

# 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**

**The main point of contact is through our WhatsApp groups**

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

**You do not have to live in Derbyshire to join our support group**

**SUPPORT**



**Group**

## **News**

We have noticed that a fair amount of conversations within the WhatsApp groups are by those who have (or may have) a dual diagnosis of BPD and Autism.

For this reason, we have opened an Autism WhatsApp group.

This is for our group members only and is not open to non-members. Any member is welcome to access this and any of our BPD groups.

We have included an article on the relationship between BPD and Autism on page 8.

**HAPPY EASTER**



**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   (NEW) Autism

## Crisis Card

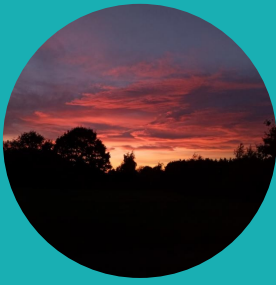
## Website:

[derbyshireborderlinepersonalitydisordersupportgroup.com](http://derbyshireborderlinepersonalitydisordersupportgroup.com)

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## Our WhatsApp Groups



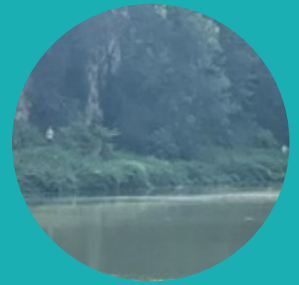
**BPD Chat Group**

**99 members**



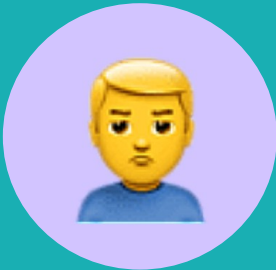
**Positivity Group**

**46 members**



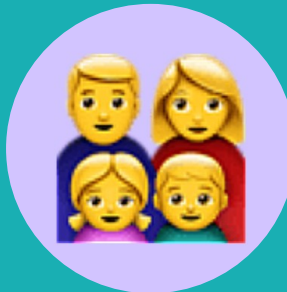
**Virtual  
Walking Group**

**25 members**



**Men with BPD**

**5 members**



**Parents with  
BPD**

**16 members**



**Parents/Carer/  
family/Friends  
Group**

**38 members**



**NEW**

**Autism Group**

**18 members**

### **Autism Spectrum Disorder (ASD)**

A study showed that 15% of patients with BPD also met the criteria for ASD. Living with these two complex conditions causes various difficulties that manifest differently from person to person.

The Autism group is specifically for our members who identify with both conditions.

*\*This group is subject to the same rules as the BPD groups\**



# All BPD WhatsApp Groups



We welcome and support  
all new members regardless of gender, sexuality,  
age, race, religion or disability

We maintain a non-judgemental environment  
where members are open-minded and  
encouraging

We recognise that every member is important and  
will be treated with respect

## **\*\*IMPORTANT\*\***

If you post something on subjects that may be  
upsetting to others (self-harm; suicidal thoughts;  
bereavement; abuse, criminal behaviour etc)  
please start with TRIGGER WARNING or TW, state  
the subject, and then leave a space underneath  
before you start writing.



**Thank You!** Sue x

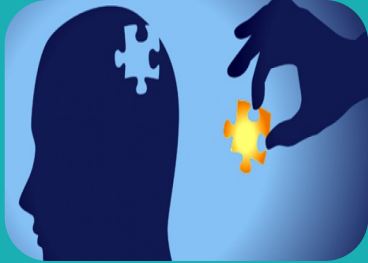




# BPD vs Autism: are they very different?



Autism Spectrum Disorder (ASD) and BPD are distinct mental health conditions in the DSM-5. BPD is a personality disorder characterized by unstable emotions, impulsive behaviour, and an unstable sense of self. ASD is a neurological and developmental disorder that involves challenges in social skills, repetitive behaviours, speech and nonverbal communication.

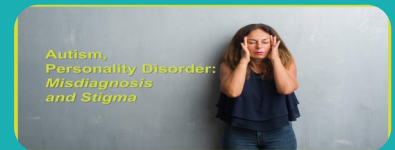


However, upon closer examination, there is a BPD and autism overlap and these two conditions share features which can lead to misdiagnosis in some cases. Both feature a difficulty with social interaction, interpersonal skills and maintaining relationships. Some individuals with either BPD or ASD can exhibit low empathy. They are also more likely to self-harm.

One of the primary challenges in distinguishing between BPD and ASD lies in their overlapping symptoms. For example, difficulties in emotion regulation are a hallmark of BPD but they can also occur in autism. Similarly, repetitive behaviours, a characteristic feature of autism, can sometimes be mistaken for impulsivity seen in BPD. Furthermore, individuals with BPD may exhibit rigid thinking patterns and intense interests such as those seen in autism. Conversely, autistic individuals may develop coping mechanisms that mimic the apparent emotional instability observed in BPD.

