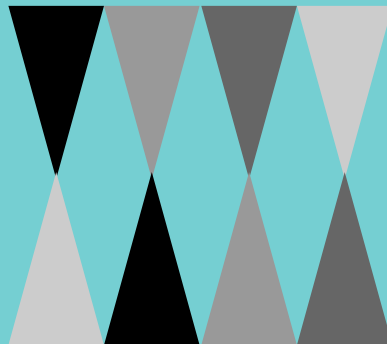


Borderline Derbyshire

Newsletter of the Derbyshire Borderline Personality Disorder Support Group

Accounts
from those
with
BPD/EUPD



Info
for
group
meetings

For anyone affected by
Borderline Personality Disorder (BPD)
also known as
Emotionally Unstable Personality Disorder (EUPD)



Find out what's new in Derbyshire for those with
Personality Disorders

Who we are...

Committee—core members

Sue—chair/founder

Vicky—secretary

John—treasurer

Other committee members

Jodie—activities co-ordinator

Ryan—volunteer

We are now living in a totally different world to when we began putting this latest newsletter together. Then, the main news was our bowling activity in Ilkeston, and the new Derbyshire Emotion Regulation Pathway, which was introduced in January. Since March, we have all been subject to lockdown and social distancing measures, with the result that all our face-to-face group meetings have had to cease. The photos of our bowling activity, shown on page 5, were taken before the lockdown.

As for the new pathway, it seems that it has also been put on hold, at least for now. We hope to have more information on this for our next issue.

Since the outbreak of the Coronavirus crisis, there has been an increase in awareness of, and help for, people with certain (but not all) mental health conditions. It is expected by many, that the heroic actions by health professionals, and others, in caring for the more serious COVID-19 patients, will result in an increase in cases of PTSD. Both BPD and PTSD are trauma related conditions and BPD is known by many as Complex-PTSD. Undoubtedly, there will be help for COVID-19 heroes if they need it, and rightly so.

Hopefully, some of that help might trickle down to those with BPD

Sue

Welcome to *Borderline Derbyshire*...

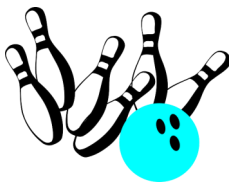
Derbyshire Borderline Personality Disorder

SUPPORT



Group

News



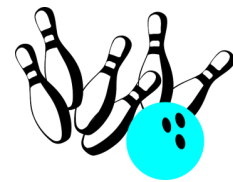
Thank You!

to

ACTION

&

Derbyshire County Council



*for providing the funds for our members
to go bowling*

Coronavirus

Due to the Coronavirus outbreak, all our face-to-face group meetings have been suspended. However, we hope to be up and running before long and we are currently planning for our venues to accommodate social distancing measures.



Bryony

The group is fantastic! I meet new friends, have a laugh and get lots of information.

I'm Bryony's mum, and I enjoy the support and friendship of the group.



Annie

DERBYSHIRE

BORDERLINE PERSONALITY DISORDER SUPPORT GROUPS

Swadlincote

3rd Monday
of the month
between
1-3pm
Fire Station
Community
Room,
Civic
Way

Chesterfield

1st and 3rd
Monday of the
month
between
7-9pm
above the
Saints Parish
coffee shop,
Church Way

Ilkeston

1st Monday
of the month
between
1-3pm
Fire Station
Community
Room,
Derby
Road

Matlock

2nd Monday
of the month
between
1-3pm
Imperial
Rooms, Town
Council
Building,
Imperial Road

Also known as Emotionally Unstable Personality Disorder, or EUPD



Jodie

I get the support I need at the group. It makes me feel comfortable and safe.

I'm Jodie's partner. I get a better understanding of what BPD is and make new friends in the same position.



Ryan

If you would like to know more, please email Sue on derbyshireborderlinepd@gmail.com, or phone/text 07597 644558

Bowling with some of our Ilkeston members...



Helplines

Rethink Mental Illness.

EMOTIONAL SUPPORT HELPLINE

MONDAY - FRIDAY
09.00-19.00

SATURDAY & SUNDAY
09.00-17.00

GIVE US A CALL ON 01773 734989
OR TEXT 07537410028
WEBCHAT AVAILABLE AT
WWW.RETHINK.ORG/SERVICES-GROUPS/SERVICES/DERBYSHIRE-RECOVERY-AND-PEER-SUPPORT-SERVICE

Derbyshire Recovery & Peer Support Service

ONLINE PEER TO PEER SUPPORT GROUP

A judgement free, safe space, to offer support during the COVID-19 pandemic.

