



Remarks On Suicide Awareness Month and Borderline Personality Disorder, 9/27/16, delivered in Washington Square Park for www.emotionsmatterbpd.org by Owen Muir, M.D.

46,000 Americans killed themselves this year. Close to 500,000 visited an ER for “self inflicted harm,” which includes attempts at suicide.

Shakespeare did a better job of understanding that humans have personalities and sometimes they aren’t working as well as they should, and that can lead people to complete suicide. Ophelia, Lady MacBeth, Timon of Athens, almost everyone in Julius Caesar except Julius Caesar, the list goes on. He understood that suicide is the definition of a tragedy.

I’m a psychiatrist as part of a long story that includes my grandfather’s life ending in 1939 at the end of a noose in his basement. I have another family member who miraculously didn’t die when the liver transplant that was denied to treat liver failure after an overdose attempt didn’t end up being required.

We don’t know for sure what my family members, or any or the other people dead from suicide, were suffering from. Or if they had any mental illness at all. Most do, however. And borderline personality disorder, or “BPD”, noticed or not, is a major contributor to these deaths. Deaths none of us needed.

We are here tonight to light the way forward for people who are struggling with suicide and the people whose lives are affected by that struggle.

Suicide is the final common pathway of a variety of ills. However, unlike a heart attack, stroke, or other causes of death, the Medical Examiner’s Office will not find the cause of

anyone suicide.

Furthermore, unlike most causes of death, suicide ends lives of many people who are young.

It is the third leading cause of death of young people in America.

In the wake of someone's death by their own hand, a lingering question among survivors is "why"?

It turns out the answer to that question is extremely difficult to answer, for a person or a population.

If rhinovirus was killing as many people a year as suicide, many of whom were young and unrecognized as having an illness... we'd be hearing about it. If your friend having a heart attack made you more likely to die from one, it would be a national priority.

Comparisons can be useful to frame our understanding: This neglect and silence is not true for breast cancer. People are wearing ribbons. People wear survivor shirts. People tell their story. Families and friends gather around those afflicted. Breast cancer kills less people than annually than suicide in the US. Less people have non fatal breast cancer than are evaluated in a hospital for self inflicted harm. And yet every day is a day in which people are reminded: be aware of breast cancer.

We have numbers on suicide...but many people who attempt or complete suicide aren't counted in those statistics. If they don't hit a hospital emergency room, they don't get counted. They wake up after their overdose in a hotel room. They get up from the train tracks before the train arrives. They slowly walk down the stairs from the roof.

We are here to shine some light on one of the often unrecognized contributor to this epidemic of bone deep misery and generational trauma that is suicide.

Two psychiatric illnesses have suicidal thoughts mentioned in our diagnostic manual, the DSM-5.

One is depression. Most of us can wrap our heads around that. “Major depressive disorder” sounds like feeling bad. Most people have felt bad. We get that concept. The other illness many people haven’t heard of, and is misunderstood by many, many more. That includes therapists and doctors, nurses, and other medical professionals.

It’s got a name. It’s a really problematic name, named a long time ago, for reasons that made sense in that era. But we are kind of stuck with it for the time being.

It’s called “borderline personality disorder”.

“What the hell is that supposed to mean?” You say?

Exactly.

It’s an illness that was named and recognized within our lifetimes, heck, the guys who named it and defined it are still working as psychiatrists. Otto Kernberg, he’s here in NYC. John Gunderson is teaching people around the country still, to name just two.

So how can we understand it if we haven’t lived it? I’ll give it a shot, as a doctor and family member.

Imagine you had 3rd degree burns all over your body, and no one could see them. You look the same. But any connection with someone else, any rejection, even the thought of it, and you are in pain. It’s not obvious to others why you

look so hurt— remember, no one can see the burns. So you get people telling you to “just” calm down. But you can’t. And “just” makes it sound so easy to do! Why can’t I “just” do it? I must be a broken person. If these thoughts were a computer program, the next line of code would read: commence implosion sequence.

Meanwhile, the people suffering in this way can have some coping mechanisms...and welcome back suicide. One way to cope of is thoughts of suicide, or self injury, or even suicide attempts.

Depression is defined as an episodic illness. Borderline Personality Disorder is not,

though it waxes and wanes. So instead of feeling suicidal in the dark night of the soul, some

people with BPD win the inverse of the Powerball lottery: suicidal can be their every day!

It has other features: chronic emptiness, feeling dissociated and out of your body, anger that is out of control, impulsivity, interpersonal chaos, unstable mood, risky choices around drugs, sex, food, driving, even psychotic symptoms can happen—hallucinations, paranoia.

For most, they have periods of time when they lose the ability to understand what they are feeling or thinking, and become unable to imagine internal states of other people. Thoughts can become reality: “I know you hate me!”

Sounds miserable and confusing? I agree.

The numbers on how lethal this illness is are often misstated. People say 10% die by suicide. I don't think that's the most accurate estimate. The largest study following BPD for almost 20 years found a number under 5%. That is still awful.

On top of all of that, there is horrible stigma, and psychiatrists and other people in health care are really at fault here. We don't understand that BPD has a good prognosis. We think it makes you a difficult “borderline” forever. To avoid having other people thinking the same stigmatizing things we are, doctors just don't make the diagnosis. It's depression, anxiety, bipolar disorder. Anything but BPD.

And In young people, it's even been worse. I've had supervisors say to me: “you will never make a personality disorder diagnosis in a child or adolescent again. It shouldn't even be considered.”

What would I think if I had BPD hearing that? Or if, like so many of my colleagues, I were in recovery? Or if more than one family member was suffering?

I had a patient complete suicide 2 days ago. I think it's fitting that she has a special

message for clinicians, and I will quote her, from an article she contributed to in the Atlantic:

“If boyfriend left you and you’re sad about it, they can wait a few hours before calling you back. When you’re going to kill yourself, they have to immediately drop what they’re doing. I tried calling people from Psychology Today—you know how they have those listings? They’re nice at first, but when I tell them how suicidal I’ve been, all of a sudden, they don’t really have time, and they don’t know anybody they can refer you to ... nobody wants to work with someone like me. It’s a risk, because if we do kill ourselves, it’s traumatizing and messes them up. And also, they can get sued.”

The truth about suicide, as I understand it, is that it is a plague upon the house of humanity, and has been with us for a very long time. And we don’t know on any systematic level how to stop it. But I know with a certainty we are missing the boat on a great many people. by diagnosing every hard time for another human struggling with misery and sadness “major depressive disorder” or worse yet “bipolar disorder” if they are “moody”.

To the best of our knowledge we can’t medicate away the suffering and suicidality of BPD. But treatment exists, has great evidence, and works better than medications work for almost all other brain conditions. It’s called therapy, and comes in a few different varieties that work.

So what taught me the most about BPD and its role in the human condition? My patients, and our friend, Bill Shakespeare.

To wit:

Our best known sensitive male teen fearing a life alone, Romeo, nailed the experience of abandonment in BPD while looking at the (actually sleeping) Juliet:

“For fear of that, I still will stay with thee,

And never from this palace of dim night

Depart again. Here, here will I remain

With worms that are thy chamber maids. Oh, here Will I set up my everlasting rest,

And shake the yoke of inauspicious stars

From this world-wearied flesh.

Eyes, look your last.

Arms, take your last embrace. And, lips, O you

The doors of breath, seal with a righteous kiss

A dateless bargain to engrossing death.”

Suicide wasn’t being ignored in the Globe Theater in the 1700s. Let’s catch up to Shakespeare in recognizing tragedy. BPD kills people. Our silence makes us complicit, let’s cut that out.

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