

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...



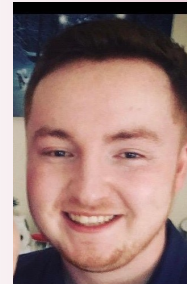
Sue



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

SUPPORT



Group

News

August 2026 marks the 9th anniversary of the
Derbyshire BPD Support Group.

Over the years, the group has evolved in line with necessity (COVID) and the wishes of our members. From regular facilitated face to face meetings in the early days, the group is now almost entirely online.

Another change is that group members, rather than facilitators, are now responsible for arranging activities. This could be meet-ups, whether online through such as zoom, or face to face for walks or coffee.

We look forward to many more years with both old and new members.

Enjoy your Summer!



Vicky was a co-founder of the group and my soulmate of 36 years. Sadly, she passed away just before Christmas 2021.

Sleep tight darling!

Sue xxx



What we offer...

Occasional Zoom Meetings
(arranged by members)



Quarterly Newsletters



Occasional Meet-Ups (arranged by the members)



WhatsApp Groups



BPD chat Autism & BPD Women with BPD

Parent/Carer/Family/Friend

Positivity

Borderline of Nature

Crisis Card

Website:

derbyshireborderlinepersonalitydisordersupportgroup.com

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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:

derbyshireborderlinepd@gmail.com

xxx



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!



Signs of a healthy/unhealthy childhood

Why do some adults seem so comfortable in their own skin while others constantly doubt themselves? Childhood holds most of the answers. The way someone was raised creates lasting imprints that become obvious once you know what to spot. These patterns show up in everything they do. Here are the telltale signs that reveal the kind of childhood someone really had.

Healthy

- Strong Sense of Empathy
- Respect For Authority
- Healthy Communication Skills
- Strong Moral Compass
- Naturally Appreciative
- Healthy Boundaries
- Emotional Stability
- Good Work Ethic
- Open-Mindedness
- Independence And Responsibility

Unhealthy

- Difficulty Trusting Others
- Low Self-Esteem
- Difficulty Forming Relationships
- Overthinking Small Choices
- Impulsive Decision Making
- Struggling With Consistency
- Independence Taken Too Far
- Unhealthy Coping Mechanisms
- Materialism Over Relationships
- Fear Of Failure

Source: [10 Signs That You Had A Good Upbringing & 10 You Didn't](#)

How to recognise a toxic person

They...

- always put themselves first
- never apologise
- are always complaining
- never follow through
- are always running late
- always on their phone

They are a...

- chronic interrupter
- notorious gossip
- know-it-all
- backseat driver
- conversation hog
- fair-weather friend
- sore loser
- serial ghoster
- blame shifter



Source: *If You Do Any Of These Things, You're Not A Very Nice Person*

“

**You deserve a life
you are excited
about.**

Part One is in our previous issue at:
[Derbyshire Borderline Personality](#)

PART TWO

Also in this issue: Part Three (Five Years Later) and Part Four (Daniel)

Trigger

Mum did her best to get me involved with other children. Families would organise birthday parties for their children and invite their school friends. I don't remember going to any. I'm not saying I wasn't invited, I probably was but I'm pretty sure I would have refused to go. On my birthday one year, my mum organised a party for me. I saw lots of children arriving, but I had no intention of attending myself. I went on one of my long walks, something I did quite often when uncomfortable or distressed. I had immense freedom, even at the age of seven.

School

Although I didn't fit in at school, I did have one friend. His name was John; he was the same age as me and lived next door. I would meet him and his mum again many years later and learned that he was quite severely autistic. At seven, we enjoyed each other's company. I don't think we played much; I only remember sitting quietly with him. Then one day, he picked up his dad's axe from the shed and started swinging it around. I got too close, and it caught me above the eye.

My mum took me to the hospital on the bus. There was lots of blood, and it was dripping into my eye, but I remember that we both remained calm. At the hospital I had stitches on the cut just over my eye. I heard the doctor say how lucky I was, not to lose it. This was traumatic, obviously, but not as much as what happened the next day. John's mum told me that I couldn't play with him again because he was too upset. I don't know if it was John's decision, but I lost my only friend, and that had a much bigger impact on me than the incident with the axe.



It was around that time that I developed facial tics. The GP referred me to a specialist, but I have no idea what was discussed. It obviously didn't sit well with my mum because we never went back. What it meant though, was that I was a target for bullies. This wasn't helped by teachers who thought they were doing the right thing but only made it worse. One teacher brought my tics to the class's attention by telling the children that anyone bullying me for the strange things I did with my face would be in trouble.



I'm not sure how much her warning worked. I remember queuing in the playground to go into the dining hall, and no matter where I was in the queue, others would push in front of me so I would end up at the back. I know this happened on more than one occasion, but I have no idea just how often.

