



Evaluating Stigma and Attitudes Toward Personality Disorders: Implications for Help-Seeking and Treatment Engagement

B. Sathyapriya¹, Dr. K. Sathyamurthi²

¹ MSW-2, Madras School of Social Work, Egmore, Chennai-08, Sathyapriyamswa22@mssw.in, 9342218833.

² HOD, Madras School of Social Work, Egmore, Chennai-08, ksm@mssw.in, 9940406590.

INTRODUCTION:

Understanding the implications of stigma on help-seeking and treatment engagement is crucial. Stigmatizing attitudes can lead to delays in seeking professional assistance, resulting in a worsened course of the disorder and decreased quality of life. Moreover, individuals may prematurely discontinue treatment due to perceived social judgment or lack of understanding from healthcare providers. Addressing stigma and negative attitudes towards personality disorders is essential to promote better mental health outcomes. Effective interventions must be developed to reduce stigma within healthcare systems, communities, and among individuals themselves. Such initiatives should include public education campaigns to increase awareness and reduce misconceptions, training healthcare providers to offer nonjudgmental and empathetic care, and providing support and resources for individuals with personality disorders to empower them to seek and maintain treatment. This quantitative research study aims to comprehensively evaluate public attitudes, stigma, and awareness related to personality disorders and to examine the implications of these factors for help-seeking behavior and treatment engagement among individuals affected by these conditions. The study employs a structured survey instrument to collect data from a diverse sample of participants, and the results will provide insights into the extent of stigma, knowledge gaps, and their impact on individuals with personality disorders.

Personality disorders represent a complex and often misunderstood category of mental health conditions. These disorders, characterized by enduring patterns of behavior, cognition, and inner experience, include well-known conditions such as borderline, narcissistic, and antisocial personality disorders. Despite their prevalence and impact on individuals and society, stigma and negative attitudes towards personality disorders persist, acting as substantial barriers to effective help-seeking and treatment engagement. This introduction provides an overview of the pervasive issue of stigma surrounding personality disorders and underscores the importance of addressing these stigmatizing beliefs to improve the well-being of affected individuals.

The Prevalence of Personality Disorders:

Personality disorders are not rare occurrences. Epidemiological studies estimate that approximately 9.1% of the general population meets the criteria for at least one personality disorder during their lifetime. This prevalence rate translates to millions of individuals worldwide who grapple with these conditions, making them a matter of public health significance. However, despite their prevalence, personality disorders often remain in the shadows of mental health discourse, overshadowed by more well-known disorders like depression and anxiety.

The Impact of Stigma:

Stigma, a multifaceted phenomenon rooted in societal perceptions and biases, inflicts a heavy toll on individuals with personality disorders. Stigmatizing attitudes often manifest as stereotypes, prejudice, and discrimination. Individuals with personality disorders frequently encounter misconceptions that they are "difficult" or "untreatable." Such stereotypes can lead to profound social exclusion, making it challenging for affected individuals to seek help or engage in treatment.

Barriers to Help-Seeking:

One of the most significant implications of stigma is the barriers it erects around help-seeking behaviour. Many individuals with personality disorders are hesitant to disclose their condition or seek professional assistance due to the fear of social judgment and discrimination. Consequently, they may suffer in silence, enduring the often debilitating symptoms of their disorder without access to the necessary support and treatment. Stigma can exacerbate the severity of personality disorders, delaying intervention until the condition has progressed to a more critical stage.

Treatment Engagement:

Treatment engagement is another critical area profoundly affected by stigma. Individuals who do overcome the initial hurdles of seeking help may face challenges in maintaining engagement with treatment. The negative attitudes and biases held by healthcare providers can undermine the therapeutic alliance, leading to premature discontinuation of treatment. This premature termination can have detrimental consequences, perpetuating the cycle of suffering and impairment for individuals with personality disorders.

