

Borderline Derbyshire

Newsletter of the
Derbyshire Borderline Personality Disorder
Support Group



For anyone affected by
Borderline Personality Disorder (BPD)
also known as
Emotionally Unstable Personality Disorder (EUPD)



For those in Derbyshire and beyond!



SUPPORT



Group

News

We are pleased to say that, thanks to the Active Partners Trust and Together Fund, our members are enjoying monthly bowling sessions (photos on p.13)

We are proud to announce that several of our members have been asked to provide advice on two separate projects that could, potentially, lead to new or improved services for those with complex needs

Thank you to group members Francesca (pp.6-7) and Freda (p.18) for their contributions to this issue

Derbyshire Helpline: 0800 028 0077

Amy was very helpful and supportive, she listened and helped me to calm myself and sign posted me. A big thank you goes to Amy.

Steve (group member)

Remembering Vicky

23 December



L₁ O₁ V₄ E₃

P.S. I Love You

Vicky was a co-founder of the group and
my soulmate of 36 years. Sadly, she
passed away just before Christmas 2021.

Sleep tight darling

Sue

xxx



Who we are...



Sue

John

Jodie

Ryan

We all have a connection with BPD

What we do...

Our aim is simple...we want everyone who is affected by BPD to have a safe space in which they can come together to relax, chat, swap stories and discuss coping skills. An official diagnosis is not necessary.

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Our meetings are also open to those who would like to know more about BPD, including students and support workers.

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You do not have to live in Derbyshire to join

What we offer...

ZOOM Meetings

BPD - every other Sunday @ 4pm

Parent/Carer – monthly

Activities

Monthly visits to a bowling alley
Ilkeston, Derby, Chesterfield, Nottingham



WhatsApp

BPD chat group & Parent/Carer group

If you prefer not to have audible notifications, you can mute them in your settings. On the BPD chat group page, just click on the three dots at the top right. Then click on 'mute notifications'.



Website:

derbyshireborderlinepersonalitydisordersupportgroup.com

“My BPD Superpower” by Francesca (group member)

An initial online research of BPD for those who are curious, or may have never previously heard of the disorder, will be met with a litany of negative words conjured together to attempt to explain what it is. The only people who can really explain what BPD is, are those who suffer with it. But unfortunately, those same people are overshadowed by pessimism, phobia, and misconceptions. We are let down by the health and social care services, the media, the entertainment industry... even our own friends and family. We are portrayed as manipulative, uncaring, dangerous, co-dependent, antagonistic attention-seekers.

When I first received my diagnosis, I was overwhelmed with a wave of relief, followed by an even larger wave of shame and fear. How was I going to explain this disorder to people, when everything about it seems so bleak? From an early age I had always been told I was “too sensitive” and needed to “grow a thicker skin” by my parents, my teachers, and other elders. I always felt something was fundamentally wrong with me and that I had to be stronger and essentially, “better”, in order to achieve happiness.

Fast forward to today and I remain frustrated and bewildered by those adults who consistently pushed me to change my personality, to be someone I wasn’t, to care less. Why would anyone want to care *less*? In a world where kindness and caring for each other is vastly dwindling... you would expect all adults to be coaching you to proactively build your compassionate character.



With all of these mixed signals and a lifetime of confusion, it’s easy to be swept away with thinking there’s something wrong with you because you are given the label of BPD. Some days I wake up and wish I had something else, anything else, any other mental health disorder than this one. The one which is termed the most painful, the most stigmatised, the one which causes more intense emotional pain and distress than any other. But then I remember... BPD is what sets me apart from others. It’s what makes me charitable, emotionally attuned, empathetic, fiercely loving, humane.

I know a lot of people with BPD feel like it’s a life sentence. They get bogged down with the misconceptions and stigma of the disorder and let the negativity take over. I’m also guilty of this from time to time. That’s partly why I made this list – a list of why BPD is my superpower. This list reminds me that whilst I will never be able to escape the negatives of BPD, I can completely embrace and focus on the positives instead.



