

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...



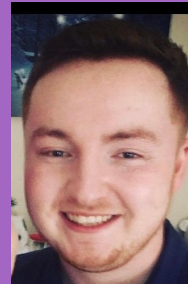
Sue



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, in a non-judgemental way

An official diagnosis is not necessary

Members are encouraged to arrange their own zoom and face-to-face meetings

The main point of contact is through our WhatsApp groups

****PLEASE NOTE THAT WE HAVE RECENTLY OPENED AN
AUTISM GROUP ON WHATSAPP****

You do not have to live in Derbyshire to join our support groups



SUPPORT



Group

News

Our Group

In October 2024, our group passed the seven-year mark.

In our second year, we began the quarterly newsletters and this is the 26th issue. Since 2017, over 450 people have contacted us, some from overseas, and in 2023 our group won the RETHINK group of the year award.

We have come a long way, but how does the future look for our group?

We still have much to offer (see next page). However, the way we manage our group has evolved and our members are now more independent and active. They arrange meet-ups among themselves, and will soon arrange their own zoom meetings. They often make contributions to the newsletter, and many have assisted professionals in studying personality disorders.

Most importantly, they support each other.

They should be proud.

Sue XX



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...

Occasional Zoom Meetings (arranged by members)



Quarterly Newsletters



Occasional Meet-Ups (arranged by the members)



WhatsApp groups



BPD chat

Men with BPD

Parents with BPD

Parent/Carer/Family/Friend

Positivity

Virtual walking

Crisis Card

Website

Derbyshire Borderline Personality Disorder Support

In this issue

Page	
6	Book Review (Brene Brown)
7	Do you struggle to make conversation?
8 & 9	Social Media Safety
10 & 11	Prison stories: <i>First Night</i>
11	What to do if you get arrested
12	Schizoid and Schizotypal Personality Disorders
13	Closure
14	‘Truth, Lies, Love and Hate’ by Rob Passey
15 & 16	Anxious Attachment
17 & 18	Shame
19 - 21	Poor Role Models
21	The new 111 mental health option
22	Attachment Group
23	Positives
24	Claire (group member) - ‘my solitude, peace and quiet’
25	‘The Rollercoaster’ by Harriot (group member)
26	Winter wellness information
27	Internal family Systems Therapy
27	Research study
28	Autism Assessment
29	Merry Christmas!



Book Review



I thought it was just me (but it isn't)

by Brene Brown

I have heard about Brene Brown; I think most of us have. I have seen her podcast on vulnerability, but have only just read this book on shame. Until now, I thought I knew what shame was. It's a more complicated and much deeper concept than I knew.

I love the way Brown writes; it's accessible and she uses lots of examples and case studies.

Like many people, I have gone through life often thinking 'what will people think'. It could be anything: being overweight, acting 'weird', getting angry so easily, being impulsive. Brown explains how this comes from our own hidden shame.

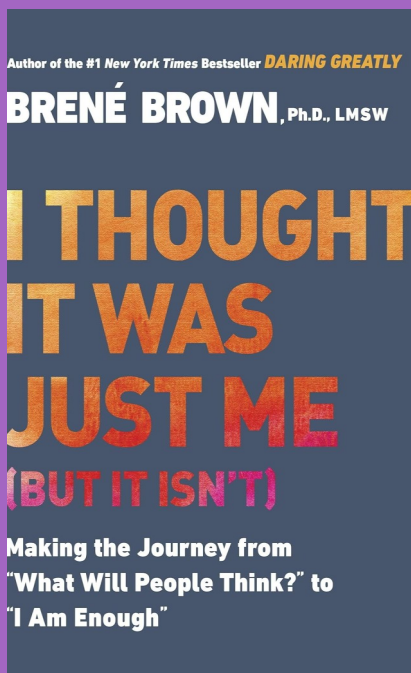
Have you ever lied about something just to fit in? Pretended to like/dislike something because everyone else seems to? Or been ashamed because you're not like others?

Someone who is overweight might look at a slim person and feel ashamed. Yet, that slim person will have their own imperfections in other ways. And so it goes on...

Brene Brown explains how to manage these feelings and to accept ourselves as we are.

This book is not just useful for those of us with BPD; I would recommend it to anyone.

Sue x



I Thought It Was Just Me (but it isn't):

SHAME

Shame actually *creates* silence and secrecy, by making us feel small and unworthy. So breaking through our fear of disconnection to the point where we can talk about it with others can actually be quite difficult. This is where Brown advocates for empathy – the ability to tap into our own experiences in order to connect with an experience someone is relating to us – rather than sympathy, which can actually exacerbate shame.

Review of "I Thought It Was Just Me (But It Isn't)" by Brené

Brené Brown (born 1965) is an American academic and podcaster who is the Huffington Foundation's Brené Brown Endowed Chair at the University of Houston's Graduate College of Social Work. She is known for her work on shame, vulnerability and leadership, and for her widely viewed 2010 TEDx talk. She has written six number-one *New York Times* bestselling books.

Do you struggle to make conversation?

Problem

How do you do conversation? I don't understand how it works. I can only ever communicate factual information such as "A coffee and a croissant, please." Other people seem to rattle on about anything and everything, constantly jumping from one topic to another, but I can never follow. If I ever feel that I have something to contribute and try to join in they simply ignore me or change the subject. If I try to initiate a conversation, for example by complimenting someone on their obviously expensive camera, they will initially respond but after about 60 seconds turn away as soon as they realise that I am "trying to make conversation". It would be nice to take my conversational skills a little bit higher. Any tips?

Tips



Quite a lot of people aren't as skilled at conversation as they think. Some people are stuck on transmit ("rambling") and think talking about themselves is good chat. Some think interrogating the other person is the way to go. But conversation is the turning together of two people. A lot of people mistake talking for conversation. I wouldn't necessarily always blame yourself either; a fruitful conversation does require input from two people, not just one left doing the heavy lifting.

The difference between small talk and delivering factual information

The fundamental for a conversation to be successful is that it has to make emotional contact and a list of facts (“croissant and coffee”) on their own won’t do that. It has to have emotional zing.”

