

**SARAH DALE**

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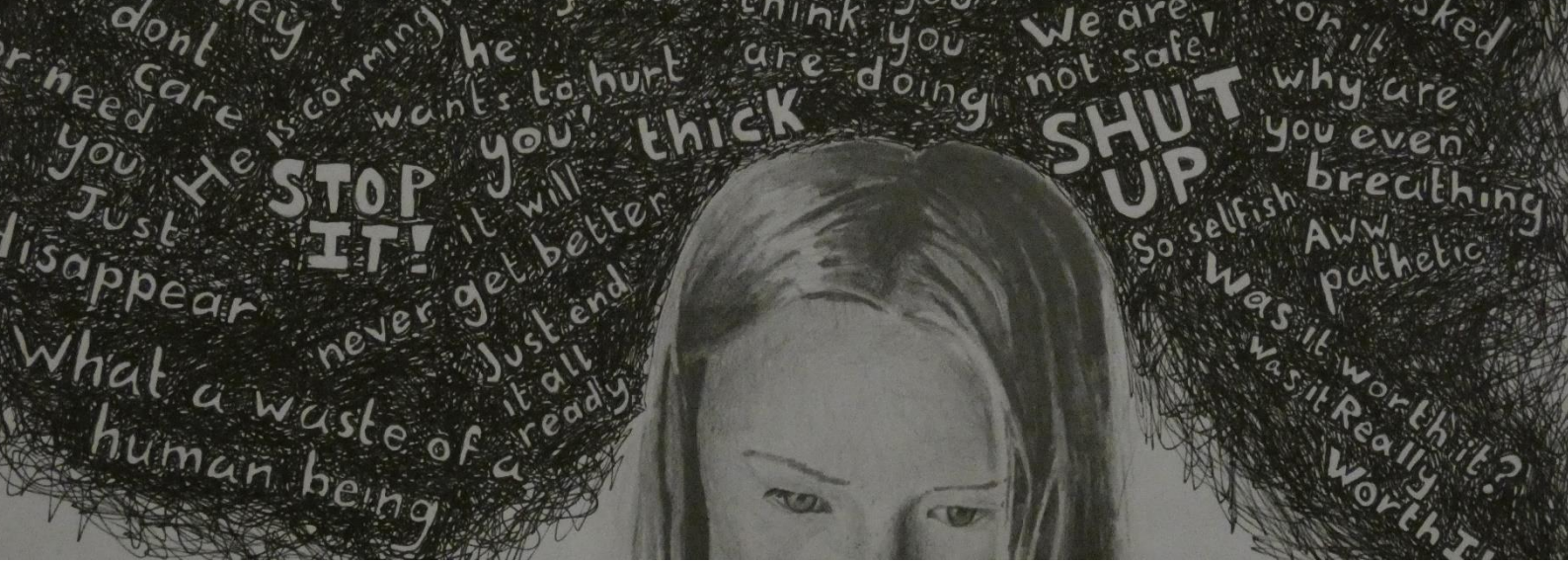
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## A LOOK INTO BORDERLINE PERSONALITY DISORDER (BPD)

By Sarah Dale

# WHAT IS BPD?

So...you are probably reading this wondering 'what is Borderline Personality Disorder?', and you are not alone. This is the response I get when I tell people I have BPD, and yet I still haven't been able to accurately explain what the disorder is, and how it affects me.

The reason you probably haven't heard of the disorder is that most people with the disorder have experienced a lot of stigma. Often being described as 'manipulative', 'attention seeking' and 'incurable'.

You have probably seen over the years, celebrities opening up about their depression, anxiety or bipolar disorder, thus more people are speaking up about their own struggles.

However, no one wants to talk about the more 'scary' or 'shameful' issues like self-injury, eating disorders, psychosis and personality disorders.

I have Borderline Personality Disorder (BPD). It is also known as Emotionally Unstable Personality Disorder (EUPD). However, I despise the term Emotional Unstable PD, as I feel it is very stigmatising, so I use the term Borderline.



