

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.

xx

Our groups 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 our support groups

SUPPORT



Group

News

An Alternative View of Narcissism

In the last issue we included a rather damning article on narcissism. One of our members objected to the tone and wording of the article and has written her own view on the condition, which you can find on pages 24 & 25.

Thank You and Goodbye to Lynda Langley

We are sad to report the death of our great friend Lynda. Many of our members will remember her from our anniversary parties and her visits to the Chesterfield group where, in her role as NHS governor, she would check on our well-being as well as supporting us in our bid to acquire fair access to recognition and treatment.

See page 23



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

Regular Meet-Ups



WhatsApp groups



BPD chat

Positivity

Virtual walking

Men with BPD

Parents with BPD

Parent/Carer/Family/Friend

Crisis Card

Website:

derbyshireborderlinepersonalitydisordersupportgroup.com

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What is...

The Biopsychosocial Model of Health

This model is a holistic approach to understanding health and illness. It considers multiple influences, recognizing the interplay between biological, psychological, and social factors throughout an individual's lifespan. Here's a breakdown of each aspect:

Biological:

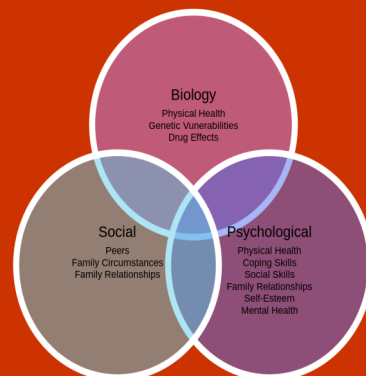
Refers to our genetics, physical health, and the functioning of our organ systems. Our brain, as an organ, can become unwell, impacting both mental and physical health. Physical health conditions can affect mental well-being (e.g., chronic pain leading to depression). Genetic predisposition plays a role in mental health for everyone.

Psychological:

Mental health significantly influences overall well-being. Thoughts, emotions, and behaviour play a crucial role in both mental and physical health.

Social Environment:

Considers socioeconomic components, social support, and culture. Relationships, social context, and life experiences shape health outcomes.



What is...

Object Relations Theory

This theory is rooted in psychoanalysis and emphasizes the importance of early relationships, especially with primary caregivers, in shaping an individual's personality and psychological development. Key points include:

Significant Others as 'Objects':

In this context, objects refer not to inanimate entities but to significant others with whom an individual relates (usually parents or primary caregivers). The term object may also refer to a part of a person (e.g., a mother's breast) or mental representations of significant others.

Melanie Klein's Contributions:

Klein's theory focused on the mother–infant relationship during the first 4 to 6 months after birth. She explored how infants processed anxieties related to feeding and relating to others as objects and part-objects. These psychic representations of unconscious instincts influence later interactions and emotional development.

OBJECT

RELATIONS

THEORY



Fantasy Life of Infants:

Infants possess unconscious images of 'good' and 'bad'. For example, a full stomach is considered good, while an empty one is bad.

Klein's work involved analysing young children through toys and role play, revealing their inner workings.

*****In summary, the biospsychococial model considers the interplay of biology, psychology, and social factors, while object relations theory focuses on early relationships and their impact on an individual's development and emotional life. Both perspectives contribute to our understanding of human behaviour and well-being.*****

2024 DATES FOR YOUR DIARY. ✦

CONNECT WITH LAUGHTER



FREE IN PERSON AND ONLINE SESSIONS FOR PEOPLE EXPERIENCING ANXIETY AND LOW MOOD.

CONNECT WITH LAUGHTER



- **Learning** laughter exercises means you also learn to breathe more deeply and increase oxygen to your brain and body. ✦
- **Laughter** changes your mood in just a few minutes and the 'feel good factor', you get, can stay with you throughout your day. ✦
- **Practice** breathing and laughter techniques in a safe and supportive space, connecting you with people and giving you opportunities for sharing and caring relationships. ✦

✦ **ALL SESSIONS, IN PERSON AND ONLINE, ARE 9.30 A.M. - 10.30 A.M.** ✦

IN PERSON.

✦ There are 8 places available at the in person sessions. They take place on the 1st Friday of each month in Room 1, upstairs, at Loundsley Green Centre, Chesterfield S40 4QU. Telephone or email to book your place. ✦

FRIDAY 5TH APRIL

FRIDAY 3RD MAY

FRIDAY 7TH JUNE

FRIDAY 5TH JULY

FRIDAY 2ND AUGUST

FRIDAY 6TH SEPTEMBER

FRIDAY 4TH OCTOBER

FRIDAY 1ST NOVEMBER

FRIDAY 6TH DECEMBER

ONLINE.

✦ Online sessions take place on Zoom with cameras turned on. Email and ask for the Zoom link in advance. connectwithlaughter@gmail.com. ✦

FRIDAY 19TH APRIL

FRIDAY 17TH MAY

FRIDAY 21ST JUNE

FRIDAY 19TH JULY

FRIDAY 16TH AUGUST

FRIDAY 20TH SEPTEMBER

FRIDAY 18TH OCTOBER

FRIDAY 15TH NOVEMBER

FRIDAY 20TH DECEMBER

✦ TO HAVE AN INFORMAL CHAT AND FIND OUT ABOUT HOW BREATHWORK AND LAUGHTER PRACTICE CAN SUPPORT YOUR WELLBEING.
TELEPHONE 07979216201 AND ASK FOR TINA OR EMAIL
CONNECTWITHLAUGHTER@GMAIL.COM

How to make happiness your priority

by

Bonnie Evie Gifford

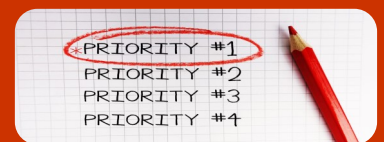


Are you happy?

Being happy is a goal that many of us aim for, but how do we know when we're really happy? Shouldn't it be simple - you either are, or you aren't? Happiness is an emotional state where we feel a myriad of different things including joy, satisfaction, wellness, contentment, and fulfilment. But feelings of happiness can be fleeting, like momentary bright sparks in an otherwise stressful, busy, and overwhelming landscape. How do you know if you are happy? Is it something we should even be working towards, or should we be waiting for it to happen naturally? Long-lasting happiness is steady. It's something we feel continuously as a sense of contentment when we feel fulfilled across different areas of our lives. Perhaps when you feel like your work is making the best use of your strengths, or that you are able to live a life that best aligns with your core values.