In conclusion, stigma and negative attitudes towards personality disorders represent a formidable barrier to help-seeking and treatment engagement. Despite the prevalence and impact of these conditions, misconceptions and discrimination persist, causing unnecessary suffering and impairment for affected individuals. Addressing stigma is not only a matter of social justice but a public health imperative. By dismantling these barriers, we can create a more inclusive and supportive environment for individuals with personality disorders, ultimately improving mental health outcomes and enhancing the well-being of society as a whole. This study aims to contribute to the growing body of research addressing stigma and its implications, with the ultimate goal of fostering a more compassionate and informed approach to personality disorders.

SIGNIFICANCE OF THE STUDY:

The significance of a research study on "Evaluating Stigma and Attitudes Toward Personality Disorders: Implications for Help-Seeking and Treatment Engagement" lies in its potential to address several critical aspects related to mental health, particularly personality disorders. Also includes,

- **Reducing Stigma:** Understanding stigma and attitudes toward personality disorders can contribute to public awareness. By identifying and addressing misconceptions, stereotypes, and prejudices, the research can contribute to reducing the societal stigma associated with these disorders.
- **Promoting Understanding:** Knowledge gained from the study can help educate the public and healthcare professionals about the nature of personality disorders, fostering empathy and reducing negative judgments.
- **Facilitating Help-Seeking Behavior:** The research uncovers specific barriers that individuals with personality disorders face when seeking help. This information is crucial for designing targeted interventions to overcome these barriers and encourage timely help-seeking.
- **Promoting Early Intervention:** Addressing stigma and negative attitudes may encourage individuals to seek help earlier, potentially leading to more effective and less burdensome treatments.
- **Improving Treatment Engagement:** Understanding how stigma affects treatment engagement can inform strategies to enhance acceptance of and engagement with therapeutic interventions. This is particularly relevant for personality disorders, where consistent and prolonged treatment may be necessary.
- **Tailoring Interventions:** Insights from the study can guide the development of interventions that specifically target the unique challenges associated with stigma and attitudes in the context of personality disorders.
- **Enhancing Mental Health Services:** Findings from the research can inform mental health policies and initiatives aimed at improving the overall mental health service delivery, with a focus on personality disorders.
- **Training Healthcare Providers:** Understanding the prevailing attitudes and stigma can lead to targeted training programs for healthcare professionals to better address the needs of individuals with personality disorders.
- **Contributing to Research Gaps:** Research on personality disorders, especially related to stigma and attitudes, can fill existing gaps in the literature. This contributes to the overall understanding of these disorders, potentially paving the way for further research and development of evidence-based practices.
- **Enhancing Quality of Life:** By addressing stigma and promoting positive attitudes, the research has the potential to improve the overall quality of life for individuals with personality disorders by facilitating access to appropriate and effective treatments.

LITERATURE REVIEW

The following are the literature reviewed

- **Lindsay Sheehan, et. al, The Stigma of Personality Disorder, 2016-** The recent research on the stigma of personality disorders is reviewed in this article, which also looks at the stigma associated with mental illness in general and personality-specific stigma. People with personality disorders may be misunderstood as intentionally misbehaving rather than suffering from a medical condition because there is generally little public awareness of personality disorders. The stigma around health providers appears to be especially harmful to people who have borderline personality disorder. Few stigma-change programs specifically targeted at personality disorders have undergone scientific testing, and the majority of stigma research on personality disorders has been conducted outside of the United States. The most effective interventions to lessen stigma will combine positive messaging about recovery potential with biological etiology, according to the limited evidence that health

practitioner training can improve stigmatizing views. Given these sources of stigma, anti-stigma programs created especially for criminal justice staff, law enforcement, family members, and health practitioners seem especially helpful.

