

## Stigma Silenced [Stories Spoken]: A Mental Health Podcast

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Episode 4.5: Inside NAMI Northern Kentucky with Danei Edelen

Speakers:

Adam Potter (AP) - He/Him

Bailey Patterson (BP) - She/Her, Host

Trenton, - He/Him, Guest

(Introduction Music)

### **Adam Potter**

Welcome back to Stigma Silenced: Stories Spoken a Mental Health Podcast. In this episode, Trenton shares about his experience living with the diagnosis of Borderline Personality Disorder and its impact on his relationships and daily life.

This podcast contains brief reference to trauma and suicidal thoughts. Keep your own body-mind in consideration when listening.

### **Bailey Patterson**

The views and opinions expressed in this podcast are that of the guest speakers, and do not necessarily reflect the views, positions, or opinions of The University of Kentucky, The Human Development Institute, or any related entities.

### **Trenton**

Hello. My name is Trenton. I am a political science and law and justice student at the University of Kentucky, and I'm originally from Louisville, Kentucky. I have always described myself as mentally ill, and I have used that language because I want to drive home that this is something I'm suffering from, but something that can and will be treated if I have anything to say about it, I want to use language that places it in the same category as something that I could have caught from a pathogen or a virus, even if the psychology is a lot more complex than that, because I want to remove my own culpability from the conversation, I never like thinking of mental illness as something that's anybody's fault, and because of that, I do use language that codifies it as a health issue, nothing else. For the longest time, I did not think that there was anything wrong with me or my behavior. It only really became concerning, the neuroticism, the perfectionism, the impulsive behaviors, the inability to regulate my

emotions. It only became concerning it around 2019, or so, even then, I just saw it as something I could personally deal with as more of a character flaw. But there was something that had my mom say, Okay, you're going to try therapy. And she I had been asking to for a while, but she acquiesced something online telehealth therapy, but it instantly became clear that I needed specialized individual in person treatment for which my parents found me a specialist and Louisville. They diagnosed me with a number of different conditions, namely, you know, depression, anxiety, Asperger's, obsessive compulsive personality disorder was another one, and then after I left him, I ended up seeing another specialist who added an additional diagnosis of borderline personality disorder. And eventually, it stopped mattering the specifics of what I had, because everything interacted with each other and created a firestorm of events that couldn't be treated like any one specific mental illness, and that didn't fit neatly into any classification. So eventually I just came to accept that I am a mentally ill person with a lot going on in my life, and it is oppressive at times, but it necessitates and deserves treatment that I'm ready and willing to accept, which I know is half the battle. A key component of borderline personality disorder is very quickly shifting emotions in the sense that it is possible for somebody to feel euphoric and then just be down a pit with absolute despair within minutes of each other, if there was a trigger, and all emotions are felt stronger than others. So it can be beyond... like I always compare myself to a pinwheel. I could be perfectly fine, and then a gust of wind can come, and suddenly I'm spiraling. It's beyond easy for me to fall into one of those states, and when you combine that with something like obsessive compulsive personality disorder, which means that I am a perfectionist to a detrimental degree, to the extent that it's health issue, it means that I am particularly sensitive to all sorts of different stimuli. If there is an imperfection, if there is a mistake, if there is anything that is even tangentially related to a failure that can tend to activate my racing thoughts and my spiraling emotions, and additionally, when you have something like Asperger's, which additionally makes you at a disadvantage when it comes to recognizing the reality of any given social situation, and that makes you additionally sensitive to things such as sound and touch. It's all the easier to fall into a spiral.

**Bailey Patterson:**

So kind of one of the main points that this podcast likes to touch on is the stigma, and especially in my experience, personality disorders are a classification that receives a lot of stigma in the world. So do you have any thoughts or experiences you want to share in regards to the stigma around these diagnoses?

**Trenton:**

I think growing up, it was extremely difficult for my parents to accept that they had a child who was mentally ill, and they had both gone through variations of this with their other children, but I clearly necessitated more intensive treatment, and it controlled a lot more of my life than it would for a lot of other kids. And it concerned them my behavior, but they thought that it was just me acting out, or throwing tantrums, or whatever you want to call it, and they try, and it was initially tried to, they tried to punish it out of me, and it wasn't abusive, I will clarify that, but I would get scolded for it. I would get grounded for it. My parents had a habit of just... when I got in a state of poor behavior as a result of my mental struggle, they would throw their hands up, say, why can't you just be normal, or I don't know what to do with you, and then just leave the room or not talk to me for a while. And when they finally realized that there was something going on with me, they tried to make it disappear quietly, but they educated themselves, which I'm very happy with, because that's all it takes it the understanding that comes from simply knowing that somebody is struggling with something that's closer related to, you know, a pain disorder or a long illness of the physical health than just anything else. It can go a long way toward reducing that stigma. And additionally, in my personal life, I've found that very few people know how to handle me, and that is almost a harsh thing if they... a harsh thing to say about myself. But it's true in the sense that there are a litany of different reactions to me experiencing mental health issues in somebody else's presence, and I would say neither of them are particularly my dream scenario. You know, I've had people who who call the cops on me. I have had people who get mad at me. I have had people who completely disengage and remove themselves from the situation. I have had people who just carry on like nothing is going on, like it'll just magically go itself. And I can't blame them for that, because they don't understand, and I don't understand half the time. I think the stigma doesn't come from pure hatred of people with mental illnesses, at least not from from the perspective of someone who's not experienced the worst of it, but I just think that there needs to be a more widespread understanding of mental illnesses, and not just the high school pep rally it's okay to not be okay check on your friends, type of understanding but a deep societal look at suffering. That people face what forms it takes, and how it's not their fault, and how they need love and understanding and not anything else that may be a knee jerk reaction to it.

