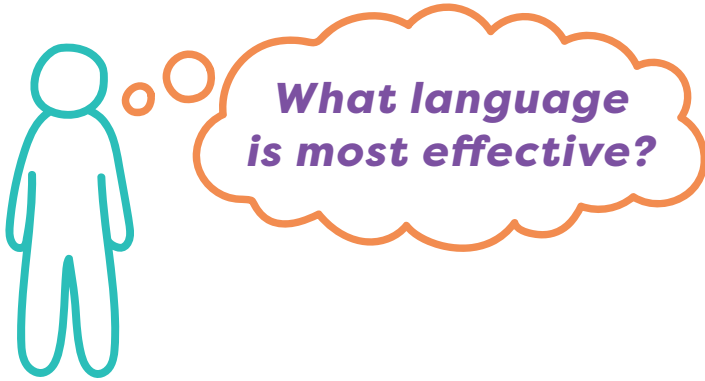


LANGUAGE MATTERS

when talking about BPD

Prepared by people with lived experience.



Whether you're supporting someone who lives with borderline personality disorder (BPD), talking about BPD with friends or family or wanting to change conversations around BPD, you've come to the right place.

This guide is designed to provide accurate information and supportive language you can begin to use immediately.

BE THE DIFFERENCE in a person's care and treatment.

WHAT WE WANT YOU TO KNOW

Accurate information

Accurate and reliable sources support our understanding of BPD, reduce harm and challenge persisting stigma. Efforts to address stigma directly impact a person's experience and treatment of BPD.

BPD is caused by a complex interplay of nature and nurture

Data suggests higher levels of biological vulnerability associated with BPD. For example, experiences of trauma or adverse childhood experiences can play a role in the presence of symptoms and survival behaviours or strategies.

We all have a personality

Having BPD doesn't mean an individual's personality is 'broken'. The term BPD is used as a way of grouping a set of symptoms to identify and refer towards appropriate treatment. The name does not describe the experiences of living with BPD.

Coexisting or co-occurring conditions

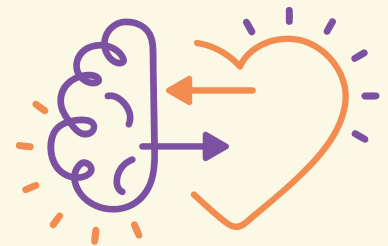
Many people are likely to experience other conditions alongside BPD. These can include, substance use or dependence, depression, chronic pain, eating disorders (to name a few). Conditions and symptoms can compound leading to an increase in vulnerabilities, overwhelm and distress.

Reaching out to mental health services when in distress, crisis or experiencing a worsening of symptoms is legitimate and valid

With skilled service providers, supports and evidence-based treatment people can improve their symptoms and live well with BPD. The first step is to listen and validate a person's experience whilst they attempt to engage with services. This has significant harm-minimising, life-saving impacts.

Psychotherapy is the first line of treatment

Verbal/talk and creative therapies, skill building group programs and peer support have shown the most success in the treatment of BPD. Medication may play a secondary role, often used in support or treatment of co-occurring conditions.



Learn more about BPD. Check out our resources at bpdawareness.com.au

COMMON SYMPTOMS & EXPERIENCES

Everyone will experience BPD differently.

People with BPD often describe:

- fears of being left alone (abandoned) and having to cope with unbearable pain.
- their relationships as challenging. They may struggle to maintain friendships due to interpersonal conflicts, or idealise or devalue another person.
- a deep sense of shame and self-hatred (feelings of unworthiness).
- an unsure or fluctuating sense of self, who they are or feel 'empty' or experience feeling of detachment from their emotions, body or surroundings.
- their emotions as 'all over the place': a roller coaster of sadness, guilt, anxiety and despair.
- ongoing suicidal thoughts (this can be a coping mechanism).
- strong urges to engage in impulsive/risky behaviours and/or self-harm especially after conflict or loss, eg: cutting, substance use, dangerous driving, sex, spending sprees.
- experiencing everything so intensely and finding it challenging to regulate their emotions.
- the feeling of having no emotional skin (akin to third degree burns over all of their body).

PEOPLE LIVING WITH BPD TELL US

Lived experience matters

Acknowledge people who have experience and wisdom when it comes to living with some of the challenges of life with BPD. Lived experience is integral to the enhancement of current and future services and supports.

Unique and individual perspectives

It's best to check in with each person and ask the preferred ways people wish to talk about themselves and their experience of BPD.

Language has power

Strengths-based and person-first language is best practice. Lived experience voices have designed resources that challenge stigma and replace harmful language with preferred phrases.

Be compassionate. Demonstrate empathy.
Listen to the person's current experience.
Validate the person's current emotions.
Take the person's experience seriously.
Maintain a non-judgemental approach.
Stay calm and respectful. Remain caring.
Engage in open communication. Allow strong emotions to be freely expressed. Be clear, consistent, and reliable. Remember behaviours are often linked to survival.
Convey encouragement and hope always.

Prepared by people with lived experience of BPD

STRENGTH-BASED LANGUAGE

TRY USING	INSTEAD OF SAYING
Lives with BPD, living well with BPD	Suffering from BPD
Empathetic, perceptive Sensitive, compassionate Questioning, sensing danger or distrust	Overreacting/over-sensitive Dramatic Irrational
Resourceful, problem solving Connection-seeking Trying hard to get needs met Focused on surviving, prioritising healing	Manipulative Attention seeking Difficult Self-centred
In need of specialist support Current support inadequate Determined to work towards recovery Needing to build trust	Treatment resistant Nuisance Chronic relapsing Waste of time
Curious, passionate Protective, fearful	Argumentative Defensive
Energetic, enthusiastic Overwhelmed, struggling to tolerate distress	Too intense Unstable



Find more strength-based suggestions at bpdawareness.com.au/resources

This document has been created by people with lived experience to inform and support Mental Health Professionals, nurses and clinicians. We welcome feedback and suggestions. You can email us: bpdawarenessweek@gmail.com

BPD Awareness Week
coordinated by



Australian BPD
Foundation Limited
Advocacy & Support for
Borderline Personality Disorder
& Complex Trauma