## So why is this important?

Misdiagnosis or overlooking one condition in favor of the other can have significant consequences on an individual's beliefs about themselves as well as treatment options. Mis-attributing BPD traits to ASD, for instance, may lead to inadequate support for emotional regulation challenges. Conversely, focusing solely on autism-related challenges may neglect the emotional needs of individuals with BPD.



Differential diagnosis, conducted by mental health professionals, is essential for untangling these diagnostic dilemmas. This process involves thorough assessment, including comprehensive interviews, observation, and consideration of developmental history. Collaboration between clinicians specialising in BPD and ASD can provide a holistic understanding of an individual's presentation, facilitating accurate diagnosis and tailored interventions.

Once a clear diagnosis is established, tailored interventions can be implemented to address the unique needs of individuals with BPD and ASD. For BPD, dialectical behaviour therapy (DBT) has shown efficacy in improving emotion regulation and interpersonal skills. Meanwhile, therapies for autism often focus on enhancing social communication, sensory integration and adaptive functioning.

Source: [BPD and autism](#) | [Autism Speaks](#)







# A view from the Spectrum

By Jack Gaunt (age 10)



Sit down! Stop talking! that's what the teachers say.

Don't fidget, don't swing on your chair Jack.

EVERY. SINGLE. DAY.

I am mad, I am sad, I'm boiling up inside.

My brain just doesn't work that way,

It's like a rollercoaster ride!

I AM



My brain just wants to wander,

My brain just wants to be free,

The teachers don't understand,

I just want to be ME.

I will try to follow the rules,

I will try to do as you say,

I will try my very best

To listen and to obey.



But please try to be patient,

And give me time,

And remember that your brain is YOUR brain,

And my brain is MINE.

## Do You Talk to Yourself?

### Here's What Science Says About Your Personality

Have you ever caught yourself mumbling to yourself in the kitchen, rehashing an imaginary conversation in the shower, or cheering yourself on out loud when faced with a challenge? Rest assured, you're far from alone—and that's great news! Science has been digging into this inner (or outer) monologue, and the results are pretty flattering. Here's why talking to yourself might just be one of your best habits.

#### A tool for concentration and problem solving

Research has shown that verbalizing our thoughts can improve our problem-solving abilities. A study led by Gary Lupyan, a professor of psychology at the University of Wisconsin-Madison, found that participants who articulated out loud what they were looking for in a series of photos were able to locate the desired objects more quickly. Why? Because pronouncing words activates several areas of the brain simultaneously, which strengthens neural connections. In other words, talking to yourself helps you better structure your thoughts and pronouncing the name of the object activates a visual representation in your mind, which facilitates orientation and concentration. Talking to yourself can thus act as a real Ariadne's thread to help you find your bearings.



#### An ally for memory and organization

Reading notes or to-do lists out loud is also a great way to strengthen memory. By transforming visual information into auditory stimulation, the brain consolidates information more efficiently and makes it easier to remember. In addition, verbalizing your thoughts helps you organize your ideas in a more structured way. By clarifying your goals and stating the steps needed to achieve them, you can better prioritize your actions and make more informed decisions.

#### A boost for motivation and stress management

Beyond the cognitive aspect, talking to yourself plays a major role in emotional regulation. Ethan Kross, a professor of psychology at the University of Michigan, has shown that using the second and third person in our self-encouragement ("You can do it!" "You are capable!") can reduce anxiety and improve our performance in the face of challenges. This form of internal dialogue allows us to step back from our emotions and position ourselves as an observer of our own thoughts, thus providing a welcome distance from stressful situations. This mechanism allows us to adopt a more rational attitude and one that is less overwhelmed by stress, thus promoting emotional well-being.



#### A strategy to channel your negative thoughts

Our minds can sometimes feel like a joyful chaos. For people who feel overwhelmed by a relentless stream of negative thoughts, talking out loud can also serve as a regulation strategy. Gabrielle Morse, a therapist in New York City, notes that the practice helps calm and monitor the flow of thoughts. By articulating your thoughts, it becomes easier to examine them in a more objective light, which can help curb the cycles of rumination often associated with anxiety disorders.

Science  
Approves

So, far from being a marginal behaviour or revealing psychological disorders, talking to yourself appears to be a natural and beneficial practice. The next time someone catches you talking to yourself, don't blush. You're simply maximizing your cognitive abilities, pretty cool, right? And if you ever see intrigued looks, smile and say: "Science approves."

