

BORDERLINE PERSONALITY DISORDER

E-Zine

Your mutual aid guide



Wait... what is a mutual aid guide?

Mutual aid is a way for people within communities to take care of each other. It involves reciprocal support without the need for charity.

It was started by three Health Policy students at York Universtiy (Ayesha Bhatti, Moktadir Kabir and one silent member) who are connected to the Borderline Personality Disorder (BPD) community in a variety of ways:

- 1) one of us lives with BPD
- 2) one of us has a bestie with BPD
- 3) all three of us are helping professionals who support people with BPD

This e-zine is for people living with BPD and those who love them and support them on the hard days. It's filled with information and links to resources to help you make decisions related to your mental health.

It also contains the link to a living mutual aid document where you can add your own great ideas and resources.

[Access that here](#)

We hope you enjoy this guide and that you participate so that we can help guide each other.



What is an e-zine?

An e-zine is just a cute way to say online magazine. Zines are usually self-published little booklets that are often used to disseminate counter-culture information ([read more about that history here](#)).

A mutual aid e-zine has the goal of disseminating both information and resources. So if you have been feeling all the feels and want to connect and find support, we have some ideas about where to look (and hope you will share yours!).

Also - click on anything in this document that is underlined and it will open a tab to an article for you to learn more about it.

If you are totally new to BPD we thought we'd start with an overview of some of the symptoms that go along with it. People with BPD have five or more of these symptoms to meet criteria for diagnosis.

Of course, this comes directly from the DSM-5. You are a person and not just a cluster of symptoms.

- Suicidal behaviour
- Difficulty with impulse control
- Chronic feelings of emptiness
- Unstable moods
- Fear of abandonment
- Unstable and intense relationships
- Unstable sense of self
- Difficulty controlling anger
- Paranoia or dissociation from reality

There are a lot of different things that impact your experience with BPD

Living with BPD means different things for everyone. A big part of this is because of intersectionality, which is a concept developed by Professor Kimberle Crenshaw to help us understand that we are all shaped by different interacting social identities and locations. We may share having BPD in common, but we will all have a unique experience because of how this interacts with other identities such as our gender, race, class, age, sexual orientation, ability, or citizenship.

For example, a high-income Black woman with a large social network will have different access to privileges and resources than a low income white trans woman. Both of these women will have different access to privileges and resources than an isolated elderly male veteran with a physical disability. Everyone's support needs and how they offer support is going to be different.

This is why shared liberation is so important to many people.

A note about psychiatry and clinical diagnosis...

Modern-day psychiatry attempts to explain all mental health issues through the biomedical lens and considers mental health problems as results of impaired brain functions.

This ignores the socio-cultural factors contributing to or preventing these problems and often pathologizes marginalized populations. For example, it's really hard to have good mental health if you have to work three low waged jobs just to live in Toronto and it's hard to feel safe when you have had to cope with 35 years of daily racialized microaggressions.

People with BPD experience symptoms really differently (i.e. some people may struggle with substance use while others don't), and will want support in different ways (i.e. some may be okay with their substance use while others may want to reduce).

You might be someone that feels safe in psychiatric care or medical systems. You also might not and that's okay - you can still access supports. That is why we made this!

If you aren't sure where to start and talking about symptoms isn't your style try this instead.

Take a minute to see what's been getting you down and skip ahead to the section that would feel the most helpful today.

- ✓ How do I talk about this diagnosis? (pg 7-8)
.....
- ✓ I might hurt myself (pg 9-12)
.....
- ✓ I wanna cut back on drugs/booze (pg 13-14)
.....
- ✓ I wanna to feel less distressed (pg 15-18)
.....
- ✓ I've been craving connection (pg 19-20)
.....
- ✓ I wanna advocate! (pg 21-24)
.....

