Issue Twenty One - Autumn 2023

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)

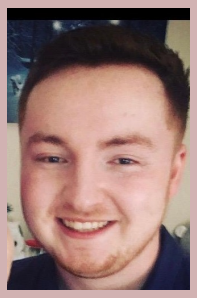
For those in Derbyshire and beyond!

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, swop 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.

xx

You do not have to live in Derbyshire to join

SUPPORT Group

News

Boat trip on the river Trent

July 2023

Thank you to Active Partnership and the Together Fund

(more photos on page 13)

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At the request of members, we have now introduced two new WhatsApp groups: Parents with BPD & Men with BPD

(full list on page 4)

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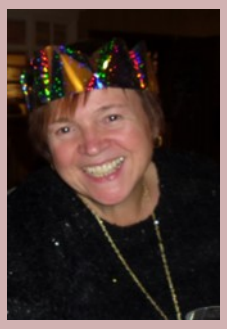
One of our members has kindly offered to write a biography of his life for our newsletter. The first part is on pages 20 & 21

***please note that all photos used are random and do not depict Danny himself.**



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

What we offer...

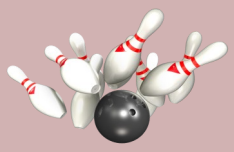
Attachment Group

For those who struggle with severe attachments to others

Run by email with optional zoom meetings

You do not need to have BPD to join this group

Monthly Meet-Ups



WhatsApp groups

BPD chat **Positivity** **Virtual walking**

Men with BPD **Parents with BPD**

Parent/Carer/Family/Friend

Crisis Card

Website:

derbyshireborderlinepersonalitydisordersupportgroup.com

In this issue…

Attachment and Unrealistic Expectations

The word “attachment” can be applied to many human experiences, from romantic relationships to strong emotional bonds to family ties.

It is important to understand that attachment does not necessarily mean having an emotional bond with another person. It also does not mean being dependent on someone else for survival or well-being. Instead, it means having a strong emotional connection with something, like a person, place, or thing, that you believe will bring you fulfilment, meaning and happiness.

When you consistently attach strong emotions to an outcome outside your control, you are setting yourself up for stress and burnout. Don’t give anyone or anything that much power over your happiness.

Expectations...

...is a broad term that refers to anything or anyone we hold onto to make ourselves feel better or secure. If you believe that other people owe you something, you will be disappointed when they don’t deliver. If you expect things to be done a certain way, you will be upset if they are done differently. If you expect people to be perfect, you will feel hurt and rejected when they aren’t. When we attach to unrealistic expectations of others, we create unnecessary suffering for ourselves.

The more attached we are, the greater our suffering will be. We become angry when other people do not fulfil our expectations; we become frustrated when other people do not meet our needs; we become depressed when other people do not treat us with kindness and respect; and we become anxious when other people fail to live up to our standards.

As attachment grows stronger and stronger, it can consume us completely until there is nothing left of ourselves; even our sense of self begins to disintegrate. Unrealistic expectations lead to anxiety, disappointment, stress and even depression if left unchecked.

Too many people look to others for validation, approval and good change. It’s a form of suffering we bring on ourselves. Our response to the many setbacks and human experiences determines our emotional and mental state.

Unrealistic expectations undermine happiness

The greatest obstacle to living is expectancy, which hangs upon tomorrow and loses today. You are arranging what is in fortune’s control and abandoning what lies in yours. Unrealistic expectations range from high hopes and expectations for perfection to fear of failure and doubts about one’s abilities. When we attach to unrealistic expectations, we set ourselves up for disappointment and frustration.

We can attach to any or all of these reasons:

When we attach to unrealistic expectations, our minds constantly look up to others for a perfect ending or find reasons why we’re going wrong, when in reality, there is no way to know what will happen next.

This stress and anxiety weigh us down, making it harder to deal with whatever is happening right now. When we attach to unrealistic expectations, we are afraid that things will go wrong, but more often than not, they go wrong because we give up control.

We may also have unrealistic fears about being rejected, not succeeding, or not being good enough. When this happens, it can cause a lot of unnecessary worry, stress and anxiety in our lives.

Unrealistic expectations can ruin your life

Your expectations, more than anything else in life, determine your reality. Expectations like someone I love will make me happy; when I change him/her, I will be happy; when I buy a house, my life will be meaningful; and I will be happy when I get a promotion can put unnecessary stress on your emotions. Don’t ignore the mental health effect of unrealistic expectations.

We will all face moments when we feel like our path in life could be better or overwhelmed by human suffering. The key to a happy and meaningful life is not avoiding failure but developing the ability to cope with obstacles. In life, there are many things we dread. These fears stem from a deep-rooted fear of rejection and inadequacy. This fear leads us to set unrealistic expectations for ourselves and others. One way to do that is by creating realistic expectations about yourself, others and the world around you. If you align expectations with reality, you will never be disappointed.

Learn to accept life’s many challenges, take a step back from your ambitious goals and exceptions and look at the realistic big picture. When you do this, we can see what needs to be done to get where we want to go.

Attachment is not necessarily wrong unless it becomes an obsession and takes over your life.

Unhappiness is the difference between what you can practically do to change your circumstances and your expectations of yourself.

Happiness is a process, not an outcome. We set ourselves up for disappointment when we expect too much from ourselves and others. By all means, aim for a better version of yourself, but setting unrealistically high expectations of yourself will cause more emotional harm than good. Life does not always go as planned, be realistic about what you can expect.

The Root of All Human Suffering is Attachment to Unrealistic Expectations | by Thomas Oppong | Sep, 2022 | Medium

Fibro Active is a support group for people with Fibromyalgia and Chronic Fatigue Syndrome/ ME, Long Covid and their carers. More recently, we welcome Long Covid patients too. We are a positive and inclusive group that focuses on healthy lifestyle, light exercise, support and sharing information as well as educating members about their condition and helping them move forward with their acceptance and management of their illness.

What is Fibromyalgia?

Fibro is classed as a musculoskeletal condition that is a stand-alone syndrome within a syndrome of overlapping symptoms and conditions. The 5 main overlapping symptoms include: wide spread roaming pain, chronic fatigue, Fibro Fog, Sleep disturbances and IBS. The constant pain is caused neurologically and affects the central nervous system. There are around 200 symptoms and everyone suffers uniquely. Sadly, there is no cause or cure, culminating in very little support from the NHS.

Chronic Fatigue Syndrome (CFS/ME) is the closest overlapping condition to Fibromyalgia. Pain being the dominant symptom for Fibro and Fatigue and PEM, Post Exertional Malaise being the prominent symptoms for CFS/ME. Other symptoms include: swollen glands and sore throats.

It's not just symptoms

As you can imagine, our mental health can become very challenging. The lower our mood, the more our symptoms exasperate. Not only are we faced with being prisoners in our bodies for the rest of our lives, but we have to face discrimination, gaslighting and not being believed. If we wanted time off work, don't you think we would choose a credible illness!

Because we have an invisible illness, our symptoms cannot be measured by others. Whereas, you can tell someone has reduced mobility if they have a broken leg. I remember being embarrassed going to Asda when I first got my Blue Badge. I felt like everyone was judging me because 'I didn't look ill'. But what they didn't know was that the trolly I was pushing was keeping me upright, while the lights, smells, noises and movement were rapidly pushing me into a flare to the point that I couldn't tolerate being there and I just needed to go into a darkened room and lay down for the rest of the day.