- **Stephanie Knaak, et. Al, Stigma towards borderline personality disorder: effectiveness and generalizability of an anti-stigma program for healthcare providers using a pre-post randomized design, 2015-** The pre-post design was used in the investigation. We used a measurement technique to determine how stigmatised people were in relation to people with BPD in half of the attendance and those with mental illnesses in the other half. The Opening Minds Scale for Healthcare Providers (OMS-HC) was the instrument used to assess stigma. The original version of the scale and a "BPD-specific" variant were both used. We performed a 2x2 mixed model factorial analysis of variance (ANOVA) on the stigma score, the dependent variable. Survey type was the between-subject factor. Time was the within-subject factor. A significant between-subject main effect for survey type was found by the mixed-model ANOVA, with stigma towards those with BPD being higher than that towards people with mental illnesses in general. At Time 2, there was a noteworthy improvement in the participants' stigma scores, indicating a substantial within-subject main effect for time. There was a substantial interaction between survey type and time that accounted for the major effects. Although there was a bigger improvement in attitudes towards BPD, Bonferroni post hoc tests showed a significant improvement in attitudes towards mental illness in general as well as BPD.
- **Juliette Attwood, et. Al, Improving Attitudes Towards Personality Disorder: Is Training for Health and Social Care Professionals Effective? 2021-** Professionals in the fields of health and social care are more likely to be prejudiced against individuals with a diagnosis of personality disorder than against those with diagnoses of other mental illnesses. It has also been discovered that care and service delivery are negatively impacted by negative attitudes. The goal of this research was to assess training programs designed to help professionals better understand and accept individuals who have been diagnosed with personality disorders. After searching the electronic databases PsychINFO, PubMed, Embase, Web of Science, and ProQuest, 19 publications were found. The findings demonstrate the effectiveness of training and the tendency for gains to be retained. The findings imply that three strategies can increase efficacy: (1) sharing a psychological model with participants; (2) having co-production partners who have experienced a personality disorder diagnosis firsthand; and (3) equipping participants with clinical skills to apply in their work. More investigation is required, preferably in the form of randomized controlled studies with follow-up participants for a minimum of six months and validated assessments.
- **Johannes Stricker, et. Al, Associations of continuum beliefs with personality disorder stigma: correlational and experimental evidence, 2023-** There is a widespread and ingrained stigma associated with personality disorders. A substantial amount of evidence indicates that in the case of other mental disorders, continuum beliefs—that is, the acceptance of continuum viewpoints on psychopathology and mental health—stimulate more positive attitudes towards those who are afflicted. Furthermore, continuous personality disorder models are being included in more and more mental disorder classification systems. However, it is unclear how stigma surrounding personality disorders and continuum beliefs are related. Using correlational and experimental data, this study assessed the relationship between continuum beliefs and the stigma associated with personality disorders. Self-report measures of continuum beliefs regarding personality illnesses desired social distance, and prejudice towards people with personality disorders were completed by a sizable sample of the general population. Furthermore, evidence supporting a continuous or dichotomous understanding of personality disorders was offered to individuals at random. Lower intended social distance and bias were linked to continuum views. Furthermore, the brief continuum intervention was linked to lower desired social distance, bias, and higher continuum beliefs. Lastly, continuum beliefs acted as a mediating factor between the intervention's effects on desired social distance and bias.

Methodology:

Aims and Objectives:

1. To assess the level of awareness and knowledge of personality disorder.
2. To find out the prevalence of stigmatizing beliefs on personality disorder.
3. To assess the impact on help-seeking behavior and its influence on treatment engagement.
4. To understand the role of Mental health literacy and education towards stigma and its implications.

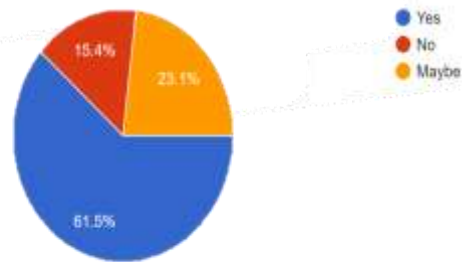
Materials and methods:

The study employs a Descriptive research design using both quantitative and qualitative data with a mixed approach. The sampling technique used was Convenience sampling among 80 respondents using the non-probability sampling method. The primary data was collected using a survey questionnaire and an interview schedule to collect both quantitative and qualitative data. Data analysis for quantitative data was basic analysis and for qualitative data content analysis was used.