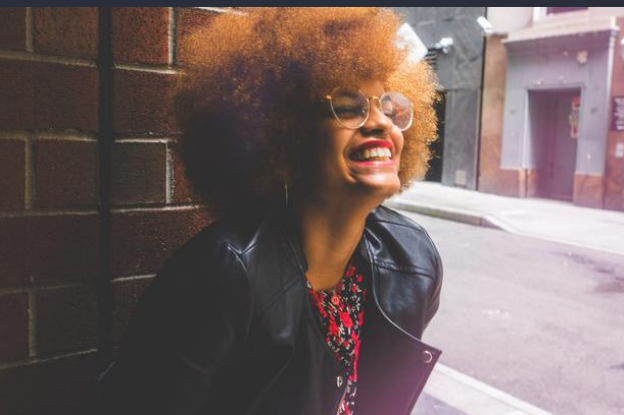
Love for Merri Lisa Johnson

She is a feminist disability scholar with BPD who writes about BPD in ways we adore. She suggests that there are three ways people often talk about their diagnosis. Anything resonate? What would you add/change?

Borderline Befrienders: Focus on the experiences of people diagnosed with borderline personality disorder. This diagnosis resonates with some people because it helps them put a name to the challenges they have been coping with.

Borderline Upenders: Consist of individuals who have been diagnosed with BPD. They emphasize that the experiences of people with borderline personality disorder are meaningful and deserve respect.

Borderline Defenders: Argue that the diagnosis of borderline personality disorder is used to label healthy resistant individuals as mad or that unhealthy individuals have been driven mad by society. This perspective tries to help individuals with BPD connect their diagnosis with the social and political context they live in.



UNFORTUNATELY, MANY PEOPLE WITH A MENTAL HEALTH DIAGNOSIS CAN EXPERIENCE STIGMA.
THIS IS TRUE FOR BPD.

This is extra annoying because:

- BPD has high rates of remission and recovery (when you no longer meet the criteria for a BPD diagnosis).
- Recovery occurs when you are able to live comfortably in all aspects of your life for an extended period of time
- This includes meaningful relationships and getting your needs met (basic or otherwise).

THE DRAMA

AS I LAID ON THE TRAIN TRACKS
WAITING TO BE DECAPITATED
THINGS UNFOLDED LIKE A DARK PLAY.

HOW DID I GET TO THIS PLACE?
I REMEMBERED THE UPS AND DOWNS THAT LED ME HERE
THE TORTUROUS DAYS AND NIGHTS.

I LOOKED AROUND AT THE EXPRESSIVE FACES.
STIGMA BLEW THROUGH THE STATION
CAUSING PEOPLE TO REACT IN PECULIAR WAYS.

THE ANTAGONIST LEERED AT ME
LOOKING AMUSED AND ENTERTAINED
EVEN IN MY DYING MOMENTS I COULD NOT ESCAPE THE MALE GAZE.

THE VILLAIN YELLING LOUDLY
"KILL YOURSELF ON YOUR TIME SOME OF US NEED TO GET TO WORK"
AS THOUGH THIS TIME WASN'T ALSO MY OWN.

THE HEROINE HORRIFIED AND CONCERNED
SHE MOBILIZED EVERYONE - STOPPED THE TRAIN TO SAVE ME.

THE KNIGHTS IN BLUE UNIFORMS
PULLED ME OFF THE TRAIN TRACKS
HANDCUFFED ME INTO OBEDIENCE.

ALL OF A SUDDEN I REALIZED WHAT WAS HAPPENING
I BEGAN TO LAUGH HYSTERICALLY
THE KNIGHT ASKED IF I THOUGHT THIS WAS FUNNY.

IT WAS FUNNY
AN UNCOMFORTABLE KIND OF FUNNY
THE "I CAN'T BELIEVE THIS IS MY LIFE" TYPE OF HILARIOUS.

I MET THE HEALING WITCH SHE SAID,
"I AM DISAPPOINTED BECAUSE YOU ARE TOO SMART TO DO THIS"
I GUESS SHE DOESN'T KNOW THAT ANYONE CAN BE MAIN CHARACTER OF THIS
SHOW.

