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ORIGINAL ARTICLE

Writing for survival, from the Borderline

A letter to the President of the Royal College of Psychiatrists

by A Patient Psychiatrists Dislike

This letter was sent anonymously to the President of the RCP in July 2024, with no response.

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Content warning: abuse, sexual violence, self-harm, suicide

Dear Dr Smith,

There is a quote by Barbara Christian that has stuck with me ever since I first read it. It states: "I can only speak for myself. But what I write and how I write is done in order to save my own life. And I mean that literally (1)."

As both a survivor and a poet, I have – quite literally – written to save my own life a thousand different times. I have written through pain, tears, and trembling as I processed memories of early childhood abuse; wounds which have remained open throughout my life only to be lined with salt many times after. Lined with the neglect of growing up in poverty with a depressed single mother in a postcode ranked 2 out of 10 on indices of multiple

deprivation (2). Lined with the shame of being looked down upon for having dropped out of higher education; and for nothing but to find myself, then, being told that all I did was ‘wipe bums for a living’. And then lined again with the bullying I faced, for being a ‘whistleblower’, as they called me, when I did…

The truth is, Dr Smith, writing has helped me through a lot.

I have written my way through a childhood littered with molestation and rape, and with verbal and physical assault. Yet when I sat down to write this new letter to you – I’ll admit, I still struggled to start. For however well-versed I might be, saving my life; saving thousands of others, I’m not.

But with all that now having been said, Dr Smith…

I’ll ask just one simple question to start.

When you saw that over a thousand mental health professionals had signed a letter to you describing the labelling of young persons with ‘borderline personality disorder’ as ‘abhorrent, unethical, harmful’, and ‘dubious’ (3) – I must know, what arose in your thoughts?

Did your eyes roll? Did you think ‘not this again’? For if so, I’ve heard that one before...

‘Not this again’.

I heard it when I presented myself to the emergency room with the overwhelming urge to take a knife to my throat. It was an act, Dr Smith, I believed at the time, I could not trust my own will to really stop. I had been sitting there several long hours when, finally, the doctor and nurse came to call. I realised they were talking about me when I heard: “*it’s a cutter”* and a rapturous *“ha ha”.* The fact that I wanted to die, it soon seemed, would be cause for an even bigger laugh! Doc saw me for a whole five minutes before sending me back home. By then it was almost 2am, don’t you see? I should *“go get some sleep*”, on my own!

The first time this sort of thing happened, you should know, the professionals weren’t quite so bad! At the time, I was fourteen years old, you’ll understand, so I was stunned when he grinned, and he asked:

“*So, little miss… which boy are you doing this all for now?”.*

As you can imagine, Dr Smith, I just smiled, I knew the drill. *Stay polite, keep my pretty mouth shut.* At the time, I didn’t have the heart to tell him then that the boy was my own bloody dad... or that my brother had just warned me *“pack up”*! Incest isn’t acceptable small talk, you see, and when it comes to being bullied by older siblings? Well, we all know about that, don’t we now:

One simply shouldn’t take such small things to heart.

But when those nearest and dearest (and big) want you dead; nonchalance isn’t easy, it’s hard.

A therapist I saw under the Child and Adolescent Mental Health Services (CAMHS) once asked me if I thought my self-harm was anger turned inwards.

I guess she was talking about power, then, huh?

You know, another writer with lived experience recently asked a member of the Royal College of Psychiatrists (RCP) if calls to hear our voices would mean an end to this diagnosis – but their reply?

'Categorically not (4).'

For the International Classification of Diseases (ICD-11) 'keeps us wedded to the diagnostic understanding of distress' for a good 20 years ahead, now, as you'll know. But to me, that seems all sorts of wrong…

You see I read that its implementation results in even more 'personalities' labelled bad than before (5)?

I mean, at this point in the day, all I think I can say, is:

Well Christ… Surely bloody well not!

What do you think? Let me know in response.

But the time for personality disorder to 'No Longer [Be] A Diagnosis of Exclusion' (6) has by now, *quite literally*, gone. Although, I'm told there are lobbies at decision-making tables, who insist that it simply has not (7, 8).