Source: Do You Talk to Yourself? Here's What Science Says About Your Personality



TW

## Being a Bully

TW

Laura kicked her door consistently throughout the night. The sound of a thick steel door being struck time and time again echoed not just throughout Healthcare but also through the nearby Mother and Baby Unit. She received no punishment for this because it was felt that to confine her to her cell all day would only exacerbate her behaviour. She would make up for her lack of sleep during the day and she slept like a baby, without any sense of guilt or conscience. One morning I dragged her out of bed, telling her that if we couldn't get any sleep, neither could she. An officer saw this but ignored it.

Another woman, Sabrina, had actually walked into Healthcare but all of a sudden said she could not walk without a chair to balance her. Somehow though, if she needed to use both hands to carry food from the servery to her cell, she could walk perfectly fine. She began scraping her chair across the floor of her cell and down the corridor. One day I took the chair from her and threw it down the corridor. The officer said nothing to me, he just gave the chair back to her. A prisoner later told me that the officers had been sitting in the office 'pissing themselves'.



The next time I heard a chair being scraped along the floor (about thirty minutes after the first incident) I apparently 'flew' out of my cell to confront her. Unknown to me, Christine, who I was friendly with and who was as angry as me about Sabrina's behaviour, had been standing guard, knowing what I would do. She grabbed me and took me to one side to calm down, telling the officer to do something before it came to blows. He fetched some crutches for Sabrina and told her not to bring the chair out again. Shortly after, she returned to her regular wing, taking the crutches with her.



My lack of sympathy for Laura and Sabrina was shared by both prisoners and officers alike. Neither women got on with other prisoners, whereas I did. This made me feel better about myself but the way I had treated them disturbed me. What was happening to me? I have never been a bully; I detest bullies. I needed to get away from Healthcare and onto the wings. I was letting too many people wind me up and I didn't want to become as jaded and cynical as some of the officers or as cold and self-serving as some of the prisoners. My behaviour was worsening, primarily, I thought, because it was being allowed to. I was getting away with too many things and I knew it.

Continued...

Whilst in Healthcare, Christine was definitely the person I was closest to. She had been there even longer than I had. Both mentally and physically she was very strong. I liked her no-nonsense attitude. She didn't hold back and, like me, she often said things without thinking and came across as arrogant. We only ever had one row and this was over Arianne who, after spending months in Segregation, was now in Healthcare.

For months, Arianne had been locked in her cell, the majority of days for twenty-four hours a day. In Segregation, she had been afraid of being locked in the shower and now in Healthcare only occasionally agreed to enter the shower room, although it was never locked. She regularly soiled herself and it was not unusual to see urine in the corridor outside her cell. She smeared food over her body and spent the days and most nights screaming, banging the door and shouting. She rarely slept.



One morning, Christine was feeling particularly ill and she was very tired. Even with her strength she could not fight the symptoms of end-stage cancer. I heard her shouting so went to see what was happening. She was outside Arianne's cell shouting and swearing at her. The other prisoners were standing around watching. 'What are you doing Christine? Leave her alone', I said. She told me she couldn't stand it anymore. I said, 'OK but blame the right people. It's management's fault for not helping her. She should be in hospital getting the appropriate care'.



We went outside. It had been raining so Christine got a carrier bag and split it in half so we could both sit down. Then, she sat down and cried her eyes out. She felt guilty for shouting at Arianne. I put my arm round her and said I would write a complaint to Nick Leader, the Director, telling him we were concerned about Arianne's mental health and the conditions in which she was living. I would get the other prisoners to sign it as well. Both management and In-Reach said they had tried to get hospital treatment for her but to no avail. We would ask that he intervene and would await his reply.

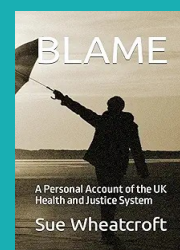
NB. Arianne was moved from the prison within a week and we were told she had gone to a secure psychiatric unit. We didn't know if this was true, or if she had merely been moved to another prison. We hoped it was the former. Christine died soon after.



More prison stories can be found at:

[Prison and Mental Health Stories by Sue – Personal Accounts of Health and Justice](#)

. ..and in the following biographies...





These slides have 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.

# Attachment Presentation

## Slides

- Part One: Attachment & Detachment
- Part Two: Types of Attachment
- Part Three: Know your own boundaries
- Part Four: Physiology (panic, pain and tension)
- Part Five: Relationships
- Part Six: Anger & Rage
- Part Seven: The Favourite Person (FP)



For a selection or the complete set of slides, email Sue at  
[derbyshireborderlinepd@gmail.com](mailto:derbyshireborderlinepd@gmail.com)

Part of the  
Derbyshire BPD Support Group

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

## Antisocial Personality Disorder (ASPD)

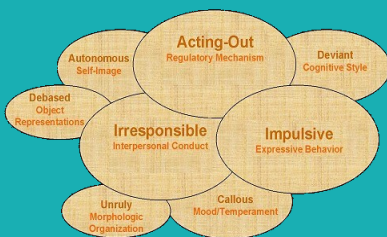
Antisocial Personality Disorder (ASPD) is an adult diagnosis characterised by a persistent pattern of disregard for and violation of others' rights, beginning in childhood or early adolescence. Individuals with ASPD struggle to develop stable interpersonal relationships and experience significant impairments in social and occupational functioning throughout their lifetime. Legal issues frequently arise from their repeated failure to learn from the repercussions of their behaviour, often involving criminal acts.

