

Borderline Personality Disorder (BPD) and ADHD with Solène Anglaret

Speaker Key:

FS Female Speaker

CB Chantal Boyle

RR Ruth Rabét

SA Solène Anglaret

00:00:00

FS

Welcome to The Sunflower Conversations where we explore the Hidden Disabilities Sunflower and its role in supporting people with hidden disabilities.

CB

Good morning and welcome to The Sunflower Conversations. We are live at ExCel London, which is absolutely amazing. And we are at Disability Expo. Disability Expo is the UK's leading person-focussed event with people with a lived experience of disability. This is not only a first for the Disability Expo, but it's also a first for The Sunflower Conversations. It's the first time we've been live, so you may experience a few hiccups along the way, but that's the fun of being live. I'm Chantal, and joining me today is Ruth Rabét.

RR

Hello. Good morning, everybody.

CB

Ruth's the Business Development Director for Hidden Disabilities Sunflower for the UK and beyond, the wider globe. And our guest is Solène, who joins us today, who is an author, talk show host and Diversity and Inclusion, I nearly said Exclusion there, and Inclusion...

00:01:38

SA

I hope not.

CB

And Inclusion Specialist.

SA

Hi, everybody. So nice to be here with you both. Thanks so much for having me.

CB

It's our absolute pleasure. Ruth, let's have a little chat. Ruth has been with us... Been with us. We're now joining Ruth. Ruth was at the inception of the Hidden Disabilities Sunflower seven years ago, 2016, at Gatwick Airport. Did you ever think, fast-forward to 2023, we'd be sitting here doing a live podcast?

RR

No.

CB

At the time when it was first inception, where did you think we go or it would go?

RR

Yes, absolutely. And apologies for people listening. As Chantal has said, it is live here, so if you can hear background noise, hopefully you can hear us okay. Apologies for that if it too loud.

00:02:34

Yes, Chantal, absolutely right. Back in Gatwick Airport, back in May 2016, myself and a colleague, we understood that we had thousands of passengers travelling through Gatwick that had invisible conditions, and what could we introduce to tell the airport community at that time that people needed some time, patience and understanding.

As you say, jumping forward to seven years now, it's amazing to recognise where the Sunflower is. We're in over 45 countries. It's a globally-recognised symbol. And our utopia at the time was to ensure that a passenger travelling from Gatwick to maybe Inverness, Aberdeen, whoever, that they travelled and would get that support and give them the confidence when they travelled.

And now we're in over 220 airports globally. We're in nearly every continent. Yes, it still gives me goosebumps. And looking round here today, so many people are wearing the Sunflower lanyard, and, hopefully, giving them the confidence to come out and about. I'll come back in a bit to some launches, but, yes, it gives me goosebumps every time I see it, I have to say.

CB

It's your baby, you might say.

SA

Yes, yes.

RR

You can say it's my baby, yes.

00:03:48

CB

What an amazing thing to have as part of your legacy to have been involved in this. As you said, it's grown. In 45 countries. Was it over 220 airports?

RR

Yes.

CB

What launches have we had just in the recent weeks? What can we celebrate today?

RR

Yes, absolutely. And I just want to clarify also, there was a team, as much as it was our concept at Gatwick, there was a huge team we worked with, many charities. And to recognise there's a huge team. Gatwick Airport are very supportive. I just wanted to clarify that.

So, absolutely. So launches, so ExCel launched today. Their staff have been trained, so now that's great news for people who visit the ExCel Centre. The staff are trained to recognise, to support people with invisible disabilities. Recent airport launches, so Calgary in Canada have come on board recently. London Southend Airport.

And there's many more in the pipeline that are in the process of training their staff. I don't want to burst their bubble by announcing them today, because I don't want then people going up and expecting that they will receive that support yet. But please keep an eye on our website.

We have an airports map on there, which is updated regularly. So it's great for you to go on and be able to see. If you're planning your holiday, planning your business trip, go on and look at the airports, so you'll know then that those airports recognise and the teams there are trained to give you support as well.

00:05:14

CB

Yes, and I think it's important to raise that point about when organisations join, they take

the Hidden Disabilities Sunflower training. And once they've done the training, then they can say that they are Sunflower-friendly. And we ask them to follow a simple rule of six. It's, ask if you can help or be a support, listen closely, don't judge... Now I'm testing myself here. I've got my fingers...

RR

Be kind.

CB

Be kind. And what's the sixth?

RR

Give patience.

CB

Have patience.

RR

Yes.

CB

That's right, have patience. If you are making a visit to ExCel London, you'll be able to recognise which staff here have been trained because they will be wearing the Sunflower I Support badges. That will give you an indication. If you need a bit of support, do approach those people.

