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# Introduction

## Welcome

Welcome—a very warm welcome. We hope that you find this book a helpful resource in maximizing your recovery and healing. In writing this book we have combined our knowledge from different experiences as person robustly recovered from borderline personality disorder (Wendy) and therapist/psychiatrist specializing in the treatment of people with borderline personality disorder (Roy). Our relationship has always been as colleagues and never as clinician and client, and is deeply collaborative in our shared tasks of borderline personality disorder advocacy, training, and writing. We view our different perspectives and collaborative spirit as important and valuable dimensions resulting in a book we believe to be more useful than either of us could have produced alone. Much of our learning has come from people with borderline personality disorder and it gives us great satisfaction to be returning this knowledge back to where it came from—to people with the condition referred to as borderline personality disorder.

If you are put off by the term ‘borderline personality disorder’, you might wish immediately to read the section **‘Not getting derailed by the term ‘borderline personality disorder’** in this introduction.

## About the book

This book is intended as an adjunct to support your therapy and not for stand alone self-diagnosis or self-treatment. **If you are not in therapy and think you might have borderline personality disorder, seek out a professional opinion.**

We have written this book assuming that you know you have borderline personality disorder or traits of the condition, are wondering whether you have the condition or traits of the condition, or someone has advised you that you



## Borderline personality disorder · ~~the~~ facts

have or might have the condition or traits\* of the condition. We have written this book speaking directly to you as someone with the condition. If you do not have the condition yourself and/or are a professional, family member, or friend we thank you for your interest and willingness to read the book and hope that you find the book useful.

The inspiration and initial ideas for this book included Wendy's personal experience of wanting but not having a book when she needed it that was written directly for her and that was both informative and reader friendly. Further inspiration came from people-in-recovery who have asked for such a book for themselves and clinicians who told us how helpful such a book would be for clients they see.

Borderline personality disorder was once the poor cousin of mental health conditions. Scientific knowledge about treatment lagged behind knowledge of other mental health conditions. Historically, reported outcomes were poor and there was limited scientific literature about the condition. This has now thankfully changed. Clinicians began modifying and improving treatments with improved outcomes. The first scientifically robust report of effective treatment was published in 1991, with reports of effective treatment being published since then at an increasing rate. Research to date has shown that a number of different treatments can be effective in the treatment of people with borderline personality disorder. Published literature for professionals in the form of scientific papers and technical books has grown rapidly.

However, there has been a lag in information and literature for you, a person with the condition. This book aims to address this gap, providing up to date information about your condition in an easy reading informal writing style. The book deliberately has you as a person with borderline personality disorder as the most important readership—you have been at the forefront of our attention and our primary focus when we have been writing this book.

This book has been informed by research data, expert opinion, and guidelines from literature in the field. We include the latest current professional and consumer information synthesized with our personal and professional experience and presented in a deliberately informal style that is both direct and clear. Scientific references have been purposefully mostly left out to smooth the reading. The book has been appraised and reviewed by both clinicians and consumers. Wherever possible we have used everyday non-professional language; however, some words remain that require clarification. These words are noted with an *asterisk*\* next to the word and listed alphabetically in the glossary at the end of the book with an explanation of meaning.





## Section 1

In Section 1, we provide factual information on borderline personality disorder written specifically with you as the reader in mind.

## Section 2

In Section 2, we provide information to assist you in setting up frameworks and structures for your effective treatment, recovery, and healing, including believing you can recover, getting yourself ready for change, selecting a therapist, and making the most out of the treatments that are available to you.

## Section 3

In Section 3, we outline some specific strategies that you might find helpful for everyday living. A comprehensive discussion of all possible skills is beyond the scope of this book. Instead, we have selected skills that are practical and of recognized value in everyday life. Some of the specific strategies will be sufficient as written in this book while others serve to illuminate areas of fruitful discussion and exploration with your therapist.

## How you can read the book

There are a number of flexible ways to read this book. The book can be read from cover to cover if you have the time and concentration. Reading this way, each Section of the book serves as a foundation for later Sections. Alternatively you can start with Section 1, Section 2, or Section 3 depending on your immediate interests.

