

Borderline Derbyshire

Newsletter of the

Derbyshire Borderline Personality Disorder Support Group



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



For those in Derbyshire and beyond!



Who we are...



Sue

John

Jodie

Ryan

We all have a connection with BPD

What we do...

Our aim is simple...we want everyone who is affected by BPD to have a safe space in which they can come together to relax, chat, swap stories and discuss coping skills. An official diagnosis is not necessary.

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Our meetings are also open to those who would like to know more about BPD, including students and support workers.

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You do not have to live in Derbyshire to join

SUPPORT

Group



News

Throughout the years, this group has changed in line with the members' needs. During COVID, we introduced a WhatsApp group and zoom sessions, which ensured that people from all over the UK, and several from overseas, could join us.

During the past few months, we have seen an increase in our WhatsApp group's activity, and so have introduced different groups to suit individual needs.

At the same time, attendance at our BPD chat zoom sessions has decreased. As a consequence, we have suspended these sessions for the foreseeable future.

For locals, we have re-introduced monthly meet-ups.

A revised list of what we offer can be found on the next page.



Vicky was a co-founder of the group and my soulmate of 36 years. Sadly, she passed away just before Christmas 2021.

Sleep tight darling!

Sue xxx



What we offer...

New: Attachment Group

For those who struggle with severe attachments to others

Run by email with optional zoom meetings

You do not need to have BPD to join this group

Monthly Meet-Ups



WhatsApp



BPD chat group

Positivity group

Parent/Carer/Family/Friend group

Virtual walking group

Website:

derbyshireborderlinepersonalitydisordersupportgroup.com

Members' comment...

Our Group

I was talking to my mum tonight, and I was saying to her that the only people that can get my bpd are those with it.

I can see people looking at me, even close friends and I know they don't get it and what they say doesn't matter. As in I know they love me and care for me, but they have no concept about the bpd, how could they? It's not something that can be explained. It's way too confusing and complex even for me to understand.

But I know in this group I can take refuge; it doesn't matter that so many people don't get me, or I don't let them see me. As I know you guys are here and get it and that is such a relief. This is a safe place in a what can be a very harsh world.

I can be protective of this group at times but it's because I feel this group has had the power to save lives, by giving people a safe place and a community, somewhere we are accepted just as we are and where we are at.

Nat



Coffee & Chat
Ilkeston

13 May 2023

Great company

Great chat

Lovely to see you all

See you next month!



American comedian, writer and actor



Pete Davidson

talks about living with BPD

Pete Davidson is known for a lot of things — his recurring role on late-night comedy show “Saturday Night Live,” his dating life (he’s been romantically linked to celebrities like Ariana Grande, Kate Beckinsale and Cazzie David), and his struggles with BPD.

Here’s what Davidson has said about BPD and the symptoms he experiences:

1. On Fear of Abandonment...

Davidson shared that when he was 7 years old, his father, who was a New York City firefighter, was killed in the 9/11 terrorist attacks. Davidson shared that his therapist connected this loss with his continual struggle with fearing abandonment in adulthood.

My big thing is trust. One day [my dad] was here, and the next day he’s gone. I would have trouble sometimes when my mom would say, ‘I’m going out.’ When people say they’re leaving and coming back, I get a really big fear, like that they’re not gonna come back.

2. On Borderline Rage...

I started having these mental breakdowns, where I would like freak out. Rage. And then not remember what happened after. ... Later on I would remember it in pictures kind of, and like kind of remember it like in a fog. I wouldn’t know what happened until after I broke something or after I ‘came to.’

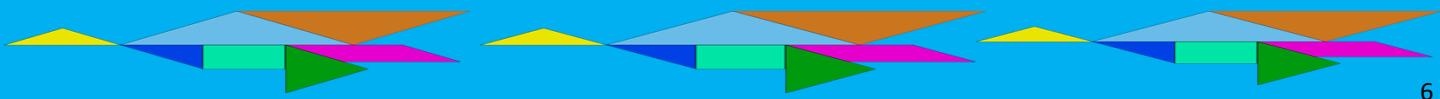
3. On BPD Manipulation...

One of the common misconceptions about people with BPD is they are “manipulative.” For example, someone with BPD might threaten suicide — even if they have no intention of carrying out suicide — because deep down they want to know their loved ones truly love them and want them to be alive.