RR

Absolutely. And also recently launched our Skipton Building Society. Again, to Chantal's point, we have many organisations who come on board, become Sunflower members. But we emphasise to them, please ensure you don't launch too soon. Because there's nothing worse than a guest, a resident, a passenger, a customer going into an organisation and saying, oh, we see you recognise the Sunflower, and then they're not given that support.

00:06:36

Some are very keen to say, ooh, we've launched, we've launched, but it's absolutely, take your time and make sure the staff are trained. And a lot of organisations have attrition, so we ask that they include the Sunflower training in their inductions, so that all the staff are trained.

And, as passionate as we are about it, it is a really simple concept. It's just about being kind. And, for me, I think the Sunflower is just an excellent form of customer service. It's just about being kind. And we should all be kind to each other, anyway.

CB Yes, we should. Thanks for that little update, Ruth.

RR You're welcome, thank you.

CB This is the first podcast I've hosted live.

RR How are you feeling about this today?

CB I am actually excited. I've had a little word with myself to embrace new challenges and not to run away from them. The Sunflower Conversations, we have lots of lovely recordings with Sunflower wearers, and I'm really looking forward to getting into this chat with you, Soléne. But, normally, it's done via Zoom, we're not in the same room together. To have this experience is one I think is going to be good.

00:07:56

SA Great.

CB Let's jump right in, then. Let's welcome Soléne. You know you are the main event, the reason why we're sitting here chatting. Soléne is the founder of Be Beyond Borders, which seeks to break down or bring down barriers, both physical and mental, and to allow people to come together to create an inclusive society.

An author of four books and the host of her own talk show called The Inclusion Conversation, Soléne has lived experience of Borderline Personality Disorder, which I will try to abbreviate to BPD as we go through our chat, and also ADHD. Welcome, Soléne. Thanks for joining us.

SA Thank you so much. Thanks for having me.

CB Soléne and I have had a little bit of a chat, so we had a little pre-meet. And one of the things that piqued my interest was the fact that you have a claim to fame. Soléne is very well-travelled. Travelling is her passion. And although Soléne is French, we're in the UK recording this, when she was in Australia, she hosted a TED Talk, which is epic. I want to hear about that. But, also, you're an extra in Neighbours. Can you please tell Ruth and I and everybody else listening a little bit about those experiences?

00:09:27

SA

Yes, definitely happy to. And I love that you brought this up at the very beginning. Maybe just to say, so, yes, my name is Soléne. My pronouns are She/Her. And visual description, I'm a white woman in her mid-30s, I have long, wavy, light-brown hair, and today I'm wearing a green dress. So, yes, that's a little bit about me. And I think you've covered pretty much everything else well. There's always more, but we'll see what comes out today.

And, yes, I've had a few random experiences. I did do a TEDx talk in Melbourne, which was absolutely incredible. And then I was an extra on Neighbours on two different episodes. I didn't do much. I just stood up and sat down and faked having coffee in the café.

CB

Is there any liquid in the cup?

SA

There was liquid in the cup, but I don't like coffee, so I had to pretend. But it's really fun to be on a set like that and just be in that moment. And I call these my pinch-me moments, when I really feel like I'm alive and I'm doing such random stuff.

RR

Did you actually get to walk down Ramsay Street, or was it in a studio set?

SA

No, so you can walk down Ramsay Street, but that's not actually where they record most of it.

RR

I see, okay.

SA

Most of it is done in a hangar, kind of like where we are now for Disability Expo, where they have all the different sets of the show in different parts. Yes, it's a bit different than what you then see as the finished product, like everything, right?

00:11:04

RR

Yes, absolutely.

CB

And your TED Talk, that's you on the stage on your own. What was that experience like?

SA

It was absolutely thrilling. The topic was The Great Unknown, and I talked about living in different countries and constantly reinventing your life as you move abroad. And, yes, it was just thrilling to do that in front of 250 people. It was just incredible. And I'm actually doing that again tomorrow, because tomorrow here on the mainstage at Disability Expo, I will be performing a spoken word poem that I have written specifically for this event.

And it's funny, because every step is different. I'm actually terrified. I haven't slept for a couple of nights now. I'm terrified. Because spoken word is, again, a different way of communicating, and it feels even more raw and, yes, open and humbling. We'll see what happens tomorrow. If you're around, 9:30 on the mainstage.

RR

We'll be there as well.

CB

I will be there.

RR

We'll be there in the front row.

CB

Your champions.

00:12:13

SA

If I forget the words, forgive me.

CB It doesn't matter. No one knows what you were going to say.

SA

No one knows the words. Exactly.

CB

You see, that's what I've told myself. No one has a clue what I'm going to say, so I can say anything.

SA

We can make it up.

CB

It's okay.

SA

We can talk about, there is a dog in front of us right now. Very cute, very fluffy.

CB

Cute dog. I want to talk about your diagnoses. And may we please start with Borderline Personality Disorder. How does BPD, how does that affect you?

