Rethink Group of the Year 2023 Issue Twenty Nine – Autumn 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

The Derbyshire Borderline Personality Disorder Support Group has been contacted by over 500 people seeking help for either their own difficulties or those of a loved one (sometimes both).

Since it's inception in 2017 the group has evolved from regular face to face group meetings to primarily online contact.

On pages 6 and 7 we have provided a reminder of the rules of the group, which are there for the benefit of the members and the facilitators. This is important information for both old and new members.

We hope you continue to enjoy the group!

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...

Regular 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 & BPD**

Crisis Card

Website:

derbyshireborderlinepersonalitydisordersupportgroup.com

In this issue

We are constantly on the lookout for new information, personal stories, poetry, book reviews and other additions to our newsletters. Please email Sue if you would like to contribute.

XX

What is the

Derbyshire Borderline Personality Disorder Support Group?

The Derbyshire Borderline Personality Disorder Support Group has been operating since 2017 and provides a safe space for those affected by BPD, as well as their friends and family, to meet for support and advice. This can be through the dedicated WhatsApp groups, regular zoom meetings and/or occasional activities. The emphasis is on how to manage the symptoms of BPD through self-help and peer support. Quarterly newsletters and further information can be found on the group website.

One of our aims is to empower members to make their own connections, and to develop smaller networks within themselves.

Please do not post personal information or photos of other group members without the consent of those concerned. Respect your fellow members right to privacy.

Members do sometimes send messages to the WhatsApp group during unsociable hours. If you would like some quiet time without turning your phone off the notifications can be silenced. To do this, press on the group in your WhatsApp notifications until a box pops up and select mute. This allows you to mute the group for 8 hours, 1 week or always, and can be reversed the same way at any time.

We ask that everyone respects their fellow members' privacy . Please do not:

- text or call them outside the designated WhatsApp group unless it has been agreed with them in advance.
- Share the contact numbers or e-mail addresses of group members without their express permission to do so.
- give out the WhatsApp group links with non-members. If anyone shows an interest in joining, please ask them to email: *derbyshireborderlinepd@gmail.com*

When messaging the WhatsApp group please remember that the members all have other commitments and may not be able to reply promptly. There can be lots of posts to the WhatsApp group and occasionally some messages get lost in all the traffic. Please know that this is accidental and not personal.

If there is a long conversation with just 2 or 3 members, please consider conversing privately (with their permission) so as to give others a chance to have a more general conversation.

The group coordinator volunteers her time to facilitate this group. Whilst she may post from time to time, she will not be aware of all conversations. Please email Sue if you notice something untoward within the conversations.

By being an active member of this group, you are agreeing to uphold these values.

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 topic, and then leave a space underneath before you start writing.

What Is Disassociation and why someone might experience it

by Ashley Cropper

1. Dissociation is a coping mechanism, not a personality flaw.

At its core, dissociation is your mind trying to protect you. When things feel emotionally or physically unsafe, your brain creates distance so you don't have to be fully present with the discomfort. It's not attention-seeking. It's survival. It's your system's way of saying, "This is too much right now." And even though it can be frustrating or disorienting, it often starts as a completely natural response to overwhelm.

2. It often happens when there's too much emotion at once.

High stress, anxiety, fear, or shame can all overwhelm the nervous system. When there's too much emotion and not enough capacity to hold it, dissociation kicks in. It numbs things, flattens them out, or distances you from what's happening. That's why people often dissociate during arguments, panic attacks, or even after receiving unexpected news. It's a way of checking out when the experience feels too big to stay in.

3. It can feel like watching your life from outside yourself.

Some people describe dissociation as floating above their body or watching events unfold like a movie. You're aware things are happening, but you don't feel fully involved. You're there, but also not. That sense of detachment isn't always dramatic—it can be subtle, like being present in body but not in emotion. However, it still affects how grounded and connected you feel in your own life.

4. For others, it shows up as losing track of time.

You might suddenly realise hours have passed without a clear memory of what you did. You weren't asleep, but you weren't fully present either. It's like your mind went offline and took the rest of you with it. Losing time in that way isn't due to laziness or forgetfulness. In fact, it can be a subtle form of dissociation that slips under the radar, especially during emotionally draining days.

5. It's common after trauma, especially ongoing trauma.

People who've lived through abuse, neglect, or chronic stress often develop dissociation as a protective response. When you can't physically escape a situation, your brain sometimes helps you escape mentally. As time goes on, it can become a default setting—even when things are safe. The mind learns that disconnecting is the safest option, even if the danger is long gone.

6. Dissociation can also show up in day-to-day anxiety.

You don't have to have experienced trauma to dissociate. High anxiety alone can cause it. When your nervous system is stuck in overdrive, your brain may hit pause as a way to manage the chaos. It's like your system flicking the lights off for a bit, not because it wants to shut you down, but because it doesn't know how else to calm you down.

7. It can affect how you remember things.

When you dissociate, your memory can become foggy or fragmented. You might forget key details of a conversation or experience, even if it wasn't that long ago. Your brain wasn't fully recording—it was in self-protect mode. That can be frustrating, especially when people expect you to explain or recall something clearly. However, it's not a failure of attention. It's a nervous system response that makes full presence feel unsafe.

Continued...

8. It's not always dramatic or easy to spot.

There's a misconception that dissociation always looks extreme. However, for many people, it's subtle—daydreaming too often, zoning out while driving familiar roads, or feeling weirdly disconnected during a normal day. That subtlety can make it harder to name. But just because it looks quiet doesn't mean it's not affecting someone's experience of their own life in a deep way.

9. It can feel like nothing is real, even when you know it is.

Some people describe moments where everything feels fake or distant, even though they logically know they're awake and functioning. This is called derealisation, and it's a form of dissociation. It's not psychosis. It's a sign that your mind is trying to buffer your experience. The world hasn't changed, but your perception of it has gone fuzzy as a form of protection.

