In the past, people thought that someone with borderline personality disorder (BPD) was “on the borderline” between psychosis and neurosis (anxiety/depression). Today, we know much more about BPD, and there is more research on BDP than any other personality disorder.

But there is a lot of stigma around personality disorders. People living with borderline personality disorder may be given hurtful labels. But no one is ever just their diagnosis, whether they’re living with a personality disorder or any other mental illness. There is hope and there is help.

What is it?

What is a personality disorder?
A personality disorder is a pattern of feelings, thoughts and behaviours that may have been with you for a long time. Personality disorders affect the way you understand yourself, the way you react to the world around you, the way you cope with emotions and the way you navigate relationships. Having a personality disorder does not mean that there is something wrong with your personality—it simply means that you have a pattern of feelings, thoughts and emotions for a long time that cause problems.

What is borderline personality disorder?
Borderline personality disorder is a mental illness that affects the way to relate to other people and the way you relate to yourself. If you’re living with borderline personality disorder, you might feel like there’s something
fundamentally wrong with who you are—you might feel ‘flawed’ or worthless, or you might not even have a good sense of who you are as a person. Your moods might be extreme and change all the time, and you might have a hard time controlling impulses or urges. You may have a hard time trusting others and you may be very scared of being abandoned or alone.

BPD is made up of five groups of symptoms: unstable behaviour, unstable emotions, unstable relationships, unstable sense of identity and awareness problems.

- **Unstable behaviour** means that you often act on impulses or urges, even when they hurt you or other people. Some examples of impulse control problems are:
  - Thinking about or attempting suicide
  - Hurting yourself on purpose, such as cutting or burning your skin (self-harm)
  - Risky behaviours like spending a lot of money, binge eating or problematic substance use

- **Unstable emotions** mean that your moods can be extreme and change very quickly. Some examples of unstable emotions are:
  - Extreme depression, anxiety or irritability that might last for only a few hours or days, usually in response to a stressful event
  - Intense anger or difficulty controlling anger
  - Intense boredom

- **Unstable relationships** mean that you have a hard time maintaining relationships with other people. Some example of relationship problems are:
  - Doing anything you can to avoid being abandoned or alone
  - Feeling like you don’t know yourself or having very unstable sense of who you are and how you feel about yourself
  - Intense relationships where you often impulsively shift between seeing the other person as ‘all good’ or ‘all bad’

- **Unstable sense of identity** means that you don’t have a good sense of who you are as a person. Some examples of an unstable sense of identity include:
  - Feeling like you don’t know yourself
  - Having a very unstable sense of who you are and how you feel about yourself
  - Feeling “empty” much of the time

- **Awareness problems** mean that, from time to time only and often in response to a stressful event, you experience sensations or feelings that aren’t based in reality. Some examples of awareness problems are:
  - Psychosis (delusions or hallucinations)
  - Feeling like you’re separated from your mind or body (dissociative symptoms)
There are many different combinations of symptoms, so BPD can look very different among people with the illness. To diagnose BPD, mental health clinicians look for patterns of behaviour that last for a long time and have caused distress or problems with relationships or other areas of life, such as work.

Who does it affect?
About 1% to 2% of the general population has BPD. It’s usually diagnosed in teens and young adults, though it may also be diagnosed later in life. It seems to affect more women than men.

- **Family members** — You are five times more likely to develop BPD if a close family member like a parent or sibling has BPD. You also have a higher risk of BPD if a close family member has an impulse control disorder like a substance use disorder or antisocial personality disorder.

- **Childhood trauma** — Abuse, neglect, loss and other hurtful events that occurred in your childhood increases your risk of developing BPD.

- **Age** — BPD is more likely to be diagnosed in your 20s. This is also the time with the highest suicide risk. Many people find that their symptoms become more manageable as they get older, and many people recover by the age of 50. Researchers aren’t completely sure why people often feel better as they get older. One theory is that people become less impulsive as they get older. Another theory is that certain brain structures related to emotion change as we age.

