Essential Information

What are Personality Disorders?

Personality disorder is a recognised mental disorder and describes long term inflexible and maladaptive personality traits that result in significant distress and impairment for the person and usually others around them. These traits often emerge in adolescence or early adulthood and affect most areas of life, including relationships, work, and study. Common subtypes include borderline, antisocial, narcissistic, obsessive compulsive, avoidant and schizotypal personality disorder. Whilst the traits of each have some different features, they also share common elements.

Problems with emotions and expressing feelings

People with personality disorders may experience difficulties managing their emotions and communicating these feelings to other people. Some people experience very intense emotions that are hard to manage and can change suddenly. Some may experience intense anger, feel very nervous, or be highly suspicious. It can be hard to manage these distressing emotions alone and people with personality disorders may hurt themselves or others as a way to cope with overwhelming feelings.

Relationship difficulties

People with personality disorders can find it difficult to manage relationships with other people. This can include intense on-and-off relationships and strong fears of being abandoned and high sensitivity to others. Some may want to have relationships but intensely fear them at the same time. They might avoid social gatherings because they always worry that people will make fun of them and so they feel very ashamed. Some may only feel good in relationships when they behave in ways to make sure they always outshine others in order to feel strong.

Some may feel a complete lack of interest in relationships or have difficulty understanding or showing care for those around them, and some may act in a hurtful way towards others. Though these problems might appear different, they all mean that people with personality disorders can find it challenging to maintain meaningful and satisfying relationships.

Problems with sense of self and identity

People with personality disorders may struggle with their sense of self and may have difficulties knowing who they are and what they want out of life. While some might feel empty inside or strongly rely on other people to make them feel like they're worth something as a person. Some people may be very rigid in the way they interact with the world, becoming overly focused on work, rules, and doing things perfectly. These difficulties may make it harder to set and follow long-term goals and have a meaningful sense of direction in life.

How common are these problems and why do they develop?

It is estimated that around 6.5% of the Australian population experience these types of problems at any given point in time. The exact causes of personality disorders are unknown but they are thought to involve several contributing factors:

- Biological or genetic factors (inherited from family) including extreme sensitivity to emotions
- Relationship with caregivers in early childhood that was problematic
- Traumatic early life experiences (e.g., abuse, neglect, death of parents, peer-victimisation)
- Ways of thinking and coping with feelings – often learnt during childhood and through experiences with other people
- Stressful social circumstances – financial, work, relationship, or family

Can they be treated?

Yes, specialist psychological treatments provided by mental health professionals have been shown to be effective in reducing symptoms and improving life quality.

Essential Information

What is Borderline Personality Disorder?

Borderline personality disorder (BPD) is a term used to describe a pattern of traits including strong intolerable emotions, unstable relationships with other people, issues with self-image, and impulsive behaviours. These behaviours usually start in adolescence or early adulthood and affect most areas of life, including relationships, study, and work.

Changing emotions and strong, overwhelming feelings

People with BPD experience difficulties in managing their emotions and communicating these feelings to other people. Often these emotions are described as very intense, out of control, and changing suddenly. Sometimes they can seem to come out of the blue and it can be hard to return to a calmer state. This is distressing for both the individual and the people around them. It can be hard to manage these intense emotions, which may lead people to hurt themselves or others as a way to cope with overwhelming feelings.

Relationship difficulties

People with BPD describe difficulties in their relationships with other people and can often be very sensitive to signs of rejection and criticism, due to a fear of people leaving or abandoning them. This can lead to intense and stormy relationships, relying heavily on another person, not wanting to be alone, and being convinced the person may leave them. This fear of abandonment may cause the person to act in ways that they think will make the person stay. It may also seem like the person with BPD changes feelings very quickly. This can lead to high levels of stress in the relationship.

Problems with identity and sense of self

One challenge for people with BPD can be problems with their identity. This can involve not knowing who they really are, abruptly shifting values or goals, and sudden changes in friends. People also describe feeling empty or hollow inside at times, feeling paranoid, and sometimes they may also feel like nothing is real and they are living in a dream.

