Rethink Group of the Year 2023

Issue Twenty Eight – Summer 2025

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

A big

thank you

to group member

Harriot

who has made such a huge difference through her zoom meetings:

Sunday BPD chat group: twice-monthly

and

Parent/Carer/Family/Friends group: monthly

XXX

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...

Zoom Meetings (arranged by members)

Quarterly Newsletters

Occasional Meet-Ups (arranged by the members)

WhatsApp groups

BPD chat

Men with BPD

Parent/Carer/Family/Friend

Autism (new)

Positivity

Parents with BPD

Virtual walking

Crisis Card

Website:

derbyshireborderlinepersonalitydisordersupportgroup.com

In this issue

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 and then leave a space underneath before you start writing.

Thank You!

Sue x

Addressing loneliness in borderline personality disorder treatment

(What a group of American psychiatrists think of treatment for BPD)

Loneliness is a key driver in the maintenance of borderline personality disorder (BPD). Thus, many patients cite increased social connection as a primary treatment goal. In the *Harvard Review of Psychiatry,* there is a call for BPD treatment to extend beyond exclusive therapeutic relationships, to help patients build durable connections with others in the community.

Any support in building small connections can provide some relief from loneliness and work against cycles of dependency, exclusivity, and volatility in social relations, and benefits achieved through community resource-driven Interventions are valuable in a landscape in which demand for traditional psychotherapeutic treatment drastically outweighs supply.

Loneliness is core to BPD, but current interventions do not address it comprehensively

Compared with healthy controls, individuals with BPD consistently report higher levels of loneliness, which is defined as a subjective feeling of insufficient social connection distinct from the person's objective degree of social isolation. Moreover, social networks of people with BPD include more intense and exclusive relationships, such as romantic partners and therapists, and fewer acquaintances.

Loneliness often persists when clinical symptoms remit, indicating that it is integral to BPD. In the general population, loneliness has been linked to numerous chronic health conditions and premature mortality. Therefore, loneliness should be targeted as a general health intervention in BPD.

Unfortunately, dialectical behaviour therapy (DBT), which concentrates on emotional dysregulation and skill deficits, does not result in adequate functional improvements in roles that can provide a positive sense of self. In addition, major psychodynamic approaches, such as mentalization-based treatment (MBT) and transference-focused psychotherapy, focus on enhancing accurate and mature social cognition and insight, but do not always focus on social integration in the community.

General psychiatric management promotes self-reliance and community engagement but, for people with BPD, management promotes lengthy and inaccessible therapies. This encourages a system involving both the caregiver and the care recipient, with their interactions and interdependence encouraging caregiving in treatment settings rather than emphasising self-reliance in the real world.

A better option is the general psychiatric management (GPM) model, which considers hypersensitivity to interpersonal stressors to be the core dysfunction in BPD. In addition to harnessing psychoeducation to help patients more realistically understand their social interactions, GPM emphasises developing self-esteem and identity through work and other forms of responsibility. The idea is to expand patients' social networks by helping them form low-stakes relationships through role-bound, scheduled, activity-directed interactions such as:

- Group therapy, which allows patients to practice social behaviour in a supportive environment, provides a forum for explicit instruction on rules and community values, and balances the intense and exclusive relationships that people with BPD tend to form
- Connection to nonclinical community resources, including organised activities in line with patients' genuine interests, such as gardening, sports, and the arts, as well as engaging in individualised pursuits in a shared space
- Vocational interventions to increase patients' self-reliance by participating in daily activities and structured relationships with others
- Peer support, which appears to benefit both patients and peer support specialists

More attention should be given to the long-term recovery period for patients with BPD beyond initialsymptom reduction. Greater investment in this later treatment phase is critical and requires further research to help patients work independently, among peers, and in relationship with others to solidify and stabilise their personality functioning.

Source: Wolters Kluwer Health

Journal reference:

Mermin, S. A., *et al.* (2024). Borderline Personality Disorder and Loneliness: Broadening the Scope of Treatment for Social Rehabilitation. *Harvard Review of Psychiatry*. doi.org/10.1097/hrp.0000000000000417.

Tribute to a care team

by an anonymous patient, 2019

Emotions rise and fall in the life of a P.D

The doctors, always on call, in case we lose our sanity

We laugh, we giggle, then sink low

How frustrating this can be, it's like for all the world to know

That we've all turned crazy

They don't see, through my eyes

A heart that is full of compassion

It's all an illusion and a disguise

To hide my anger and passion

It was like love was never present, I say it has a truth

Love is of the essence, In the team I found the proof

Now I trust and hope, because the care you showed to me

You gave me the skills to cope, and to reach my destiny

XXX

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 section or full set of slides, email Sue at

derbyshireborderlinepd@gmail.com

Part of the

Derbyshire BPD Support Group

Prison Stories

Bad Behaviour

by Sue Wheatcroft

From: ***Pushing the Boundaries: struggling to comply in a women's prison***

TRIGGER WARNING

I had been a resident of the prison's Healthcare Unit for almost two months and was having problems coping. Not with the other prisoners, but with the prison regime and the way we were being treated by the officers. I managed my frustration and anger by drawing pictures on the walls of my cell which, of course, antagonised the officers even further. It was a vicious circle and I didn't know how it would end.

One day, an officer called Simon was on duty; he normally worked on the male wings but I recognised him from a night shift a few weeks before and I remembered him to be rather sullen. I had put it down to tiredness at the time but on this particular day he was rude and arrogant. 'Can I make a phone call please?' I asked him from behind my door. 'You can make a phone call when I fucking say you can', he replied nastily. What was I supposed to say to that? Very well sir, thank you, sir? No! What I said was, 'What's with the attitude, arsehole?' I knew I would never win, but I had to stand up for myself, if only for my own piece of mind and self-respect.

The next time he passed my cell, Simon closed the hatch in my door, even though it had been open practically every day since I had arrived. I was on regular observations and keeping the hatch open made it easier for the officers to do their job. It also made it a little less claustrophobic in the cells. I called him over and asked why he had closed it, but he walked away, ignoring me. Later the same day I asked him for a cloth to wash the graffiti off my walls. I wanted a fresh start; I didn't want to end up in the Segregation Unit. I needed to get my anger and frustration out some other way. I didn't know how I would do this, but I didn't have to wait long to find out.

When Simon brought a cloth he was grinning. I didn't know why until I put the cloth under the tap and couldn't get any water. He had turned it off. That was the final straw. I waited until I could hear another officer on the landing and called her over. I asked if I could make a phone call. She opened the door; I saw Simon straight away and I ran up to him, intending to push him over. However, he saw me coming and managed to knock me to the floor.

