Lenses From Which I See the World

The Experiences of LGBTQ+ People With Borderline Personality Disorder

by

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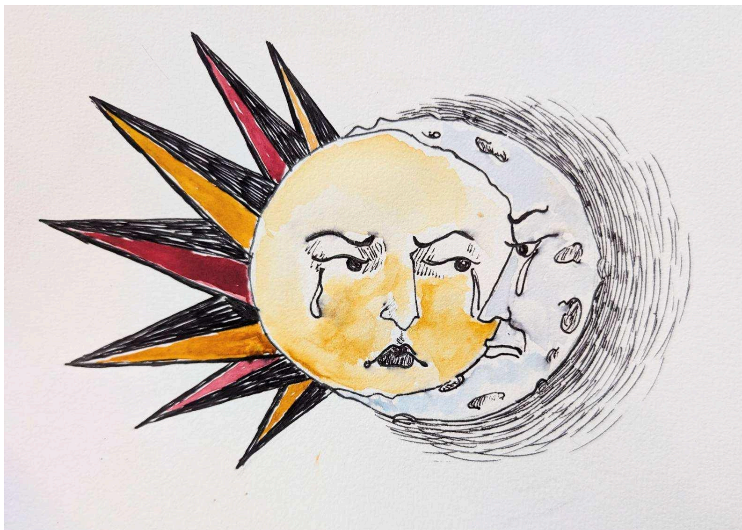
"I Don't Want to Contort Myself to be Another Person"



The mind of a person with BPD is black and white, love or rage, like a sun or a moon. These binaries become more difficult for queer people with BPD: girl or boy, gay or straight. (Art by Anne Arocho)

After a turbulent breakup, Kaelin Martin (they/she), a 24-year-old senior political science major at Purchase College SUNY, was diagnosed with borderline personality disorder.

"There was always this up and down, where [their ex-partner] would leave and come back and I would have this major rush, but everytime they left it felt like we were breaking up," said Martin.

Their breakup was sudden – like "a pebble that got caught in gears that already weren't working," Martin said. While ending a relationship may be a common occurrence, it's debilitating for those who struggle to separate themselves from their relationship.

"For a week and a half, I couldn't even drive," Martin said. "I felt like my entire world, like everything I had known and started to understand about myself as an adult, because this relationship had helped me in a lot of ways, had crumbled.

"It felt like a mental break. I couldn't understand what was going on, everything was upside down," she continued.

Their psychiatrist, Martin said, explained that she exhibited symptoms that align with the disorder, such as intrusive thoughts, black and white thinking, and trouble being alone. She also has “sister diagnoses,” as described by Jerold J. Kreisman and Hal Straus in “I Hate You, Don’t Leave Me: Understanding the Borderline Personality,” such as attention deficit hyperactivity disorder (ADHD) and post-traumatic stress disorder (PTSD).

Being in a relationship can provide a clear and defined role for a person with BPD: a feminine and a masculine person, a listener and a speaker, a sun and moon. These heterosexual and cisgender frameworks that encourage binaries tend to bleed into queer relationships in a negative way, experts say.

“While I was primarily dating women and non-binary folks, I was like ‘if one of us has to be more fem then it has to be me,’” Martin said. “But also in relationships with men or with non-binary people who identify as masc, I very much want to be the pretty girl, the girly pop.”

“I’m also deconstructing what it means to be in a relationship. Being in a relationship with a man is still a queer relationship because I’m queer. It’s also hard to dive into this stuff because it’s so ingrained, because of course I want to be on [the feminine] side of things and getting validated by men.

Comp-het runs strong for me,” they added, using shorthand for compulsory heterosexuality, the belief that straight and cisgender are the norms. “I try to recognize that that’s the case and try to work around and against it,” Martin, who identifies as queer in terms of both sexuality and gender, continued.

Comp-het has a similar trait to a BPD symptom known as mirroring. Both are reflections of what people with BPD perceive as what they’re being told to do – what will make them be accepted by those around them.

"I think [people with BPD] are looking for a way to survive and manage in the world, and it's easier to do that when you have a 'recipe' of sorts like mirroring and comp-het," said Karyn Sweeney-Conboy (she/her), a psychiatrist and director of Community Services at Rockland Children's Psychiatric Hospital.