Gaslighting under the label

It's not just simple daily tasks that affect us. Once labelled with Fibro/CFS/ME it's difficult to get further conditions diagnosed as GP's often just brush symptoms under the 'Fibro' label. Furthermore, because many sufferers have just been offered ineffective drugs and told to just deal with it, many don't know what their symptoms are beyond the pain and how to manage them. This leads to opiate dependency, nasty side effects and isolation due to frequent cancelling of social appointments, loss of jobs, and family also feeling hopeless too.

Continued...

What do we do?

Fibro Active is here to support our members to understand how to manage our illness in a variety of projects.

We have our main support group on Tuesdays 11am to 1pm. The group has a bespoke programme called Fibro 5; (the 5 ways to fibro wellness) that encompasses, keeping moving, keep learning and emotional support as 6 weeks of primary services would not touch the surface with a life time condition.

We run 3 x 12-week intense Fibro Therapy courses each year that is workshop and movement based. It covers the main aspects of the conditions, looks at the 5 main overlapping symptoms, nutrition, Irlen Syndrome, Mental Health and Emotional Support as well as sign posting.

We run 6 classes of tai chi and qigong each week that are open to the community. The tai chi and qigong are mind/ body centred and our aim is to help with breathing, posture and balance. The benefits are extensive including: Reducing anxiety, promote relaxation and improve strength and flexibility. Furthermore, it reduces pain levels and builds confidence.

We are based at Petersham Community Hall, Grasmere Road, **Long Eaton**. NG10 4DZ. We are on the Briar Gate bus route and there is plenty of parking. We are open to new members; we just ask for either £10 a month full membership or £3 on the door to help us cover the rent and refreshments. You can find out more on our website: fibroactive.co.uk and you can join us on Facebook.

POSITIVE FIBRO ATTITUDE

Fibro Active Homepage - Fibromyalgia Support Group Long Eaton

Picnic in Matlock, June 2023

Invalidation

Have you ever opened up, only to be met with dismissal?

Imagine you're having a really tough time, so you decide to turn to a friend. You lay out all your emotions over a cuppa, explaining how totally deflated, frustrated, and overwhelmed you feel, hoping your pal will relate. You wait for some soothing words of encouragement or an affirmative *I know exactly how you feel*. Instead, your friend minimises and dismisses your emotions, telling you you're being oversensitive, insisting that you shouldn't feel the way you do, or informing you that your problems are too small and insignificant to even worry about.

To add insult to injury, they might even offer up unsolicited advice that seems to suggest you're the one at fault. Their comments don't make you feel soothed, heard, and understood, but stifled, frustrated, and silenced. In fact, you feel worse than you did before, and silly for even bringing the problem up.

This is emotional invalidation in action: the process of ignoring, denying or minimising another person's feelings. It happens when we turn to other people for support and understanding and instead find our feelings aren't taken seriously. And, in a society that always encourages us to speak up about our mental health, it can be incredibly damaging.

When someone invalidates your experiences, they dismiss, deny, or reject your thoughts and feelings, and this can leave you feeling undervalued, and ignored.

So, why do they do it?

Ever wondered why friends and family react in this way? As hurtful as having your experiences invalidated may be, it may be helpful to know that it's not always intentional. People can unintentionally minimise or make light of our emotions for several reasons. It's often people who are uncomfortable dealing with their own emotions that unintentionally invalidate the emotions of others.

For example, people who find sitting with their emotions difficult often adopt unhealthy strategies such as distraction, denial, and avoidance. These people are then likely to employ the same strategies with you.

Other times, your friend really does want to make you feel better, and so their immediate reaction is to try and make your problem seem smaller. Have you ever scrambled to find the right thing to say to a distressed friend, and instead of saying you understand how they're feeling, you told them not to worry? It's that.

No one likes to see the people they love in pain and most of us will do anything to make that pain go away. Often, that means dismissing it or trying to make it appear smaller. But, even if your loved ones have your best interests at heart, having your emotions invalidated can really sting. Speaking up isn't always easy, and so you might feel disappointed, discouraged, and even embarrassed if your feelings aren't taken seriously. We all have a human need to feel heard and understood, particularly if we're going through something tough.

Continued...

Emotional invalidation can leave you feeling as though your emotions are unimportant. In some cases, you can feel confused, start to question your own emotions, and criticise yourself for feeling a certain way.

What can you do about it?

First things first, remain true to your feelings. Use the phrase 'I feel' to keep the focus on what you are feeling. When listening to someone else's problems, people can often focus on their own feelings, but by using 'I feel' statements they are less likely to ignore or undermine your emotions.

If it's appropriate, you can explain at the start of the conversation what you need from your friend as well. Do you really just want a listening ear or are you looking for solutions? Do you want someone to relate to your problems or are you crying out for some reassurance? Figure this out before you broach the subject, and let the listener know.

Know when to stop trying.

Not everyone will be equipped to deal with your emotions. People can often lack the insight or time to understand others. It can take great courage to hear and see someone else's emotions and not everyone feels able to do this.

With this in mind, it can be helpful to remember their reaction says more about them than it does about you. It doesn't mean your experiences aren't valid, just that the person listening to them doesn't necessarily have the tools to offer you the right support.

Exploring new avenues

The good news? If you need to get something off your chest and feel you aren't being listened to, you can find that support elsewhere.

Seeking professional help, such as therapy, can be useful to create a space where you do feel heard and accepted.

Likewise, physical activity, such as yoga or gym classes, can be a healthy way of releasing built-up emotions – and expressing your feelings creatively can be very powerful through art, journaling, or music.

Often, we turn to others to reassure us that our thoughts and feelings are reasonable and acceptable. But you can give yourself that feeling of validation, too, by listening to your emotions.

Knowing, simply, that your experiences are valid, and that it's OK to feel the way you do, can be transformative.

Emotional invalidation: what are the signs and what can I do about it? (happiful.com)

A message from Sharon, a member of our Parent & Carer group...

Hi, I am a mum to a 21 year old who has BPD Traits, awaiting ASD and ADHD assessments, extreme anxiety and depression. For many years there was very little support for us as parents. No body to turn to for advice, no one who understood what we were going through, no one who understood our sons conditions.

Thankfully, I eventually found this support group. Sue Wheatcroft offered me the support I needed and the relief of someone who understood. We began joining the BPD support chat via online meetings and WhatsApp. This was useful and interesting but not the support we needed as parents.

The parent / carer group was then set up and it has been a god send! A place to share where we are understood and there is no judgement from other parents; a place where I can say anything and share my experiences. It is such a relief to be able to voice my struggles and where to seek advice or just a listening ear.

Unfortunately it is human nature to judge situations. I read a quote not long ago which has stayed in my mind: 'Be curious not judgemental'. I have used this quote quite a few times in various situations recently when I hear people judging someone or a situation that they know nothing about.

The WhatsApp group is brilliant to know that someone is always there and always listening. Harriot and Mark work hard to support and set up our carer calls each month. Thank you to you both. Also thank you to Harriot for arranging and hosting a get together not long ago too.

I have made some lovely friends through this group, some who I have been lucky enough to meet up with face to face. I am still part of the BPD support chat and I read through messages as often as I can. I find it really useful and gain a further and deeper insight and invaluable knowledge. It helps me to understand my son better. I send admiration and thanks to all of you amazing BPD warriors.

I have also made a friend from this group who supports me and therefore supports my son. I hope that I also am of some support to you too Steve.

As parents, we are learning each day of how we can help and support our son. We have changed the way we deal with situations. We have learnt how to communicate better with him. We have learnt not to take things personally and know that he needs to be able to talk to us, vent at us and for him to know that no matter what, we will still be there for him. We still get it wrong a lot of the time but we learn from it.