Antisocial behaviours exist on a spectrum. Conduct disorder, a condition specific to childhood, manifests as children and adolescents with a repetitive and persistent pattern of behaviour violating the fundamental rights of others or significant societal norms or rules. Variation exists in the trajectory of youth diagnosed with conduct disorder, with males more likely to progress to ASPD in adulthood than females.



Chronic alcohol and drug use can contribute to antisocial behaviours, both during acute intoxication as well as pathological adaptations to maintain a substance addiction. ASPD persists through intoxicated and sobriety states.

Patients affected by ASPD often present due to a coexisting psychiatric illness. Treatment begins by treating that illness. Various medications show inconsistent results for treating ASPD. Most importantly, individuals with ASPD require a safe and supportive therapeutic environment. Patients are encouraged to express the symptoms they wish to have addressed and communicate any psychosocial stressors that a treatment team can help alleviate. Rather than primarily focusing on changing the patient's worldview, clinicians should aim to understand and address the specific concerns and challenges that the patient is facing. This approach is particularly relevant when the patient is not in acute distress or crisis when alone.



Involving the patient's family is another way of monitoring for decompensation and providing education on how to provide stable social factors for the patient. Utilising standardised assessments for quality of life may reveal ways to optimise the ability to function in significant areas of life for an individual with ASPD.

The symptoms of ASPD often decrease with age. Social factors providing a more promising outlook are older age at presentation, improved community ties, job stability, and marital attachment. Some patients will achieve remission, others will improve, while others will remain symptomatic with no improvement.





# What type of personality are you?

## Type 1 - The Reformer

**Perfectionists, responsible, fixated on improvement**—Ones are essentially looking to make things better, as they think nothing is ever quite good enough. This makes them perfectionists who want to reform and improve, who desire to make order out of the omnipresent chaos.

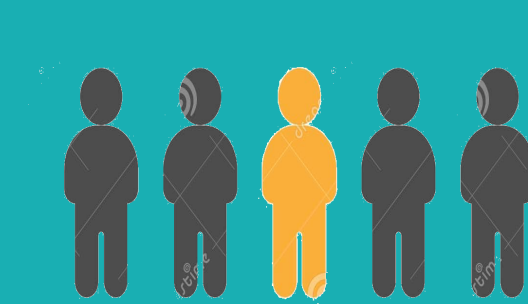
## Type 2 - The Helper

**Helpers who need to be needed**—Twos essentially feel that they are worthy insofar as they are helpful to others. Love is their highest ideal. Selflessness is their duty. Giving to others is their reason for being. Involved, socially aware, usually extroverted, Twos are the type of people who remember everyone's birthday and who go the extra mile to help out a co-worker, spouse or friend in need.



## Type 3 - The Achiever

**Focused on the presentation of success, to attain validation**—Threes need to be validated in order to feel worthy; they pursue success and want to be admired. They are frequently hard working, competitive, and are highly focused in the pursuit of their goals, whether their goal is to be the most successful salesman in the company or the "sexiest" woman in their social circle.



## Type 4 - The Individualist

**Identity seekers, who feel unique and different**—Fours build their identities around their perception of themselves as being somehow different or unique; they are thus self-consciously individualistic. They tend to see their difference from others as being both a gift and a curse - a gift, because it sets them apart from those they perceive as being somehow "common," and a curse, as it so often seems to separate them from the simpler forms of happiness that others so readily seem to enjoy.

## Type 5 - The Investigator

See next page

## Type 6 - The Loyalist

See next page

## Type 7 - The Enthusiast

**Pleasure seekers and planners, in search of distraction**—Sevens are essentially concerned that their lives be an exciting adventure. They are future oriented, restless people who are generally convinced that something better is just around the corner. They are quick thinkers who have a great deal of energy and who make lots of plans. They tend to be extroverted, multi-talented, creative and open minded.

## Type 8 - The Challenger

**Taking charge, because they don't want to be controlled**—Eights are essentially unwilling to be controlled, either by others or by their circumstances; they fully intend to be masters of their fate. Eights are strong willed, decisive, practical, tough minded and energetic. They also tend to be domineering; their unwillingness to be controlled by others frequently manifests in the need to control others instead.