# SO WHY BORDERLINE?

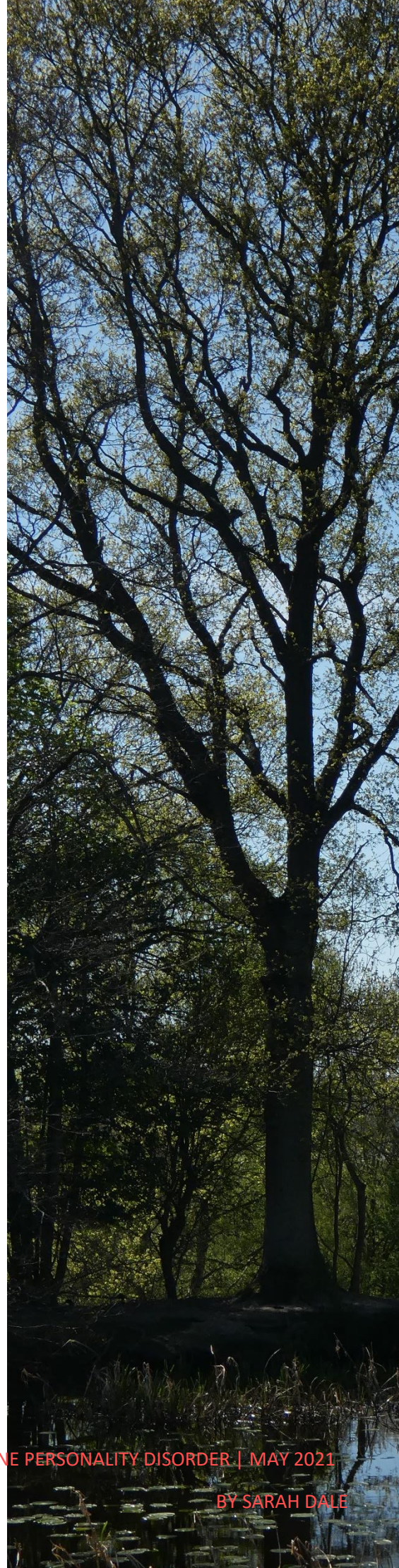
The term was first coined back in the 1970s. For years the term "borderline" was a catch all category for patients who did not fit the established diagnoses. People described as borderline seemed more ill than neurotics (people who experience severe anxiety secondary to emotional conflict) yet less ill than psychotics (people who are detached from reality makes normal functioning difficult)<sup>1</sup>. This was back when people who were 'neurotics' were seen as treatable and 'psychotics' were seen as untreatable and people who were 'borderline' were, as you probably guessed by now, borderline between the two.

The condition borderline personality disorder wasn't clearly defined until the 1970's. However, psychiatrists couldn't agree of the existence of a separate disorder, or the set of symptoms that are necessary for a diagnosis. As more and more people began to seek therapy for a unique set of life problems, eventually the diagnosis was defined in the *American Psychiatric manual for mental disorders* (DSM-III<sup>1</sup>).

Since then there have been several revisions to the diagnosis and people still argue about what it is and what causes it.

BORDERLINE PERSONALITY DISORDER | MAY 2021

BY SARAH DALE



# SO, WHAT IS IT LIKE TO HAVE BPD?

As suggested in the title, BPD has a lot in common with several other disorders. It's like a mix of other parts of disorders. Some paranoia here, some non-stop anxiety here, some extreme mood swings here, how about a dash of chronic lack of identity here and finally some dissociation to top it all off.

But seriously, as you can imagine it's a nightmare to describe. However what can make it complicated is BPD is not my only diagnosis. Trying to explain that in context with my other issues, things inevitably get confusing. A lot of people with BPD are also diagnosed with other mental health difficulties.

To make things more complex than they already are, no two people with BPD experience the same symptoms at the same levels. It is very much a spectrum. In the International classification of Disorders-10(ICD-10) there are two versions of the disorder, the impulsive type and the borderline type<sup>1</sup>.

What I used to do to try and help people understand my condition, is carry a leaflet with the diagnostic criteria (inset). However, as you can see the wording is not the best, making it sound like you are completely insane! No wonder there is so much stigma.

So, I will **try** to explain what it is like for me living Borderline Personality Disorder.

## Borderline Personality Disorder diagnostic criteria

The *Diagnostic and Statistical Manual of the American Psychiatric Association (DSM 5)* specifies 5 out of the following 9 symptoms must be present for the diagnosis to be made:

1. Frantic efforts to avoid real or imagined abandonment. Note: Do not include suicidal or self-mutilating behavior covered in Criterion 5.
2. A pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of idealization and devaluation.
3. Identity disturbance: markedly and persistently unstable self image or sense of self.
4. Impulsivity in at least two areas that are potentially self-damaging (e.g., spending, sex, substance abuse, reckless driving, binge eating). Note: Do not include suicidal or self-mutilating behavior covered in Criterion 5.
5. Recurrent suicidal behavior, gestures, or threats, or self-mutilating behavior.
6. Affective instability due to a marked reactivity of mood (e.g., intense episodic dysphoria, irritability, or anxiety usually lasting a few hours and only rarely more than a few days).
7. Chronic feelings of emptiness.
8. Inappropriate, intense anger or difficulty controlling anger (e.g., frequent displays of temper, constant anger, recurrent physical fights).
9. Transient, stress-related paranoid ideation or severe dissociative symptoms.