Straight away both officers were on top of me with another running over to help. This was Darren, part of the security team. I was on the floor still trying to hurt Simon any way I could. I managed to kick him but was soon overpowered and couldn't move. My legs and arms were pinned down and someone was leaning on my back. Darren was pushing my head to the floor and shouting at me. I felt sick and claustrophobic, desperate to get free.

I wasn't struggling any more. I couldn't, but every time I tried to move or say something, Simon would bend my wrist until I screamed in pain. 'Oh shut up', he said, 'I'm not hurting you.' I was taken to my cell and left alone, but soon after, I was collected by Jo, the manager of Segregation (and, found out later, of the whole of the women's prison). She escorted me to my new cell and told me I would be staying there for the foreseeable future.

Continued...

The next morning, I had my adjudication, where I pleaded guilty to Assault. The adjudicator read my mitigation statement:

> *PCO Simon Morton is a sad little coward who for reasons known only unto himself, enjoys taunting women who are locked behind their doors. I allowed him to provoke me and for this, I am sorry.*

The adjudicator looked at me, then at my notes, and then asked me how long I had been in Healthcare. 'Two months', I replied. He immediately adjourned the hearing and I returned to my cell in Segregation. In my absence, he checked with the mental health team that I would be alright to stay there, and then awarded me seven days.

One day, after an argument with Dan, the SO, all my reading material was confiscated. With no TV or radio, and twenty-three and a half hours each day alone in my cell, reading was what was keeping me going. He wouldn't give it back to me and in a fit of temper and frustration, I trashed my cell. Unknown to me, Jo was holding adjudications in the room opposite, which had to be stopped because of the noise I was making. Suddenly, four officers burst through the door, grabbed me and put me on the floor. Thankfully, they did not push my head to the floor this time but I still felt claustrophobic and was desperately trying not to panic.

I didn't know who all the officers were except that Dan entered the cell first and there was one female. I couldn't see them because my head was held down, even after they stood me up. They manoeuvred me into the adjacent cell. My neck was hurting but more than that, whoever was holding my left wrist was putting unnecessary force on it until I screamed out in pain. 'Shut up, I'm not hurting you', I heard. I knew that voice, it was Simon. When we reached the cell, I was told to get on my knees. I had no choice; if I resisted I am sure they would have pushed my head to the floor. As it was, they pushed me to the floor with my hands behind my back. The female officer told me they were going to exit the cell and I should not move until I heard the door close. My head, neck and wrist were hurting but that paled in comparison with the hate I was feeling towards Simon.

I spent the next two days without any of my belongings. I had bedding and a toilet roll. Food was brought to my cell but the only drinks I was allowed was warm water in polystyrene cups. I could not have hot drinks in case I threw it at someone, and my water was turned off to prevent me flooding the cell. This included the toilet and, naturally, by the second day both me and the cell were beginning to smell. With no other way of protesting, I wet a part of the wall with water that was left in the toilet, shaped the toilet paper into a large **FU** and stuck it on the wall.

Although I could handle the isolation, having nothing to stimulate my mind was extremely difficult to cope with. I had nothing, and I felt that I was starting to lose it. Thinking of Vicky (my partner) made me want to cry; I missed her so much. I didn't cry though, I couldn't let the officers regard me as weak. I was determined to stay strong, but I felt consumed by hate. On the third day, I was given some of my clothes and the water was turned back on. They also brought my laundry, which had been done by my friend Christine in Healthcare. She had put a note in saying how much she missed me and to keep well. She ended it with: *Remember, we never know how strong we are until strength is our only option.* I can't explain how much this lifted me. I stopped feeling sorry for myself and thought how lucky I really was. Christine had terminal cancer but remained strong for others. My problems were nothing compared to hers. It was time for me to get a grip. *Sue x*

FEELINGS

Happy

Sad

Angry

Loving

Nervous

Shocked

Tired

Jealous

Brave

Sick

Excited

Scared

Calm

Shy

Confused

Proud

What are Boundaries?

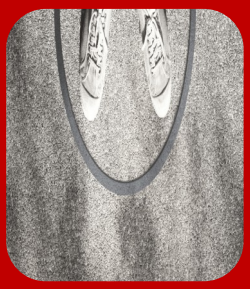
Personal boundaries are essentially the invisible lines we create for ourselves in terms of what behaviours make us comfortable around others. Boundaries in relationships can come in two main forms: physical and emotional.

Physical boundaries are usually associated with our visible barriers – our bodies and the space around us. Violations of physical boundaries include invading personal space and unwarranted touching. However, privacy is also a physical boundary. So, someone reading our text messages or emails would violate this physical boundary.

In contrast, **emotional boundaries** concern those around our feelings and thoughts , such as not wanting our emotions to be invaded or feeling like we have to take care of those of others. Due to their less tangible nature, emotional boundaries can be more difficult to set. Although it may be relatively easy to avoid oversharing with someone you don't know particularly well, it can be harder to do so with someone you care about. Because emotional boundaries are invisible, we usually have to set them verbally (or sometimes through body language). Yet doing so often requires a certain level of confrontation and assertiveness – which can sometimes be a challenge. But establishing boundaries is important for balanced and healthy relationships. For example, although some people are content texting a partner incessantly, others may find it too intrusive – a clash of boundaries that would probably lead to interpersonal issues in a relationship. Everyone's' limits are different – so ours aren't always going to be obvious to the people in our lives. Yet, being assertive and expressing our boundaries in healthy ways can help forge secure, safe relationships in which we feel like our needs and wants aren't being compromised.

<u>What Does Boundary Overstepping Look Like?</u>

Truthfully, we've all met someone who has little awareness or regard for others and their feelings. That person who just doesn't seem to care that you seem uncomfortable and is generally draining. They're like the stereotype of the nosey aunt who asks persistent questions and acts offended if we don't answer. In the end, we often feel obligated to respond and, as a result, feel a bit violated. But as upsetting as such situations can be, it's our boundaries within close relationships that tend to have the most impact on our well-being and sense of self.



There are two main types of boundary overstepping within relationships: distance and intrusion. This is because people typically need a healthy balance of both space and proximity within a partnership to feel connected and secure, yet still autonomous. Research has shown that avoidant attachers will likely feel like their boundaries are intruded upon much more easily than people with the other attachment styles. On the other hand, anxious attachers are more likely affected by distance, and, resultingly, might be the ones intruding on others' need for space.

