



Understanding borderline personality disorder

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SAMH
Scottish Action for Mental Health



This resource explains borderline personality disorder (BPD), also known as emotionally unstable personality disorder (EUPD), including possible causes and how you can access treatment and support. It includes tips for helping yourself, and guidance for friends and family.

Since 1923, SAMH has represented the voice of people affected by mental health problems in Scotland. We are here to provide help, information and support.

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WHAT IS BPD?

Borderline personality disorder (BPD) is a type of personality disorder. You might be diagnosed with a personality disorder if you have difficulties with how you think and feel about yourself and other people, and are having problems in your life as a result.

When is it diagnosed?

You might be given a diagnosis of BPD if you experience at least five of the following things, and they've lasted for a long time or have a big impact on your daily life:

- You feel very worried about people abandoning you, and would do anything to stop that happening
- You have very intense emotions that last from a few hours to a few days and can change quickly (for example, from feeling very happy and confident to suddenly feeling low and sad)
- You don't have a strong sense of who you are, and it can change significantly depending on who you're with
- You find it very hard to make and keep stable relationships
- You feel empty a lot of the time
- You act impulsively and do things that could harm you (such as binge eating, using drugs or driving dangerously)
- You often self-harm or have suicidal feelings
- You have very intense feelings of anger, which are really difficult to control
- When very stressed, you may also experience paranoia or dissociation.

“Having BPD is like the emotional version of being a burn victim. Everything in the world hurts more than it seems to for everyone else and any ‘thick skin’ you are supposed to have just isn’t there.”

“I don’t necessarily tell people I have BPD because I don’t like labelling myself, I just say I have depression and anxiety because it’s easier. But I know I have BPD. I feel things so intensely sometimes it means I lose control of all my senses. It’s one of the worst feelings, but I have learnt how to cope with it.”

Different views on diagnosis

Because you only need to experience five of these difficulties to be given a diagnosis of BPD or EUPD, it can be a very broad diagnosis which includes lots of different people with very different experiences.

Some people find it helpful to have a diagnosis because they feel it explains and helps people to understand their difficulties, or gives them a sense of relief and validation.

Others feel their diagnosis isn't helpful, disagreeing entirely with the current system of diagnosing personality disorders and finding it stigmatising and unhelpful. For example, some people prefer not to describe their experiences as medical problems, or would rather see them as a response to difficult life events.

“Even though I haven’t been offered much support, just having a diagnosis helps me feel my suffering is validated.”



WHAT CAUSES BPD?

There's no clear reason why some people experience difficulties associated with BPD. More women are given this diagnosis than men, but it can affect people of all genders and backgrounds.

Researchers think that BPD is caused by a combination of factors, including stressful or traumatic life events and genetic factors.

Stressful or traumatic life events

If you get this diagnosis you're more likely than most people to have had difficult or traumatic experiences growing up, such as:

- often feeling afraid, upset, unsupported or invalidated
- family difficulties or instability, such as living with a parent who has an addiction
- sexual, physical or emotional abuse or neglect
- losing a parent.

If you had difficult childhood experiences like these they may have caused you to develop particular coping strategies, or beliefs about yourself and other people, which might become less helpful in time and cause you distress. You might also be struggling with feelings of anger, fear or sadness.

You might also experience BPD without having any history of traumatic or stressful life events, or you might have had other types of difficult experiences.

If you already experience some of these difficulties, then experiencing stress or trauma as an adult could make things worse.

“Nobody taught me to regulate my emotions. I saw my parents and family members regularly behave in out of control ways and I thought that was normal.”

“One of the things I struggled with was a feeling of ‘why me’, in the sense of ‘others have experienced far worse than me and can deal with it – why can’t I?’. Over time I’ve come to realise that lots of low level issues in my life are as valid a reason for struggling as a few bigger traumas.”

Genetic factors

Some evidence suggests that BPD could have a genetic cause, because you’re more likely to be given this diagnosis if someone in your close family has also received it. But it’s very hard to know if difficulties associated with BPD are inherited from your parents or caused by other factors, such as the environment you grow up in or the ways of thinking, coping and behaving that you learn from the people around you.