EVERY THURSDAY AT 6PM ON ZOOM

FOR MORE INFORMATION OR TO JOIN THE GROUP
GIVE US A CALL ON 01773 734989
OR TEXT 07537410028

Derbyshire Fire & Rescue Service

Telephone Befriending Service

Derbyshire Fire & Rescue Service has launched a telephone befriending service.

We are doing all that we can to help those in need during this period of isolation and thought you may be interested in a telephone call from one of our staff, just for a chat.

We understand that a lot of people may be feeling lonely and may be missing regular visits from friends and family. In order to combat this loneliness we have launched a telephone befriending service. If you would like a regular phone call from us to have a friendly chat and to just keep in touch, then please call us and let us know. We will ask for your name and telephone number, and one of our volunteers will call you at least once a week.

If you live in Derby, South Derbyshire, Erewash or Amber Valley – Please Call 01332 777850

If you live in Chesterfield, Bolsover District, North East Derbyshire, Derbyshire Dales or High Peak – Please Call 01298 608720

If you are making a referral on somebody's behalf, please ask for their consent before you refer them. You can also send us their details via email: TBS@derbys-fire.gov.uk

STAY AT HOME **PROTECT THE NHS** **save lives**

Derbyshire Law Centre

We're here for you...

We are open for business and are here to provide you with free confidential advice on issues regarding housing, debt, immigration, employment, discrimination and one-to-one personal navigator service.

We have assessors ready to take your call who will be able to arrange a call back from a Legal Advisor or Solicitor, if required.

All face to face appointments are temporarily suspended, however, telephone appointments are available and these will be arranged by our assessors.

We are available to take calls:
Monday to Friday from 9.30am to 4.30pm on:
Telephone: 01246 550674 Freephone: 0800 707 6990
SMS/Text: 07781482826
Text Box: 018001 01246 550674
Alternatively you can email: dlc@derbyslawcentre.org.uk

we can help

STAY AT HOME **PROTECT THE NHS** **save lives**

Joined Up Care Derbyshire

Want the latest on Coronavirus in Derbyshire?
Get all the latest health service information for Derby and Derbyshire in one place during the COVID-19 (Coronavirus) pandemic.
Visit: www.joinupcarederbyshire.co.uk/public-info-covid-19

Why should I visit the website?
We understand you may be anxious about changes to health services during the COVID-19 (Coronavirus) pandemic, so we have set up this web area to act as a one-stop-shop of information.
We will update the website daily to provide information as quickly as possible.

The site contains:
✓ Local service changes, for example changes to GP practices, hospitals, community and mental health services
✓ Daily updates
✓ Frequently asked questions (FAQs)
✓ Links to local & national information

If you know people in your family or local community who do not have internet access, please use the site on their behalf and share information. The site is available in different languages online.

If you are concerned you may have coronavirus please visit 111 online at 111.nhs.uk/covid-19 and you will be taken through a symptom checker and given advice on what to do. Please only call 111 if you can't go online.

Find out more:
@JoinUpCare
[joinupcarederbyshire](https://www.joinupcarederbyshire.co.uk)
[joinupcarederbyshire](https://www.joinupcarederbyshire.co.uk)

Call Healthwatch Derbyshire for help and assistance: 01773 880786.

Joined Up Care Derbyshire is a partnership of health and social care organisations in Derbyshire working together to improve care and services for Derbyshire residents.

STAY AT HOME PROTECT THE NHS SAVE LIVES **NHS**

Sail
Sexual Abuse and Incest Line
"Surviving and Thriving"

RAINBOW COMMUNITY FUND

CORONAVIRUS COVID-19
IF YOU NEED US WE ARE STILL AVAILABLE

Due to the latest guidance from the Government, we are now in a position where staff will be required to work from home. Please be assured that you will still be able to access support from us. Your SVA and/or therapist will discuss with you the best way to continue support. Emails and telephone calls to the office are being monitored and we will get back to you as soon as we can. SAIL Help and Advice Line opening times:

DAY	CONTACT NO	TIME:
Monday	07921 388650	3pm to 7pm
Tuesday	07921 388650	10am to 2pm
	07921 389218	2pm to 6pm
Wednesday	07921 388650	10am to 2pm
	07921 389218	3pm to 7pm
Thursday	07921 389218	10am to 2pm
	07921 388650	2pm to 6pm
Friday	07921 389218	10am to 2pm

Please note:
• If you wish for confidentiality please add 141 before the number you are calling for example, 141 07921 389218. Standard charges will apply.
• For minimal charges please text the appropriate number with your number and the helpline will get back to you as soon as possible.
• As well as texts and calls, an email service is available, please contact help@sailderbyshire.org.uk and the helpline will respond as promptly as possible.
• If you don't have access to email or internet services please text BOTH 07921 388650 and 07921 389218 and we will get back to you.
• The SVA service is available by phone (07543 801704) or email info@derbysailderbyshire.org.uk.

Counselling:
• The Counselling service is running remotely and service will be maintained. Referrals can be made via the website or phone as usual. If you are feeling anxious and worried, the British Association of Counselling and Psychotherapists (BACP) have some advice <https://www.bacp.co.uk>.

SAIL
12 Sandringham Street
Chesterfield
S41 1JW
t: info@sailderbyshire.org.uk
w: www.sailderbyshire.org.uk

Appointments Line: 01246 339 880
Facebook: [sailderbyshire](https://www.facebook.com/sailderbyshire)
Twitter: [sailderbyshire](https://twitter.com/sailderbyshire)
Registered Charity No: 1152968

Domestic Abuse
Where to get help during the Covid-19 Pandemic

We know that COVID-19 (Coronavirus) will have a serious impact on the lives of women, children and men who are experiencing domestic abuse.

Fears over jobs, financial pressure, school closures, working from home and all the other current changes to our day to day lives are likely to result in an increase in domestic abuse incidents.

If you're already living with domestic abuse, then the restrictions put in place while the government tries to slow the spread of the virus have probably left you fearful of being isolated in the house with your abuser and as if there is nowhere to go for help.

You may not be able to see the friends and family who usually support you, and some of the places where you go for help or treatment may be closed or offering a reduced service.

Please remember that you can still call 999 if you or someone else is in danger.

While some domestic abuse support services are not able to offer face to face meetings at this time, there is still help and advice available online and over the phone. These local and national organisations are working hard to ensure they can still support you.

Derby City Domestic Abuse Service – 0800 085 3481
Derbyshire Domestic Abuse Service – 0800 019 8668
National Domestic Abuse Helpline – 0800 200 0247
Men's Advice Line – 0800 801 0327
National LGBT+ Domestic Abuse Helpline – 0800 999 5428
Rape and Sexual Violence Services – 01773 746 115

If you're a child or young person and domestic abuse is happening in your home or relationship, then call Childline on 0800 1111.

101 in an emergency
www.derbyshire.police.uk

Think Family
It makes sense

101 in an emergency
www.derbyshire.police.uk

Twitter: @DerbyPolice Find us on Facebook Follow us on Instagram

Making Derbyshire Safer Together

CC BY-SA 4.0 licensed under the Creative Commons Attribution 4.0 International License

Rigid Thinking:

A Source of Great Distress for People with BPD

Becky Oberg (blogger)



Recently, I saw an ad that seemingly contradicted itself. "Strawberry lemonade forever" was proudly displayed above a picture of the product, with the notice that it was available "for a limited time only". So, which is it? Strawberry lemonade forever? Or for a limited time only?

This is "black and white" thinking, or as philosophers like to say, the either-or fallacy. The belief that there are only two options, when, in reality, there are more than two options, is a symptom of borderline personality disorder (BPD).

People with a diagnosis of BPD often cannot integrate more than one side of a situation. One week's perfect therapy may be next week's torture, rather than therapy being a helpful yet difficult process.

Why is this? An annoyed psychiatric nurse/Army lieutenant once told me: "With you, it's either feast or famine." I knew better than to share the answer that popped into my head: "That's what my life has been."

Evidence suggests that BPD may be a type of post-traumatic stress disorder caused by traumatic childhood events. PTSD is best described as "I jumped out of my skin and kept on jumping." While re-integrating body and mind is possible, the disconnection between them causes a major problem for a person with BPD.

Dialectical Behavioral Therapy (DBT) creator, Marsha Linehan, told *Time Magazine*: "Borderline individuals are the psychological equivalent of third-degree-burn patients. They simply have, so to speak, no emotional skin. Even the slightest touch of movement can create immense suffering."