One boy would take my school dinner off me. Many years later he became friends with my brother, and I jokingly confronted him about it. He told me that it wasn't personal, he did it to loads of kids. I hadn't known that at the time; it might have made a difference to know that I wasn't the main target, but I doubt it. By this time, I had grown accepting of how things were in my life, hence the belief later on that I was a waste of space.

Having said that, I was quite content in my own little world away from other people. In the playground I always stood in the corner and didn't try to join in with the other children. They would throw a ball to each other or chase each other round the playground, sometimes they were skipping. I never asked if I could join in and I'm not sure if they invited me to.



Continued...

One day a teacher saw me standing alone and told them to let me join in. I was shocked at this and didn't know what to do. I felt tense, I could feel my face going red, I was sweating, and my heart was beating faster. One girl looked at me and said something as if to invite me to play but I just stood there. The teacher told me to join the others, but I still stood there without moving or saying anything. I remember looking towards the school gate and to the road at the other side, wishing I could escape.

At dinnertime, everyone had to walk by the teachers, who were sitting on the stage having their dinner. Children had to show their plates to prove they had eaten everything. One day, I left some brussel sprouts on my plate, they made me feel sick and I couldn't eat them. But I was told by a teacher that I couldn't leave the dinner hall until I had a clean plate. I sat back down and tried to eat the sprouts but couldn't and vomited onto my plate. I was worried about what the teacher would say so mixed the vomit with the sprouts and tried to eat that. I can't remember the outcome, but to this day just the smell of sprouts takes me right back there.



PART THREE

Five years later



Most of what I have spoken about so far took place around the age of seven. I have a large gap in my memory between the ages of seven and twelve, but by then I had found a best friend, Pauline. Through Pauline I became more social and we became part of a small group. However, this all fell apart one day when something happened that perhaps to others wouldn't be significant but was a deal-breaker for me.

Pauline, a boy called Ronnie, and I bought some chips and took them back to Pauline's house to eat. Ronnie and I sat down, and Pauline went to get some forks. She got one for her and one for Ronnie, but not for me. Rather than joke about it, as I would today, I got up and walked out. I never spoke to Pauline again. Perhaps this is what my mum meant when she said I wasn't like other girls.

Soon after this, I started a new school. Instead of 300 children, there were 1500. I was overwhelmed and started playing truant. Maybe it was hormones as well, I don't know, but I started to feel out of control. I decided to leave; not just the school but everything. I had saved up money I received for birthdays and Christmas and so could afford the train fare to London. I had no idea what I would do when I got there but already, I was feeling immense relief and a sense of freedom.

I was thirteen years old but looked older and thought I could find a job. I was so naïve. I went into a hotel near St Pancras Station and asked for a job as a cleaner. P45? I didn't know what it was but said I would bring it the next day. National Insurance Number? I had no idea but didn't let on.



A woman nearby heard the conversation and came over to speak to me as I was leaving. She asked where I was living. I explained that I had just arrived and was looking for somewhere. She asked me directly, 'you're not a runaway, are you?' I laughed and said no. She asked how old I was, and I said 16. I explained that I wasn't happy at home and so had left as soon as I could. She seemed to take pity on me and offered me a room in her house in Finsbury Park. I don't remember her name, but I do have a photo of us both sitting in her garden. I stayed with this woman and her friends for a few days before my deception started to slip. I didn't know anything about getting a job; I thought I could just start work, get paid and that was all there was to it. They were getting suspicious and asked me again if I had run away from home. They didn't want to get in trouble, and I didn't want them to either, so I left. I phoned an auntie that lived in North London and asked if I could stay with her for a while. She asked where I was so that she could pick me up, but it was the police who arrived, and I was taken home.

Continued...

PART FOUR

Daniel



At this time, my brother 'X' and his wife had a young son, Daniel. They both worked and so I went to stay with them to look after him. I now look back with some surprise and more than a little horror at how much responsibility I was given, and I can see just how lucky we all were that nothing went badly wrong with this arrangement.

Daniel was around nine months of age and so I would need to watch him all the time. His pram was in the front room, and I would strap him in whenever I needed to leave the room. One day, I was about to get him out of the pram but then remembered that I had to make the fire and so should leave him where he was. It was an open fire, and we would 'draw' it by fixing a shovel at the front and covering it with newspaper. Just before the paper caught alight, we would move it. On this day, just as it was about to catch alight, I saw Daniel leaning out the pram, about to fall. I had already taken the straps off. I had to decide quickly; should I save the newspaper to avoid it dropping onto the rug and possibly spreading the fire or should I save Daniel from falling?



