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AP English 12

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January 12, 2020

“Borderline Personality Disorder: Destroying Stigma and Promoting Normalization”

“BPD isn’t a real psychological disorder. It’s basically a way for a shrink to say “sorry you’re clinically an a**hole” [Appendix A]. The social media platform allows for public vocalization of derogatory and dehumanizing comments that perpetuate stigmas surrounding controversial mental illnesses such as borderline personality disorder (BPD). Media platforms, like Twitter, are whirlpools of blasphemous quotes (as shown above), which reinforce stigmatizing stereotypes misconstrued with mental illnesses, furthermore, misleading public conceptions concerning borderline personality disorder. The psychological definition of borderline personality is “an illness marked by an ongoing pattern of varying moods, self-image, and behavior”(NIH). “People with borderline personality disorder may experience intense episodes of anger, depression, and anxiety that can last from a few hours to days” (“Borderline 2”). The National Alliance of Mental Illnesses (NAMI) appallingly reports, an “estimated 1.4% of the adult U.S. population experiences BPD” (“Borderline 1”). Furthermore, meaning that approximately 4.6 million adults who suffer from mood shifts, anxiety, and depression, are also forced to combat the demoralizing stereotypes manifested in modern media and film. This, however, excludes the undiagnosed population, who endures opprobrium (harsh criticism) without the support of trained doctors and nurses. Psychiatrists Biskin and Paris give professional incitement concerning BPD diagnosis, elucidating the fact that “borderline personality disorder can be a difficult diagnosis because of similarities to other conditions, particularly mood disorders" (Biskin and Paris). In general practice, accurate diagnoses are seen “in 10% of psychiatric outpatients, 20% of psychiatric inpatients, and 6% of family medicine patients” (Biskin and Paris). Even though the practice of psychology has undergone advancements over the past decades, the majority of the population is still undiagnosed with

BPD. However, of those diagnosed, there is a distinct gender gap between male and female patients. Biskin and Paris were distraught when confronted with data proving “women account for 70% of patients with this disorder in clinical settings” (Biskin and Paris). This gender discrepancy can cause false stereotypes concerning gender discrimination, in particular assuming women are vulnerable or susceptible to contracting BPD, causing another imposing psychological hurdle for patients. The media perpetuates an erroneous and debasing correlation of violence with BPD through discriminatory stereotypes, which exacerbates depressive symptoms upon those diagnosed with BPD, furthermore, degrading hope for rehabilitation. Therefore, adequate education to dispel misconceptions surrounding BPD is imperative for compassionate and accurate portrayals of BPD patients.

Social media and the film industry caricatures the portrayal of mental illnesses through comedic and fallacious violent stereotypes, which instigates cataclysmic stigma against BPD and other mental illnesses. The facade created by the film industry surrounding stereotypes of mentally ill characters effectuates hasty generalizations by misguiding audiences, resulting in the stigmatization of all mental illnesses. Modern society revolves around screens, giving prodigious amounts of power to directors and film producers who can alter the audience's speculations and beliefs through film. Film directors affect the younger generation by introducing stereotypes to children's media; Lawson and Fouts were startled when they “found verbalizations regarding mental illness in 85% of feature-length animated Disney movies” (Beachum). These mentally-ill characters usually portray “generic representations, without demonstrating specific disorder or symptoms but merely serving to elicit fear, anger, or amusement” (Beachum). Fear for the stability of the mentally ill is instilled upon the children who watch these movies. Children perceive those who have a mental illness to be considered more violent, creating stigma around certain illnesses, like borderline personality disorder, in which the patients have varying moods and may express extreme anger. Also, filmmakers broadcast on-screen psychotherapists “as oppressive, malevolent, inhuman, and often acting upon questionable or evil motives” (Beachum). Leading those who suffer from mental illnesses to have a false conception