So to layer on what you already do you could add, “the croissants look great – do you make them here?” or “this coffee hits the spot, what blend is it?” These things won’t trigger a massive conversation because baristas often have a queue to serve, but they are stepping stones and good practise points. We also have to be realistic about how far some conversations, in certain settings, can go. I think it’s entirely realistic that after 60 seconds someone will call time on talking about a camera. Even the most skilled conversationalist would struggle.



That said some people need fewer triggers. Some spill more slowly. It's not all on you.

Being interested and curious is a great springboard for conversation we are after all hard-wired for connection. To have a conversation you have to be able to imagine how what you're saying is going to land with the other person. And that takes empathy.

Observation is also a great tool for conversation: just hearing what others talk about. There's a reason talking about the weather is a stalwart in so many countries. It's a connection, it's non-committal, it's not too personal and you can test the water with the other person. If they grunt in reply then that's on them. If they spout forth that might open the door to a bit more chat. But like I said, you have to be realistic. Some conversations will never go beyond a few exchanges. When they do, listen carefully to what people are saying and instead of facts maybe think about feelings. So if someone says, "I'm going on holiday to X" try something like "have you ever been before? Are you excited about going?"

See also: [How to Carry a Conversation — the Art of Making Connections \(betterup.com\)](https://www.betterup.com/blog/how-to-carry-a-conversation-the-art-of-making-connections)

Social Media Safety Reminders

Social media platforms have become an integral part of online lives.

They are a great way to stay connected with others, but you should be wary about how much personal information you post. Have your family, friends, and community follow these tips to safely enjoy social media

Check your settings

Every time you sign up for a new social media account or download a new app, immediately configure the privacy and security settings to your comfort level for information sharing. Regularly check these settings to make sure they are still configured to your comfort. Get started with our direct links to settings of popular websites [here](#).

Share with care



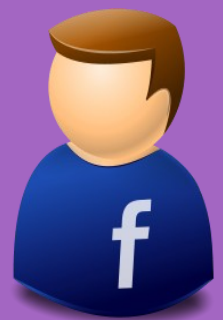
Be cautious about how much personal information you provide on social networking sites. The more information you post, the easier it may be for a hacker or someone else to use that information to steal your identity, access your data or commit other crimes such as stalking.

Once posted, always posted

Protect your reputation on social networks. What you post online stays online. Think twice before posting pictures you wouldn't want your parents or future employers to see. Recent research found that 70 percent of job recruiters rejected candidates based on information they found online.

Know and manage your friends

Social networks can be used for a variety of purposes. Some of the fun is creating a large pool of friends from many aspects of your life. That doesn't mean all friends are created equal. Use tools to manage the information you share with friends in different groups or even have multiple online pages. If you're trying to create a public persona as a blogger or expert, create an open profile or a "fan" page that encourages broad participation and limits personal information. Use your personal profile to keep your real friends (the ones you know and trust) up to date with your daily life.



Know what action to take

If someone is bullying, harassing or threatening you, remove them from your friends list, block them and report them.

Enable multi-factor authentication

Use 2-factor authentication or multi-factor authentication (like biometrics, security keys or a unique, one-time code through an app on your mobile device) whenever offered. [Learn more](#).

Use long, unique passwords

Length trumps complexity. A strong password is a sentence that is at least 12 characters long. Focus on positive sentences or phrases that you like to think about and are easy to remember.

Continued...



Phishing

Source: Phishing: Spot and report scam emails, texts, websites and... - NCSC.GOV.UK

- 1, Spear phishing—targets a specific person or group of people within an organization. For example, a spear phishing email might be sent to a company's system administrator.
- 2, Whaling—targets senior executives or other highly privileged individuals, such as CEOs or CFOs. A whaling email might claim that the company is facing legal consequences and ask the recipient to click a link for more information.
- 3, Email phishing—sends a legitimate-looking email to trick the recipient into entering information. Phishing emails often use spoofed email addresses, include attachments or links, and create a sense of urgency.
- 4, Smishing, which uses text messages (SMS) to send malicious links.
- 5, Vishing, which uses phone calls to steal information.



9

First Night

It was 2015 and my first time in prison. When I got off the 'bus' from court, I was still shell-shocked at what had happened. However, when entering the reception area of HMP New Hall, I was pleasantly surprised. It was clean and bright, and the officers seemed ok. There were quite a few of us, so it took a while to be processed. We were given something to eat and a cup of prison tea(!). We saw a nurse and a doctor. Did I feel suicidal? No. I just felt numb. I produced a clean urine sample, then given whatever belongings I could keep. I made a phone call to my partner and told her not to worry. At around 7pm, we were taken to 'C' wing, where all prisoners start off.

We were not allocated a cell so just walked into the nearest vacant one. Mine was at the far end of the corridor. I struggled to get in because a cupboard was partially blocking the door. The officer thought I was refusing, and gave me a shove. He was young and cocky. I didn't like him. He was nothing like the officers I had seen in reception.

I looked around the cell. Apart from the toilet and sink, there was a cupboard and a table. I hadn't expected much. I was in prison, after all. But they reminded me of something that would have been found in a skip. There was a plastic chair and, of course, the bed. This was rusty and bolted to the floor. The bedding obviously hadn't been changed since the previous occupant. There were black hairs on the sheets and pillow case. All the bedding was covered in cigarette burns. The pillowslip felt hard and crusty round the burn holes. The toilet was dirty and stained. It was partially hidden by a dirty and torn shower curtain which, presumably, was for privacy. Judging by the length of the curtain, however, there wouldn't be much privacy. In a moment of desperation, I wondered if the curtain rail would hold my weight if I tied the curtain round my neck. I gave it a tug, but the rail was too flimsy.