For Martin, however, the recipe is problematic. "I don't want to contort myself to be another person," Martin said.

Martin isn't alone– over five million people are diagnosed with BPD in the US every year, according to the National Library of Medicine.

I am one of the million estimated queer people in the country with BPD.

What's Black, White, and Rainbow All Over?

The feelings a person with BPD feels are so intense, they're debilitating. And while these feelings may not last long, their strength can leave those exhausted, guilty, and often suicidal (Art by Anne Arocho)

The world of someone with borderline personality disorder is absolute: black or white, love or rage. Borderline causes blurry self-images, which in turn make having relationships with others difficult. Common symptoms include loneliness, self-destructive behaviors, and suicidal

ideation. People with BPD experience extensive feelings of boredom, emptiness, guilt, and a fear of abandonment. These can take an exhausting toll on a person– constantly aiming to please out of fear of rejection can cause dissociation. By not being able to appropriately regulate emotions, people can "see red" when things don't go as planned, which can result in an exorbitant amount of guilt. These emotions and cycles can lead to self-harm and suicide. It may help to think of Icarus who felt so much joy to be freed that he flew as high as he could, only to plummet into the depths of the ocean as fast as he rose into the sky. BPD is unique in its origin as it has historically been thought to be untreatable, a belief challenged by some professionals.

Therapy such as Dialectical Behavior Therapy (DBT)--created by Marsha Linehan, a psychologist who also had BPD, has been a useful method in coping with BPD since its creation in the 1970s. The goal of DBT is to find the gray in this horrifying spectrum by combatting interpersonal conflicts and changing negative thinking that leads to suicidal ideation and addiction. Through practices of mindfulness (focusing on the exact moment you're in) and radical acceptance (acknowledging thoughts, feelings, and situations as they are instead of how we wish they could be) symptoms can be managed, as well as regular therapy and prescribed medication.

A diagnosis of BPD comes from the Diagnostic and Statistical Manual of Mental Disorders (DSM), which up until the 1970s included being queer as a mental disorder. In contrast to the seemingly "rainbow" world of the queer community, LGBTQ+ people are more likely to be diagnosed with BPD than their hetero and cisgender counterparts. While this stems from certain biases upheld by clinicians, it is not to say that LGBTQ+ people can't be borderline, as the symptoms of BPD are amplified by not fitting into societal norms twice over. Some of the issue lies within the biases that stem from a "white, cisgendered, heterosexual, male imperialist

patriarchy" that the foundation of psychology and psychiatry are built on, according to Emma Larson (she/her), a school-based social worker and DBT specialist at NYU Langone. Other biases include women being more likely to be diagnosed with BPD than men, there is a ratio of three women to one man according to the National Institutes of Health, which in some cases upholds the idea of "female hysteria." Receiving a diagnosis for BPD, especially for someone who is LGBTQ+, is essential for treatment. But this can also be a double edged sword. Personality disorders, specifically BPD, are heavily stigmatized. People with BPD are thought to be violent, manipulative, and narcissistic. These stereotypes have been fueled by fires set by the media, as was the recent case of Johnny Depp reportedly attempting to have his ex-wife, Amber Heard, diagnosed to prove his claims of abuse, according to Emma Flint, a contributor for the online entertainment news outlet POPSUGAR. For someone who is queer, these stigmas and stereotypes begin to build layers. LGBTQ+ people experience stereotypes, stigma, and discrimination as well, including a recent uptick in anti-LGBTQ+ legislation.

The American Civil Liberties Union is tracking 484 anti-LGBTQ bills in the U.S. alone. And although there is no current data to support the idea that these legislations may be heightening the symptoms of BPD in queer individuals with these being more recent developments, experts believe that the negative portrayal of LGBTQ+ people would have an impact on those community members who already have warped images of themselves.

In comparison with the halo effect, a positive influence, anti-LGBTQ+ legislation would do the opposite, Adam Walkin (he/him), the chief of psychiatry at the New York Veterans Affairs (VA) for Brooklyn and Manhattan, said.