SA

Yes, so BPD, Borderline Personality Disorder, is also referred to in the UK as EUPD, Emotionally Unstable Personality Disorder, which the name... But, anyway, just so everybody knows that it's the same [overtalking].

CB

I did not know that we had these two...

SA

Yes. No, I [overtalking].

CB

Different titles for the same thing.

SA

That's the thing, yes. And people then often get confused when seeking support or even when getting the diagnosis. Because when you get diagnosed in the UK, you get an EUPD diagnosis, but then a lot of the resources online come from other countries and are about BPD. But, actually, it's the same thing.

00:13:28

I think it was an attempt of improving the name in some way. I actually prefer Borderline, if I'm honest, but it's all about different people have different preference in terms of self-identification. But BPD, so it's a long-term mental health condition that has an impact on lots of different areas of like, like your sense of self, your distress tolerance, emotional regulation and interpersonal effectiveness, like relationships.

For me, it affects me in many different ways. It's this huge fear of abandonment. It's this emotional rollercoaster where you just never know what's going to happen within a day. One minute, you're super-happy, and the other minute you feel like the world is falling apart around you.

And there is that fleeting sense of self as well where often I have to go back to a page where in the centre I wrote, who am I? And then I wrote all these different things about me. Because I keep going back to who am I, what am I doing, why am I here? And if I'm alone, I get this feeling sometimes that I don't even exist, like I'm not real. And I feel really empty at times as well. There is an extreme sensitivity. Like in the workplace, constructive feedback, ooh...

00:14:49

CB

Is not helpful.

SA

That's really hard, really hard to handle. And then, yes, impact on relationships, friendships, romantic relationships, work as well. There's a huge impulsivity that comes with. And then in the past, it's been also self-harm and...

CB

Destructive.

SA

Suicidality as well for me. But there's a flipside to that, and I know we're going to talk about it a bit later in terms of some of the strengths as well, because it's not all doom and gloom at all. And, if anything, it's just part of who I am. And, for me, I've come to reframe it in this way.

CB

Yes. It's a bit like me saying, I'm not going to be scared by this challenge. It's a challenge. Go for it. It might be enjoyable. The catastrophising is so draining, isn't it? Any decision, if you catastrophise it, by catastrophise, if something happens, you go to the worst possible scenario rather than, you know 'Soléne hasn't arrived on time for the podcast, something's happened, her train's been derailed, she doesn't want to see me...'

SA

I was standing just behind, on the other side of this wall behind us, which is so funny.

CB

You were listening to The Sunflower Conversations. Remember to hit subscribe. You've recently been diagnosed. Two years ago, I believe.

SA

Yes, just over two years ago, yes.

00:16:13

CB

With everything that you've had to live with up until this point of your adult life, all of the things that you've just described, now that you've been diagnosed, has the way that you manage those symptoms and those effects, have they changed? Have you been given the tools to support yourself?

SA

Yes, massively. And I love that you said, support yourself, rather than... Some people talk about treating or curing, which I don't believe in those words being associated with the situation at all. I think I will always live with my BPD, and it's a part of me, even though,

technically speaking, now, after two years in recovery, I don't meet the criteria of the DSM-5, which defines you have BPD if you meet five of those nine criteria. Regardless, it's still a piece of the puzzle of my identity.

But, yes, it's been a journey. It's definitely gone upwards. It's like, when you think about this progress and you have this idea that it's going to be a flat line going up, and then you realise that it's a squiggly line, but hopefully it's still going up, and it does feel this way to me, which I'm really grateful for. But it isn't linear. There have been moments where I feel like, oh, my God, have I lost everything that I've learnt? And it's a lot of learning but also unlearning and relearning constantly.

CB

That's it. You've been set in your ways for so many years, going back to your previous coping strategies or not-coping strategies. It's going to be a long habit, hard habit to break.

SA

Yes.

00:17:57

CB

It's like with addiction, isn't it? You have to follow these steps, and you can't take it for granted one single day that the addiction has gone.

SA

Yes, every day, you're recommitting to your recovery. And, literally, my therapist was talking to me about, you're rewiring your brain, you're using your neuroplasticity to really creating these new pathways of how to think about things and how to approach things.

And, you're right, all the strategies that you had in place, all of these behaviours that they were self-destructive but they were effective, they kept you safe, they protected you from the situation you were in, and all these different things. It's interesting to reframe it this way. Because otherwise it's very easy to dismiss and say, but why are you doing this? It's not healthy, or whatever.

Well, actually, everything serves a purpose, and when you're able to see the purpose and then think, oh, maybe there's a different way to get to that same goal, that will be more effective towards my values, my long-term ambitions, etc. Yes, but I think I lost your question, which was how... No, I remember it.

CB

It's come back to you? I was going to say, as a little prompt, that you were explaining that you have a fleeting sense of self, and that you have a piece of paper and you write down the things about yourself. Is that something new that's happened since the diagnosis? Is that one of the new strategies?