I tried to look at the positives. There was a kettle and a TV. Perhaps things would look better in the morning. I got changed and climbed into bed. I was exhausted but couldn't sleep. It was winter and extremely cold. The windows didn't shut properly. It was windy, and I could see the shower curtain blowing around. I got dressed again, put my jacket on, and got back into bed. But I couldn't stop shivering. I pressed the buzzer on the wall and asked for another blanket. I know now how pointless this was but at the time, I thought it was a reasonable request. Doesn't the prison have a duty of care, and doesn't this include warmth? "Where do you think you are, the fucking Ritz?", was the reply.

Continued...

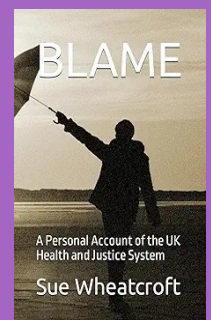
I lay back down and thought of my partner. I loved her very much. I missed her so much, I thought my heart would break. We had been together nearly thirty years and had never been apart. She was now disabled and had been forced into a nursing home. I felt guilty, and rightly so. Through a mixture of mental health problems, stupidity and inadequate mental health services I was in this hell-hole, and she was in hers.

I desperately needed someone to talk to. After a while, I heard someone asking the other women, one by one, if they were alright. I waited for her to come to me, but she didn't. It went quiet; she had left. I pressed the buzzer again and asked if I could talk to someone. "Did you say you felt suicidal when you first came in? the officer asked, impatiently. I told him I hadn't. "Well, it's too late now", he said, "and press that buzzer once more and I will put you on report, and that won't look good on your first night, will it?"

I lay back down, and started to cry. Not because of any threat of being put on report. I didn't even know what it meant. But I felt so low and so lonely. I cried for most of the night. But I cried quietly. I didn't want anyone to hear me. I had to be tough, didn't I? Isn't that what you have to be, in prison?



More prison stories can be found at:
[Sue Wheatcroft – Campaigner for change](#)
...and in these two biographies



What to do if you get arrested

- Show your **CRISIS CARD** and say nothing
- You will be asked if you would like a **SOLICITOR**; say **YES**. This is a legal right for everyone
- Ask for an **APPROPRIATE ADULT**. If you have a mental health condition/illness this is your legal right
- Do not consent to a police interview without a solicitor and an appropriate adult
- Do not let the police talk you out of having a solicitor or appropriate adult
- Do not say anything to the police until you have spoken to your solicitor
- Ask your solicitor about the **Liaison and Diversion (L&D) Service**



For more information, see issue twenty of our newsletter

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

Schizoid and Schizotypal Personality Disorders

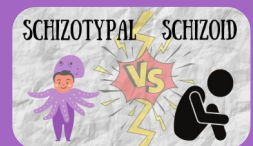
Schizoid and schizotypal PDs are cluster 'A' PDs within the schizophrenia spectrum. They're characterized by social withdrawal and eccentric behaviour. These disorders are more common than schizophrenia itself.

While exhibiting some traits similar to schizophrenia, such as social withdrawal and eccentric behaviour, schizoid and schizotypal PDs are distinct disorders characterized by stable personality-type traits. They typically don't manifest severe symptoms of psychosis like hallucinations or delusions, setting them apart from schizophrenia.

In terms of symptom severity, schizotypal PD tends to involve more severe and diverse symptoms compared with schizoid PD.

The distinct characteristics of each disorder

Schizoid PD:



- Individuals with schizoid PD tend to have a limited range of emotional expression and often prefer solitary activities. They're often described as aloof, isolated, and emotionally distant.
- They typically have little interest in forming close relationships, including with family members, and may seem emotionally detached or indifferent to social interactions.
- People with schizoid PD usually don't experience the same degree of perceptual or cognitive distortions seen in those with schizophrenia.

Schizotypal PD:

- Schizotypal PD involves eccentric behavior and unusual beliefs or magical thinking.
- Individuals with schizotypal PD may have odd or eccentric speech patterns, dress, or behaviour.
- They may also experience transient psychosis-like symptoms such as paranoia, unusual perceptual experiences, or beliefs in magical thinking.
- Unlike those with schizoid PD, individuals with schizotypal PD may experience transient episodes of psychosis that aren't as severe or persistent as those seen in individuals with schizophrenia.

Treatment for both disorders typically involves therapy to address social and interpersonal difficulties. If you're living with either of these disorders, getting support can help manage symptoms and improve your quality of life.

Source: [Schizoid vs Schizotypal: Similarities and Differences \(healthline.com\)](https://www.healthline.com/health/personality-disorders/schizoid-vs-schizotypal)

CLOSURE

Closure is real, but it's not what we've learned about in rom-coms. Closure is a process that challenges us to reflect, process, and accept the lessons a relationship or break-up taught us (with or without the other person's help). It may be excruciating not to have your ex's input as you sort through your emotions and come to terms with your situation; there may be questions you feel only they can or should answer, or you may just want to know they're hurting too.

When you're going through it, it's totally normal to feel like you can't find closure without them, but try to take responsibility for your own feelings and make sense of the experience from your own perspective. Your ex may be a resource for those unanswered questions at first but, eventually, YOU are the only person who can turn the page on this chapter and move on. Combine reflection (journaling, meditation, talking with a mental health professional, processing with a trusted friend or another adult) with activities that bring you comfort or release (exercising, playing video games, watching movies, eating a favourite snack, or snuggling your pet). Lean on your support system for venting, advice, or maybe just some good old-fashioned fun.

Rejection sucks—no contingency plan can change that. But being better prepared can soften the blow, and over time you'll gain perspective and begin to heal. You've got this.

Source: [A Crash Course In Handling Rejection - One Love Foundation \(joinonelove.org\)](https://www.joinonelove.org/)



Have you ever noticed that once you can tell a story about something, it's in the past?

Year End: The Psychology of Closure - InPower Coaching

Truth, Lies, Love and Hate

Rob Passey

Trigger Warning

You've taken my humanity my dear,
Controlling my life with fear,
Destroy me with your twisted mind,
No responsibility for what's left behind.



Like a cracked mirror, you distort the truth,
Destroy what's left with your abuse,
Kill what's good with your insanity,
Everything subject to your mortality.