It’s possible that a combination of factors could be involved. Genetics might make you more vulnerable to developing BPD, but often it’s due to stressful or traumatic life experiences that these vulnerabilities are triggered and become a problem.

Can children and young people be diagnosed with BPD?

It’s very hard to diagnose BPD in children and young people because you go through so many changes as you grow up. However, you might be given the diagnosis as a teenager if your difficulties have lasted for long enough and BPD is the diagnosis that best matches what you are experiencing.



WHAT'S IT LIKE TO LIVE WITH BPD?

Your experience of living with BPD will be unique to you, but this section describes some common experiences that you might recognise:

- difficult feelings and behaviour towards yourself
- difficult feelings and behaviour towards others
- alcohol and substance misuse
- BPD and other mental health problems
- experiences of facing stigma.

Difficult feelings and behaviour towards yourself

How you might think or feel:

- lonely
- overwhelmed by the strength of your emotions and how quickly they change
- like there is something inherently wrong with you, and that it's your fault if bad things happen to you because you deserve them
- that you don't know what you want from life, or what you like or dislike
- like you're a bad person, or not a real person at all
- like you are a child in an adult world.

How you might behave as a result:

- self-harming or attempting suicide
- overspending or binge eating
- using recreational drugs, alcohol or smoking to try to cope with your emotions
- quitting just before achieving something, or avoiding activities where you think you might fail or be disappointed
- often changing jobs, hobbies, goals or plans
- keeping very busy so you're never alone.

Difficult feelings and behaviour towards others

How you might think or feel:

- that friends or partners will leave you forever if they are angry or upset with you
- like no one understands you, or you're not like other people and will never be able to understand them
- that people are either completely perfect and kind, or bad and hurtful, and there's no middle ground (this is sometimes called splitting, or black-and-white thinking)
- like the world is a scary and dangerous place, and you want to run away and hide.

How you might behave as a result:

- getting very angry or frustrated with people
- struggling to trust people
- wanting to be close to people but worrying they will leave or reject you, and so avoiding them
- having unrealistic expectations of people or contacting them very frequently
- ending relationships with friends or partners because you think they might leave you
- anxiously looking out for signs that people might reject you.

“My experience is that I have to keep my emotions inside, because I get told I am overreacting. So I end up feeling like I’m trapped inside my body screaming while no one can hear me.”

Alcohol and substance misuse

Some people with BPD might be more likely to misuse drugs and alcohol as a way of trying to cope with the difficult emotions they experience. You can access confidential advice about drugs and alcohol on the **FRANK** website.

“BPD can be exhausting. My mind is a constant roller-coaster of emotions but when the emotions are happy and exhilarating it is the best feeling in the world.”

BPD and other mental health problems

It's common to experience other mental health problems alongside BPD, which could include:

- anxiety and panic attacks
- depression
- eating problems
- dissociative disorders
- psychosis
- bipolar disorder
- post-traumatic stress disorder (PTSD) or complex PTSD.

“The stigma is the worst for me. I'm a caring and empathetic soul who would do anything for the people I love.”

Experiences of facing stigma

Because BPD is a complex diagnosis that not everyone understands well, you might find some people have a negative image of it, or have misconceptions about you.

This can be very upsetting and frustrating, especially if someone who feels this way is a friend, colleague, family member or a health care professional.

But it's important to remember that you aren't alone, and you don't have to put up with people treating you badly. Here are some options for you to think about:

- Show people this information to help them understand more about what your diagnosis really means
- Get more involved in your treatment
- Know your rights. Our pages on [**legal rights**](#) provide more information.

“It took a long time to get my BPD/EUPD diagnosis because of also having other disorders, but I’m at a happy place now in life thanks to a variety of factors.”



COULD MY DIAGNOSIS BE WRONG?

Some symptoms of BPD can be very similar to other mental health problems, including:

- bipolar disorder
- complex post-traumatic stress disorder (PTSD)
- depression
- psychosis
- antisocial personality disorder (ASPD).

Depending on your mood and what's going on in your life when you speak to a mental health professional, they might find it hard to understand which diagnosis best fits your experiences and might offer you treatment for something other than BPD. It's also possible to experience BPD and other mental health problems at the same time.