Impulsive and self-destructive behaviours

People with BPD can often act impulsively – acting without thinking through the consequences of their behaviours. This can involve drug and alcohol use, binge eating, gambling, reckless driving, or risky sexual behaviour. Deliberate self-harm or suicide attempts may also be a reaction to try and manage the intense feelings experienced. Although these behaviours may provide some relief in the short-term, in the long-term they may have serious negative consequences.

How common are these problems and why do they develop?

It is estimated that around 6.5% of the population experiences personality disorder problems, with a smaller number experiencing BPD. Although the direct cause of BPD is unknown, there are several contributing factors:

- Biological or genetic factors (inherited from family) - including being emotionally and interpersonally sensitive
- Traumatic early life experiences (e.g., abuse, neglect, death of parents, peer-victimisation, feeling invalidated by others)
- Ways of thinking and coping with feelings – often learnt during childhood and through experiences with other people
- Stressful social circumstances – financial, work, relationship, or family

Can it be treated?

Yes, specialist psychological treatments provided by mental health professionals have been shown to be effective in reducing symptoms and improving life functioning. It is important to take active steps to get help and make changes. Support for family and partners may also be important. For treatment and support contact your local health services.

Essential Information

Myths and Facts about Borderline Personality Disorder

Borderline personality disorder (BPD) continues to be a misunderstood mental illness. The stigma associated with BPD affects people living with BPD and their families and carers. Compared to a few decades ago, we now know a lot more about BPD, but some of the old attitudes and beliefs have remained. Becoming aware of these misconceptions and understanding the facts is important in reducing the stigma associated with BPD and supporting people living with BPD and their families and carers.

1. Myth: BPD is a lifelong mental illness and can't be treated.

Fact: This belief is outdated and incorrect. There is strong evidence to indicate that with effective treatment most people living with BPD will achieve symptom remission, and many will achieve wellness and recovery.

2. Myth: People living with BPD are manipulative and attention seeking.

Fact: People living with BPD often experience heightened emotions and immense emotional pain. Sometimes the behaviours displayed by people with BPD to deal with these strong emotions can be perceived by others (including health professionals) as 'manipulative' and 'attention seeking'. In reality, individuals with BPD may be feeling frightened, vulnerable and insecure, and are trying to get their needs met in the ways they know how.

3. Myth: BPD is a response to childhood trauma.

Fact: Trauma and adverse childhood events are a risk factor for psychological disorders, however this association is complex. Although many people living with BPD may have experienced trauma or invalidation during childhood, not everyone who experiences trauma develops BPD, and not everyone with BPD has experienced trauma.

4. Myth: BPD only occurs in females.

For many years, this was thought to be the case. However, within the past 10-15 years, research examining BPD has progressed substantially. More recent evidence suggests men and women are equally vulnerable to developing BPD.

5. Myth: BPD is rare.

Fact: BPD is a relatively common mental illness, affecting approximately 1-4% of the Australian population.

6. Myth: BPD only occurs in adults.

Fact: BPD can occur in young people, and emerging traits can appear in late childhood or early adolescence. Early diagnosis and intervention is helpful and important. Clinical guidelines recommends young people who are displaying symptoms should be assessed for BPD.

7. Myth: BPD means that a person is on the border between insanity and sanity or that they have multiple personalities.

Fact: The term Borderline Personality Disorder originated in 1938 to describe individuals who experienced symptoms from two categories of mental illness – neurotic and psychotic – but did not clearly fit either category, and as a result, were on the "border line". This term is now used in the International Classification of Diseases (ICD) and Diagnostic and Statistical Manual of Mental Disorders (DSM) to describe a specific disorder.

Essential Information

8. Myth: It is better not to tell someone their diagnosis of BPD.

Fact: People living with BPD often feel relief at being told their diagnosis, because it helps them better understand their symptoms and experience. Diagnosis should also help the person get the right treatment. The reasons for a diagnosis should be explained to people living with BPD so that they are able to understand their difficulties and what treatments work. See the Fact Sheet "Giving a diagnosis of personality disorder: A guide for mental health professionals".