As parents and carers, we too need to look after our health and well-being. Personally my husband and I walk a lot and treat ourselves most weekends to a good walk with our dog which of course always involves a pub lunch! We have also started to try to arrange time to go out with friends more for walks or meals out. I also attend a yoga and meditation group once a week and then try to make time to get my mat out at home during a week too. Yoga and meditation has helped me so very much. It has given me tools to calm my body and mind, it has taught me new ways to think and deal with situations.

I am so very lucky to have found this amazing support group. I send heart filled thanks to each and every one of you. You are all absolutely brilliant.

Thank you to Sue Wheatcroft for everything that you do for all of us. You are an absolute star; a true inspiration.

Keep being the brilliant people that you are.

Love and hugs, Sharon xx

"Nice" things people do that are incredibly annoying

It's a wonderful thing that we all (hopefully) try to be nice to other people. But there comes a point where niceness slides into nuisance, and sometimes the line can be hard to perceive.

The reason is usually because when we're doing things we think are nice, we're doing precisely that: what *we think* is nice, as opposed to considering what is actually best or what the other person genuinely needs/wants. And we all know how it feels to be on the opposite end, receiving the kind gestures of other people that are actually quite annoying, causing more work for us and forcing us to pretend to be grateful.

Here's a few examples:

Telling people not to worry

We're all guilty of saying this, and on some few occasions it can feel comforting, but usually it just feels like one is dismissing, diminishing, and invalidating the subject of worry.

Lying about liking something

If someone gives you something or asks you to do an activity with them and you lie about liking it, not only are you setting yourself up for more of what you don't like, but it's also not fair to the other person who is probably trying to foster a genuine connection.

Telling a woman she's different from other women

Though it seems like a compliment on the surface, this woman is now going to have to find out what it is you really think about women at large and why she is the exception.

Overwhelming love and affection early on in the relationship

Showing huge amounts of affection and attention to someone really early on in a relationship can be viewed as a nice and open thing, but it has also become known as love bombing because it often leads to an unhealthy relationship that makes the other person feel obligated to you.

Leading someone to believe you like them

Being vague about your feelings just because you don't want to hurt someone else's feelings might feel easy in the moment, but it's going to be harder for you both as their feelings progress.

Holding doors open prematurely

It's just an awkward situation for everyone involved, and will often pressure the person to do a little jog to get through the door faster.

Saying "whatever you want" instead of having an opinion

Saying "whatever you want" and letting someone else pick the place to go for dinner, for example, then showing up and just having fries because you don't like that type of food isn't actually nice. It would be much more enjoyable to find a place everyone likes.

Continued...

Complimenting someone's weight

While it might seem like it's celebrating someone's appearance in a positive way, it's actually very triggering for people and is best to be avoided. Try complimenting the way they're glowing instead of demonstrating to them that you're noticing their body shape before anything else.

Pointing out that someone is quiet

While it might seem like a nice way to bring someone into the conversation, the quiet people in groups are usually the ones who would also be mortified to be called out for being quiet. They're not drawing attention to themselves for a reason.

Insisting on giving someone something after they say no

Perhaps the idea is that they're just being polite when declining the food or drink, but even if they are, let them work up the courage to ask. It's more likely they just genuinely don't want it.

Trauma competitions

When someone is going through a hard time and other people share their own hardships, the intention might be to show empathy, but the effect often feels like they're being one-upped. In times of difficulty, most people just need someone to listen, not to make their struggles feel small in comparison.

Announcing other people's dietary restrictions

Maybe someone is trying to go vegan but they decide to treat themselves with a cheesy dish; having someone announce, "Wait, you can't eat that!" isn't helpful. Other people's diets are not anyone else's to manage.

Unsolicited parenting advice

Most new parents know that strangers are all too happy to give unsolicited advice about pregnancy and parenting, but these strangers genuinely believe it's a nice thing to do.

Setting up single friends

Unless a single person asks to be set up, it's likely they're not going to be too pleased when someone takes the liberty of ambushing them with a potential date. It might seem like a nice thing, but perhaps they actually want to be single.

Asking someone to smile

If you think about it, asking someone to smile isn't really out of care for their emotions but rather for your own comfort. Beyond the fact that you never know what someone is going through, telling them to smile is hardly the way to improve their mood.

"Nice" things people do that are incredibly annoying (msn.com)

Boat trip on River Trent

July 2023

Member's story… (CPN-Community Psychiatric Nurse)

OMG, what a night last night.. (CFS—Chronic Fatigue Syndrome)

The ambulance came last night after my cpn overreacted & called them..... & after practically dragging me out of my flat I was in A&E. They just didn't believe me when I kept saying my poorly state was due to a bad cfs crash, plus the two sedatives I'd taken....

It's fair enough I suppose, I have a long, long history of overdoses. I thought, let them take blood, & they will know for sure. But what really hurt were the repeated, insistent accusations that I'd been drinking.... One nurse was adamant she could even smell booze on me! I showed her my sobriety app which shows my sober time. She scoffed at it. I said well, my bloods will prove it. She said they don't test for alcohol. So I had to crank my acceptance up many gears, & thought well, they've no doubt seen many drunks here who will swear blind they've not had a drink. Anyway a breathalyser was finally produced!! Her face was a picture when she looked at the zero reading..... she just walked out, no word of apology for mis-judging me.

They just didn't listen to me when I kept saying THIS IS WHAT A CFS CRASH LOOKS LIKE!!

So, it's all good practice for my acceptance skills..... so long as I know I've not been drinking that's all that matters really. I have no control over other people & what they may think of me. I kept saying, this is what a chronic fatigue crash looks like…

When in a bad cfs crash I need to lie completely horizontal otherwise I feel v sick & generally v unwell.

I was given a 'recliner' chair, which no doubt is very comfortable 4 the majority, but I couldn't be completely flat. I tried to communicate this, but they weren't listening. So I put 2 blankets on the floor & lay down.

Their response was predictable. They didn't SAY it, but I knew they were thinking "attention seeking ", or she's making this stuff up, lying, just to cause trouble.

I was then made to make several unsuccessful attempts to stand up, with other patients watching. I kept saying I just have no strength in my arms & legs.... ignored.

If was effing humiliating.

It's pretty disgusting. I'm sure there's worse stories out there too. The irony is, it all took place in Chesterfield Royal's brand spanking new A&E department. **Pity they didn't invest in brand spanking new attitudes too.** (*the member chose to withhold their name)*

Chronic fatigue syndrome (CFS) is a condition that causes overwhelming tiredness, even after you've slept well. Symptoms of CFS include dizziness and trouble keeping your balance. You might also have symptoms that include: sleep problems, trouble remembering and concentrating, muscle or joint pain, headache.

Dizziness and Fatigue: 9 Possible Causes

DERBY SAFE HAVEN

Feel like things are too much? Thinking about going to A&E for mental health support?
Come and find us at 309 burton road, Derby. DE23 6AG

We are open from **16:30- 00:00** every day of the year.

You can access us through:

- referrals from clinical services such as GPs
- the help line **0800280077**
- self-referral by calling us on **03300083722**
- coming to 309 Burton Road and one of our staff will see you

There is also the option for telephone support.

If you are struggling to get to us, we will make sure this is possible as we believe you should be able to access mental health support no matter what. People typically stay at the service for around 3-5 hours and will then be signposted onwards.

When you arrive you will be shown into a lounge where you have access to refreshments such as tea and coffee. Then, a member of staff will have a sit down with you and you can talk about what your problems are.

If you wish, the staff member will help you make a safety plan and will run a session with you based on what's in your safety plan. You will receive resources and information on where you can seek help and advice outside of the Safe Haven.

Safe Haven Derby

About us

The Service delivers a responsive programme of evidence-based intervention support to the people who access the Service, including:

- self-help information and guided self-help.
- psychoeducation support.
- signposting and navigating to relevant resources or services for further support.
- peer support.