## Type 9 - The Peacemaker

**Keeping peace and harmony**—Nines essentially feel a need for peace and harmony. They tend to avoid conflict at all costs, whether it be internal or interpersonal. As the potential for conflict in life is virtually ubiquitous, the Nine's desire to avoid it generally results in some degree of withdrawal from life, and many Nines are, in fact, introverted. Other Nines lead more active, social lives, but nevertheless remain to some degree "checked out," or not fully involved, as if to insulate themselves from threats to their peace of mind.



*Continued...*

# What type of personality are you?

## FIVE - The Investigator: Thinkers who tend to withdraw and observe

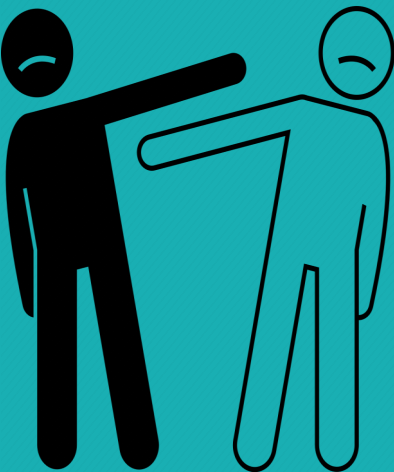
A bit eccentric; they feel little need to alter their beliefs to accommodate majority opinion, and they refuse to compromise their freedom to think just as they please. The problem for Fives is that while they are comfortable in the realm of thought, they are frequently a good deal less comfortable when it comes to dealing with their emotions, the demands of a relationship, or the need to find a place for themselves in the world. Nonintrusive, Independent and reluctant to ask for the help that others might well be happy to extend to them.



Sensitive; they don't feel adequately defended against the world. To compensate for their sensitivity, Fives sometimes adopt an attitude of careless indifference or intellectual arrogance, which has the unfortunate consequence of creating distance between themselves and others. Trying to bridge the distance can be difficult for Fives, as they are seldom comfortable with their social skills, but when they do manage it, they are often devoted friends and lifelong companions.

Usually somewhat restrained when it comes to emotional expression, but they often have stronger feelings than they let on. Few people know what is going on beneath the surface, as Fives have an often-exaggerated need for privacy and a deep-seated fear of intrusion. Because of their sensitivity and their fears of inadequacy, Fives fear being overwhelmed, either by the demands of others or by the strength of their own emotions. They sometimes deal with this by developing a minimalistic lifestyle in which they make few demands on others in exchange for few demands being made on them.

## SIX - The Loyalist: Conflicted between trust and distrust



Essentially feel insecure, as though there is nothing quite steady enough to hold onto. At the core of the type Six personality is a kind of fear or anxiety. This anxiety has a very deep source and can manifest in a variety of different styles, making Sixes somewhat difficult to describe and to type. What all Sixes have in common however, is the fear rooted at the centre of their personality, which manifests in worrying, and restless imaginings of everything that might go wrong. A sort of "defensive suspiciousness." Don't trust easily; they are often ambivalent about others, until the person has absolutely proven herself, at which point they are likely to respond with steadfast loyalty. The loyalty of the Six is something of a two-edged sword however, as Sixes are sometimes prone to stand by a friend, partner, job or cause even long after it is time to move on.

Generally looking for something or someone to believe in. This, combined with their general suspiciousness, gives rise to a complicated relationship to authority. The tendency towards distrust and suspicion works against any sort of faith in authority.

Taking a defiant stand against whatever they find threatening. Takes on authority and adopts a dare devil attitude towards physical danger. Can be aggressive and, rather than looking for authorities, can adopt a rebellious or anti-authoritarian demeanour. Often unaware of the fear that motivates their actions. Tend to be blind to the extent of their own anxiety. Because it is the constant back drop to all of their emotions, they are frequently unaware of its existence, as they have nothing with which to contrast it. They frequently fail to appreciate the extent of their own fear.

# **No Space**

**by Harriot (group member)**

**Where does it go?**

**All my pain, when yours is so much greater**

**All my hurt, when yours is so much more**

**All my tears, when yours fell so much harder**



**Where do I put it?**

**All my fear, when your too scared to hold it**

**All my anger, when it burns you to touch it**

**Where do I put my feelings?**

**Of being alone,**

**Of being abandoned,**

**Of being too hard to love,**

**When you tell me**

**I can't handle you.**



**Where does it go?**

**All these gigantic feelings, when I feel so small and helpless**

**All this pain, when I'm just a girl who needs her mum.**



**But no one held your pain,**

**your hurt, your tears.**

**So there's no space for mine.**



**Where will it go, when I have a child of my own?**

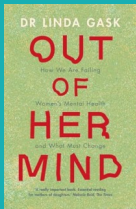
**Where will they turn at their lowest moments, if I have no space?**