SA

Yes, definitely. And that's been one that I just found by myself. It's a lot of exploration and trial and error in that sense, and a lot of reading and talking with people from the community and learning what works for people and then trying for yourself. That's been a big part of reframing approaching it. There's also the therapy aspect. I did a dialectal behaviour therapy.

00:19:57

CB

Sorry, say that again.

SA

Dialectal behaviour therapy.

CB

Dialectic behaviour therapy.

SA

DBT. It's similar to CBT, cognitive behavioural therapy, except CBT focusses very much on thoughts and behaviours whereas DBT adds in body sensation and emotions as well. It's a programme that was developed by Marsha Linehan. She herself has lived experience of BPD. She became a therapist, psychiatrist, I'm not sure, one of those. And she's incredible.

And, yes, she went to Asia, and she picked up a lot of information about mindfulness, and then she combined her learnings there with CBT and created this therapy for Borderline. And they teach you a lot of skills. And you do one-to-one therapy, you do group therapy as well, which is amazing because you realise, oh, my God, there are other people like me.

CB

That's an important element of the therapy.

SA

Yes, and it's very skills-based. People think of therapy, you like on the sofa and talk about your childhood. In DBT, you don't really do that. Sometimes you do go in the past to make sense of the present and to inform the future, but it's more about the present. It's more about helping you cope and helping you find different skills.

00:21:19

My favourite skill is called self-soothe. And I used to have these cuddly toys here and there in my house, but I never really knew why I... And I used to shame myself. I'm a grownup, why do I have...? It's embarrassing. I would hide them when people came around. Now I

know that it's part of a coping strategy. When you feel overly, intensely emotional, and you're trying to just bring yourself to baseline so you can problem-solve or you can decide to take opposite action, that self-soothe, grabbing a cuddly toy, just being by yourself, will be instrumental in that. And there's no shame in it.

CB

No, you're exactly right. I was having a conversation about teddy bears with somebody the other day...

SA

There you go.

CB

One of my children, he's a teenager. And I periodically say, do you want us to move these out of your room? And he's like, no. And so then I back off and I leave it. But probably ten years ago, I would've been feeling the societal pressure to be, can't have these in your room, it's embarrassing, your friends are going to take the mickey out of you. But it gives him a self-soothe just knowing they're there. I don't see him playing with them, but just knowing that they're there, I guess it reminds him of being young and feeling secure and happy. I wanted to just pick up on the meditation and the BT...

00:22:46

SA

DBT?

CB

I'm terrible at acronyms.

SA

That's okay.

CB

Yes, that it's all about focussing on the now. And I spoke to somebody who practises meditation. I'm actually going to have my first gong bath on Sunday. I haven't had that before. And she was saying it's all about how you're feeling now and setting your intentions for the future. And I would imagine that that's actually really quite helpful, when you're having therapy, to let go of what's happened in the past. Has that helped you to move forward, or is that not the right jump?

SA

Yes, it is really interesting because it brings up this idea of dialectics. So dialectic in Dialectic

Behavioural Therapy means holding two seemingly paradoxical things and accepting that they are both true at the same time. In that sense, it's not completely letting go of the past, still the past exists and still the past has informed who you are today, so honouring the past, and at the same time, focussing on the present to move towards your future goals and where you want to be and do that in line with your values.

00:23:57

CB

It's great. I'm taking this as therapy, guys. I'm taking this as self-therapy, thank you.

SA

There's that really famous sentence that, for me, when I started, seemed absolutely absurd, but it's, I can be, and this is still so hard for me to say, but I can be happy with where I'm at and still want to do and be better in the future. Before therapy, for me, it was very black-and-white thinking. Either I'm perfect, or I'm a piece of excuse-my-French.

To be able to, yes, hold these seemingly opposite, paradoxical things and radically accept that they are true at the same time is really life-changing. Well, it's been for me.

CB

It must be.

RR

Can I just ask, sorry, how long did it take to get your diagnosis? Because I know certain conditions can take weeks, months and years. How long did it take?

SA

I was very, very lucky. Let's just say I hit rock-bottom of rock-bottom of rock-bottom. And then a friend called me the next day. And his ex-boyfriend happens to be a therapist, so he got him to call me. And then he called me and he said, look, I think this is something you've been carrying for a lot longer, isn't it? And we talked about it. And then he said, is there any way that you could have a conversation with a psychiatrist, anyway, just explore anyway?

And I explored every single way. I turned every rock. And my husband, his medical cover for his job, turns out during COVID, they included mental health. And we could ask for that to cover me. And so within that week, I got to speak to a psychiatrist. And for him, it was an hour conversation, and he was like, you have Borderline Personality Disorder.

00:25:53

And then, first of all, it's like, ah, yes, the relief. Because there is a name for it. It's not something I'm making up. And it means maybe there is support out there and a community. Really, the first step was that sense of relief.