Continued...

Safe Haven Derby

All sessions have a strong focus on empowering the individual:

- recovery focussed therapeutic support.
- skills development and techniques to build resilience, developing self-confidence, a sense of personal responsibility, and the capacity to exercise choice whilst maintaining a greater independence in all aspects of their life.
- practical problem solving
- enable coping strategies and distraction techniques to help deal with emotional distress.
- develop peer support networks in local community to build capacity and resilience.

Click on the link (or cut and paste into browser)

A Day in the Life of a Volunteer (Safe Haven) - Derby Life Links | Supporting Mental Health in Derby

Referral Criteria

- The service is available for individuals over the age of 18 who are residents of Derby City and South, however as there is no comparable service in the North of the County, referrals will be accepted from all over the County.
- Individuals may be known to mental health services, or may never had previous contact with mental health services.
- Individuals who perceive themselves in mental health crisis, or at risk of moving into mental health crisis.
- Individuals in need of short-term social support which is leading towards mental health crisis, which could include help with housing, benefits. etc.
- Individuals experiencing social isolation which is impacting on their mental health wellbeing.
- People accessing the service may have several issues, or complexities. If they can keep themselves safe with support of staff, and their presentation allows them to work in a nonmedical therapeutic environment, the Safe Haven is a viable option for them.

Exclusion Criteria

- Children and young people under 18 years.
- People exhibiting violent or aggressive behaviour at the time of attending the service.
- People under the influence of drugs/alcohol when they are attending the service which is leading to risky and unpredictable behaviour. Having a problem around illicit drug/ alcohol use would not exclude them from using the service, unless behaviour was exhibited as above and/or they were causing issue/risks with other service users using the Haven which may include dealing drugs/ negatively influencing other service users.

Derby Safe Haven

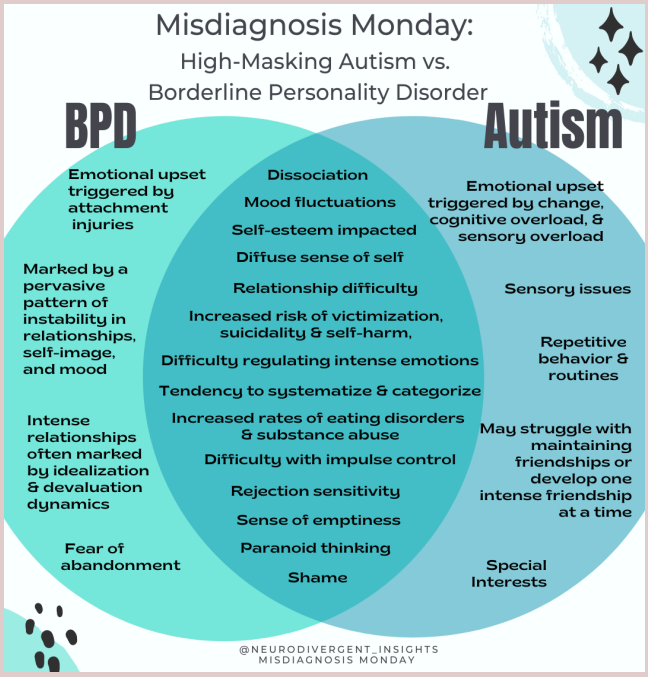
Autism and BPD in Women and Girls

by

Jess Heaps (group member)

Hi all! My name is Jess, I'm 33 and have been a member of the Derbyshire BPD support group for a few years now. I was professionally diagnosed with Borderline Personality Disorder in 2018 and Autism Spectrum Disorder in January of this year. This article will be all about the presence, misdiagnosis and co-occurrence of autism and BPD in women and girls. It will be a mix of facts from reputable sources but also my own life experiences. I hope you find this interesting, and perhaps some of it may even resonate with you.

I'm sure you're all very familiar with the symptoms of BPD, but perhaps you're less familiar with autism. The differences and similarities between these two conditions are shown in the picture below.* As you can see, there is a significant overlap. Autism is a lifelong developmental disability which affects how people communicate and interact with the world.** We do not grow out of it or "recover". BPD is a mental illness caused by a combination of factors, including stressful or traumatic life events (particularly attachment trauma) and genetic factors.***



The diagnostic criteria for autism was originally developed by observing young boys. This means that women and girls were never considered. *[Note: There were many other marginalised groups not considered also, such as the LGBT+ community or people of colour, but as I am a white cishet woman I am not qualified to comment on this further. I wanted to highlight this as important nonetheless]* Due to the way that girls and women are socialised (we are often expected to be quiet, gentle, nice, not make a fuss etc.), we often internalise behaviours that autistic boys and men tend to externalise. Hence, we become very good at masking our autistic behaviours, such as stimming (e.g. suppressing repetitive movements such as rocking****) and the way we communicate socially (e.g. making eye contact even though it causes pain or discomfort).

Personally, I think BPD often develops in people who don't know they're autistic due to the pain of having to suppress their natural selves for so long. Autistic children may experience a lack of acknowledgement and/ or accommodation for things like sensory sensitivities. This is a form of chronic invalidation. Growing up in a chronically invalidating environment is thought to contribute to the development of BPD (Linehan (1993)'s biosocial model) as it creates a disconnect between the child and their caregiver(s) (this is the attachment trauma). It is not uncommon for BPD and autism to co-occur - an area undergoing much research.***** I often wonder if the diagnostic criteria for both conditions will change in the future once the true number of autistic women presenting with BPD is realised.

As I mentioned at the start, I have been professionally diagnosed with both BPD and autism. I have obviously been (unknowingly) autistic all my life, and looking back I can see BPD symptoms starting to show around age 14. I was diagnosed with anxiety and depression by the NHS when I was a teenager, and asides from an eating disorder (very common in both autism and BPD) these remain the only mental health diagnoses the NHS has ever given me. No-one in my life has ever suggested autism to me – not doctors, teachers, friends, family etc. This is despite decades of mental health issues and regular contact with my GP and NHS therapy services. *Continued...*

I love the NHS, but they seem reluctant to diagnose BPD unless you are a regular mental health inpatient (as a high masking autistic person I tend to suppress my true emotions and distress, and appear outwardly calm and coherent, even if I am suicidal). There is also a long wait time (up to several years) to be assessed for autism. In the end I had to pay for assessments for both diagnoses privately – something which I recognise I was *extremely* privileged to do and am very grateful for. I appreciate not everybody can do this and it's such a shame that there are so many who are not able to get the answers they need. If I hadn't been able to pay for my assessments, I'd still be thinking I just had regular anxiety and depression, and wondering why I was struggling so much with life. I just *knew* there was something else going on. Many people who suspect they are autistic but can't access or afford diagnosis, often opt for self-diagnosis after a great deal of reading and research. If you suspect you may have high-masking autism, I highly recommend taking this specialised online test: https://embrace-autism.com/raads-r/. Maybe the results will surprise you, or perhaps they'll confirm what you've suspected all along.

People like me, who evade detection as children and are diagnosed autistic later in life (or even not at all), tend to present with what's called "high masking" autism. Essentially this means we have suppressed our natural selves – including the way we behave and communicate with the world – for the comfort of other (usually non-autistic) people. Often times (as was in my case), we have no idea we are doing this. For me, masking during social Interactions consists of constantly monitoring and adjusting both my verbal and non-verbal communication based on the other person. This includes deliberately changing my facial expressions, body language, gestures and tone to suit the person and situation… it's exhausting! I have always felt at ease around other people with BPD though, as I don't have to mask as much. As you know, people with BPD tend to mirror others, and you can't mask with a mirror! This means that people with BPD and autism tend to be more relaxed and genuine around each other. This is definitely something I love about being a member of the Derbyshire BPD group – the ability to be more myself, and accepted for who I am.