**So I turn my pain**

**Into beautiful words on a page**

**And I talk and I write and I cry and I feel all of it.**

**So when she arrives, I have all the space in the world for her.**



# Book Review



## ***Out of Her Mind: How We Are Failing Women's Mental Health and What Must Change* by Dr Linda Gask**

*'In Out of Her Mind, Linda Gask claims that care 'must always begin with listening to the patient or client's story.' And that is exactly what she does in this book: she listens carefully to stories told by women - of - oppression, abuse, neglect, mental illness - recovering narratives that otherwise have been silenced, voices that have been ignored. This is a vital, informed and wise book that is alive to the challenges of 'feminist-informed' therapy and the failures of our contemporary mental health system, while also providing possible solutions, ways out of the current impasse. Above all, it succeeds in treating its subjects and subject matter 'with respect, kindness and compassion'.* Jonathan Taylor, Ph. D

Linda on BPD...

*There's a mental health diagnosis that's applied three times more often to women than men. That should give you pause for thought alone. But then, add to that the fact it may be diagnosed after only a brief encounter (not a full assessment) by a clinician who has never met you before; at the point when treatment for some other diagnosis is deemed to have "failed" for example when you don't recover quickly from depression or an eating disorder; when you are told you are "not engaging" (even though the therapist has responsibility to engage you too).*

*We do know from research that for people who have these kinds of psychological difficulties there are therapies that can help them recover but these may be painfully difficult to access on the NHS. But most don't get any treatment. Some get discharged from care completely and just told to go away. Those who cause most concern because of self-harm get sent to rehabilitation units and are sometimes locked away for years, often at great expense and of doubtful benefit. Of young women known to mental health services in England and Wales who take their lives before the age of 25, a quarter are believed to have "personality disorder". More than 50 percent of those given this diagnosis who take their lives are women too (that's a higher proportion of women than in the general population where three times as many men take their own lives as do women).*

*But what has happened to these people, and why are so many women being given the diagnosis of "borderline"? Many have experienced appalling trauma in their lives. Women are at higher risk of sexual, physical and emotional trauma in childhood, and physical and sexual violence from men in adulthood. As a result, many prefer the diagnosis chronic Post-Traumatic Stress Disorder or c-PTSD. But there are others who don't describe any history of trauma except that they've experienced in mental health services - which can be considerable. Amongst these, as the psychologist Jay Watts argues very convincingly, are those women who are suffering from the worse kind of period problem, Premenstrual Dysphoric Disorder, which can have a severe enough impact on your mood to make you feel suicidal. Some are autistic, which has been often missed in women, as it was, for many years, thought to be only present in boys. Others, as I've met in my career, may have undiagnosed bipolar disorder, and I'd add that when a woman fails to recover from depression in her middle years, too often "personality" is blamed rather than the possibility she may be perimenstrual.*

*A great American psychiatrist George Vaillant said that the beginning of wisdom for a professional was never calling a patient "borderline". That it says more about how the therapist feels about the patient than what the patient is telling them. They are just being "difficult women". Diagnoses are useful in psychiatry for helping us predict what treatment may help a person. Some people do find them useful for understanding themselves. But most of the women I've met who have been called "borderline" have been labelled without any proper assessment or understanding of what their problems really are or what sort of intervention or therapy is really needed to help them.*

***It's beyond time we stopped using the term "borderline". It belongs in the bin. Dr Linda Gask***

# High-Functioning Depression

| WHAT PEOPLE SEE             | WHAT IS ACTUALLY HAPPENING                           |
|-----------------------------|--|
| Jokes and smiles            | Difficulty accepting and expressing painful emotions |
| Caring for others           | Feeling undeserving of the same love                 |
| High achieving              | Imposter syndrome / feeling undeserving of it        |
| Constantly busy             | Struggling to be alone with thoughts                 |
| Unshakable in "tough times" | Numb and apathetic to the outcome                    |
| Working long hours          | Distraction from their own suffering                 |





# Prescription Medicines and Driving

## Do you worry that the medications you are on could mean your driving license could be revoked?

\*It is illegal in England, Scotland and Wales to drive with legal drugs in your body if it impairs your driving\*

Legal drugs are prescription or over-the-counter medicines

If you're taking any of the following prescribed drugs and not sure if you should drive, talk to your doctor, pharmacist or healthcare professional:

- amphetamine, for example dexamphetamine or selegiline
- clonazepam
- diazepam
- flunitrazepam
- lorazepam
- methadone
- morphine or opiate and opioid-based drugs, for example codeine, tramadol or fentanyl
- oxazepam
- temazepam



You can normally drive after taking these drugs if:

- you've been prescribed them and followed advice on how to take them by a healthcare professional
- they are not causing you to be unfit to drive even if you're above the specified limits



For more information on this and other driving related issues check out the website of the Driver and Vehicle Licensing Agency (DVLA)...