10. It often leads to disconnection from your own needs.

If you dissociate often, it becomes harder to recognise hunger, tiredness, or emotional signals. You might skip meals without noticing, ignore exhaustion, or struggle to say how you're actually feeling. It has nothing to do with neglect—it's about not having full access to your body's cues. After a while, that disconnect can compound stress, burnout, and emotional confusion.

11. It can be mistaken for being cold or disengaged.

When someone's dissociating, they may seem distant or flat—not because they don't care, but because they're struggling to stay present. The lights are on, but the emotional wiring isn't all connected in that moment. That misunderstanding can lead to hurt feelings or judgement from other people, when what the person really needs is gentleness and grounding, not more pressure to perform emotional closeness.

12. It's not a choice, but it can become a pattern.

Most people don't choose to dissociate—it just happens. However, when it becomes a repeated response to stress, it can turn into a habit that's hard to break. You start checking out without meaning to, even in safe moments. Recognising the pattern is the first step. It's not about shame; it's about noticing when your system needs more support, not more pressure to stay "on."

13. Grounding techniques can help, but they're not one-size-fits-all.

Things like deep breathing, holding an object, or splashing cold water on your face can sometimes help bring you back to the present. But what works for one person might not work for another. The goal isn't to snap out of dissociation instantly. It's to create small anchors that tell your nervous system, "We're safe now." And finding what soothes you personally takes time and trial.

14. Healing requires patience and self-compassion.

Dissociation usually forms over time, and it takes time to unlearn. The goal isn't to never dissociate again. It's to understand it, respond to it, and gradually build safety from the inside out. Being kind to yourself during the process matters. You're not broken—you adapted. Now that you see it, you can start moving toward connection, one grounded step at a time.

Source: *What Is Disassociation And Why Someone Might Experience It*

Signs of Anxious Ambivalent Attachment

CLINGING TO CAREGIVERS

LIMITED EXPLORATION OF ENVIRONMENT

DIFFICULT TO COMFORT

A FEAR OF STRANGERS

DIFFICULTY WITH REGULATING EMOTIONS

POOR RELIANCE WITH OTHER CHILDREN

DISTRESSED WHEN SEPARATED FROM CAREGIVER

STRONG RELIANCE ON OTHERS

APPEARING ANXIOUS IN GENERAL

simplypsychology.org

Have you seen these two films?

Two black and white films from the 1940s

Both before their time in understanding mental health and possibly personality disorders

Gaslight

(1944)

The term "gaslighting" originates from the 1938 play Gas Light and its 1944 American film adaptation, Gaslight. In these stories, a manipulative husband attempts to drive his wife to believe she is insane by using subtle changes to their environment, such as dimming the gas lights, and then denying that the lights changed when she points it out.

This act of psychological manipulation to undermine someone's reality eventually gave rise to the term "gaslighting" to describe that specific tactic.

Stars: Charles Boyer, Ingrid Bergman, Joseph Cotton and Angela Lansbury

Link: Gaslight (1944) : George Cukor : Free Download, Borrow, and Streaming : Internet Archive

Husband: "It isn't here, you must have dreamed you put it there". Wife's desperate realization, "Am I mad? Am I mad?"

The Snake Pit

(1948)

The Snake Pit is a work of fiction, but it is drawn from Mary Jane Ward's own experiences with mental illness after she spent time in a psychiatric hospital following a breakdown.

It tells the story of her confinement and struggle for recovery through the efforts of a caring doctor and loving husband .

The relationship between the woman and her doctor hints at potential **attachment issues.**

Stars: Olivia DeHavilland, Leo Glenn and Mark Stevens

Link: The Snake Pit, 1948 : Free Download, Borrow, and Streaming : Internet Archive

"Shocking and highly controversial at the time of release, The Snake Pit broke new ground in Hollywood cinema for its depiction of mental illness and its treatment."

Things You Assume Are Personality Traits That Are Actually Trauma Responses

by Heather Sinclair

Some behaviours become so ingrained, they start to feel like part of your personality. However, when you've experienced trauma—especially early in life—those adaptations often start as survival tools, not core traits. Over the years, they get mislabelled as quirks, preferences, or just "how you are," when they're the emotional fallout of things you never fully processed. Here are some behaviours that people often mistake for personality traits but are more likely rooted in having gone through some horrific things in your life.

1. "I just hate relying on other people."

This often gets spun as independence or strength. However, when you dig deeper, it can come from experiences where trusting other people led to disappointment, neglect, or betrayal. Refusing help starts to feel safer than risking another letdown. What looks like self-sufficiency might be self-protection. And while there's nothing wrong with being capable, it becomes a problem when you feel like you can't afford to need anyone at all.

2. "I'm just a people pleaser—it's who I am."

People pleasing often develops in chaotic or emotionally unpredictable environments. When love or safety feels conditional, you learn to keep other people happy to avoid conflict or abandonment. As time goes on, this starts to feel like a personality trait. But underneath the agreeableness is a fear of rejection or not being liked. You weren't born to please other people—you adapted to survive.

3. "I'm just not good at expressing how I feel."

Emotional shutdown isn't always a wiring issue—it's often a learned response. If, as a child, your emotions were ignored, punished, or mocked, you may have learned that staying silent was safer. This turns into adult communication difficulties that look like detachment. However, it's not that you don't feel—it's that your nervous system learned early on that sharing was risky.

4. "I'm just really chill—nothing gets to me."

Being emotionally flat or numb isn't the same as being laid-back. Some people seem calm because they've disconnected from their feelings completely, often after years of being overwhelmed or unsupported. This version of "chill" can be emotional freeze mode—a trauma response where the body plays dead to avoid threat. It feels like calm on the outside, but it's often shutdown on the inside.