“I had the wrong diagnosis for nearly 30 years and felt like a freak, because when reading up about the diagnosis I was given there was no mention of [my other symptoms].”

What can I do if I disagree with my diagnosis?

If you're worried that your diagnosis doesn't fit the way you feel, it's important to discuss it with a mental health professional so you can make sure you're getting the right treatment to help you.



HOW CAN I HELP MYSELF?

If you feel suicidal

Our page on [suicidal feelings](#) includes practical tips on what you can do right now to help yourself cope. If you don't feel able to keep yourself safe right now, seek immediate help:

- call 999 or call NHS 24 on 111
- call Samaritans on freephone 116 123 (open 24 hours a day)
- go to your nearest Accident and Emergency (A&E) department
- ring your GP or out of hours service for an emergency appointment contact your Community Mental Health Team (CMHT).

If you experience BPD you might feel like every day is a struggle, but in fact there are lots of things that could help, both now and in the longer term.

“Once properly diagnosed, I knew the cause. I understood that I was someone with an illness. I was not a failure, not a bad person.”

What can I do now?

If you're feeling overwhelmed, it might help to focus on one feeling at a time. Here are some ideas that you could try to see if they work for you. Different things work at different times for different people, so try to be kind to yourself if some things don't work for you. Over time, you might develop your own tips to add to this list too.

“When I am in a really irritating and triggering situation which I can't get out of or change I just take it five minutes at a time. Breaking it into bite-size pieces makes it possible.”

How you're feeling**What you could do to get through it****angry,
frustrated,
restless**

- rip up a newspaper
- hit a pillow
- throw ice cubes into the bath so they smash
- do some vigorous exercise
- listen to loud music
- do a practical activity like gardening or woodwork.

**depressed,
sad, lonely**

- wrap up in a blanket and watch your favourite TV show
- write all your negative feelings on a piece of paper and tear it up
- listen to a song or piece of music you find uplifting
- write a comforting letter to the part of yourself that is feeling sad or alone
- cuddle a pet or a soft toy.

**anxious,
panicky,
tense**

- make yourself a hot drink and drink it slowly, noticing the taste and smell, the shape of the mug and its weight in your hand
- take ten deep breaths, counting each one out loud
- write down everything you can think of about where you are right now, such as the time, date, colour of the walls and the furniture in the room
- take a warm bath or shower – this can help change your mood by creating a soothing atmosphere and a distracting physical sensation.

**dissociative,
spaced out**

- chew a piece of ginger or chili
- clap your hands and notice the stinging sensation
- drink a glass of ice cold water.

**wanting to
self-harm**

- rub ice over where you want to hurt yourself
- stick sellotape or a plaster on your skin and peel it off
- take a cold bath.

“With time, you do learn to cope with [BPD] better. I have struggled for 15 years, but every year I seem to get stronger and better at coping with it!”

What can I do in the longer term?

If you experience BPD you might feel like every day is a struggle, but in fact there are lots of things that could help. You could:

- talk to someone
- keep a mood diary
- plan for difficult times
- make a self-care box
- try peer support
- look after your physical health
- find specialist support for any connected issues.

Talk to someone

It can be hard to reach out when you're not feeling well, but it might help to share difficult thoughts. If you don't feel you can talk to the people around you, you could try contacting a helpline. For example, you can talk to Samaritans for free on **116 123** or **jo@samaritans.org** about anything that's upsetting you.



Keep a mood diary

Recording your moods in a diary could help you spot patterns in what triggers difficult experiences for you, or notice early signs that they are beginning to happen.

You could also make a note of what's going well. It's really important to be kind to yourself and recognise difficult steps you've taken, or new things you've tried.

Make a self-care box

You could put together some things that might help you when you're struggling – a bit like making a first-aid kit for your mental health.

For example:

- favourite books, films or CDs
- a stress ball or fiddle toy
- helpful sayings or notes of encouragement
- pictures or photos you find comforting
- a soft blanket or cosy slippers
- a nice-smelling candle or lavender bag.