Fortunately, I chose Daniel. I quickly strapped him in again and then rushed to the fireplace to stamp out the burning newspaper which had fallen onto the hearth but, thankfully, missed the rug. I spent a considerable amount of time scrubbing it clean and when my brother got home all he saw was that, despite it being winter, all the windows were open; I had needed to get rid of the smell of burning. I did tell him what had happened, but I don't think he realised how serious it could have been.

A few months later, when Daniel had begun walking, I was playing with him in the garden when I needed to use the loo. I left him playing where he was. At that time, people were a lot more casual in their childcare, and it wasn't that unusual to leave small children playing alone. However, the house was on a busy main road, and it would have been easy for him to have wandered into traffic. It was a careless and naïve thing to do on my part and, again, we were lucky. When I got back to him, he was playing happily, with a mouthful of soil.

Some days, Daniel's grandparents on his mother's side would visit. Although they probably didn't mean to, they would take over and start telling me what to do. I didn't like it but put up with it. But then one evening they made a surprise visit, not knowing that my brother and his wife had gone out to the pub. I was getting Daniel ready for bed, and they started telling me what I was doing wrong. I did what was usual for me in distressing situations, I walked away. I walked out of the house and didn't stop until I became exhausted. I had walked just under nine miles. I don't remember feeling upset; I was cold because I hadn't taken a coat, and I needed to sleep.



I climbed over a low wall at the bottom of someone's garden and lay down, but it wasn't long before I was spotted, and the police were called. As I sat in the police car, I tried to get some feeling back into my fingers, which were swollen due to the cold. The officers made it clear what they thought of me. It was my fault I was cold, which of course I already knew, and they didn't have time to go chasing silly little girls like me. They took me straight home, and I didn't go back to my brother's.



Next issue.....Travel



16 ways adult loneliness is connected to childhood trauma

Loneliness as an adult often feels like a personal failing, but for a lot of people, that hollow feeling in a crowded room actually started decades ago.

It's not just about having a quiet social calendar; it's about a deep-seated struggle to feel safe or seen when you're around other people. When your early years were marked by chaos or a lack of emotional support, your brain effectively wired itself to stay on high alert, making genuine connection feel more like a threat than a comfort. It's a bit of a heavy realisation to see that the walls you built to protect yourself as a kid are the same ones keeping you isolated today.

The link between what happened back then and how you feel now usually shows up in the way you handle trust and vulnerability. If you learned early on that the people supposed to care for you were unpredictable or dismissive, it makes sense that you'd grow up into someone who keeps everyone at arm's length. You end up in a cycle where you crave closeness but subconsciously push it away because being known feels like a liability. Understanding that your current loneliness is a survival strategy that's outlived its usefulness is the first step toward finally letting people in. These 16 points explain exactly how those early experiences are still pulling the strings on your social life.

1. You don't really trust anyone

If you experienced betrayal or inconsistent care as a child, it's no wonder you don't really trust people as an adult. However, not being able to fully rely on anyone can prevent you from having deep, rewarding relationships. You might keep people at arm's length, always waiting for the other shoe to drop, which can lead to a sense of isolation even when you're surrounded by people.



2. You have a fear of abandonment

Childhood experiences of abandonment, whether physical or emotional, can lead to an intense fear of being left alone as an adult. The fear might cause you to either cling too tightly to relationships or avoid them altogether, both of which can result in feelings of loneliness. You might find yourself constantly anticipating rejection, which can create a self-fulfilling prophecy.

3. You struggle with emotional intimacy

If your emotional needs weren't met as a child, you might find it hard to open up and be vulnerable with people as an adult. Struggling with emotional intimacy can stand in the way of true connection, leaving you feeling lonely even when you're around people. You might keep conversations superficial, avoiding topics that require emotional depth.

4. You have low self-esteem

Childhood trauma can significantly impact self-esteem. If you grew up feeling unworthy or unlovable, you might carry these beliefs into adulthood. Having such low self-esteem can make you feel like you don't deserve meaningful relationships or that people wouldn't want to be around you, leading to self-imposed isolation and loneliness.

5. You don't know how to set boundaries



If your boundaries weren't respected as a child, you might struggle with setting and maintaining healthy boundaries as an adult. It can lead to either being too guarded, pushing people away, or letting people take advantage of you. Both scenarios can result in unsatisfying relationships and feelings of loneliness.

6. You engage in people-pleasing behaviour

Childhood experiences of conditional love or approval can lead to people-pleasing tendencies in adulthood. While this might seem like a way to connect with people, it often results in superficial relationships where you don't feel truly seen or understood. Unsurprisingly, this can lead to a deep sense of loneliness, even when surrounded by people who seem to like you.