And then quickly you go on Google because that's what we do. Dr Google, tell me more about Borderline Personality Disorder. And we're going to come on to that. You don't want to do that, to be honest, with BPD, because it's pretty horrid what you find out there. And so, for me, it was learning about my diagnosis and at the same time learning about the whole stigma that came with it. It was like, whoa.

CB

That's it. That was precisely what I wanted to ask you, the stigma. There is a stigma around mental health, isn't there? And you've lived in many different countries, so the stigma in every country that you've visited. Do you think that there is any way that we can combat that?

There's been a lot of work in this country. I know that they're trying. But I just don't feel the resources are there. And I think you have given evidence of that because you were able to get your diagnosis through your husband's private medical care, which is fantastic. But many people just don't have that access, do they?

00:27:18

SA

Yes. The stigma around mental health, in general, is still there. I think definitely in this country. Also, I live in Australia, very much advanced compared to many places, including France, where I'm from, it is changing. It's just there's a lot of work to do. And I think specifically around BPD, the stigma is huge.

CB

Are people scared when you tell them that? What do you find is the feeling, the emotion that people present to you around that?

SA

I think usually it's mainly one of two things. I would say the majority is, no idea, what is that, what does it do? And then there's a portion where, yes, you can tell the... Because with BPD, you're very emotionally sensitive and empathetic, and you're constantly trying to read people's cues because you're always also worried that you're doing something wrong, and all this. You pick up on people's shift in energy, where they're like...

And I've had people tell me, no, you can't have BPD, you're normal, which we've talked about that word being highly problematic. And, also, the fact of, again, it's that stigma talking through that sentence. What do you think BPD looks like? And because of the portrayal in the media, in some movies, BPD looks like a psychopath, looks like manipulative, looks like someone who's going to completely lash out for any reason, do you know what I mean?

And it's really portrayed as something that is done towards others, which, of course, can happen sometimes. I'm not saying, there are exceptions to every rule. But I would say,

generally speaking, I've met many people in the community, I'm actually on a talk show called The BPD Bunch, which is about the community reclaiming our identity and talking about the stories. And the majority of us, we turn these challenges very much inwards, and it's self-hatred.

00:29:28

We actually love people so much, we just struggle to have any for ourselves, really. And so, yes, I think that's a very big problem. And I want to give statistics just to make people think a little bit. Seven-in-ten people with BPD will attempt suicide, and nine-in-ten will die by suicide. That makes BPD one of the most deadly mental health diagnoses out there. And that's part of my mission and The BPD Bunch's mission that we want to decrease that.

We want to give people in our community, but also anyone who is going through something with their mental health, and it could be long-term or it could be temporary, that there is hope and that we are in this, really, much together. Yes, and then I'll just end on the stigma bit. The stigma is also in so many different ways. You talked about the lack of access. It's really long and expensive to get diagnosis. Therapy can be really inaccessible financially but also location.

In some countries, like in France, mainly it's talk therapy, DBT, which is currently the most used for DBT, and it's very effective, it works for many of us, it's very rare to access. We have a lot of rigidity in our study environments, work environments that doesn't really allow for the flexibility for people who are wired differently to thrive. And I think there's a lot of judgement.

00:31:07

And I want to touch on this final point, which is, the judgement and the stigma is out there. We've talked about this now. It's also in here. I've had to unpack a lot of my own internal stigma towards myself, and my constant voice in my head of judging myself, shaming myself. Why can't you be like other people? Why can't you be, quote/unquote, normal? Which there isn't such a thing. I know now, but back then, I thought, this is what I'm trying to be.

CB

Yes, I'm on the outside, and I want to be in that group, not out here on my own. The self-loathing.

SA

Yes, because you're feeling differently the whole time. From, I don't know, six, seven years old, I knew I'm different. I just can't explain it, pinpoint it.

CB

ADHD, though, you have ADHD. And when we spoke, you explained there is an overlap. If you look at the symptoms and the effects in a diagram, there is an overlap. How does ADHD

affect you? Can you pick it out from the BPD?

SA

Yes, it's really hard. It's really new. I was diagnosed with ADHD last week.

CB

Last week? Wow, that is new.

SA

Yes, so it's very new.

CB

Welcome, ADHD, to the podcast.

SA

Woohoo. And, like you said, there is a huge overlap. And, for me, I start to question. I'm like, is it just that someone wrote a manual and said, okay, we're going to have this label and this other label, but, actually, they're linked somehow, or maybe they're the same thing. I wonder how these things are going to evolve in the future. And, also, why do we necessarily need so many labels? I have so many questions around this.

00:32:47

But, to answer your question, ADHD and BPD's very hard to unpick them apart. Yes, there's a big overlap. I would say the ADHD side of things, and I think that's why getting the ADHD diagnosis last week was completing this picture for me, because there is that hyperactivity, I call it hyperattention. I know people say inattention, but I don't think it's because I can't pay attention. I think it's because I'm trying to pay attention to too many things at once.