5. "I'm always the strong one for everyone else."

Being the dependable one often starts when you weren't allowed to fall apart yourself. If no one was there to comfort you, you became the comforter. If no one checked on you, you learned to be the checker. What looks like resilience is sometimes emotional suppression. You get used to carrying other people because you've never really felt safe being carried yourself.

Continued...

6. "I just hate attention."

Avoiding the spotlight can sometimes come from deep discomfort with visibility. If being noticed once meant being targeted, judged, or made to feel unsafe, invisibility starts to feel like protection. You might say you're just introverted or low maintenance, but it's worth asking: is your dislike of attention about preference, or about fear of exposure?

7. "I'm just always on edge—it's how I function."

Hypervigilance can masquerade as being detail-oriented, type-A, or "just a bit anxious." However, when your nervous system is stuck in a heightened state, it's often because it never learned how to relax. This state of always scanning for danger may have served a purpose once. In safe environments, it starts to interfere with rest, connection, and peace.

8. "I'm not very trusting—it takes a lot for me to open up."

Caution isn't a flaw, but when your baseline is distrust, it's often rooted in past hurt. You might have been betrayed, gaslit, or abandoned in ways that made vulnerability feel dangerous. Now, even with good people, you might hold back—not because they've done anything wrong, but because your system is still protecting you from past wounds.

9. "I'm just not good at relaxing or doing nothing."

Constant busyness is often praised in society, but it can be a form of avoidance. If stillness brings up anxiety, guilt, or intrusive thoughts, it might feel safer to keep moving than to sit with yourself. Being productive all the time isn't always about ambition—it's often about distraction. Trauma makes your nervous system associate rest with danger, even when life is objectively safe.

10. "I overthink everything—it's just my nature."

Overthinking is a control tactic disguised as logic. When you've experienced unpredictability, your brain starts trying to anticipate every outcome to avoid surprise or pain. You may tell yourself you're just thorough or cautious, but often, overthinking is an exhausted mind trying to feel in control of things it can't control.

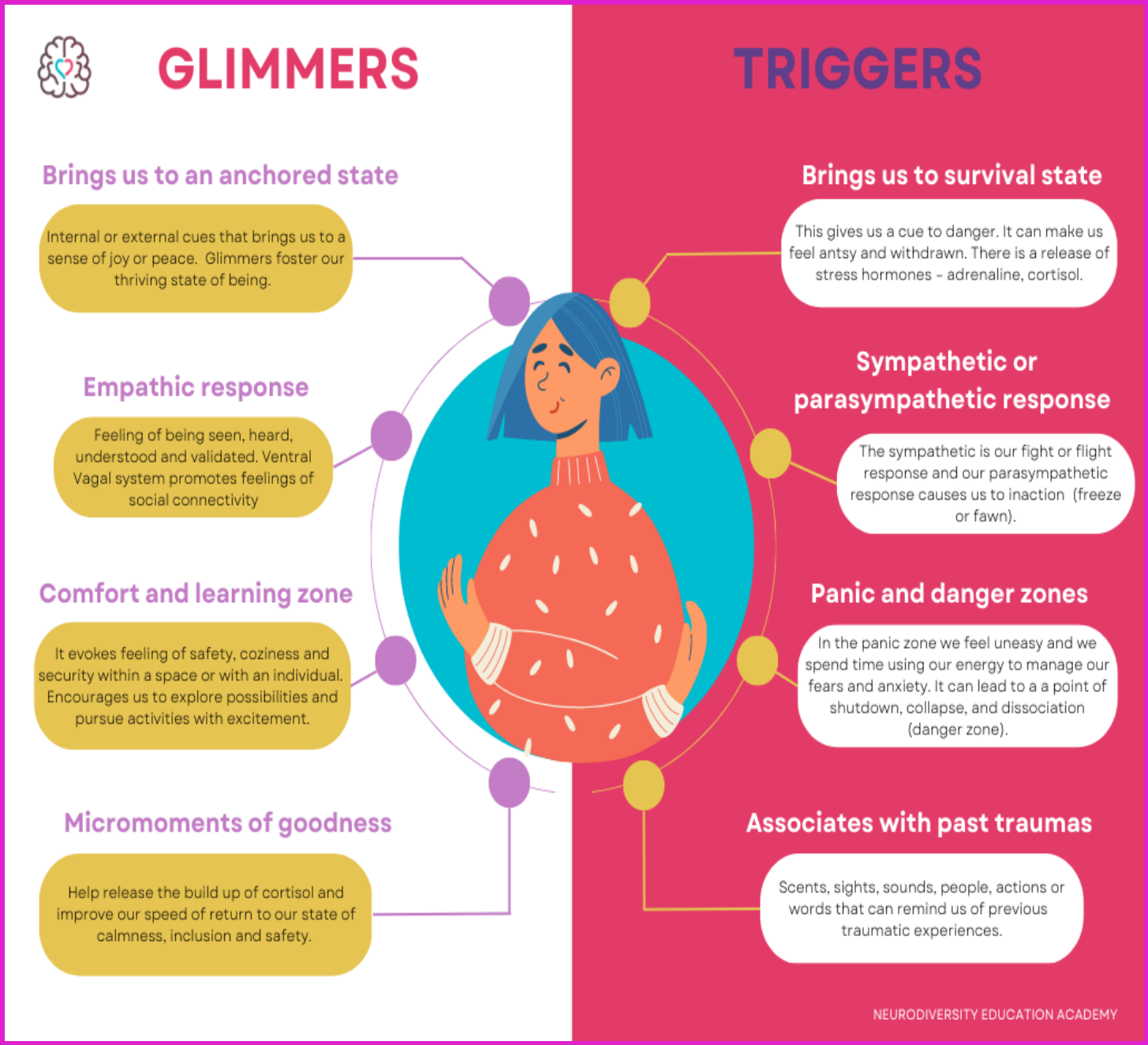
11. "I just prefer to be alone."