While this might sound manipulative, the word “manipulation” describes malicious and skilful intention, whereas in most cases, a person with BPD might say or do painful things simply because they do not yet have the skills to self-regulate their emotional experiences. In the above example, the person with BPD might threaten suicide not because they want to hurt the other person, but because they cannot believe they are loved without getting external (and often repeated) validation.

I think the manipulation thing I definitely had, where I would try to make someone feel a certain type of way. And then if they felt that way I would feel good, and then if they didn’t feel that way, I would think something’s wrong and that they’re mad at me. So with words, I would try to sway people into saying the exact thing I needed to hear. I’m like, ‘You hate me, don’t you?’” It’s always like, whatever question I ask, I’m expecting the opposite answer. ... That could be pretty fucking frustrating for the other person.

Continued on next page...



4. On Being in a Relationship With BPD...

In May 2018, Davidson began dating singer Ariana Grande. At the time, Grande had recently ended her two-year long relationship with the now-deceased rapper Mac Miller — it was a relationship she had once called “toxic.”

Unfortunately, social media users were quick to say Grande had left one toxic relationship for another because Davidson has BPD. The commenters implied all people with BPD make relationships toxic. Davidson took to his Instagram story to respond:

Normally i wouldn't comment on something like this. i been hearing a lot of 'people with bpd can't be in relationships' talk. i just wanna let you know that's not true. Just because someone has a mental illness does not mean they can't be happy and in a relationship. it also doesn't mean that person makes the relationship toxic. Everybody is different and there are a lot of treatments for mental illnesses and I have done/am doing all of them.

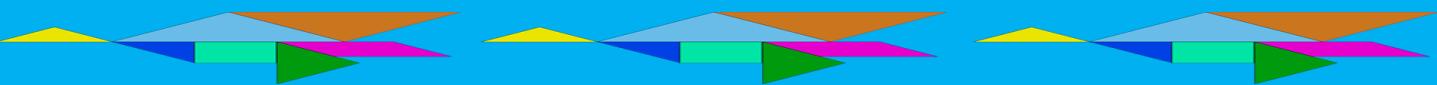
While it's true one of the hallmarks of BPD is interpersonal difficulties, Davidson was right in saying this doesn't mean someone with BPD is automatically toxic and can't be in a healthy romantic relationship. People with borderline personality disorder can recover and can have good, beautiful, stable relationships.

5. On Experiencing Suicidal Thoughts...

In December 2018, Davidson shared on his Instagram story that he was struggling to continue living and didn't know how much longer he could last. If you struggle with suicidal thoughts, his words might feel triggering, so feel free to skip over this quote if you need to.

I really don't want to be on this earth anymore. I'm doing my best to stay here for you but I actually don't know how much longer I can last. All I've ever tried to do was help people. Just remember I told you so.

Source: [9 Times Pete Davidson Spoke Up About Borderline Personality Disorder \(themighty.com\)](https://themighty.com/2018/12/9-times-pete-davidson-spoke-up-about-borderline-personality-disorder/)



Other famous people believed to have (had) BPD/EUPD

Princess Diana

Amy Winehouse

Marilyn Monroe

Darren Day

Vincent van Gogh

Angelina Jolie

Britney Spears

What is micro self-care?

Micro self-care is the daily, accessible practice that can be easily integrated into our lives. This can be anything from taking screen breaks to listening to a favourite album or savouring a cup of tea. They can be grounding, energising, or relaxing. Better yet, combine them with coping tools or a hobby. Think journaling or practising music, art, or sports. Or even just a walk to the corner shop.



The purpose of this practice is to be not only active but intentional.

Inactive or unintentional self-care might look like watching our favourite show on Netflix, only to find that 10 minutes in, we're back on our phones doomscrolling. Again.

There's a reason that meditating, exercising, and fresh air are often top of the self-care list. It's because they are active. They are intentional. They are choices. They are events that happen for us, and not to us. Ultimately, they connect us to our humanity.



And we are only humans, limited by our human capacity. We need breaks, we need connection, and we need nuance. We need to feel validation, acknowledgement, and love.

Allow yourself to feel. Both actively and intentionally. Allow yourself space from what's going on in your world or on your feed. Allow yourself the recognition that self-care is not always visible. Some of the most helpful acts of self-care are invisible. They are yours and yours alone.

Allow yourself the small, simple, micro-moments of self-care. So, with that in mind, here are a few ideas to get you started:

Physical self-care

- Getting a good night's rest or sleeping in.
- Mindful movement like yoga or having a stretch.
- Having your favourite drink or meal.