Why do people with BPD experience such pain? When a person with BPD first jumps out of his/her skin, time stops emotionally. She is trapped in the moment and no longer growing or developing. Meanwhile, time moves on for every other aspect of existence, and she never develops the emotional maturity needed to respond to what's happening elsewhere. She is not failing to use appropriate coping skills--said skills were never developed. She is often left with a child's view of the world—it's either all good or all bad.

Part of healing begins by learning to see all sides of the situation. For example, both of the lemonade ad's statements could be right. The name of the product could be "Strawberry Lemonade Forever", while the product could be available "for a limited time only". Or the promotion for a temporary product may be a poor reference to the Beatles (maybe "nothing is real" didn't test too well in the focus groups). Realizing there are multiple options, allows a person with BPD to understand the world around him/her, and respond accordingly.

October 12, 2010

The Unexpected Gifts Inside Borderline Personality Disorder

It is increasingly being recognised that many individuals who receive the diagnosis of BPD are highly intuitive and perceptive. What was previously thought of as a genetic vulnerability may reflect an innate talent. People who were born emotionally intense, sensitive, and gifted with heightened perceptivity are like powerful sports cars. It is as if they have a potent engine that requires a special fuel and a specific kind of care. Drawing on psychological research and theories, we see that many people who struggle with BPD do so as a result of two combining factors:

- Their innate intuitive talents, and the specific developmental requirements that go along with it.
- A childhood environment that fails to meet their emotions needs.

Despite being referred to as a "personality disorder," it is not a character flaw, but is best understood as a limitation in a person's capacity to regulate emotions. This means that the person with BPD often experiences feelings as rapidly changing or spiralling out of control. These symptoms go alongside impulsive self-soothing behaviours and a chronic sense of internal hollowness.

Although the link between BPD and empathy remains controversial, many people with BPD identify with the traits of being an "empath" or being hyper-empathic.

Empathy is broadly defined as the way we react to one another, and it explains how we conduct ourselves in this world. An empath is extremely sensitive to the emotions and energy of other people, animals, and places. Although the term "empath" has not been used very much within academia, psychologists have extensively studied what it is like to have high empathy, and they have found the following phenomena:

Individual differences in empathy level affect the way that people recognize facial expressions and react to social cues. People with high empathy are better at recognizing emotions in others. However, they also have a "bias" towards negative emotional expressions, meaning that they are more sensitive and alert to negative feelings in others. It has long been recognized that individuals with BPD seem to possess an uncanny sensitivity to other people's subconscious mental content — thoughts, feelings, and even physical sensations. They also seem to have a talent in involving and influencing others.

In the first study that explicitly investigates this observation, it was found that individuals with BPD showed a heightened sensitivity to nonverbal cues when compared with people without BPD. This finding has been validated through other follow-up research. A well-known study, for instance, compared the way people with BPD react to photographs of people's eyes to those without BPD. The researchers found that the BPD group was more able to correctly guess what emotions these eyes expressed, which showed their enhanced sensitivity to the mental states of others.

At their best, these highly intuitive individuals' abilities would constitute what giftedness psychologists call "personal intelligence". This kind of giftedness consists of two components: "interpersonal intelligence" — the capacity to understand the intentions, motivations, and desires of other people — and "intra-personal intelligence" — the capacity to understand oneself, to appreciate one's feelings, fears, and motivations.

Despite their enhanced empathic ability, many people with BPD have difficulties navigating social and interpersonal situations. Without the ability to regulate their emotions and manage attachment relationships, their hypersensitivity may end up showing up as emotional storms and mood swings, being easily triggered by stressful situations and a constant fear abandonment and rejection. This phenomenon is known as the "borderline empathy paradox".

It is true that high empathy may be an outcome of growing up in a traumatic and unpredictable childhood environment. Indeed, many people with BPD have a history of abuse, neglect, or prolonged separation as children.

As a response to confusing or neglectful parenting, these children had to "amp up" their empathic functioning to protect themselves. They were trained by their environment to become highly attuned to the subconscious cues given out by their parents, so that they could be prepared for their parents' unpredictable behaviours.

Environmental factors alone, however, do not explain why many siblings who grow up in the same household are not affected in the same way. Thus, we must also consider the biological and innate temperament-based factors that affect people's distinctive reactions to traumatic events. As one psychologist suggested: "It is extremely unlikely that someone with a placid, passive, unengaged, aloof temperament would ever develop borderline personality disorder."