I decided to pursue an autism diagnosis a few years after I became a parent – partially because I thought there was something else going on asides from BPD, partially because my mum had her autism diagnosis a few years earlier age 49(!), but also because… quite honestly… parenting broke me. I no longer had the resources (e.g. free time, peace and quiet) to recover from the masking and sensory and cognitive overload. So now both me and my mum are officially diagnosed with autism, and I do see some traits in my three-year-old daughter also. Evidence suggests that autism may be genetic.***** If my daughter does need a diagnosis, I am hoping it will come much sooner for her than it did for us. Early intervention and awareness can open the door for accommodations and adjustments, not just in school or work but for life in general. It is useful to know if you are autistic because you can educate yourself on the subject and adjust your life and expectations accordingly (e.g. by using energy accounting to plan your day, wearing sunglasses in bright lights, taking noise-cancelling headphones to noisy public places etc.).

Thank you so much for taking the time to read this – hopefully some of it has been insightful, and maybe even some of it will resonate with you. If you have autism and/ or BPD, the good news is that Dialectical Behaviour Therapy (DBT) is proven to be helpful for managing life with both conditions. If you're autistic, I can highly recommend *The Neurodivergent Friendly Workbook of DBT Skills* by Sonny Jane Wise, available to buy on Amazon or as a free PDF here: https://static1.squarespace.com/static/635a1360b5d4b729bdb834f2/t/63d80a77dccd32294cad27d6/1675102845455/DBT+Neurodivergent+Friendly.pdf.

*https://neurodivergentinsights.com/misdiagnosis-monday/boderline-personality-disorder-or-autism
**https://www.autism.org.uk/advice-and-guidance/what-is-autism

***https://www.mind.org.uk/information-support/types-of-mental-health-problems/borderline-personality-disorder-bpd/causes/

****https://www.autism.org.uk/advice-and-guidance/topics/behaviour/stimming/all-audiences
*****https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9997622/
******https://www.autism.org.uk/advice-and-guidance/what-is-autism/the-causes-of-autism

Do you take things personally?

Some of us trust easily and appropriately because we've had a safe experience of life. We trust ourselves and we trust other people. Yes, there are wobbles and doubt sometimes creeps in but, on the whole, we don't tend to struggle to believe that people are worthy of being trusted and that things will generally work out.

And some of us don't trust anyone. Ever. Safety was not something we had in childhood - or feel in adult life. We are constantly on high alert, looking for signs that we are acceptable and worthy in what other people do and say and being vigilant for any indication that our value might have dropped.

If you fall into the latter category - even a bit, or only sometimes - then it probably feels very difficult not to take things personally because your worth is tied up in how other people see you, instead of how you see yourself. What might that look like in practice? Here are a few examples:

- Someone you're dating tells you that they don't feel a spark. You argue that 'spark' is dangerous romcom rubbish (which it is but that's not the point here), rather than accept that they are not interested. When that doesn't work, you get angry and lash out because losing them feels like you will cease to exist.
- You get chatting with someone at an exercise class and get on really well. As you're leaving, you say one thing that they seem to react weirdly to. You go home and feel overwhelmed with intrusive thoughts about not being likeable.
- Your neighbour is selling their flat and puts a For Sale sign up. This is against the rules of the apartment complex. You don't just point this out but send multiple threatening emails and make it your personal mission to ensure they get penalised. This makes you feel a bit better about the fact that they didn't bother to tell you they were leaving.
- Someone in your life who matters to you doesn't reply to your texts within what you consider to be an acceptable window. You can't concentrate and only feel good about yourself again when they finally come back to you. If they don't reply at all it feels like a reflection of your worthlessness.

A promotion comes up at work and your manager indicates that you'd be perfect for it. You do your very best to get the role, but it goes to someone else who didn't really seem to try at all. You feel absolutely devastated and convinced that it's because the person making the decision just doesn't like you and you're no good at what you do.

These are just a few examples that weave in all kinds of issues around trust, attachment style, and how able you are to disconnect your self-worth from the actions of others - many of the things that will influence how personally you take things. If you do tend to take things personally then probably not a day goes by without an example or two of this.

How to stop taking things personally

1. Stop being so hard on yourself

There's nothing wrong with you if you react like this. If you feel like a victim, respond with anger, lash out or don't have an ideal 'adult' reaction to difficult situations, there is nothing to be ashamed of.

Cultural narratives around this all seem to focus on 'rise above it', etc. But the reality is that many of us are coming at life with deeply hurt - and frightened - parts of us that get enormously triggered in situations where there is rejection or failure or loss. It often simply doesn't feel possible to react any other way.

The first step is to apply a boatload of self-compassion and not shame yourself for whatever your reaction is. If you would eventually like to be able to respond differently, then you need to accept yourself as you are in that moment.

2. Get curious about why this is your response

Most reactions can be traced back to something. If you take things personally, it's not your fault - it's most likely to be what was modelled to you as a child or a reflection of having low self-worth. However, at this moment in time - reading this - you have a choice to start examining the alternatives. Because even the most ingrained reactions can be changed so there are always alternatives. You don't have to keep doing what you've always done.

Continued...

3. Start noticing what triggers you - and what is triggered in you

For example, are you being triggered by rejection to the point of fear or terror, as if you can't survive without that person in your life? This is the starting point for finding solutions because when you know what makes this response happen - and what the nature of the response is - you can begin looking for solutions, alternatives and the healing that can free you from these cycles.

This part of the process is especially powerful when done with a coach who can reflect back on what you may not be able to see yourself and help you explore the options for managing your triggers.

4. Fill in the gaps in your self-worth and self-esteem

This is a big and chunky topic that can take many forms - it's going to be different for everyone. But it really is a good idea to spend some time looking at where you feel the most 'worthless' in life and where you're automatically assuming that you're not as good or deserving as other people.

This could mean tackling an inner critic that tells you rejection is unsurvivable or ego stories that make you feel like you're always the victim. It might be about breaking through a rigid comfort zone or getting into your body more (instead of trying to think your way to confidence and self-esteem). It might be just sitting with painful feelings about your worth as a person, rather than numbing yourself with distractions like food, Netflix or dating apps.

5. Acknowledge the situation you're in

There are some situations in life where, no matter how solid your self-worth or internal validation is, you're still going to feel personally attacked. Sexism in the workplace is a really good example of this - being belittled, put down or held back because of your gender.

If you're in that position, then it's really important to acknowledge that this is a tough situation that anyone would take personally. It's not you, it's them. Just acknowledging that - and talking to others who might have experienced the same - can often be enough to lift the anger that can accompany something like this.

A toolkit for taking things less personally.

Every time you feel like you're slipping into that hurt, resentful state, gently guide yourself back to these things:

- How someone else behaves says everything about them and nothing about you. I know it's hard to accept this if you've never yet believed it but your worth remains the same even if someone rejects, criticises, hurts or shames you.
- We're adults, and adults can deal with disappointment. Being disappointed is temporary - you can let it go if you choose to and you don't have to react to it. Yes, it hurts but it's survivable hurt.
- What is for you won't pass you by. It just won't. All that's happening when you are rejected or turned down etc, is what isn't for you is being removed to make space for what is.

You can't please all the people all the time and you don't even need to try. In fact, if you're truly being your authentic self then not everyone is going to like or value you. The sooner you accept that this is fine, healthy and the same for everyone else too, the easier life will feel.