7. You have a negative self-image.

Childhood trauma can distort your self-perception. If you grew up being criticised or made to feel inadequate, you might carry a negative self-image into adulthood. It can make you feel like you're not worthy of genuine connections, leading to self-isolation and loneliness.



Continued...

8. You struggle with emotional regulation

Childhood trauma can impact your ability to manage emotions effectively. As an adult, you might find yourself overwhelmed by your feelings or struggling to express them appropriately. Emotional dysregulation can make it tough to maintain stable relationships, contributing to feelings of loneliness.

9. You have a fear of vulnerability

If vulnerability was punished or exploited in your childhood, you might develop a fear of opening up to anyone. That fear can prevent you from forming deep, meaningful connections in adulthood. You might keep your guard up, sharing only surface-level information about yourself, which can lead to a sense of disconnection and loneliness.

10. You don't even know how to recognise healthy relationships

Childhood trauma can skew your understanding of what healthy relationships look like. As an adult, you might find yourself drawn to unhealthy or toxic relationships because they feel familiar. That pattern can leave you feeling lonely, even when you're in a relationship, because your emotional needs aren't being met.



11. You struggle with social anxiety

Childhood experiences of rejection or ridicule can lead to social anxiety in adulthood. Understandably, that anxiety can make social interactions feel daunting, causing you to avoid them altogether. Even when you do socialise, you might feel on edge, unable to fully engage, which can result in feelings of loneliness even in social settings.

12. You have a tendency to self-sabotage

If you internalised negative beliefs about yourself or relationships during childhood, you might unconsciously sabotage potential connections in adulthood. That might mean pushing people away when they get too close, or finding faults in people to justify not getting involved. While this might feel like self-protection, it often leads to isolation and loneliness.

13. You struggle with perfectionism

Childhood experiences of harsh criticism or unrealistic expectations can lead to perfectionism in adulthood. It might extend to your relationships, causing you to set impossibly high standards for yourself and other people. When these standards inevitably aren't met, you might withdraw, leading to feelings of loneliness and disconnection.

14. You find it hard to ask for help



If your needs were dismissed, or you were made to feel burdensome as a child, you might struggle to ask for help as an adult. It can lead to a sense of isolation, as you try to handle everything on your own. You might push away offers of support, inadvertently reinforcing your loneliness.

15. You have a fear of conflict

Childhood experiences of intense or violent conflicts can lead to a fear of any kind of disagreement in adulthood. As a result, it may cause you to avoid confrontations at all costs, even when it means suppressing your own needs or opinions. While it might seem like a way to maintain harmony, it often leads to unfulfilling relationships and a sense of not being truly known or understood.

16. You struggle with emotional numbness

I FEEL
NUMB



Sometimes, childhood trauma can lead to emotional numbness as a coping mechanism. As an adult, this numbness might persist, making it tough to form emotional connections. You might go through the motions of relationships without feeling truly engaged, leading to a profound sense of loneliness and disconnection from those around you.

Source: [16 ways adult loneliness is connected to childhood trauma](#)

'Why am I so weird?'

Hannah, 22, writes a letter to her younger self when she was diagnosed with autism, struggling with friendship, and shares her self-care tips.

Dear my younger self,

Right now, fitting in seems so, so important. But understanding friendships seems impossible and people are just really hard work! Growing up is hard. I know people say this a lot, but it really is true. I know it feels like nobody gets you - you feel like an outsider looking in. You feel like an alien, born onto the wrong planet and in some ways, I guess you are. But actually, being different isn't a bad thing.

All those people who make you feel rubbish, the clones who all act the same, you wouldn't want to be them. You are autistic. You are you and you are unique. Although you are so much more than a label, that label does provide you with an explanation. Not an excuse or a magic wand, but an understanding of why life has been so hard for you. Being a teenager is hard enough without adding a social communication disorder. A condition which is stereotypically thought of as a young boy's problem. Autism presents differently in every single autistic person - when you've met one autistic person, you've only met one autistic person.

When you are told you are autistic, you won't believe them. It can't be. Your own misconceptions and lack of education on neurodiversity will mean you are adamant it isn't that. But trust the process. Once you start researching, you'll see that there is a whole world out there. A whole community of people who also struggle the way you do. It will continue to be tricky; nothing changes overnight. However, self-acceptance is key. Accept yourself for everything that makes you, you. The good, the bad and the ugly. You are loud, stubborn and strong-minded. You are hilarious, creative and have a very strong sense of justice. You are intelligent and kind but can also be stroppy and mean. You are you and that is enough. Be kind to yourself.

Love from, your older self x

Self-care tips for autism and friendship



Being diagnosed with autism doesn't mean you suddenly have lots of friends, can navigate a social gathering and enjoy large crowds of people shouting. The anxiety doesn't disappear and life is still just as hard. But now that you understand why, maybe you can be a little kinder to yourself?