In most cases, serious difficulties in emotional regulation, or BPD, is a result of two combining factors:

- Being born with heightened sensitivity and gifted with perceptivity.
- A deficient or vicarious childhood environment that fails to meet these children's emotions needs.

Under favourable, "good enough" circumstances, a child who is born with a gift in perceptivity would not grow up to have serious emotional regulation issues or BPD. However, if the primary caretakers could not attune to their child, or even resented or were threatened by their unusually perceptive child, they may consciously or subconsciously sabotage the child's healthy development. The nature of the psychological abuse may differ, but it always includes an assault on the child's perceptions and the development of their autonomy.

Attachment theories would have us know that children will do all they can to preserve a good image of their parents. Even when their parents are incompetent, abusive, or neglectful, children naturally blame themselves, because it is not safe to think of the people they depend on as "bad". This scenario is complicated if the child is naturally intuitive; many emotionally gifted children have strong feelings of love and responsibility for their parents and often feel compelled by a need or desire to take care of them.

If parents either explicitly or implicitly reject the child, he or she will internalize the shame of being rejected and experience him/herself as being profoundly bad (toxic shame). As a result of their negative experience of themselves and those around them, these children's natural gifts in perceptivity become "hijacked" by negative bias and negative projections. Without an environment where they can learn to set healthy boundaries and experience secure attachment without exploitation, these children develop "symptoms," such as an inability to self-soothe and regulate emotions, a fear of rejection, and a sense of internal hollowness.

Many emotionally intense adults have struggled all their lives with feeling lonely, misunderstood, and the belief that there is something profoundly wrong with them. If you are one of them, I hope that you can reconsider the potential gifts that are within you.

While the history cannot be changed, you can rewrite the story that you have been telling yourself. You are in no way "bad." You are not "too much." What you are is a sensitive, intuitive, gifted individual, who was deprived of the right kind of nourishment as you were growing up. Your high level of awareness and acuity to subtleties is not only unusual, but also extremely precious.

Because of your innate perceptivity, you cannot "un-see" or "un-feel" things. Perhaps like a poppy that has outgrown his peers, you were being shamed and "chopped down." Your struggles are not your fault, and the shame that you carry is a natural reaction to a childhood environment that has failed to support you.

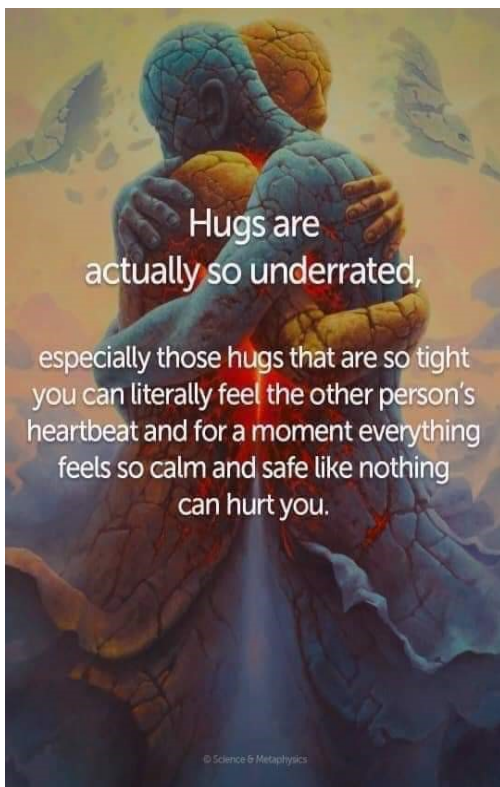
Perhaps there is a little voice within you that has always known you were not fundamentally wrong. If you can begin to listen to that voice, you can liberate yourself to retrieve the long-forgotten gifts inside you.

Your psyche wants to heal. Once you can begin to recognize and trust your fundamental goodness, restoration and integration would naturally happen. Hone the gifts inside of your borderline personality traits.

Imi Lo, *Psychology Today*, posted May 17, 2018

COVID-19 (Coronavirus)

Our members...