MY BROTHER CALLED ME WHEN I WAS IN THE HOSPITAL SAYING,
"I HEARD YOU WERE IN A BIG DRAMA THE OTHER DAY"
WHAT A FITTING THING IT WAS FOR HIM TO SAY.

BHATTI, A. ET AL. (2020). *FRONT LINES: BENT, NOT BROKEN*. TORONTO
WRITERS COLLECTIVE.

Some days things get scary.

If that is today, start by picking a coping strategy that feels the least annoying.

TYPES OF COPING SKILLS

<p>Self-Soothing (Comforting yourself through your five senses)</p> <ol style="list-style-type: none">1. <u>Something to touch</u> (ex: stuffed animal, stress ball)2. <u>Something to hear</u> (ex: music, meditation guides)3. <u>Something to see</u> (ex: snowglobe, happy pictures)4. <u>Something to taste</u> (ex: mints, tea, sour candy)5. <u>Something to smell</u> (ex: lotion, candles, perfume)	<p>Distraction (Taking your mind off the problem for a while)</p> <p><u>Examples:</u> Puzzles, books, artwork, crafts, knitting, crocheting, sewing, crossword puzzles, sudoku, positive websites, music, movies, etc.</p>	<p>Opposite Action (Doing something the opposite of your impulse that's consistent with a more positive emotion)</p> <ol style="list-style-type: none">1. <u>Affirmations and Inspiration</u> (ex: looking at or drawing motivational statements or images)2. <u>Something funny or cheering</u> (ex: funny movies / TV / books)
<p>Emotional Awareness (Tools for identifying and expressing your feelings)</p> <p><u>Examples:</u> A list or chart of emotions, a journal, writing supplies, drawing / art supplies</p>	<p>Mindfulness (Tools for centering and grounding yourself in the present moment)</p> <p><u>Examples:</u> Meditation or relaxation recordings, grounding objects (like a rock or paperweight), yoga mat, breathing exercises.</p>	<p>Crisis Plan (Contact info of supports and resources, for when coping skills aren't enough.)</p> <div style="border: 1px solid black; padding: 5px;"><p>Family / Friends Therapist Psychiatrist Hotline Crisis Team / ER 911</p></div>

4 Ideas to Increase Safety

DOWNLOAD A CRISIS PLAN TEMPLATE

GET ONLINE ADVICE OF WHAT MIGHT
HELP

(You Feel Like Shit)

TELL SOMEONE

(and how to tell them)

(MAYBE) CALL A CRISIS LINE

(Read up on how crisis lines are not
safe for everyone)

(Find alternatives for those who
don't feel safe calling)



RISK (BPD)

THAT'S WHAT IT'S ABOUT
WITH BPD

THE RISKS YOU TAKE
AND STUPIDITY

THE ANXIETY,
AND UNWELCOME MENTALITY
THAT'S WHAT IT'S ABOUT
WITH BPD

THREE SHOTS OF WHISKEY
AND A GLASS OF WINE
THROW BACK A COUPLE PILLS
I'M SURE I'LL BE FINE.

THAT'S WHAT IT'S ABOUT
WITH BPD
THE RISKS, STUPIDITY,
AND ANXIETY.

POEM BY JACQUELYN AUDREY WHISTON

SUBSTANCE SUPPORT





Quit



**Overdose
Prevention &
Naloxone**

Make Safer

**What do you want to do
about substances?
(Click on what interests you)**



Reduce

F%*K FEELINGS

Emotional regulation is not that easy and often we need help with co-regulation strategies for when we have to regulate ourselves and everyone (who wants it) deserves access to high quality trauma therapy.

Finding therapy or counseling supports can feel overwhelming, so we've shared our favorite types of therapy for those with BPD. Be sure to check out the mutual aid guide for places to find affordable therapy and share any therapists you know and love!



WANT TO TALK?

If you are looking for someone to talk to, it can be confusing to figure out what kind of professional would feel safe or comfortable.



