



Borderline and Beyond



This leaflet has been written for people like you who might be discussing the diagnosis of Borderline Personality Disorder (BPD) with their GP or mental health worker for the first time.

It might also be useful for your family and friends to learn more about what this means.

This leaflet has been written by the BPD Dialogues Group, who are people with lived experience of BPD, in partnership with NHS Greater Glasgow and Clyde and the Mental Health Network.

So, what exactly is BPD?

Borderline Personality Disorder (BPD) is also sometimes called Emotionally Unstable PD (EUPD). There are also other Personality Disorder types, which can overlap with BPD symptoms.

The names are confusing and may change again in the next few years when new psychiatry classifications come into place.

In this leaflet we stick with using the name Borderline Personality Disorder (BPD), because this is the name most commonly used online. We are not going to cover all the different sub-types of Personality Disorder in this leaflet.

Mini Factoid: The term 'borderline' was originally used because doctors used to think it was on the border between two different disorders: neurosis and psychosis. Doctors no longer tend to use these terms to describe mental illness, but the term 'borderline' stuck!

What are the symptoms of BPD?

Everyone is an individual, and no 2 people with this diagnosis have exactly the same combination of symptoms.

The main symptoms are:

- Intense, highly changeable moods.
- Long lasting feelings of emptiness.
- Extreme reactions to feeling abandoned.
- Regular self-harming, suicidal thoughts, intent or behaviours.
- Unstable, intense relationships with others.
- Confused feelings about your identity. (Not being sure what your identity is/ switching identity according to who you are with.)
- Being impulsive in ways that could be damaging. For example: overspending, sex with multiple partners, substance abuse (alcohol, over the counter drugs, prescription drugs, illegal or street drugs), reckless driving, and binge eating.
- Difficulty controlling your anger. For example, losing your temper or getting into fights.
- Feeling paranoid, hearing voices or seeing things that are not really there when you're stressed.

Having a diagnosis of Personality Disorder does not make you a bad person.

Mini Factoid: You only need to have 5 out of these 9 symptoms for a diagnosis. That means there are 256 different possible combinations to make a diagnosis!

Everyone reacts differently to getting a diagnosis:

- It can be a relief to find that there is a recognised condition with a name, and that there are other people with similar symptoms. It can be hopeful to know that treatments are available.
- It can be confusing if things are not discussed or explained clearly.
- Sometimes people can feel upset or angry, as they feel this is a negative or stigmatising diagnosis.

“After years of being told I had ‘just’ depression and anxiety, researching and finally getting a confirmed diagnosis of BPD was a relief for me. Admittedly, it was quite a lot to get my head around, but I had always felt somehow guilty that I wasn’t responding properly to all the different medications. BPD made the pieces of the jigsaw click into place; it explained the meteoric mood swings within days, hours, seconds. The increasing frequent crashes that left me unable to work for extended periods and ultimately cost me my job. The raw aching emptiness coupled with raging storms of emotions I didn’t understand. After decades, it finally made sense.”

“When I got diagnosed with BPD it was soul destroying. Because I was told that I was having all these unexplained physical symptoms and the emotional difficulties because I have something wrong with my personality. I felt like I was getting blamed for something that I didn’t understand.”

All reactions are valid, and there should be time to discuss your feelings about it with your doctor or other mental health professional.

It can take health professionals time to diagnose Borderline Personality Disorder. They need to know quite a lot about your background, your moods and your relationship patterns over your lifetime to make this diagnosis. Sometimes it is possible to have more than one mental health diagnosis, which can take time to understand and can make treatment more complicated.

How does BPD develop?

Most experts agree that BPD develops due to a combination of genetic and environmental causes. That means it is a mix of 'nature' and 'nurture'.

The mixture of causes might be very different from person to person.

Many people with BPD have had stressful experiences in their early life, such as abuse or traumatic life events. This can be subtle, for example: feeling unsupported, invalidated or emotionally neglected.