Alone time is healthy, but when isolation becomes a default, it's worth exploring why. For many, it's a learned protection from rejection, judgement, or emotional overwhelm. Solitude isn't always about needing space—it can be about not trusting that connection won't come with strings or pain. There's safety in being alone, but there's also often sadness beneath it.

12. "I don't get attached easily."

This might sound like emotional maturity, but it can also be avoidant behaviour rooted in early attachment wounds. If closeness once led to chaos, instability, or hurt, detachment becomes a shield. You tell yourself you're independent, but underneath, there may be a fear of being hurt, needed, or abandoned. It's not that you don't care—it's that caring has always come with risk.

Source: *Things You Assume Are Personality Traits That Are Actually Trauma Responses*



Know Your Glimmers

We are primed to feel triggers and encouraged to know what our triggers are. Yet, we are not taught to know our *glimmers*.

Glimmers refer to small moments when our biology is in a place of connection or regulation, which cues our nervous system to feel safe or calm. We're not talking great, big, expansive experiences of joy or safety or connection, these are micro moments that begin to shape our system in very gentle ways.

Glimmers give us a calm, peaceful and joyful state. They are micro moments of goodness that help our body to restore to our thriving state of being. They reduce emotional distress and can help us be more in our learning zone.

Some examples of glimmers:

- basking in nature
- petting animals
- shaking or rocking the body
- Humming
- wrapping our body around a soft blanket
- freshly baked bread
- scented stationary
- Gardening

In the same way that certain sights, sounds, scents, people, or actions can trigger us, these can also be sources of glimmers as well.

You feel something happen inside, there's an energy that happens around a glimmer, and your brain then marks it as well.

Deb Dana, a licensed clinical social worker specialising in complex trauma

Source*: KNOW YOUR GLIMMERS*

The Inner Child

Trigger Warming

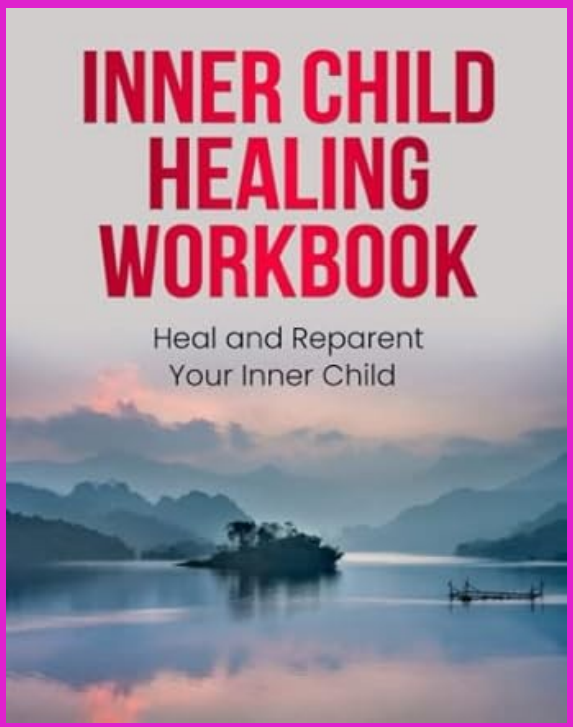
Those of you who have sought help for childhood trauma will recognise the phrase 'the inner child'. Regardless of the life we experienced in our early years, we all have an inner child, but if we have suffered childhood trauma and it has not been adequately addressed, it can cause lifelong problems.

The inner child represents the younger, childlike part of an individual's personality. It can be playful and mischievous, but it can also be vulnerable and fearful. This is because it holds hidden memories and emotions from those early years that may surface when triggered by current experiences. If those memories and emotions contain traumatic events, they can lead to debilitating anxiety, social withdrawal, and sometimes, to self-sabotage, self-harm and even suicide.

The process of acknowledging your inner child mostly just involves recognizing and accepting things that caused you pain in childhood. Bringing these hurts out into the light of day can help you begin to understand their impact.

Release past hurts and pains of childhood trauma so you can fully thrive in life through inner child healing. Through this therapeutic process of learning to safely navigate and heal wounds from your past, your present self begins to thrive in areas of self-love, forgiveness, and compassion.

We don't realize how much unresolved emotional pain we carry around. We don't know why we always feel depressed, anxious, victimized, or disappointed. We wonder why they keep making the same self-sabotaging impulsive decisions.



The ***Inner Child Healing Workbook*** contains over 300 guided easy to use journal prompts to work through at your own pace, broken down into 6 categories, along with affirmations with your inner child in mind.

Inner Child Healing Workbook: Setting Boundaries Finding Peace and Cleaning up Your Mental Mess (Guided Journals for Mental Health) Paperback – 28 Oct. 2021

Inner Child Healing Workbook: Setting Boundaries Finding Peace and Cleaning up Your Mental Mess (Guided Journals for Mental Health): Amazon.co.uk: Press, Deep Shadow: 9798750591022: Books

ICD-11

The ICD-11 (International Classification of Diseases, 11th Revision) is used as a global standard for classifying and coding diseases, disorders, injuries, and other health conditions. It replaces the previously used ICD-10.

The new ICD-11 system acknowledges the fundamentally dimensional nature of personality and its disturbances whilst requiring clinicians to make categorical decisions on the presence or absence of personality disorder and severity (mild, moderate or severe). The connection between normal personality functioning and personality disorder is established by identifying five trait domain specifiers to describe the pattern of a person's personality disturbance that connect to the *Big 5* personality traits established in the broader study of personality.