Additionally, the digital world has added extra complications to establishing boundaries – from both relationships and the world around us. People with high attachment anxiety (i.e. anxious attachers and disorganized attachers) have a greater tendency to engage in "electronic intrusion," which involves actions such as looking through a partner's phone without permission, monitoring their social media activity, or tracking their whereabouts via social media. Moreover, research has shown that people with anxious or disorganised attachment may use social media to monitor partners even after they've broken up. This indirect intrusion of boundaries can be especially problematic because it doesn't allow for closure on either side.

Continued...

How Does Boundary Overstepping Affect the Different Attachment Styles?

As previously mentioned, boundaries are primarily about distance and proximity. Similarly, attachment styles can be distinguished by either a fear of abandonment or a fear of intimacy – and these fears influence how people respond to boundary overstepping.

Disorganized Attachment and Boundaries

Studies have demonstrated that people with the disorganized attachment style have the lowest threshold for intrusion of their personal space**.** Meaning that disorganized attachers have minimal tolerance for physical proximity with others. This is also true for avoidant attachers – just not quite to the same extent. This finding makes sense when considering that the disorganized and avoidant attachment styles are characterized by a fear of intimacy and rejection. So, people with these styles prefer to push people away before they become too emotionally close.

Anxious Attachment and Boundaries

People with the anxious attachment style have quite starkly different parameters around their boundaries than avoidant and disorganized attachers. Avoidant attachers tend to be quite intrusive on others' physical and emotional boundaries and also tend to react ambivalently when others encroach on theirs. However, during arguments or conflict, if an anxious attacher (and a disorganized attacher with high anxiety) feels as though their boundaries were encroached upon, they tend to have heightened emotional responses, such as anger, hurt, and confusion. However, due to an anxious attacher's fear of abandonment, they're likely to quickly forgive a partner for their intrusion.

Avoidant Attachment and Boundary Boundaries

In contrast to disorganized attachers' low threshold for actual intrusion on their physical space, and anxious attachers' relative ambivalence towards it, avoidant attachers are more likely to feel like their partner is being intrusive. Even if they're not necessarily doing so. Avoidant attachers are highly sensitive to intrusions on their boundaries, so they're prone to distancing themselves both physically and emotionally from partners. Interestingly, avoidant attachers are less likely than people with the other insecure attachment styles to react angrily to intrusions on their boundaries. But this is likely to do with their tendency to tune out emotionally. Nevertheless, it may undermine their attempts to establish boundaries with others. Also, if an avoidant attacher does choose to encroach on a partner's boundaries, they typically do so out of concern or worry for their partner's well-being rather than a need to satisfy their own insecurities.

Four Key Steps to Managing Boundaries

People who have issues with establishing and maintaining boundaries in close relationships often struggle with mood disorders such as anxiety and depression, low self-esteem, helplessness, and feelings of being underappreciated and unsupported. It's therefore very clear that a lack of boundaries greatly impacts people's mental health and well-being. In recognition of this, as well as considering the research in the area, the following are four key steps you can take toward building healthier boundaries and relationships…….

#1. Discover your own boundaries

Learning about your personal boundaries, both physical and emotional, can help you figure out what you need in relationships. Dig a little deeper into your previous relationship patterns, including what worked and what didn't, to help understand what could have improved your bond.

#2. Find out your attachment style

Being aware of your attachment style can really help identify your boundary needs, as you can more easily discern which types of boundaries you are likely to require (e.g. as an anxious attacher you need more proximity than an avoidant attacher).

#3. Be honest about your limitations and expectations

This step can be difficult, especially with a loved one – someone to who we'd like to offer so much of ourselves. However, honesty and open communication are necessary for boundary setting and can make these boundaries much easier to enforce when needed.

#4. Recognize that you're not alone

Although you might feel like your need for space or proximity differs greatly from your partner, they may also have their own needs and not fully understand how to express them. Practicing open and non-judgmental communication can bring you a long way toward a healthier, more balanced relationship.

<u>Final Words on Attachment and Boundaries</u>

In this article, we've outlined the concept of boundaries, and how overstepping them can be damaging, particularly for people with insecure attachment styles. We've also shown that awareness of our attachment style and that of our partners can be very useful in understanding our needs for emotional and physical boundaries and reactions to overstepping them. Knowledge is power, so with honesty, patience, and care for yourself and your loved one, you can establish healthy boundaries and more satisfying relationships.

Source*: https://www.attachmentproject.com/*

Kindness

I felt like no-one was listening to me.

As a last resort, I phoned the Samaritans. I told her that it was pointless telling her my problems because she wouldn't understand and probably wouldn't even care.

Instead of reacting to my negative comments and bad language, the lady agreed that she couldn't possibly understand how I felt, but said she would like me to try and explain it to her.

I soon calmed down told her about my BPD. I told her about how intense my feelings were and how, sometimes, I felt out of control.

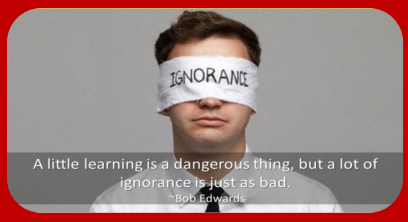
She listened and was sympathetic. More importantly, she was kind. That's all I needed, and I will always be grateful.

Anonymous, Quora

After years of feeling "different," finally getting an autism diagnosis can be life-changing in the best possible way.

However, it also comes with its challenges, particularly when it comes to how other people react to discovering that you're officially on the spectrum, even if you or they have suspected it for years. People often make comments that, while well-meaning, can feel dismissive, ignorant, or downright frustrating. Here are just a few of the things people diagnosed with autism later in life are sick of hearing.

1. "You don't look autistic."



Autism isn't something you can see, for goodness' sake. This comment not only perpetuates stereotypes but also dismisses the diversity of the autism spectrum. Autism is a neurological difference, not a specific "look" or behaviour that's immediately obvious. Just because someone doesn't fit a certain idea of what autism should look like doesn't mean they're any less autistic, it just means the spectrum is wider than people realise.

2. "But you've done fine without a diagnosis so far."

While it's true that some people have developed coping mechanisms, this doesn't mean they haven't struggled. A late diagnosis often brings a sense of relief and understanding about problems they've had in the past that were never properly addressed. Knowing the reason behind their struggles helps people feel validated, not like they've just been "getting by."

3. "Everyone's a little autistic these days."

Statements like this minimise the lived experience of autistic individuals. Autism is a specific neurological difference, not a quirky personality trait or a label that's "trendy." It's important to respect the depth of someone's diagnosis. By oversimplifying autism as "just a little bit like everyone," it invalidates the real challenges people face and the support they may need.

4. "Are you sure it's not something else?"