Not everyone who has a diagnosis of BPD has a history of trauma, and not everyone who experiences trauma goes on to have BPD.

Some people are born more vulnerable to developing BPD, with problems in how their brain regulates emotions and impulses. For someone with more genetic vulnerability, there may not be any major trauma or neglect. Sometimes difficult family circumstances and stresses might have an impact on the important period of personality development in early childhood.

Mini Factoid: Brain Changes in BPD.
Studies have suggested an underactive pre-frontal cortex (the brain's 'emotional brake') and overactive amygdala (the brain's 'emotional gas pedal').

What is it like to have BPD?

It is different for everyone, however here are some examples of what it can be like to live with this condition:

Remember, these are just examples. Everyone's experience is different, and you are not likely to experience ALL of these.

Impulsiveness

Self harm - there can be lots of different versions of this, including cutting, overdoses, issues with eating, pulling your hair out, hurting yourself through over-exercising.

Sometimes – especially before targeted therapy - self-harm can feel like the only way to manage strong and overwhelming emotions. Self-harm can also sometimes be used to feel something when you feel empty.

The impulse to self-harm can become like a habit; it can be difficult to break the habit and substitute other coping mechanisms.

Some people with BPD use drugs and alcohol excessively to suppress difficult emotions, or to try to manage a crisis. This has many risks, especially if buying something from someone when you can't be sure what is in it.

Impulsiveness can take the form of overwhelming urges, which may result in risky behaviours. You can get over-excited about something and spend lots of money quite suddenly. You may then quite quickly regret your actions.

Other examples could be gambling, getting over-involved in social media and oversharing, putting yourself in risky or dangerous sexual situations, or making sudden decisions to stop medication or take it in a way that is not prescribed.



Unusual experiences

People can hear or see things or have paranoid thoughts that feel completely real and disturbing. In psychiatric terms these are called psychotic symptoms. This can be quite extreme and frightening to the person experiencing it, as well as to others.

The term 'pseudo hallucinations' is sometimes used by professionals, which can feel like it is not being taken seriously. However, they can be very real at the time for the person experiencing them.

Relationships

Relationships with other people (friends, partners, family members, workers) can feel very intense. There can be a very intense attachment to someone, and a feeling that they are a special person, or favourite person. This can cause problems because you might not realise this is coming across as too intense to the other person. Sometimes you can even take on other people's personality traits to try to feel better, which can be perceived by the other person as being obsessed, or too clingy.

"If the person leaves, it can feel like part of yourself is being ripped out of you, and the bottom has fallen out of your world."

This can lead to pushing people away because you are worried about getting too intense.

Sometimes people end up having lots of short intense relationships which break down easily.

People often describe being over-sensitive in relationships.

It is also important to say that it is possible to make more stable relationships.

“An interesting thing about me personally is I am in a stable relationship! And with someone who also has BPD! Logically this shouldn’t work but it does! We have been together 9 years now and are engaged, planning a family and life together. I think because of the BPD we are far more emotionally connected than most couples and talk it out if something is upsetting us. We know the highs are exhausting and lows are dreadful and so we respect each other’s stages and work around them.”

Emptiness

You can feel physically, emotionally, mentally and spiritually empty.

"It can feel like having a hole as if something's missing - it can feel like you need to fill the hole by impulsive spending."

"It can feel like a monster eating you from the inside out. Like a gnawing feeling of nothing, but it's all-consuming at the same time."

People also describe a feeling of not being yourself (which is also called depersonalisation), or like being in a trance or a bubble. People also sometimes feel like they 'shut down' because you feel overwhelmed.

These feelings can be very variable from day to day/ hour to hour

Sometimes this can be pretending to feel better on the outside than you really do on the inside. What is seen on the surface is not necessarily what is going on underneath.

There is lots of information out there on the internet about BPD. This can be overwhelming, and it is not all helpful or accurate.