surrounding psychotherapists because they are often conveyed to be mad and lunatic scientists in movies. Because of media misrepresentation, many patients do not seek psychological rehab (which is a proven cure to BPD) in trepidation of therapist reputation. The misconceptions also affect the general audience's outlook on mentally-ill neighbors, family members, coworkers, and celebrities. When people lack real-life experiences with a mental illness, they derive more of their comprehension from films, resulting in more inaccurate and antagonistic perceptions. Causing perpetuation in the constant growth of stigma and discrimination, through the alienation of the mentally ill, leaving fewer opportunities for positive interactions with a mental illness. Social media promotes stereotypes such as falsely correlating all BPD patients with violence because many people are misinformed and misguided from the news media's projection of mental illnesses. Stuart discovered “that fewer than 15% of newspaper articles dealing with mental illness include input from mental health professionals, and only 0.8% from people with a mental disorder” (Beachum). Because of the lack of information from psychiatrists and therapists, many authors and journalists are publicizing false information, which only worsens the stigma regardless of the motives. To prevent further stigmatization, editors should research the validity of the articles containing stories or information about mental illnesses, only publishing works with quotes from registered psychiatrists and mental health professionals. Both the film industry and media stigmatize borderline personality disorder through discriminating stereotypes, educating children and adults alike with specious information, causing harm to the morals of BPD patients, and discouraging hope for treatment.

The media's fallacious portrayal of BPD has pervasive and severe ramifications on the patient's lives in employment, medical, and social environments, due to the paucity of unbiased mental health education, leading to high suicide rates and self-harm. To become successful and thrive in modern society it is imperative to have a financially stable job; however, those who suffer from a personality disorder, specifically BPD, are discriminated against in the workplace and often rejected from employment. Because of the preexisting stigma, only “50% of individuals with BPD manage to find employment. However, only 20% of those in employment

are capable of maintaining employment and becoming financially independent of social benefits”(Juurlink). Employers especially see personality disorders as a threat to their business, resulting in such drastic unemployment rates, leaving many BPD patients homeless because they are inadequately equipped to combat the stigma alone. Researchers were astonished when they discovered that the “homeless populations see rates of BPD of approximately 20%”, people associate homelessness with mental illnesses, furthermore, perpetuating the stigma, which induces more harm for the employment of those who battle BPD (Ivanich). The immense stigmatization of BPD degrades the optimistic spirits of borderline personality patients. One patient exclaimed, “It feels as if I am the stupidest person in the world, I feel worthless and then I end up in a downward spiral. I remember all the previous mistakes I made until I come to a point where– when it’s really bad–I’ll think ‘Well, I’ll just cut my wrists now’”(Juurlink). This BPD patient resorts to bodily harm to cope with insecurities created by a stressful and alienating work environment, which aggravates the symptoms of BPD. Because society oppresses the mentally ill, many patients become depressed and experience anxiety, yet the psychiatrist and therapists who are supposed to help them are also contributing to the stigma. For example, it has been discovered that “people with BPD have reported feeling shunned by a treating health professional, experiencing long wait times when presenting to emergency departments due to self-harm, and being perceived to be lying, manipulative, attention-seeking and resource-wasting” (Carrotte). The same bellicose psychiatrists, doctors, and therapists who are advocating for the removal and confrontation of stigma are unconsciously amplifying the stigma, through unjustified wait times, embarrassment, and sometimes mockery, furthermore, deteriorating patient's hoped-for treatment, and willingness to live. The media further terminates hope, through broadcasting and exaggerating “the link between mental illness and violence” immortalizing “the “Dangerous” stereotype, leading to a public fear of the mentally ill”(Sheehan, Nieweglowski, and Corrigan). Fueling iniquitous behaviors including “segregation of people with mental illness in poor neighborhoods, avoidance, or withdrawal” of all those fighting mental illnesses (Sheehan, Nieweglowski, and Corrigan). Borderline personality disorder

patients combat stigma every day, through facing dehumanizing stereotypes, which diminishes hope for successful treatment and alacrity to live, even when efficacious treatment methods exist.