Self-love is something we often preach about, but what does it truly mean? It doesn't have to be a massive act. You don't have to take yourself on an expensive spa day. Self-love means knowing your limits. Setting boundaries for yourself and sticking to them. If you're out of people power, you could spend the evening in your room, lights off, gravity blanket, galaxy lamp and music on.

Others your age might be out partying or seeing friends, but that's okay. It doesn't make you any less of a person because you need to rest. You might wear ear defenders on a busy train and never been on a night out. That's fine. You don't need to 'fit in'. You can be happily yourself, in your own world without hurting anyone else or letting them affect you.

Be kind to yourself. That is the biggest takeaway from my journey to discovering that I am autistic. The journey to that point caused my mental health to spiral and led me to a very dark place. This is sadly the case for many people who aren't diagnosed until later in life. However, the message stands for all young people: You don't need to be the prettiest, the cleverest, the fastest, the richest or the best. What you are is you. Once I allowed myself to be autistic, I accepted that my brain does function differently to those who are 'neurotypical' and sometimes I need to do things in my own way. I allowed myself to begin recovery. Life isn't a race; you don't need to be perfect. There is no such thing as perfection anyway. (Hannah)

BPD and Attachment

How early experiences shape relationships

Attachment theory has received growing attention in recent years, especially in discussions around emotional wellbeing and personality. Many individuals exploring their experiences with borderline personality disorder (BPD) or Quiet BPD find that early attachment dynamics can shed light on recurring patterns in their relationships and inner worlds.

Although people with BPD may share a diagnosis, their journeys are deeply individual. Personal history, temperament, and coping strategies all shape how symptoms appear. By understanding attachment styles—patterns shaped by early caregiving—and their influence on BPD, individuals can gain insight into their emotional responses and begin the process of healing.

Importance of Having Good Family Relationship



In recent years, researchers have started to explore the links between BPD and attachment styles. Shaped by the way young child attaches to their parents, secure, insecure, and fearful attachment styles describe the way we form and maintain relationships with others. Some researchers have proposed that people with borderline personality disorder may be more likely to have insecure or disorganised attachment styles

Some of the main features of BPD may be related to a *hyperactive attachment system*, causing young people to quickly and intensely bond with others. This may lead to some of the interpersonal difficulties associated with BPD, such as:

- Intense fear of abandonment by the other person, which may cause people with BPD to suddenly and pre-emptively end relationships
- Quickly escalating relationships that move from acquaintance to great intimacy over a short period
- Unstable relationships rooted in intense feelings of anxiety or avoidance attachment to the other person

What is Attachment Theory?

Attachment theory, first proposed by British psychiatrist John Bowlby, suggests that human beings are biologically wired to seek closeness and safety—especially in times of stress. As infants, we instinctively reach out for comfort from caregivers. How those caregivers respond helps shape our internal sense of safety, trust, and emotional regulation.

When a caregiver is consistently loving and responsive, a child learns that the world is a safe place. Over time, they begin to internalise that steady presence, eventually developing the ability to soothe themselves in difficult moments. On the other hand, inconsistent, neglectful, or frightening caregiving may disrupt this process. Children in such environments may struggle to trust others, tolerate uncertainty, or manage intense emotions. These early experiences create what are known as attachment styles—ways of relating to others that can persist into adulthood.

Attachment styles

Attachment patterns formed in childhood don't disappear with age. In fact, research has shown that many adults carry the emotional imprints of their early relationships into adult connections—particularly romantic ones.

**JOHN
BOWLBY**



Continued...

Modern attachment theory identifies adult patterns along two key dimensions: anxiety (fear of rejection or abandonment) and avoidance (discomfort with closeness or vulnerability). These dimensions give rise to four general styles.

Secure attachment (Low in anxiety and avoidance) - Secure adults tend to have healthy, trusting, and supportive relationships.

Insecure attachments

1. Anxious-preoccupied (High in anxiety, low in avoidance) - adults often crave intimacy but may struggle with feelings of insecurity and fear of abandonment.

2. Dismissive-avoidant (High in avoidance, low in anxiety) - likely to avoid emotional closeness and may prioritize independence over intimate relationships.

3. Fearful-avoidant (High in both anxiety and avoidance) - long for connection with a fear of getting too close, often resulting in conflicting emotions and unstable relationships.