*Drugs and driving: the law - GOV.UK*

## Personality Disorder and Driving (without medication)

You must tell the DVLA if you're diagnosed with personality disorder and it affects your ability to drive safely.

If your driving is not affected by a personality disorder, you do not need to tell DVLA. Ask your doctor if you're unsure.

*Personality disorder and driving - GOV.UK*

## Did you struggle to make friends when you were younger?

Growing up without a close circle of friends can be a horrible experience. While the scars you develop as a result of that experience can haunt you for years to come, it's not all bad. In fact, you also tend to develop some incredible traits that make you a more interesting, empathetic person.

### 1. You have a strong sense of independence

Not having a posse to lean on means you learned to rely on yourself early on. You're resourceful, self-sufficient, and not afraid to go it alone. Whether it's tackling a DIY project or making a major life decision, you trust your own judgement and aren't swayed by peer pressure



### 2. You're incredibly resilient

Navigating childhood without a built-in support system can toughen you up. You've likely faced your fair share of challenges and setbacks, but you've learned to bounce back. You don't let setbacks define you; instead, you use them as fuel for growth.

### 3. You're highly observant

Without the distraction of constant social interaction, you had more time to observe the world around you. You might be attuned to subtle details, nuances in conversations, and unspoken emotions. This keen sense of observation can be an asset in many areas of life, from creative pursuits to interpersonal relationships.

### 4. You value meaningful connections



Having fewer friends doesn't mean you don't crave connection. In fact, you might be even more appreciative of genuine relationships. You're not interested in superficial small talk; you're drawn to deep, meaningful conversations and authentic bonds with those who share your values and interests.

### 5. You're comfortable with solitude

You don't fear being alone; you actually enjoy it. You've learned to entertain yourself, to find solace in your own thoughts, and to appreciate the quiet moments. This ability to be at peace with yourself is a rare and valuable gift.

### 6. You're a creative thinker

Without the constant input and influence of peers, you had the freedom to develop your own unique ideas and perspectives. You're not afraid to think outside the box, to challenge conventional wisdom, and to explore uncharted territory.



### 7. You're fiercely loyal to those you trust

The friends you do have, you cherish deeply. You're fiercely loyal, protective, and always there to lend a helping hand. You value trust and authenticity above all else, and you're not afraid to stand up for those you care about.

**PROUD  
OF  
YOU**



*Continued...*



## 8. You have a rich inner world

You spend a lot of time in your own head, exploring your thoughts, feelings, and dreams. You might have a vivid imagination, a love for stories, or a passion for creative pursuits. This rich inner world can be a source of strength, comfort, and inspiration.



## 9. You have a deep appreciation for the simple things in life

Without the constant buzz of social activity, you've likely learned to find joy in the simple things – a good book, a quiet walk in nature, a cup of tea, or a meaningful conversation. You appreciate the small moments of beauty and connection that other people might overlook.

## 10. You're not afraid to be different



Growing up without a defined social circle means you haven't felt the pressure to conform to peer expectations. You're comfortable marching to the beat of your own drum, embracing your quirks and eccentricities. You don't try to fit in; you celebrate your individuality.

## 11. You're a good listener

Without the constant chatter of friends, you've honed your listening skills. You're attentive, empathetic, and genuinely interested in what other people have to say. People often feel heard and understood in your presence.

## 12. You have a strong sense of self

Not being defined by your social circle has allowed you to develop a strong sense of self. You know who you are, what you value, and what you want out of life. You're not easily swayed by other people's opinions, and you stay true to your own path.

Picture in your mind a sense of personal destiny.

Wayne Dyer

Source: [People Who Had No Friends Growing Up Often Develop These 12 Personality Traits](#)

## Which generation do you belong to?



**Gen Z**

Born Between  
1995 - 2015



**Millennial**

Born Between  
1980 - 1994



**Gen X**

Born Between  
1965 - 1979



**Baby Boomer**

Born Between  
1944 - 1964



# Derbyshire Safe Haven

If you're struggling to cope,  
we are here for you.

The Derbyshire Safe Haven  
supports people with  
their mental health  
so they can  
build resilience.

If you're starting to feel overwhelmed,  
don't suffer in silence.

We are open 7 days a week from  
4:30pm-12:30am,  
please call 01246 949410  
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[www.p3charity.org/services/derbyshire-safe-haven](http://www.p3charity.org/services/derbyshire-safe-haven)



SCAN ME



## Are you A Recluse?



A recluse is someone who intentionally isolates themselves from society. This withdrawal can be partial or total, with some recluses maintaining minimal social interactions while others sever almost all connections. Recluses often prefer solitude and may find comfort and peace in their own company, away from the pressures and complexities of social life.