Second-guessing someone's diagnosis can feel invalidating and dismissive. Autism assessments are thorough and based on professional evaluations, not casual assumptions. Trust that people know their own experience better than you do. When someone has already been through the process of understanding their neurodiversity, hearing "Are you sure?" can feel like a denial of that hard-earned clarity.

5. "You must be really high-functioning."

The concept of "functioning labels" oversimplifies the spectrum of autism. People may excel in certain areas while struggling in others, and such labels can invalidate their challenges. Autism isn't a binary — it's a nuanced and varied experience. Just because someone can speak well, hold a job, or interact socially doesn't mean they aren't dealing with significant difficulties behind the scenes.

6. "You're just shy or introverted."

While shyness or introversion can overlap with some traits of autism, they're not the same. Autism affects sensory processing, communication, and social interactions in ways that go far beyond personality traits. Dismissing someone's autistic traits as simply being "shy" or "quiet" fails to acknowledge the complexities that come with being neurodiverse.

7. "How come no one noticed earlier?"

Many late-diagnosed individuals spent years masking their traits to fit societal expectations. This question can feel accusatory, as though their struggles weren't valid simply because they weren't identified earlier. Autism, especially in women and nonbinary individuals, has often been overlooked due to outdated stereotypes. It's important to remember that the lack of a diagnosis doesn't mean the experience wasn't real, it just wasn't recognised.

8. "What's the point of getting diagnosed now?"

A diagnosis provides validation, self-understanding, and access to support. For many, it's a turning point that allows them to approach life with a clearer sense of self. It's never too late to understand and embrace your neurological identity. The process can also lead to better strategies for managing life's challenges, helping people navigate situations that might have once felt overwhelming.

Continued...

9. “But you’re so good at [specific skill].”

Being good at something doesn’t negate an autism diagnosis. In fact, hyperfocus and specialised interests are common traits of autism. It’s possible to be both talented in specific areas and face major challenges in others. People are more than their strengths, and assuming they don’t struggle just because they have a talent can make them feel misunderstood or overlooked.

10. “Isn’t autism something only kids have?”

Autistic children grow up to become autistic adults — it’s a lifelong neurodevelopmental difference. Late diagnosis doesn’t mean someone “developed” autism later in life; it means it went unrecognised for years. Autism doesn’t just “disappear” as people get older — it’s always a part of who they are, even if the signs were missed earlier on.

11. “You’re overthinking it.”

This dismisses the reality of someone’s experience. Autistic individuals often process information deeply and thoroughly, it’s not overthinking; it’s how their brains work. Suggesting otherwise can feel invalidating, especially when someone is trying to navigate a complex situation in a way that makes sense to them. It’s about understanding, not dismissing, how they approach the world.

12. “You’ve always seemed normal to me.”

While this might be intended as a compliment, it undermines the struggles that often went unnoticed. Masking behaviours to appear “normal” can be exhausting and unsustainable, and comments like this trivialise the effort it took. Just because someone is good at hiding their struggles doesn’t mean they don’t have them. Acknowledging that they’ve been pushing through a lot makes a huge difference in how they feel seen.

13. “Are you sure you’re not just anxious?”

Anxiety can be a co-occurring condition with autism, but they’re not interchangeable. Suggesting autism is “just anxiety” oversimplifies and misrepresents the diagnostic process. It’s important to respect the distinctions between different conditions. Autism involves more than just feelings of nervousness — it’s a unique way of experiencing and interacting with the world.

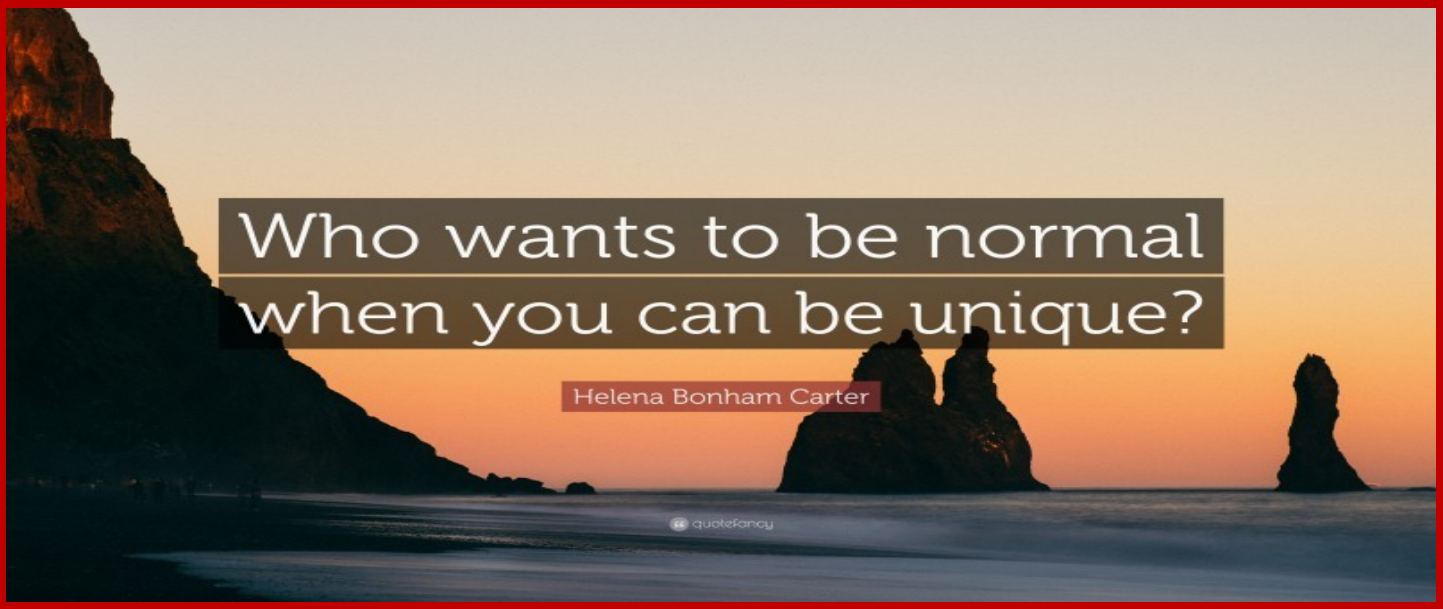
14. “You don’t need a label — you’re just you!”

While well-meaning, this phrase can come across as dismissive. A diagnosis isn’t just a “label” — it’s a framework for understanding oneself and accessing support. Being “just you” is great, but having clarity about being autistic can be life-changing. It allows people to finally understand why they may feel different and empowers them to embrace their true selves.

15. “Does this mean you’re a genius?”