Emotional self-care

- Indulge your inner child (aka play!): build a snowman, jump in a puddle, and play with Lego.
- Ask for help: childcare, getting your friend/family to cook you dinner or just spending time together, having a cuddle.
- Time alone: check in with yourself, journal, or be.

Energetic self-care

- Connect with nature: go for a walk, work in the garden, visit the sea.
- Dance/movement: have a boogie and shake it out.
- Music/meditation: listen to some music, feel the energy of the sound, and connect to your five senses or your spirituality.



Cognitive self-care

- Sit with it: think about all the progress you have made, all the things you have accomplished. Give yourself a pat on the back for all the invisible cognitive/emotional work you've exerted.
- Plan: set some routines, block out some time, and say no to things that no longer serve you.

Self-compassion: embrace mistakes and give yourself some grace. You're human and that's good enough and good enough is perfect.





What to do if you are arrested



Keeping yourself safe—legally

There are two things you need to know about if you are taken to a police station

Appropriate Adult (AA) and **Liaison & Diversion (L&D)**

Appropriate Adult (AA)

Do the police have to involve an appropriate adult?



Yes. The Police and Criminal Evidence Act 1984 Code C states that the police custody officer or custody staff shall determine whether the detainee is a vulnerable adult and therefore requires an appropriate adult and if so, they must, as soon as practicable, ensure that the appropriate adult is informed of the grounds for their detention; their whereabouts; and the attendance of the appropriate adult at the police station to see the detainee is secure.

However, unlike legal advice, the AA is not one of our 'rights' if we are suspected of a crime and we are a vulnerable person. Instead, it is a 'procedural safeguard' that is imposed on police when dealing with any person about whom their reason to suspect they may be vulnerable. This means that, unlike rights such as legal advice, *it cannot be waived by vulnerable adults*. It does not matter whether the person has 'capacity' to make decisions for themselves. They are not being asked to make a decision. Although this can feel difficult for the AA's relationship, and contrary to the idea of individual empowerment, it is a legal requirement and is intended to protect people.

[About Appropriate Adults - National Appropriate Adult Network](#)



Liaison & Diversion (L&D)

Liaison and Diversion (L&D) services identify people who have mental health, learning disability, substance misuse or other vulnerabilities when they first come into contact with the criminal justice system as suspects, defendants or offenders.

The service can then support people through the early stages of criminal system pathway, refer them for appropriate health or social care or enable them to be diverted away from the criminal justice system into a more appropriate setting, if required.

L&D services aim to improve overall health outcomes for people and to support people in the reduction of re-offending. It also aims to identify vulnerabilities in people earlier on which reduces the likelihood that people will reach a crisis-point and helps to ensure the right support can be put in place from the start.

[Criminal Justice Liaison and Diversion Team - Information Leaflet - Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust \(cntw.nhs.uk\)](#)

It is important that you know what help is available if you are taken to a police station, for any reason

The vast majority, if not all, police stations will provide you with an appropriate adult

If no-one mentions L&D Services, make sure you do

Keep your crisis card on you at all times

The Lost and Found Kitten

by Janet R. Mullen,

Licensed Clinical Social Worker

This story was written to introduce the dynamics of wounded attachment to children and their families who would be undertaking attachment therapy. Elements which teach these dynamics are: the fear, defensiveness and hostility of the neglected kitten; the belief of the new caretaker that the kitten's behaviour was driven by fear, and the belief also that there was a core Self of the kitten which would 'sparkle' and be able to attach; hoarding; rage; trauma bonding; resistance to being cared for; destructiveness; the need for patience, predictability of nurturing, boundaries and persistent kindness even while setting boundaries (scooped up the kitten in her jacket so kitten couldn't harm her; left the kitten to drink her milk alone rather than stay and force the kitten to reject her; put boundaries around where it could go; stopped giving the kitten toys to destroy and gave appropriate objects), the persistence and kindness of the new mother who did not judge the kitten's behavior as bad or take it personally but understood the kitten's feelings.

One day, a kindly woman was taking a walk when she heard a sound: *mew, mew, mew*. She looked around and there, hiding behind a bush, there was a little kitten. It looked up at her and mewed even louder but stayed behind the bush. Now, the kitten would have been very lovely except it was thin and its fur was dull and matted. She said,



"why, you poor little kitten, you must be all alone and hungry. I have room in my home for you, and would love to take care of you and be your friend."