# EXTREME EMOTIONAL INSTABILITY AND INTENSITY

Before I first started Dialectical Behavioural therapy (DBT) I had almost zero emotional intelligence. The only emotions I could name were happiness/mania, depression and sadness, anger, jealousy and emptiness. I could only name these emotions as I was feeling them at their extremes. I also had no skills to deal with these intense emotions. I would become so overwhelmed I would lose control and act very erratically. In an ordinary day I could cycle through several of these intense emotions, triggered by the smallest things. I felt like I was losing my mind!

I know what you are thinking, *'that sounds like bipolar disorder?'* let me just stop you there. Yes, there are many comparisons to be made between Bipolar Disorder and BPD however, the key difference is that with BPD the difficulty lies with the lack of skills to function. Typically, with bipolar disorder when a person is between mood swings or/and is receiving appropriate treatment, they can lead relatively normal lives.



Whereas with BPD, medication can help but without the basic skills they aren't going to go very far. DBT is a therapy specifically developed to treat BPD and give someone the skills to function. This consists of mindfulness, emotional regulation, interpersonal effectiveness and distress tolerance.

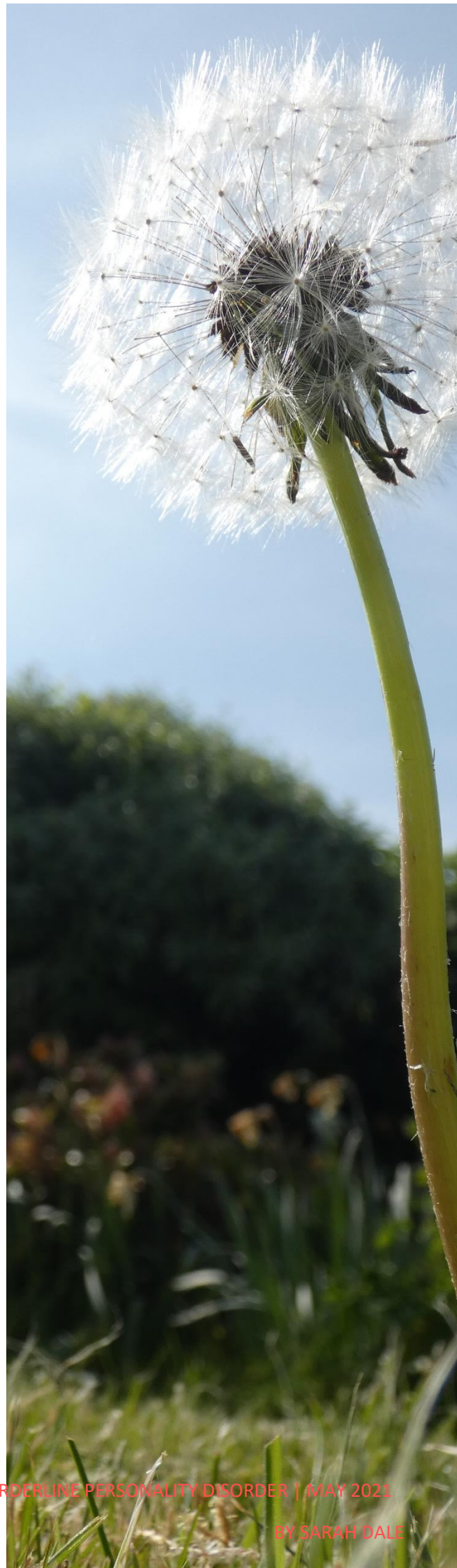
Although I still experience these very intense emotions, most of the time I am able to temper them or channel them effectively to express them or communicate my emotions thoughts and feelings effectively. Some feelings are harder to deal with than others such as guilt, shame and anxiety. I am still learning.

You often hear that BPD is like having emotional third-degree burns. I agree. I am so hyperaware and sensitive to everything going on around me.