Time to fight back, the truth will come out,
Own up to your demons, they're not my fault,
You won't destroy me, I'm breaking loose,
Dark night, oak tree, tight noose.



Can't take no more, think I'm gonna die,
I tell you the truth, you twist and lie,
You've taken all I have, I feel so weak,
You're nothing but a lying, abusive, control freak



Rob Passey, bassist with *Cryogenics*



What you need to know about Anxious Attachment

Appreciation, attention, and support. Many of us crave that. We want to be loved, we want to feel secure, valued, and appreciated. No one likes to be left out in the cold. It is normal to seek approval, help, and emotional responsiveness from your family, friends, and partners. It is also normal to fear losing someone's love. But what if these needs and fears become too strong? Can the need for safety and the fear of abandonment be so powerful that they control your relationships? It might not always be easy to recognize an insecure attachment style in adults. Patterns in social relationships might be inconsistent or barely noticeable. There are, however, particular signs that hint each type of attachment. The Q&A below will guide you through understanding what causes the development of the anxious attachment style, how you can spot it in yourself (and others), and what to do about it.

First, a short intro on attachment theory

Let's look at attachment theory, which dates back to the 1950's. According to psychiatrist and psychoanalyst John Bowlby, a child's early relationship with their caregivers forms the way this child will approach social interactions and relationships throughout life. The concept is relatively easy to grasp. When a baby is born, the first social bond they encounter is with the caregivers (in most cases, parents). This is when the child's brain starts to form a perception of social interactions. If the child is brought up in a warm and nurturing environment, where the caregivers are responsive to the child's emotional needs, a secure bond (referred to as secure attachment) is formed. The child is taught, indirectly, that his or her emotions and needs will be recognized, that he or she will be supported and loved, and that people, in general, can be trusted. On the contrary, when a child perceives that his or her needs are not met, the child is not able to build a secure and stable bond with the caregivers. This leads to a distorted perception of how relationships work.

There are three types of insecure attachment in adults:

Anxious (also known as preoccupied)

Avoidant (also known as dismissive)

Disorganized (also known as fearful-avoidant)



What causes anxious attachment style in childhood?

The development of an anxious/preoccupied attachment style (referred to as *anxious ambivalent* in children) is often associated with an inconsistent parenting pattern. Sometimes, the parents will be supportive and responsive to the child's needs. At other times, they will be mis-attuned to the child. This inconsistency might make it difficult for the child to understand what the parents' behaviour means and what kind of response to expect in the future. The child might end up confused about his or her relationship with the caregivers, whose behaviour sends mixed signals.



Another factor that is linked to the development of an anxious ambivalent attachment style in children is the so-called "emotional hunger" of the caregivers. In that case, the caregivers would seek emotional/physical closeness with the children in order to satisfy their own needs, rather than their children's. Such parents might appear intrusive or over-protective. They might use the child to satiate their own 'hunger' for love, or to present their own selves in a certain light (for example, as the perfect parent). It should be noted that raising a child in such a manner might also be an automatic and unrealised pattern in adults who were raised the same way. Caregivers, whose child develops an ambivalent attachment style, are likely to have an anxious attachment style themselves. And this is not about genetics, but about the continuity of behavioural patterns throughout generations.

Continued...

Which children have a higher risk of developing anxious (ambivalent) attachment?

The previous paragraph provides an overview of what caregiver behaviours might threaten the child's ability to form a secure attachment style. Inconsistent responsiveness to a child's emotional needs, mis-attunement and emotional distance, as well as preoccupation with and intrusiveness in the child's life, are some of the risk factors for the development of an ambivalent attachment style in children. In addition to that, there are a few less common risk factors, such as physical or psychological abuse, or early separation from the caregiver.



Symptoms of having an anxious attachment style as an adult

How to recognize a person with an anxious attachment style? Adults with an anxious/preoccupied attachment style might think highly of others but often suffer from low self-esteem. These individuals are sensitive and attuned to their partners' needs but are often insecure and anxious about their own worth in a relationship. If the loved one rejects them or fails to respond to their needs, they might blame themselves or label themselves as not being worthy of love. Generally, adults with anxious attachment need constant reassurance that they are loved, worthy, and good enough. The strong fear of abandonment might often cause anxious adults to be intensely jealous or suspicious of their partners. This fear might also lead them to become desperate, clingy, and preoccupied with their relationships. Adults with an anxious attachment style are often afraid of or even incapable of being alone. They seek intimacy and closeness and are highly emotional and dependent on others. The presence of the loved one appears to be a remedy for their strong emotional needs.



Anxious attachment style in relationships.

Having an insecure attachment style can be tiring. It could feel like you are on an emotional roller-coaster all the time. It might cause anxiety, stress, unhappiness, and low life satisfaction. When it comes to adults with anxious attachment styles, relationships might be both 'lifesaving' and 'life-threatening'. On the one hand, the fear of being alone or being rejected is the poison – a disturbing feeling, which leads to constant doubt and worry. On the other hand, the presence of the loved one, and more importantly, their demonstration of affection is the remedy. Furthermore, an anxious individual might be insecure about where they stand in a relationship and whether their partner loves them as much as they do in return. Consequently, the slightest disappointment or sign of rejection from the partner could be harmful to the already low self-esteem.

Can you change your attachment style and how?

Luckily, attachment styles can change. Sometimes, the change can happen by itself: a relationship with a securely attached individual could facilitate emotional closeness and a sense of calmness and stability. This new experience can lead to a shift in perception and to new habits and patterns. Other times, you might need to work harder on your attachment style. You cannot change your past, but you can change the present. One key to healing an insecure attachment style is to make sense of the way you interact with your loved ones, especially with your partner. Recognizing your behavioural patterns in relationships and being mindful of them will make the issue easier to solve. Self-reflection is important. Analysing and making sense of your childhood experiences is also an essential step. Realizing that past experiences do not have to affect and/or predict the present and the future will make it easier to break free from established behavioural patterns and habits. Obviously, working with a therapist on this pattern would potentially be the most beneficial way to move forward with earning secure attachment. Either way, if you want to change your attachment style, you need to put effort in it. Whether you are working through it with a close friend, a therapist, or a book, consistency and effort are fundamental.