She moved towards the kitten, speaking gently, but the kitten quickly moved back, reached out its paw to scratch her and hissed a dreadful hiss. The woman was sad, for she had a wise heart and knew **these actions came from fear, not anger**. She understood that the kitten really wanted a home and someone to love it, but after being so lost and afraid, it was hard for the kitten to trust anyone. The kitten didn't like feeling this way, but didn't know how to be different. The woman said to the kitten in a soft voice,

"I know you're scared and I will not expect you to trust until you are ready. I will take care of you and in time you will learn that it is not scary to allow someone to love and care for you. In time, you will learn that you can be a carefree, happy kitten as you were meant to be. While we are waiting for this to happen, I will help you not to hurt me, for I know you really don't wish to hurt anyone."

The woman looked into the kitten's eyes which were staring at her, watching every move she made. She had a dream that someday these same eyes would shine with happiness, so she told the kitten, *"I am going to call you Sparkle."* The kitten didn't like that name, it was too nice a name, and meant that this silly woman didn't understand how bad the kitten really was, *for kittens who have been uncared for and hurt always feel it is because somehow they are bad and unworthy of love*. The kitten felt an angry, stubborn need to scratch the woman, just to show her how much it hated not being as good as the woman thought it was.



With that, the woman took off her jacket and scooped up the kitten as gently as she could, so it would be safe in her arms and not be able to bite or scratch. The kitten was surprised that this felt good, it really didn't want to bite or scratch. It was tired and just wanted to be taken care of. She took it home and gave it a dish of warm milk. She didn't trust that it wouldn't disappear.

The kitten, once it was inside her home, looked again for the safest place to hide. It hid way in a corner under a table. It wouldn't go near the milk, even though it was starving, until the woman left the room. Then it dashed for the milk and gulped it down as fast as it could.

Meanwhile, the woman went about her life and let the kitten get used to its new home. She made sure it knew where it could go, and didn't let it go where it might get into trouble. It took many, many days of this before the kitten would eat with the woman in the room. It took many more days before the kitten would slow down its eating and begin to believe that the food would not disappear, but that it could trust the woman to care for it. After a while, the kitten began to look healthier - its coat was now full and shiny, and the sparkle came back into its eyes. The woman had put wonderful toys in the room for the kitten, but at first all it felt like doing was scratching them with its claws and tearing them up with its little sharp teeth. Inside, the kitten felt sad about this and didn't really want to destroy all these toys, but there was a part of the kitten that felt very hurt and angry. Again, the woman gently spoke to the kitten,

"I am sad for you that you have all these hurt feelings. I heard from people who saw you with your mother cat, that you lived a very sad life with her. It is hard for little kittens when their mother can't care for them. When mother cats are sick, they may even hiss and scare their little ones because they feel bad themselves. Their kittens come to believe that this is what love means - being hungry and hurt. It is confusing when their heart tells them they want to be cared for, and yet they are afraid that letting someone else care for them will mean giving up loving their mama. I want to tell you that you can love your mama, without loving the way she treated you. It is okay to be angry that you were feeling hungry and lost, and to want to be cared for."

The woman also told the kitten that she would stop giving it new toys until the kitten could use them for fun, because it was not good for the kitten to keep on being destructive. If the kitten felt like destroying something, the woman would give it some paper balls or a scratching post meant for such things.

This was a lot of new things for the kitten to think about, and it took a long while for these new thoughts to make sense. As the woman talked, the kitten began to remember how it felt living with the mama cat. The kitten could see her mama cat's face as she hissed at her kitten. It could remember how it felt to be hungry and look for mama, and the deep lonely feeling when mama wasn't there. The woman was sitting on the floor next to the kitten, and as the kitten remembered these sad things, it had a new feeling - a longing to be taken care of. It was a little frightened to have this feeling and it felt very confused.

Finally, it let itself feel the wish to be held and stroked, and it cautiously climbed into the woman's lap. She let it settle itself and then began to gently stroke its fur. The soothing feeling of being stroked sank deep into the kitten's heart, and it began to reach the deep hurt places inside. The kitten breathed slowly and let the comforting feeling of being held fill up the aching place of loneliness. They did this many times, until the hurt and angry and lonely feelings were just something the kitten remembered but didn't feel anymore. Now, when the woman called to the kitten, it came running to her, knowing she would be loving and that it could feel that marvelous contentment.



