



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Fact: This belief is outdated and incorrect.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.





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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.