Why BPD is my Superpower

Resilient: The majority of us are trauma survivors and have been through the ringer more times than we can keep count of, which makes us extremely resilient. Having BPD is a full time job and when you see how much we achieve alongside this, you realise that our survival is nothing short of miraculous.

Creativie Musicians, painters, writers, actors... we are a bunch who can express ourselves in creative ways like no other people can. A way to release and channel our emotions means we create some of the most beautiful projects ever seen.

Empathic: We can feel other people's feelings. We are usually the agony aunt of our friendship group or the first person people turn to in their family units. We are able to look at things from a standpoint which goes beyond the sympathetic. We know, we care. We "get it".

Passionate: We love with our entire hearts and pour ourselves completely into relationships and interests.

Loyal If you ever want someone to fight your corner, we will be there without question or hesitation.

Emotive: It is a blessing to feel things so very deeply, and that's exactly what we do: feel. As emotional beings, we can experience things in ways other people can't, purely because of how emotional we are and how we connect emotionally to other people, events, and the world around us.

Interesting: On our good days we are lively, witty, intelligent, funny. We can command a room and make everyone in it want to be as expressive and bold as we are. We have great tales to tell, and see things differently from most other people.

Adaptive: We can adapt to any given situation because of our resilience. For some, this makes it easy to change jobs, move to different cities, go travelling, and experience new things.

It's important for us to remember that all superheroes, like the X-Men, were seen as "freaks" and stigmatised because of their abilities. They had to learn to accept their powers and use them for positive impact. If we learn to welcome and embrace our BPD, and accept it for all it's brilliance, we too can see it as a force for good.

You are not bad. You are not too much. You are a sensitive, intuitive, gifted individual... with BPD — Francesca

The privilege of a lifetime is being who you are. — Joseph Campbell

Grounding

We all experience anxiety or stress at different points in our lives. It's a normal and natural response to difficult times, and it can help us to take action when we need to. Sometimes, however, we can get stuck in anxious thoughts and feelings, to the point where it feels overwhelming. Grounding is an easy, practical set of techniques that I teach my clients, which can help to restore some balance to your day.

When we are anxious or stressed, our nervous system goes into 'fight or flight' mode. Our 'back brain' (the amygdala and limbic system), takes over, and our bodies are flooded with hormones such as adrenaline and cortisol. We might feel our heart rate increase, have repetitive thoughts, or general feelings of fear or anger. Grounding soothes our fraught nervous system and brings our prefrontal cortex, or 'front brain', back online so we return to the present moment, and are able to function. So, how do you do it?

Four tips on how to get grounded when you're feeling anxious (happiful.com)

1. Breathe!

An absolute top tip for grounding is to concentrate on your breathing. It might sound obvious, but I teach people every day how to breathe properly, and the results can be amazing. The key is to focus on the exhale, not the inhale. This lets your body know that it is safe, and brings calm quickly. Try a simple count, like inhaling for four seconds, and exhaling for seven, to keep you focused. Also, be sure to inhale into your diaphragm. The simplest way to do this is to imagine you are blowing up your belly like a balloon when you breathe in.

2. 5-4-3-2-1 sensing

This exercise is great for bringing your attention to your body, and helps you to feel more centred as you tune-in to the physical, and away from any difficult thoughts. Start by saying five things you can see out loud. It might be objects in a room, or a detail about a blade of grass. Next, say out loud four things you can feel. Notice sensations such as your feet on the floor, or your hands on your knees. Pick up an object and feel it fully. Now say three things you can hear. Noises outside, inside, a ticking clock, your own breathing. Then two things you can smell, perhaps a waft through the window, or your own clothing. Finally, say out loud one thing you can taste. If you have a sweet or snack nearby, pop it in your mouth and savour it fully. Finish by noticing how you feel, usually you can appreciate a sense of being 'back in the room'.