Happiness doesn't just mean an absence of stress, worry and anxiety. You can still be happy while experiencing other, less enjoyable but completely natural emotions. In fact, when we are feeling happiness at our core, we may feel more able to face big life events, changes, or periods of high stress without feeling as overwhelmed. Happiness isn't just a luxury we should wish for. It has been shown to help predict positive outcomes for mental and physical health, wellbeing, and longevity. Experiencing more positive emotions increases our overall satisfaction with life, helping us build our resilience, develop stronger coping skills, and feel more confident and able to face life's challenges head-on. How can we stop wishing for happiness, and start making the pursuit of happiness part of our day-to-day lives?

12 ways to make happiness your priority



1. Define what happiness looks like for you

Currently, there is no one single definition of happiness. If you try to look it up, each definition is just a little different from the next. There are even different types of happiness that different people seek out. Some may focus on more hedonic happiness (focusing on experiencing more pleasure and less pain), while others may look for eudaimonic happiness (focusing on happiness as the end result of seeking and fulfilling their life purpose, a challenge, personal growth, or overall feeling like they have fulfilled their potential).

Take time to sit down and consider what you most value in life. What is it that makes you feel a sense of satisfaction, fulfilment, or contentment? Is it spending time with friends and family, moving up the career ladder, helping others achieve their goals and better themselves? Is it creating a sense of financial security, supporting others, focusing on your passions, or reaching a state of complete self-reliance?



Our core values are highly personal and shape the way we live our lives. Spending time defining what those core values are can help us to get a better idea of which areas in life we wish to focus on, which matter the most to us, and what, ultimately, can become the foundations of what we want to do and where we want to go with our lives. Once you can define your core values, you can begin to explore how these underpin different areas of your life, helping you to both recognise and begin prioritising what will make you happy.

2. Get in the right mindset

Some people try to simplify happiness by saying it's all about waking up and deciding you want to be happy. If that were the case, wouldn't we all be happy? What we actually mean when we say you need to decide to be happy, is that you need to open yourself up to the right mindset. Be ready to challenge negative thoughts and attitudes. Take time to reflect on your emotions, thoughts, and automatic responses. When we are used to bad things happening to us, it can become a defence mechanism to think that of course, more bad things will happen. But when we automatically assume the worst, we can unwittingly close ourselves off to fostering a more positive mindset and can start to see the worst in both things and people around us. *Continued...*



3. Put wellbeing and self-care first



Self-care isn't just about the fun bits like candlelit baths, aromatherapy oils, and forest bathing with loved ones. It's about taking care of yourself in mind and body. That means finding ways to make exercise part of your routine by finding something you enjoy doing, rather than feeling reluctant to drag yourself to the gym once or twice a week. It means identifying unhelpful coping mechanisms that develop over time, like comfort eating or ignoring stressful situations until we feel at breaking point and have to deal with them. It can mean challenging yourself to learn new things, stimulating yourself intellectually, and being open to new concepts and ideas to help continue your path towards self-development and personal growth. Eating well, sleeping enough, challenging negative thoughts, making time to connect, having time to recharge by yourself, even reaching out to others can all be ways of creating a sustainable self-care routine with wellbeing at the heart of things.

4. Have the money conversation with yourself

Money doesn't buy happiness - it's a nice thought, and one that we've all heard before. But the truth of the matter is, a study published as recently as 2021 shows that more money does buy more happiness (even for those who are already rich). Money creates a sense of security. It allows us to fulfil our basic needs for food, shelter, and warmth. It makes finding a job easier, feeling safe easier, and enables us to focus on other areas beyond basic survival. The thing is, money isn't a bad thing. And talking about our finances shouldn't be something we feel ashamed or embarrassed about. If anything, when we fail to examine our financial wellbeing, we risk spiralling into debt, feeling pressured to live above our means, or being overwhelmed to the point where just talking about money makes us feel sick. Money trauma is a real thing, with long-term effects.



5. Practice mindfulness

Studies have shown that practising mindfulness can help us to manage our emotions, reduce stress, better understand how we and those around us are feeling, as well as help us to cultivate compassion. In turn, this can lead to us making better choices, positively impact our relationships, and help us to feel a greater sense of happiness, calm, and wellbeing.

6. Make meaningful connections

How we connect to others has a huge impact on our overall state of happiness. The more we feel able to trust and rely on others, the closer we can feel to them. And our connections with others can create a sense of encouragement, being valued, appreciated, and loved – all of which boost our overall sense of wellbeing, resilience, and happiness. Meaningful, satisfying relationships don't just make us happier – they can also improve our health, and even help us to live longer lives.



7. Cultivate your hobbies

Hobbies shouldn't just be meaningless time-fillers that are last on our priority list. Having hobbies can create a sense of enjoyment, meaning, purpose, and connection. Whether it's something you enjoy doing alone or with others, our hobbies can give us pleasure, create a sense of satisfaction, and even help us to reach out and make new friends. Some hobbies turn into businesses, some become the focus of lifelong goals, while others are a way we give back to ourselves and allow just a few minutes of enjoyment in our hectic lives.

8. Give back

Giving should be an important part of our lives. Whether that's giving back to your local community, to bigger causes on a national or international level, giving doesn't have to mean donating money. Your time, your voice, even sharing things online can all have a positive impact on good causes big and small. Giving to charity and helping support community causes helps us to feel good, strengthens our personal values, helps make a real impact to others, and encourages others to do the same.



Continued...

9. Identify your dreams (and make them happen)

We've all had a dream. Big or small, silly or serious. But how many of us have given up on our dreams before we've even got started? Real life gets in the way, other priorities take hold. Our chances of attaining our dreams seem to small – why even bother? Having a big life goal or dream can give us a sense of purpose. Our dreams can inspire us, push us to keep going when times feel tough, and make dreary jobs feel worthwhile as we have something more to work towards. No one else is going to follow our dreams for us. Pursuing them can help create a sense of momentum, help you to feel more confident and proud of yourself, allows for personal growth and development, and ultimately, creates a sense of hope.