Anxious Attachment and BPD

Adults with an anxious attachment style often experienced inconsistent caregiving—caregivers who were loving one moment and distant or critical the next. This unpredictability creates a deep-seated fear of abandonment. Anxiously attached individuals may:

- Crave closeness but fear it might be taken away
- Monitor relationships for signs of disconnection
- Struggle with self-worth and feel easily rejected
- Seek constant reassurance or approval

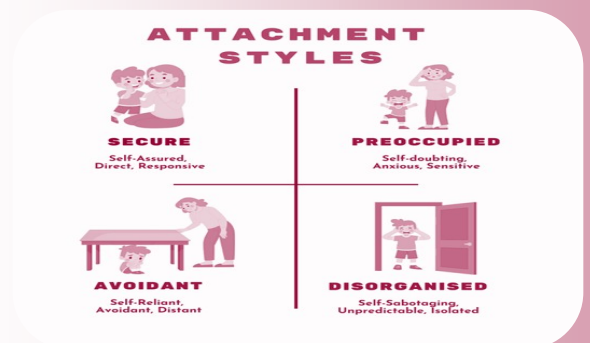


This style often overlaps with classic presentations of BPD. The fear of abandonment, intense emotional reactions, and relational instability commonly seen in BPD can be understood as coping mechanisms developed to manage early emotional uncertainty.

Avoidant Attachment and BPD

Those with avoidant attachment often grew up in homes where emotional needs were ignored, dismissed, or actively discouraged. In response, they learned to suppress vulnerability and became self-reliant as a way to cope.

- Avoidantly attached adults may:
- Appear emotionally distant or overly independent
- Struggle to trust others or open up
- Minimise or downplay difficult memories
- Detach quickly when conflict arises



This style can be linked to Quiet BPD, where emotional suffering is concealed behind a façade of composure. These individuals may function outwardly in daily life while privately feeling overwhelmed, numb, or profoundly disconnected. Rather than expressing anger or need outwardly, they bury their emotions, often leading to deep feelings of emptiness.

This style also often overlaps with classic presentations of BPD. The fear of abandonment, intense emotional reactions, and relational instability commonly seen in BPD can be understood as coping mechanisms developed to manage early emotional uncertainty.

Source: [BPD - Attachment theory — BPD foundation UK](#)

Relationships with someone with BPD

My sister has bpd and she is in a healthy, long-term relationship. The last person she was with didn't listen to her needs and ignored her frequently, so he deemed her as "crazy." There's a lot of demonisation of people with bpd but a lot of them are misunderstood and have a difficult time feeling as though they can express their needs. My sister has been with somebody for a while now that does meet these needs and have regular conversations with her. He's understanding when she does have her moments, but they love each other very much. He builds her up while a lot of people tend to break their pw bpd down.

TRIGGER WARNING

Imagine this. You're dating someone for six months, and it's been an amazing week. You're in that perfect phase where you both feel like you've finally found your person. She looks at you one morning and says, with the most genuine excitement in her eyes, 'Let's have a perfect day. Let's go have a picnic at that beautiful park by the river you love.' And it's her idea, but you, being you, you take it and you run with it.

You spend the whole morning planning. You get the basket. You go to the store and buy her favourite cheese, the specific crackers she likes, the fruit she was craving last week. You pack the blanket. You even remember to bring a little speaker for the playlist you both made. You are all-in on making this 'perfect day' a reality. You are a team, and the mission is happiness. You pick her up, and she's beaming. She says you're the most thoughtful person she's ever met. The car ride is amazing. You're laughing, singing along to the music. You feel closer than ever.

You get to the park, find the perfect spot under a big oak tree. It's happening. The perfect day. You lay out the blanket. You start unpacking the basket. And then you pull out the cheese. And her face just... changes. It's like a light switch flips. The smile is gone. Her eyes are different. She says, 'I can't believe you brought that cheese.' You're confused. 'What? This is your favourite. You told me last month...' 'No,' she says, her voice suddenly cold. 'I told you I was trying to eat healthier. You never listen to me. It's like you're trying to sabotage me.' And just like that, you are in a completely different movie. You're no longer the thoughtful boyfriend. You are the saboteur. The one who "never listens." You try to reason. You say, 'I'm sorry, I thought I was doing something nice. We don't have to eat the cheese.' But it's too late.

