Essential Information

Understanding Borderline Personality Disorder: 15 Myths and Facts

Borderline personality disorder (BPD)[1] is often misunderstood. Becoming aware of misconceptions and learning about personality disorders is important in reducing the stigma and discrimination associated with BPD by supporting people living with BPD and their families and carers. Know the facts.

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Fact: This belief is outdated and incorrect.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 reach symptom remission, and many will reach wellness and recovery.

2. Myth: Everyone with BPD is the same.

Fact: Each individual with a diagnosis of BPD will experience emotions and symptoms differently. Each of us, even those without any mental health diagnoses, are unique and different.

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

Fact: People living with BPD may experience heightened emotions and immense feelings. They may be feeling frightened, vulnerable and insecure, and are trying to get their needs met in the ways they know how. Understanding and seeing these struggles helps us be compassionate.

4. 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.

5. Myth: BPD only occurs in females.

Fact: Men and women are equally vulnerable to developing BPD.

6. Myth: BPD is rare.

Fact: Personality disorders are a relatively common mental illness, with the community prevalence of approximately 6.5% - 7.8% of Australians.

7. 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 recommend young people who are experiencing symptoms should be assessed for BPD and treated early.

8. 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 Diagnostic and Statistical Manual of Mental Disorders (DSM) to describe a specific disorder. The International Classification of Diseases (ICD) uses personality disorder, and borderline pattern as a specifier.

[1] Everyone has different experiences of labels and myths, as such the diagnosis of BPD or language used in this factsheet may not resonate with everyone.

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

Fact: Receiving a personality disorder diagnosis can bring relief, understanding, or concerns about stigma. Discussing the diagnosis openly helps reduce stigma and ensure access to appropriate care. The reasons for a diagnosis should be explained to the individual so that they are able to understand their difficulties and available treatments. See the Fact Sheet “Giving a diagnosis of personality disorder: A guide for mental health professionals”.

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

Fact: It may be 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”.

11. Myth: People living with BPD only self-harm or attempt suicide for attention so should be ignored.

Fact: Self-harm and suicide attempts should always be taken seriously. The reasons for self-harm and suicide attempts are different for everyone, but some common reasons include to cope with difficult emotions or experiences, to provide a sense of control, self regulate or self soothe, or to communicate distress to others. Many people with BPD do not self-harm.

12. Myth: BPD means that someone has a broken 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’ or ‘broken’.

13. 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.

14. 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), good psychiatric management (GPM), psychodynamic psychotherapy, and schema focused therapy (SFT) to name a few. The effectiveness of each therapy will vary between each individual. 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.

15. Myth: BPD ruins relationships.

Fact: People living with BPD may experience challenges in their relationships with others including relationship worries, such as fears of abandonment. However, people living with BPD are capable of having meaningful, long-term relationships.

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. This factsheet was updated with the Lived Experience Air Academy in 2026.