. In this scenario, the client made a suicide attempt. For the BPD group, the clinicians considered this attempt to be due to “attention seeking” rather than a “genuine” suicide attempt (Lewis & Appleby, 1988). There is a stigma that people with BPD have control over their behavior, rather than their behavior simply being a symptom of their disorder. This is in contrast to other mental health disorders, where behaviors are often perceived instead as biochemically determined. Due to the stigma, a mental health professional may begin

to emotionally distance themselves when they believe that a patient is being manipulative, which is particularly dangerous for individuals with BPD, who are highly sensitive to perceived rejection or abandonment. Thus when a mental health professional prematurely ends treatment, overlooks the patient's emotional needs, or becomes less empathetic due to their client's label of BPD, it can trigger the client to have worsening symptoms (Aviram et al., 2006). When clinicians judge BPD symptoms using the four Ds of abnormality, assumptions about an individual's deviance or dysfunction may reinforce harmful stereotypes. For instance, in the Lewis & Appleby study, clinicians viewed the suicide attempt by an individual with BPD as fitting into the deviance criteria. They perceived it as "attention seeking" rather than recognizing it as an expression of the individual's distress and danger. This lack of empathy perpetuates the stigmatization, leading to clinicians overlooking the genuine emotional difficulty underlying the outward behavior.

To address the issue of stigmatization in the field of psychopathology, there has been an increased focus on using treatments such as Dialectical Behavior Therapy (DBT) for patients with BPD. In DBT, therapists work with clients to "reinforce positive actions and avoid reinforcing maladaptive behaviors" and practice mindfulness and distress tolerance (from 10/10 lecture). While DBT is effective in treating other disorders, it was specifically created for the treatment of Borderline Personality Disorder. It is also the only scientifically supported treatment for those with BPD. DBT uses the skills of mindfulness, interpersonal effectiveness, emotional regulation, and distress tolerance to help regulate the common symptoms of BPD (May et al., 2016). Through the use of DBT, the notion that patients with BPD are untreatable and are inherently difficult to treat has been challenged. By using DBT, clinicians are provided with

clear, structured approaches that reduce the likelihood of subjective biases affecting the quality of care.

References

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