“There are positive sides too; I believe that I experience pleasant emotions more strongly than others, and my friends value my sincerity.”

Try peer support

Peer support brings together people who have had similar experiences. Some people find this very helpful. There are lots of ways to find peer support. You could:

- look online for local peer support groups
- try an online peer support community like Elefriends.



“Although it can sometimes be triggering, going online and talking to people who also have BPD is useful, supportive and reassuring that I really am not alone.”

Find specialist support for abuse or bullying

If you've experienced other issues that have contributed to your problems, such as abuse or bullying, it could be helpful to explore the help out there for these too. If you have been abused in childhood, the **National Association for People Abused in Childhood** is there to support you.

Look after your physical health

Looking after your physical health can make a difference to how you feel emotionally. For example, it can help to:

- **Try to get enough sleep.** Sleep can help give you the energy to cope with difficult feelings and experiences
- **Think about your diet.** Eating regularly and keeping your blood sugar stable can make a difference to your mood and energy levels
- **Try to do some physical activity.** Exercise can be really helpful for your mental wellbeing
- **Spend time outside.** Spending time in green space can boost your wellbeing
- **Avoid drugs and alcohol.** While you might want to use drugs or alcohol to cope with difficult feelings, in the long run they can make you feel a lot worse and can prevent you from dealing with any underlying problems that the drug or alcohol use may have been masking.

WHAT TREATMENTS CAN HELP?

This section covers:

- talking therapies
- therapeutic communities
- medication
- accessing treatment
- experiences of treatment and recovery.

Talking therapies

Talking therapies are thought to be the most helpful treatment for BPD, although more research is needed into the types of treatments that are most effective.

The National Institute for Health and Care Excellence (NICE) – the organisation that produces guidelines on best practice in health care – suggests that the following kinds of talking treatments may be helpful:

- **Dialectical Behaviour Therapy** (DBT) – uses individual and group therapy to help you learn skills to cope with difficult emotions. So far, NICE has recommended this treatment for women with BPD who often self-harm, and it's also thought to be helpful for other groups

“DBT helped me hugely to understand myself and my emotions, and to learn that it’s all ok. No matter what is happening... it’s going to pass. For the first time in 10 years I’ve come off anti-depressants and feel great. I won’t ever be 100% stable, but I can accept myself for who I am.”

- **Mentalisation-Based Therapy** (MBT) – aims to help you recognise and understand your and other people’s mental states, and to examine your thoughts about yourself and others. You can read more about MBT on the NHS Choices pages on BPD.

“I have educated myself about emotions, I have learned from books, therapy, psychologists, friends. The most important thing is that it is never too late to learn.”

NICE says that other types of talking therapy could potentially be helpful, including:

- **Cognitive Behavioural Therapy (CBT)** – aims to help you understand how your thoughts and beliefs might affect your feelings and behaviour
- **Cognitive Analytic Therapy (CAT)** – combines CBT’s practical methods with a focus on the relationship between you and your therapist. This can help you look at how you relate to people, including yourself, and what patterns have developed for you
- **Other talking therapies** – such as schema-focused cognitive therapy, psychodynamic therapy, interpersonal therapy or arts therapies.

Therapeutic communities

Therapeutic communities are specially designed programmes where you work with a group of other people experiencing mental health problems to support each other to recover. You might live together some or all of the time, or meet up regularly.

Activities can include different types of individual or group therapy, as well as household chores and social activities. The Consortium for Therapeutic Communities provides a directory of therapeutic communities in the UK.



Medication

Psychiatric medication isn't recommended for treating ongoing symptoms of BPD. This is because there aren't any drugs that are known to be effective. However, you might take medication for other mental health problems you're experiencing.

In a crisis situation your doctor might prescribe you a sleeping pill or minor tranquilliser to help you feel calmer, but they shouldn't prescribe these for longer than a week.

Medication really helps some people but isn't right for others. Before deciding to take any drug, it's important to make sure you have all the facts you need to make an informed choice.

How can I access treatment?

To get treatment on the NHS you should visit your GP, who can refer you to your local community mental health team (CMHT) for an assessment.