10. Declutter your life (physically and mentally)

Over time, we collect so much stuff, we can begin to feel weighed down. Physically, mentally, and emotionally - we collect things we need, we want, we like. Things we feel obligated to keep, things we don't know what to do with, sentimental bits and pieces we feel guilty for considering getting rid of. Resetting our environment can help us to let go of some of the things that are holding us back. Decluttering can help us in both mind and mood, creating a corner of calm when we may be feeling stressed, overwhelmed, or exhausted. Making space in our lives can help us to feel calmer, happier, and more in control.

11. Make time for reflection, re-evaluation, and redefinition



We change - as do our wants, needs, and ultimate goals. So why wouldn't our definition of happiness and what is right for us change over time, too? Make time to reflect on the past year. What could have gone better? What made you happy? Was there anything unexpected that happened - and how did it make you feel? What were your goals for the past year? Did fulfilling them feel the way you expected? It's good to take time to sit down, look at where you are in life, what you have accomplished (and what you thought you would accomplish), and your goals are still working for you. Maybe you want family to take a higher priority moving forward, or you want to make more time to give back to your community. Perhaps you're feeling the pressure financially and need to reconsider how you can focus on your savings for now instead of your previous goals around travel and exploration. By taking time to reflect, you can reevaluate your goals for the coming year, ensure that they still align with your personal values, and keep moving forwards. Making intentional changes and plans can help to create a sense of control and purpose, putting you back in the driver's seat of your own life.

12. Consider working with a happiness coach



Happiness coaching is about helping you identify what makes you happy, and supporting you in your journey towards happiness. A happiness coach can help you to identify your strengths and values, help support and guide you towards setting goals, pursuing hobbies and passion projects, and even towards big career changes. A coach can help you to identify your purpose, whilst acting as a guide and a source of accountability. By having an outside person as a sounding board, it can help you to feel more comfortable opening up about what you really want, whilst providing a place to explore how you could achieve that. A happiness coach can help introduce you to tools that can help you to work towards a happier, healthier mindset, such as practising gratitude and self-reflection. They can help you to recognise areas in which you cannot change, steer you towards areas where you can take control, and help you understand how happiness is ultimately a journey, not a final destination.

How to make happiness your priority (happiful.com)

Happiness is not something you postpone for the future; it is something you design for the present.

- Jim Rohn





Bowling in Derby, March 2024



The Usual Suspects



There is a famous saying that *Pain is inevitable; suffering is optional*. It suggests that pain is an inevitable part of life; suffering, however, arises from not accepting the pain. What makes this quote helpful is that it not only discerns between pain and suffering, two concepts we often use interchangeably, but it also recognizes that we have power in the face of challenges. We have the power to accept. Radical acceptance is accepting what is not under your control and embracing what is happening now in a nonjudgmental way. When you wholeheartedly and radically accept emotional or physical pain, it can reduce suffering. Marsha Linehan, a leading psychologist who introduced the idea of radical acceptance into Western societies, sums it up:

Radical acceptance rests on letting go of the illusion of control and a willingness to notice and accept things as they are right now, without judging. It is a complete and total openness to the facts of reality as they are, without throwing a tantrum and growing angry.

How to Practice Radical Acceptance

- Acknowledge the present. The most important part is to be mindful of your situation, paying attention to it in a non-judgmental way. However, this does not mean you should accept abusive or manipulative behaviour; it just means accepting the reality, whether you like it or not.
- Ask yourself if you can control or change the situation. If you can't control what happens, why are you getting angry? It can be painful to acknowledge that you're not always in control, but it can also be freeing.
- Let go of judgment. Practicing radical acceptance means letting go of judgment and experiencing things as they actually are. You can improve this mindfulness skill by practicing meditation and being present in the moment.
- Let the past be in the past. Remind yourself that the past cannot be changed. The past, no matter if good or bad, happened.
- Breathe. This may sound simple, but it can be extremely effective. Whenever you are fighting reality, your body may get tense in parts such as the shoulders, face, or stomach. So take deep breaths for a few moments and focus on them. When you practice watching your breath, you may ground yourself in the present moment and become more relaxed.
- Be patient. Choose to practice radical acceptance on a daily basis and understand that it takes time to master it.
- Practice. Practice accepting situations so that when bigger challenges come along, you'll have already developed these skills.



Radical acceptance can be a useful skill for improving personal well-being and interpersonal relationships. Hopefully, the information provided here gives you some ideas for how to practice it in your life.



Six Loneliness Myths Debunked

By Rebecca Thair



Despite advances in technology, and travel, more and more people are feeling alone. Here, we're debunking six misconceptions about loneliness, and providing key steps to manage and improve it.

Social ties are what unite us, providing validation, and making us feel seen and heard. But when those ties are broken, we can be left feeling completely alone, even in a crowded room.

And this is why it's so important to really understand the impact of loneliness, to cut through the shame and stigma that so often keeps people from reaching out for help, and to shine a light on what it really means to be lonely. Let's face this together.

1. MYTH: Loneliness is the same as physical isolation

FALSE: Being alone and feeling lonely are two completely different things. Some people can be perfectly content with just their own company for a set period of time, but the concept of loneliness goes deeper than physical surroundings – though that can be a contributing factor.



Feeling socially disconnected from others, not seen, or that no one 'gets' us is what leads people to experience loneliness. That emotional or mental understanding that ties us to our family, friends, and communities means that we can enjoy alone-time, knowing that we can connect with others when we choose to. But when that tie is severed, it can feel like we're adrift, all by ourselves.

2. MYTH: You can't feel lonely in a relationship

FALSE: Loneliness can appear in different areas of your life: you might be yearning for a deeper emotional understanding; stronger social connections; or to be part of something bigger, with a shared purpose in a community. And, while we can care deeply for someone and spend substantial amounts of time with them, no one person can, or should, be expected to meet every single one of our many needs.

Remember, you don't need to feel guilty about being lonely. Just because one area of your life might appear to be going well, doesn't mean you can't need more from something else.