What is so often missing in wellness narratives around this today is the reality that you can't 'get rid of your faults and flaws' by ignoring the part of you that they come from. Whatever part of you that is hurting needs attention - and that doesn't come from putting your feelings in a box, forcing yourself to move on before you're ready or suppressing real self-expression so as to maintain an exterior that others will find acceptable.

It comes from embracing the parts of you that you're not that proud of - or fear make you unlovable - and giving them what they need that maybe they didn't get earlier in life. For example, if you have ever been told you play the victim that's probably because, at some point in your life, someone has made you feel truly powerless. Shaming yourself for that isn't going to make it go away. Trying to force yourself not to feel like that isn't going to make it go away. Deep diving into why you feel like that and what you need to stop feeling like that, is.

Resilience coaching is a safe space in which to show up with all of these different parts and start making more sense of why you react like you do - so that you can ease into genuine change and stop taking things so personally.

Is it possible to stop taking things personally? - Life Coach Directory (lifecoach-directory.org.uk)

A Life of Abuse and Recovery (part one)

by

Danny Carrington (group member)

Introduction

When I was approached to write an article for the newsletter, I was more than happy to contribute. I am and always will be a huge advocate for mental health and the toll that it takes on people. I am always more than happy to sit and listen to someone ramble on for hours, because I see and feel that I am making a difference, those couple of hours could be the difference between optimism and pessimism, acceptance and denial, even the will to live or suicide. Some people just need you to listen, that's all… **You** could be the difference; please don't shrug people's pain off, everyone experiences it differently - I know I do.

A Brief History

First off, I have been diagnosed with Borderline Personality Disorder (BPD), a.k.a Emotionally Unstable Personality Disorder (EUPD), as well as Attention Deficit Hyperactivity Disorder (ADHD). There are currently investigations into whether I might have a dual diagnosis of Bipolar Disorder and BPD, as well as whether I might be on the autistic spectrum in ways other than ADHD. I am also a member of the LGBTQIA+ community.

Ever since I was a young boy, I have suffered from a variety of different forms of abuse, both third-party and self-inflicted. From emotional abuse to physical abuse and even psychological torture. It would not be an exaggeration to say that I have metaphorically bled out repeatedly because of wearing my heart on my sleeve. I have only ever tried to find the best in people, and I am always looking for new ways to help everyone I come across. I am this way because whilst growing up I was a victim of all of this, and I wish not that other people suffer in the same manner.

I was bullied all throughout my primary and secondary education. I do not know why, mainly people would make fun of my glasses because I am short- sighted. However, I believe some people would bully me because I had odd ways of trying to make friends, which could include playful hitting, similar to some people nowadays but I did it to people who were not already my friends, so they must have thought it was not a joke. I was beaten up on the playground on a regular basis because of this, and would often come home and scream because people hated me, which led to some pretty dark reactions. During primary school, I enjoyed drama and pretend play, it wouldn't be an odd sight to see me pretending to be an aeroplane down at the bottom of the schoolyard, but I always played alone - don't get me wrong, I tried to make friends but I always found it hard, all throughout my life.

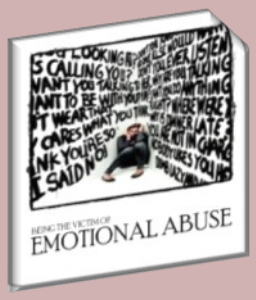
My love for computers and technology blossomed around the age of 7. Which, incidentally was the same age I was when I decided I was going to take on the huge responsibility of caring for my mum and siblings after she gave birth to my little sister (I have written an article on this before for a local newsletter). After the birth of my little sister, my mum developed some serious health issues. The first of which was Asthma, which at the age of 7, I did not fully understand. I thought because of her chronic asthma attacks, she might have stopped breathing in her sleep. Because of this, I would stay awake every hour of the night in order to make sure she was still alive, checking every few hours - right up until my dad pulled in from work at around 5:15 - 6:00 am in the morning. When I advanced to secondary school, the first year was hell. So much so that my mother thought she would pull all of us out and homeschool us, right up until the start of year 10. During this time, I taught myself a lot of the knowledge that I have to this day. Anything to do with computers, I was interested in. Anything to do with science, I was interested in. Anything to do with motorcycles, I was interested in! …

Continued...

My typical day during these years would be that I would mainly work on what I wanted, study my maths and English, as well as focus primarily on the things that I enjoyed, which were computers and science. I did this because at the time, I honestly believed that everyone around me was doing the best that they could. So, I had to do the same. I had a dream that I would be able to work full-time and pay for my family's lifestyle.

Abruptly, that dream was shattered at the age of 15. I found I was unable to make friends, I could not interact with someone without a huge amount of fear that I would be rejected. My previous routine of staying awake all night continued upon my return to school. I would have 2 to 3 hours when Dad got home to get some sleep for school. This continued right up until I finished secondary school. It would not be uncommon for me to fall asleep in lessons, or even in registration. In fact, my form tutor in secondary school used to let me nap in the art room closet because of how tired I was, I am confused as to why the school never tried investigating why I was so tired all the time because having worked in care and mental health support, I certainly would have started safeguarding in relation to it, especially in a child, as it was not normal behaviour.

Moving on, as the years passed by, Mum developed more health issues, one of which was Degenerative Disc Disease (spinal), which rapidly hindered her mobility. She would find herself in so much pain she would be blacking out. This is where the majority of the emotional abuse started. "Don't go out, what if I fall down the stairs?", "Your brother and sisters need you to help them with their homework, so you can't go out", "What if I black out?", etc. She wrapped me in bubble wrap, or so she would have everyone believe. But really, she made me feel responsible for every little thing that could have happened to her or my siblings. (If she would have died during these years, I don't think I would have been able to forgive myself, I wasn't emotionally mature enough). This situation led to my isolation from society. My isolation from my peers. The inability to make friends, to understand what amount of time is acceptable when hanging out with people, etc, etc… Then, of course, my sisters and brother got older. It felt like they NEVER got questioned about if they were going out, they could have gotten away with murder when it came down to mother.



When I returned to school in year 10, I had no idea what to do. I wanted to study, I wanted to learn, but I also didn't want any more abuse. I started to become someone that I did not like. People started to interact with me, and I loved it. It was like a drug. I had attention and acceptance for the first time in my life. Peer pressure was rife. I started to rebel against my mother and her controlling ways. I would believe anything that anyone told me, and I used to get teased because of the crushes I had. I tried to convince people I had a girlfriend by photoshopping a picture of a girl I believed I had met on the internet onto a bad webcam picture with me, not believable in the slightest! - I had trouble controlling my temper these days, so when I got told that I was lying, although I knew that was the case, I lost my temper and ended up fighting in Design & Technology because I just wanted to be accepted and I had my first kiss, which, respectfully, was with the wrong person.

After work experience, I met someone who I thought was the love of my life, who, looking back now, didn't deserve the shit I gave her. After I started college I made two of the best friends I have ever had, I even ended up with one of my secondary school crushes for a short amount of time, whom I ran out in the icy cold to protect in a pair of shorts and a vest top in the middle of winter because I didn't want her to get hurt and she thought she was being followed, turned out, she didn't care. My best friends did though. This was a turning point.

I risked my life because I came down with hypothermia and she just didn't care, similar to how I thought my mother thought of me at the time. Danny

Next time: Present Day

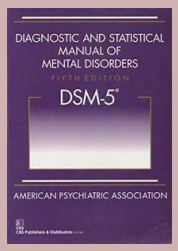
Borderline personality disorder: ‘a spurious condition unsupported by science that should be abandoned’

JRSM

Twenty years ago, George Vaillant, in a paper entitled *The Beginning of Wisdom is Never Calling a Patient a Borderline* noted that the diagnosis of borderline often reflects the clinician’s affective state rather than careful assessment. This was not an isolated opinion, but we argue that little has changed and that borderline in the context of personality has now become a toxic term that is hindering progress in research and treatment.

