# The dangers of reifying ‘borderline personality disorder’

Orestis Zavlis

To the editor,

I read with interest Alessandra D'Agostino's and Mark Ruffalo's (2025) *On the Reality of Borderline Personality Disorder* (BPD). I appreciated the author's concern for the stigma surrounding this diagnostic label. At the same time, however, I believe that there are serious logical and ethical concerns regarding the author's reasoning on the utility of this diagnostic concept. Below, I outline my three most noteworthy concerns.

My first and foremost concern is that the authors conflate two distinct ideas: the reality of psychological suffering and the validity of the BPD diagnosis. It is an unquestionable and unfortunate reality that people with BPD diagnoses suffer from many psychological difficulties including emotional, relational, and behavioural instabilities. What is questionable is not these difficulties; what is questionable, instead, is whether the 'borderline personality' label (and underlying theoretical frame) represent the best way of conceptualizing these difficulties. One may very well accept the reality of these patients' suffering while critically engaging with the theoretical and diagnostic frameworks we use to make sense of it. Indeed, as my team and I have explored in previous work, the very idea of a 'personality disorder' carries with it a host of implicit assumptions——many of which are not only *not* supported by scientific evidence but are, in fact, increasingly discredited by such evidence (for instance, the assumption that one's 'personality' is the root of their suffering; see, e.g., Zavlis, 2023, 2024; Zavlis et al., 2025). In this way, one can certainly dismiss the concept of ('borderline') 'personality disorder' while keeping the underlying psychological experiences it represents intact——and re-representing them in a hopefully more accurate manner (for instance, by re-conceptualizing *personality disorders* as *relational disorders*, as increasing evidence suggests; Cohen, Öngür, Babb, et al., 2022; Cohen, Öngür, & Harris, 2022; Wright et al., 2022; Zavlis, 2023, 2024, 2025; Zavlis, Moutoussis, et al., 2025; Zavlis, Story, et al., 2025; Zavlis & Fonagy, 2024).

My second and more serious concern is about the authors' striking statement that any criticism of 'borderline personality disorder' is itself evidence of said disorder. Specifically, in pages 26-27, the authors argue that frustration with the mental health system, critique of psychiatric practices, and participation in online communities "demonstrate *en masse* the very psychodynamics that characterize BPD'' (D'Agostino & Ruffalo, 2025, p.26-27). This line of reasoning is so deeply problematic that it would take an entire essay (or perhaps many essays) to unpack the full scope of its clinical, ethical, and epistemic implications. For the sake of concision, therefore, I will only focus on the two most striking implications. First, the assertion that criticism of BPD is evidence for BPD is deeply unethical: it silences all patient perspectives that do not neatly fit within existing psychiatric narratives by pathologizing their very ability to speak freely (and question the very treatments they receive). Second, the assertion that criticism of BPD is evidence for BPD is also unscientific: it renders BPD unfalsifiable by implying that it is immune to criticism——because the more one criticizes it, the more their testimony can be undermined by arguing that they suffer from a 'borderline personality'. Together, these sentiments reflect exactly what so many patients already attest: namely, that when they speak, they are not believed; that when they protest, they are pathologized; and that when they attempt to claim ownership of their experience, they are conveniently dismissed as too disordered to have any agency or critical thinking (Watts, 2024; Zavlis, 2025).

Which leads me directly to the final and most ironic point: Although Alessandra D'Agostino and Mark Ruffalo condemn others for exhibiting 'borderline psychodynamics' (such as 'splitting' or 'projective identification') when critiquing BPD, they themselves rely heavily on the very same dynamics when making their thesis. Specifically, the authors rely on 'splitting' to create a false dichotomy between themselves (as 'responsible clinicians') vs. others (as 'irrational critics') and use 'projective identification' to project their own anxiety about diagnostic uncertainty onto any critics (while leaving those critics, like myself, feeling like villains). In this way, the authors enact the very same 'psychopathology' they purport to 'diagnose' in others: they repudiate their own insecurities by locating 'borderline difficulties' solely in the other but never in themselves.