3. Mind games

A great technique for bringing your 'front brain' back online is to complete mental exercises. These can also have the added bonus of distracting you from worrying thoughts and feelings. My favourite one is to count backwards from 1,000. Other examples you could try are spelling the names of your family members backwards, counting all the things you can see in your room that are a certain colour, naming as many films, books, or countries as you can that begin with a certain letter, or picking an object and describing it mindfully using all of your senses.

4. Body shaking

Another one that's great for tuning-in to the physical, this exercise is also helpful for releasing and relaxing muscles that have become tense due to a stressful day. Start by standing up straight, feet hip-distance apart, pelvis tucked in, and focus on allowing space and length into your spine. Balance your head, imagining it is suspended from a fine cord dangling down from the ceiling. Take a few breaths, and focus on your feet being grounded and connected to the floor. Now, start to shake your wrists, letting them be loose and floppy. Continue up into your elbows, letting your arms dangle at the same time. Continue to move the shaking up into your shoulders and your whole body. Just shake your body, letting everything go, perhaps rising on your heels and feeling the shake as you ground back down to the floor. You might also want to turn from side to side, whatever your body feels it needs to do is fine. Keep going for a few minutes at least. When you come to a stop, get back into the relaxed standing stance again and notice what changed, maybe a fizzing in the body, or a welcome sense of clarity.

Coping with Flashbacks: Grounding Yourself

Tell yourself that you are having a flashback.

Remind yourself that the worst is over. The feelings and sensations are memories of the past.

Get Grounded. This means stamping your feet on the ground so that the child knows you have feet and can get away now if you need to. (As a child, you couldn't get away... now you can).

Talk to the child in you and tell her he/she is OK. It is very important that the child knows that the adult is around to take care of him/her. The child needs to know that it is safe to experience the feelings and let go of the past.

Adapted from abuse-survivors.org

Trauma And Dissociation



'When therapy goes bad' by Sue Wheatcroft

I first met Alison Calladine, private therapist, in May 2017. My mental health had been deteriorating over the previous two years and, as was the norm at the time, there was no help whatsoever for people with BPD. In desperation, my wife and I re-mortgaged our house to pay for the weekly therapy sessions.

With the encouragement of Alison, I became somewhat of an activist for those with BPD, raising awareness of the lack of support, and of the number of women with BPD in prison. I have since spoken at the Supreme Court and at an event at the House of Commons. I have participated in various projects, including assessing the level of care for those with cancer in prison, and have discussed my lived experience with students of both nursing and social work. There is a lot to do and a long way to go, but I have passion and determination and, until recently, I had my weekly therapy sessions with Alison.

Also in 2017, I set up a support group, where people with BPD could meet and support each other. It started with a handful of attendees. Now, five years later, over 250 people have passed through the service, some from overseas. This group is my pride and joy, because it provides those affected by BPD, including their families and friends, a space in which to connect with like-minded people. There is no judgement, but plenty of empathy. I wish I had had something like that when I was in crisis.

When I first met Alison and knew we would be entering a therapeutic relationship, I asked her to never tell me anything personal about her or her family. I promised never to ask. That way, I said, I would not become attached to her. We stuck to that rule, and for the first few years it wasn't a problem, but then things began to change.

I became oversensitive about some of her statements, taking them personally, ruminating over what she probably saw as innocuous remarks. I felt myself becoming needy and it was making me unhappy. On one occasion I upset her with my 'hurtful' (I will come back to this later) comment. She was offended, and I suddenly realised how easy it would be to lose her. I was careful not to upset her again. The relationship was too valuable to me, and I could not take the risk of it ending.