'Change is slow', so they say (4) – *well, of course, it can't hurt* – guess for now, just a little bad luck…

But is that true, Dr Smith? I don't know. Let's just see…

Will The Literature, Please, Stand on Up?

"Borderline Personality: A disorder diagnosed twice as often in femmes despite males being more likely to meet the criteria (9): a pervasive pattern of instability in relationships, self-image, and affect, indicated by five or more of the following: chronic feelings of emptiness, inappropriate or intense anger" (10) … blah, blah, blah, blah… Wait, what was that? Scroll back up! "A toxic term hindering progress in research and treatment" (11), "adds insult to injury" (12), "appears consistent in history only in that it elicits poor care" (13), results in "attitudes ranging from strong dislike to contempt" (9), "numerous instances of social exclusion" (9), "testimonial silencing", "medicalised victim-blaming" (10), "institutional misogyny" (12), the "pathologization of outspoken women" (13), and "patients considered non-medically, morally deviant" (14) …

Should I continue? No, perhaps it's 'too much'.

The World Health Organization (WHO) and the Office of the High Commissioner for Human Rights (OHCHR) recently published guidance calling for a significant shift away from biomedical approaches to mental health (15). They want us to move towards a paradigm which promotes 'personhood, autonomy, and community inclusion' by focusing on social determinants – including poverty, violence, and discrimination. They describe the role of lived experience in moving us in this direction as *'invaluable',* so I guess the main question to you I must ask, Dr Smith, is:

Are your ears open or not?

Within the UK, the Consensus Statement for those with complex mental health difficulties diagnosed with personality disorder – which called for an abandonment of the term – was published seven years ago now (16). It outlined the need to understand early and persistent trauma and other adversities in the development of its associated difficulties. In his forward, Co-Chair Sir Norman Lamb wrote that "the disadvantages [we] face – not just in the NHS, but in wider society – are clear. Lower life expectancy, inadequate access to treatment, barriers to employment, and a lack of awareness" (ibid, p1).

Though it seems that what everyone actually heard was: 'Please. We just really need to Learn How to Take Responsibility' (17).

But when one girl writes about her experience of feeling overwhelmed with all that comes with experiencing 'rape, assault, coercive control, unjust treatment by mental health services, family court, social services, and the church' and she pauses to reflect that 'maybe it really is [her] that is the problem', that her abusers were right all along (18) – I must ask, doesn't that sound sort of wrong?

Well, the experience is familiar to me, so you see, that just hurts. It hurts quite a damn lot.

You should be wary of my use of rhetoric, of course… I still have all that 'inappropriate anger' that makes me a chore! In fact, now, even more than before!

Before was when I inherited the wisdom that people like me had '*a tendency to exaggerate'*, and I believed it, so I suppressed a lot. But when the memories came back in full flood, I soon learned that to exaggerate, I most definitely had not. In the beginning, my low-cost therapist told me to *give my father the 'benefit of the doubt'*. We had done so much work to integrate the 'good' and the 'bad' – you know, those things borderlines [read: infants] 'split off' (19). Well, *these* memories weren't exactly going to help that process along. For when a small child is raped by her father, you can imagine, her opinion is not 'neutral' or 'balanced' at all.

Still, after all my years desperate to access Dialectical Behavioural Therapy (DBT) – *you know, the Randomised-Control-Stamped-Empirically-Validated-Fits-All special one (20)*? The one I'd requested three times over the years, but had just never been '*bad enough'* to start? Well, to their credit, at least, it turns out, in the end... that stuff didn't work wonders for me at all. For it appeared, you'll be shocked, I had already been practicing that sh*t on myself for too long!

All that tempering and questioning my feelings – scaling them down to an 'appropriate' one (21) …

Oh, did I mention I recently spoke with that therapist from CAMHS? The one from way back then, when I was young?

Upon hearing I'd been seeing my father again, she gave me that same look the specialist did when I paid for some pricey consult! When asked if I'd received any *'actual trauma therapy'* for all that I'd been through, I had to say: *'Well, no, Miss. I have not'.* But it seems it was commonly held knowledge back then that in adulthood I'd still need to work through a lot.