Again, a surprise happened. The woman brought home a new toy, and this time the kitten didn't feel at all like tearing it up. It wondered at a new feeling it was having - it felt playful! It ran and jumped and felt good to be alive. It could now feel the woman's love and felt a deep love for her too. The kitten was now careful not to scratch her with its claws but to be soft and loving in return. They lived together for many years, and their love helped them through bad times and made the good times wonderful.

Written as an analogy of the relationship between caregiver and child, this story was used by some of our attachment group members. They were asked to look specifically at the final two paragraphs to see if, as adults looking back on their childhood, they would change the ending.



What to do when someone doesn't text you back

Kelly Armitage (therapist)



'We should never chase, but instead practice self-love to heal our inner child.'

People can enter psychological turmoil and become obsessive when someone doesn't text back. Individuals who are anxiously attached or have abandonment wounds faced rejection or neglect in childhood and this can be triggered from a rejection from a romantic interest. It can re-open old wounds - causing them to become distressed if someone doesn't text back quickly. This leads them to have a de-regulated nervous system and feel anxious.

People should strive to accept rejection as a part of everyday life and to love themselves to become truly happy - instead of obsessing. When we are dating and nothing has been confirmed with regards to a relationship you could send a text and not receive a response for one hour, three hours or even half a day. The action of not getting a text back can trigger old pain of not being loved or that you're going to be abandoned.

For those with abandonment wounds and anxious attachment, a lack of communication, nurturance or presence will trigger this. When you feel like this, it's an opportunity to heal your triggers. Many people don't take the opportunity to heal and instead call their girlfriends or check when they were last online to obsess endlessly over the rejection. This is the worst thing you can do, you must soothe yourself if you feel rejected and abandoned to ultimately get to a place of secure attachment.

You should soothe yourself straight after rejection by reciting affirmations. You need to love yourself in the moment. Close your eyes and put your hand on your heart to soothe your inner child. You can say affirmations such as 'I am lovable, I am amazing, I am good enough, I don't want someone who isn't present'. This helps to regulate the nervous system to bring peace and calmness.

Stay away from coping mechanisms such as smoking and alcohol; meditate, have a bubble bath or go to a therapy session instead. When we're in the chasing energy, and feeling desperate what we chase gets repelled. If I went into Selfridges right now and a woman chased me to buy hand bags, even if they were Louis Vuitton, I would think she is so desperate and want to get away.

Once you reach a place of secure attachment - a healthy attachment style where you acknowledge your self-worth - you attract more available people. This is why we chase the bad boys, we're trying to get love outside of ourselves. Once you become secure you won't be attracted by avoidant men and women. Nobody likes rejection but it's just a sign it isn't an alignment and to soothe and love yourself more in the moment. Nothing outside of you ultimately makes you happy.

When somebody doesn't text you back:

1. Soothe yourself through positive affirmations
2. Don't chase
3. Regulate your nervous system



Source: Therapist reveals what to do when someone doesn't text you back | Watch (msn.com)

When positive affirmations are not enough

Repeat after me...

I am lovable!

I am competent!

My needs are important!



My feelings are important!

I am important!

Everyone has issues

I don't need to be perfect

Not everyone has to like me



The above positive affirmations, when repeated to ourselves at regular intervals, can help us immensely with our self-esteem. For some, however, it may not be enough and we might find the following activities, in addition to the above, more effective...

- **Talking with a therapist** can help you identify the underlying cause of your negative mindset and learn helpful coping strategies.
- **Living a healthy lifestyle:** exercise and a healthy diet can improve your mood and reduce stress.
- **Spending time with positive people** can help you experience more positive thoughts and find motivation.
- **Evaluating areas to change:** optimistic thoughts and finding motivation can help you improve areas of your life that trigger negativity. Consider starting with one area of your life at a time to embrace the benefits fully.
- **Finding things to laugh or smile about** can ease stress and help you focus on the good parts of your life. It can help inspire and motivate you toward your goals and encourage you to feel good about yourself.
- **Expressing gratitude** is one of the best things you can do to shift to a positive mindset and to and push away negativity.
- **Celebrating the good moments:** savour and appreciate small pleasures.

This will only work if you put in the effort. It's OK if they don't work for you, but if they do, it could be a helpful step toward self-improvement.



NHS Confederation Mental Health Network



BMA House London April 2023

Conference Report

Thanks to RETHINK and the organisers of the conference I was able to attend this event and can report that personality disorders, and especially BPD, received much attention.