Weekly therapy sessions for five years may seem excessive to some, but it's not actually that unusual. Whilst it is true that many with BPD dread endings and do not react well when a relationship comes to an end, it is not in itself a good reason for carrying on the somewhat expensive sessions with a private therapist. Most would eventually overcome the initial distress and move on. However, for those of us who have a severe attachment problem, it is not so clear cut. Some years ago, I was attached to someone in a position of authority. Unfortunately, she thought it was funny and it fed her ego. It jeopardised my recovery and I was, and still am, grateful to Alison for being there so that I could talk it out. In many ways, my therapy functioned as a form of maintenance. The various problems I encountered in my work, and in my daily life, were discussed with Alison so that I could rationalise, rather than seeing it in black and white (a typical BPD trait).

Perhaps inevitably, I became attached to Alison. Many people who do not generally have attachment issues also become attached to their therapist. This is understandable because the relationship is geared towards what is best for the client. A good therapist shows their client empathy, kindness, and understanding. This may not be familiar to the client, and it can become addictive. However, severe attachment (which can form part of BPD or be a disorder in its own right) is different to 'normal' attachment because of the extreme emotions and behaviour it can generate. It is no exaggeration to say that, for some, the belief that such a relationship is coming to an end can bring immediate thoughts of suicide. I cannot overstate how distressing this condition is.

Continued...

My attachment to Alison developed after around three years. I tried to hide it from her, partly because I was embarrassed, but also because I didn't feel comfortable enough to bring it up. Although we had discussed my issues with attachment in detail over the years, we never addressed my feelings towards her. There were clues as to how I felt, and I assumed she knew. One day, I told her that I dreaded the day she would say the therapy had to end. She said it could be open-ended and that, barring a disaster, she would always be there. I wasn't naïve enough (or was perhaps too cynical) to believe that, but it did make me feel better. I assumed that the issue of my attachment to her was a no-go area, and that was fine with me.

My therapeutic relationship with Alison began to break down the day I discovered she had moved from Chesterfield to Belfast, without telling me. A member of my support group had asked me to recommend a private therapist and I gave them Alison's details. I had done it many times before. This time I was asked if I had got her details correct because this therapist lived, not just in another part of the UK, but another country within the UK. I checked Alison's website and the counselling directory and found that she had, indeed, opened up another practice and had already started working from there. I had seen her, online from her practice in Chesterfield, the previous week and she had given no indication of what she was about to do.

Things started to make sense. Until lockdown I saw her face to face at her practice, but then like many others, she changed to online until it was safer, and then operated a hybrid system with both face-to-face and online. I carried on seeing her online, but (I thought) with the option of going back to face to face sessions. However, after a few months she stopped seeing people face to face altogether. She didn't tell me, I found out from a support group member who she had begun treating. I asked her if she was giving up her practice and she replied that she hadn't thought that far ahead yet. I didn't know what she meant but tried not to think about it. A couple of weeks later she told me that she had been busy doing other things and that her practice was only a small part of what she did. I asked if she was giving up therapy and she assured me she wasn't. My reaction at that time, I thought, could leave her in no doubt as to how I felt about her, but we didn't talk about it.

The feelings of hurt and abandonment, when realising that Alison had moved away from the area, were overwhelming, and my immediate thought was suicide. I can appreciate that this reaction must be difficult to understand by those who do not suffer from this horrible condition. After all, I could still see her online, so what's the problem? I will try to explain, briefly, how it made me feel (as with everything, no two people's feelings and experiences are the same). To me, it's simple; knowing where she was when at work in Chesterfield made me feel secure. Although I would come to know where she worked in Ireland, it wasn't the same, she might as well have been on Mars. Attachment issues are developed primarily through childhood experiences of abandonment. For me, it's vital that I know that the subject of my attachment is not too far away. Naturally, I didn't know where she was outside working hours, and I neither wanted nor needed to.

After finding out about Alison's move to Ireland I made a 20-minute video explaining how I felt. I talked about my attachment to her and about my thoughts of suicide. Most of the video was taken up by me trying to talk without crying. In all the time I had been seeing her, I had never cried in front of her. I suggested that she spend the first 20 minutes of our next session watching the video and I would join in afterwards. That way, I wasn't expecting her to do anything in her personal time.

