

## Accessing Clinical Care with a 'Borderline Personality Disorder', or: The risk of exodus in the borderlands

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## Outline

1. Preamble
2. Diagnosis - Drawing lines and Borders
3. Diagnosis of exclusion
4. Investigating 'recovery' and 'personality disorder'
5. Understanding recovery & personality disorder
6. Professional conceptualisations
7. The risk of exclusion?
8. The role of diagnosis?
9. NN

## Diagnosis - Drawing Lines and Borders...

### Psychoanalysis

- Categorisation on basis of response to anxiety (or *drive*)
  - Repression - *Neurosis*
  - Absence of repression - *Psychosis*
- *Borderline* states as representing features of both psychosis and neurosis...
  - c.f Preschizophrenic, Psychotic character, possibly pseudo neurotic schizophrenia...
  - Kernberg (1967)



## Diagnosis - Drawing Lines and Borders...

### ICD-10 & ICD-11 (WHO); DSM-5 (APA) and other TLAs...

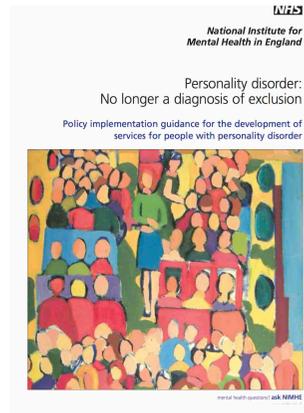
- DSM-5 as largely failed project (Frances 2013)?
  - Proposals for *hybrid structures* (mixture categorical and dimensional) 'for further research.'
- ICD-11 as revolution?
  - Dropping of categorical distinctions (Borderline, Dissocial etc)
  - Personality Disorder - Mild, Moderate and Severe...



# A Diagnosis of Exclusion?

## Critiques of Personality Disorder

- Nature of 'disorder'?
- Response to trauma?
- Response to invalidation?
- Feminist critique
- (Appleby 1988, Shaw & Proctor 2005, Zachary 2011)

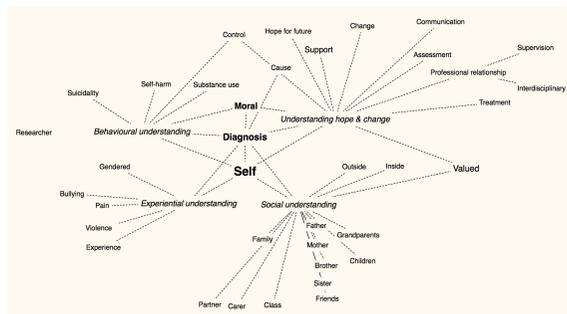


# Investigating 'recovery' and 'personality disorder'

- 41 Narrative interviews (average 55 minutes duration)
- Participants self-identify as having received PD diagnosis
- Range of institutional settings (community, hospital, prison, secure hospital)
- Trans-diagnostic approach, but principally those participating identify as having 'borderline personality disorder.'
- Aim to work to generate narrative relating to experience and 'mental health' difficulties, as well as thoughts / experiences re: recovery.

# Understanding recovery & personality disorder

Process of 'emotional labour' of 'identity work' in face of significant personal trauma



# Professional Conceptualisations?

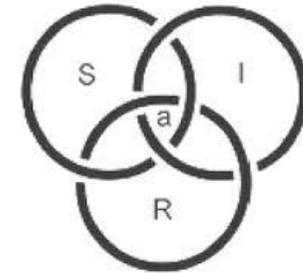
- *Diagnosis as:* -
  - Explanatory
  - Stigmatising
  - Political
- *Treatment as:* -
  - Failure of pharmacology
  - Therapeutic Relationship
  - Therapeutic nihilism

## Risk of exclusion?

- Professionals identify process of working with individuals experiencing extreme trauma as form of 'emotional labour.'
- Supervision is recognised as a necessary, but restricted, resource to address this.
- In the absence of sufficient resource professionals are at risk of developing a rejecting attitude
- *The risk of personal annihilation in the countertransference provokes an avoidance response?*

## Role of Diagnosis?

- For most participants diagnosis was called upon to fulfil a function wherein a biological / psychological /social explanation was produced to account for their distress
- Conceptualisations of the diagnosis between professionals and those accessing support were often ill matched
- The diagnosis therefore risked failing in its purpose
- How can we work with this situation?



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