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THE GOOD AND THE BAD OF BORDERLINE PERSONALITY PRESENTED SYMPTOMS: OVERLAPS WITH THE TRANSGENDER JOURNEY OF SELF-ACTUALIZATION

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Abstract

Transgender youth experience societal stigma, rejection, and other psychosocial stressors associated with the crisis of their gender identity. Due to these struggles, the youth can present with suicidality, mood swings, fear of abandonment, identity disturbances – features that are similar to borderline personality disorder (BPD) traits. We interviewed four transgender youths who were labelled as potentially borderline or were diagnosed with the disorder. The data was analyzed using thematic analysis of qualitative interview data where several important themes emerged. One theme across participants was anger at the mislabeling that slowed the investigation into their transgender concerns and affirmation journey. Another theme was that the BPD label can be helpful at times to externalize symptoms for these youth. All participants acknowledged that the symptoms that match with BPD subsided with gender-affirming treatment and social transition. Findings can inform clinicians about the potential symptom overlap and raise awareness about the both the extreme harm and some good that the label of BPD carries for transgender youth.

Keywords: *Borderline personality disorder, transgender experiences, misdiagnoses, mislabeling.*

1. Introduction

A small body of recent research indicates that gender diverse and sexual-preference minorities can present with borderline personality disorder (BPD) at higher levels than their cisnormative, and more sexually straight or conservative counterparts (Anzani et al., 2020; Goldhammer et al., 2019; Rodriguez-Seijas et al., 2021). The prevalence is concerning, because other types of mental illness, like post-traumatic stress disorder, can also present as BPD (Mizock & Brubaker, 2021). Trans youth experience psychosocial stressors and minority stress that can inspire strong reactions, sensitivity, fear of abandonment, identity confusion, among other BPD traits from the DSM-5 (Wong & Chang, 2015). Given these ideas, we wanted to learn about trans youth's experiences with clinicians regarding their presentation of BPD or BPD-like symptoms.

The clinical assessment and treatment of gender-variant children and youth can prove complex due to their developmental stage and complicated by minority pressures (Kaltiala-Heino et al., 2018; Meyer-Bahlburg, 2019; Wong & Chang, 2015). Many trans individuals struggle with mood swings, suicidality, irritability, and youth have ranging ideas about their BPD-like traits or diagnosis. Due to the complexity, we sought to understand the nuances of their lived experience to identity factors of the youth's experience of their trans and BPD identities. To our knowledge, there are no studies that address the clinical needs, perspectives, and experiences of gender variant-adults with an active, contested diagnosis or suspected traits of BPD. To offer effective clinical services for trans youth (Korpaisarn & Safer, 2018), it is critical to appreciate insider perspectives and experiences of the population. The present qualitative inquiry provides insight into the experiences of trans youth with BPD and BPD-like symptoms.

2. Participants and methods

Table 1. Participant Demographics.

Participant	Age	Gender Identity	Diagnosis
Participant 1	21	Transgender Female	Former Borderline Personality Disorder (contested)
Participant 2	17	Transgender Male	Borderline Personality Disorder
Participant 3	20	Transgender Male	Autism Spectrum Disorder, Borderline Personality Disorder (contested)
Participant 4	16	Transgender Male	Suspected Borderline Personality Disorder

Four participants were recruited from a community-based mental health services clinic in the Lower Mainland of British Columbia, Canada. All participants identified as gender diverse and had either a diagnosis of borderline personality disorder currently, in the past, or medical professionals suspect the presence of the disorder. Informed consent was obtained from each participant and their legal guardian to take part in the study. This study was conducted in December 2021 through March 2022, using a qualitative semi-structured individual interview format. All interviews were audio recorded transcribed, and analyzed (stored locally on researcher's hard drive) by each of the authors for emergent themes using qualitative thematic analysis (Braun & Clarke, 2006). Twelve subthemes emerged from the analysis (see results figure 1), and four broad themes that capture the meaning of the youths' experiences. The headings are included in the below along with the participants' words to contextualize and give voice to the findings.

3. Results

Figure 1. Organization of Themes.