PSYCHOTHERAPIST

- Offers talk therapy
- May offer trauma-specific modalities
- Can find them in private practice (\$\$\$) or community programming (\$)



SOCIAL WORKER

- May offer community resourcing
- May offer talk therapy
- May offer trauma specific modalities
- Can find them in private practice (\$\$\$) or community programming (\$)



PSYCHOLOGIST

- Can diagnose
- May offer talk therapy
- May offer trauma specific modalities
- Can find them in private practice (\$\$\$) or community programming (\$)



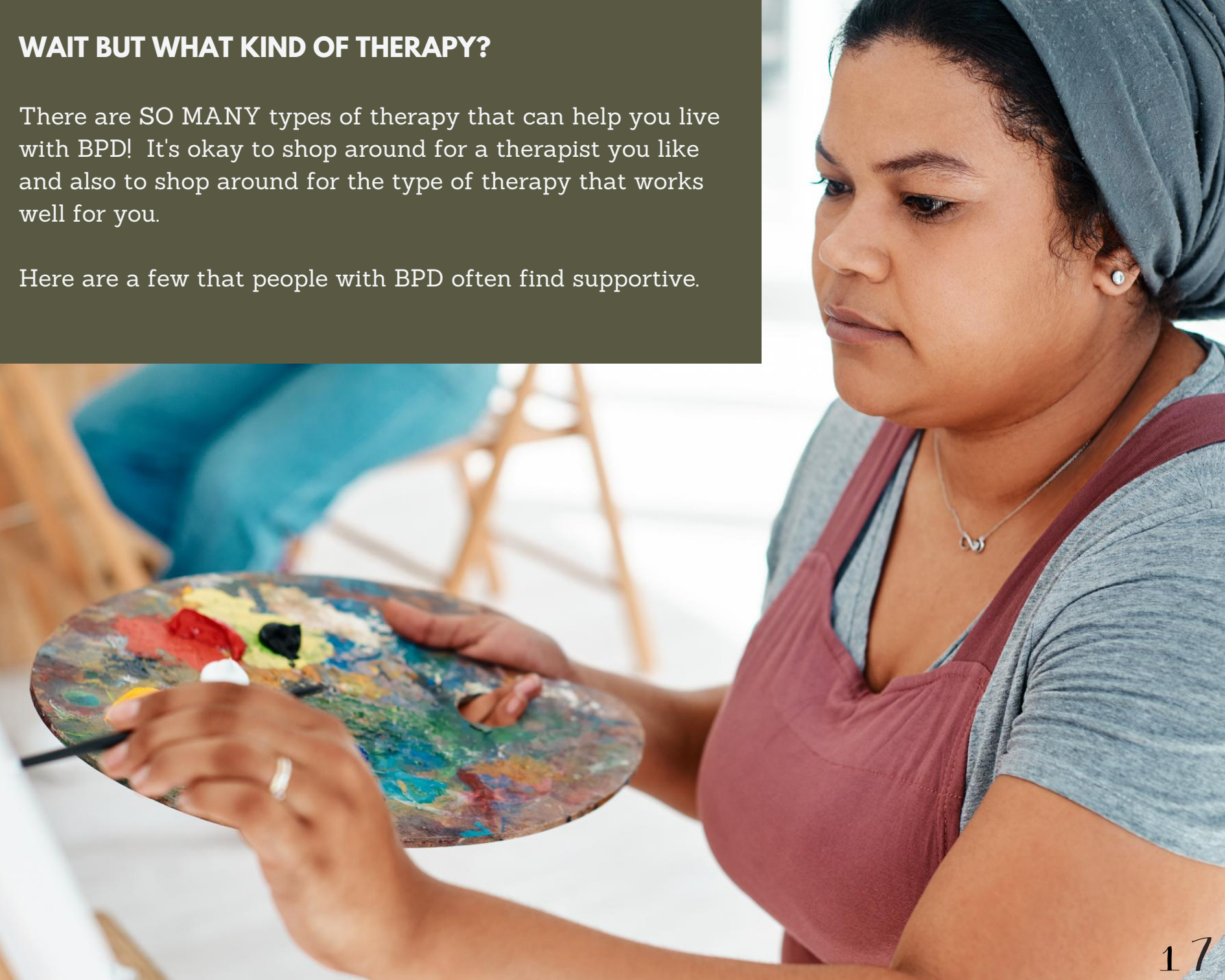
PSYCHIATRIST

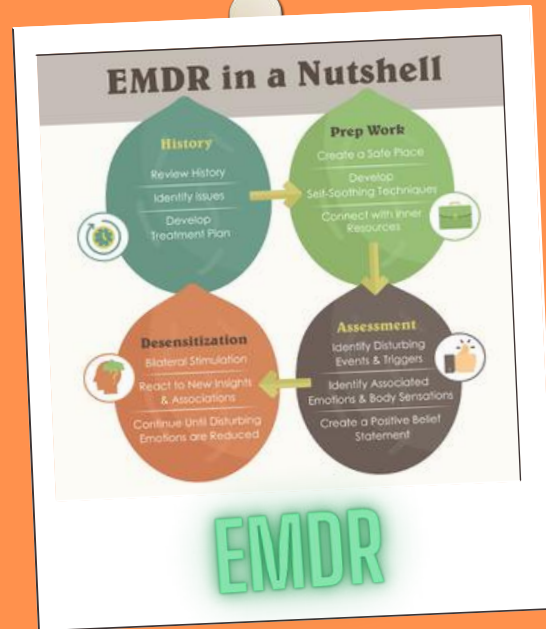
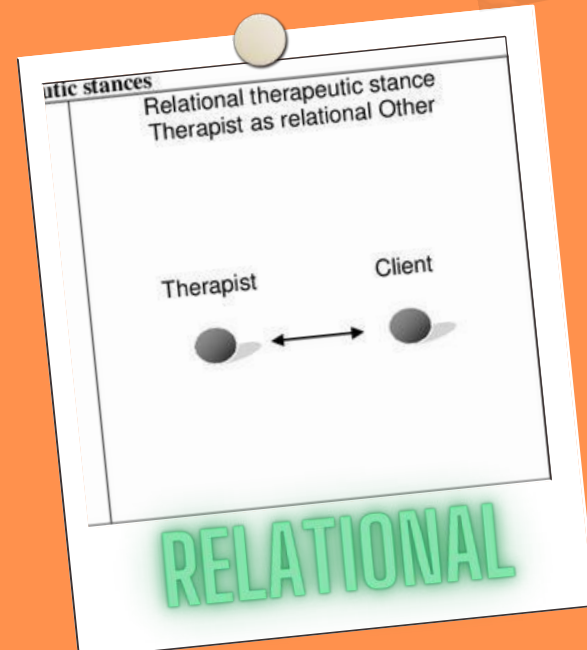
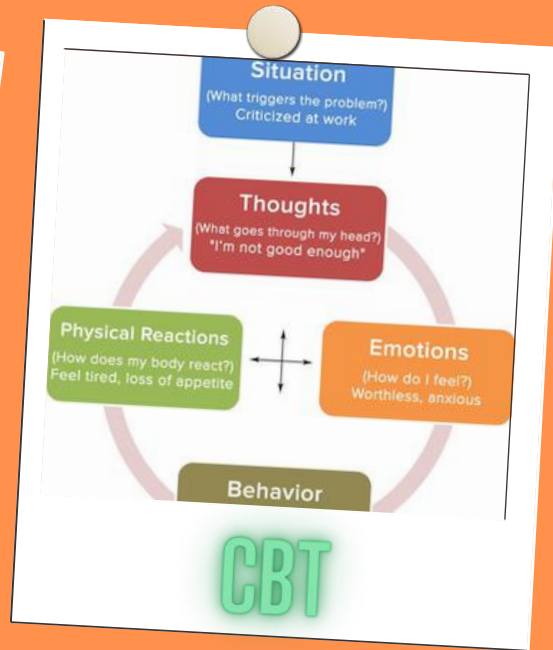
- Can diagnose
- Can prescribe
- May offer talk therapy (unlikely)
- Covered by medical insurance

WAIT BUT WHAT KIND OF THERAPY?