The five trait domains are: negative affectivity; detachment; dissociality; disinhibition; anankastia

In fundamentally changing the structure of personality diagnosis, ICD-11 provides the potential for a more compassionate framing of personality disorder in discussions between clinicians and the people who come to them requiring help.

To mitigate stigma, clinicians must root their discussions of personality and its disorders in a psychological understanding of the development of personality rather than within the terminology of medical classification alone.

Personality develops in the transaction between our biology and our early life experiences. Personality characteristics have a strongly heritable component and can be seen in early temperament, which has a high degree of stability across the life span Early trauma, however, can have a significant impact on the developing brain. These impacts may make a child more sensitive, or aggressive further prompting adverse experiences such as invalidation or punishment from caregivers which may increasingly impact the child's neurobiology. Thus, personality and personality disorder develop in the transaction between biology and environment and can be conceptualised as a person's best efforts to function and cope with their familial and social environment given their biological heritage and early life experiences.

Conceptualising personality dysfunction as learned patterns of coping – which may have been functional in the person's early context, and may continue to function in some environments – that have become problematic for the person, potentially provides a supportive and less stigmatising context in which to discuss personality and its disorders. ICD-11's new structure which is strongly connected to the study of human personality provides a context for furthering these initial discussions with clients and patients.

A study with health professionals of the respective utility of ICD-10 versus ICD-11 found that the new structure was more useful with respect to formulating interventions, communicating with clients, comprehensively describing a person's difficulties and ease of use. Whether clients themselves experience clinicians' discussions using the new structure as less stigmatising will require systematic research. If this aspiration is to be realised, initial service user responses indicate that clinicians will need to be more adept at understanding internal distress and that patterns of behaviour were adaptive responses to early adversity .

Source: *Personality Disorder Diagnoses in ICD-11: Transforming Conceptualisations and Practice - PMC*

Could you have ADHD?

This was designed for children but you may recognise certain symptoms. Please note that it is only the first stage in diagnosis and is not a definitive diagnostic tool.

ADHD Initial Screening Checklist

This checklist serves as a preliminary tool for identifying potential signs of Attention Deficit Hyperactivity Disorder (ADHD) in children. It is designed to guide further observations and should not be considered a diagnostic tool or substitute for professional evaluation. Behaviors are rated on a continuum from low to high frequency.

PUPIL:	**D.O.B.:**
EVALUATOR:	**DATE:**

OBSERVATIONS	LOW				HIGH	Note
SKILLS	1	2	3	4	5	
• **Inattention**						
Has difficulty sustaining attention in tasks or play						
Seems not to listen when spoken to directly						
Easily distracted by external stimuli						
Often loses materials needed for tasks (e.g., books, pencils)						
Avoids or dislikes tasks requiring sustained mental effort						
Makes careless mistakes or overlooks details						
• **Hyperactivity**						
Fidgets with hands or feet or squirms in seat						
Has difficulty staying seated when expected						
Runs about or climbs in inappropriate situations						
Talks excessively or at inappropriate times						
• **Impulsivity**						
Blurts out answers before questions have been completed						
Interrupts or intrudes on others' conversations or games						
Has difficulty waiting for their turn						
Acts without thinking about consequences						
• **Executive Functioning**						
Has difficulty organizing tasks and activities						
Struggles to follow multi-step instructions						
Often forgetful in daily routines						
Trouble transitioning from one activity to another						
• **Emotional Regulation**						
Displays frequent mood swings or irritability						
Has a low frustration tolerance						
Overreacts to minor setbacks or changes						
• **Social Interaction**						
Has difficulty maintaining peer relationships						
Interrupts others or dominates conversations						
Frequently misreads social cues						

Conclusion and Recommendations: *(Write observations, notes, or next steps here.)*

_____

_____

_____

Signatures:

EVALUATOR	PARENT/GUARDIAN

The Ineffective Therapist

A Poem by

Artificial Intelligence

In a room where shadows stretch long and deep,
Sat the therapist, lost in a thoughtless sweep.
Their words, like hollow echoes, fell,
In a chamber where burdens quietly dwell.
"How does that make you feel?" they'd say,
As if the question could light the way.
But their eyes betrayed a wandering mind,
Searching for answers they'd never find.
The clock ticked loud, a metronome of despair,
As silence hung heavy in the stagnant air.
The patient spoke of wounds and scars,
Of battles fought under unreachable stars.
Yet the therapist nodded, a practiced art,
With no real understanding, no touch of heart.
Their clipboard full of empty lines,
A facade of care that subtly declines.
Advice was given, vague and trite,
Like chasing shadows in fading light.
"Try breathing, perhaps a walk," they'd suggest,
As if such words could soothe unrest.
The sessions blurred, the weeks went by,
The patient's hope began to die.
For beneath the therapist's professional guise,
Lay no wisdom, no empathic ties.
Oh, the weight of trust placed in vain,
Seeking relief, but finding pain.
For not every healer holds the key,
And not every listener can truly see.
So let this tale be a gentle reminder,
To seek a guide who's truly kinder.
For the heart knows when it's truly heard,
When care is deep, and trust is stirred.

Prison Stories

Poor Treatment

by Sue Wheatcroft

TRIGGER WARNING

I was queuing for medication when two women ran in front of me, pushing in. I ran to stop them but fell over. The pain in my shoulder was immediate and excruciating. The nurse came to have a look at it and said it was probably just a bruise. I was given paracetamol, helped up off the floor and told to go back to the wing. No matter what I tried, I just could not get into a position in which to ease the pain. At 9pm, four hours after I had taken the paracetamol, I was given another dose. However, despite my requests and the obvious pain I was suffering, I was denied any more until eleven hours later. The reason given was that the nurse was in Healthcare and I was on the wing. I took this as meaning the nurse couldn't be bothered.