And sometimes I pay attention to one thing too much. I don't like using Too Much, because it sounds like a judgement, but it's the hyper-focussed mode where, literally, the world could collapse around me, and I'm just so engrained and if I'm excited about something. And I think ADHD has made my life very exciting and very intense. Like you said, I've lived in six countries, soon seven. I've travelled to, I think, 60 now. I jumped off a plane. I signed up for...

CB

In a parachute, hopefully.

00:33:50

SA

Yes, definitely. I'm still here, for now, yes. I signed up a while back for Miss Pageant's

contest, or whatever, just on a whim like that! and I'm actually going to the finals next week.

RR

Oh, that's so great.

CB

When Soléne gave her visual description, she is absolutely stunning as well, but she didn't say that.

RR

Yes.

SA

Stop it.

CB

It's true.

SA

That's very nice.

RR

That's so exciting, though.

SA

I know. I think it's the idea she gave. And, actually, I was talking to a friend who has ADHD, and she was like, oh, I just did this thing, I'm doing a pageant. And I was like, that sounds fun, maybe I could do that.

RR

That's great.

SA

And then I got named Miss Pageant South London, and now I'm going to the finals in Manchester. And I'm like, what is this life?

CB

Oh, my gosh.

00:34:40

SA

But this is what I attribute to the ADHD, that hyper...

RR

Hyper-hyper.

SA

Yes.

CB

You're grabbing life, aren't you? There's something out there. That's interesting to me. I'm not going to sit here and really think about it, I'm just going to try it, I'm going to go for it. And so many people don't. They don't get to experience things because they overthink it, and they're worried that it maybe wouldn't suit them, or whatever. Whereas you're like...

SA

Yes. I still have that.

CB

You do?

SA

It's funny. Again, it's that dialectics. We come back to, I have that, what people describe as courage or something like that, where I lean in and I'll just do stuff. Like you say, sometimes I don't ask myself too many questions. I'm like, yes, just try it.

And, at the same time, I have a lot of, still, fears and limiting beliefs where I'm like, when you said that very nice compliment, for me, it's like, what is she talking about? I don't think like that about myself. And, therefore, I think, well, I don't deserve to be on camera or onstage because I'm not good enough and I'm not pretty enough.

00:35:42

And so I still have that at the same time. It's constantly feeling that push and pull. It's almost like doing it with the fear instead of thinking, oh, I need to get rid of the fear. It's like, no, the fear is here. The fear is trying to keep me safe. Thank you, Fear. I'm still going to do it anyway.

CB

That's it. That's the animalistic nature that we have, the fight/flight...

SA

There's three...

CB

There's actually five of them, but I can't remember all of them.

SA

I only know three.

CB

There's flop.

SA

Flop?

CB

There's flop...

SA

I feel like I do that sometimes.

CB

I'm not even going to try and guess the other two.

SA

Freeze is one.

CB

Yes, that's right.

00:36:22

SA

That's my go-to, usually.

CB

You are listening to The Sunflower Conversations with Chantal. To learn more about the Sunflower, this is our [website](#). Details are in the show notes. Are you taking medication for either of your conditions? No.

SA

No. For BPD, there isn't a go-to treatment per se. Some people take medication. It will be usually medication that is addressing depression or anxiety, if they have those symptoms co-occurring with BPD. But the go-to for BPD, usually, will be DBT therapy.

I wasn't even offered medication at that point. And then with the ADHD, yes, the psychiatrist said, so there is all these different medications. And I was like, oh, my God, this is so overwhelming. It was only last week, so I'm still thinking about it, and I'm talking to lots of people in the community about what they are doing. I don't know. it's a very complicated and difficult decision to make, so I'm giving myself time.

CB

Yes. And I think that there are different options with ADHD as well.

SA

Yes.

CB

And it's definitely worth exploring it. I know some people just take it when they've got a task that they really need to get done, and they can't pull themselves to focus on it.

00:37:41

SA

Absolutely. That sounds very useful.

CB

Yes. So they have it just for that, and it lasts for a few hours. And it doesn't change their personality or anything like that. It just enables them to hone in and focus.

SA

Yes, you have the stimulants and the non-stimulants. And the stimulants, you have the long-duration and the short-duration. And that's the short-duration one. So, yes, you have a lot of decisions to make. It's not as simple as saying, yes to medication, no to medication. It can be yes to medication, which medication. Or it can be no to medication, which other avenues do you want to explore? A lot of people do meditation and mindfulness and things like that, so, yes, lots of different perspectives.

CB

I think that that is such a sensible approach, though, really doing research, connecting with the community, of what your condition is, your neurodiverse condition, or whatever it is, and connecting with a community and really gaining insight from people that have got that lived experience and seeing what works for them and really making informed choice before you just hit that green button.