3. MYTH: Only older people get lonely



FALSE: The truth is you can feel lonely at any age and stage of life. Some people may assume that due to advances in technology, younger generations are more connected than ever, but numerous studies have shown that isn't necessarily the case. A 2019 *YouGov* survey in the US found that one in five millennials reported having no friends at all. Additionally, the ONS shared that 10% of Brits aged 16–24 felt lonely often or always, compared with just 3% of those aged 65 and older.

4. MYTH: Loneliness isn't that big a deal

FALSE: Firstly, anything that affects your mental wellbeing is a big deal, and is absolutely worth addressing. We all deserve to live meaningful, enjoyable lives, and if you feel disconnected from those around you, it's not something that should be brushed off and ignored.

The fact is that loneliness is not only distressing, but has serious health impacts too. Loneliness is reported to increase the risk of high blood pressure, heart disease and strokes, and could even reduce life expectancy by 26% – comparable to the effects of smoking. Plus, those who feel lonely are more likely to experience depression, and are at a greater risk of cognitive decline.

Continued...



For those needing to connect over shared interests, you might want to look online for classes in the community, or Facebook groups you can join and connect with others who share your passions. A loved one might even want you to introduce them to one of your hobbies.

LET'S TALK
LONELINESS

And if you want to feel more entrenched in the local community, you could get involved in volunteering projects or days, to meet like-minded people, and do good at the same time!

Experiencing loneliness can be extremely distressing, and the irony is that so many people feel the same way – but shame and stigma can mean that no one is talking about it. So remember, you may be feeling lonely, but you are most certainly not alone.

5. MYTH: It's easy to tell when someone is lonely

FALSE: We may have preconceived ideas of what a 'lonely person' looks like, but there's no one-size-fits-all image. There's so much stigma that comes with the idea of saying you feel lonely, that people often cover it up pretty well and feel they can't ask for help. Someone might be outgoing and the life of the party in social situations, but still feel disconnected. It's vital we drop the judgements, and create a safe space for people to open up.

6. MYTH: There's nothing that can fix feeling lonely

FALSE: Several studies have revealed that social connections can keep us happier and healthier, so don't be disheartened if you're experiencing loneliness right now. There is a way out; relationships can help us create purpose, meaning, and make sense of the world. It's all about figuring out what you need. So, here are three steps to take if you're feeling lonely:

1. Say it out loud. Or in a message. Whatever you do, vocalise it. This can be a scary thought, but the only way things can change is by acknowledging how you're truly feeling. The act of verbalising can in itself be a release, and then once it's out there, both you and your loved ones can start to proactively address it.

2. Really think about your needs. Recognising a feeling, and then understanding why we feel that way can be two different things. Take some time to home-in on where the disconnection is stemming from – e.g. do you not have someone who really shares your interests, or feel able to open up and discuss your emotions with? Once you understand that, you can put plans in place to address it.

3. Take the next steps. While it may be easier said than done, having shared how you are feeling, others can step up to help as well – you could put in more regular catch-ups or calls in your diary with friends. Or you might want to have a fun date night with your other half to run through some question prompts that can help you reach a deeper emotional understanding.

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And if you want to feel more entrenched in the local community, you could get involved in volunteering projects or days, to meet like-minded people, and do good at the same time!

Experiencing loneliness can be extremely distressing, and the irony is that so many people feel the same way – but shame and stigma can mean that no one is talking about it. So remember, you may be feeling lonely, but you are most certainly not alone.

Six loneliness myths debunked (happiful.com)







Derbyshire County Council headquarters at County Hall © Derby Telegraph

How is our money being spent?

A cash-strapped Derbyshire council closing 10 children's centres and making more than 100 people redundant, is paying education consultants hundreds of thousands of pounds. Derbyshire County Council, which has a budget shortfall of £40 million this year, has paid £565,000 to two consultants for "strategic" help on children's services, schools and learning.

This comes as the authority is due to agree plans to close 10 of its 22 children's centres and cut more than 100 jobs from its 221-staff early help workforce. The authority paid Dan Careless, of THJH Limited, £150,000 for a year and a half of work as a "strategic lead" for schools and learning from September 2022 to February 2024.

Meanwhile, the council also paid Matthew Booth, of Populate Consulting Ltd, £415,000 for a year and a half of work as a strategic partner for children's services from October 2022 to March 2024. The county council has been asked if either of the contracts have been renewed, with the last published contracts register in December detailing that both would have expired by now.

It says the contract with TJHJ has been extended up to a maximum of March 2025 with the same value of £150,000, which would decrease if it is ended before that date. Meanwhile, it is still assessing a new contract for Populate with details including costs to be agreed shortly.

Last year, Mr Careless had said the authority's assessment officers were handling up to 140 cases each for children who require high levels of support, and the annual review team is handling more than 200 cases each. He had said 50 more officers would be needed to be able to respond to parents whenever they have a query, and the authority is "unable" to meet that sort of demand.

The authority plans to close 10 children's centres and early help cutbacks would save £3.25 million in staffing costs each year, the council says. Union officials had said the cutbacks included the loss of 132.5 jobs, but council papers say the workforce would be cut by 118.5 roles.

Dave Ratchford, UNISON East Midlands regional organiser, said: "It is hard not to see this as a pattern of incredible failure and absence of vision at the council at the moment. They're telling us that they're going to maintain the same service as last year – but they're cutting 60 per cent of the staff dealing with the most vulnerable families and children in need."

"Derbyshire County Council are saving around £3 million on making all of these cuts yet they still seem to be advertising more and more high paid jobs at County Hall." A county council spokesperson said: "We are transforming the way we run our children's services department and are using two companies to help provide us with some extra capacity to do that.

"The costs that have been identified are within our budgets. We will be continuing to use these extra resources until the end of March 2025 or sooner if the transformation project comes to an end before that. Our transformation project aims to put our children's services department in the best possible place to respond to the challenges we face at the moment.

"We have to look to adapt to the environment we find ourselves in, and this means changing how we operate to support children, young people and their families. We need extra external advice and support to do this." In March, Chancellor Jeremy Hunt said councils should cut "unnecessary" spending on consultants in a bid to balance their books.

[Cash-strapped council spending thousands on consultants while cutting staff \(msn.com\)](https://www.msn.com/en-gb/news/uk/cash-strapped-council-spending-thousands-on-consultants-while-cutting-staff/story-B1B1B1B1)



**FEELING
STRESSED?**

ANXIOUS?