The only accurate aspect of borderline is its title, a word that correctly signifies its complete lack of specificity. It emerged over 60 years ago to describe patients on the border between neurosis and psychosis who might be amenable to treatment with psychoanalysis. Not surprisingly, its diagnostic criteria are not longstanding personality dispositions, but oscillating symptoms and behaviour. The triad of unstable mood, erratic relationships and disturbed behaviour may be readily identifiable but that does not make it a personality disorder; chronic sleep disturbance creates the same symptoms. A constant and undisputed diagnostic aspect of true personality disturbance is the presence of traits, characteristics reflecting individual function, which are generally stable over time and, when disturbance becomes disorder, are maladaptive. The widely gyrating features of emotional instability do not belong in this paradigm.

The diagnosis of borderline or emotionally unstable personality disorder in the major DSM-III revision of classification in 1980 was only introduced as a grubby compromise to satisfy psychoanalysts who were unhappy with an atheoretical classification system. Revisions of ICD-10 and DSM-IV have highlighted the failures of previous labels.



Both classification committees favoured a dimensional representation of personality pathology consistent with current evidence. Such a model implies that the central features of abnormal personality should be present, albeit to a lesser degree, across the range of personality disturbance. Both recently accepted classifications of personality disorder, ICD-11/DSM-5.

Alternative Model of Personality Disorder have trait domains that link well with the commonly described Big Five domains of normal personality. All attempts to find a borderline factor have failed. If borderline was a true personality disorder, it would not be outside this system. Many clinicians and patients attune to the diagnostic descriptions of borderline features, as their features are easy to detect and very common from adolescence onwards and the diagnosis seems to give a reassuring degree of certainty to otherwise intangible complex symptoms and behaviour. But any positive aspects are overcome by its contradictions and the confusion created by overlap.

The diagnosis of BPD/EUPD is widely and inappropriately used, informs little, creates confusion and uncertainty, and generates tremendous stigma. It has no basis in the scientific study of personality and is used indiscriminately to describe myriad negative interactions in human relationships that have cause far beyond personality function, extending from simple disagreement to total functional breakdown. Because of its profligate usage and scientific inaccuracy, the management and specific treatment of this group of conditions is severely compromised and has become a major bar to understanding. Borderline no longer has a place in clinical practice.

Continued...

Increasingly, mention of ‘emotional instability' in correspondence about a patient will be used to exclude the patient from a range of mental health services on spurious grounds of inappropriate behaviour or diagnostic mismatch. This only serves to increase the sense of alienation that many already feel and the sad fact is that now any mention of emotional instability is a major source of refusal to treat by many parts of the psychiatric service. This reinforces the view that the diagnosis of borderline is being used increasingly as one of exclusion; this only serves to increase the sense of alienation and anger by sufferers. As only a tiny proportion of potential referrals can be treated by specialist services, accentuating these feelings as rejection from those services will become the norm.

The new ICD-11 personality disorder classification takes a broader assessment far beyond that of ticking off a set of borderline operational criteria. The new dimensional classification (all of us are on a personality spectrum) leads to a more nuanced assessment of a patient’s psychopathology that extends far beyond borderline pathology. Clinicians begin by assessing the level of severity of personality dysfunction into four groups of severity that lead to the diagnosis and this is then qualified by the presence of one of five domains similar to the Big Five of normal personality variation. A ‘borderline pattern specifier’ has been added for those who feel they cannot yet dispense with the syndrome even though all the relevant pathology can be captured in ICD-11 without requiring its use. Most patients present acutely in emergency departments after self-harm, and similar crises are likely to have moderate personality disorder, as this is characterised by multiple areas of functioning and relationships.

A more sophisticated formulation might lead to a different range of interventions rather than a standard protocol-driven treatment given to all patients with, not surprisingly, similar outcomes. For example, patients with less severe borderline pathology, largely involving negative affectivity, might be able to benefit from less structured and intense therapy, possibly in groups. Those with evidence of disinhibition, and particularly dissociality, might benefit from individual treatment which is highly structured and transparent with clear boundaries. Those with identity disturbance and dissociation may need more trauma-focused treatment. These statements are obviously speculative but **continuing to lump all patients together with a borderline diagnosis does not allow the model to progress to tailored individual treatments.**

The diagnosis of borderline, of emotionally unstable, personality disorder is widely and inappropriately used, informs little, creates confusion and uncertainty, and generates tremendous stigma. It has no basis in the scientific study of personality and is used indiscriminately to describe myriad negative interactions in relationships that have cause far beyond personality function, extending from simple disagreement to total functional breakdown. Because of its profligate usage and scientific inaccuracy, the management and treatment of this condition is severely compromised and has become a major bar to understanding.

To read the full article, go to...

Borderline personality disorder: a spurious condition unsupported by science that should be abandoned - Roger Mulder, Peter Tyrer, 2023 (sagepub.com)

To read more about the ICD-11 personality disorder classification, go to:

The ICD-11 classification of personality disorders: a European perspective on challenges and opportunities | Borderline Personality Disorder and Emotion Dysregulation | Full Text (biomedcentral.com)

The abandoned kitten

Ever seen a cat switch? It's claws and teeth, a bloodletting relief, fast as lightening and truly frightening, a sight to see let me tell thee.

The pressure was rising, but it was not surprising, the kitten was triggered.

The woman dropped the kitten as it hissed and spat, arching its back, ready to attack.

The kitten screamed "I have nine lives, but none are worth living, I'm broken, not worth it, a burden and trouble, and you will abandon me at the top of a tree for all to see".

Dan Greaves (group member)

Useful Websites

Myths About Borderline Personality Disorder

Borderline Personality Disorder Demystified - myths about bpd (bpddemystified.com)

Are you a people pleaser?

How to let go of people pleasing and overcome the fear of not being liked (happiful.com)

Turning anger into empowerment

5 ways to turn feelings of anger into empowerment (happiful.com)

Physical Symptoms of BPD

1. Sensory Block During Dissociation

Staring into space and temporarily having hearing blockage during severe dissociation.

"It's like I've left the room in spirit but my body is just left [frozen] and staring at the wall. It's quite freaky and takes a long time to snap out of it. Especially if I'm on my own." — Pheobe A.

"When I dissociate, I get tunnel vision, my ears start ringing, I start sweating profusely, my pulse rises and my face burns." Kayla F.

2. Developing Rashes or Worsening of Skin Conditions Like Eczema

In times of intense stress, the body increases production of stress hormones like adrenaline and cortisol. When the body over-produces cortisol, it can suppress the immune system and cause an inflammatory skin response like eczema or other kind of rash.

"I developed mild dyshidrotic eczema on my palms and fingers from being so stressed all of the time, mainly from dealing with my BPD symptoms. When I'm more stressed than usual, my hands itch and sting even more. And they sweat like there's no tomorrow. " — Holly B.

"I get random hives. More prominent is when I'm having an episode or getting stressed." — Kady L.

3. Sensory Overload

Sensory overload is a symptom many people with PTSD can experience. Though PTSD and BPD are different conditions, one study found that 53 percent of people who met the criteria for BPD also met the criteria for lifetime PTSD. Because of this, it makes sense that many people with BPD experience this physical symptom.

"Being overwhelmed sensory-wise and certain noises/lights hurting me physically." — Robyn J.

4. Constant Fatigue

Fatigue is a common symptom of depression, a mood disorder 71 to 83 percent of people with BPD have. Though folks with BPD will have emotional extremes lasting anywhere from a few hours to a few days, the periods of depression can be emotionally and physically taxing.