The final session

As arranged, I joined Alison after 20 minutes. I immediately asked her why she hadn't told me of the move, and that's when I began to see a side of her that I had never seen before. She was defensive and angry. She told me that it was her practice, she could do what she wanted, and it was absolutely

Continued...

nothing to do with me. I said that I wasn't trying to tell her how to run her practice but that she had misjudged how I would react, given my attachment to her. Her reaction to this was pure, genuine, shock. She had no idea, saying 'you said you wouldn't get attached to me'. I thought this was a rather naïve comment but didn't say so because I was getting the feeling that she might end the session. It suddenly dawned on me that she hadn't watched the video, that's why it was news to her. She said she had experienced technology problems and couldn't watch it. I didn't believe her but again, didn't say anything.

I can only describe Alison's behaviour from then on as nasty and unprofessional. She lost her temper completely and showed a complete lack of empathy or compassion. I realised that this was going to be the final session and, for the first time in five years, I cried in front of her. I was distraught; she said 'look at you, you're a mess'. I started to get flashbacks to the times I spoke to mental health services, and I felt like I was going backwards. I was torn between trying to hang on to the relationship and maintaining some semblance of self-respect. I ended the session abruptly when she looked at the clock and said nastily, 'come on, you have 2 minutes left'.

Almost every waking minute for the next week or so was spent thinking about Alison. We still had sessions booked in, so I re-sent the video and paid her another £20. Even though I had already paid her to watch it she still hadn't seen it and I knew she had no intention of doing so unless I paid her again. I was hoping we could discuss it at the next session.

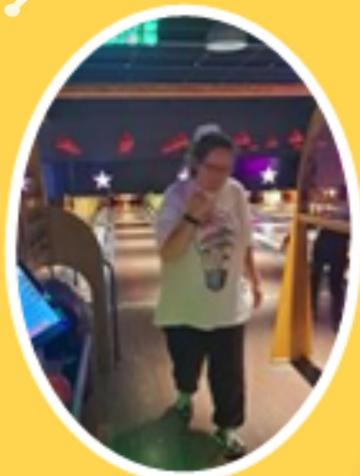
Although I was hurting, I was becoming angry and started to think of the things she had said and done over the years. Going back to paragraph five of this article, the reason I had offended Alison was because I said I didn't like it when she yawned when listening to me. We were having a review of how therapy was going. She said she was offended by my comment. I tried to lighten it by asking if I was boring but she twisted it so that it looked like I thought I was boring. Another time, when there had been a substantial period of silence between us (as happens in therapy) she said, 'this is your time, you fill it'. I should have realised with these comments that she was getting fed up, but I was attached so I would never have ended it.

After a few days she sent me a message. I assumed she had seen the video because all it said was, 'I understand'. I wrote back to say that I wanted to cancel all future sessions. At first, I was proud of myself; I had never broken off an attachment before and I knew it was the right thing to do. However, she replied immediately, acknowledging that she had cancelled, and I suddenly realised that I would never speak to her again. I panicked, she was my safety net and I couldn't face the future without having her there. I emailed her, apologising and asking her if we could resume the sessions. She didn't reply and I sent several of what I can only call 'begging emails'. She still wouldn't reply and so I sent a message begging her to reply. I apologised for everything, even though I didn't know what I had done wrong. It was one of the lowest points in my life. I was embarrassing and humiliating myself. Eventually, she sent a short message saying that she was standing by her decision.