The two most egregious and prevalent myths aggrandizing deleterious stigma are, BPD equivalents to increased violence, and BPD cannot be treated, however, recent medical advancements have found encouraging treatment methods and discovered that violence is not a symbol of BPD. Media perpetuates the stigma surrounding BPD and violence, through portraying all people with BPD as crazy killers, which is a characteristic often portrayed in horror film antagonists. By conveying most BPD patients as violent and “crazy”, the film industry educates audiences with misinformed and hasty generalizations, without considering the implication of such portrayals. A large study in the UK proved “violence is better explained by comorbidity” and BPD is not the sole culprit of violence (Gonzaliz). Violence should not be directly associated with mental illnesses because the stigma is a result of the general population's fear, causing many BPD and other personality disorder patients to resort to self-harm and suicide, to cope with oppression and discrimination. People with BPD often resort to cutting, scratting, and burning themselves in frustration, which is triggered by the stigmatizing environment they endure. There is a moral obligation to prevent “10% of BPD patients” from dying “by suicide”, society must combat the violence stereotype through reeducation and removal of “crazy” antagonists in films. As a result of recent medical advancement, BPD has become a curable disorder through participating in specific therapy practices, such as “dialectical behavioral therapy (DBT), mentalization-based treatment (MBT), schema-focused therapy (SFT), transference-focused psychotherapy (TFP), and systems training for emotional predictability and problem-solving (STEPPS)”(Choi-Kain). All five of these methods are evidence-based treatments and, therefore, are scientifically and clinically proven to be successful treatments for BPD, disproving the stereotype that BPD is incurable. Society should not view BPD patients as violent and incurable because BPD does not directly cause violence, instead, the violence is best explained by comorbidity and BPD has been medically proven to be curable, exemplified in celebrity testimonies.

Celebrities and spokeswomen such as Brandon Marshall, Pete Davidson, and Nikki Mattocks, are given a recognized platform to combat stigma through being openly public with their diagnosis and struggles. Even though Brandon Marshall was diagnosed with borderline personality disorder, he explained that “I have a dream home, my house is beautiful. My wife did a great job putting our house together finding the right house for us. We have two nice cars, we have three beautiful dogs. But with all that said, I haven't enjoyed not one part of it”(Carollo). Marshall’s BPD diagnosis did not prevent him from continuing his career and having a wonderful family, instead, it allowed psychiatrists and therapists to prescribe the correct treatment methods, which proved highly beneficial. Brandon Marshall in his retirement promotes the education of BPD for himself and others, spreading the message that “with the right help, the right treatment program [and] the right treaters, one diagnosed with BPD can live a healthy, effective and peaceful life” (Carollo). Pete Davidson, a Saturday night live comedian, was also diagnosed with BPD. Pete Davidson used his media presence as a comedian to combat stigma, specifically relating to BPD patients having stable relationships. He was questioned on social media about having a relationship with Andre Grandi, and he responded by exclaiming “just because someone has a mental illness does not mean they can’t be happy and in a relationship. It also doesn’t mean that person makes the relationship toxic” (Spanos). Davidson also combatted the violence stereotype by writing “I just think it’s f***ed up to stigmatize people as crazy and say that they are unable to do stuff that anyone can do. It’s not their fault and it’s the wrong way for people to look at things”(Spanos). Both Marshall and Davidson were publicly open with their diagnosis and both were passionate about terminating the oppressive stigma associated with BPD. Nikki Mattocks, a 17-year-old mental health and human rights campaigner in the UK, publicly speaks and blogs about her story with BPD and has even addressed parliament. She is passionate about sharing her battle with BPD, in the hope to inspire the younger generations to become more compassionate for mental health patients. Celebrities and public speakers fight to diminish the stigma surrounding BPD by being living examples of success, furthermore, sharing

their successful treatment stories to inspire those struggling with mental illnesses to seek professional help.