**NEED TO
TALK?**

**FOR HELP, TEXT FROM ANYWHERE IN THE UK.
TEXTING IS ANONYMOUS AND WILL NOT SHOW UP ON
YOUR PHONE BILL.**

**NO NEED TO REGISTER, DOWNLOAD AN APP OR USE
MOBILE DATA.**

in partnership with

shout

**TEXT 'TOUGH' TO 85258
FOR FREE, CONFIDENTIAL SUPPORT, 24/7**

Safe Haven open in both Chesterfield and Derby

These Crisis Houses provide 24/7 temporary residential support for those referred by NHS mental health professionals at Derbyshire Healthcare NHS Foundation Trust.

Safe Havens in both locations are open from **4:30pm - 12:30am, 365 days a year**, to anybody who is 18 years or above struggling with their mental health and in need of some immediate support. They are hoping to expand this to 16+ in the near future.

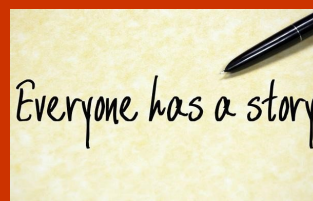
Chesterfield Crisis House is run by P3. Located on **188 North Wingfield Road, Grassmoor, Chesterfield, S42 5EJ**. You can currently only access this service through your GP or by calling the Mental Health Helpline open 24/7 on **0800 028 0077**

Derby Crisis House is run by the Richmond Fellowship. Located on **309 Burton Road, Derby, DE23 6AG**. Self-referral on **0330 008 3722** or drop in to the service.

Things You Only Know If You Have Borderline Personality Disorder - A personal story

I'm lying in a hospital bed, and I have little memory of how I got there. I sit up and suddenly realise that I have my second-year university exams in a matter of weeks. The panic hits me. I have to revise. I have to do well. What am I doing here? I remember a blur of booze and pills and tears. I reach for the tube in my wrist, and I start pulling it out. I'm pulling and pulling and there seems to be yards of tubing inside me. I finally get it all out and the hospital bed is soaked in blood. I get dressed, blood staining the arm of my coat. I run out of the hospital, get on the bus and go back to my flat to revise.

Borderline Personality Disorder is a mental illness that manifests itself in a range of distressing symptoms and abnormal behaviours. It was recognised as a disorder of mood in 2015 that affects how the sufferer is able to relate to other people - if you have BPD, you'll experience extreme emotions and may go through periods where you totally lose touch with reality. Between 60% and 70% of BPD sufferers will attempt suicide at some point during their lives – which is a terrifying thought for me.



Your emotions get really crazy

When I'm explaining BPD to people for the first time, I usually describe it as having overwhelming emotions that are very difficult to deal with. My emotional state can change very quickly, pushing me from euphoric happiness to crushing despair within the space of a few hours. My feelings always seem completely valid to me, when they usually aren't grounded in reality at all. After a perfectly nice evening with friends, I might still go home and burst into tears because I feel like I said all the wrong things and none of the people I was with really liked me. I have to trust my partner when he tells me that my assessment of the situation isn't correct, and my feelings aren't rational. My emotions can feel like huge waves breaking over me, knocking the wind out of my chest and pushing me underwater.

BPD often accompanies other mental health problems

Due to the overwhelming emotions that come as part of BPD, the illness often goes hand in hand with other mental health conditions, including anxiety and depression. For me, it made slipping into the grip of a nine-year eating disorder very easy. I suffered from serious anorexia, dropping to five and a half stone, and this quickly segued into bulimia, making the mood disorder elements of BPD so much worse. It's a lot harder to cope with life when you're got that going on.

It's difficult to maintain relationships

Mental illness isn't particularly easy for other people to understand, particularly when it manifests itself in so many different ways. When I was completing my undergraduate degree and my BPD and eating disorder were at their worst, I lost most of my friends because I was judged as attention-seeking, difficult, a drama queen, pathetic, and selfish for not 'pulling myself together'. I now have a much smaller friendship group, and I am very careful who I tell when I'm having a bad 'BPD Day'. It's still difficult to form strong friendships, as I'm crippled by the fear that people won't like me and will reject me like my university friends did, if they find out that I'm unwell. I have a few close friends who know.

****You take unnecessary risks **** One of the scariest parts of BPD is that I often have impulses to do certain things that I know are harmful to me, but I think they will make me feel better in the short term and make the pain of overwhelming emotions go away. I have to work very hard to keep myself in balance from day to day, so I don't get into a place where I think that disappearing for days at a time, or walking around at four in the morning on my own, or self-harming (all things I used to do regularly to try to manage my emotions) are really good ideas. Impulsive behaviour, often fuelled by drugs or alcohol, seems like it will have no consequences at the time, but it always does and it's very difficult for people who care about you to deal with.

Getting treatment is not easy, but there are ways you can cope

Many GPs aren't trained to recognise the symptoms of borderline personality disorder, so it can be a struggle to get a diagnosis. Outwardly presenting symptoms like depression and related behaviours like self-harm are often focused on by doctors, leaving the underlying problem unchallenged. I got diagnosed with BPD when I was 19, during my treatment at an eating disorders outpatient clinic. The Compassion Focussed Therapy used to combat my mix of anorexia and bulimia was really helpful, as were books that taught me how to use Dialectical Behavioural Therapy to alter my thought patterns. I try to keep my environment as calm and stable as possible, because when I feel safe, I'm less likely to experience BPD symptoms. I have mood boards that remind me of all the good things in my life, things I have achieved, and reasons why I'm a worthwhile person. There are still bad days, but I have a very supportive partner and family, and two beautiful kittens, and just sitting down and stroking them can chase away some of the worst overwhelming emotions.

Things You Only Know If You Have Borderline Personality Disorder (msn.com)



Monthly

GROUP SUPPORT

IT'S IDEAL IF YOU ARE
ON THE PATHWAY TO
AN AUTISM DIAGNOSIS,
SELF-DIAGNOSIS, OR
HAVE A LATE
DIAGNOSIS.