Identifying the Root Causes of Shame

If you've ever heard the phrase, "Shame on you!" you know how stinging and devastating it can be. Those words can leave you feeling awful about yourself. Maybe it's been a long time since someone caused you to feel shamed, but now you carry feelings of being unworthy and inferior. You chronically feel disappointed with who you are. You question whether you're good enough, and maybe compare yourself unfavourably to others. Shame has various root causes. Sometimes shame is instilled in early childhood by the harsh words or actions of parents or other authority figures, or from bullying by peers. Shame can stem from a person's own poor choices or harmful behaviour. Other times unfortunate circumstances—such as poverty or chronic physical illness—plant seeds of shame. However, shame is much more than an uncomfortable feeling or a response to a humiliating event. Shame is a toxic emotion that drives an array of unhealthy attitudes and actions.



Though shame can begin in multiple ways, research studies – and an accumulation of personal stories – have revealed several prevalent sources. Below are 5 potential sources:

1. Toxic Parents

A recent post read, "Be careful how you speak to your children, for your words become their inner voice." This one sentence managed to concisely summarize what child psychologists have been saying for years. Parents who joyfully and consistently attune to their children send the message that these young ones are worthy of connection. Children in these families trust that they can advocate for their emotional, social, and physical needs, and those needs are likely to be met. Over time, these children grow into adults who are sure of their own worth. It would be wonderful if every child had such an upbringing. The reality is, the world is both broken and beautiful, and this is on full display in the home. Most parents try their best to love, nurture, and support their children. But sometimes, those efforts fall short of supplying children with what they need to develop lifelong self-esteem. And although the effects of emotional malnourishment are harder to spot, they are just as real and long-lasting as the physical kind. Perhaps the most destructive mistake parents make is conflating a child's actions with her character; equating what a child does with who she is.

2. Abandonment or Rejection

People are wired for connection. We need genuine community. So, what happens when an interpersonal connection is severed? People experience abandonment and rejection for countless reasons. Families are torn apart by divorce, death, war, immigration, and deployment. Children perceive any loss as personal, no matter the cause. This belief has tragic consequences. It's common for children to take responsibility for their parents' divorce by thinking things like, "If only I had been better behaved, Dad would have stayed with Mom." Such a burden is far too heavy for a young person to shoulder. By the time this child reaches adulthood, he will be accustomed to accepting responsibility for events he has no control over. If we didn't shoulder the blame for our own abandonment, we might have to place the burden squarely on the shoulders of someone we dearly love—and that is often harder than incurring the blame ourselves.

Shame causes us to pull away from relationships, believing that we are bad for other people and unworthy of their love. Ironically, the experience of being abandoned often leads people to self-imposed exile. Every workplace, organization, group, and team have a distinct culture that develops over time. This is characterized by the way people interact, the energy displayed when people are together, the respect or disrespect shown to each other, the camaraderie or hostility, and many other factors.

Continued...

3. Unhealthy Environments

An unhealthy work environment can be shame-inducing because employees begin to wonder what they've done to deserve such treatment—and worry that they're unimportant. Worse, bosses sometimes use shame, manipulation, and passive-aggressive tactics, which may motivate employees in the short term but ultimately leave them demoralized. The workplace is just one example. A school can be an inspiring place to learn or a viper's nest of bullying. Sports teams can be encouraging or critical. Peer groups can be supportive or distressing. We are deeply influenced by the people we spend time with. When we feel that we matter, we develop a strong sense of identity. But when we feel unimportant or burdensome to others, we naturally take responsibility and internalize shame.



4. Traumatic Experiences

Trauma is any experience that overwhelms the brain's ability to cope. Young children require constant attention and care, in part because they are physically helpless and psychologically vulnerable. When something overwhelms a child's ability to cope, she needs a safe adult to come alongside her and help her feel secure again. Children grow into resilient adults when they face hardship with the support of a caring adult. Without such a caregiver, a child who faces an overwhelming experience can feel powerless and ashamed. He may believe that these circumstances befell him because he was fundamentally flawed and unworthy of goodness. Sadly, childhood abuse often leaves survivors feeling irreparably marred, leading to thoughts such as, "Mom drank because I was such a disappointment to her. I'm still disappointing the people I love." When it comes to trauma, the initial event is often harrowing, but the lingering shame is most devastating. But as with other sources of shame, we can be free from trauma-induced shame as we learn to replace the false perceptions we had as children with a true picture and understanding of the painful experiences in our past.

5. Personal or Moral Failures

Many people believe they deserve to feel shame due to their own indiscretions and moral failings. These people are locked inside a prison of their own making, and shame is the warden. They live as though shame's constant reminders will ensure that they don't make the same mistake twice.

It can be difficult to help these people heal from shame, because shame serves a function in their lives while at the same time causing them misery. Self-compassion is key for these people, and it is possible to foster self-compassion while also accepting responsibility for what you've done. Shame is an enemy that must be dealt with head on. It won't go away by avoiding it. Hiding from shame with procrastination or trying to outrun it with "driving and striving" will not bring freedom from its stranglehold on your life. It must be defeated. Each of us has a set of messages that replay in our minds. This internal dialogue or personal commentary frames our reactions to life and its circumstances. In order to sustain optimism, hope, and joy, we need to intentionally fill our thoughts with positive self-talk.

One of the most important techniques used in therapy with those struggling with shame is to identify the source of these messages and then work with the person to intentionally overwrite them. If a person learned as a child that he was worthless, a therapist can show him how truly special he is. If a person learned while growing up to expect crises and destructive events, he can be shown a better way to anticipate the future.

Positive self-talk seeks to bring the good out of the bad to help you do better, go further, or just keep moving forward.

Growing up with bad (or no) role models can leave lasting impacts on a person's behaviour and outlook

Sadly, people who lacked positive examples in their formative years often develop less than positive characteristics. These traits aren't destiny – they're patterns that can be spotted and addressed. If you see yourself in these descriptions, it's time for some honest self-reflection and possibly some changes.