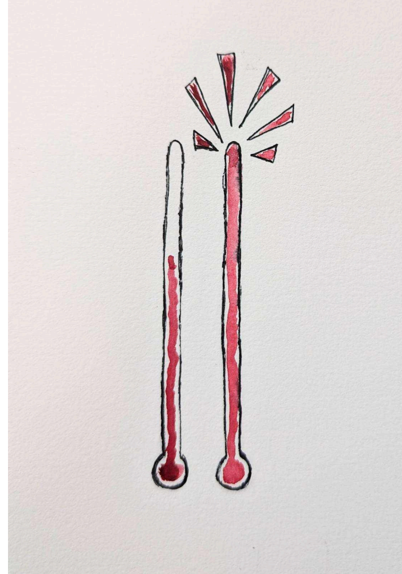
"It's sort of a negative halo effect," he said. "If you have legislation or a cultural push to change how society perceives sexual orientation and they're conservative or there's people who

push back against that sort of the halo effect I'm thinking of, they will have that negative stigma to anybody who is sort of in that world for whatever reason.

"I think patients with borderline behavior or borderline disorders who observe that absorb the stigma in order to push back, again, the attempts to change our thinking about what will constitute 'normal' sexual behavior," he continued.

While BPD can be genetic, researchers say, it is more often than not a result of a persons' environment– neglect, abuse, and long-term fear or stress. BPD is also present in the lives of LGBTQ+ people in a unique way as compulsory heterosexuality becomes exaggerated and clinical rather than subconscious or even conscious actions of adhering to the idea that being straight and cisgender are the norm. Comp-het intersects with mirroring, a symptom of BPD, as by mimicking, they can establish a clear and defined role in their surroundings, similar to the goal of practicing comp-het. A diagnosis of BPD and identifying as queer, which are not mutually exclusive, also intersect in terms of relationships. While all relationships can be turbulent and complicated, the BPD experience, in pop cultural terms, can involve a "favorite person." In a similar fashion, LGBTQ+ people may experience what is called a "chosen family." A favorite person refers to someone, whether that be a partner, friend, or family member that a person with BPD's emotional regulation depends on. Whereas a chosen family is, typically, a group of queer people who come to rely on each other for familial responsibilities. The experiences of being queer with BPD are both unique and challenging and poses the question of what it is that makes us who we are, and how we can embrace and cope with that person in a world that is inherently against them.

BPD, LGBTQ+, DSM and A Whole Bunch of Other Letters



The Diagnostic Statistical Manual is where the criteria for diagnosing mental illnesses comes from. It's currently in its fifth edition and is constantly under review, making it difficult for professionals to give accurate diagnoses (Art by Anne Arocho)

The term "borderline personality" was introduced in America by Adolph Stern, a psychiatrist and psychoanalyst, in 1938. According to the National Library of Medicine, Stern used the term "on the border" to describe patients who "fit neither into the psychotic nor into the psychoneurotic group," and "individuals who displayed particular symptoms under stress but then soon became relatively functional again," according to Selahattin Şenol, a contributor to the "Encyclopedia of Disability."

"Either as a result of its position on the 'border' of other conditions, or as a result of conceptual confusion, borderline personality disorder is often diagnostically comorbid with depression and anxiety, eating disorders such as bulimia, post-traumatic stress disorder (PTSD), substance misuse disorders and bipolar disorder (with which it is also sometimes clinically confused)," according to the National Library of Medicine .

BPD is most commonly confused with bipolar disorder. According to The Phoenix Recovery Center, the biggest differentiating factor would be time: people with bipolar experience

mood swings during an "episode" and are more random, whereas for those with BPD, symptoms can be "triggered" at any time and the cycle of episodes and stability occur at a more extreme, faster pace.

There are also differences in symptoms. People with bipolar experience depression and mania, and people with BPD experience "intense emotional pain and feelings of emptiness, desperation, anger, hopelessness, and loneliness," wrote Kristalyn Salters-Pedneault, a psychologist and professor of psychology at Eastern Connecticut State University.

Borderline personality disorder was not included on the Diagnostic and Statistical Manual of Mental Disorders (DSM) until 1980. It was originally thought to be untreatable, and a life-long disorder, but there is currently discourse among professionals about whether this is true.

"The idea with personality disorders as opposed to mood disorders, like depression, is that they can't be really treated with medication. It's called a personality disorder because it's thought to be fundamental to who a person is and I feel weird about that," said Larson.