- **Other mental illnesses** — Many people living with BPD have other mental illnesses. This can make it hard to diagnose BPD properly. The illnesses most often associated with BPD are mood disorders, anxiety disorders, substance use disorders, attention-deficit/hyperactivity disorder, eating disorders, dissociative disorders and other personality disorders.

What can I do about it?
Treatment for BPD can be very effective. It may include a combination of therapy (counselling), medication and self-help.

**Therapies**
Several different therapies may help:

- **Dialectical behaviour therapy** (DBT) is often a treatment of choice. It’s based on cognitive-behavioural therapy and mindfulness. Cognitive-behavioural therapy teaches you how your thoughts and behaviours affect your emotions, while mindfulness teaches you to focus on the present moment. DBT teaches you to replace extreme and rigid ways of thinking with more open and flexible ways of thinking, and teaches skills like acceptance, problem-solving and tolerance.

- **Several newer therapies** also show a lot of promise in the treatment of BPD. Mentalization-based therapy helps you understand your behaviour and other people’s behaviour, and the thoughts and feelings associated with the behaviours. Transference-focused therapy helps you understand how you see yourself in your relationships. Schema-focused therapy focuses on identifying unhelpful way of thinking, feeling and behaving.

- **Other types of counselling may also help. Supportive therapy helps to improve day-to-day life skills, increase self-esteem and helps you understand your feelings. Interpersonal group therapy lets you share your problems and successes with others, and it teaches relationship skills. Family therapy helps family members understand the illness and teaches them coping skills.**

**Medication**
Medications won’t resolve BPD, but they can help manage some troubling symptoms. Atypical antipsychotics, mood stabilizers and certain antidepressants may help.

**Self-help**
There are many things you can do to help manage BPD. Learning about the illness can help you understand what’s going on. It’s always a good idea to get enough sleep, eat well and exercise regularly. Finding help for other issues like a substance use problem or another mental illness can also help you cope with BPD.

BPD can take some time to treat. It’s important to build a trusting and open relationship with a counsellor or doctor and keep a consistent, long-term treatment plan.
where do I go from here?

In addition to talking to your family doctor, check out the resources below for more information about borderline personality disorder.

BC Partners for Mental Health and Addictions Information
Visit www.heretohelp.bc.ca for the Managing Mental Illnesses series, more info sheets and personal stories about personality disorders. You’ll find information, tips and self-tests to help you understand mental health. You’ll also find the Borderline Personality Disorder issue of Visions Journal.

Your Local Crisis Line
Crisis lines aren’t only for people in crisis. You can call for information on local services or if you just need someone to talk to. If you are in distress, call 310-6789 (do not add 604, 778 or 250 before the number) 24 hours a day to connect to a BC crisis line, without a wait or busy signal. The crisis lines linked in through 310-6789 have received advanced training in mental health issues and services by members of the BC Partners for Mental Health and Addictions Information.

Canadian Mental Health Association, BC Division
Visit www.cmha.bc.ca or call 1-800-555-8222 (toll-free in BC) or 604-688-3234 (in Greater Vancouver) for information and community resources.

Resources available in many languages:
*For each service below, if English is not your first language, say the name of your preferred language in English to be connected to an interpreter. More than 100 languages are available.

1-800-SUICIDE
If you are in distress or are worried about someone in distress who may hurt themselves, call 1-800-SUICIDE 24 hours a day to connect to a BC crisis line, without a wait or busy signal. That’s 1-800-784-2433.

Alcohol & Drug Information and Referral Service
If you’re concerned about your alcohol or drug use or concerned about some else’s use, call the Alcohol and Drug Information and Referral Service at 1-800-663-1441 (toll-free in BC) or 604-660-9382 (in Greater Vancouver). This service is available seven days a week, 24 hours a day.

HealthLink BC
Call 811 or visit www.healthlinkbc.ca to access free, non-emergency health information for anyone in your family, including mental health information. Through 811, you can also speak to a registered nurse about symptoms you’re worried about, or talk with a pharmacist about medication questions.

This fact sheet was written by the Canadian Mental Health Association’s BC Division. The references for this fact sheet come from reputable government or academic sources and research studies. Please contact us if you would like the footnotes for this fact sheet. Fact sheets have been vetted by clinicians where appropriate.