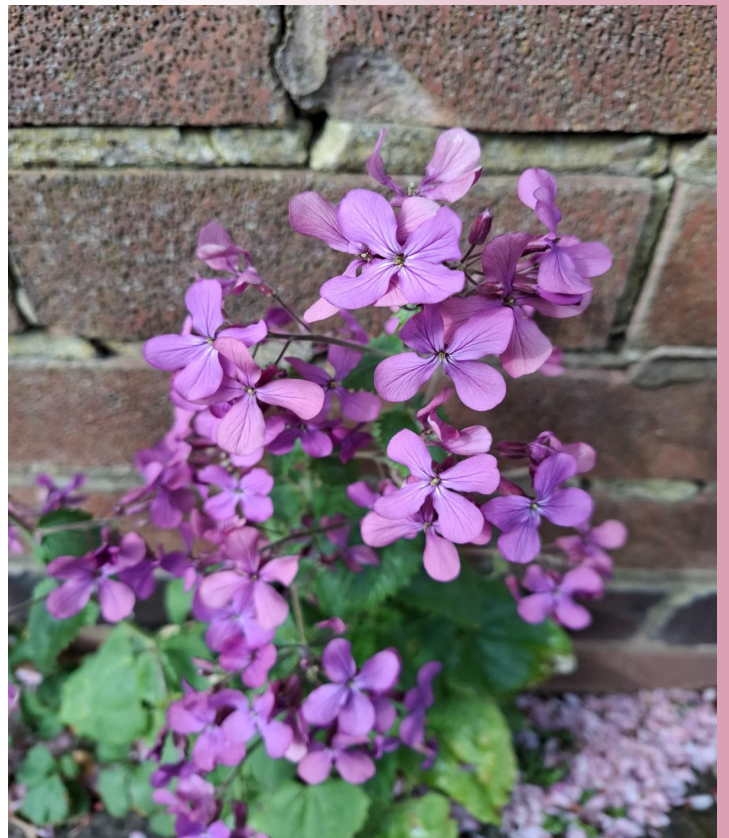
The switch has been flipped. She says, 'It's not about the cheese anymore. It's about the fact that you're not on my team. You're just like everyone else.' The next hour is a circular, mind-bending argument about the cheese, about her health, about your inability to listen, about her ex-boyfriend who also never listened. You are defending yourself against accusations that make no sense. The beautiful picnic is now a courtroom, and you are on trial for a crime you don't understand.

Finally, in tears, she says she feels sick and just wants to go home. The perfect day is in ruins. You pack up the untouched food, the silent speaker. The car ride home is a dead, suffocating silence. You drop her off. She gets out without looking at you. You go home, completely drained, confused, and heartbroken, staring at a basket full of food for a picnic that never happened. And then, three hours later, you get a text from her. It says: 'I miss you. Today was so much fun until I ruined it. I'm the worst. Can you come over?' And that... that's what it was like. You were constantly, without warning, living in both the beautiful memory of the car ride and the insane reality of the argument over the cheese, often in the same afternoon. And you never, ever knew which one was real.

Photos by Steve



Castle Donington



Quiet BPD



Borderline Personality Disorder (BPD) is often imagined as explosive outbursts, chaotic relationships, or extreme emotional swings. But not everyone with BPD shows it outwardly. In fact, some people internalise everything. Instead of lashing out, they turn it all inward. This lesser-known presentation is sometimes called “quiet BPD,” and while it’s not an official clinical term, it’s a real and valid experience for many. If you’ve ever felt like you’re silently falling apart while keeping it together on the outside, this might explain why.

1. The pain turns inward instead of outward.

People with quiet BPD often direct their distress toward themselves rather than other people. Where classic BPD might involve yelling or arguments, quiet BPD can look like shame spirals, self-blame, or emotional withdrawal. That inward direction doesn’t mean the pain is any less severe—it’s just hidden better. The emotional intensity is still there, but it’s masked by silence, overthinking, and self-criticism.

2. Emotional outbursts are replaced by emotional shutdowns.

Instead of crying or shouting, someone with quiet BPD might go completely silent. They shut down, withdraw, or numb themselves emotionally. It’s not about avoiding feelings; it’s about feeling them so strongly that they freeze instead. From the outside, it might look like they’re handling things well, when really they’re just overwhelmed and trying to keep it from spilling out.

3. Rejection sensitivity is high, but it’s hidden.

People with quiet BPD are deeply sensitive to rejection and abandonment, just like those with more outward-facing symptoms. But instead of saying “Don’t leave me,” they might think, “Of course they’re going to leave—I’m too much.” They pull away before you can reject them. The fear is still there—it just shows up through avoidance, people-pleasing, or pretending not to care.



4. They over-apologise and second-guess everything.

If you’re constantly apologising, even when no one’s upset, it might be more than just being polite. For someone with quiet BPD, there’s often a deep fear of being a burden or saying the wrong thing. This leads to walking on eggshells, overanalysing every text, and rereading conversations for signs of disapproval. It’s exhausting, and it comes from a place of never quite feeling secure in relationships.

5. They don’t “look” unstable on the outside.

Because they internalise everything, people with quiet BPD often appear calm, competent, or even cheerful. But underneath, there’s a constant tug-of-war between feeling too much and not knowing how to express it safely. This disconnect can make it harder to get support. Friends or therapists might not realise anything’s wrong, and the person struggling might not feel “sick enough” to ask for help.