While some autistic people excel in specific areas, the “genius” stereotype is misleading and reductive. It creates unrealistic expectations and ignores the diverse realities of life on the autism spectrum. Autism is about more than extraordinary talents, it’s about how someone experiences the world. For people diagnosed with autism later in life, these comments can be frustrating, even if they come from a place of curiosity or kindness.

Source: The Sense Hub – Where Common Sense Makes Sense



TIPS TO MANAGE CATASTROPHISING

By @dr.dgrande for @psych_today

1 IMAGINE A GOOD-ENOUGH OUTCOME

2 IMAGINE THE IDEAL OUTCOME- Remember it's ^ possibility!

3 LOOK AHEAD BEYOND THIS IMMEDIATE EVENT- What if it all works out?

4 VISUALISE A NEUTRAL OR BETTER OUTCOME IN DETAIL

How would you **FEEL**?

Picture the **STEPS** you take to get there.

What would you be **DOING**?

Think what **SUCCESS** is to you.

5 TAKE SIMPLE ACTION FOR COMFORT

6 MONITOR YOURSELF AND NOTICE IF YOU'RE SPIRALLING

7 When you notice your thoughts getting out of control, have a verbal cue to STOP!

Try mindfulness- focus on your environment.

8 DO NOT DECEIVE YOURSELF THAT WORRYING ABOUT OTHERS HELPS THEM

Concerns = understandable. Catastrophising = DOES NOT lead to actionable solutions

9 KNOW THAT THERE ARE PEOPLE THAT WILL HELP YOU

Remind yourself of people who've been there for you. TRUST THEM TO BE AGAIN IF NEEDED

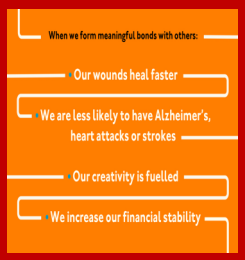
10 REFLECT ON TIMES YOU BOUNCED BACK

You're more resilient than you think!

Sketchnote by @natalierobertat

Self-care: why looking after No 1 isn't always best for your wellbeing

Wellness advice tells us that we need to prioritise our own needs over other people's. And so, when we feel under pressure, we may practise small indulgences aimed at restoring our mental equilibrium, while insulating ourselves from all but the most essential social commitments. However, over hundreds of studies, scientists have found that engaging in unpaid work for the good of others brings a notable boost to wellbeing. These include a greater sense of meaning and purpose, more self-esteem, higher overall life satisfaction and reduced risk of depression.



Many other altruistic activities seem to bring a similar health bonus. Taking care of friends or family members – through emotional support or by running practical errands – is also thought to increase wellbeing, for instance. One possible explanation is that supporting others simply increases physical activity, as we bustle around making ourselves useful. The greatest benefits appear to come when we combine our kind and generous behaviour with meaningful social engagement.

One experiment showed that giving support seems to create a warm buzz of pleasure while dampening feelings of stress

The greatest benefits appear to come when we combine our kind and generous behaviour with meaningful social engagement. Researchers in Canada and the US gave random passersby at a university campus a $10 Starbucks gift card. Some were told to give the card to another person, without accompanying them to the coffee shop, while others were asked to join the recipient and enjoy a drink together. A third group were encouraged to meet up with someone, but use the card to buy a coffee for themselves, while the fourth group were told to go to the coffee shop alone and enjoy some "me time" with their free drink.

That evening, each participant completed questionnaires measuring their emotional wellbeing. We can guess that most of the people across the experiment were quite chuffed at the free voucher, but the biggest mood boost went to the people who treated their companion to coffee *and* conversation, maximising the opportunity for social connection. One theory is that it's all about the feedback you receive. "I think we intuitively know that kindness is a good thing," says Sandstromsays a researcher on the study. "But if you're just writing a cheque, you don't get the same feelgood factor because you can't see the difference that you've made." This is backed up by the effects of charitable donations; people get more satisfaction from giving money to someone personally connected to the charity than simply putting some cash in a collection box.

This may be true for many kinds of social support; we need to know that our actions have had the desired impact. If we feel the care we've given doesn't address the need, or help the person or the cause, or alleviate the problem, there are reasons to hypothesise that giving that kind of care will be less beneficial for health. The effects may also depend on our sense of autonomy. Feeling obliged to cook and clean for an ungrateful family member may feel very different from willingly offering our support to a friend who has just left hospital, for example, and who makes it clear that our efforts are deeply appreciated.

If you are struggling to cope, it is still wise to establish clear personal boundaries; there are no benefits to becoming a martyr.

However, If you do have the time and resources, you may find prioritising other-care to be the perfect antidote to your bad moods and lethargy .

Source: The Laws of Connection: 13 Social Strategies That Will Transform Your Life, David Robson, Canongate (£18.99).

Reading body language is a superpower

How to Read Any Room

Identify deviations in behavior that indicate comfort or discomfort
(Inspired by FBI agent, Joe Navarro).

FOCUS AREAS	COMFORT	DISCOMFORT
EYES 	• Making eye contact • Smiling with one's eyes	• Eye-blocking (squinting, closing, or shielding their eyes)
HANDS 	• Speaking with hands • "Steeple" hand position displays confidence	• Handwringing • Hiding hands (can signal deception)
LIPS 	• Smiling gently • Lips relaxed	• Pursed together • Disappearing
FEET 	• Feet still • Pointing towards someone • Crossed legs	• Feet moving a lot • Pointing away • Tapping or bouncing
POSTURE 	• Standing straight relaxed • Facing someone • Leaning in	• Slouching • Turning body away • Leaning away

Find this valuable? Follow me for more  **Ben Meer**

When someone treats you as their therapist

1. Your emotional capacity has limits
Just because you can listen doesn't mean you always should. Your emotional energy is a valuable resource that needs careful management, just like your time and physical energy. When someone consistently unloads their problems on you, it's normal to feel mentally exhausted and emotionally drained, especially when you have your own challenges to process.

2. You're not responsible for fixing their problems
Supporting someone doesn't mean you need to provide solutions to all their issues. When they share their struggles, remember that offering a listening ear doesn't obligate you to solve their challenges. Their healing journey belongs to them, and while you can offer support, the responsibility for their growth and decisions remains firmly in their hands.

3. Their constant crisis mode isn't normal
When every conversation turns into an emergency counselling session, something's off balance. If someone contacts you only when they're in crisis, repeatedly sharing similar problems without taking action, they might be stuck in a pattern of emotional dependency. What starts as occasional support shouldn't become your daily emotional labour.