BMA House, London

Equally important is the news that the new vice-chair of the NHS Confederation MHN, Marsha McAdam, has a diagnosis of BPD herself. This appointment is a major move forward in raising awareness of BPD, and is largely due to our very own (until December 2022) Ifti Majid, chair of the NHS Confederation MHN, who nominated Marsha for the role. Ifti is the previous CEO of the Derbyshire NHS Trust and now occupies the equivalent post in Nottinghamshire. Marsha is working closely with Peter Fonagy, co-creator of mentalisation based therapy (MBT), to create better treatments for people with BPD.



Ifti Majid



Marsha and Peter

The conference delegation was made up largely of service providers. Lord Victor Adebowale, Chair of the NHS Confederation, spoke to them with a refreshing honesty:

'Don't look up, look out towards your community', and when looking to services in the future, he reminded them, *'You're only as good as your own service intervention'*, and *'You're responsible for the state of your service.'*

The voluntary sector was also high on the agenda. Dr. Sarah Hughes, CEO of MIND, said:

'Charities are not popular within the government and, as a consequence, they are frightened that they will lose their place at the top table if they challenge the government too much.'

On a more positive note, Dr Hughes believes that Integrated Care Boards are the way forward because they work on the premise that the statutory and voluntary sectors can work together, something that has been a long time coming: *'With NO.10 no longer interested in mental health, now is the time for the third sector to state their case.'* Lord Adebowale promised the voluntary sector that the Confederation would fight the government on their behalf:

'If we don't make the changes now, then when?'

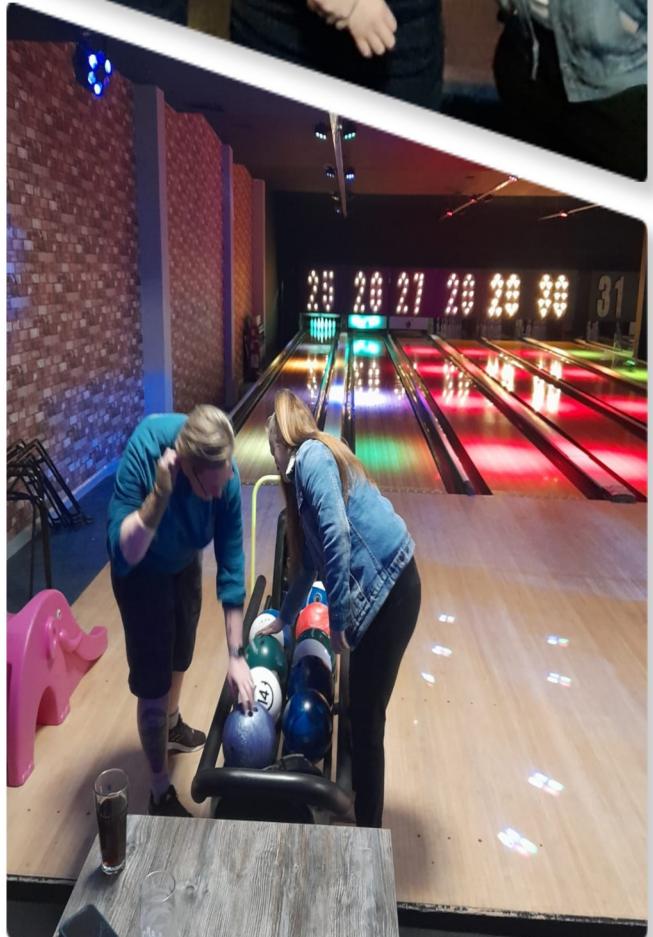
For me, the only downside to the day was the speech made by Claire Murdoch, NHS England's National Mental Health Director, who said that waiting lists are down and services are in a good place. No, I think we have a way to go before she can legitimately make a statement like that.