One thing I learned quickly about prison was that neither officers nor medical staff err on the side of caution, and there was certainly no pandering to the prisoner with regards to healthcare. I believe there is a common misconception among the general public that prisoners have better access to medical care than they actually do. I was guilty of this myself until I entered the prison system. For days, I couldn't move my arm without being in tremendous pain and could not get comfortable enough to sleep. I nodded off occasionally but would always be woken up soon after, because of the pain.

Back in Healthcare, I was given regular doses of paracetamol. On the morning of the third day since my fall I saw a doctor, who agreed with the nurse that it was probably just a bruise but prescribed a stronger painkiller, Naproxen. He explained that it would take twenty-four to forty-eight hours to start working. I was still in constant pain and could not dress/undress without help. I slept in my clothes and each morning I showered and, with the aid of a prisoner, put on clean clothes. Everyone could see my discomfort. I asked a nurse for a sling, but she refused, saying I should try and move it around more.

Prison Healthcare

Continued...

By the fifth day, some of the Healthcare officers were starting to suspect that my shoulder injury was more than just a bruise and called for a different doctor. He examined me and left, saying nothing. I found out later that, straight after he left me, he had tried to arrange an escort to take me for an x-ray. It was refused until the next morning, when I was taken to the local hospital by three prison officers. The medical staff there could hardly believe I had been left that way for five days. The x-ray showed a total dislocation of my left shoulder. It would be difficult to correct because it had been left for so long.

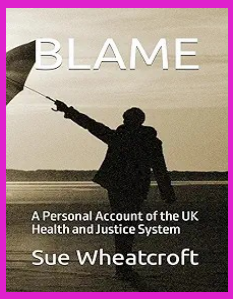
I was sedated and the procedure began. I was surrounded by medical staff and prison escorts. I wasn't totally sedated and screamed out loud with the pain but I'm sure it could have been much worse. For twenty minutes they battled with my shoulder. Then, after another x-ray to make sure it had been done correctly, I was taken back to prison. The hospital staff had been very kind to me but not so much to the escorts, who they could hear complaining of being traumatised after listening to me screaming.

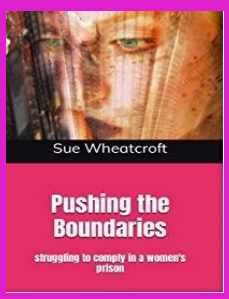
I made sure all officers and medical staff in Healthcare and on the wing knew about the dislocation. There were no apologies for the delay in getting treatment. I thanked the doctor who had arranged the x-ray and the whole episode seemed to be forgotten, although not by me. Other prisoners told me to put in a complaint, but I knew it would be fruitless. I was just one of many who had received poor treatment. Christine had been running a temperature for almost a week before being admitted to hospital with pneumonia. For someone with end-stage cancer the delay could have been fatal. Fortunately, Christine's strength and sheer willpower brought her through.

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...





I CAN CONTROL

(So I will focus on these things)

Why am I so angry when I'm with my mother?

by Philippa Perry

The question: *I am angry towards my mother. I can't remember when it started to become the norm for me to feel this way, but more and more I feel irritated, sceptical, let down and detached in her presence. I am in my early 30s and she is in her 60s.*

My mother is a brilliant person. She would do anything for me or for her family. But when I'm with her I find myself numb to her issues. On the days I'm with her (I live some distance away), I feel angry and then later I feel awful, like there must be something bad about me. Growing up I was a confidante of sorts, listening to her anxieties about her relationship with Dad and how useless he is, about colleagues at work being awful to her, about her weight, about her awful childhood. Mum and Dad are still together, and I am trying to make some sort of connection with Dad now that I'm an adult.

The suggested answer: The way our bodies usually find to separate from our parents (whom we really love), so that we can find our own tribes and beliefs, is by being angry with them. It's a healthy separation process. The advantage of your late-onset teenage rebellion is that you have the maturity to become more aware of your process as you find your own beliefs and ways of operating in the world that differ from hers.

You need your anger to achieve it, but you can lessen the acting out of your anger as you become more aware of what's happening. Believe me, you are not alone in this – quite a few adults feel themselves regressing into sulky teenagers in the presence of their parents. It's because we can be so close to our parents and yet also have a need for independence.

You empathise with her and so you feel her pain; you recognise that some of this pain is of her own making, so that's frustrating for you. But when you eventually experience her as a fully separate person from you, this will feel easier. You don't have to argue with her. And you don't have to tell her that clinging to the victim position is tiresome and that other people aren't so awful. And neither do you have to tell her that perhaps she indulges in a little bit of projecting her shadow side on to the world. It's good to notice things like that because you don't want to do those things. But they are her quirks and coping mechanisms – and as well as doing stuff like this, she is a brilliant person. We all have quirks we unknowingly pass on to our children and it is our children's job to feel sufficiently angry about them that they can separate themselves from us.