9. Myth: Family members should not be involved in the treatment of BPD.

Fact: It can be very helpful to involve family and carers in treatment for people with BPD, depending on the context. Many family members want to be involved and it can support good care. See the Fact Sheet "Supporting Carers: Guide for health professionals".

10. Myth: People living with BPD self-harm and/or attempt suicide for attention.

Fact: Self-harm and suicide attempts should always be taken seriously. The reason for self-harm and suicide attempts are different for everyone, but common reasons include to cope with difficult emotions, or to communicate distress to others. Many people with BPD do not self-harm.

11. Myth: BPD means that someone has a flawed or bad personality.

Fact: Everyone has a personality, meaning they have a unique way of relating to themselves, to others and to the world. People living with BPD can feel a lot of distress in their personal and social life. Having a diagnosis of BPD does not mean someone is 'bad'.

12. Myth: People living with BPD are dangerous.

Fact: It is much more likely that a person living with BPD will harm themselves, rather than harming someone else.

13. Myth: Dialectical behaviour therapy (DBT) is the only effective treatment for BPD.

Fact: DBT is one form of effective psychological therapy for BPD. However, there are various other effective treatments including mentalisation based treatment (MBT), transference focused therapy (TFP), and schema focused therapy (SFT). Despite some differences in theory, recent research has highlighted that these approaches share many common general factors that lead to effective outcomes for people living with BPD.

14. Myth: BPD ruins relationships.

Fact: People living with BPD may experience challenges in their relationships with others including fears of abandonment. However, people living with BPD are capable of having meaningful, long term relationships and can overcome many of their relationship fears.

PROJECT AIR
A PERSONALITY DISORDERS STRATEGY

YOU'VE BEEN DIAGNOSED WITH BPD - WHAT NOW?

Understanding personality disorder

- ***You are important.*** Your diagnosis does not define who you are.
- ***Recovery is possible,*** and you can get there.
- ***Diagnosis can be positive.*** A diagnosis of personality disorder can be something to work with, and can guide effective treatment.
- ***Everyone is unique.*** Many combinations of symptoms make up a personality disorder. Your symptoms may look very different to someone else's and that is okay.
- ***Make sure you get the right information*** from mental health professionals and reliable internet sources. The internet and social media can provide unhelpful information on personality disorders, including some facebook groups and mental health forums.
- ***Don't be afraid to ask questions*** to mental health professionals.

Seeking treatment

- ***Mental health professionals should compassionately treat personality disorder.*** You will connect with someone, but it might take a trial and error process until you find the right one. You have a choice with who you work with.
- ***Understand the length of care.*** Find out how long a mental health professional will be able to support you. You have the right to be treated by someone else if you are not comfortable with the time someone is able to provide.
- ***Know your support boundaries.*** Ask your therapist whether they can provide support by skype/zoom, phone, email or text message.

Living with personality disorder

- Talk to people who support you about what is upsetting you.
- Have information to give others to help them understand your circumstances.
- Find a safe space where you can go when you feel distressed (eg. a safe space may be a public space where you can sit alone, but still have other people around you)
- If you can, connect with other people who have lived experience of mental illness who have found recovery. It can help to know that someone understands and can validate your experience and provide you support.
- Find activities that make you feel calm or give you positive outcomes. Art therapy, being around nature and spending time with pets can be helpful and help you get through distress.

Your loved ones and support people

- Involve your loved ones and support people in your treatment if you feel you can.
- Encourage your loved ones and support people to seek their own support. This will also help them better understand you, and learn helpful ways of responding.

Reliable websites

https://www.projectairstrategy.org/
https://bpdfoundation.org.au/

THE LIVED EXPERIENCE PROJECT:

*The information in these resources was provided by **people with lived experience of personality disorder and carers supporting people with personality disorder** through two focus groups carried out in May 2019. This set of resources were developed through co-design and consultation with people with lived experience and other peak Consumer and Carer bodies in NSW. This work was funded by the New South Wales Mental Health Commission.*