# FEAR AND ABANDONMENT

I live in fear that people close to me will leave me. I have to fight myself to resist the urge to constantly check that they love me, care about me and don't hate me, which doing so will ironically drive people away. Knowing my history, you could say this is understandable. However, it does not make it any less troubling and frustrating. Several years ago, this fear was so bad I couldn't be left alone for more than an hour before I began having full blown panic attacks. I would beg, plead and cry to those around me to 'hang out', 'watch a film' or 'take me for a drive'. I was a nightmare to live with! Without people around me it was like I didn't exist (see who I am?), I was left with a feeling of nothingness, devoid of anything, complete emptiness. Which is terrifying! This changed when I found myself homeless, and was forced to cope with being alone. Reflecting back, I am deeply ashamed of my behaviour.

Today I'm generally ok being on my own, I start to really struggle when there is change in my life and some sort of perceived loss of control. Stability and routine are vital to me. I feel more alone when I am around people, as I am highly aware I am very different, mainly because I don't have a lot in common with others and very little to talk about that is 'socially acceptable'.

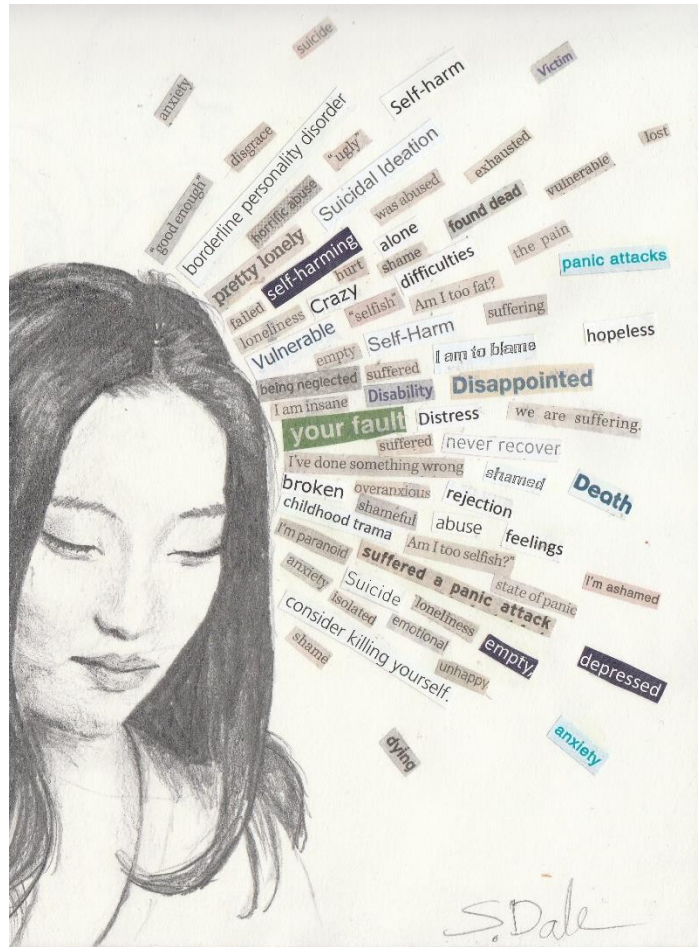




# WHO AM I?

This is the most difficult to describe. Most people say 'I'm like that'. Yes to some extent people experience this but not to this extreme. I assure you!

As mentioned above, being alone is excoriating painful and difficult, because you are confronted with nothingness, the realisation you don't have and identity. It's painful, like a 3<sup>rd</sup> degree burn in your mind. This can be linked to circumstances that prevent a child or young person from developing their sense of self.