Society needs to be re-educated on mental illnesses, specifically personality disorders, to diminish the stigmatizing stereotypes, and provide support groups for those suffering from BPD, aiding them to become successfully treated by professionals. Since a majority of mental illnesses start developing during adolescence, middle schools and high schools should be required to have mental health courses dedicated to properly educating the truths about mental illnesses, and providing comfort for those currently suffering an illness. Schools should also be required to have a therapist or social worker on-premise to work with children or teachers struggling with a mental illness of their own. By preventing misconceptions about mental illnesses at a young age, society will eventually become expectant and supportive of mental illness patients, furthermore, decreasing the stigma until it becomes non-existent. Social media platforms such as Twitter, Instagram, and Facebook, should restrict and remove posts or comments that scrutinize and discriminate against mental illnesses, leading to auspicious results on social media by creating an encouraging and accepting platform. By limiting the stigma in media, more people struggling with mental illnesses will seek a diagnosis and professional help, resulting in a decreased suicide rate and a more optimistic society. Support groups and podcasts about BPD should be shared during advertisements and daily news, to encourage the participation of BPD patients in local groups committed to harmonizing the stigma surrounding BPD. Specific links like <https://www.psychologytoday.com/us/groups/borderline-personality/connecticut> and <https://www.borderlinepersonalitydisorder.org/podcasts/> should be easily accessible to everyone, providing a list of location-specific support groups and BPD podcast, varying from success stories to informative content from professional psychiatrist and therapists. People with BPD could access such links in times of need, using support groups or podcasts as stepping blocks towards healing and support resources when confronted with stigma. If the public is made aware of the harm stigma has in the lives of those with BPD or other disorders, they will cease to applaud films and media posts that display erroneous portrayals, and instead advocate for the

normalization of mental illnesses. The conflagration of stigma is an ongoing battle, however, through perseverance and resilience of human kindness, society will gradually recognize the truth behind mental illnesses, and disregard the discriminating stereotypes of the past.

Appendix A



Sugar, Anxiety. "BPD isn't a real psychological disorder. It's basically a way for a shrink to say 'sorry you're clinically an a**hole.'" *Twitter*.

Derogatory and erroneous comments on social media perpetuates the stigma surrounding BPD, causing despair borderline personality disorder patients to employ self harm and suicide because of the harsh and grim social environment they live in.

Works Cited

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- "Borderline Personality Disorder." *National Institute of Mental Health*, U.S. Department of Health and Human Services., www.nimh.nih.gov/health/topics/borderline-personality-disorder/index.shtml.
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- Carrotte, Elise, et al. "'It's Very Hard for Me to Say Anything Positive': A Qualitative Investigation into Borderline Personality Disorder Treatment Experiences in the Australian Context." *Australian Psychologist*, vol. 54, no. 6, Dec. 2019, pp. 526–535. EBSCOhost, doi:10.1111/ap.12400.

Choi-Kain, Lois W et al. "What Works in the Treatment of Borderline Personality Disorder."

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www.borderlinepersonalitydisorder.org/podcasts/.

Spanos, Brittany. "Pete Davidson Opens Up About Dating With Borderline Personality

Disorder." *RollingStone*, 25 May 2018,

www.rollingstone.com/tv/tv-news/pete-davidson-opens-up-about-dating-with-borderline-personality-disorder-628216/.

Sugar, Anxiety. "'BPD isn't a real psychological disorder. It's basically a way for a shrink to say

'sorry you're clinically an a**hole.'" *Twitter*.

Annotated Bibliography

Bartsch, Dianna R., et al. "Understanding the Experience of Parents with a Diagnosis of Borderline Personality Disorder." *Australian Psychologist*, vol. 51, no. 6, Dec. 2016, pp. 472–480. *EBSCOhost*, doi:10.1111/ap.12174. The authors of "Understanding the Experience of Parents with a Diagnosis of Borderline Personality Disorder" are Dianna R Bartsch, Rachel M Roberts, Matthew Davies, and Michael Proeve. Dianna Bartsch works as the Principal Clinical Psychologist for Southern Adelaide Local Health Network (SALHN) Mental Health Services. She has received a Master of Psychology (Clinical), Bachelor of Psychology (Honours), and Bachelor of Psychology from the University of South Australia. Rachel M Roberts is an Associate Professor and registered Psychologist, endorsed by the Psychology Board Of Australia as a Clinical Psychologist, Healthy Psychologist and Clinical Neuropsychologist. She has received a PhD from Flinders University, a MPsych (Clinical) from University of Western Australia, and a BA (Honours) from University of Adelaide. Matthew Davies is a principal clinical psychologist at Davies & Robertson Psychology. He has received a Phd and Master of Psychology, and a Bachelor of Behavioural Science (Honours) from University of Adelaide. Michael Proeve is a former clinical psychologist, who now is a researcher on treatment of offenders and treatment approaches in clinical psychology. He has received a Phd from University of Australia, a Master of Psychology from LA Trobe University, a B.Sc. (Honours) from Flinders University of South Australia, and a B.Sc. from University of Adelaide. This article is composed of quantitative data investigating the experience of parents who have a diagnosis of borderline personality disorder and their perceptions regarding access to appropriate parenting supports and resources. For example, "There were 28 children across the 12 families investigated. The majority of children were male (57%), and their ages ranged from 2 months old to 34 years ($M = 16.02$; $SD = 9.00$)" (Bartsch, Roberts, Davies, and Proeve). This source supports the thesis because it gives an example of the struggles parents with BPD go through during their