There can be some positives too!

People with a diagnosis of BPD can be very good at relating to other people and their emotions. This means we can be empathic and sensitive, and more understanding of others.

We can have more intense feelings than most other people - when we care, we really care!

This also means we can be much more approachable (on a good day), and easy to talk to.

Having strong emotions can also mean that we can feel passionate about things, and really notice little details that others might miss.

“Without even realising it you can become fascinated by the colours of an Autumn leaf - down to the smallest line and every variation in colour. Each and every leaf is different.”

People with a diagnosis of BPD have often had to be more resourceful and resilient than they realise and can become even more resilient with the right therapy. This does not mean a person always feels that they can cope with a situation, even if they have faced it before: it always depends on the circumstances at the time.

Some people with a BPD diagnosis are highly creative and original in many different areas like art, writing, singing or poetry.

Coping mechanisms, or how you can help yourself

Everyone is an individual, and different things work for different people.

These are just some suggestions from people who have found these things useful

Some coping strategies may not be suitable for all e.g. if you have a disability

- Take a minute out and try to slow down your breathing.
- Reassure yourself.
- Seek out people who can help you – friends/ family/ professionals.
- Stay away from people who won't help you.
- Smashing eggs in a bath can give some relief (but for some people the mess feels stressful).
- Think about whether your medication might help.
- **STOP** skill
 - S** = Stop for a minute
 - T** = Take a breath/ Take a step back from the situation
 - O** = Observe what is happening (what are you feeling and thinking?)
 - P** = Proceed Mindfully – think about your actions

- **TIPP**
 - T** = Temperature (splash your face or put face in iced water, or use ice pack)
 - I** = Intense exercise – even just for a short while
 - P** = Paced breathing (eg trying to slow breathing down or breathe in for 5 and out for 7)
 - P** = Pairing muscle relaxation with your breathing
- Make a Self-Care box, which can contain things that help to ‘ground’ you, like stress balls, essential oils, CDs with music, photographs, quotes or affirmations. Anything that will stimulate your 5 senses (smell, touch, taste, sight and sound) and which feels meaningful to you might work.
- Do something creative – this can be a distraction
 - It helps to build on interests you already have, like art or playing music, doing your nails or beauty routines. The key thing is to find something that is personal to you

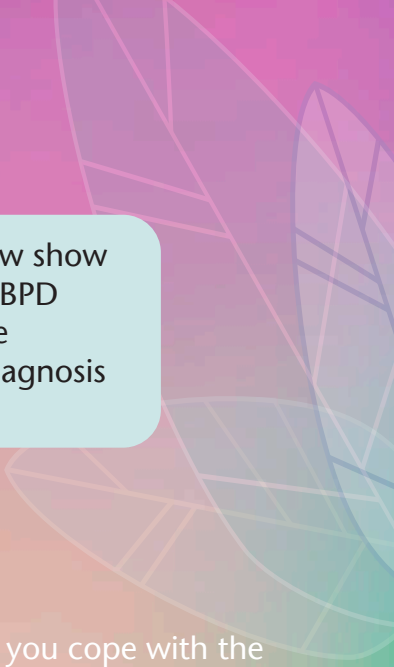
"I said to my worker how I do art stuff as a hobby and we looked to see if we could convert some of the materials into a coping mechanism.

"I used paints, felt tips and craft bags to make something nice and cheer myself up. Keep my mind off difficult thoughts, a way of having something good to look forward to. Make gifts for others so both of us would feel good and I had something to be proud of.

"I got in tissue paper and polystyrene that I could crunch/rip up [over a bin] when I'm angry or frustrated. I had a pad of cheaper paper that I could scribble really angrily on and use my paints on when I felt like it. It's the same motion you use and it's something I have found very beneficial."

"It doesn't matter if it seems silly or childish as long as it helps you, that's what matters."

"I find it helpful to remember it is only a feeling, and feelings pass."