FOR AUTISTIC WOMEN AND THOSE WITH A CERVIX

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Psychological Complexes

What they are, and how they can affect your life?

Do you often feel guilty, or have the urge to fix things and help others all the time? Or perhaps you're overly suspicious of other people, even when there is no obvious reason for you to feel that way. These are just some examples of how complexes can affect your life.

Psychological complexes were first proposed by psychiatrist and psychoanalyst **Carl Jung**. These unconscious feelings and beliefs are mostly rooted in traumatic experiences, but some may be a result of personality traits as well. These complexes affect how we perceive ourselves and others, and can indeed affect our relationships.

An example of a complex would be as follows: if a person had a leg amputated when a child, this would influence the person's life in profound ways, even upon overcoming the physical handicap. The person may have many thoughts, emotions, memories, feelings of inferiority, triumphs, bitterness, and determinations centering on that one aspect of life. If these thoughts were troubling and pervasive, Jung might say the person had a "complex" about the leg.

Complexes often trigger automatic responses to certain scenarios. As Carl Jung put it, "The complex is not under the control of the will and for this reason it possesses the quality of psychic autonomy. Its autonomy consists in its power to manifest itself independently of the will and even in direct opposition to conscious tendencies."

MARTYR COMPLEX

This is when people put others first, to the detriment of their own well-being. People with a martyr complex tend to sacrifice their own needs and put the wants or needs of others first. Sometimes, they can engage in self-harm.

This complex is common in people who grew up with parents who victimized themselves, where roles were reversed, and the child needed to comfort the parent. The child grows into an adult not having his/her own feelings acknowledged and puts others' well-being first.

PERSECUTION COMPLEX

People with this complex tend to be overly suspicious of everyone, to the point that it can sometimes border on paranoia. The belief that everyone is out to get them is most often unfounded and leads to the person being in a constant state of alertness. This delusional behaviour can stem from trauma, and sometimes mental health issues.

BROTHER-SISTER COMPLEX

More often known as "brother complex," it can, in fact, be applicable to any sibling with a strong attachment (or even obsession) with another sibling. This complex is often rooted in parental problems and/or social anxiety.

GOD COMPLEX

A person with a god complex doesn't believe that they commit errors, they have a lack of empathy, and may display narcissistic traits (though not all people with the complex are necessarily narcissists).

These people have a problem with authority, and often judge others to their high standards, which are often impossible to meet. Why some people develop this complex is unknown, but it has been speculated that genetic predispositions and early childhood experiences play a role.

GUILT COMPLEX

Some people seem to blame themselves for everything that goes wrong around them. They are overly critical of everything they do, and often feel guilty for it. While feeling guilt is normal when we, for instance, hurt someone, feeling this way all the time is not. The reasons for this complex are indeed varied, and a number of experiences can cause it to develop.

HERO OR SAVIOUR COMPLEX

People with hero or saviour complex are always on the prowl to rescue someone, and then brag about it. Some believe it's their mission, while others think that doing so will make them a better person and others will recognize that. People with the complex just seem to feel good when they are helping others.

While not always the case, hero or saviour complex is sometimes linked to childhood trauma, mostly abandonment. It's also common in people who had to take on adult responsibilities (e.g. care for a younger sibling) when they were young.

Continued...

INFERIOR COMPLEX

People with an inferiority complex see themselves as less than others; less capable, less adequate, and less worthy. Many times, this leads them to overcompensate, project their insecurity, and feel resentment for other people. It's a very common psychological complex.

Many things can lead to the development of this complex, namely childhood traumas, experiences people have as adults, and even personality traits.

PARENTAL COMPLEX

You may have heard of this complex, commonly referred to as “daddy issues” and “mommy issues.” This usually refers to parental complex, where there is a dysfunctional relationship between parent and child. The person grows up trying to fix the broken relationship with the said parent, in other relationships.

A negative father or mother complex may have been formed due to a father and/or mother who was physically or emotionally absent, self-absorbed, detached, disengaged from and disinterested in the child. A negative parental complex can manifest in self-doubt and/or idealization of others but may also include profound self-alienation, which may manifest in self-hatred and/or dissociation.

[Psychological complexes: what they are, and how they can affect your life \(msn.com\)](#)

Some context...

Jung stressed that complexes in themselves are not negative; only their effects often are. In the same way that atoms and molecules are the invisible components of physical objects, complexes are the building blocks of the psyche and the source of all human emotions.

Complexes obviously represent a kind of inferiority in the broadest sense, but to have complexes does not necessarily indicate inferiority. It only means that something discordant, unassimilated, and antagonistic exists, perhaps as an obstacle, but also as an incentive to greater effort, and so, perhaps, to new possibilities of achievement.

Some degree of one-sidedness is unavoidable, and, in the same measure, complexes are unavoidable too.

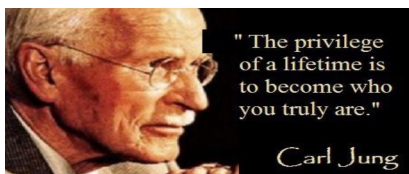
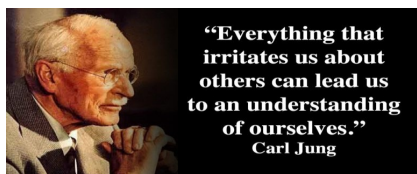
The negative effect of a complex is commonly experienced as a distortion in one or other of the psychological functions (feeling, thinking, intuition and sensation). In place of sound judgment and an appropriate feeling response, for instance, one reacts according to what the complex dictates. As long as one is unconscious of the complexes, one is liable to be driven by them.

The possession of complexes does not in itself signify neurosis, and the fact that they are painful is no proof of pathological disturbance. Suffering is not an illness; it is the normal counterpole to happiness. A complex becomes pathological only when we think we have not got it.

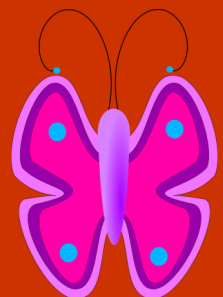
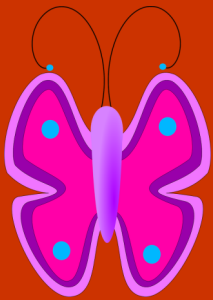
Identification with a complex, particularly the anima/animus and the shadow, is a frequent source of neurosis. The aim of analysis in such cases is not to get rid of the complexes – as if that were possible – but to minimize their negative effects by understanding the part they play in behaviour patterns and emotional reactions.