1. Trust issues

People raised with unreliable role models often struggle to trust. They've learned early that those who should be dependable aren't always so. This manifests as scepticism in relationships, both personal and professional. They may constantly expect everyone to let them down or betray them. This wariness can prevent them from forming deep connections or fully engaging in teamwork, as they're always waiting for the other shoe to drop.

2. Tendency to self-sabotage

When success feels unfamiliar, some people subconsciously undermine their own progress. This might look like procrastination, making poor decisions at critical moments, or abandoning projects just as they're about to succeed. It's a protective mechanism – if you never truly try, you can't truly fail. Breaking this cycle requires noticing the pattern and consciously pushing through the discomfort of potential success.

3. Inconsistent personal boundaries

Without good examples of healthy boundaries, many fluctuate between being overly permissive and rigidly closed off. They might let people take advantage of them, then abruptly cut people off when it becomes too much. Learning to set and maintain consistent, reasonable boundaries is a crucial skill they often need to develop consciously as adults.

4. Difficulty expressing emotions appropriately

Poor role models often provide inadequate examples of emotional expression. This can result in people who either suppress their feelings entirely or express them in explosive, uncontrolled ways. They might struggle to identify and articulate their emotions, leading to misunderstandings and conflicts in relationships. Learning healthy emotional expression becomes a key area for personal growth.



5. Perfectionism or complete lack of standards

Some people swing to extremes – either demanding perfection from themselves and other people or having virtually no standards at all. The perfectionism often stems from a fear of criticism or a need to prove their worth. Conversely, a lack of standards can come from never having been taught the value of quality work. Finding a balanced approach to expectations and effort is a common challenge.

6. Chronic indecisiveness

Without positive examples of decision-making, some people struggle to make choices confidently. They may agonise over minor decisions or avoid making them altogether. This indecisiveness can stem from a fear of making the 'wrong' choice, or from never having been taught how to weigh options effectively. It can significantly hinder personal and professional progress.



7. Difficulty maintaining long-term relationships

People who grew up with poor relationship models often struggle to maintain healthy, long-term connections. They might repeat dysfunctional patterns they observed in childhood, have unrealistic expectations, or bail out at the first sign of conflict. Learning to navigate the complexities of sustained relationships becomes a significant challenge they must actively work to overcome.

8. Imposter syndrome

A lack of positive reinforcement or acknowledgment in childhood can lead to persistent feelings of inadequacy, even in the face of clear success. These people might constantly feel like frauds, waiting to be 'found out.' They struggle to internalise their achievements and often attribute their successes to luck rather than their own abilities. Overcoming this mindset requires conscious effort to recognise and celebrate personal accomplishments.

Continued...

9. Difficulty asking for help

Those who couldn't rely on their role models often develop a fierce independence. While self-reliance can be positive, taken to extremes it becomes a barrier. They may see asking for help as a sign of weakness or fear being let down if they do reach out. Learning that it's okay – and often necessary – to ask for help is a crucial step in personal growth.



10. Tendency to be overly critical

Growing up with highly critical role models can lead to perpetuating that behaviour. These people might be harsh judges of themselves and everyone around them, always focusing on flaws and shortcomings. This critical nature can strain relationships and lead to a generally negative outlook. Learning to balance constructive criticism with appreciation and positivity often requires conscious effort.

11. Struggles with anger management



Poor role models often provide inadequate examples of handling anger. This can result in people who either suppress their anger entirely or express it in destructive ways. They might have explosive outbursts or engage in passive-aggressive behaviour. Learning healthy ways to acknowledge, express, and channel anger becomes a key area for personal development.

12. Difficulty setting and pursuing goals

Without positive examples of goal setting and achievement, some struggle to envision and work towards long-term objectives. They might live day-to-day without a clear direction or set unrealistic goals without concrete plans to achieve them. Learning to set achievable goals and persistently work towards them is a skill they often need to develop consciously as adults.

13. Tendency to repeat negative patterns

Despite knowing the harm caused by their role models, many find themselves unconsciously repeating the same negative behaviours. This might manifest in choosing similar partners, parenting in the same problematic ways, or recreating dysfunctional work environments. Breaking these cycles requires deep self-awareness and a committed effort to make different choices.

14. Difficulty with financial management

Poor financial role models often lead to struggles with money management in adulthood. This can manifest as overspending, inability to save, or extreme financial anxiety. These people might lack basic budgeting skills or have unhealthy attitudes towards money. Learning sound financial practices and developing a healthy relationship with money becomes a crucial area for growth.

OVERSPENDING



15. Struggles with addiction or compulsive behaviours

Exposure to addictive behaviours or lack of healthy coping mechanisms can increase vulnerability to addiction. This isn't limited to substance abuse – it can include workaholism, gambling, or other compulsive behaviours. These people might use these behaviours as escape mechanisms or ways to fill emotional voids. Noticing these patterns and looking for healthier alternatives is key to breaking the cycle.



16. Difficulty accepting compliments or praise

Those raised without positive reinforcement often struggle to accept praise gracefully. They might deflect compliments, feel uncomfortable when recognised, or immediately counter praise with self-deprecation. This stems from deep-seated feelings of unworthiness or discomfort with positive attention. Learning to accept and internalise positive feedback becomes an important step in building self-esteem.

17. Tendency towards black-and-white thinking

Poor role models often fail to demonstrate nuanced thinking. This can lead to a tendency to see things in absolutes – people are either all good or all bad, situations are either perfect or terrible. This black-and-white mindset can lead to unrealistic expectations and difficulty navigating complex situations. Developing the ability to see and appreciate shades of grey becomes crucial for mature decision-making.

Continued...

ALL WRONG	ALL RIGHT	ALL WRONG	ALL RIGHT	ALL WRONG	ALL RIGHT	ALL WRONG	ALL RIGHT	ALL WRONG	ALL RIGHT
--------------	--------------	--------------	--------------	--------------	--------------	--------------	--------------	--------------	--------------

18. Difficulty with self-care

Without examples of healthy self-care, many struggle to prioritise their own wellbeing. They might neglect their physical health, push themselves to burnout, or feel guilty about taking time for themselves. Learning that self-care is not selfish, but necessary for overall wellbeing and productivity, is often a significant shift in mindset.