"Constant tiredness and fatigue — even if you do nothing or very little all day because your mind is busy processing racing thoughts and constant emotions throughout the entire day. It's exhausting!" — Rayleena N.

5. Hypervigilance

Hypervigilance is a heightened state of arousal that puts someone (usually someone who has lived through trauma) on high alert, even in times of safety. Studies have shown most patients with BPD have lived through trauma, especially in childhood.

Continued...

"My BPD forces me to be in fight-or-flight mode for things other people find unimportant. This includes someone walking away from me while we are in public, loud noises, kids screaming, people staring at me, someone mentioning the way I eat, someone bringing up things I'm insecure about, etc… These things bring me into a panicked, fight-or-flight mode and it comes out as rage." — Kayla F.

6. Digestive or Stomach Issues

Stress can affect digestive functioning. The gastrointestinal tract is sensitive to emotion. Anger, anxiety, sadness, elation — all of these feelings (and others) can trigger symptoms in the gut. When you live with a disorder like BPD that is characterized by constantly fluctuating emotions, your gut may respond.

"Definitely a lot of digestive issues related to the stress I feel at agonizing over what people around me are doing and what it means for my relationship with them." — Kayla B.

7. Muscle Aches and Pain

Another common physical symptom of stress and anxiety is muscle pain/aches. Many people with BPD experience high emotional stress due to rapid cycling moods, so this kind of physical symptom may be common.

"For me it's the physical toll the anxiety takes on your entire body. Aches from muscles being tensed 24/7, fatigue all day every day no matter how much you sleep the night before, heart palpitations, nausea, shaking so hard I can't even type on my phone. And then even more exhaustion from dealing with meltdowns caused by already being exhausted. It's an endless loop." — Kierstyn D.

8. Body Temperature Changes

Emotional stress may also contribute to temperature changes in the body. One study examined how stress may even induce "psychogenic fever," a high body temperature response to emotional events or chronic stress.

"When the anxiety runs too deep, my body temperature changes to too cold in both feet and hands. The depression episode can last around three days with consequences such as insomnia, exhaustion and excessive eating." — Ana H.

9. Chest Pain

Chest pain has been linked to common psychiatric conditions like anxiety and depression — diagnoses many people with BPD also have. One study found that chest pain is a psychiatric symptom in up to 25 percent of patients. Chest pain can also be a symptom of panic attacks.

Constant heaviness in my chest." — Lisa R.

Surprising Physical Symptoms of Borderline Personality Disorder (themighty.com)

Key Differences Between BPD and cPTSD

While both disorders may experience symptoms associated with fear within relationships, one distinguishing factor seen in BPD that is not often seen in cPTSD is a fear of abandonment. Those with cPTSD, however, may avoid relationships based on feeling somehow unlovable or undeserving because of the abuse they endured, which can overlap with similar feelings experienced in BPD. Similarly, those with cPTSD often avoid relationships altogether or push others away as unsafe or threatening; these behaviours may be confused as a fear of abandonment seen in those with BPD.

Those with cPTSD may often feel shame and blame themselves for their interpersonal problems, a symptom that is also similar to the experiences of those with BPD. However, another key difference is that those with cPTSD usually do *not* self-harm; this is a more common behaviour seen in BPD, where stressors in interpersonal relationships may trigger episodes of self-harming behaviour. This may include suicidal ideation or a suicide attempt.

Another key difference between the two is that whereas both may feel relationships are seen as unsafe or threatening, a person with cPTSD may often choose to avoid intimacy or relationships altogether. A person with BPD, on the other hand, may struggle with being alone and may use relationships to prevent feelings of loneliness or abandonment.

While both those with BPD and cPTSD struggle with emotional regulation and often experience outbursts of anger or crying, those with cPTSD may experience emotional numbing, emptiness, or a detachment from emotions.

Additionally, while both those with cPTSD and BPD can struggle with a solid self-concept, those with BPD often struggle with an understanding of who they are at their core. They may change their interests or hobbies depending on who they associate with because of a limited sense of self-identity. On the other hand, those with cPTSD have an understanding and awareness of who they are and have a more stable self -identity. However, they struggle with feeling "damaged" or deserving of the pain they've suffered and carry misbeliefs about themselves as unworthy of love or undeserving of happiness. These experiences impact relationships, which may be confused as a problem with self-identity or self-awareness.

Lastly, while both those with BPD and cPTSD often struggle with traumatic pasts, with successful treatment those with cPTSD may experience less emotional reactions or behavioural disruptions over time by engaging in calming strategies or redirecting their energy away from an emotional stressor to reduce symptoms associated with panic attacks.

Is It Borderline Personality Disorder or Is It Really Complex PTSD? | Psychology Today United Kingdom

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What do we mean by trauma informed practice?

Being 'Trauma Informed' means being able to recognise when someone may be affected by trauma, collaboratively adjusting how we work to take this into account and responding in a way that supports recovery, does no harm and recognises and supports people's resilience.

Being 'Trauma Informed' is underpinned by the 5 R's:

- **Realising** how common the experience of trauma and adversity is.
- **Recognising** the different ways that trauma can affect people.
- **Responding** by taking account of the ways that people can be affected by trauma to support recovery.
- Opportunities to **Resist** re-traumatisation and offer a greater sense of choice and control, empowerment, collaboration and safety with everyone that you have contact with.
- **Recognising** the central importance of relationships.

STOP GASLIGHTING YOURSELF

@iamhayleykaye

Maybe it's all in my head

My experiences are real and valid

I shouldn't feel this way

If it's sticking with me it must be a trigger. Where do I need to heal?

I shouldn't be upset, I'm sure they didn't mean it

Even if they didn't mean it meanly, it still hurt

I don't deserve to be happy

My past mistake don't define my future

#mentalhealthmatters

GET YOUR DAILY D.O.S.E.

How to get your daily DOSE of happiness chemicals

1 What are the Happiness Chemicals?

DOPAMINE
- Enables motivation, learning and pleasure
- Gives you determination to accomplish goals, desires and needs

OXYTOCIN
- Gives feeling of trust, motivates you to build and sustain relationships
- Known as "Cuddle or Love Hormone", plays a role in bonding

SEROTONIN
- Feeling significant or important among peers
- Calm form of accepting yourself with the people around you

ENDORPHIN
- Releases a brief euphoria to mask physical pain
- Response to pain and stress to alleviate anxiety and depression

2 How Deficiency Affects You

DOPAMINE	OXYTOCIN	SEROTONIN	ENDORPHIN
• procrastination	• feeling lonely	• low self-esteem	• anxiety
• low self-esteem	• stressed	• overly sensitive	• depression
• lack of motivation	• lack of motivation	• anxiety/panic attacks	• mood swings
• low energy or fatigue	• low energy or fatigue	• mood swings	• aches and pains
• inability to focus	• disconnect of relationships	• feeling hopeless	• insomnia
• feeling anxious	• feeling anxious	• social phobia	• impulsive behaviour
• feeling hopeless	• insomnia	• obssession/compulsion	
• mood swings		• insomnia	

3 How to Increase Happiness Levels

DOPAMINE	OXYTOCIN	SEROTONIN	ENDORPHIN
• meditate	• physical touch	• exercise	• laughter/crying
• daily to do list	• socializing	• cold showers	• creating music/art
• long term goals	• massage	• sunlight	• eat dark chocolate
• food rich in L-Tyrosine	• acupuncture	• massage	• eat spicy foods
• exercise regulary	• listening to music		• exercise/stretching
• create something: writing, music or art	• exercise		• massage
	• cold shower		• meditate
	• meditate		

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