The future

It's now three months since I last spoke to Alison. The hurt has subsided and I know the anger will eventually. What I am concerned about though, is the possibility of her treating others like she did me. The fact that she didn't pick up my attachment to her shows me that she doesn't have the insight and awareness needed to meet the responsibilities of a therapist. There are many private therapists out there and I would urge people to shop around. I now have a new therapist and it's going well. I cried in front of her at the third session and so already, I know it's going to be different. *Alison knows about this article and has declined her right to reply

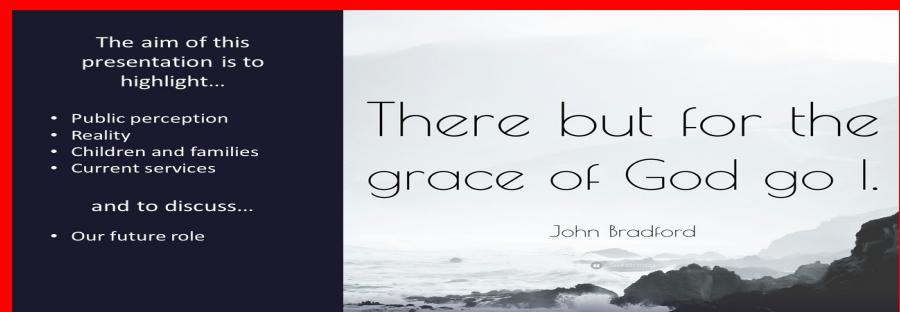
Sue



Fun time

Ilkeston & Derby 2022

Women in Prison: it could happen to anyone



Women in Prison: what about the children?

The UK has the highest level of female incarceration in Europe!



Most women in prison are serving a sentence of six months or less, sometimes just a few weeks, and during this time they can lose their employment and their family home.



For those who have children, the consequences can be catastrophic

Their children can be taken into care and, without accommodation, they are unlikely to get them back

For those children who remain in the family home, they could suffer financial hardship and stigma. They might still be living with their mother's abuser, and then there's the possibility of long-term psychological damage...!

So, what is being done?

Children:

There is no specific legislation addressing the needs of children of prisoners, and they only rarely receive support from local authority children's services.

Most work is done by charitable/voluntary organisations:

[Parents in prison | Childline](#)
[Angel Tree - Prison Fellowship](#)
[Children with a parent in prison | Barnardo's \(barnardos.org.uk\)](#)



So, what is being done?

Women:

RECONNECT is a 'care after custody' service commissioned by NHS England. Nationwide coverage is expected by April 2024

RECONNECT is led by Kate Morrissey, a mother and former prisoner...

...an example of how life after prison can be, with just a little help



Kate Morrissey and her son Zane

What Is Codependency?

Codependency in a relationship is when each person involved is mentally, emotionally, physically, and/or spiritually reliant on the other. A codependent relationship can exist between romantic partners, but also with family members and friends. This type of dependence is common in relationships where one of the parties has an addiction, such as to alcohol or other substances. In fact, it is within the field of chemical dependency that the term codependency was born. The term was originally coined in the 1950s, in the context of Alcoholics Anonymous, to support partners of individuals who abused substances, and who were entwined in the toxic lives of those they cared for. The American Psychological Association (APA) defines codependency, in part, as "the state of being mutually reliant" and "a dysfunctional relationship pattern in which an individual is psychologically dependent on (or controlled by) a person who has a pathological condition (e.g., alcohol, gambling)."

Codependency is not a clinical diagnosis or formally categorized personality disorder on its own. Generally speaking, it incorporates aspects of attachment style patterns developed in early childhood. Codependency can also overlap with other personality disorders, including dependent personality disorder.

Causes of Codependency

What is the root cause of codependency? Foundationally, it is due to poor concept of self and poor boundaries, including an inability to have an opinion or say no. Research suggests that there may be biological, psychological, and social elements that contribute to codependency:

Biological: The prefrontal cortex part of a codependent person's brain may fail to suppress empathic responses. This would create an overabundance of empathy, making it easier to become codependent.

Psychological: People who are codependent may be psychologically predisposed to care for others. They might also be affected psychologically by negative life experiences, such as growing up with parents who fought a lot or if they are a victim of neglect or emotional abuse.