A complex can be really overcome only if it is lived out to the full. In other words, if we are to develop further we have to draw to us and drink down to the very dregs what, because of our complexes, we have held at a distance.

[The Complex – a Key Jungian Concept – are they Negative? \(frithluton.com\)](#)



On 9 April 2024, we said goodbye to
Lynda Langley, NHS governor and great friend of
the group. Lynda helped us enormously over the
years and we always felt like she was on our side.
Thank you Lynda. R.I.P.



A member's reply...

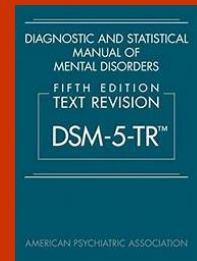
An Alternative View of Narcissism by **Kayleigh (Leigh)**

In the last newsletter there was a section that spoke upon narcissists and behaviours they can exhibit. Personally I disagreed with this article as inherently the quotes used could be used in normal or abusive manners alike. Similarly, the implication that people with Narcissistic Personality Disorder (which I will refer to as NPD throughout this article) are abusive in all states and manner is a negative stereotype I wish to combat within my article today.

Now let's start with what is NPD? NPD is a cluster B personality disorder (much like Borderline Personality Disorder is) that is defined as: compromising a pervasive pattern of grandiosity (in either fantasy or behaviour), a constant need for admiration and, a lack of empathy.

In the DSM-5-TR, it is stated that these symptoms must begin in early adulthood in a variety of contexts. For a diagnosis one must have at least 5 of the 9 criteria:

- * A grandiose sense of importance
- * A preoccupation with fantasise of unlimited success, power, brilliance, beauty or, ideal love
- * A belief that they are special and unique and can only be understood/should associate with other special or high-status people/institutions
- * A need for excessive admiration
- * A sense of entitlement
- * Interpersonally exploitive behaviour
- * A lack of empathy
- * Envy of others or a belief that others are envious of them
- * A demonstration of arrogant and haughty behaviours or attitudes



Next, let's look at NPD and BPD - These two cluster B personality disorders are seen as comorbid in nature, this meaning that the two tend to show up together in one person due to their similarities. When they present together, symptoms may worsen and become harder to treat however, treating one diagnosis may alleviate some issues presented by the other.

In a study done in 2008, it is said as many as 40% of people with BPD may also have NPD and, while the statistics have varied in more recent studies (in 2018, a treatment-seeking sample found 13% of the patients had both BPD and NPD) this seems to be the general consensus. In fact, NIH experts estimate 10% of the US adult population have BPD and/or NPD. With this being said, not everyone with BPD is going to have NPD and vice versa.

Now, like BPD, NPD has some treatments that individuals can go through to better their symptoms and make living with the disorder easier. These treatments involve talking therapies, such as psychotherapy and medications to treat co-occurring mental health conditions such as depression etc. responsibility for their actions.

While the different types of psychotherapies available have different approaches, the goal is always to aid in adaptive emotional regulation, this may foster increased empathy and stronger relationships with others as well as taking

Now we have covered NPD briefly as well as its connections to BPD and the possible treatments available, let's look into the stigma surrounding NPD. Like the article in the last newsletter, many people stigmatise NPD and its symptoms as they can lead to abusive behaviours if not managed. Now this is not to say that NPD inherently is abusive.

Continued...

Remember that seeking professional help is crucial, and therapy can provide valuable tools for managing NPD. If you or someone you know is dealing with NPD, consider reaching out to a mental health professional for guidance and support.

Many individuals with NPD are amazing people and work tirelessly to ensure they do not harm other individuals through their behaviour and disorder this meaning, the stigma around the disorder is extremely damaging to the community and those who have NPD. Many with NPD state that the labels thrown around in relation to those who 'seem to fit the disorder' is damaging and is doing society a disservice. In placing these labels on people we are radically simplifying the disorder which is otherwise a very complex situation.

I will be the first to admit when i first came across the symptoms those with NPD exhibit, I believed them to be abusive and arrogant individuals. However, I have changed this viewpoint drastically after some simple research and connecting with individuals who suffer with NPD. While yes, the symptoms those with NPD exhibit can be abusive in nature, this DOES NOT mean that individuals with NPD are abusive. These individuals do not choose to exhibit these symptoms and many work tirelessly to ensure they do not harm others with the outcome of their behaviour. In fact, very few people who have NPD knowingly abuse other individuals.

As you are probably working out from this article I am writing today, the disorder and abuse do not come together in most cases. While yes, you will have a small percentage of those with NPD who do actively abuse other individuals in their life, it is very few and far between.

In conclusion, NPD does not equal abuse. In fact it is a very small percentage of individuals who have NPD who do abuse others and, the stigma instead comes from people being labeled as 'narcissists' instead of what they really are - an abuser. The phrases used in the article in the last newsletter can be abusive however are in no way linked to those with NPD and instead should be seen as warning signs of an abusive person. The stigma of labelling abusers as 'narcissists' is incredibly harmful to those with NPD and other personality disorders and should be stopped immediately as a way to stop the stigma that surrounds those with NPD.

Thank you all for reading,

Kayleigh (Leigh)

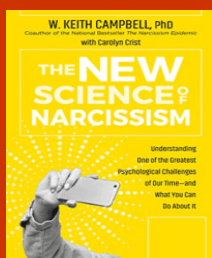


Dr Andrea Bonier, Clinical Psychologist, says...

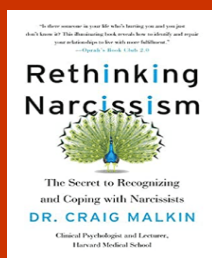
By definition, a narcissistic person is more likely to act in a way that is not particularly considerate of other people. They will typically look out for their own needs above all else and are willing to subordinate the needs and feelings of others without much consideration. And they justify their ability to do this because they believe themselves to be special and more deserving (even if this is a shell that was created as a response to an injury to their self-esteem). Simply put, a person who is narcissistic is more likely to hurt others around them, if we use a broad definition of hurting that includes being inconsiderate, emotionally invalidating, and toe-stepping. In other words, they can be frustrating, or downright difficult, to be in a relationship with. Some people who are narcissistic will stop there.