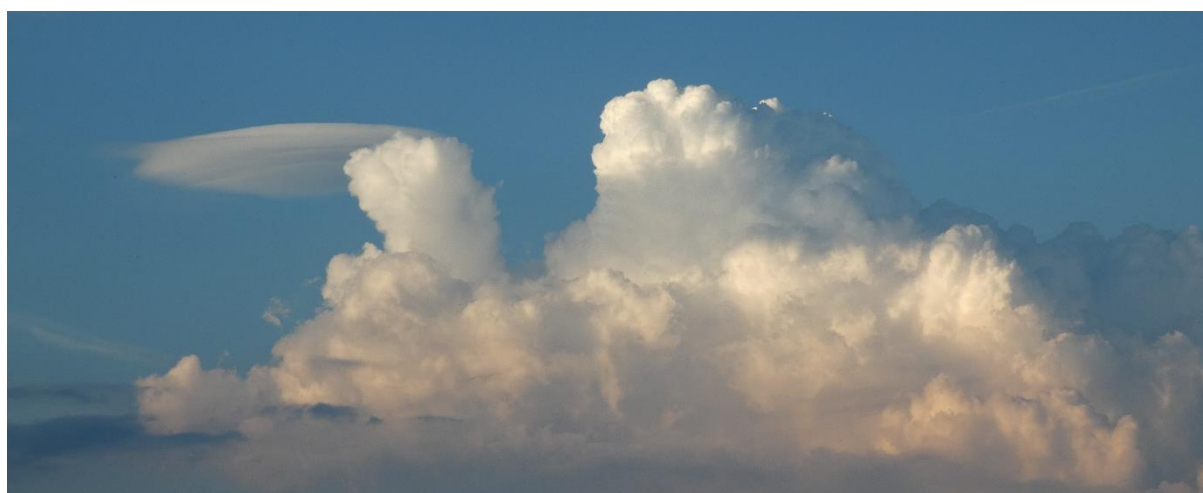


You feel like you are constantly playing a role. You feel like 'faking it' every single second of every single day. Your personality is dependent or only valid from external sources. I may view myself as intelligent when talking about a topic I know well, like Psychology, and someone says 'wow that's fascinating' or 'you're so smart'. However if I make a 'mistake' I will revert to feeling stupid. I'm always on a constant path to prove to myself 'I am someone'. I think the only thing I partially accept as a part of who I am is 'creative' (although I wouldn't know because I don't know what it's like to have an identity). I am often aware that if everything I make, draw, paint, isn't epic or amazing, it must be rubbish there for 'I am not creative'. However, I think I'm slowly replacing it with 'hey you got to start somewhere', 'or practice makes perfect'.

Over the years I have been many different Sarah's, I have changed my appearance, interests, roles, friends, aspirations many different times, in a desperate hope to find some sense of inner contentment and sense of self. Essentially like one constant midlife crisis!

## LOSING MYSELF

For me, one of the scarier symptoms is dissociation. There are several different types of dissociation, however I tend to experience Derealisation (the world feels unreal, and foggy) and Depersonalisation (you feel floaty and disconnected from yourself). When I dissociate I feel very floaty and fuzzy, like I'm not really there. Sometimes it can be so bad that I have trouble moving or speaking, and the world is distorted and objects change in shape or size. Often when I look down at my hands and arms, they seem alien to me, like I'm in the body of someone else. but one of the main things I experience is a disconnect from my emotions, as the triggers generally invoke feelings of extreme discomfort, fear and panic.



I generally get so scared my brain goes 'Nope! Can't deal! I'm out of here!' and as a result I dissociate. Generally these episodes can last for minutes or hours. But my longest and scariest episode happened during the last lockdown. The trigger was a bang that sent my already anxious brain into over drive. I felt so out of control and disconnected I was concerned for my safety, I found it extremely hard to talk and move. Usually I can bring myself out of it by using various grounding techniques. But on this occasion nothing could bring me out of it. I spent the evening wrapped in a blanket (the pressure and the warmth I have found very calming and makes me feel safe), and eventually went to bed still dissociated.



## THERE'S A POSITIVE TO ALL THIS

Although, what I have describe above some of the experiences that I have because of my BPD might sound like absolute hell. However, as with everything, there is a positive.



## EMPATHY AND COMPASSION

Because people with the condition experience grater internal and external turmoil. This enables a person to have an ability to recognise and have greater insight for those in similar situations. I have found I am more sensitive to the emotions around me, whereas this can make me more fearful around those who are aggressive or anger, those who are anxious or sad, I tend to recognise than and respond in a way to ease their anxiety or just to listen. I have been told I am easy to talk to about difficult experiences. I find really rewarding, doing peer support work, and enjoyed doing my counselling skills courses. A study has even found that people with BPD are better are reading faces and emotions better than those without the condition<sup>ii</sup>.

# CREATIVITY

When you regularly experience intense emotions, you need to find an outlet somehow. I found that through my art work. Creating art is a really good tool to raise awareness of mental health or just expressing yourself in a safe and healthy way. I am for ever doing some sort of art or craft. Over the lockdown people have told me they enjoyed seeing my art, so I started an Instagram account so more people could see it. Over the years I have been able to control my impulsivity. Sometimes I get these impulsive ideas for a new art work or way of doing things. A perfect example of this is the self-injury awareness talks and ribbons. I find it rather amusing it all started by an idea and impulse just to make a tonne of ribbons and posters and take them to a meeting and go 'here you go can we do this' without any warning, which has now been moulded into a talk that NHS staff have found really informative and eye opening (inset).