Added by Steve

The coronavirus has affected my bpd in different ways. My paranoia and general anxiety have decreased. I usually get paranoid and anxious when going out. This makes me concerned for when the restrictions are lifted, as I'm not sure I'll want to go out. My psychosis, however, has worsened, with visual hallucinations. I saw Vincent van Gogh in my bathroom!. **Claire**

The isolation has really gotten to me. I can't see the people who normally support me and I've just moved into my new flat before the lockdown happened. I haven't seen anyone for a while and my night terrors are every time I fall asleep since isolation and I only get to see my other half on weekends. He does his best to support me. He's been my guardian. My friends also do their best too and I love them all for it. Isolation just leaves me with the voices in my head and all the night terrors to deal with alone. I'm living on exhaustion and craving cuddles from my other half all the time. I have very little support from some professionals and I'll be glad when this is all over and life goes back to normal. It has given me time to focus on myself though. **Sarah-Jayne**

INFORMATION

Whether you're concerned about yourself or a loved one, these helplines and support groups can offer expert advice

Anxiety UK

Charity providing support if you have been diagnosed with an anxiety condition.

Phone: 03444 775 774 (Monday to Friday, 9.30am to 10pm; Saturday to Sunday, 10am to 8pm). Web-site: www.anxietyuk.org.uk

Bipolar UK

A charity helping people living with manic depression or bipolar disorder.

Website: www.bipolaruk.org.uk

CALM

CALM is the Campaign Against Living Miserably, for men aged 15 to 35.

Phone: 0800 58 58 58 (daily, 5pm to midnight). Web-site: www.thecalmzone.net

Men's Health Forum

24/7 stress support for men by text, chat and email. Web-site: www.menshealthforum.org.uk

Mental Health Foundation

Provides information and support for anyone with mental health problems or learning disabilities. Web-site: www.mentalhealth.org.uk

Mind

Promotes the views and needs of people with mental health problems.

Phone: 0300 123 3393 (Monday to Friday, 9am to 6pm). Web-site: www.mind.org.uk

No Panic

Voluntary charity offering support for sufferers of panic attacks and obsessive compulsive disorder (OCD). Offers a course to help overcome your phobia or OCD.

Phone: 0844 967 4848 (daily, 10am to 10pm). Calls cost 5p per minute plus your phone provider's Access Charge. Web-site: www.nopanic.org.uk

OCD UK

A charity run by people with OCD, for people with OCD. Includes facts, news and treatments. Phone: 0333 212 7890 (Monday to Friday, 9am to 5pm). Website: www.ocduk.org

SANE

Emotional support, information and guidance for people affected by mental illness, their families and carers. SANELINE: 0300 304 7000 (daily, 4.30pm to 10.30pm)

Textcare: comfort and care via text message, sent when the person needs it most: www.sane.org.uk/textcare

Peer support forum: www.sane.org.uk/supportforum

Website: www.sane.org.uk/support

Young Minds

Information on child and adolescent mental health. Services for parents and professionals. Phone: Parents' helpline 0808 802 5544 (Monday to Friday, 9.30am to 4pm). Web-site: www.youngminds.org.uk

OCD Action

Support for people with OCD. Includes information on treatment and online resources. Phone: 0845 390 6232 (Monday to Friday, 9.30am to 5pm). Calls cost 5p per minute plus your phone provider's Access Charge. Website: www.ocdaction.org.uk

PAPYRUS

Young suicide prevention society. Phone: HOPE-LINEUK 0800 068 4141 (Monday to Friday, 10am to 10pm, and 2pm to 10pm on weekends and bank holidays)

Website: www.papyrus-uk.org

Rethink Mental Illness

Support and advice for people living with mental illness. Phone: 0300 5000 927 (Monday to Friday, 9.30am to 4pm). Website: www.rethink.org

Samaritans

Confidential support for people experiencing feelings of distress or despair.

Phone: 116 123 (free 24-hour helpline).

Website: www.samaritans.org.uk

NSPCC

Children's charity dedicated to ending child abuse and child cruelty. Phone: 0800 1111 for Childline for children (24-hour helpline) 0808 800 5000 for adults concerned about a child (24-hour helpline)

Website: www.nspcc.org.uk

Refuge

Advice on dealing with domestic violence. Phone: 0808 2000 247 (24-hour helpline)

Website: www.refuge.org.uk

Alcoholics Anonymous

Phone: 0800 917 7650 (24-hour helpline)

Website: www.alcoholics-anonymous.org.uk

National Gambling Helpline

Phone: 0808 8020 133 (daily, 8am to midnight)

Website: www.begambleaware.org

Narcotics Anonymous

Phone: 0300 999 1212 (daily, 10am to midnight)

Website: www.ukna.org

Alzheimer's Society

Provides information on dementia, including factsheets and helplines.

