

Misdiagnosis of BPD:

The stigmatization on mental illness and its effects on treatment on its patients in the metropolitan Puerto Rico

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Introduction:

It was the year 2009, where all the anguish I had kept inside was coming out and it was directed at myself. Tired of the emotional pain I asked for help and I was diagnosed as depressed, given a pill and was sent on my merry way. But the pill just made me feel worse and the therapy was doing nothing to me so I stopped taking the meds and finished the assigned therapy sessions. As years went by my emotional storm did not diminish, instead it became stronger and I had no way to control it, it came to the point where I thought my life would be this miserable forever. I went to other psychologist, but it ended the same with a label of Depression and a failed therapy. It was not until the end of 2014 where I got an answer as to why the treatment for depression wasn't helping me. I did not have depression I had Borderline Personality Disorder (BPD). A disorder that causes unstable moods, behavior, and relationships, people who suffer from BPD are known to have problems regulating emotions and thoughts as well as display impulsive and reckless behavior (National Institute of Mental Health [NIMH], nd).

It is because of my experience during the years after a misdiagnosis that I strive to find out more about the misdiagnosis of BPD and answer the question: How does a misdiagnosis of BPD affect myself as a mental health patient in Puerto Rico? I write this auto-ethnography with the motive to let the readers know that mental health is a serious illness and that according to a study Puerto Ricans are an especially vulnerable group, with an alarming prevalence of mental illness estimated in a 36%, the highest among the Latino communities (Alegria, et al. 2007). At the same time I want to help change the image people have of mental illness given that the media shows this illness as something that is trending and they present the actions one takes as the disorder and not an effect of the illness. And lastly the media uses triggering words and images to cause sensation and not to inform. These can be seen in a publication by the newspaper El Vocero (Orozco Velázquez, 2016).

Throughout this writing I will be using a psychological framework modified to an anthropological use. This writing will be restricted to Puerto Rico in specific the metropolitan area, given that here is where all my sources live and work. At the same time, the writing will use me as its focus given that I am using the writing style of an auto-ethnography.

Methodology and Theoretical Framework:

This work took place in my house as well as my psychologist's office for around three months. During this time I had many chats with my collaborator Domingo, he gave me a perspective as a doctor and as someone that lives and associate with people that have

BPD. Methods used throughout the fieldwork were auto-ethnography, deep hanging out. These were documented using notebooks, self-recordings, and text messages.

The research question is how does a misdiagnosis of BPD affect myself as a mental health patient in Puerto Rico? I will answer this question using three concepts, those being mental illness/BPD, stigmatization, and treatment.

Poetic and Political of the Welfare in PR: Located Perspectives

My relation with BPD is localized in two places. One is a physical place, which is my psychologist's office, and the other place is more abstract given that it is related to my body and emotional state. The psychologist's office is located in Santurce, Puerto Rico on a fourth floor. The office has around four rooms, in which the therapies are given. The room I have always visited has a brown leather couch to the back of the office, two black recliners in front of the couch and behind the recliners a desk. Around the office you can see different frames that have diplomas and plays made by Rene Marqués.

According to the newspaper article in *El Nuevo Día* by Andrea Moya Muñoz (2015), there are more than 14 million people that possess this diagnostic, 75% are women and 10% of the people diagnosed commit suicide. The estimation of BPD in Puerto Rico for the year 2004 was of around 77,959 cases (*Statistics by Country for Borderline Personality Disorder- CureResearch.com, 2004*).

1980 was the year when the *Diagnostic and Statistical Manual for Mental Disorder, Third Edition* (DSM-III) listed for the first time BPD as a diagnosable illness (NIMH, nd). The term "Borderline" came to be because doctors at that time saw the illness as "atypical, or borderline, versions of other mental disorders" (NIMH, nd). Through the years in which I have been in treatment I have learned that BPD is a disease that can happen because of a mixture of genetic and environmental factors. Taking for example, if one lives on an invalidating society, like Puerto Rico, the person learns that all the emotions they are having are not normal or they are exaggerated and because of that one starts to repress or start venting the emotions in unhealthy ways.

Like the example above, I can see and understand how my upbringing in a catholic household and education took a very strong restriction on how I expressed my emotions that would later take a turn inward instead of outward. During the course of my life I had thought of my emotions as double edge and uncontrollable. To me it was stupid that something as insignificant as a grade could make me feel like my whole life is worthless and like the world is crumbling around me. I now know that the emotions are perfectly normal and what I have to do when I start feeling too overwhelmed by everyday things.

This makes me see that an important part of my life and this work is important given my unique situated knowledge. Using the multiple identities, in this case a female student of the metropolitan area of Puerto Rico, I can analyze my perspective and way of understanding while I write and present my findings.

Project Findings: The politic and poetic of BPD

The purpose of this investigation is to find the effects that a misdiagnosis has on a mental health patient that suffers from BPD. During the data gathering I was not able to find concrete evidence of its effect, but I can speculate given my own experience that the person suffers from a strong emotional dysregulation because the treatment they are receiving is not helping and it severely affects the quality of life. After many talks with my

collaborator I can think that to a point this is due to the heavy stigmatization of this disease within the professionals and the society. Another cause can be the complexity of the symptoms because there are many that are the same or very close to other mental illnesses like Bipolar and Depression.

Mental Illness/BPD:

According to the National Alliance on Mental Illness (National Alliance on Mental Illness [NAMI], 2016), “mental illness is a condition that impacts a person's thinking, feeling or mood and may affect his or her ability to relate to others and function on a daily basis”. Using this definition we can see that the parameters for mental illness are comprehensive. And given that each person reacts and interacts with the environment in a different way, a mental illness can be experienced differently even if it is the same diagnosis. Like any disease, recovery is a very viable option but one needs to take treatment and be willing to change aspects in your life to maintain a stable mental health. A mental illness does not result from a single event, but from multiple causes. The mixture of genetics, environment, and lifestyle factors influence greatly on whether one is more susceptible to develop a mental illness or not.