19. Resistance to change

Poor role models often create environments of instability, leading some people to cling rigidly to what's familiar, even if it's not ideal. They might resist positive changes out of fear or discomfort with the unknown. Alternatively, they might create chaos to recreate the unstable environments they're used to. Learning to embrace positive change and create stable, healthy routines becomes a key challenge in personal growth.

Source: [People Who Grew Up With Poor Role Models Often Display These 19 Characteristics \(msn.com\)](https://www.msn.com/en-gb/health/psychology/people-who-grew-up-with-poor-role-models-often-display-these-19-characteristics)

The New 111 Mental Health Option

The phone will be answered by a call handler with mental health training who will be able to listen to your concerns and help you get the support you need.

They can offer advice over the phone, put you in contact with crisis services or refer you to the urgent and crisis team who will, where appropriate, arrange a crisis assessment and intervention after no more than 72 hours.

You can call this service if you are facing a mental health crisis. A mental health crisis could include (but is not limited to):

- Changes to your mood
- Withdrawing from people (close family, friends, or work colleagues)
- Not taking care of yourself like you usually would
- Having increased thoughts about your life not being worth living
- Excessive worry
- Feeling out of control or unable to cope
- Feeling anxious about leaving the house
- Hearing voices or seeing things that others can't
- Thinking about harming yourself.

The 111 mental health option is available to anyone in England

By calling NHS 111 and selecting the mental health option, you can get the urgent support you need for your mental health.

In emergency situations where there is an immediate risk to life, you should continue to contact 999 or go to A&E

This sub-group has been set up for those who become seriously attached to certain people and feel extremely distressed when the relationship comes to an end. We also discuss detachment, as it is used by some to manage their attachment issues. We are not professional counsellors and cannot provide treatment. What we can provide is the opportunity for you to discover the possible reasons why you attach to certain people, the extreme emotions these attachments produce, and ways in which they might be managed in the future. Feel free to send us your answers, or if you prefer, use the exercises for self-awareness. Just click on the pdf's below.

There will be two more in the next newsletter.

Attachment Group



Attachment part 1 slides 1-8 (2).pdf



Attachment part 2 slides 9-11.pdf

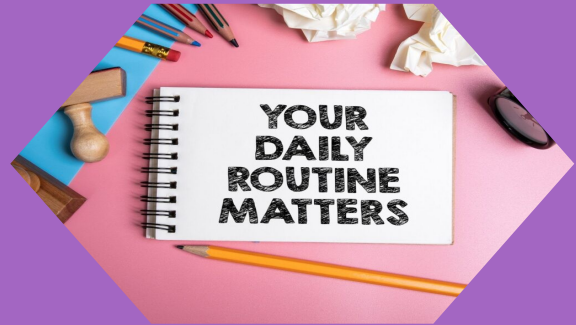


For more slides, or if you have a problem opening these slides, email Sue at derbyshireborderlinepd@gmail.com

Part of the
Derbyshire BPD Support Group

We asked our group members if they had any positives to share...

I have managed to make it into the office for work for a full week this week for the first time in about 18 months - so I am taking that as a positive! Absolutely worn out but at least I will hopefully get some natural sleep I know it's cliché, but can't underestimate a routine and getting some rhythm x **Mark**



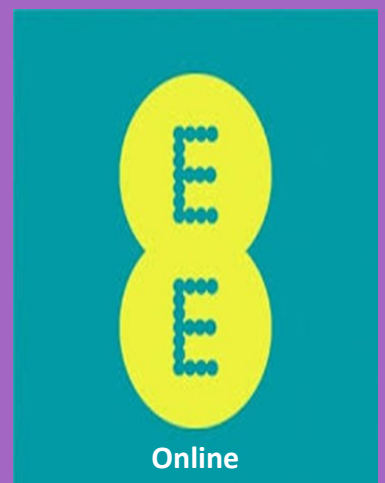
I've been feeling a LOT more positive, since taking lamotrigine. Sometimes perseverance and a sprinkling of hope is all the recipe needs to getting back on a healthy path again. **Leon**

I'd like to say how supportive my ERP workers throughout my assessment period were and are as my 1-1 therapist has stayed the same who came in on the assessments and now after assessment recently started DBT for a year and feel very much supported by them and the group sessions everyone seems very supportive from my first session already xx **Katie**



What a difference it makes when people are kind...

Thank you EE customer services for talking me through the setting up of my new broadband service. Your patience and understanding is very much appreciated (after me saying that I have a mental illness and I get frustrated with myself and confused). **Steve**



CLAIRE



These are photos of me on a beautiful walk from Upper Burbage Bridge, down the valley, across to the other side, and back again.

A walk that should take two hours took me all day, partly due to my fatigue and needing to pace myself, and partly because I wanted to fully immerse myself in the beautiful landscape, the bird song, the wind rustling through the trees, and snatches of conversation with interesting fellow walkers.

And then I rested upon several rocks on my way round, soaking up the still warm rays of sunshine. Practicing mindfulness: being fully present in the here and now, and practising breathing exercises that calm down my nervous system.

Solitude, peace & quiet
Food for the soul!

Claire (group member)

The Rollercoaster by Harriot



To live in such a happy place, to then come crashing down, in the blink of an eye. What a wild ride, would you buy a ticket?

I wish someone would have asked me, as here I am, riding this endless rollercoaster, soaring between love and pain, ecstasy and agony.

I don't remember buying my ticket, queuing up, and I clearly didn't strap on my seatbelt.

How do I get off? Please, someone stop the ride and let me down, let my feet feel the stable, concrete floor. I need to feel grounded. I never feel grounded.

But wait, now I'm soaring, high above the clouds. I feel untouchable, I have wings. The air kisses my face and I feel so magical, so free. This, this is living.