There are SO MANY types of therapy that can help you live with BPD! It's okay to shop around for a therapist you like and also to shop around for the type of therapy that works well for you.

Here are a few that people with BPD often find supportive.





CLICK ON EACH PICTURE TO LEARN MORE ABOUT THIS TYPE OF THERAPY

I see you, but you don't
really see me.
I show you who I want you
to see,
who I think you want me
to be.
My very existence
depends on your
acceptance
I fear the death that is,
rejection.
My life, is not my own.
I serve others, for love.

Myself, I disown.
My insides are boiling, trying to escape
I pace back and forth, I rock and shake.
Get me out of myself
Again, I flee.
Self destruction consuming me.
Letting it all go,
An illusion of freedom.
A slave to my emotions and inner demons.
I'll sabotage the good, and push you away
I'll test the limits and hope you'll stay.
I cut myself, to interpret the pain.

Your understanding I'll
never gain.
Lock me up,
Make my decisions.
I can't be trusted, with
the life I am living.
I envy others.
I imitate.
I wear a smile, but all is
fake.



EXCERPT FROM A POEM OF A BORDERLINE'S CONFESSION BY ORIANA

THERE ARE LOTS OF PLACES TO FIND COMMUNITY (EVEN IN COVID)

[Social Meetups for People with BPD](#)

[BPD Chat Rooms](#)

[Project LETS](#)

[Healing For Marginalized Survivors](#)

[Mad Canada for Psychiatric Survivors](#)

(Click on what interests you)



Human needs matter

The social determinants of health are the non-medical factors that influence our health. These are the social and economic conditions in which we are born, grow and live, the forces and systems that shape our daily lives. These include our early childhood development, education, income, social protection, housing, unemployment, job insecurity, food insecurity, access to healthcare services, gender, gender identity, race, ethnicity, social exclusion, etc. Inequalities and negative interactions with these determinants affect both our physical and mental health. The stress resulting from this is considered the precursor for many negative health outcomes.

When it comes to BPD social factors play significant roles. Traumatic childhood events or abuse are among few that are considered factors contributing to the development of BPD. Those of us who live with it can feel extremely vulnerable to stress.

Social inclusion, freedom from discrimination and violence, and access to economic resources are significant factors to consider while addressing mental health issues including BPD.

INCOME SUPPORT



(CLICK ON WHAT INTERESTS YOU)

HOUSING SUPPORT



EMPLOYMENT SUPPORT

Resume

Career Sum

It can feel impossible to feel better when you are looking for affordable housing, employment, or a liveable income. It's okay to need some support with this. 22

A few good reasons to fight for better mental health supports

In the past, health was conceptualized as a balance between a person and their surroundings, as well as the unity of the body and the soul. Nowadays it is often defined as a state of complete physical, mental, social, and spiritual wellbeing. To be healthy, one needs to be in a positive state where one has the “energy,” usually as a result of personal behaviours, to carry out desired activities, and have connections with family, friends, and community. Positive mental health is linked to the capability to realize ones own abilities, cope with normal stresses of life, work productively and fruitfully, and make contributions to the community.

The modern concepts of health recognize the importance of thinking beyond the individual perspective and observe the health of the groups and the society as a result of an individuals' interaction with the social environment. This emphasizes the fact that health is not an individual responsibility but rather intimately tied to the organization of society. Unfortunately, the neoliberal ideology denies health as the responsibility of the state, creates inequity in terms of the social determinants, commodifies healthcare and puts the responsibility back on the individuals.

Advocacy (an activity by an individual or group that aims to influence decisions within political, economic, and social institutions) is so important to support those living with BPD (or any mental health concern).

What might you want to join in the fight for?

What fights can you invite others into?

Compensating individuals who have been harmed



Reforms to avoid



Defund the police



Human rights for psychiatry survivors