4. Setting boundaries isn't selfish
You have the right to limit how much emotional weight you carry for other people. Creating healthy boundaries around when and how often you can listen to heavy topics protects your own mental health. Saying "I need to take care of myself right now" isn't cruel — it's necessary for maintaining genuine, sustainable relationships.

5. Your advice keeps going unused
Notice when someone repeatedly asks for guidance but never implements any suggestions. If they keep coming back with the same issues, looking for solutions they never use, they might be looking for comfort rather than change. Your time and emotional investment deserve more respect than becoming part of someone's venting routine.

6. Professional help exists for a reason
Trained therapists have the skills, boundaries, and professional distance to handle complex emotional issues. When someone's problems require expertise beyond friendly support, suggesting professional help isn't abandoning them — it's guiding them toward proper care. Your friendship wasn't meant to replace professional mental health support.

7. Your own problems need attention
Being someone's constant emotional support can distract you from processing your own feelings and challenges. Your personal growth matters just as much as anyone else's. When you spend hours helping others work through their issues, you might find yourself putting your own emotional needs on hold.

8. Friendship should feel balanced
Healthy relationships involve give and take from both sides. If conversations always centre around their problems, with little interest in your life or wellbeing, the friendship has become one-sided. You deserve space to share your experiences and receive support when you need it, too.

Continued...

9. Your time deserves respect
Late-night crisis calls and lengthy emotional processing sessions can disrupt your schedule and drain your energy. While emergencies happen, regular interruptions to your work, sleep, or personal time indicate a need for better boundaries. Your availability isn't unlimited, and that's perfectly okay.

10. Their healing isn't your journey
Supporting someone through difficult times doesn't mean carrying their emotional burden. When they resist positive changes or continue harmful patterns despite your advice, remember that you can't force someone to heal. Their growth process belongs to them, even when it's difficult to watch them struggle.

11. Your emotions matter too
Constantly absorbing someone else's heavy emotions can leave you feeling overwhelmed and disconnected from your own feelings. Pay attention when you start feeling anxious about their messages or drained after conversations. These feelings are valid signals that your emotional boundaries need strengthening.

12. Guilt isn't a good reason to listen
The fear of letting someone down shouldn't drive you to become their permanent emotional support. If you find yourself listening out of guilt rather than genuine capacity to help, both of you deserve something better. True support comes from a place of strength and clarity, not obligation and exhaustion.

13. Change takes time and effort
Real personal growth requires consistent work and genuine commitment to change. If someone repeatedly shares their struggles but shows no interest in taking active steps toward improvement, they might be using you as an emotional crutch rather than a supportive friend. Your role isn't to become their permanent sounding board.

14. Distance can be healthy
Sometimes creating space between yourself and someone who constantly wants emotional support is necessary. Taking breaks from intense conversations and establishing clear communication boundaries helps maintain your own mental health. Stepping back doesn't mean abandoning them , it means taking care of yourself.

15. Your wellbeing isn't negotiable
At the end of the day, protecting your mental and emotional health isn't just important, it's essential. When someone's emotional needs start affecting your own stability, sleep, or peace of mind, you have every right to establish firmer boundaries. Supporting others shouldn't come at the cost of your own wellbeing.

Source: *15 Things To Remember When Someone Treats You Like Their Therapist*

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

Histrionic Personality disorder (HPD)

HPD is a mental health condition marked by intense, unstable emotions and a distorted self-image. The word "histrionic" means "dramatic or theatrical."

For people with HPD, their self-esteem depends on the approval of others and doesn't come from a true feeling of self-worth. They have an overwhelming desire to be noticed and often behave dramatically or inappropriately to get attention.

What are the signs and symptoms of histrionic personality disorder?

A person with HPD may:

- Feel underappreciated or depressed when they're not the center of attention.
- Have rapidly shifting and shallow emotions.
- Be dramatic and extremely emotionally expressive, even to the point of embarrassing friends and family in public.
- Have a "larger than life" presence.
- Be persistently charming and flirtatious.
- Be overly concerned with their physical appearance.
- Use their physical appearance to draw attention to themselves by wearing bright-colored clothing or revealing clothing.
- Act inappropriately sexual with most of the people they meet, even when they're not sexually attracted to them.
- Speak dramatically and express strong opinions but with few facts or details to support their opinions.
- Be gullible and easily influenced by others, especially by the people they admire.
- Think that their relationships with others are closer than they usually are.
- Have difficulty maintaining relationships, often seeming fake or shallow in their interactions with others.
- Need instant gratification and become bored or frustrated very easily.
- Constantly seek reassurance or approval.

People with HPD often don't realize their behavior and way of thinking may be problematic.

Females are more commonly diagnosed with HPD. But researchers think males may be underdiagnosed.

HPD is relatively rare. Researchers estimate that about 1% of people have the condition.

Source: Histrionic Personality Disorder: Causes, Symptoms & Treatment

A Poem Without a Title

Trigger Warning

I'm sorry I have let you down
I failed you and everyone
My time has come to say goodbye
So, thank you, and please don't cry.

No more cutting, no more pain
Just this once to end the day
I'll cut big and nice and deep
And end it all, drift off to sleep.

So, you can all get on with life
And let go of me and all my strife
Enjoy life and to the full
Don't mess it up, it isn't cool.

I'll be in a better place
Where I am me, not a disgrace.
My kids are safe and doing well
They'll be good, they'll get through this spell.

Tell them I loved them with all my heart
And wished we'd never had to part
One day we'll meet again
Keep on smiling, I'll see you then.

This poem was written by 'C 'whilst she was in prison in 2015. 'C' gave me permission to include it my book *Pushing the Boundaries*, and I have retold it here. 'C 'was saying goodbye to her six children, who were to be adopted. The children were badly let down by both parents. I have deliberately omitted the title. *Sue*

ANTICIPATORY ANXIETY

BEFORE A THERAPY SESSION

Therapy Anxiety

If you are considering therapy, or if you are about to have your first therapy session, you may be nervous, sceptical, or downright frightened about starting. Most people have a natural fear of the unknown, which may be contributing to your feelings. These mental health professionals share not only their thoughts on why these feelings are normal, but how beginning your therapy can actually help you overcome them.

It's not only normal, it's expected, especially if it's your first time. In fact, if you aren't at all nervous, you may be denying or avoiding your feelings! Think about it, on one level, therapy is a pretty strange relationship. You're expected to spill your guts to a perfect stranger, trusting that they will get you, have empathy for you, and be able to help you cope with the difficult situation that brought you to counselling in the first place. And you aren't going to find out that much about the stranger, maybe ever. It's pretty weird. On top of that, the things you are spilling about aren't pretty, not to you anyway. They are things that make you sad, depressed, angry, afraid, or anxious. Often, these are things that you are ashamed and embarrassed to admit to yourself, much less tell someone else. But the strangest thing of all is that it works.