RR

And, also, what works for one person may not work for you as well. It's only a week old, your diagnosis, so it's absolutely about...

SA

Taking the time.

RR

Taking time, yes.

00:38:56

SA

Yes. And I love that you mentioned community, because community has been so instrumental for me in the last years. Again, it's part of these beliefs. I used to think I have to do everything myself. I need to be independent. I need to be a strong and independent woman. That kind of vibe in the head.

And I've come to realise, actually, it's so nice to do it with people and to be surrounded by people who have similar and also different experiences. Because you grow from both. I love joining calls with my BPD community because I don't have to explain BPD to them, they get it. We talk on a whole different level.

And then I also love meeting other people outside of that because they challenge me. And being here at the expo, I feel like it's amazing, you get to meet people with such different lived experiences. And leaning in and hearing their stories, I just love that. You can learn from anyone and anywhere if you're open to it.

CB

That's Disability Expo. That's what they're doing. They're creating a community, aren't they, and they're doing it very successfully, from what I can tell. Let's talk about your unique qualities. You've touched on them. Hit me with it, Soléne. Hit me with it.

00:40:11

SA

This is bragging time, everybody. Let's get ready. Lean back. Relax, and enjoy me relentlessly and bring myself. I'm not very good at that, so we'll see what happens. It's a very tough question because you think, do I even have unique qualities? Do you know what I mean?

On a philosophical level, I was like, well, or do I just have a unique mix of amazing human qualities that other people...? But it just comes into a unique mix. But, anyway, yes, I think BPD and ADHD come with strengths. I see it this way. I don't see it as, oh, my God, you have a label, diagnosis, oh, poor you, lah, lah, lah. And then we're going to need to solve you. Or

anything like that. I just think, yes, it's like a spiky profile. You have these unusual strengths in different areas.

And I wouldn't know who I would be without the BPD and the ADHD. I would genuinely have no idea. It's like asking me, do you know who you would be if you weren't French? No, because I was born and raised there, so I wouldn't know. But, yes, some of the qualities, I think, are around creativity and innovation. I used to work in a team. I used to manage a team in Australia. And they used to call me the Ideas Machine. You put a coin in, and you get a thousand ideas. So that was me.

I think it makes me really empathetic and really sensitive. I connect to people really deeply and have incredible conversations, which I love. It makes me adventurous. We talked about that. I'm spontaneous. I do things. I'm like, yes, let's just do that, why not?

It's enabled me to lead from the side. I call it, lead from the side, meaning walk with people and help them to achieve their dreams. When I was looking after teams, I would never see myself as I'm managing and I'm this. I would always see myself as I walk with you and help you get there.

00:42:15

And then, finally, it makes me, I think, humanistic and always seeing the bigger picture. I've always been someone who challenges the status quo. If someone tells me one more time, we have to do it this way because we've always done it this way, oh, my God, you find something else.

CB

You have to meet Paul White who we work with.

SA

There has to be another way.

CB

He also absolutely loathes that expression.

SA

Yes, same. And so the big thing that I keep questioning is, and that's what I spoke about in my TED Talk in Melbourne, actually, is, what about a world without borders, what would that look like? What would that be like? What would it feel like?

CB

I think those are amazing qualities, and all of the qualities that I absolutely admire, I really do, I really do.

SA

Now I'm blushing. Stop it.

CB

We're having such a great chat, and I know that we are. We can't do this all day, because there are other people that want to talk to other people about other things...

SA

What? No.

00:43:15

CB

Ruth wanted to just come in a little bit about your travel experience. Ruth, I'm going to just hand over to you for a few minutes.

RR

Yes. You said you've lived in six countries, and, obviously, that you're still travelling a lot now as well. What are the difficulties that you entail sometimes when you travel through airports, the different sizes airports, and the noises, the smells, everything like that?

SA

Yes. I'm probably the worst person to answer this question because I love airports. It's my happy place. As soon as I get to an airport, I'm like, oh, my God. And then I'm on the plane, I'm like, ahhh. I don't know, I just love travelling so much that I don't get the same experience that many people in my community get around, like you said, the smells, the noise.

I think the one time that was challenging, I actually broke my hand on the job. It was a burnout scenario. And I was travelling. I went back to France two days after breaking my hand in China. And no one was willing to help me because I could walk. They were like, you can walk, you can get to the plane. And I was like, but I just need help because I need to carry my bags. I think it's expanding what means needing help and getting help in those environments.

And then the other thing about travelling is noticing the perceptions in different countries. And I think, yes, there's a lot of work to do with Sunflower and other initiatives to align the openness. In Australia, they have R U OK? Day. And I love that day. That was the first time I started talking about my mental health.