treatment, further revealing stigma against BPD patients. This article identifies Doctor, Patients, and family of patients as stakeholders. It furthermore, uses the scientific lense to research the experiences of parents who suffer from BPD.

Beachum, Lauren. "The Psychopathology of Cinema: How Mental Illness and Psychotherapy are Portrayed in Film." *Scholarworks@GVSU*, 2010, scholarworks.gvsu.edu/cgi/viewcontent.cgi?article=1036&context=honorsprojects#:~:text=Portrayals%20of%20mentally%20ill%20people,inflct%20harm%20on%20another%20person. Lauren Beacham has received her Master of Applied Statistics (Experimental Statistics) at Louisiana State University and a Bachelor of Arts in Psychology at Agnes Scott College. She currently works at Center for Disease Control and Prevention as a Health Statistician. This article contained both quantitative and qualitative data. An example of both is "when researchers asked participants about their willingness to interact with a person who had a mental illness, nearly 70% indicated they would not allow that person to marry into their families, almost 60% said they would not want that person in their workplace, and over half would refuse to even interact with such a person . If the attitudes demonstrated by these statistics were applied toward people with physical disabilities, there would likely be a public outcry and call for change". This source provides statistical evidence for proving the impact of stigma in BPD patients lives, as well as giving stereotypes portrayed in film. This article mainly focuses on the scientific lens, but also has some historical lense within it.

Biskin, Robert S, and Joel Paris. "Diagnosing borderline personality disorder." *CMAJ : Canadian Medical Association journal = journal de l'Association medicale canadienne* vol. 184,16 (2012): 1789-94. doi:10.1503/cmaj.090618 Robert S. Biskin, MD, worked at the Department of Psychiatry, Institute of Community and Family Psychiatry, and Sir Mortimer B. Davis Jewish General Hospital, Montréal, Que. He is an Associate Professor of Clinical Psychiatry at McGill University. The article contains mostly quantitative data. An example of this is "a common presentation in both psychiatric and general practice,

with accurately diagnosed cases seen in 10% of psychiatric outpatients, 20% of psychiatric inpatients, and 6% of family medicine patients". This article provides statistical evidence for general information concerning BPD and was used to show the gender gap between men and women in diagnosis of BPD. This article focuses on the scientific lens, using the results studies to come to a conclusion.

"Borderline Personality Disorder." *National Alliance on Mental Health*, Dec. 2017,

www.nami.org/About-Mental-Illness/Mental-Health-Conditions/Borderline-Personality-Disorder#:~:text=It's%20estimated%20that%201.4%25%20of,misdiagnosed%20with%20PTSD%20or%20depression. The National Alliance of Mental Health is a mental illness advocacy group, which provides information and education to the public by professionals. It's goal as an organization is to provide "advocacy, education, support and public awareness so that all individuals and families affected by mental illness can build better lives". There is a balance of quantitative and qualitative data, for example, "struggling with self-regulation can also result in dangerous behaviors such as self-harm (e.g. cutting). It's estimated that 1.4% of the adult U.S. population experiences BPD". This article provided recent quantitative data to explain how many of the current population is diagnosed with BPD and what symptoms are needed to justify a diagnosis. This article explored the scientific lense, justifying claims with quantitative evidence.