Social: Codependency may result from changes in how society views women's roles or the increased exposure of substance abuse within family units.

Codependency can come in all shapes and sizes, with varying severity levels. It can also develop in all sorts of relationships. It can exist in parent-child, partner-partner, spouse-spouse, and even coworker-boss relations.

Signs of Codependency

Codependency refers to an imbalanced relationship pattern. In this pattern, one person assumes responsibility for meeting another person's needs to the exclusion of acknowledging their own needs or feelings. Codependency is a circular relationship in which one person needs the other person, who in turn, needs to be needed. The codependent person, known as 'the giver,' feels worthless unless they are needed by, and making sacrifices for, the enabler, otherwise known as 'the taker.' There are several signs of codependency. If you experience any of the following, you might be the giver in a codependent relationship:

- Having a sense of "walking on eggshells" to avoid conflict with the other person
- Feeling the need to check in with the other person and/or ask permission to do daily tasks
- Often being the one who apologizes—even if you have done nothing wrong
- Feeling sorry for the other person, even when they hurt you
- Regularly trying to change or rescue troubled, addicted, or under-functioning people whose problems go beyond one person's ability to fix
- Doing anything for the other person, even if it makes you feel uncomfortable
- Putting the other person on a pedestal, despite the fact that they don't merit this position
- A need for other people to like you in order to feel good about yourself
- Struggling to find any time for yourself, especially if your free time consistently goes to the other person

Codependency vs. Healthy Interdependence

Simply being reliant on someone else does not mean that you are codependent. In a healthy relationship, each person can rely on the other for a variety of needs. Codependency exists when one person gives more than the other, creating an imbalance of met needs.



When Codependency Is Unhealthy

While everyone has loved ones and feels responsible for them, it can be unhealthy when your identity is contingent upon someone else. Codependency does not refer to all caring behavior or feelings, only those that are excessive to an unhealthy degree. Responsibility for relationships with others needs to coexist with responsibility to self. This dynamic has also been referred to as a 'relationship addiction' because people with codependency often form relationships that are one-sided, emotionally destructive, and/or abusive. In this sense, the inherent issue with codependency is that the giver loses their true sense of self since they're pouring so much into the taker. Even if the giver doesn't feel this way immediately, they likely enjoy giving their love and being relied upon, it can develop to unhealthy degrees as the relationship progresses. Another issue with codependency is that it becomes difficult for the giver to remove themselves from the relationship since they might feel the other person relies on them so much, even if they know in their gut it is the right thing to do. Conversely, the taker will feel so reliant on the giver that they can have difficulty leaving a toxic relationship as well.

How to Overcome Codependency

The first step in overcoming codependent tendencies is to focus on self-awareness. This can be done on your own, of course. But therapy can help you really unravel your codependent tendencies. Many who struggle with codependency don't seek help until their life begins to fall apart. Be proactive and seek help. Once you're on that journey, try your best to do the following:

Become the president of your own fan club

*Learn to speak lovingly and positively to yourself,
and resist the impulse to self-criticize*

Take small steps toward some separation in the relationship. Seek activities outside of the relationship and invest in new friendships. Focus on figuring out the things that make you who you are, then expand upon them. Actively turn your attention inward when tempted to think or worry about someone else. This takes practice, so be kind to yourself along the way. Stand up for yourself if someone criticizes, undermines, or tries to control you. By working on building your self-esteem, you'll find more strength in yourself. Don't be afraid to say "no" to someone when you don't really want to do something. Finally, consider trying a support group or group psychotherapy if one-on-one therapy doesn't appeal to you,

Sources and further reading:

[Codependency: How to Recognize the Signs \(verywellmind.com\)](#)

[Home – Co-Dependents Anonymous UK \(codauk.org\)](#)

The rescuer
(I feel better if you
feel better)

The persecutor
(I feel better if you
feel worse)

The victim
(I'm no good for
anything)

'My Son' – a mother's story by Freda Parker (group member)

No joined-up thinking. Feel like I'm sinking ...