Phone: 0333 150 3456 (Monday to Friday, 9am to 5pm and 10am to 4pm on weekends). Web-site: www.alzheimers.org.uk

Cruse Bereavement Care

Phone: 0808 808 1677 (Monday to Friday, 9am to 5pm). Web-site: www.cruse.org.uk

Rape Crisis

To find your local services phone: 0808 802 9999 (daily, 12pm to 2.30pm and 7pm to 9.30pm).

Website: www.rapecrisis.org.uk

Victim Support

Phone: 0808 168 9111 (24-hour helpline). Web-

Beat

Phone: 0808 801 0677 (adults) or 0808 801 0711 (for under-18s)

Website: www.b-eat.co.uk

Mencap

Charity working with people with a learning disability, their families and carers. Phone: 0808 808 1111 (Monday to Friday, 9am to 5pm)

Website: www.mencap.org.uk

Family Lives

Advice on all aspects of parenting, including dealing with bullying. Phone: 0808 800 2222 (Monday to Friday, 9am to 9pm and Saturday to Sunday, 10am to 3pm).

Website: www.familylives.org.uk

Relate

The UK's largest provider of relationship support. Web-site: www.relate.org.uk

Borderline Personality Disorder and Suicidal Thoughts

Whitney Easton (writer)

Like many diagnosed with borderline personality disorder, I have struggled with suicidality for most of my adult life. It's estimated that almost 80% of those with BPD report a history of suicide attempts and deaths by suicide range from 8-10%. This rate is 50 times greater than that found in the general population.

It is estimated that approximately 75% of us will also attempt to engage in some form of self-destructive behaviour, such as cutting, hitting, hair-pulling, head banging, or skin-picking. Some of this behaviour may or may not coincide with being suicidal. I've engaged in all of these behaviours at one point or another.

Personality disorders are estimated to be present in 30% of the individuals who die by suicide.

My intention in writing this is not to be doom and gloom. It's to say: I am a survivor and you can be too. We can get through this together.

What I Needed from Those Around Me When I was Suicidal

The tricky part about suicidality is that many of us are experts at hiding it. We don't want to burden our loved ones with these suicidal thoughts from borderline personality disorder. Only my boyfriends and closest family members knew what was going on. Certainly, my colleagues wondered as I was absent for periods of time and I hinted to some of my closer friends.

I can tell you a few statements that didn't help when I was suicidal:

- "But you're so talented and smart and you have everything going for you."
- "Get it together."
- "It's selfish to be suicidal. Do you know how many people you'd hurt if you did that?"

It stung when loved ones who stared at me like a deer in headlights when I told them how I felt. I understand now that they didn't have the tools to respond to what I was saying, but nonetheless, it was painful.

Suicidal thoughts do not discriminate based on intelligence, educational level, race, or ability. Two Masters degrees did not protect me from feeling suicidal. What I needed in those moments was unconditional support and love.

The right things to say included:

- "I love you. We love you. You're going to get through this. You are strong enough. I support you."
- "I am here. I love you."
- "What do you need right now? How can I be supportive?"

Sometimes, all I needed was someone to give me a really big hug and tell me that they loved me and that I was a valuable human being. Sometimes I just needed those around me to acknowledge that I was in emotional pain. I needed to be allowed to be honest about how I was feeling, without judgment and without the assumption that there was a switch I could hit to make the feelings go away.

What may distinguish a person with BPD from others who are suicidal is that we are often quite vocal about our suicidal feelings. It's not uncommon for us to threaten suicide and let those around us know, sometimes in big or dramatic displays. The good news about this is we're less likely to hide it and our comments, even if frequent, should be taken seriously.

There Is Hope for Suicidal Thoughts and BPD

The recovery rates can be high and the treatment prognosis is good. Successful treatment involves learning to use tools to self-soothe and cope with emotional pain so we have other choices than contemplating ending our own lives.

What I need you to know is that I always wanted to be alive, I just didn't have the tools to cope with the feelings that came my way. I wanted a different path, I just didn't know there was one. I am incredibly grateful that somehow, I stayed safe all those years despite my suicidal thoughts and BPD.

This too shall pass. If I can get through this, you can too.

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