Broad Themes	**Diagnostic collaboration versus labels (false positive harmful).**	**BPD diagnosis can impact the provision of trans support services and feeling affirmed.**	**Clinician lack of understanding of trans experience affects judgement and timely intervention.**	**Regardless of BPD or not, gender affirmation treatment improved BPD traits and symptoms.**
Sub-themes	Youth feel best when they are treated like the expert in their own experience	Can negatively undermine youth's gender dysphoria symptoms	Clinician's lacking in cultural competency with trans youth can cause harm	Treatments that affirm gender identity, such as medical intervention and social transitions alleviate some BPD-like presentations
	When the youth welcomed the dx, it helped externalize their symptoms	May create doubt in caregivers and professionals about trans identity, thus delay in providing care and support	Minority stress of trans youth can overlap with other mental health issues – training is required to be helpful and discerning	Those that accepted the BPD dx found DBT helpful in conjunction with their gender affirmation journey (not in its absence)
	When the youth disagreed (disclaim, unacknowledged) with the dx, they found it invalidating and stigmatizing	Clinicians can overly-focus on BPD treatment before gender dysphoria- prolonging gender dysphoria suffering	Delays in helpful treatment and intervention can lead to increased self-harm and suicidality	Youth that rejected the BPD dx felt gender affirmation was the sole instrument of positive change for them

3.1. Diagnostic collaboration versus labels (false positive harmful)

Youth feel best when they are treated like the expert in their own experience. Participant 1 described how belittling it felt to be treated likw they were not part of their diagnosis and psychological evaluation, *"*I saw a doctor ..[at a local hospital] who I would describe as antagonistic …[and] she had a very set idea of what was up and anything that I said that conflicted with what she believed was really taken as further evidence that she was right and that I was wrong. It was it was that approach in medicine where it's *I am the Doctor and I know things and you are the patient and therefore stupid and don't know anything. So please listen, while I tell you what is wrong with you*." Further, participant 3 felt invalidated and like they did not matter when they were assigned a BPD diagnosis and were deemed unable to make decisions about his gender due to this. He stated that clinicians would imply that, "maybe you don't have the mental capacity to make decisions for yourself."

When the youth welcomed the dx, it helped externalize their symptoms. Participant 2 discussed that, *"*in the past (before the BPD dx), I felt like a bad person, and I didn't have the best personal relationship skills. But now I tell myself that [it] was the best that could, so I can forgive myself. I can't say that what I did was right. But I can say I forgive what I did. And I just understand a lot of things [now]." He went on to state, "I reject the stigma, and things are improving for people with personality disorders." He even found social connections and formed friendship through BPD support groups and DBT-skills groups.

When the youth rejected the dx, they found it invalidating and stigmatizing. Participant 1 stated, *"*It felt like [the psychologist] was really trying to get me a diagnosis so that she could push me off onto someone else. Rather than actually addressing the reasons …like why I wanted was to commit suicide and work out why I was feeling this way, and why I was feeling bad, and why unless something changed in my life. I wasn't going to stop trying to do this."

3.2. BPD diagnosis can impact the provision of trans support services and feeling affirmed

Negatively undermines youth's gender dysphoria symptoms. Participant 1 stated, "psychologists and doctors were convinced that I just had borderline personality disorder thing" and they negated her gender dysphoria as a result. Participant 3 stated, that they felt "manipulated to believe that he was borderline" and like his trans identity or "what I was going through wasn't real."

Creates doubt in caregivers and professionals about trans identity. Due in part to her BPD diagnosis, Participant 1 stated that "the rest of the world can give you … hollow validation of who you are when the person that you see and experience and live as is not strictly speaking accurate…my parents were very against the idea of me medically transitioning," and this resistance on the part of her parents contributed to much suffering for the participant.

Clinicians can choose to treat BPD before gender dysphoria- prolonging suffering. Because Participant 1's treatment was delayed due to the BPD diagnosis, she was hospitalized three times for suicide attempts. She described how she felt at the time, "I would rather just call it quits now cut my losses and get out…I'm not sure if I want to live with this suffering and then the lifelong suffering because of this [remaining in a body and gender that did not match her experience]."

3.3. Clinician lack of understanding of trans experience affects judgement and timely intervention.

Clinician's lacking in cultural competency with trans youth can cause harm. Participant 3's hospital psychiatrist diagnosed him with BPD rather quickly. He stated, "considering the fact that I was diagnosed within two sessions of seeing the psychiatrists and then immediately being discharged by him...I should have noticed that was a red flag." Participant 3 went on to state, "I'm so exhausted and tired of having to deal with this, and I'm tired of having to advocate for myself and be an advocate for myself every single time."

Minority stress of trans youth can overlap with other mental health issues – training is required to be helpful and discerning. Many trans youth can present with multiple issues, such as Autism Spectrum Disorder, trauma and post-traumatic stress disorder, and learning difficulties. Participant 3 explained that "it is a double-edged sword, especially in my clinical context because I'm autistic and I have a female phenotype…there's also past experience of trauma in both my childhood and adolescence. And considering that in the fact that I'm trans, it gives room for a lot of misinterpretation."