Give me your hand. Rescue me. Please.

XXX

I've always known, almost from birth,



That my son was 'different' and would struggle on this earth.

On too many occasions: birthdays, Christmas, a school prom or simply a family walk,

He'd feel lost and empty – unable to talk.

XXX

Give me your understanding,

Listen to me ...

Can't you see and feel

What I can see?

XXX



I've never known exactly what to do.

Was he depressed or just feeling blue?

The NHS - why couldn't they ... why wouldn't they ... give us an unequivocal answer?

The pain, the confusion, the loneliness, ate away at us like a cancer.

XXX

No joined-up thinking,

Still we were sinking.



Save us from this suffocating sadness.

Please, please, please rescue us.

XXX

CAMHS, tablet after tablet, year after year of different diagnoses, questioning and doubt

Still didn't give us the answers we craved or sort his countless 'issues' out.

In limbo ... lost... he sensed that he did not belong –

He felt no one could hear him sing his solitary song.

XXX



Give all of us your understanding,

Take action please,

To help stop the agony

Of He tried – he really did – to cope: to survive.

XXX

But gradually... insidiously ... it took over all of our lives.

No, I wasn't just being a fussy mum –

I was trying to rescue him – my beautiful son.

This misunderstood, debilitating disease.

No joined-up thinking,



Still we were sinking.

Save us from this suffocating sadness –

Please, please, please - someone, somewhere - rescue us.

XXX

Charities, my sister, his dad, step dad and brother

Tried to support and save him – beyond all others.

His spontaneous spending rocketed wildly out of control,

Digging him, and us, into an even darker, drug-fuelled hole.

XXX

Give us your love, support and friendship,

Show us you care,

Never give up on us, please,

Help shine a light on to our daily nightmare.



XXX

Snakes and ladders comes to mind.

Sometimes, we thought we'd reached square 99.

But his dark depression, BPD (or ADHD or complex PTSD) resurfaced relentlessly - growing stronger and stronger,

And, the pitiful 'game' just became longer and longer.

XXX

But, one year ago, things slowly, slowly, ever so slowly, began to change.

Giving us hope – a mere flicker of light.



Now, at last, there is some joined-up thinking

Still treading water ... but not quite sinking.

Dear NHS, can't you see he's desperate to change?

Reach out to him. Please. Please. Please.

XXX

I know, one day he'll be able to live his 'best' life.

In constant survival mode, he needs to find peace - away from his life-long strife.

We will keep on loving him, supporting him, accepting him - through thick and thin

At the end of this terrible turmoil, we just want him to be happy in his own skin.



HOW TO FEEL CALM AGAIN

50 Ways to Self-Soothe

SIGHT

- Hang up **old photos**.
- Draw a picture of your favorite place.
- Start a **gratitude list**.
- Make a **themed collage**.
- **Stargaze**.
- Take a drive.

TASTE

- Try a **tea subscription** box.
- Make a home-cooked meal.
- Eat dark chocolate.
- Chew gum.
- Use **fresh herbs** while cooking.
- Eat **mindfully**.

SMELL

- Bake **sweet bread**.
- Put on lotion.
- Make **freshly brewed** coffee.
- Buy fresh flowers.
- Light an **aromatherapy candle**.
- Use a diffuser.

HEARING

- Listen to **ambient sounds**.
- Call up someone you love.
- Get lost in **music**.
- Vlogs, ASMR, Podcasts.
- Listen to an **audiobook**.
- Recite positive affirmations.

TOUCH

- Cozy up in **freshly clean sheets**.
- Snuggle with your pet.
- Give yourself a **massage**.
- Try **restorative yoga**.
- Wear soft fabric.
- Give yourself a **hug**.

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Soothing
Techniques!

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