As said before, BPD is a mental illness characterized for the problem with emotional regulation, impulsive behavior, and unstable relationships. Linehan's biosocial theory of BPD presents that “the disorder is primarily a dysfunction of the emotional regulation system” (Rizvi & Linehan, 2005). This theory explains that BPD is composed of a biological and social component. The biological side represents “the inability to change or regulate emotional cues, experiences, actions, verbal responses, and/or non-verbal expressions under normative conditions” (Linehan, Bohus, & Lynch, 2007). While the social takes into account “an invalidating environment which often punishes, corrects, or ignores behavior independent of its actual validity” (Rizvi & Linehan, 2005). Due to this interaction the person learns to devalue and invalidate their own emotional response and even set an impossible goal and expectation of themselves.

Linehan theorized that individuals with BPD experience emotions different in three different territories. These territories consist on a greater emotional sensitivity, a greater emotional reactivity and a prolonged activation. Emotional sensitivity refers to a “low threshold for recognition of or response to emotional stimuli”(Linehan, Bohus, & Lynch, 2007). Emotional reactivity implies to the high magnitude of the emotional response. And prolonged activation indicates a long duration of the emotional response.

Stigmatization:

According to Rivera-Segarra et al. (2014), stigmatization is a “social process where the elements of labeling, stereotyping, separation, status loss, and discrimination co-occur in a power situation that allows the components of stigma to unfold”. In his paper he tells that certain sectors view mental health patients as incompetent and incapable of maintaining a job, as unpredictable and responsible for their behavior and as a danger to society. He presents that this has also been documented among health professionals. The heavy stigmatization a person receives can result in an exclusion and social rejection given their health status.

Little research has been done on the stigmatization of BPD, but what we do have shows that the view of people living with BPD is that of “treatment resistant, manipulative, demanding, dangerous, and attention seeking” (Rivera-Segarra et al., 2014) and this ideal is seen in the general public and health professionals. The people that live with BPD, as

oppose to those with schizophrenia, are seen as being in complete control of their actions. This labeling or stereotyping increases the anxiety levels, guilt, and shame, as well as marginalizing and denying access to mental health care, and socially rejecting them (Rivera-Segarra et al., 2014).

The research of BPD in Puerto Rico is limited but we have one literature that presents a socio-cultural factor, the stigmatization of BPD in Puerto Rico (Rivera-Segarra et al., 2014). Rivera-Segarra et al. (2014) focuses on three aspects within the stigmatization process: society's views, family relationships, and partner relationships. Society sees the participant as "out of control, making a big deal of things, or not doing enough". They also see BPD as an illness that simply does not exist. The participants describe the family's view to the diagnosis as a secret and an embarrassment. In accordance to the partner relationships, the participants talk about the frustration of not being understood.

Treatment:

The preferred treatment for BPD is called Dialectical Behavior Therapy (DBT). DBT is a "comprehensive cognitive-behavioral treatment developed originally for suicidal individuals meeting the criteria for BPD" (Linehan, Bohus, & Lynch, 2007). Each skill used here was derived from a basic research on emotions and its regulation or from procedures used in treating emotional disorders. DBT skills regarding emotional regulation are centered on a mindfulness skill, where "mindfulness is a state of consciousness" (Brown & Ryan, 2003). It has been shown that being mindful is associated with a "heightened self-knowledge, a key of self-regulation" (Brown & Ryan, 2003).

DBT focuses on changing the reaction to the emotion rather than changing the event or the emotion. For this to be possible the therapy teaches different skill sets to target that emotional regulation. These skills can be divided in four parts: Mindfulness, Distress Tolerance, Emotional Regulation, and Interpersonal Effectiveness. Mindfulness works on being in the here and now, which helps to identify triggers and our own biological response to different emotions. Distress Tolerance endeavors to help with tolerating the high intensity emotions, so that you control better your reaction to them. Emotional Regulation aims to adjust and lower an emotional response while it is being activated, that way you can feel more in control of yourself and your emotions. And Interpersonal Effectiveness is the incorporation of all the skills for the purpose of bettering social relationships as well as learns how to maintain a healthy balance between each person needs and wants.

Throughout this process I have been able to relate to the ignorance and stigma that this label brings, but I have also seen and experience the difference that comes from acquiring the knowledge of what it really means to have BPD and that this is a disease that can be worked with.

Conclusion, Project Evaluation and Implications:

BPD is a complex illness that is subject to a lot of stigmatization from society and even the health professionals, but it can be treated. Sadly the misdiagnosis of this disease can bring serious implications like that of a worsening mental and physical health. It is very important to inform the society of what BPD really is about since this still presents a major public health concern and there is an effective treatment to help.

In review of the work here presented, I feel that I have given a comprehensive analysis and introduction to what BPD is and what the medical treatment available is. As well as an understanding of the effect of its non-treatment can cause on the patients.

In this process of data gathering and analysis, I feel that I have a better understanding of what I have and of what I present to others. In the papers used to corroborate my experience and ideas, I understand the view of other in relation to how BPD is seen. At the same time I feel like I am more prepared for the elaboration and creation of research papers that I will use in graduate school. I believe that this auto-ethnography will help to create a better awareness of BPD in Puerto Rico as well as present an anthropological point of view on a psychological subject.

Recognition and Dedication:

I will like to give thanks to my collaborator and helper, Domingo, for all the valuable information you have given me in this work and in my life. This work I dedicate it to partner and lover for giving me an unconditional support thru the years we've been together and for learning with me how to work with BPD.

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