"I think that we conceptualize depression to a chemical imbalance and that's not how we conceptualize personality disorders, and I wonder if that's changing but that's how I was taught about that–your personality structure not your brain chemistry, and I don't know if I believe that. The thing that's clear, though, and the reason that personality disorders are so heavily stigmatized is that they're believed to be untreatable," she continued, "and we know that's bullshit."

The first edition of the DSM was published in 1952. It was an attempt to contextualize and define "abnormal" behavior and mental illnesses that had and had not been previously investigated. Preceding the DSM was the "Statistical Manual for the Use of Institutions for the Insane" of 1918. This was primarily used by mental asylums for patients who were being treated for psychotic disorders.

The target audience became veterans and eventually anyone in society as a whole who suffered from depression and anxiety. This led to the creation of the DSM, which, since its first edition, has been heavily criticized.

"I feel complicated about the DSM in general," said Larson. "Diagnoses are useful in some ways and really not in others and the diagnoses in the DSM are constructs just like anything else and sometimes they help us understand and categorize things and other times they really get in the way. I think that its greatest usefulness is for billing insurance. It gives you the code to tell the insurance company what you're treating so that they can reimburse you."

The criteria for mental illnesses and who gets diagnosed with them is constantly under review and changing, making the process difficult.

"The DSM is in its fifth edition and it's been through five editions, I would say since about 1950," said Walkin. "Which just goes to show you the editions are somewhat different which goes to reflect the fact that we're trying to come up with criteria and a way of defining conditions that are in an area that are hard to make concrete."

To illustrate the difficulty, Walkin noted, "[For example] everybody has a temperature, but when you're above 101 degrees, you have a fever."

One of the biggest criticisms of the DSM was that until 1973, it considered being gay a mental illness. It was theorized that homosexuality was caused by pathology, immaturity, or that it's a normal variant, according to the National Library of Medicine.

"The DSM changes and gets updated all the time, which is good, but being gay was a mental illness in the DSM until the '60s or '70s. My parents were alive then, it's really recent," Larson said. "So I think that's important to keep in mind. The way the DSM deals with transness and gender identity is also getting better, but historically it was kind of fucked.

"It's complicated too because gender dysphoria is a diagnosis in the DSM and I would argue that the disorder is not in the person but in society and there's a way that having a diagnosis of gender dysphoria in the DSM reflects a bias, but if we take it out, then people won't be able to get their gender-affirming care through insurance," Larson continued.

This experience for queer people with BPD is unique: the care they need causes an excessive amount of stigma, that makes the symptoms of BPD more difficult as they feel compelled to act the way they believe will help others to accept them.

Buckle Up!

BPD can be genetic but is more often than not a result of trauma in childhood, leaving adults with BPD to react uncharacteristically to their person (Art by Anne Arocho)

The emotions of those with BPD are sudden and so intense, that they are debilitating. And even though in actuality they may not last that long–from minutes to hours– these feelings take on lives of their own– as if they're the only things that the person experiencing them has ever felt and will ever feel.

"It's exhausting and it makes me feel completely misunderstood," said Amiyah Shields (she/her), 21, a bisexual woman from New York City currently residing in California. "I don't know a reality without BPD. I think I know right and wrong but it doesn't serve me when I feel like I'm not in control of my body. BPD is always driving.

"Sometimes I question my adulthood," she added, "When I get into arguments with my husband, I feel like he's looking at me the way I look at myself, like a child who can't regulate their emotions. I often feel like I don't deserve to be here, like it's too hard to try. If I can't control what I'm doing, why am I here?"

BPD is a response to trauma in a person's life. It's how their brains coped to stay alive in instances of abuse, neglect, or long-term cases of fear and stress. With BPD in the driver's seat, as Shields said, it feels as though there is a child driving. A child who has been left to their own devices and taking any measures to survive in a stressful situation when our adult brains can't cope. When those feelings pass, and our adult rationalities can come back, it's shell-shocking.

"There's a numb feeling like you're a shell of a person," said Humema (Mems) Khan (she/her), 21, a queer, Muslim woman with BPD from Brooklyn who, at the time of this interview, was homeless. "It's like you're having an out of body experience, like you could see yourself in third person or like you're watching yourself through a T.V."

The absolutes that a person with BPD experiences– for instance "I'll *never* be happy," "I'll *always* feel this way," or constantly being pulled from either one emotion or another– is described as black-and-white thinking.