00:45:01

And this is pre-diagnosis. Because of that day, that day that they encourage you to ask your colleagues, are you okay, and actually listen to the answer and have a conversation after that. Whereas I feel like in France, yes, we still have a long way to go. And then you have a place like Dubai, where I'm moving soon, which is physical access is amazing. It was built

pretty much step-free from the beginning. But mental health in the region, neurodiversity is still very much a taboo topic, just like I experienced in China as well. So, yes, a lot to unpack there.

RR

And has the Sunflower supported you as well? And is it your father-in-law uses the Sunflower as well?

SA

Not yet. He actually doesn't know the symbol. I don't know if he knows. I think they might be listening as well, my father-in-law. It's okay, it's okay. Don't worry.

CB

Happy birthday, by the way.

SA

Yes, so I think the Sunflower symbol is amazing, and I think it's very needed, because, indeed, when you have a hidden disability, you can be lucky because you can choose to disclose or not. But it can also be tricky because you don't know what...

00:46:13

Having a symbol, and I love that it's a sunflower, it's sunny and bright, it's so beautiful... So, yes, I gifted a sunflower to my father-in-law a couple of weeks ago, who has been recently diagnosed with blood cancer. And, yes, it's growing in my parents-in-law's garden, and that makes me really happy.

RR

Oh, that's great. That's beautiful.

RR

And we have many Sunflower wearers who don't wear the Sunflower all the time. They'll keep it in their rucksack or their handbag, purse, whatever, and just put it on when they feel the need that they actually need the extra bit of support. It's there for that as well. And, also, the fact that you're moving to Dubai shortly, so we have colleagues in Dubai. The Sunflower is there, and we're making great steps.

CB

Emirates.

RR

We've got Emirates Airlines recognise the Sunflower. They've trained all their crew.

SA

Dubai Airport.

RR

Dubai Airport as well. So, hopefully, we'll get...

SA

I think we need to do some work together.

RR

We do, [overtalking], absolutely.

SA

And I love what you said earlier around, it has to come with creating that psychological safety and training people as to what it means and how to be kind and support each other, rather than just the symbol in itself. A sunflower needs soil. That's how I think about it.

00:47:24

CB

Yes, a sunflower needs soil. I think that's a really great thing to end it on there, sunflower needs soil. We have literally got three minutes. I want to end on a little bit of advice. Soléne, do you have any advice for neurodivergent people who are struggling to find their place in a neurotypical world?

SA

Yes, I don't like giving advice, usually, because I'm like, well, everyone is different, just like you said. There's a famous quote by Dr Ramsay that says, when you meet one autistic person, you've only met one autistic person.

RR

Absolutely.

SA

And it qualifies for everyone in the community. Also, on language, I prefer personally to use neurodiversity rather than neurodivergent. Because neurodivergent implies that you're diverging from somewhere which is a norm, which we've said doesn't exist.

Having said all that, which I know you want to get short answers, so you're probably hating me right now, it's very short, I would say, and if it resonates with you, take it, if it doesn't, leave it, that's fine, I would say get to know yourself. Curiosity, compassion and courage. Just lean in and get to know yourself.

00:48:36

Two, express your strengths, your challenges and your needs, when it's safe. And if it's not safe, it's okay. Look at how you can change the environment, the people you're around, to create that sense of safety so you can do that. And, finally, finding the community and support. We've talked about that. I think it can be very lonely, especially when you're first diagnosed. You don't know where to go. But, I promise, we're awesome, we're funny, sometimes, so, yes, just get in touch with people, and create that bond, and it'll be amazing.

CB

Thank you so much, Soléne.

SA

Pleasure. Thank you for having me.

CB

And thanks for taking the time to come and sit with us and be our first...

RR

Live, yes.

CB

Live...

RR

We could talk forever, I think.

CB

Yes.

SA

Oh, yes, yes. I can do that easily. [Overtalking].

CB

And I hope everybody's enjoyed it. We'd love to hear your feedback. You can find Soléne on LinkedIn. Soléne, please can you say your surname, because I didn't want to say it because I hadn't practised it first, and it's French. I didn't want to ruin it.

SA

Oh, that's so kind. It's Soléne Anglaret. And you can find me on LinkedIn and on Instagram at Be Beyond Borders.

CB

Thank you. And thank you, Ruth.

RR

Thank you.

CB

If you're interested in any of the advice discussed in this podcast, please follow up with your GP or healthcare practitioner. If you have enjoyed this conversation, please hit Subscribe to The Sunflower Conversations Podcast.

FS If you'd like to share your Sunflower story or conversation, please email converstions@hdsunflower.com Find out more about us, or listen to this recording again by checking out our Insights page at hiddendisabilitiesstore.com. You can also find us on Facebook, Instagram, Twitter, YouTube and LinkedIn. Please help, have patience and show kindness to others. And join us again soon. Making the invisible visible with the Hidden Disabilities Sunflower.

00:50:41