It can be a relief to be able to talk to someone who doesn't have a stake in the outcome of your life, other than that you achieve your goals and be happy. It's nice to be able to focus on yourself and not have to worry about the other person. It's comforting to be with someone who is witness to your struggle and who really DOES care about you. People who become therapists have the ability to connect emotionally with others, to develop empathic bonds with them, and to hear about pain endlessly. In fact, we thrive on this kind of interaction and connection. Helping others in this way gives meaning to our lives.

So, it's normal to be nervous about therapy, but a good therapist will put you at ease so that even if it is difficult to tell your story, somehow you will feel better and more hopeful for having told it, perhaps even a little bit lighter than when you first came in.

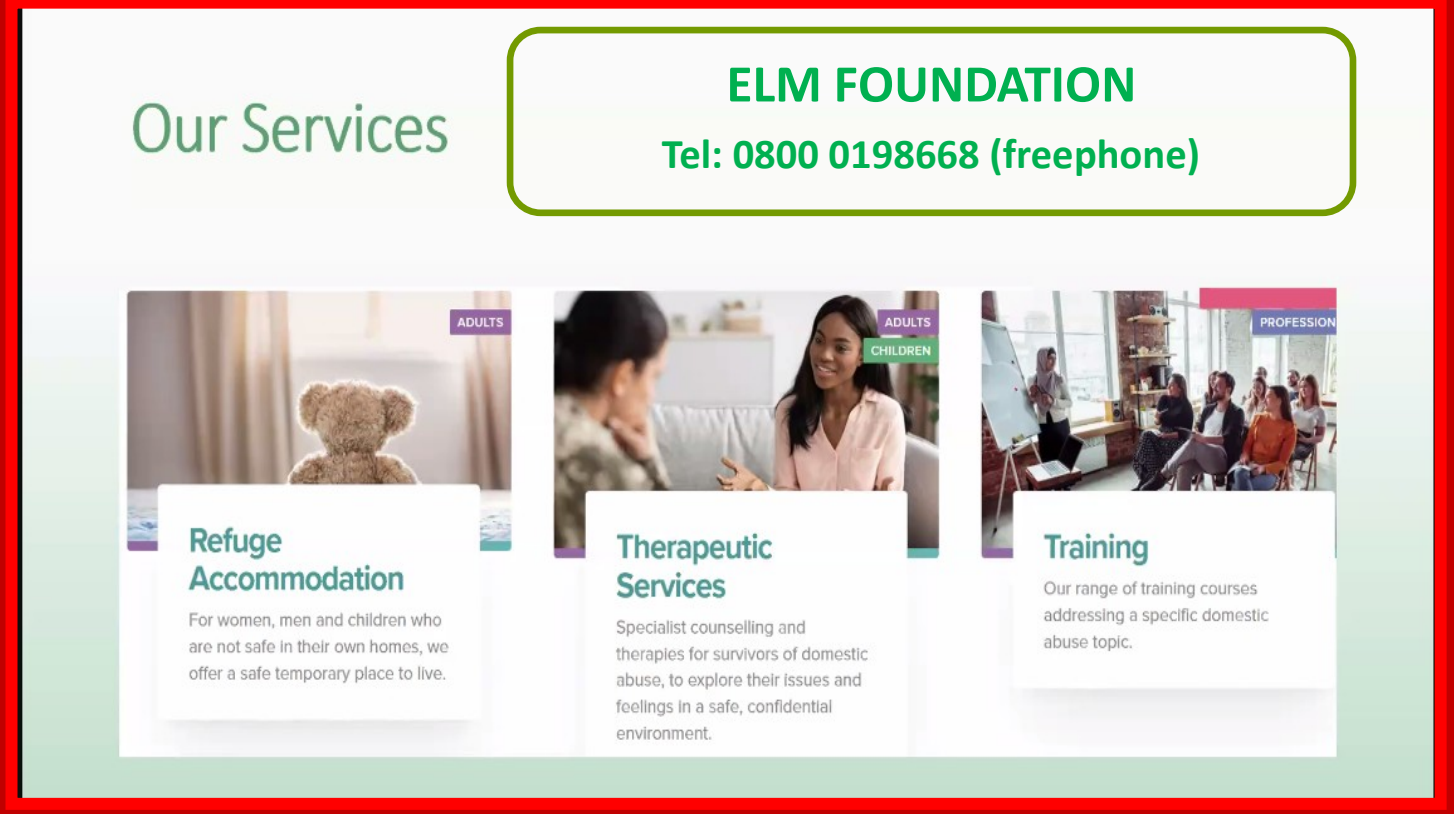
GoodTherapy | I'm Nervous about Starting Therapy; Is Th...