Perhaps you'll understand how I forgot all of this myself, when at eighteen the tap was turned off!

Simply 'go back to church', one assessor told me.

*[And to the vicar (my daddy) *cough cough*]*

In truth, when it finally came to it, I did *try* and ask for the specialised DBT-specifically-for Post Traumatic Stress Disorder (PTSD) bundle. You know, the one that helps target those awful, internalized trauma-related self-concepts (22); *like 'you're worthless' or 'spoiled' or just 'wrong'?* Well, that one wasn't an option for me, obviously! *Yes, I had 'severe-PTSD',* but I wasn't '*well enough'* for that work to start…

Now, Anonymous, wait. Just hang on. After all that neglect, they said what?!

In April 2022, the headlines read that Zoe Zaremba was 'driven to her death' by the wrong diagnosis: that 'she cried out for help' but did not receive it (23).

Do you hear? There's a pattern involved (24, 25).

Now, Dr Smith… I'm sure you'll be sorry – 1400 words in – to know that the specialist above, she has gone. My abusers rescinded their agreement to pay, once the threat of the courts had worn off! *I got on the NHS waiting list, too, what relief! It's just that that one was 3 years too long (26).* But I had this fear, you see, that having 'BPD' on my record wouldn't go down all that well for me in court (27, 28). For there are other more likely explanations for why over a third of us claim abuse in our past (29, 30).

Read closely: According to psychologist's own opinions, we are "*especially* likely to misinterpret or misremember social interactions, to lie manipulatively and convincingly, *and* to have voluntarily entered into destructive relationships, *possibly even at young ages*" (31, emphasis added).

Look at that? Hit the nail on the spot! For my father did say, I was 'sick in the head', and that my memories: I'd made them all up!

Upon your election, Dr Smith, you committed to tackling inequality for patients *and* staff: "All psychiatrists must feel valued and supported to achieve their potential", you said (32). *Well, fantastic, sounds great, Hip-hurrah!* Now, forgive me, please do. I agree, it's all true. Please don't write what I've written, all off… It's just from what I can see, and have seen in the past, *their 'potentials' get 'filled' quite a lot*.

Once, Dr Smith, during a medication review for my low mood – held with a psychiatrist I'd not met once before – he requested a detailed history of my sexual behaviour. I felt uncomfortable, so yes, I have to say I did ask… 'what exactly, kind Sir, is this for?' Forgive me for paraphrasing here what I heard, but it resembled… *"sexuality → personality… DUH!"*

No, you're right. That one wasn't fair of me at all…

I once worked as a practitioner myself, so you see, I do know how these things can be hard. *Especially* in teams, you will know what it's like: '*borderlines'* always split us in half (33)!

(Except, sometimes, that really is on the staff…

*But hush hush… I once heard members calling them c*nts!)*

Dr Smith, when Dr Watts claims that at the heart of the problem is "perhaps a deep ambivalence about the legitimacy of suffering when it manifests in ways that society finds confronting…", of how 'borderlines' "turn the mirror back at us, revealing our inadequacies not only as a caring system, but a caring society (34)" – I'd like to know, what do *you* make of it all?

Because I think of the people I've known, here and there, and the many left out on their arse (35, 36). I think of the friend who was raped as a child, set on fire, labelled when she spoke up… The non-binary friend, who escaped when they did, but whose mother – she sadly did not. And I think of the borderlines left in the dark, or in the workplace I mentioned above: the female autistic that said 'no' far too often, and the black woman they knew as c*nt...

In whose lives I became 'overly-emotionally-involved'?

I have feelings, you see, that's the rub!

Rhymes aside, I've about had enough.

Please, Dr Smith. As the authors of the abovementioned letter addressed to you state: "we know many ways to help traumatised children, and not one of them relies on those around them believing they have deficits in their personality" (3). Not one of them relies on risking that young people themselves internalise that they have such deficits either (37, 38). This letter has been written to support the campaigns to review the use of this diagnosis, including the one with your address on it demanding an immediate moratorium in the UK. Please hear our call.

Yours Sincerely,

A Borderliner (*Aka: A 'Patient Psychiatrists Dislike')* (39, 40)

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