"Borderline Personality Disorder." *National Institute of Mental Health*, U.S. Department of Health and Human Services.,

www.nimh.nih.gov/health/topics/borderline-personality-disorder/index.shtml. The National Institute of Health is an agency of the United States Department of Health and Human Services, offering health information to the public by scientists, researchers, and medical professionals. This article provides qualitative data, explaining the definition of borderline personality disorder. For example, "people with borderline personality disorder may experience intense episodes of anger, depression, and anxiety that can last from a few hours to days". This article was used to provide education on the definition of

BPD and also list some of the symptoms that are associated with BPD. The article addresses the scientific lens, providing a medical definition of BPD.

"Borderline Personality Support Groups in Connecticut." *Psychology Today*,

www.psychologytoday.com/us/groups/borderline-personality/connecticut. Psychology Today was founded in 1967 by Nicolas Charney, PH.D, with the intent to make psychology literature and information more accessible to the general public. The magazine focuses on varying topics including neuroscience, relationships, psychology, and parenting, all provided by professionals in their field. This web page provides qualitative data and web links to BPD support groups in Connecticut, or location specific groups. For example, "DBT is a technique offered in individual therapy, but it works best in a group because this provides exposure to a number of different perspectives and experiences throughout individual development.". This information was used to provide public access to support groups, and also educate on the types of support groups out there. This article is in the scientific and social lens because it provided options from experts and also local support groups.

Carollo, Kim. "NFL Star Brandon Marshall Has Borderline Personality Disorder." *ABC News*, 1 Aug. 2011,

abcnews.go.com/Health/miami-dolphins-wide-receiver-brandon-marshall-reveals-borderline/story?id=14204660. Kim Carollo is a health journalist with a broadcasting and social media background. She publishes for ABC News which is a flagship television program focused on being a mainstream media news program. This article contained qualitative data referring to Brandon Marshall publicly announcing his diagnosis with BPD. For example, "borderline personality disorder is marked by pervasive instability of interpersonal relationships, self-image and emotions". This information was used as an example of a successful celebrity who overcame his struggle with BPD. The article was written in a cultural and social lens, focusing on Marshall's life story and how he was treated with BPD.

Carrotte, Elise, et al. "It's Very Hard for Me to Say Anything Positive': A Qualitative

Investigation into Borderline Personality Disorder Treatment Experiences in the

Australian Context." *Australian Psychologist*, vol. 54, no. 6, Dec. 2019, pp. 526–535.

EBSCOhost, doi:10.1111/ap.12400. Elise Carrotte is a senior researcher and Evaluation

Coordinator at SANE Australia. Her goal is to find novel ways to reduce stigma against

people living with mental illnesses. This article contained quantitative data, which was

used to explain qualitative data claims. For example, this project involved

semi-structured qualitative interviews with 12 participants (75% female, M age = 39.9,

SD = 11.7), nine with lived experience of BPD, three carers and two identifying with

both roles". The information in this article was used to provide qualitative data for the

claim that the stigma surrounding mental illnesses has a huge impact on BPD patient

lives. This article was written in a scientific lense, using the results of studies as research

for explaining the effect of stigma on mental illness patients.

Choi-Kain, Lois W et al. "What Works in the Treatment of Borderline Personality Disorder."

Current behavioral neuroscience reports vol. 4,1 (2017): 21-30.

doi:10.1007/s40473-017-0103-z Lois W. Choi-Kain graduated from the prestigious

Harvard Medical School, having work experience at McLean Hospital and Massachusetts

General Hospital. His article provided qualitative data which was explained by studies

that produced quantitative data. For example, "the research on treatment in BPD is

leading to a distillation of intensive packages of treatment to be more broadly and

practically implemented in most treatment environments through generalist care models

and pared down forms of intensive treatments (e.g., informed case management plus

DBT skills training groups)". This information was used to list successful treatment

methods for BPD, and also provide a range of treatments so most people can find a

treatment that works for them. This article focused on the scientific lense, using studies

and raw data to come to conclusions converting the most effective treatment for BPD.

