

Comparing Portrayals of BPD in Films and Memoirs

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Source Project

Background

- Borderline Personality Disorder (BPD) is a mental condition characterized by difficulties in interpersonal relationships, regulating emotions, impulsive behaviors, etc.
- BPD was first officially recognized as a disorder in 1980, through its addition to the DSM-III
- People with BPD experience significant discrimination and stigma both by the general public and by health care professionals
- In the realm of media, BPD is often portrayed in inaccurate and unsympathetic ways

Research Questions

1. Compared to film depictions of individuals with BPD, how do self-portrayals of BPD illustrate individuals with the disorder?
2. What are the implications of the stigma surrounding BPD?
3. Why do these harmful and stereotypical portrayals of BPD persist, despite critiques from mental health advocates?
4. What are the positive effects that would result from shifting portrayals of BPD?

Methods

1. Examine scholarly articles about related topics, including the stigma surrounding BPD, as well as efforts by mental health advocates to mitigate the consequences
2. Analyze media sources, and compare the similarities and differences in how they depict BPD and its symptoms. These sources are:

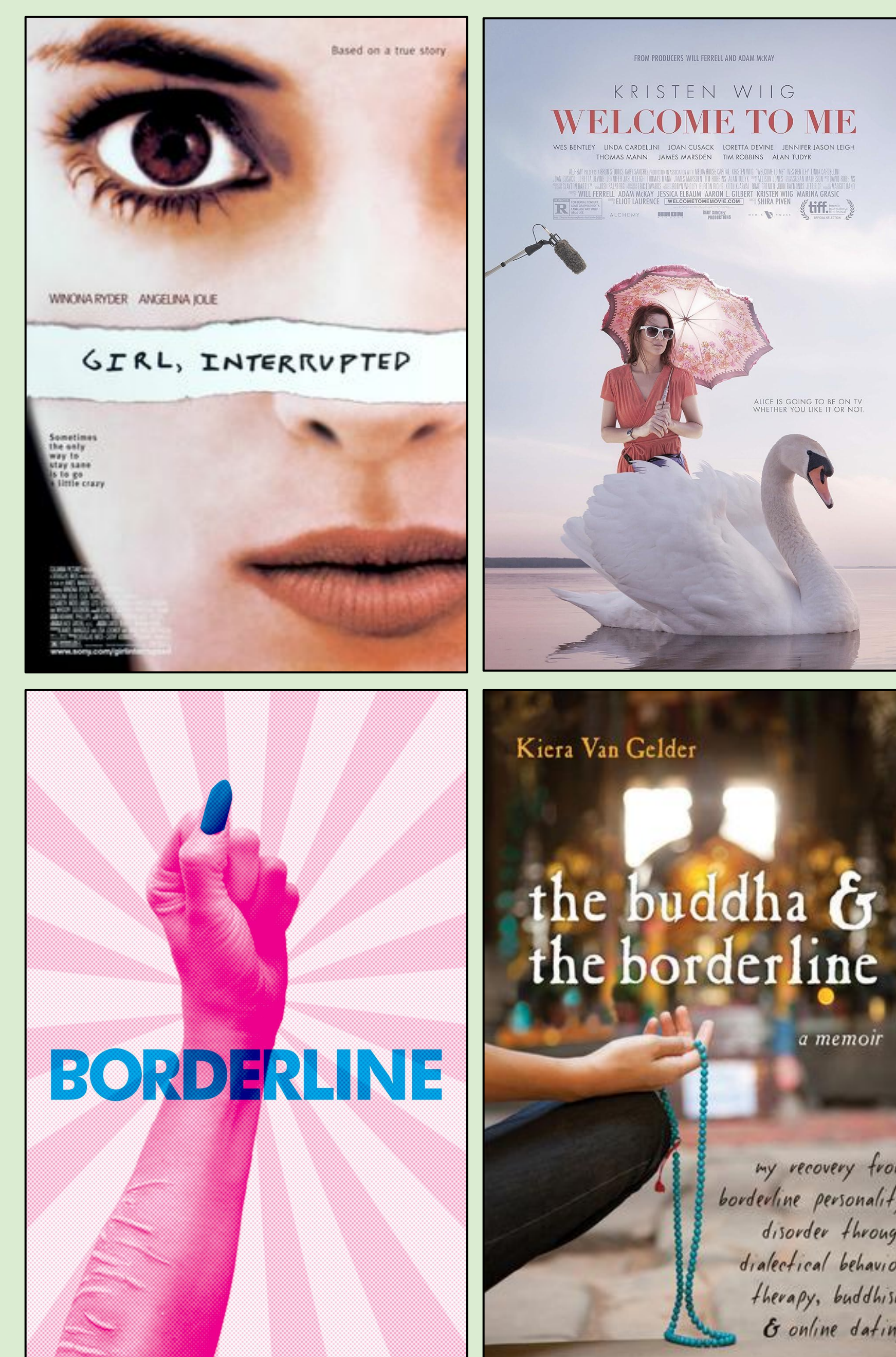
Memoir: *Girl, Interrupted* by Susanna Kaysen

Film Adaptation: *Girl, Interrupted*

Memoir: *The Buddha and the Borderline: My Recovery from Borderline Personality Disorder through Dialectical Behavior Therapy, Buddhism, and Online Dating* by Kiera Van Gelder

Film: *Welcome to Me*

Documentary: *Borderline*



Conclusions

1. Self-portrayals of BPD are beneficial for reasons such as:
 - They provide a more realistic perspective on the process of recovery
 - They show examples of most/all the BPD criteria, and not just the most entertaining or dramatic ones
2. The implications of the stigma surrounding individuals with BPD include:
 - Receiving subpar care from healthcare services, including their issues being dismissed
 - Limited services; services aren't meeting the demand for treatment for BPD
 - Practitioners view patients with BPD in a negative light, thus biasing their treatment towards them
3. Reasons why these portrayals and stigma persist include:
 - The general public believes that certain behaviors are under the control of individuals with BPD, unaware of the difficulties for them to not engage in them
 - Due to it being a Cluster B personality disorder, which are characterized as having "dramatic, impulsive, or incomprehensible emotional behavior," many view people with BPD as manipulative or difficult
 - Rampant misinformation that can readily be found online, including the inaccurate portrayals in movies and television shows
4. Positive outcomes that would be elicited by shifting these narratives include:
 - Increased likelihood of individuals with BPD to seek professional help
 - Improved efficiency and amount of services to treat BPD
 - Reduced misconceptions and stigma
 - It encourages practitioners to be more empathetic
 - Decreased feelings of loneliness and being misunderstood in individuals with BPD

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