A decorative graphic of a stylized leaf with a network of veins, rendered in a light purple and blue color scheme, positioned in the upper right corner of the page.

Mini Factoid: There are studies that now show that for many people the symptoms of BPD gradually improve. In time some people may no longer meet the criteria for a diagnosis of BPD.

What treatments are available?

There are treatments out there that can help you cope with the symptoms and help you become more resilient towards them. Some people with milder symptoms might only need support from their family and friends and contact with their GP from time to time.

If you have been referred to a CMHT (Community Mental Health Team), you should be offered assessment, diagnosis, information, discussion and formulation of your particular needs. You may also get support from a CPN (Community Psychiatric Nurse) to help with coping skills, crisis planning and review of any medication needs. You may also have input from other professionals, such as an occupational therapist.

There is no medication to treat or 'cure' BPD. Some people are prescribed medication to help with co-existing mental health problems, like anxiety or depression.

Psychological Therapies in NHS Greater Glasgow and Clyde (NHSGGC)

The following therapies are delivered across all areas in NHSGGC. They are accessed through the local Community Mental Health Team (CMHT) who can refer you following assessment and discussion of your particular needs. There may be a wait to access these therapies but they are now available more regularly in all areas. Many of these therapies are now being conducted online.

- **Emotional Coping Skills Groups**

8 session skills programme, delivered in weekly groups

For people with milder to moderate symptoms and lower risk, who may or may not have an official diagnosis of BPD

- **STEPPS**

20 week CBT-based programme, delivered in group and individual sessions

For people with moderate BPD symptoms

The more intensive therapies for BPD are also now more available across Greater Glasgow and Clyde. Both MBT (Mentalization Based Therapy) and DBT (Dialectical Behavioural Therapy) are long term therapies which are effective in reducing symptoms.

At least one of these is being offered in every geographical area of Greater Glasgow and Clyde:

DBT

Dialectical Behavioural Therapy

Up to 18 months of skill-based approach (CBT and Mindfulness)

Weekly group and individual sessions

MBT

Mentalization Based Therapy

Up to 18 months of mentalization-based approach

Weekly group and individual sessions

Other Psychological Therapies

There is also access via the CMHT or your GP to other approaches which may be helpful for some people, e.g. Schema Focused Therapy, CBT (Cognitive Behavioural Therapy) or Psychodynamic Psychotherapy.

Useful contacts

(The information below was correct at the date of writing)

Crisis Helplines

NHS 24


24 hours - 7 days

 111

Breathing Space


Monday-Thursday: 6pm-2am


Friday 6pm to Monday 6am (24 hour support at weekends)

 0800 83 85 87

Samaritans

24 hours - 7 days

 116 123

 jo@samaritans.org

(Doesn't appear on phone bill) (response within 24 hours)

Shout (Text Support)


24 hours - 7 days


Text: **85258** (Doesn't appear on phone bill)

Crisis Helplines cont.


Childline (Up to 19th Birthday)

24 hours a day

 **0800 1111** (Doesn't appear on phone bill)

Live chat:  www.childline.org.uk

SupportLine


 **01708 765200**

 info@supportline.org.uk

Addiction Support

Talk to Frank

24 hours - 7 days


 **0300 123 6600** (May appear on phone bill)


Text: **82111**

Other Useful Resources


Websites

NHS Inform Website on Personality Disorder


 <https://www.nhsinform.scot/illnesses-and-conditions/mental-health/personality-disorder/>

 **Borderline Personality Disorder**
(choiceandmedication.org)

SHOUT's Little Book of Coping Skills - free to download

 <https://giveusashout.org/latest/little-book-coping-skills/>

MIND website: What can I do to help myself cope?

 <https://www.mind.org.uk/need-urgent-help/what-can-i-do-to-help-myself-cope/>

Free Apps

Samaritans Self Help App

Calm Harm App

Space for your notes