"I really liked the word tornado, because it really could go either way. It's really helpful to remember that the black and white feeling is only temporary," Cleo Spence (they/she), 21, a queer freelance writer with BPD, said. "But when it happens, I completely dissociate and it's like

I'm not even in my body, and after a while I'll start having a panic attack that can turn psychotic."

The overwhelming feeling of wanting the emotion to pass can be life threatening. Many people with BPD self-harm, or like many of these sources, contemplate or attempt suicide.

"When I'm having an anxiety attack, I hit my head on things. I feel like if I'm going to hurt myself, I'm going to kill myself," Shields said.

Shields says that there are intersections among all of her identities as a bisexual, Muslim, Black woman who has faced trauma from not only society, but her household as well.

"I grew up in a religious household that didn't welcome being queer so I was raised thinking that anything different about me would make me burn in Hell until I met someone that I could tell I was queer," she said. "I couldn't express that, and I think that's why I feel the way I feel about expressing my sexuality now."

As a queer woman with BPD, Shields feels extreme frustration in feeling like she has to adhere to societal binaries.

"Being bisexual and talking to a majority of [heterosexual] people, they would always ask, 'Are you more gay or straight?' and I didn't feel like I was enough of either," Shields said.

Khan was diagnosed after "casually" mentioning to her therapist that she attempted suicide.

"I tried to kill myself by jumping in front of a car, this was one of numerous attempts and I just passively mentioned it to my therapist," Khan said. "It was really impulsive and I regretted it but she called the ambulance and they diagnosed me."

In addition, Khan also has bipolar disorder. The two diagnoses make fighting impulsive and intrusive thoughts more difficult, and leave her much more susceptible to self-harm.

"I have suicidal ideation, it's really bad, and I've been this way since I was 9," she said. "I have this fear of abandonment. A lot of people have left my life including therapists, and I can be so impulsive. Even with me being homeless, I still spend a lot of money."

Khan was evicted from her apartment in 2023 and after asking her parents if she could move back in with them, they asked when she planned on getting married. She said that she told them she was "too young" and they didn't allow her to move back in, leaving her without a place to stay. She has, since this interview, found an apartment.

Much of Khan's funds, she said, went to weed as a means to cope with her situation. At the time of our interview, she was unemployed and receiving money from her partner. Substance dependency is not uncommon for people with BPD.

People with BPD are also more susceptible to addiction. The obsessive tendencies and dire need for structure may lead those with BPD to abuse substances like alcohol or drugs.

"People with personality disorders have had various traumas that have led to them, so they are looking for a way to control something," said Sweeney-Conboy, a psychiatrist. "Like with eating disorders, you control how much or how little you eat. Others try to numb themselves so they don't remember the trauma."

Spence was diagnosed with BPD after being hospitalized for attempting suicide. They compared their alcohol addiction to their diagnosis of BPD and described them both as disabilities.

"In AA, they say while you're in this meeting, your addiction is doing push-ups outside and it used to not make sense to me until I started not going to meetings and then suddenly a drink didn't sound so bad," Spence said. "When you start training and healing, I know I can say 'Oh shit, my addiction is getting cranky. I need to do this, this, and this.' And when my disorder

gets out of hand, I know I need to take more medication, or make a therapy appointment, or see if I can afford to take a day off from work."

Spence said that the therapist they were seeing didn't want to diagnose her with BPD. Not only because the price of her insurance would increase, but because many psychiatrists still have little faith in patients with BPD.

"The diagnosis process is silly because when [the doctors] diagnosed me, they told me that they wouldn't continue to work with me," Spence said. "When I went to my old therapist, I asked if she thought I had BPD and she said yes, that I do have all the signs of BPD but that it's one of those diagnoses that harms and stigmatizes you."

Disorder-ly Conduct

Professionals are more likely to take a patient's sexuality into account instead of the environmental factors surrounding them, which is an integral aspect when diagnosing BPD, according to MedCentral

Members of the LGBTQ+ community are more likely to be diagnosed with BPD than heterosexual people– 35% of queer patients were diagnosed versus 18% of their straight

counterparts, according to a study conducted by Craig Rodriguez-Seijas, an assistant professor of psychology at the University of Michigan Ann Arbor.