González, Rafael A et al. "Borderline personality disorder and violence in the UK population:

categorical and dimensional trait assessment." *BMC psychiatry* vol. 16 180. 3 Jun. 2016, doi:10.1186/s12888-016-0885-7 Rafael A. González has worked at the Imperial College, London, UK in the Centre for Mental Health, Division of Brain Sciences, and Department of Medicine. In addition, he worked at University of Puerto Rico, Puerto Rico, USA, in the Center for Evaluation and Sociomedical Research, and Graduate School of Public Health. The article is a quantitative and qualitative data study on the correlation of violence and BPD in the UK. For example, "In the present study, we overcome previous limitations by reporting on violence in a representative household sample from Great Britain of over 14,000 men and women". This information was used to combat the stigma surrounding the violence stereotypes associated with BPD. The article used the scientific lense to explain quantitative data with a qualitative claim.

Ivanich, Jerreed et al. "The Relationship between Survival Sex and Borderline Personality

Disorder Symptoms in a High Risk Female Population." *International journal of environmental research and public health* vol. 14,9 1031. 8 Sep. 2017, doi:10.3390/ijerph14091031 Jerreed Ivanich worked at the Department of Sociology, University of Nebraska-Lincoln, Lincoln, NE and currently is the assistant Professor at Colorado School of Public Health. The article is a study which contains both quantitative data in the form of statistics and quantitative data claims. For example, "across multiple studies, individuals who are homeless have regularly shown higher odds of engaging in survival sex compared to those who are not homeless, with reported rates of 11% to 41%, compared to rates of 3.5%–5.0% in the general population". This information was used to explain that the homeless population contains a large percentage of people with BPD and other mental illnesses. This article addresses both the social and scientific lens, through showing the relationship between homelessness and having mental illnesses is caused by the high unemployment of BPD patients.

Juurlink, Trees T., et al. "Barriers and Facilitators to Employment in Borderline Personality Disorder: A Qualitative Study among Patients, Mental Health Practitioners and Insurance Physicians." *PLoS ONE*, vol. 14, no. 7, July 2019, pp. 1–18. *EBSCOhost*, doi:10.1371/journal.pone.0220233. Trees Juurlink is an External PhD Candidate in Psychiatry at University of Amsterdam, as well as a Research Associate for Public and occupational health. The article focuses on the barriers of employment for mental health patients, providing quantitative data to explain the claims. For example, "Overall, they described having a low self-image that hindered employment for instance through a fear of making mistakes as exemplified by participant 14: "Well, being insecure with respect to my job, not knowing whether I performed up to standard. [...] For six years I had great difficulty keeping up my work and meeting expectations, so that they didn't think I was weird or something. That made me feel lonely and most of all it wasn't clear to me what they expected from me"". This information was used to convey the implication that stigma had on the employment of BPD patients. The article was written in the scientific lense, using data to explain relationships between stigma and unemployment.

Paris, Joel. "Suicidality in Borderline Personality Disorder." *Medicina (Kaunas, Lithuania)* vol. 55,6 223. 28 May. 2019, doi:10.3390/medicina55060223 Joel Paris is Professor of the Department of Psychiatry at McGill University, and a Research Associate in the Department of Psychology at Jewish General Hospital. His research interests include exploring the developmental factors in personality disorders (especially borderline personality disorder) and risk factors for BPD in children. The article contains studies which provide quantitative data, which upholds Paris's claim. For example, "up to 10% of BPD patients will die by suicide. However, no research data support the effectiveness of suicide prevention in this disorder, and hospitalization has not been shown to be useful". This article was used to show the impact stigma has in the hope for BPD patients, and how many people with BPD resort to self harm in suicide to cope with the harsh social

environment. The article was written in the social and scientific lense, taking real live observations and explaining them with data from studies.