Maybe I'll stay on a little longer, actually. I stop to wonder, what would getting off actually feel like?

To not feel these helpless, hopeless lows. Sounds like heaven, but to sacrifice the feeling of euphoria, of indescribable happiness, could I give that up?

I didn't buy my ticket, but neither did anybody else. I look across the park; thousands of people just like me, on rides of their own. Some laughing in delight, some screaming in terror. Not a ticket in sight.

Would I choose another ride? A pointless question, as I swoop and fly through the air at a dizzying speed yet again.

I realise then, the dips and the swings are coming, even though I can't see them yet. And as my hair whips around my face once more, I throw my head back and embrace it.



When the terrifying drop looms, I hold onto knowing that soon enough I'll be soaring again, carefree and joyful.

And I enjoy the ride.

Harriot (group member)

Mental Health and Suicide Prevention + Winter Wellbeing

Mental health and suicide prevention support and services

winter wellbeing information

Look out for DCC's Mental Health and Suicide Prevention Service's social media, @DCCMHSP. It will be sharing information regarding gambling, sales and black Friday support regarding mental health and neurodiversity along with crisis information.

Useful Contact Information

- Mental Health Support Line – Call NHS 111. Press option 2. (0800 number still active)
- CALM – 0800 58 58 58
- SHOUT – Text SHOUT to 85258
- Kooth (Web Support) – <https://dccmhsp.com/Kooth>
- Childline – 0800 1111
- Papyrus – 0800 068 41 41



Additional info - <https://dccmhsp.com/Support>

Useful Links

- Tomorrow Project (Suicide Bereavement Support) - <https://bit.ly/DerbyshireSBS>
- Mentell - <https://www.mentell.org.uk/>
- Crisis support - dccmhsp.com/DerbyshireCrisisSupport
- Emotional Health and Wellbeing Website -<https://derbyandderbyshireemotionalhealthandwellbeing.uk/>
- Self-Help Guides (Being updated over the coming weeks) - <https://dccmhsp.com/Selfhelp>
- CYP Support - <https://dccmhsp.com/CYPsupport>
- Newsletter signup - <https://dccmhsp.com/Newsletter>
- ND Hubs - <https://dccmhsp.com/NDHubs>
- Let's Chat Map - <https://dccmhsp.com/Map>
- Community MH Map - <https://dccmhsp.com/DerbyshireMentalHealthMap>
- SOBS - <https://derbyandderbyshireemotionalhealthandwellbeing.uk/resources/survivors-of-bereavement-by-suicide-sobs-2>
- Let's Chat Derbyshire Podcast - <https://dccmhsp.com/Podcast>
- Free digital resources and social media posts - <https://dccmhsp.com/Toolkit>
- Free physical resources order form – <https://dccmhsp.com/ResourceOrderForm>



Additional Information - <https://dccmhsp.com/Information>

The Internal Family Systems (Parts) Therapy

The Internal Family Systems (IFS) approach offers an alternative to conventional ways of working with borderline clients. It can make the therapist's task less intimidating and discouraging, and more hopeful and rewarding. From the IFS perspective, borderline personality disorder symptoms represent the emergence of different parts, or **subpersonalities**, of the client. These parts all carry extreme beliefs and emotions—what we call **burdens**—because of the terrible traumas and betrayals the client suffered as a child.

The central task of IFS therapy is to work with these parts in a way that allows the client's undamaged **core self** to emerge and deep emotional healing to take place. If each part—even the most damaged and negative—is given the chance to reveal the origin of its burdens, it can show itself in its original valuable state, before it became so destructive in the client's life.

To read the full article, written by the founder of IFS, click on the below (or you may need to cut and paste)
Thank you to Claire (group member) for flagging this excellent article.

<https://healingtraumacenter.org/depathologizing-the-borderline-client-by-richard-schwartz/>

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Do you identify as someone with '**Complex Emotional Needs**' (inc. BPD)?

Have you had **recent** treatment under the **Crisis Resolution/Home Treatment Team**?

Then I would love to hear from you about **your experience**!

My research study will explore the lived experience of crisis care for individuals with complex emotional needs, from the viewpoints of those providing care and those receiving care. My study is looking for participants who:

- Are aged 18 years or over
- Have experienced recent treatment with the Crisis/Home Treatment Teams
- Have been identified, or identify themselves, as having 'Complex Emotion Needs' (sometimes these needs are associated with a diagnosis of "personality disorder")

It is hoped that my research study will:

Contribute to a better understanding of the potential barriers to, and facilitators of, caring for individuals who are experiencing a mental health crisis; identify areas of best practice; and support the development of recommendations for future practice, which might improve outcomes for people with Complex Emotional Needs.

Online interviews, which should last for around 1 hour, will be arranged at a time that suits you.



Contact Mike: mhaslam1@uclan.ac.uk

**Are you a Derbyshire
adult waiting for your
autism assessment?
Want support whilst
you wait?**

**Specialist Wellbeing
Navigators are here to
offer free information
and support**

YES!

GOOD!

Specialist Wellbeing Navigators are specially trained workers who can help you navigate life whilst you wait for your all important autism assessment. They can offer advice, information, signpost you to appropriate services and offer practical short term support.



Our aim is to help equip adults with the skills and connections they need to thrive before their assessment. With support, the wait for answers isn't so daunting.

Your assigned worker will be available to you via text, calls, emails, video calls, and to offer in person practical support where needed, at a time that suits you! Whether you need support with housing, benefits, finding social groups, or just want to know more about autism, get in touch!



A
MERRY
CHRISTMAS
TO ALL
OUR
MEMBERS

XcXcX



Supported by...

Public Health

North Derbyshire CCG

Derbyshire County Council

Derbyshire Dales District Council

Foundation Derbyshire

Derbyshire Recovery and Peer Support Service

Derbyshire Voluntary Action

Lloyds Bank

Active Nottinghamshire

Active Derbyshire

We welcome ex-offenders, and are proud to be a member of...



**Supporting the voluntary sector
working in the criminal justice system**