If you receive NHS treatment, it should be in line with NICE guidelines. These say that:

- Anyone with possible BPD should have a structured assessment with a specialist in mental health before being given a diagnosis
- You should have a say in the type of treatment you're offered. If you're not getting the type of treatment you think would most help you, it could help to talk to an advocate.

You can read the full guidelines and additional recommendations for BPD.

Will I get the help I need in a crisis?

Unfortunately, you might find that services in your area aren't always able to provide the best possible care to support you. We know how frustrating and difficult it can be to cope with services that don't provide the exact help you need, exactly when you need it. That's why we're campaigning to improve crisis care across the country.



Can I go private?

Waiting times for talking therapies on the NHS can unfortunately be long. If you feel that you don't want to wait, or that you would like to see a therapist who specialises in the types of experiences you have had (which is often not available on the NHS), you may choose to see a therapist privately.

“It began changing for me when one hospital suggested that there was a way forward, that I didn't have to feel so broken forever. It wasn't plain sailing from there, but just realising there was hope... and that other people had gone on to achieve amazing things really inspired me.”



“I have found the right medication regime and try to keep my life structured. It is not easy but recovery is possible.”



HOW CAN OTHER PEOPLE HELP?

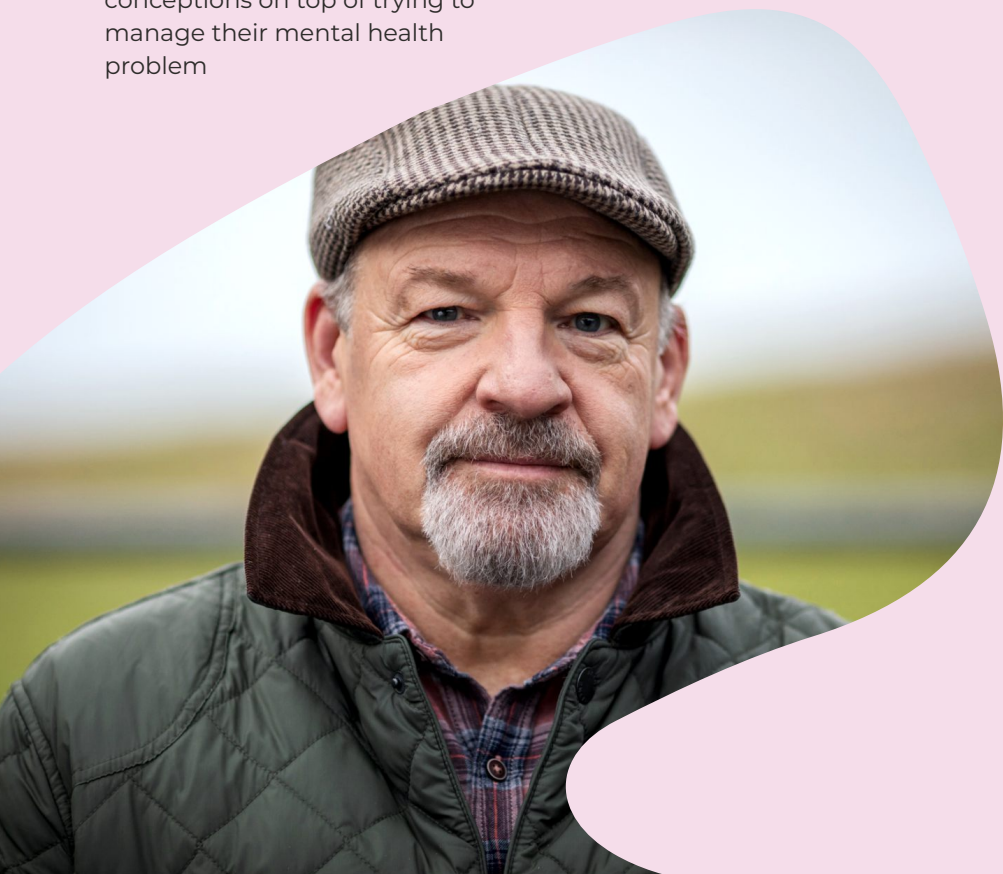
If someone you care about is diagnosed with BPD you might sometimes find it hard to understand their feelings or behaviour, or to know how to help. But there are lots of positive things you can do to support them.