Sue Wheatcroft



Claire Murdoch

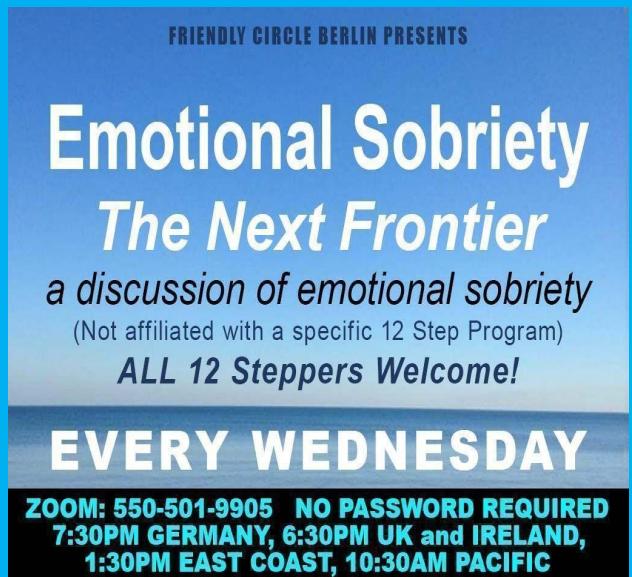
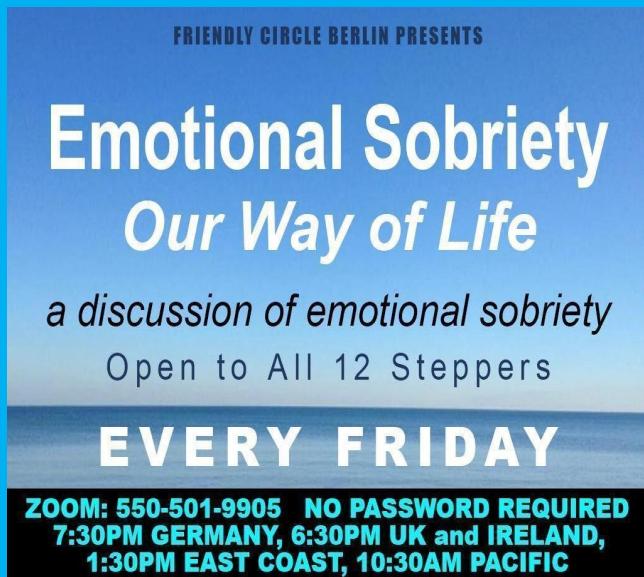
Bowling in Nottingham



April 2023

Suggested by a group member...

Emotional Sobriety Meetings



The group is called the "friendly circle Berlin."

Mondays

6.30pm

Workshops

Q&A Session.

Tuesdays

6pm

Herb K workshops taking us
thru the 12 steps
emphasis on emotional
sobriety
occasional workshops on
forgiveness

Wednesdays

6.30pm

usually have a lead share
more like a regular meeting

The first Monday of the month is
my absolute favourite speaker
ever! Dr Allen Berger, 50 years
sober, trained psychotherapist &
speaker/writer on emotional
sobriety.

CLAIREE

ID Number

550 501 9905

same for all 3 meetings

No Passcode

Enjoy folks!! These mtgs are taking my recovery to another level. I've started keeping a journal to jot down all the 'ah-ha!' moments I get from the speakers. I combine them with my regular Derbyshire AA meetings too. xxx

FUTURE DATES AND THEMES:

MAY 12th: Mindfulness for the 12-stepper
(situational awareness)
JUNE 9th: Maximizing Strengths
JULY 14th: Positive Relationships
AUGUST 11th: Meaningful and Valued Life
SEPTEMBER 8th: Goals and Motivation

It says "all 12 steppers welcome," but at the beginning of every meeting, they say "you're a member if you say you are." The focus is always on Emotional sobriety (read emotional resilience) as related to addiction problems.

Link: <https://chat.whatsapp.com/HGWCW7VNyGF872cpP21JkF>

Healthy Boundaries



Mental

Freedom to have your own thoughts, values, and opinions

'I respect your perspective although I do not agree'

Emotional

How emotionally available you are to others

'As much as I want to support you right now, I do not have the emotional capability'

Internal

Self-regulation. Energy expended on self v others

'I have been social all week. I need the weekend to myself'

Material

Monetary decisions, giving or lending to others

'I already lent you some money a while ago, so not again right now'

Physical

Privacy, personal space, your body

'I prefer not to hug people I do not know'

Conversational

Topics that you do and not feel comfortable discussing

'I would rather not be a part of this conversation'

Practicing self-care
DOES NOT
mean you are
selfish!

Time

How much time you spend with someone or doing something

'I can only stay for 30 minutes'

You DESERVE
to be happy
and
fulfilled!

Things You Only Know If You Have Borderline Personality Disorder

Story by Debrief Staff • GRAZIA

I'm lying in a hospital bed, and I have little memory of how I got there. I sit up and suddenly realise that I have my second-year university exams in a matter of weeks. The panic hits me. I have to revise. I have to do well. What am I doing here? I remember a blur of booze and pills and tears. I reach for the tube in my wrist, and I start pulling it out. I'm pulling and pulling and there seems to be yards of tubing inside me. I finally get it all out and the hospital bed is soaked in blood. I get dressed, blood staining the arm of my coat. I run out of the hospital, get on the bus and go back to my flat to revise.