"Podcasts." *National Education Alliance for Borderline Personality Disorder*,

www.borderlinepersonalitydisorder.org/podcasts/. The National Education Alliance for Borderline Personality Disorder is dedicated to combating stigma against BPD by providing free access to information written by professionals, concerning BPD treatments, support groups, podcasts, and general information. This webpage shows qualitative data, giving links to podcasts from BPD patients and professionals for education and support purposes. For example, "with an open and honest look at this disorder, its symptoms, and treatment, we hope this podcast series brings awareness and understanding to those supporting, helping, and living with borderline personality disorder. Check out the first three episodes and go to...". This information was used to give access to informative and unbiased information about BPD, and also provide support for those suffering from BPD. The podcasts are varying in lenses, most of them are in the scientific lense, however, some are in the social, historical, and cultural lenses.

Sansone, Randy A, and Lori A Sansone. "Borderline personality and externalized aggression."

Innovations in clinical neuroscience vol. 9,3 (2012): 23-6. Randy A. Sansone is a professor in Departments of Psychology and Internal Medicine at Wright State University School of Medicine in Dayton Ohio, as well as the Director of Psychiatry Education at Kettering Medical Center in Kettering, Ohio. Lori A. Sansone is a family medicine physician and Medical Director at a Family Health Clinic called Wright-Patterson Medical Center in WPAFB, Ohio. The article displays quantitative data in the form of results from various studies related to violence and BPD. For example, "Dutton and Starzomski examined 75 male perpetrators of partner violence and found that BPD scores correlated with the degree of abusiveness reported by female partner". The information in this article was used to show how violence is not directly a result of BPD, instead it is a

result of other mental illnesses which are a side effect of BPD. The scientific sense was used in this article to explain the correlation between extreme aggression and BPD.

Sheehan, Lindsay, et al. "The Stigma of Personality Disorders." *Bpdcommunity*, 16 Jan. 2016, www.bpdcommunity.com.au/static/uploads/files/2016-sheehan-the-stigma-of-pds-wfcd-bajayss.pdf. Lindsay Sheehan, Katherine Nieweglowski, and Patrick Corrigan all graduated from Illinois Institute of Technology, and are Senior Research Associates in the Psychology Department at Illinois Institute of Technology, Illinois, USA. The article combines quantitative and qualitative data, associated with proving the stigma surrounding BPD. For example, "According to the most recent national survey, personality disorders with the highest prevalence include antisocial personality (3.8 %), borderline personality (2.7 %), obsessive-compulsive personality (1.9 %), paranoid personality (1.9 %), and avoidant personality (1.2 %)". The qualitative data in this article was used to provide evidence for stigma in modern society, which is worsened by the film industry. This article is written in the scientific lens, using various studies to explain the stigma surrounding mental illnesses in media and film industry

Spanos, Brittany. "Pete Davidson Opens Up About Dating With Borderline Personality Disorder." *RollingStone*, 25 May 2018, www.rollingstone.com/tv/tv-news/pete-davidson-opens-up-about-dating-with-borderline-personality-disorder-628216/. The Rolling Stone is a monthly american magazine focused on popular culture, Brittany Spanos is a staff writer for Rolling stone who covers music, fandom and pop culture. This article displays qualitative data, providing quotes from Pete Davidson who overcame his struggle with BPD. For example ""Normally I wouldn't comment on something like cause like fuck you but I been hearing a lot of 'people with [borderline personality disorder] can't be in relationships' talk," Davidson wrote in a Notes App message he posted to his Instagram story". These quotes were used to provide examples of celebrity success stories to instil hope for those struggling with

BPD. This article was written in the social and cultural lens, focusing on social media for examples of Davidson combating stigma.

Sugar, Anxiety. "BPD isn't a real psychological disorder. It's basically a way for a shrink to say 'sorry you're clinically an a**hole.'" *Twitter*. AnxietySugar is a twitter account dedicated to exposing stigmatizing comments and posts against personality disorders (especially BPD). The post displays qualitative data, spotlighting the stigma against BPD. For example, "If anyone tells you that mental illness, specifically #bpd stigma no longer exists. Then just sent them this". The post continued to show a screenshot of stigmatizing comments made by other twitter users. These comments were used to convey the shocking truth behind the stigma in social media, and how prevalent it is. The stakeholders addressed were victims and perpetrators of BPD stigma in social media.