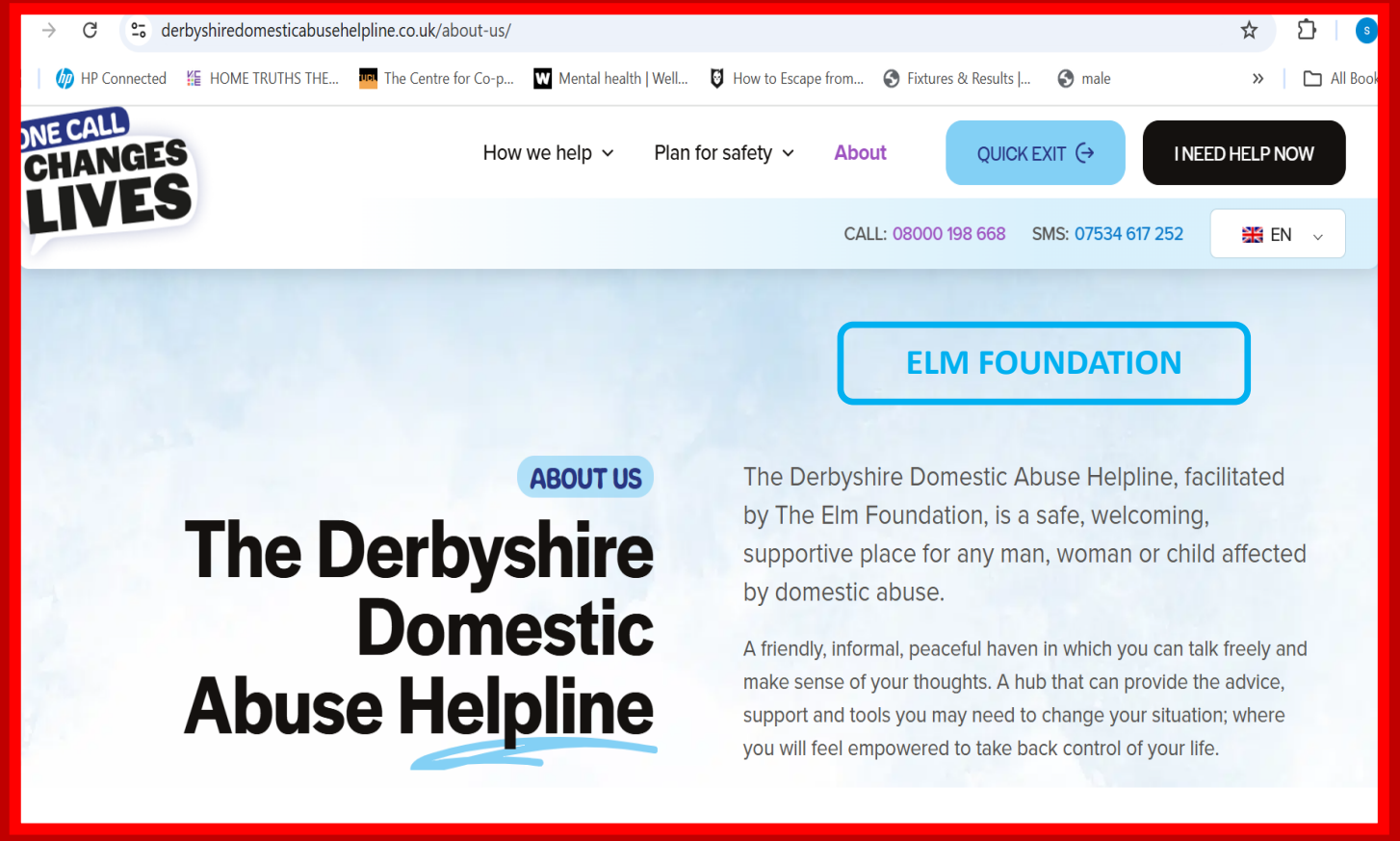
Counselling Directory - Find a Counsellor Near You

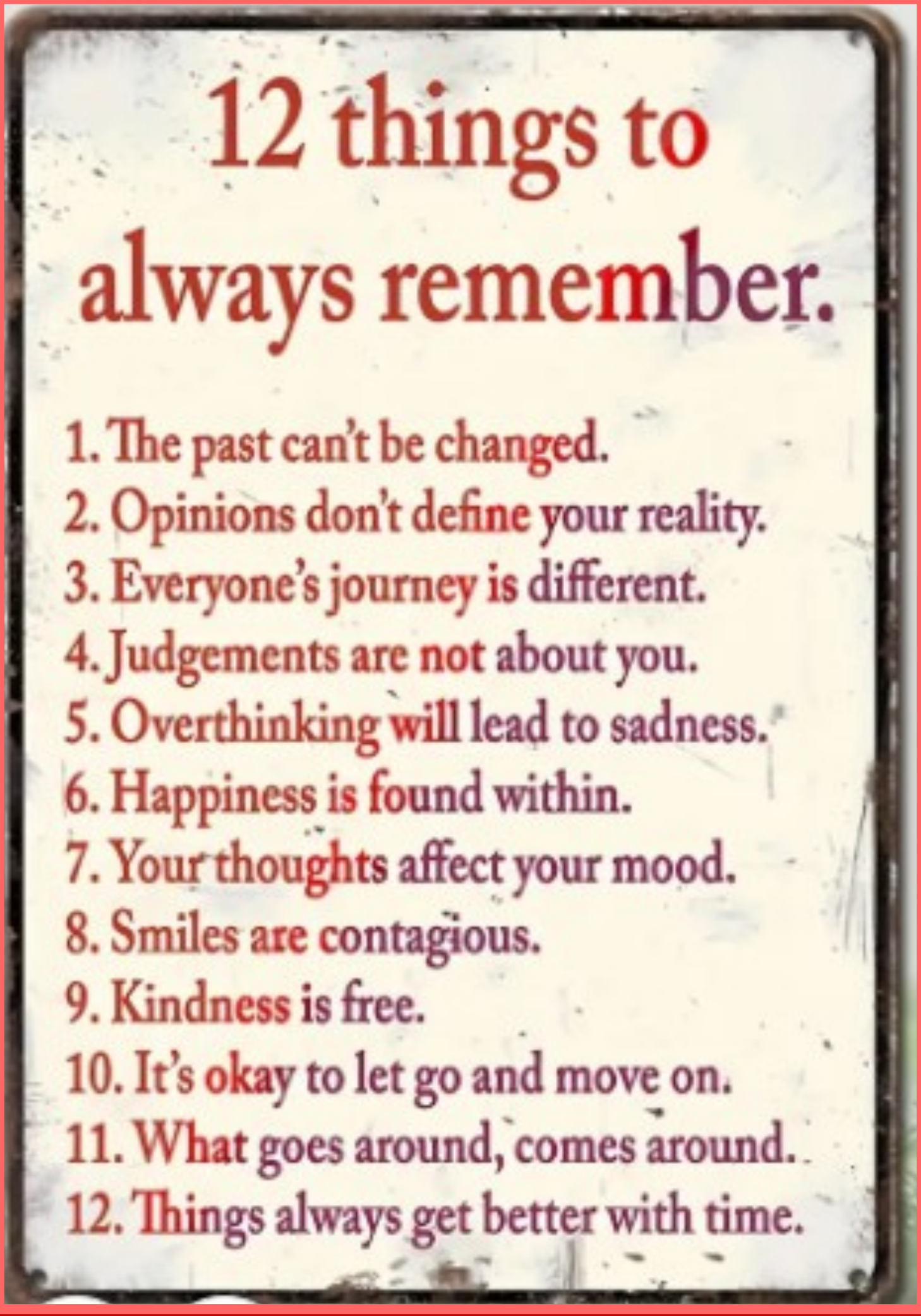
DOMESTIC ABUSE IN DERBYSHIRE

Link to the Elm Foundation website:

Freedom From Domestic Abuse | Everyone Deserves To Feel Safe






12 things to always remember.
1. The past can't be changed.
2. Opinions don't define your reality.
3. Everyone's journey is different.
4. Judgements are not about you.
5. Overthinking will lead to sadness.
6. Happiness is found within.
7. Your thoughts affect your mood.
8. Smiles are contagious.
9. Kindness is free.
10. It's okay to let go and move on.
11. What goes around, comes around.
12. Things always get better with time.

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