Source: [Are Narcissists More Likely to Be Abusive? | Psychology Today](#)

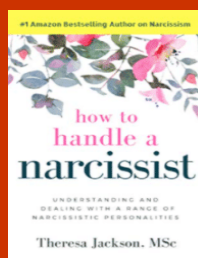
Recommended books...



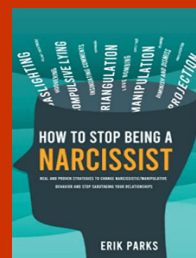
Dr. Campbell explores new science behind narcissism and offers understanding in treating and dealing with narcissists, from how society shapes them to identifying narcissists in your own relationships.



In reality, there is a spectrum of narcissism. This book deconstructs myths and misconceptions, offering clear guidance on how to protect ourselves, our partners, and our families from grandiose thinking and covert narcissism.



Jackson says her ultimate goal in writing this book was to avoid tapping into the usual stigma and negative rhetoric around narcissists, to provide the reader with greater insight and understanding, without bolstering their anger or pain.



Parks covers advice for how to heal your inner child and overcome childhood neglect, ways to stop compulsively lying, and how to manage emotional dysregulation. This book is a useful and compassionate guide to regain clarity, change on a deeper level, and find some level of peace.

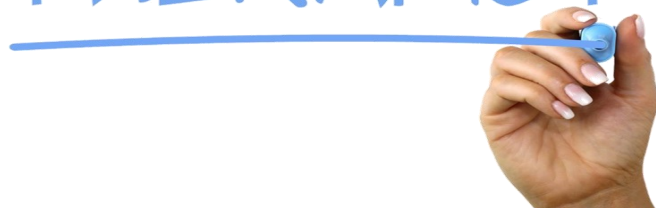
There are many different types of therapy. To find out more, please google any of those listed below

Adlerian therapy
Animal-assisted therapy
Art therapy
Behavioural therapy
Brief therapy
Coaching
Cognitive analytic therapy (CAT)
Systemic therapy
Cognitive behavioural therapy (CBT)
Cognitive therapy
Creative therapy
Eclectic counselling
Emotionally focused therapy
Existential therapy
Eye movement desensitisation and reprocessing (EMDR)
Family therapy
Gestalt therapy
Integrative counselling
Interpersonal therapy
Jungian therapy
Neuro-linguistic programming (NLP)
Person-centred therapy
Phenomenological therapy

Psychoanalysis
Psychodynamic psychotherapy
Psychosynthesis
Relationship therapy
Solution-focused brief therapy
Transactional analysis
Transpersonal therapy



THERAPIST



Person-Centered Therapy

Perhaps one of the best therapies for people with BPD is person-centred therapy (PCT). This is because you will always be validated. Unlike other types of therapy, which can sometimes undermine the extent of your feelings and fears, the PCT therapist will help you to manage those feelings and fears in a non-judgmental way. (Sue)

PCT was developed by Carl Rogers and he called it this (although it can sometimes be known as client-centred) because of the focus on the person's subjective view of the world. Unlike other therapeutic approaches, which might emphasize unconscious motives or interpretations by someone else, Rogers believed that clients would be better helped if they were encouraged to focus on their current subjective understanding.

Rogers rejected the deterministic nature of psychoanalysis and behaviourism, emphasising that we behave as we do because of the way we perceive our situation. According to Rogers, we are the best experts on ourselves, and therapy should provide a climate of facilitative psychological attitudes to tap into our vast resources for self-understanding, self-concept, and personal growth. So, the term person (or client) centered reflects this emphasis on the individual's experience and self-perception, rather than the therapist or treatment process.

** *This type of therapy is also known as Rogerian Therapy***

We acknowledge that people with BPD may also have traits of other personality disorders. This is the third in our series looking at those diagnoses

Histrionic Personality Disorder (HPD)

The word histrionic means “theatrical” or “dramatic.” HPD primarily involves a tendency to view situations emotionally and display overdramatic behaviours that aim to draw attention to you constantly. These aren’t conscious tactics to manipulate or control others. It may feel very natural to you to act this way. You might not be aware of how these behaviors affect your relationships with other people. Histrionic personality is one of 10 personality disorders. It falls into cluster B classification together with borderline, antisocial, and narcissistic personality disorders. Typically, these cluster B conditions are characterized by:

- difficulty controlling emotions
- a tendency to act dramatically and unpredictably

Specifically, a persistent pattern of extreme emotionality and constant attention-seeking behaviors characterizes HPD. There might also be a tendency to present yourself in an overly dramatic way, even if you’re not usually aware that you do. You might also find it challenging to control your impulses and emotions, which could lead you to face friction in your relationships. Because of that, histrionic personality has been associated with higher rates of:

- somatic symptom disorder (formerly known as hypochondriasis)
- attention seeking behaviour
- depression
- anxiety

[Somatic symptom disorder: Symptoms, causes, diagnosis and treatments](#)

Even though it may be perceived this way, a person with HPD doesn’t necessarily enjoy attention-seeking behaviors. There’s often intense emotionality that shows as anger, frustration, depression, and anxiety.

Behind your histrionic behaviors, there might be an urge to be accepted and to connect to others quickly, and a feeling of constant disappointment because this doesn’t happen often. Your attempts to quickly get closer or more intimate with others might not be reciprocated because other people might get overwhelmed or confused when getting too much affection too soon.

Friction in your relationships with other people might also be frequent because they may feel threatened by your attempts of getting a lot of attention. As it happens with other personality disorders, you might not realize how some of your behaviours could lead to relationship difficulties. You may believe the other person is the problem, or that you haven’t found the right friends or romantic partner yet. You could even seek professional help to improve your relationships without realizing your role in these problems.

But once you do, often with the help of a therapist, you can begin managing your emotions and adapting your behaviors. In time, recovery is possible, and you can improve the quality of your relationships.

Source: [What’s Histrionic Personality Disorder and How Is It Treated? \(psychcentral.com\)](#)

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