### Reclusive behaviour can manifest in various ways, including:

- **Social Withdrawal:** Avoidance of social interactions, gatherings, and public places.
- **Preference for Solitude:** Spending most of the time alone, engaging in solitary activities.
- **Limited Communication:** Reduced contact with family, friends, and acquaintances, often communicating only when necessary.
- **Disinterest in Social Norms:** Lack of concern for societal expectations or conventional behaviours.
- **Increased Anxiety:** Heightened anxiety or discomfort in social situations, leading to further isolation.
- **Engagement in Isolated Hobbies:** Pursuit of activities that do not require social interaction, such as reading, writing, or solitary sports.

### Several factors can contribute to an individual's decision to become a recluse:

- **Mental Health Issues:** Conditions such as social anxiety, depression, or agoraphobia can lead to a preference for isolation.
- **Trauma:** Past experiences of trauma or abuse can cause individuals to withdraw from society as a coping mechanism.
- **Personality Traits:** Some people naturally have introverted personalities and prefer solitude over social interactions.
- **Societal Pressure:** The stress and demands of modern life, including the pressures of social media and public scrutiny, can drive individuals to seek seclusion.
- **Creative Pursuits:** Artists, writers, and intellectuals might choose reclusion to focus on their work without distractions.
- **Health Concerns:** Physical health issues or disabilities can make social interactions challenging, leading to a more isolated lifestyle.



## Conclusion

While the choice to live as a recluse can be influenced by various factors, it is essential to recognise and respect the personal nature of this decision. Famous recluses like Howard Hughes demonstrate that individuals from all walks of life can choose solitude for their own reasons. Understanding the symptoms and causes of reclusive behaviour can help us approach this topic with empathy and insight, acknowledging that a reclusive lifestyle, while uncommon, is a valid personal choice.

Source: [\*Understanding and Defining a Recluse\*](#)

# Gaslighting vs. Greenlighting:

[www.thepsycholgoist.in](http://www.thepsycholgoist.in)

## GASLIGHTING

- You're too dramatic; that's not how it happened.
- Our family is perfectly fine. You're the only one who thinks there's a problem. Maybe you're the issue.

[www.thepsycholgoist.in](http://www.thepsycholgoist.in)

- Your problems aren't real problems; focus on your studies and you'll be fine.
- You're so selfish for wanting time to yourself. Everything is always about you, isn't it?
- There's nothing wrong with our family. You're just making things up to cause drama.
- You're always overreacting. No one else gets as emotional as you do.



## GREENLIGHTING

I don't remember it that way, but I want to understand your perspective. Can we talk about it?

---

I don't think there's a big problem, but I'm open to hearing what you're experiencing.

---

I know you're dealing with a lot, and your feelings are valid. Let's talk about your concerns and find a way to focus on your studies too.

---

I get that you need some time for yourself. Let's figure out how to balance that with our family needs.

---

I understand you feel there's something wrong. Let's sit down and talk about what's bothering you and how we can address it.

---

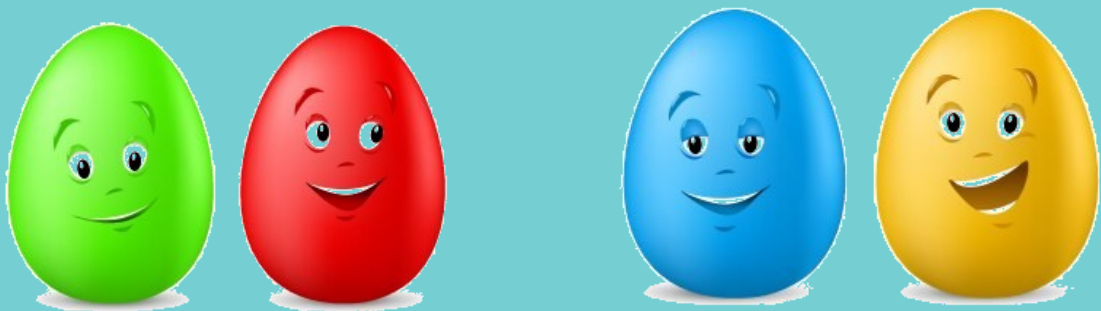
I notice that you're feeling very emotional. Can we discuss what's triggering these feelings and how we can support you?

[www.thepsycholgoist.in](http://www.thepsycholgoist.in)



18-20 March

# Happy Easter to all our Members



**Supported by...**

**Public Health**

**North Derbyshire CCG**

**Derbyshire County Council**

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**Supporting the voluntary sector  
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