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## Should we be so radical as to overlook facts ?

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**Full title:** Should we be so radical as to overlook facts? A response to Mulder and Tyrer

**Short title:** A response to Mulder and Tyrer

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## Text

Mulder and Tyrer recently published a pamphlet against borderline personality disorder (BPD). Although the authors put forward key points for improvement, their headline runs the risk throwing the baby out with the bathwater. Despite its flaws, the BPD diagnosis has stimulated increased interest in personality disorders, and scientific research that shouldn't be hastily disqualified. Theories and research have developed specialized treatments which, from a conservative standpoint, yield superiority to treatment as usual (1); this is not the case for dimensional approaches suggested as a solution by the authors. The BPD framework further offers possibilities in terms of psychoeducation, for both patients (by providing a clear conceptualization of their everyday experiences) and caregivers (by helping to develop more accurate understanding and empathy of their experience). Although we agree that BPD diagnosis can be associated with stigma, no evidence suggests the stigma is superior to that found for other diagnoses, such as ADHD. Is ADHD another faulty diagnosis? Thus, if health care professionals misuse the BPD diagnosis, the culprit is the quality of continued education, and the support they receive in the face of severe emotional dysregulation, rather than a spurious diagnosis that would stimulate maltreatment from mental health professionals. Studies show that providing generalist knowledge regarding BPD decreases the tendency to avoid and dislike patients diagnosed with BPD (2). Communication is central to fight against BPD stigmatization, and that's why we would call to strengthen training whilst better science matures, rather than shame a diagnosis and disqualify the science employing its framework. A less polarized position would be more helpful in building from the knowledge base gained to date to improve the management of patients with severe and chronic psychological pain which the BPD diagnosis imperfectly attempts to characterize.

## References

1. Storebø OJ, Stoffers-Winterling JM, Völlm BA, Kongerslev MT, Mattivi JT, Jørgensen MS, et al. Psychological therapies for people with borderline personality disorder. Cochrane Database of Systematic Reviews. 4 mai 2020;2020(11).
2. Keuroghlian AS, Palmer BA, Choi-Kain LW, Borba CPC, Links PS, Gunderson JG. The Effect of Attending Good Psychiatric Management (GPM) Workshops on Attitudes Toward Patients With Borderline Personality Disorder. Journal of Personality Disorders. août 2016;30(4):567-76.