

Hello everyone. Now it's my turn [grin]. I think you're all expecting a talk on 'Borderline- the diagnosis of shame' and, unfortunately, I'm here to tell you that this is not what you're going to get. My apologies for this but there is a very good reason for it. During this first five minutes I'm going to tell you about it because I still believe that shame is a central concept when it comes to the diagnosis of what I call Complex Post traumatic Stress Disorder and what some others call BPD.

The reason I can't talk about shame is that I am sinking in its mire right now as the result of a series of unexpected and shaming experiences. I don't want to tell you too much about them because I'm as brittle as candy and fragile as glass. When any person is subjected to cruel treatment she or he experiences confusion and pain for a while but for those of us with this very special but different sensitivity to the world it's a much tougher gig to 'move on.' Despite the twin mantras I have given myself of '**try and see it from the other side**' and '**move forward positively**', I can not... rather than will not...move forward at the moment. My body itself is tucked up and twisted in grief as it resolutely denies the distractions of my intellect.

In my talk you'll hear me speak more about the positives of 'exquisite sensitivity' but there are some downsides as well. Those of us who experience life through the senses of an exquisitely sensitive mind have to fight hard to stop the metaphorical bleeding.

Regardless of how old we are; how much work we have done on ourselves or learnt through structured therapeutic programs; how recovered we might think we are; how intellectually capable, famous or successful as public speakers --we must be vigilant about protecting ourselves.

Because some people (including me) find re-traumatisation festers very quickly into an infected ulcer of self blame and shame we have a bigger battle. Too often, perhaps, we are emotionally paralysed as the shame continues for 'too long' to erupt uninvited, sometimes uncontrollably and in ways that seldom makes sense to others even when we try desperately to 'help people understand'.

So, I'm sorry but I will leave shame here. However, I want to tell you something before I go on to my main presentation. If you are a clinician, a worker, a carer or a consumer – whoever you may be – think Borderline Personality Disorder and you MUST think 'shame'. It is the most central concept to the lives of many people diagnosed with Borderline.

If you do anything, anything at all, which adds to the burden of shame people already carry, you are committing a dreadful act. Think before you act. Think before you react. Think before you write anything.

If you pride yourself on your resilience; your qualifications or position; your tough skin or survival instincts; your capacity to multi-task; or your productivity; you must learn to ask what are the most important qualities for being with someone who has an especially sensitive way of being in the world.

If you are someone who makes good money writing about us and describing our lives, you must think even harder about the real consequences what you think, write, do.

If there is only one take-home message from today, I hope it might be that shaming people diagnosed with borderline is counterproductive and potentially life threatening. Don't do it.