Borderline Personality Disorder is a mental illness that manifests itself in a range of distressing symptoms and abnormal behaviours. It was recognised as a disorder of mood in 2015 that affects how the sufferer is able to relate to other people - if you have BPD, you'll experience extreme emotions and may go through periods where you totally lose touch with reality. Between 60% and 70% of BPD sufferers will attempt suicide at some point during their lives – which is a terrifying thought for me.

Your emotions get really crazy

When I'm explaining BPD to people for the first time, I usually describe it as having overwhelming emotions that are very difficult to deal with. My emotional state can change very quickly, pushing me from euphoric happiness to crushing despair within the space of a few hours. My feelings always seem completely valid to me, when they usually aren't grounded in reality at all. After a perfectly nice evening with friends, I might still go home and burst into tears because I feel like I said all the wrong things and none of the people I was with really liked me. I have to trust my partner when he tells me that my assessment of the situation isn't correct, and my feelings aren't rational. My emotions can feel like huge waves breaking over me, knocking the wind out of my chest and pushing me underwater.

BPD often accompanies other mental health problems

Due to the overwhelming emotions that come as part of BPD, the illness often goes hand in hand with other mental health conditions, including anxiety and depression. For me, it made slipping into the grip of a nine-year eating disorder very easy. I suffered from serious anorexia, dropping to five and a half stone, and this quickly segued into bulimia, making the mood disorder elements of BPD so much worse. It's a lot harder to cope with life when you've got that going on.

It's difficult to maintain relationships

Mental illness isn't particularly easy for other people to understand, particularly when it manifests itself in so many different ways. When I was completing my undergraduate degree and my BPD and eating disorder were at their worst, I lost most of my friends because I was judged as attention-seeking, difficult, a drama queen, pathetic, and selfish for not 'pulling myself together'. I now have a much smaller friendship group, and I am very careful who I tell when I'm having a bad 'BPD day'. It's still difficult to form strong friendships, as I'm crippled by the fear that people won't like me and will reject me like my university friends did, if they find out that I'm unwell. I have a few close friends who know.

**You take unnecessary risks **

One of the scariest parts of BPD is that I often have impulses to do certain things that I know are harmful to me, but I think they will make me feel better in the short term and make the pain of overwhelming emotions go away. I have to work very hard to keep myself in balance from day to day, so I don't get into a place where I think that disappearing for days at a time or walking around at four in the morning on my own, or self-harming (all things I used to do regularly to try to manage my emotions) are really good ideas. Impulsive behaviour, often fuelled by drugs or alcohol, seems like it will have no consequences at the time, but it always does and it's very difficult for people who care about you to deal with.

Getting treatment is not easy, but there are ways you can cope

Many GPs aren't trained to recognise the symptoms of borderline personality disorder, so it can be a struggle to get a diagnosis. Outwardly presenting symptoms like depression and related behaviours like self-harm are often focused on by doctors, leaving the underlying problem unchallenged. I got diagnosed with BPD when I was 19, during my treatment at an eating disorders outpatient clinic. The Compassion Focussed Therapy used to combat my mix of anorexia and bulimia was really helpful, as were books that taught me how to use Dialectical Behavioural Therapy (DBT) to alter my thought patterns. I try to keep my environment as calm and stable as possible, because when I feel safe, I'm less likely to experience BPD symptoms. I have mood boards that remind me of all the good things in my life, things I have achieved, and reasons why I'm a worthwhile person. There are still bad days, but I have a very supportive partner and family, and two beautiful kittens, and just sitting down and stroking them can chase away some of the worst overwhelming emotions.

Suicide

vs.

Suicidal

Considered a
tragedy

Considered
attention seeking

Everyone is
present

Everyone tries to
avoid them

Everyone
feels **bad**

Everyone feels
irritated

Everyone
wishes they
"saw the signs"

Everyone pretends
the **problem isn't there**
and **dismisses** them

Everyone wishes
they **hadn't done it**

No one believes
they'll **ever do it**

Please, if someone tells you they're suicidal,
take them seriously. Don't be the one who
pushes them away, be the one who tries to
keep them here. It could save their life.



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