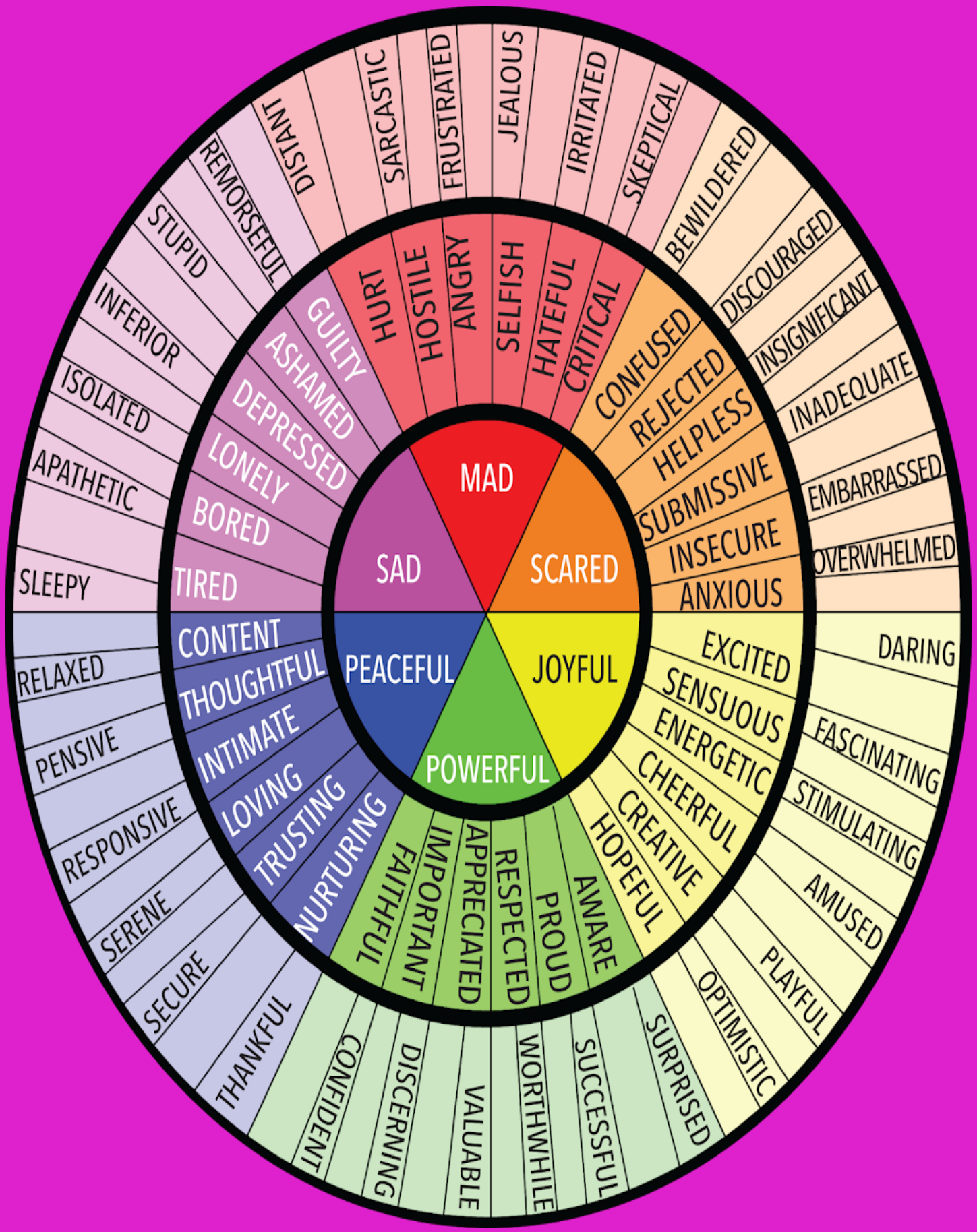
The way she has shared her issues with you over the years may have made you feel you had to look after her, rather than it being the other way around. This role burdened you with her emotional baggage. You may have enjoyed some aspects of being her confidante, but it's not surprising if you also feel resentful at having played that role too.

Yes, your sense of yourself is still partly tied to her approval, even though you recognise your need for independence and emotional boundaries. You feel this. You don't want to feel it. When you have an inconvenient feeling, don't be that feeling, but just observe it. When you talk to yourself, replace "I want her approval" to "I notice I'm wanting her approval." It's a very small change, but it can make a difference.

Feeling anger at parents is part of being a child, even when the child is an adult. It is a process, be kind to yourself as you go through it.

Source: *Why am I so angry when I'm with my mother?*

Wheel of Emotions



Boundaries Quiz

Managing the boundaries between you and your clients is a difficult juggling act. This self-assessment tool aims to help you think about yourself and the professional boundaries that underpin your work. Choose the answers that are closest to how you think you would respond in real life, then check the scores and see how tight or lose your professional boundaries are.

Q1 You are walking down the street with your partner and see a client you are currently working with walking towards you.

Do you:

a) Ignore them?
b) Make eye contact and see what they want to do?
c) Nod a brief hello to them?
d) Stop and chat with them?
e) Stop them and introduce your partner?

Q2 Your work mobile phone is broken and one of your clients needs to be able to contact you about the outcome of a custody case on a day that you are working out of the office.

Do you:

a) Give them your personal number but tell them it is a one-off and not to use it again.
b) Give them your personal phone number but tell them it is a new work number.
c) Tell them to call the office and leave a message.
d) Say your phone is broken and blame lack of resources.

Q3 One of your clients notices you are reading a book by their favourite author. You have just finished the book and can tell they would love to read it.

Do you:

a) Give them the book?
b) Hurriedly put the book away?
c) Discuss the ideas and themes of the book with them?
d) Suggest they join the local library?
e) Offer to lend them the book?

Q4 A client asks if you have a partner and children.

Do you:

A) Give a totally honest answer?
b) Tell them it's none of their business?
c) Acknowledge your situation without giving too much information away?
d) Get out your family photos?
e) Have a moan about your partner/lack of partner?

Q5 A client confides in you that they smoke cannabis to help them deal with their issues. They are not a chronic user, it does not appear to be doing them any harm, and they feel it helps them relax.

Do you:

a) Suggest that they keep an eye on any side-effects on their mental or physical health?
b) Warn them strongly about the dangers of cannabis?
c) Suggest that they attend a drugs rehabilitation program?
d) Ask further questions about their use?
e) Say that it seems that cannabis is the least of their problems?
f) Say that many people do self-medicate with cannabis and, as long as they don't smoke too much, they should be fine?