Delays in helpful treatment and intervention can lead to increased self-harm and suicidality. Participant 3's gender-affirming treatment was delayed due his unwelcomed BPD diagnosis until he was an adult. He stated, "It was heartbreaking because, here I am struggling, and I'm still struggling now, because I've had a lot of problematic symptoms that weren't addressed properly, that weren't even understood correctly. And I have had to deal with this over the years."

3.4. Regardless of BPD or not, gender affirmation treatment improved BPD traits and symptoms

Treatments that affirm gender identity, such as medical intervention and social transitions alleviate BPD-like presentations. Participant 1 stated, *"*all of the external validation in the world is not going to help the trans kid who is dysphoric at the end of the day when they're alone at night." The participant stated that socially transitioning was like "a band aid over like a large wound across your chest. It doesn't do much and you need stitches, and a band aid might make you feel a little better. Because someone's trying something but …it's not an adequate support really. There are some people that really need to medically transition because their dysphoria is rather severe." Medically transitioning, in participant 1's case was critical to alleviating her gender dysphoria. Participant 4 shared, "when I was dysphoric, it would be like the only thing on my mind like I would like…I could do things, but it would always ruin the things that could make me happy potentially. But it would always come back to that, even when I tried to ignore it, and it would just ruin everything pretty much. I can never feel good, because there is always the biggest problem of not feeling comfortable in my own body."

Those that accepted the BPD dx found DBT helpful in conjunction with their gender affirmation journey (not in its absence). Participant 4 said, "I wasn't upset about it [the BPD diagnosis] …I actually felt like happy …because I finally felt like it made sense like, why I was feeling the way I was … for me…it was like finally it just seemed like everything just sort of made sense." Participant 2 discussed how he does not feel stigmatized by the BPD label, and it is part of his identity now. He shared, "I reject the stigma, and things are improving for people with personality disorders." He even found social connections and formed friendship through BPD support groups and DBT-skills groups.

Youth that rejected the BPD dx felt gender affirmation treatment was the sole instrument of positive change for them. Participant 4 explained, "Most of the [BPD] traits that I was described with, they immediately stopped when I finally started the…HRT [hormone] treatment, a little too late (delayed due to suspected BPD), and also [increasingly so after] eventually getting my top surgery."

4. Discussion

The voices of trans youth were prioritized in this study. The participants found gender-affirmation treatment to be the most helpful in alleviating their different BPD or BPD-like symptoms. Thus, it may be helpful for clinicians to address gender dysphoria before or simultaneously with the BPD or BPD-like symptoms with trans youth. The youth all experienced clinicians who lacked awareness in trans issues and were overwhelmed with relief when trans-competent clinicians expressed understanding of the kinds of struggles that they experienced and supported them. They made it clear that when they felt heard and included in their evaluations, or treated like the expert in their own experiences, they felt empowered, validated, and like the support was more appropriate. The opposite was true when clinicians did not listen to or respect the perspective of the youth. This may indicate that the medical and clinical staff need to have more training, understanding and exposure to working with transgender youth. Understanding their unique stressors and how they may overlap with other mental health disorders may help make accurate diagnoses and provide trans support in a timely fashion. Lastly, youth had strong views as to whether a BPD label felt like an accurate expression of their experiences and behavior or not. Those that accepted the label felt empowered by it. Those that rejected the diagnosis felt invalidated and undermined by it.

4.1. Limitations

The study is limited in that there is a small sample size (N = 4) – even for qualitative standards – and thus the experiences may not reflect the general population. Along similar lines, the youth were patients of our clinic, and met the criteria of both BPD and trans identity. Further, youth that access our clinic often have means to seek private psychological services, and while we do offer sliding scale rates to help limit barriers, the participants are of a socio-economic level where they can afford these fees; again, limiting the generalizability.

4.2. Conclusion

Trans youth indicated that they want to be included in their psychological evaluations, felt strongly about whether BPD fit them as a label or not, and BPD diagnosis could be helpful to those who are true-positive or harmful to those who are false positive. Reception of the BPD label also depended on how the youth felt about it. Importantly, provision of gender-affirming treatments support all four of the youth in feeling more comfortable in their bodies and led to a reduction of BPD or BPD-like symptoms. It is critical that these findings reach clinicians - particularly those working in hospitals that receive suicidal youth. Further studies should expand these interviews, and perhaps include quantitative data to help substantiate and further provide evidence for these results and conclusions.

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