To clarify, the reason I am raising this particular point is not to turn the tables and diagnose the authors in return. Nor is my attempt to psychoanalyse them as individuals, which would be both ethically inappropriate and epistemically unproductive in this context. Instead, my aim with this argument is to illustrate just how easily the psychodynamic language (particularly around BPD) could be weaponized to conveniently delegitimize criticism by pathologizing it rather than thoughtfully engaging with it. Indeed, as Roger Mulder, Peter Tyrer, and several others have suggested, the 'borderline personality' category has become precisely this: namely, a strategy for alleviating negative clinician feelings in the face of legitimate (but perhaps angrily expressed) critique (Mulder & Tyrer, 2023; Watts, 2024; Zavlis, 2025). In this way, the borderline label acts less as a scientific category and more as a defence mechanism: a way restoring coherence in the face of clinical ambiguity by attributing all uncomfortable feelings to patients' personalities rather than exploring whether those feelings may be rooted in the therapeutic relationship: that is, how patients relate to therapists and how therapists, in turn, relate back to them.

It is time, I argue, we move beyond this use of 'borderline personality' as a defense mechanism. It is time, I argue, to look more inward, rather than outward, and confront our own selves on why we 'diagnose' people with 'borderline personality disorder' (as well as 'personality disorder', broadly). It is time, as I have argued elsewhere, we appreciate that 'personality problems' are not issues that exist ***within our patients,*** but instead are issues that exist ***between ourselves and our patients***: that is, they are *relational problems* that plague our therapeutic interactions, annihilate mutual recognition, and perpetuate themselves by making us believe that dysfunction lies solely in the patient but never also in ourselves.

It is only when we recognize our part in this dynamic——our countertransference, our defences, and our need to 'classify' rather than to 'sit with'——that we will be able to declare that we have made an accurate 'personality' diagnosis. And, at that point, paradoxically, it would no longer even be a 'personality' diagnosis. Instead, it would be a 'relational' diagnosis: a diagnosis in the ways that both we and our patients relate to ourselves as well as each other.

**References**


Cohen, B. M., Öngür, D., Babb, S. M., & Harris, P. Q. (2022). Diagnostic terms psychiatrists prefer to use for common psychotic and personality disorders. *Journal of Psychiatric Research*, *155*, 226–231. https://doi.org/10.1016/j.jpsychires.2022.08.026

Cohen, B. M., Öngür, D., & Harris, P. Q. (2022). Past due: Improving the naming of psychiatric disorders. *The Lancet Psychiatry*, *9*(4), 264–266. https://doi.org/10.1016/S2215-0366(21)00478-8

D'Agostino, A., & Ruffalo, M. L. (2025). On the reality of Borderline Personality Disorder. *Psychiatric Times*, *42*(7).

Mulder, R., & Tyrer, P. (2023). Borderline personality disorder: A spurious condition unsupported by science that should be abandoned. *Journal of the Royal Society of Medicine*, *116*(4), 148–150. https://doi.org/10.1177/01410768231164780

Watts, J. (2024). The epistemic injustice of borderline personality disorder. *BJPsych International*, 1–5.

Wright, A. G., Ringwald, W. R., Hopwood, C. J., & Pincus, A. L. (2022). It's time to replace the personality disorders with the interpersonal disorders. *American Psychologist*, *77*(9), 1085.

Zavlis, O. (2023). Complex relational needs impede progress in NHS Talking Therapies (IAPT): Implications for public mental health. *Frontiers in Public Health*, *11*, 1270926. https://doi.org/10.3389/fpubh.2023.1270926

Zavlis, O. (2024). *The illusion of personality: Why personality disorders are actually relational disorders*. PsyArXiv. https://doi.org/10.31234/osf.io/b4d6v

Zavlis, O. (2025). *On the epistemic injustices of personality disorders*.

Zavlis, O., & Fonagy, P. (2024). *Either all mental disorders are personality disorders or there are no personality disorders*. https://doi.org/10.31234/osf.io/4xpdg

Zavlis, O., Moutoussis, M., Fonagy, P., & Story, G. (2025). A generative model of personality disorder as a relational disorder. *Journal of Psychopathology and Clinical Science*. https://doi.org/10.1037/abn0001010

Zavlis, O., Story, G., Friedrich, C., Fonagy, P., & Moutoussis, M. (2025). A systematic review of computational modeling of interpersonal dynamics in psychopathology. *Nature Mental Health*, 1–11.