**Bailey Patterson**

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Your relationships with friends- is there anything that you would suggest people who are friends with people who have borderline personality disorder or other highly stigmatized mental illnesses? What are some things that you think that they should understand?

### **Trenton**

That some of their responses tend to make it worse, unintentionally, one key component of borderline personality disorder, in fact, depending on who you ask, the main defining component is this chronic fear of abandonment. It is this feeling that everybody is just looking for a reason to go away and never come back. And it can sometimes be a self-perpetuating cycle, a snowball rolling down a hill where they put distance between themselves and you because of the behavior using you've exhibited as a result of your mental illness, and then that exacerbates your fear of abandonment. Because, in a sense, they are abandoning you. They are leaving. They are pulling away. And whether it's because they don't understand or they're not comfortable, or they just don't find you a quality presence anymore. It hurts, and it hurts a lot, and it oftentimes leads to a far poorer view of yourself, because now you know that you're the kind of person that people are going to pull away from, and it leads to greater impulsivity in behavior with friends to try and keep them from leaving. It leads to being more clingy. It leads to being more neurotic and self-scrutinizing, which, when combined with the other disorders, can lead to even more unstable emotions. And you can see how the end result is I'm worse off than I was before, which continues the cycle as it's now even more likely for those I care about to pull away from me. And the sequence has happened several times in my life, and I understand that it's my responsibility to seek out and accept treatment and to learn how to address whatever's going on in my own head, because it's my own head, but whenever other people are confirming my worst fears, it hurts like nothing else. And I think breaking the stigma showing love and understanding can sometimes be as simple as saying, I love you, I see you and I'm not going anywhere. I know that's hard. It's something that we need to work on societally.

### **Bailey Patterson**

Thank you for sharing. That was very, very impactful. Thank you for sharing. Do you think you could speak a little bit on... you mentioned you are a student at UK... Could you speak a little bit to how the symptoms of your diagnosis and also even the stigma you face has impacted your school life and professional life, even?

### **Trenton**

With my school life, I am a unique case in that, and you can blame this on Asperger's or whatever, I've always been what you may call a gifted kid. It's never been school that's been the problem for me. It's been a social aspect. And I suppose school is a time when I'm socializing a lot, but a lot of my scrutiny comes through the lens of, am I a good person? Am I somebody others want to be around? Am I a good enough friend? Am I a good enough teammate? Am I somebody who makes others smile... laugh, which has turned me into this sort of public servant, people pleaser, I think the word sycophant... that will do absolutely anything if it keeps others eyes on him and keeps his reputation high. So what that means is you see a manifestation of my perfectionism in my interactions with others, where if I even slightly displease somebody, then I can go off. And if I think that I'm less than a perfect friend, or less than the person they deserve to have in their life, then I'll go off. And as I said earlier, this is a self perpetuating cycle where every time I like, I have an episode in front of them where I show my imperfection, so to speak, I feel the need to do more for them, to overcompensate. And this is an almost self destructive behavior where there's seemingly no part of myself I won't sacrifice if it means that I can be appealing in the eyes of others. And this is another thing that is intrinsically linked to borderline personality disorder... I have a tendency to basically absorb the emotions, the behaviors, the habits, even the beliefs of whoever is currently in the room with me, which leads to a very unstable sense of self, as I'm constantly adjusting myself to be the most appealing version to whoever I am talking to. It comes from a need to be liked and to be needed, to be wanted, and it builds up a lot of pressure, because the greater relationship I have with somebody, the more I feel I have to lose if they were to break away from me. That is the source of a lot of my neurotic behavior. You asked about my professional life, the same is true there, although substitute every time I said, be a good friend with be a good worker. I'm constantly trying to be the best worker I can to the extent that it's harmful to me. And you know, at first I earn praise. "Oh, you're such a hard worker, Oh, you're so dedicated, oh, you'll do anything I ask you." And that is a powder keg. Because if I ever have an episode, if ever you know, a gust of wind comes and the pin will start spinning, then it's all the more deadly when I do explode because I fear that I have a lot more to lose, and so my emotional reaction is a lot stronger, both in trying to keep it and in just expressing my fear. And there have been times when I have had episodes in professional settings, and I've been lucky to have, for the most part, understanding superiors. But there is always that fear that the more professional situations I work in, the older I get, the higher the stakes are, then, the more one little mistake, one showcase of poor mental health, could mean the difference between me getting a promotion or me not getting a promotion, or even me getting fired or me keeping that job. It is a tightrope that I have to balance, and oftentimes the... the urge is strong to say, "you're going to mess this up anyway, why not get it over with and end it now?" And so despite this fear of abandonment and despite this need to be the

best person I could possibly be, to an unhealthy extent, I have been known to just like cut people off or abandon obligations because I feel that I'm going to mess it up anyway, and that at least this way, I can spare myself The pain that's going to come from further events compounding on top of the suffering I'm already experiencing.

