

TALKING ABOUT PERSONALITY DISORDER

People with lived experience of personality disorder express how important both diagnosis and treatment are for their recovery journey. Being prepared to recognise their significant challenges is also important in validating their lived experiences.

COMMUNICATE ABOUT COMMUNICATING: Language affects people in different ways. Discussing the language that people with lived experience prefer is essential to having a strong therapeutic alliance and relationships.

INAPPROPRIATE	WHY NOT THIS LANGUAGE?	PREFERRED
The borderline, borderlines, being borderline	Reduces people to their diagnosis. Use person-first language that acknowledges the person as an individual human being.	<ul style="list-style-type: none"> Person with: lived experience, with a diagnosis of BPD, living with BPD You are not your diagnosis, but it can help you understand what is going on for you and what to do about it
Crazy, psycho, toxic, bad, schizo	May label a person in a stigmatising way.	<ul style="list-style-type: none"> Experiencing difficulties and challenges
Overreacting, dramatic, irrational, overemotional	May invalidate how the person is feeling.	<ul style="list-style-type: none"> Attempting to get their needs met Sensitive, compassionate Having a rough time
Calm down, get over it, snap out of it, go for a walk	Can reflect a simplistic, reactive or impatient view of a person's struggles.	<ul style="list-style-type: none"> I can see that you are distressed How can I support you? What has supported you previously? What would you need right now?
Manipulative, attention seeking, difficult, controlling, demanding, self-centred	Can reflect how <i>you</i> are feeling, and misunderstanding of the person's motives and behaviour.	<ul style="list-style-type: none"> Connection needing Trying hard to get their needs met Showing a reflective compassionate tone rather than a reactive critical one
Should, could	Often followed by unsolicited advice. Hearing and acknowledging can be enough.	<ul style="list-style-type: none"> I am here to listen/support It is ok to have bad day If you are not ready to talk to today, I am ready to listen when you are ready
Not trying, self-defeating	Reflects that you think that someone should be trying harder.	<ul style="list-style-type: none"> Choosing not to... Doing their best Being unsure of what to do
Lost cause, treatment-resistant, won't get better, can't be helped	It reflects hopelessness. Hold hope instead and acknowledge someone's efforts and strengths.	<ul style="list-style-type: none"> I believe you can recover There is hope You are resilient, strong You have survived a lot I can be patient and support you to try to work out what you want
Non-verbal language such as laughing at someone or disrespectful facial expressions.	It can communicate disrespect and misunderstanding.	<ul style="list-style-type: none"> Align verbal and non-verbal language to communicate respect. Making culturally appropriate eye contact. Give a gentle look and compassionate eyes.

HOW TO RESPECTFULLY TALK ABOUT...

DIAGNOSIS

See also the Fact Sheet “[Giving a diagnosis of personality disorder](#)”

- Use person-first language
- Talk with each other about how to give a name to the issues someone is experiencing as some people find the terms used in medical textbooks unhelpful
- Communicate a diagnosis verbally
- Be collaborative e.g. endorse diagnostic criteria together
- Invite questions
- Offer the diagnosis in a simple and direct, yet sensitive, compassionate and validating way
- Provide education about the diagnosis, treatment, recovery journey and support, see for example the Fact Sheet “[You've been diagnosed with BPD, what now?](#)”
- Recognise that a diagnosis is often temporary and that recovery is possible

TREATMENT

See also the Fact Sheet “[Providing compassionate recovery-oriented care](#)”

- Communicate about treatment in a collaborative, safe and supportive manner
- Discuss individually what language is preferred to describe treatment as the words treatment and evidence-based therapy are not helpful to some people
- Discuss what treatment means to the person

RECOVERY

- Discuss alternative terms for recovery such as recovering, journey, discovery or healing as for some people the word recovery is not helpful
- Make recovery collaborative, inclusive and be patient
- Communicate that recovery is different for everyone
- Recovery involves clinical recovery as well as personal recovery
- Discuss what recovery means to the person
- Communicate hopeful yet realistic information about recovery
- Recognise that recovery is not linear and that lapses may occur

KEEP COMMUNICATING: Not every time is the right time to talk.

It might be helpful to put a conversation on hold but make sure that you follow up later.

BACKGROUND:

These recommendations on language use were provided by people with lived experience of personality disorder and carers and support persons. Their perspectives on preferred language use in relation to personality disorder were collected on the Consumer, Family and Carer Day 2019 organised by the Project AIR Strategy for Personality Disorder.

This fact sheet aims to be informative to people working with or supporting people with a personality disorder.



PROJECT AIR
A PERSONALITY DISORDERS STRATEGY