Continued...

Q6 A client you have been working with stops engaging with you and rejects your attempts to support them.

How do you feel?

a) Sad.
b) Annoyed.
c) Disappointed.
d) Angry.
e) Not bothered.

Q7 A client tells you that you really "get" them, that no-one else understands them, and that they think you are a wonderful person.

Do you:

a) Thank them and say that they are a special person too?
b) Act pleased but modest?
c) Explain that you are just doing your job?
d) Tell them to stop being soft?
e) Give them a hug?

Q8 A client gets engaged and promises to invite you to their wedding, saying they would really like you to be there after everything you have been through together.

Do you:

a) Say you will start looking for an outfit.
b) Tell them that you don't think it is appropriate for you to go.
c) Tell them you would love to go but professional boundaries mean that you can't.
d) Be vague, but intending not to go.

Q9 You are working with an elderly client who is unable to leave the house. At the end of a home visit, they ask you to pop to the shops for them because they have no food in the house. It is outside your job description and your hours of work.

Do you:

a) Take the money offered and go to the shops for them "just this once"?
b) Say you are unable to go for them?
c) Offer to do the shopping on a regular basis for them?
d) Ring your organisation and get clearance to do the shopping?
e) Don't do the shopping this time but arrange adequate support for the future?

Q10 You are working with a client who flirts with you in one-to-one sessions. You believe they are becoming sexually attracted to you.

Do you:

a) Speak to your manager about the situation?
b) Play along with them so you don't hurt their feelings?
c) Tell them that this is a professional relationship and that they should not be so over-friendly?
d) Get them transferred to another worker?
e) Stop booking one-to-one sessions with them?
f) Book a home visit to discuss the situation?
a) Tell them that you are here to advise them, not the other way round?
b) Tell them you don't invest in the stock market, but follow their advice secretly?
c) Be polite but disinterested and ignore the advice?

Continued...

Q11 One of your clients used to be a financial adviser. While chatting, they tell you about some stocks and shares you should buy now to make lots of money. You currently have some money you are looking to invest.

Do you:

a) Tell them that you are here to advise them, not the other way round?
b) Tell them you don't invest in the stock market, but follow their advice secretly?
c) Be polite but disinterested and ignore the advice?
d) Ask them for more details so you can check it out later?

Q12 A new client spontaneously gives you a hug at the end of a particularly positive session.

Do you:

a) Hug them back and tell them what a positive session it was?
b) Let them hug you but don't really engage?
c) Avoid the hug and tell them that it is not appropriate?
d) Accept the hug and tell them it is not appropriate?
e) Tell them to never touch you?

Q13 You turn up for a home visit and your client answers the door wrapped in a towel.

Do you:

a) Refuse to enter the house or to start the session?
b) Tell them to put some clothes on and wait outside while they do?
c) Laugh it off and go in anyway?
d) Suggest they need to put some clothes on before starting the session?

Q14 You turn up to meet your friends for a drink in the pub. You see one of your current clients there with some of her friends and she looks slightly drunk.

Do you:

a) Ignore your client all night?
b) Speak to your client and suggest they leave the pub?
c) Ask your friends to leave with you to another pub?
d) Have a word with your client and suggest that you ignore each other?
e) Buy your client a drink?

Q15 One of your clients brings you an expensive bottle of perfume/aftershave as a gift towards the end of your time working with them.

Do you:

a) Accept the gift with thanks?
b) Refuse the gift as inappropriate?
c) Accept the gift but say you will have to share it with the team?
d) Accept the gift, document it and report it to your manager?

Q16 While chatting with a client, they mention your favourite band/musician/composer and talk about how much they love them

Do you:

a) Listen and ask them questions?
b) Say how much you like the artiste?
c) Start chatting in depth about the music/lyrics?
d) Talk about the time you saw them play live?
e) Change the topic of conversation?

Continued...

Q17 You are chatting with a group of clients when one of them tells a racist joke. All the other clients laugh and, although tasteless, the joke makes you want to giggle.

Do you

a) Smile to yourself but walk away?
b) Keep a straight face and say nothing?
c) Challenge the clients directly about the implicit racism?
d) Say that you find the joke offensive?
e) Remind them of the rules about racist language?
f) Laugh (but not too loud)?

Boundaries Self Assessment Tool – scoring table

	A	B	C	D	E	F
Q1	1	2	3	4	5	
Q2	5	3	2	4		
Q3	4	1	3	2	4	
Q4	3	1	2	4	5	
Q5	3	2	1	2	4	5
Q6	3	3	3	5	1	
Q7	4	3	2	1	5	
Q8	5	2	4	3		
Q9	3	1	4	2	1	
Q10	3	4	2	1	2	5
Q11	1	3	2	5		
Q12	4	3	2	3	1	
Q13	1	2	5	3		
Q14	4	1	2	3	5	
Q15	5	2	3	3		
Q16	2	3	4	5	1	
Q17	3	4	2	2	2	5

Total Score_____

21 - 33
Your boundaries are very tight. You should loosen up a bit and try to see things from your clients' point of view.

34 - 52
You're nice and safe. You could stretch yourself and explore the boundaries of your relationships with clients.

53 - 70
You are treading a fine line. If you do it with enough consideration, judgement and caution, you will be fine. If you are not careful enough, you will cause problems for yourself, your team or your clients.

71 - 76
Your boundaries are very loose. You are setting up yourself or your clients to fail. Have a good think about your motivations and personal boundaries.

77 - 82
Your boundaries are non-existent. You need to tighten them fast before you cause some serious problems.

Quiz compiled by Frank Cooper, List of Life Ltd, www.listoflife.com/events

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