I believe that there is a misunderstanding even among practitioners of medicine, that disorders have to come from somewhere. I was in therapy at the campus... on UK's campus, at their specialized clinic, and when I told the therapist what my diagnosis was, he... he questioned, and he wanted to talk to his superior, and he came back and said, Yeah, we don't think you have those diagnoses. Specifically, they said, we don't think you have borderline personality disorder. And I asked why. He said, because you weren't abused and because you weren't traumatized in your youth, you had a very healthy home life. You had a very successful home life. There was no drugs in the household, there was no absent parents, you know, you were supported, you were successful, so we don't think you have this mental illness and that hurt. It later, read up, I later read up on scientific literature, and I was very thorough and I asked a lot of people who were educated, because I wanted to know if he was right, and, you know, he wasn't, and maybe that had something to do with him being a family therapist, not a psychotherapist, but that assumption hurt. And you know, like, I've had people when I have a mental health episode, like one of the first things they say is, "oh, you've been through so much, I'm sorry you have to deal with that. Things are going to get better." And I understand the sentiment, but I've never liked the assumption that mental illness can only come from people who were broken young, from people who didn't have the quote, unquote, ideal, picturesque life...that mental illness is inherently an environmental response. I understand it is in so many cases that there's a very strong correlation, but when you work that into your definition of mental illness, there's people who you are excluding whose stories matter. You know, I grew up in suburbs in the middle of the woods with a pool, three floor house and a bunch of dogs, with a father who's an attorney and a mother who's from corporate who cared for me, who loved me, who fed me, who supported me, who put me through school, and who...

when they realized I was suffering, adjusted their behaviors and put me in therapy and then apologized for what they had done to me in the past, which is not 1/100 of what other people have experienced in less picturesque households. And I feel as if, almost I don't deserve to be mentally ill, and that's such a silly thing to say out loud, apparently, but it almost feels as if I am almost being ungrateful or being selfish to have manifested these issues, even though there's not anything wrong in my life that would deserve it, and it almost feels like I'm appropriating other people's experiences because I have not experienced the same traumas that others have that has exacerbated or manifested their mental illnesses. That's the kind of feeling that the kind of rhetoric evokes in me and it feels weird to say that we need to be

treating privileged people better, but it is true that people assume being privileged or coming from a healthy background or being successful exempts you from mental health struggles when that's sometimes the opposite of the case. You know, I've seen athletes go public about their mental health. You know, these are millionaires, celebrities, and you know, the comments on those posts are always "what does he have to be depressed over? I'm over here working two jobs and so barely making ends meet, and he gets to play with a ball for a living, and he's depressed or he's anxious or he's suffering." And I always feel as if when you do that, you are gatekeeping a suffering that is universal and that people of all kinds can, do, and will suffer from. I want part of breaking the stigma to be recognizing that no one is immune and you don't have the right to legislate others experiences.

### **Bailey Patterson**

So the final question I have, and this is the final question I ask everybody, is, what message based on your experience, would you share with other people who have had similar experiences, or, in this case, a similar diagnosis?

### **Trenton**

It gets better. It does. At your lowest points, there's nowhere to go but up. And I understand that. It may be easier for me to say that than others, but truly, I'm better today than I was yesterday, and even then, not as good as I will be tomorrow. You learn yourself. You learn how your brain works, what you respond to and how you respond to it, and you build a support system, there's always a community out there. There's always people who understand, and if they don't, there are always people with the capacity to understand and the willingness to understand because of that, hope is something that should be cultivated. It's easier said than done. I've certainly had a lot of times, even recently, when I've been quote unquote better when I thought everything was hopeless and where my mind went to a lot of really dark places, but all it took was a warm shower, a walk, funny video on my phone, text from my friend, a call from my dad and I realized that there's still so much worth fighting for, and that gave me the courage to fight that has kept me going forever and something that's only been strengthened as I see the results. And it's like, I'll once more go back to the physical health comparison. It's like physical therapy. It's not going to be immediate, and at every point they're going to say, this is not where I want to be. But when you can only take one step a day, it's revolutionary when you can take two steps a day, and then three, and then four, and the progress can be as small as "hey, you folded your clothes today. You showered today. You didn't spend as much time in bed as you did. Yes, today, you had a healthy interaction today." And it's that recognizing your own growth that truly makes the journey worth it, because we

so often focus on how much further we have to go, we don't stop to turn around and realize how far we've already come.

**Bailey Patterson:**

Thank you so much for listening to this episode of Stigma Silenced. If you would like to learn more about our podcast and subscribe for future episodes, please visit our website at [hdi.uky.edu/stigma](http://hdi.uky.edu/stigma)silenced. That's h d i dot u k y dot e d u slash s t i g m a s i l e n c e d. Thank you so much.