LGB (trans people were not included in the study) people with BPD upholds biases about queer people.

"The implicit assumption LGB individuals are more prone to and more likely to have mental disorders than their heterosexual counterparts," MedCentral wrote, and, "a failing to recognize the ways in which societal pressures toward and among an LGB persons may manifest in behaviors easily attributed, but not directly related to, a BPD diagnosis."

Clinicians have been reported to take patients' sexuality into account more than the environment around them. This is negligent of professionals, Larson feels, as environmental factors are pertinent in providing an inpatient (someone who is being treated while hospitalized) or outpatient (someone receiving treatment like weekly visits with a therapist or psychiatrist, for example, and is then free to leave) with a proper diagnosis.

"I think that BPD itself can be understood as a result of trauma and an adaptation of trauma that is not always the case, and there are certain things about it that were originally adaptive and that's true with any maladaptive coping, you started being, doing, thinking that way for a reason," said Larson. "It is traumatizing growing up in a homophobic, transphobic world, in general. And then on top of that, queer people are more likely to have experienced some form of trauma."

BPD has historically been diagnosed as a lifelong sentence, but some mental health professionals see the perception of that concept changing.

"I would hear older clinicians when I first started hearing about borderline and they were often dismissive," Larson said. "I'm always very careful about assigning that label. I often will

just not diagnose that in a chart, if I think someone has features of borderline I will speak about it in that way because I know what that [diagnosis] carries."

Some BPD patients who are diagnosed in "late adolescence or early adulthood," the average age according to the National Institute of Mental Health, can age out of the disorder. In the book "I Hate You, Don't Leave Me," the authors describe this as a "remission."

While they may have meant this to be reassuring, younger people feel differently. A diagnosis can be more of a relief than a curse in order for them to better understand the emotions they experience, and get the treatment they seek.

"But working with Gen Z, I've had a number of people come into my office and say, 'I think I have BPD. Will you diagnose me with this,' –and I have to say that is a much longer conversation to have," Larson continued.

While most people in society have experienced doubts in terms of their identity and how they express it, LGBTQ+ people are more likely to camouflage themselves as a means of survival or fulfillment.

"When I look back, a lot of the men I dated, especially when I was drinking heavily, weren't people I was necessarily attracted to, as much as it was my BPD," said Spence. "Especially with this one guy in my life, who was there for way longer than he should've been. That doesn't make me not queer or bi, but it just means that having BPD makes me [more susceptible to] comp-het."

Another factor that amplifies the experience of being a queer person who has BPD is gender. Cis-women are more likely to be diagnosed with BPD than cis-men, researchers say. Historically, this stems from cis-women as being perceived as more "emotional" than cis-men

and needing psychiatric care. But, if it were more culturally acceptable for cis-men to go to therapy, the numbers might tell a different story.

"It's a mix of both fact and fiction and that just makes it all more difficult," Walkin said. "There are plenty of biases and perceptions about what a certain type of behavior is more masculine or more feminine and some of the behaviors of borderline personality may be associated with being female, whereas on the other hand, just like ADHD is much more common than men for biological reasons."

Trans people are susceptible to these biases, as professionals will question their identity as a symptom of BPD and not as their authentic selves.

People are also becoming more aware of their identities at a younger age, but getting gender affirming care or therapy can be difficult. It's also important to consider BPD is normally not given as a diagnosis unless the patient is 18 years old or older. In the meantime, therapists try to help their clients grapple with their emotions and turbulent identity through treatments like DBT.

"Lenses From Which I See the World"

Dialectical behavior therapy is the best known treatment for BPD. It prioritizes grounding patients in moments of distressing and practicing skills to make it easier to do so through art and movement, for example (Art by Anne Arocho)

Dialectical behavior therapy (DBT) is currently the most prevalent treatment for people with BPD. It was created to treat women with BPD by Marsha Linehan, PhD, a psychologist who suffers from BPD, in the 1980s.

It has since become an important tool for treating patients with any mental illness, Larson said, but is especially useful in treating BPD.

It stresses the gray in a black and white world. DBT encourages the concept of "and-ness," and the process of accepting that two things can exist at once.

"People with BPD really struggle with rigidity and 'either or' thinking and that is really painful and can create a lot of problems. The practice of letting things be nuanced and living with ambivalence is really important," said Larson.