- **Try to be patient.** If your loved one is struggling to deal with their emotions, try not to get involved in an argument in the heat of the moment. It could be better to wait until you both feel calmer to talk things through
- **Don't judge them.** Try to listen to them without telling them that they're overreacting or that they shouldn't feel the way they do. Whether or not you understand why they feel like this, and regardless of whether you feel it's reasonable, it is still how they're feeling and it's important to acknowledge it
- **Be calm and consistent.** If your loved one is experiencing a lot of overwhelming emotions, this could help them feel more secure and supported and will help in moments of conflict
- **Help remind them of all their positive traits.** When someone you care about is finding it hard to believe anything good about themselves, it can be reassuring to hear all the positive things you see in them
- **Try to set clear boundaries and expectations.** If your loved one is feeling insecure about being rejected or abandoned, or seems worried about being left alone, it can be helpful to make sure you both know what you can expect from each other
- **Plan ahead.** When the person you're supporting is feeling well, ask them how you can help them best when things are difficult. See our pages on [supporting someone who feels suicidal](#), and [supporting someone who is self-harming](#) for more information



“One thing that I find helps is when others validate my emotions, as I often feel guilty for having them.”

- **Learn their triggers.** Talk to your loved one and try to find out what sort of situations or conversations might trigger negative thoughts and emotions
- **Learn more about BPD, and help to challenge stigma.** BPD is a complicated diagnosis, and your loved one might sometimes have to deal with other people’s misconceptions on top of trying to manage their mental health problem
- **Help them seek treatment and support**
- **Help them find an advocate**
- **Take care of yourself.** Looking after someone else can sometimes be difficult and stressful. It’s important to remember that your mental health is important too.



USEFUL CONTACTS

Borderline Arts

E: contact@borderlinearts.org

W: borderlinearts.org

Uses the arts to raise awareness of borderline personality disorder.

Breathing Space

T: 0800 83 8587

W: breathingspace.scot

Listening service for people experiencing anxiety, depression or low mood.

The Consortium for Therapeutic Communities

T: 01242 620 077

W: therapeuticcommunities.org

Provides a directory of therapeutic communities in the UK.

FRANK

T: 0300 123 6600

W: talktofrank.com

Free 24-hour national drugs helpline.

Give Us A Shout

T: 85258 (text only)

W: giveusashout.org

24/7 crisis text line.

Harmless

E: info@harmless.org.uk

T: harmless.org.uk

User-led organisation for people who self-harm, and their friends and families.

The National Association for People Abused in Childhood (NAPAC)

T: 0808 801 0331

W: napac.org.uk

A charity supporting adult survivors of any form of childhood abuse. Provides a support line and local support services.

National Institute for Health and Care Excellence (NICE)

W: nice.org.uk

Information and clinical guidelines on recommended treatments for different conditions, including BPD.

NHS Inform

W: nhsinform.scot

Information on medical conditions.

Personality disorder

W: personalitydisorder.org.uk

Information on personality disorder.

Samaritans

T: 116 123

E: jo@samaritans.org

W: samaritans.org

Freepost RSRB-KKBY-CYJK,

Chris, PO Box 90 90,

Stirling FK8 2SA

A 24-hour free telephone helpline.

See Me

W: seemescotland.org

National programme to tackle mental health stigma and discrimination.

The Survivors Trust

T: 0808 801 0818

W: thesurvivorstrust.org

Support for adult survivors of any type of childhood abuse, including local support groups.





“Once properly diagnosed, I knew the cause. I understood that I was someone with an illness. I was not a failure, not a bad person.”



@SAMHtweets



SAMHmentalhealth



@samhscotland

To read or print SAMH's information booklets visit **samh.org.uk**. If you require this information in Word document format for compatibility with screen readers, please email **communications@samh.org.uk**

SAMH is Scottish Action for Mental Health.
Scottish Charity No SC008897. Registered office:
Brunswick House, 51 Wilson Street, Glasgow G1 1UZ
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