Findings and Interpretation:

- i. **Awareness and knowledge:** Awareness and knowledge about personality disorders have grown significantly over the past few decades, but there remains room for improvement. (16.6%)
- ii. **Prevalence of Stigmatizing Beliefs:** According to the most recent national survey, personality disorders with the highest prevalence include antisocial personality (3.8 %), borderline personality (2.7 %), obsessive-compulsive personality (1.9 %), paranoid personality (1.9 %), and avoidant personality (1.2 %). This study shows that Stigmatizing beliefs about personality disorders are prevalent in society, with many individuals holding misconceptions that these conditions reflect moral failings or untreatable character flaws. (61.5%)

Do you believe that individuals with personality disorders are often misunderstood by society?



- iii. **Impact on Help-Seeking Behavior:**

Stigma significantly influences help-seeking behavior, leading individuals to delay seeking professional help due to the fear of judgment and discrimination. (58.3%)

- iv. **Influence on Treatment Engagement:**

Negative attitudes and stigma extend into the realm of treatment engagement, sometimes resulting in healthcare providers holding biased beliefs about personality disorders, often pursued as Emotional instability or mood swings (41.7%)

- v. **Role of Mental Health Literacy and Education:**

Mental health literacy and education programs have shown effectiveness in reducing stigma and improving attitudes toward personality disorders. Stigma reduction training for healthcare providers can positively impact their attitudes and behaviors toward individuals with personality disorders. Support networks and resources, including peer support groups and online communities, offer valuable spaces for individuals with personality disorders to connect and find understanding. Further research, including longitudinal studies and evaluations of stigma reduction interventions, is needed to deepen our understanding of stigma and its long-term impact on individuals with personality disorders.

The Impact of Stigma:

Throughout this study, we have explored the multifaceted impact of stigma on individuals with personality disorders. Stigmatizing beliefs, often rooted in misconceptions and stereotypes, lead to social exclusion and discrimination. Such experiences, in turn, deter affected individuals from seeking professional help, exacerbating the severity of their condition and hindering their overall well-being. Stigma further compromises treatment engagement, as individuals who do seek help may face healthcare providers who hold biased attitudes, potentially leading to early discontinuation of treatment.

Discussion:

The findings presented in this study underscore the pressing need for action to combat the stigma surrounding personality disorders. The first step is acknowledging the extent of the issue. Awareness of the prevalence and consequences of stigma is crucial for generating empathy and understanding among the public and healthcare providers. Public education campaigns can play a pivotal role in dispelling myths and reducing misconceptions about these conditions. These campaigns should emphasize that personality disorders are treatable mental health conditions, not moral failings or untreatable character flaws.

Healthcare Provider Training:

As various other researches insist, addressing stigma within the healthcare system is equally vital. Healthcare providers must receive training that emphasizes the importance of providing nonjudgmental and empathetic care to individuals with personality disorders. Building therapeutic alliances based on trust and respect is critical for effective treatment engagement and improved outcomes.

Support Networks and Resources:

In addition to awareness and provider training, there is a need to establish support networks and resources for individuals with personality disorders. These resources should empower individuals to seek help, connect with appropriate treatment options, and build resilience in the face of stigma. Support groups, online communities, and helplines can serve as lifelines for individuals grappling with these conditions, offering a sense of belonging and understanding.

Future Directions:

This study contributes to the growing body of research addressing stigma and its implications for individuals with personality disorders. However, further research is necessary to deepen our understanding of the sources of stigma and to evaluate the effectiveness of interventions aimed at reducing it. Longitudinal studies tracking the experiences of individuals with personality disorders throughout their help-seeking and treatment journeys can provide valuable insights into the dynamic nature of stigma and its impact over time.