The tool most useful in doing so and the most difficult to learn, said Larson, is called radical acceptance. The goal is to accept circumstances as they are instead of how we wish they could be. Instead of asking "why me" or insisting that a situation "wasn't supposed to be [that] way," patients are taught to accept the reality around them and cope with that.

"Practice opposite action. List all the behaviors you would do if you did accept the facts. Then act as if you have already accepted the facts. Engage in the behaviors that you would do if you really had accepted," reads the DBT Skills manual provided to group therapy patients at NYU Langone.

"Cope ahead with events that seem unacceptable. Imagine believing what you don't want to accept. Rehearse in your mind what you would do if you accepted what seems unacceptable," it continues.

Another important aspect of DBT, professionals say, is mindfulness: "choosing to pay attention to this moment, on purpose, non-judgmentally," states the NYU's manual.

Doing so would require using your "wise mind," which is not led by your emotional mind (depending on mood, wants and urges instead of needs) or reasonable mind (strictly based on facts and doesn't consider morals or feelings), according to NYU's manual. The wise mind, instead, acknowledges our thoughts and feelings and still responds in a rational way to a situation. Doing this requires observing your reactions, describing them, and participating in a situation fully. For example, talking to a friend and only talking to a friend, not watching a movie or sitting on your phone, NYU's manual provides.

In moments of extreme discomfort, where a person is least mindful, people with BPD react in harmful ways like cutting, drinking, or suicide attempts. Skills that are meant to relocate the pain in ways that won't cause lasting damage include: holding ice cubes, drawing on your skin with marker, taking a cold shower, or sucking on a lemon.

"You have to learn to tolerate feelings you may not like. One of the things [we teach] are waves," Sweeney-Conboy said, "big waves won't keep getting bigger, they have to come down. We teach emotions, like they have to come back down, we need to learn how to tolerate the 'discomfortness' in waiting and coping."

These practices awaken the senses and allow the person to become grounded instead of losing themselves to their thoughts. Other practices include making a pros and cons list, calling a friend or family member, breathing exercises, muscle relaxation, and self-soothing techniques.

DBT and CBT (cognitive behavioral therapy) are not the only ways to cope with BPD. Physical movement and artistic expression are also valuable to coping with BPD, professionals say.

"Individual, group, and family therapies require patients to express their thoughts and feelings with words, but the borderline patient is often somewhat handicapped in this area, more likely to exhibit inner concerns through actions rather than through words," Kreisman and Straus wrote in "I Hate You–Don't Leave Me."

Art of various mediums, music, and movement help release the negative thoughts and relieve the tension that a person with BPD is experiencing.

Martin uses collaging and journaling as coping mechanisms.

"Things that help me cope now are being in therapy and visual arts therapy, which has taught me that making art when I'm feeling something helps," Martin said. "Movement has also always been super helpful. Writing is also something that I keep coming back to. I have a journal on my phone because every physical journal I've ever had I use five pages and never come back.

"I feel passionately about being able to channel these feelings into something creative," they continued.

Passion and creativity are important aspects for anyone, but especially for the queer community. Community spaces, like book clubs, theater groups, group therapy, etc. are places where those with similar interests and experiences can come together.

"There are also good symptoms [of BPD]. That sounds strange, but I like that I have the emotional bandwidth," Martin said. "I love that when I'm talking to someone, I feel so connected to them. I love to spend time with people because of that, but inside there is a lot of self-harm but in an emotional way where I'm directing all this negativity towards myself."

"Like my BPD informs me when I walk into the room, I can tell when someone is upset, I can immediately tell. It can be difficult because you can blame yourself, meanwhile it has nothing to do with you," she continued.

Martin also said that the frameworks of being a queer person with BPD are not always negative, and instead, are aspects of their life that should be embraced and taken care of.

"It's these two identities that feel like they're more like lenses from which I see the world," she said. "Being able to know things about yourself and to be able to meet people where they're at because you already have these different experiences, like regardless of where they are.

"The way I think is inherently not linear so I'm viewing things in a non-linear, very emotional way. Queerness is the same way," Martin said. "I think being queer can give you both the potential to see things in alternate ways and to meet people in spaces where the normative can't."

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