If you feel that you have enough information on borderline personality disorder and want to move straight on to reading about what you can do, you might choose to skip Section 1 or perhaps return to it later. Some of you might find Section 1 compelling, while others might find Section 1 to be fairly dry and less engaging than Sections 2 and 3. In general, we think that for most readers the book will become increasingly engaging from Section 1, through Section 2, and then to Section 3. So, if you are reading Section 1 and find it excessively dry and hard going, you might want to switch to Sections 2 and 3. We would much prefer you did this than abandon the book before reading Sections 2 and 3. You might wish to return to aspects of Section 1, Section 2, or Section 3 as circumstances evolve.

At the beginning of each chapter is a summary of key points in the chapter. If you do not have the time or concentration to read whole chapters, you





could start by reading these chapter summaries and then go back to read those chapters that most interest you. The layout of the book includes numerous headings, real life examples, and Wendy sharing her personal experiences that make for variety and ease of reading.

We encourage you to write all over the book highlighting and underlining parts that make sense to you, which can serve to focus your attention for future reading or if you wish to have a quick second or third read. Alternatively, a full second or third read may uncover new material that draws your attention.

## Not getting derailed by the term ‘borderline personality disorder’

The book has been written specifically for you if you are someone with the condition referred to by mental health professionals as ‘borderline personality disorder’. It is important not to get derailed by the terms ‘personality disorder’ or ‘borderline personality disorder’. Generally personality disorder refers to ongoing patterned ways of relating to oneself and the world that is ineffective, causes distress to oneself, and refers to current aspects of the person—*it is not who the person is*. We are eager at the very outset that the term ‘borderline personality disorder’ does not get in the way of benefits you might gain from reading this book. Some people with ‘borderline personality disorder’ are comfortable with the term ‘borderline personality disorder’, having found the term extremely helpful, others are neutral to the term, while others are uncomfortable with the term, finding it offensive and counterproductive. The term ‘borderline personality disorder’ has historically often been associated with putting down, negative and derogatory views of the person with the condition. One of the reasons for this was because clinicians didn’t know how to treat the person with borderline personality disorder and often blamed the client for the very behaviours that brought them into treatment. Fortunately this is now changing. You will have your own experiences and thoughts about the advantages and disadvantages of diagnosing and labelling someone with any diagnosis and in particular a diagnosis of borderline personality disorder. If a diagnosis of borderline personality disorder will help you achieve your goals, then use it. If it will detract from achieving these goals then dispense with it. The name, label, or diagnosis is not nearly as important as the substance behind it and directions for treatment and solutions to your difficulties. At the end of the day what is important is that you seek out and engage actively in skilful effective treatment for the difficulties you have, working towards the goals you wish to achieve.

To get around some of these difficulties, we considered using the phrase ‘people meeting diagnostic criteria for borderline personality disorder’ but



decided against this due to the phrase being a bit of a mouthful and rather unwieldy to use throughout the book. We have opted instead to use the shorter and more easily read phrase, ‘people with borderline personality disorder’. We are mindful that shorthand terms can have the effect of diminishing the personhood of an individual; however, as we use the term ‘borderline personality disorder’ over 200 times in the book, we have, for ease of reading, abbreviated ‘borderline personality disorder’ to ‘BPD’, a term used by many people with borderline personality disorder to describe themselves.

We have chosen to use the term ‘borderline personality disorder’ as it is the most commonly agreed upon term and the language most commonly used to describe, research, and illuminate effective treatments for the condition. We encourage you to stay focused on what is behind the term and implications for effective treatment and not get derailed by some of the negative associations that you might have encountered with the term.

## **I am in ... treatment. Can this book help support me in my treatment?**

We have personally witnessed different pathways to recovery and healing and believe that this book could be useful for readers engaged in a range of different treatments.

## **Hope**

This book is about hope—credible and realistic hope. Modern research has shown that the prognosis\* for the condition is far better than we previously believed, probably due to the major treatment advances made in the last 20 years. There is now a robust research base demonstrating that treatment can be effective. We share scientific information about treatment from this research augmented by expert opinion about principles of effective recovery. Wendy’s history of recovery provides hope in a manner that is personal, engaging, and alive, and both of us (Wendy and Roy) share, from our experiences, factors that we have seen to be most helpful to people with borderline personality disorder. We do not have magic or quick solutions to all of your problems. Rather, we wish to validate the severity of your distress, the challenges of change, and provide a structure to hopefully support you in your recovery. Our wish is that this book helps you in getting your life on track and then keeping your life on track. We have enjoyed writing this book and hope you enjoy reading it. We wish you the very best in your reading, recovery, and healing.