Conclusion:

This quantitative research study contributes to our understanding of public attitudes, stigma, and awareness related to personality disorders and their effects on help-seeking behavior and treatment engagement. The results will inform efforts to reduce stigma, improve public education, and enhance support for individuals affected by personality disorders, ultimately improving their quality of life and well-being. In conclusion, stigma and negative attitudes towards personality disorders are formidable barriers to help-seeking and treatment engagement. Their effects are profound, often delaying intervention and perpetuating suffering. Addressing stigma is not only a moral imperative but a critical step in improving mental health outcomes and enhancing the well-being of individuals with personality disorders and society as a whole. By fostering empathy, promoting awareness, and providing supportive resources, we can strive for a more inclusive and compassionate approach to personality disorders, ultimately ensuring that those affected receive the care and understanding they deserve.

Reference:

1. American Psychiatric Association. (2013). **Diagnostic and statistical manual of mental disorders** (5th ed.).
2. Attwood, J., Wilkinson-Tough, M., Lambe, S., & Draper, E. (2021). Improving Attitudes Towards Personality Disorder: Is Training for Health and Social Care Professionals Effective? *Journal of personality disorders*, 35(3), 409–54. https://doi.org/10.1521/pedi_2019_33_458
3. Bolton W., Feigenbaum J., Jones A., & Woodward C. (2010). **Development of the PDKASQ (Personality Disorder – Knowledge, Attitudes and Skills Questionnaire)**. London, UK: Oscar Hill Service, Camden and Islington NHS Foundation Trust.
4. Bowers L., & Allan T. (2006). The Attitude to Personality Disorder Questionnaire: Psychometric properties and results. *Journal of Personality Disorders*, 20, 281–293. <https://doi.org/10.1521/pedi.2006.20.3.281>
5. Chartonas D., Kyratsous M., Dracass S., Lee T., & Bhui K. (2017). Personality disorder: Still the patients' psychiatrists dislike? *Psychiatric Bulletin*, 41, 12–17. <https://doi.org/10.1192/pb.bp.115.052456>
6. Hill D. J., & Bale R. M. (1980). Development of the Mental Health Locus of Control and Mental Health Locus of Origin scales. *Journal of Personality Assessment*, 44, 148–156. https://doi.org/10.1207/s15327752jpa4402_5
7. Keuroghlian A. S., Palmer B. A., Choi-Kain L. W., Borba C. P. C., Links P. S., & Gunderson J. G. (2016). The effect of attending Good Psychiatric Management (GPM) workshops on attitudes toward patients with borderline personality disorder. *Journal of Personality Disorders*, 30, 567–576. https://doi.org/10.1521/pedi_2015_29_206
8. Knaak, S., Szeto, A. C.h, Fitch, K., Modgill, G., & Patten, S. (2015). Stigma towards borderline personality disorder: effectiveness and generalizability of an anti-stigma program for healthcare providers using a pre-post randomized design. *Borderline personality disorder and emotion dysregulation*, 2, 9. <https://doi.org/10.1186/s40479-015-0030-0>
9. Sheehan L, Nieweglowski K, Corrigan P. The Stigma of Personality Disorders. *Curr Psychiatry Rep*. 2016 Jan;18(1):11. doi: 10.1007/s11920-015-0654-1. PMID: 26780206.

-
10. Stricker, J., Jakob, L. & Pietrowsky, R. Associations of continuum beliefs with personality disorder stigma: correlational and experimental evidence. *Soc Psychiatry Psychiatr Epidemiol* (2023). <https://doi.org/10.1007/s00127-023-02543-8>
 11. Taylor G. (2011). **Understanding and ameliorating stigma towards clients with a personality disorder: An acceptance and commitment therapy-based approach** (Doctoral dissertation). Available from ProQuest Dissertations & Theses: UK & Ireland database.