# PASSIONATE AND EMOTIONAL

Because people with BPD 'feel' more deeply this tends to make them more loyal and committed to relationships and friendships. This also means people to be more passionate about certain things and causes, resulting in a lot of joy or drives them to make a change. When these emotions are managed and channelled it can result in a lot of positivity



# BPD MYTHS

MYTH

## BPD IS A WOMAN'S DISEASE

It is estimated that 75% of those diagnosed with EUPD/BPD are women, that may be because of some of the symptoms of BPD in men may be dismissed due to sociocultural norms. E.g. a man getting angry and punching someone vs. a woman getting angry and punching someone, may be seen as 'manly', whereas a woman punching someone could be seen as 'crazy' and 'un-lady like'. There is also the fact that women are more likely to seek help than men and that men are less likely to be referred for psychological help than women. The fact is that men do get BPD too.

## PEOPLE WITH BPD ARE INCURABLE

MYTH

It was once thought that personality disorders, like BPD were lifelong. That they began in childhood and adolescents and continued into adulthood without periods of remission<sup>1</sup>. However, things have changed. Long term studies have shown that this is not the case. Studies tracking people with BPD, over 10 years, found that 2 thirds of people no longer met the criteria for BPD any more, with or without receiving treatment. Although people who received treatment fell into remission sooner. Those who 'conquered' their BPD had a greater capacity for trust and could develop close relationships. They also had a clearer sense of purpose and understanding of themselves<sup>1</sup>.

Today there is a wide range of therapeutic options for someone with BPD, with DBT being the gold standard. A diagnosis of BPD isn't a life sentence that people make it out to be.

MYTH

## **BPD IS THE RESULT OF TRAUMA**

Compared to other mental health issues, the diagnosis of BPD is still relatively new. There is still a lot of debate about the causes. We are constantly learning new things. And the causes of BPD are most likely a combination of genetics and life experiences. The fact is not all people who have experienced trauma develop BPD, and not all people who have BPD have experienced trauma. Making this association for some may be helpful for others it can be invalidating.

## **PEOPLE WITH BPD ARE ATTENTION SEEKING**

MYTH

Often people associate the suicidal thoughts, behaviours and self-harming behaviours often displayed with BPD as attention-seeking. The fact is these behaviours are a result of poor coping skills. When a person self-harms it is often done away from others, because of the shame and stigma surrounding self-harm. It is really not to 'get attention'. When people develop these coping skills, these behaviours decrease. This is the same with the emotional outbursts. It's not about seeking attention, it's a result of very intense emotions, dysfunctional thought process, emotional instability and coping mechanism. The brain of people with BPD is actually wired this way. Therapeutic intervention can help with this and learn how to cope more effectively.



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- <sup>ii</sup> Jerold J. Kreisman, MD, and Hal Straus. *I Hate You-Don't Leave Me, understanding the Borderline Personality*. Rev, and updated. A Perigee book. 2010. – Page 6
- <sup>ii</sup> Jerold J. Kreisman, MD, and Hal Straus. *I Hate You-Don't Leave Me, understanding the Borderline Personality*. Rev, and updated. A Perigee book. 2010. – Page 6
- <sup>ii</sup> <https://icd.who.int/browse10/2019/en#/F60-F69> - 26/04/2021
- <sup>ii</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3427787/> -28/04/2021
- <sup>ii</sup> NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE, Personality disorders - borderline: final scope (<https://www.nice.org.uk/guidance/cg78/documents/personality-disorders-borderline-final-scope2#:~:text=The%20prevalence%20of%20BPD%20is,terms%20of%20its%20associated%20impairments.>) - page 2 26/04/2021
- <sup>ii</sup> Jerold J. Kreisman, MD, and Hal Straus. *I Hate You-Don't Leave Me, understanding the Borderline Personality*. Rev, and updated. A Perigee book. 2010. – Page 202
- <sup>ii</sup> Jerold J. Kreisman, MD, and Hal Straus. *I Hate You-Don't Leave Me, understanding the Borderline Personality*. Rev, and updated. A Perigee book. 2010. – Page 6

*A huge thank you to Sarah Dale, Individual Service User Representative for Powys and valued member of Engage to Change, who wrote this piece for Borderline Personality Awareness Month 2021.*

To find out more about Sarah's work as an individual representative in Powys you can –

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Contact Sarah via her representative Facebook page: SarahMentalHealthRep