6. They often hate how “needy” they feel, even if they never ask for anything.

Needing support or reassurance feels like weakness to someone with quiet BPD. They might long for connection but refuse to reach out, afraid of being seen as clingy or too emotional. This leads to intense loneliness. It’s not that they don’t want love—they just don’t feel like they’re allowed to need it without being rejected for it.

QUIET BORDERLINE
PERSONALITY DISORDER



Continued...

7. They're great at masking.

People with quiet BPD often become experts at wearing a mask. At work, they're reliable. Around friends, they're agreeable. But behind closed doors, there's often a lot of suppressed emotion and shame. Having the ability to "perform" normality can make it harder to get diagnosed, because the distress doesn't always match the external behaviour. However, the inner storm is very real.



8. Self-harm and suicidal thoughts can fly under the radar.

Just because someone isn't openly talking about their pain doesn't mean they're not struggling deeply. People with quiet BPD might harm themselves in secret or hide their darker thoughts out of shame or fear of judgement. They often feel like their pain isn't valid or big enough to deserve attention, which makes them more likely to suffer in silence and delay seeking help.

9. Intense shame is a daily experience.

Quiet BPD is often marked by a constant, crushing sense of shame. Not just guilt over mistakes—but shame about who they are. They feel broken, messy, or unloveable, even if no one's ever said that directly. That shame becomes the lens through which they see everything—relationships, choices, the future. It's hard to trust anything good will last when your self-worth is that fragile.

10. There's a constant fear of being "too much."

Someone with quiet BPD might suppress their needs, downplay their opinions, or avoid conflict at all costs. Not because they don't have strong feelings—but because they're terrified those feelings will push people away. That fear often leads to them becoming hyper-independent or emotionally self-contained, even when they're desperate for closeness or support.

11. They often don't realise they might have BPD.

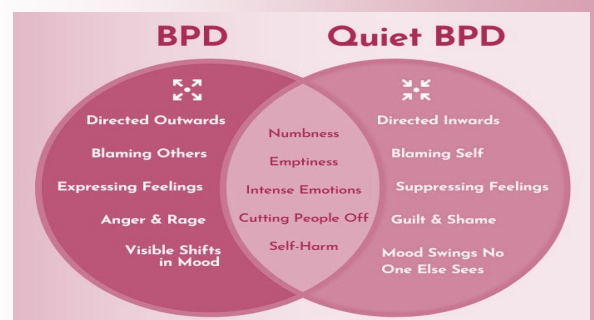
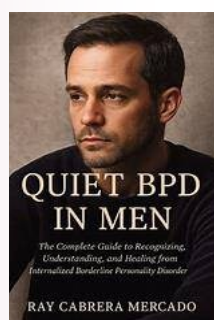
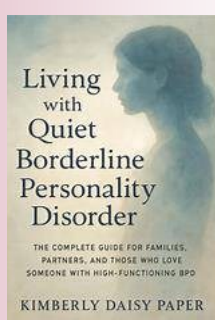
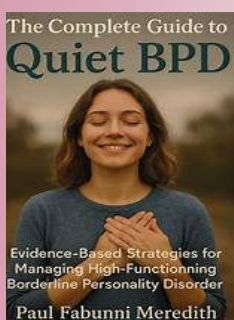
Because their version of BPD doesn't match the stereotypical traits—like public outbursts, reckless behaviour, or visible mood swings—they often go undiagnosed or misdiagnosed with depression, anxiety, or ADHD. It can take years of struggling silently before they find a name for what they've been experiencing. And even then, it might be hard to believe that BPD fits, because they've internalised so many ideas about what it "should" look like.

12. Yes, it's real, and it's valid.

Even though "quiet BPD" isn't a formal diagnosis, it's a widely recognised pattern within the BPD community and by many therapists. It's not less real, less serious, or less deserving of care than more outward presentations. If this sounds like you, you're not alone—and you're not faking it. Just because your pain is quieter doesn't mean it's not worth hearing, validating, or healing.



Source: [*Is Quiet Borderline Personality Disorder A Real*](#)



How to Let Go of Past Hurts

1. Consider questioning if the pain is comfortable - Sometimes when you've hurt long enough, you may get used to the emotional pain. Maybe it feels safe and familiar. Maybe you've internalized it as part of your identity. Perhaps staying angry at that person is comfortable because you can keep a distance.

2. Consider letting it out - Sometimes, to heal, you first need to feel it. Bottling up your thoughts and emotions may hurt you more in the long run and make it hard to let go, particularly if you keep thinking about the past and what harmed you.

3. Consider taking accountability - Taking accountability doesn't mean you have to blame yourself for things that happened to you in the past. It's more about realizing how much energy you're spending on remembering or feeling things that are no longer your present. It's also choosing to focus your attention elsewhere.

4. Try to make space for the new - Focusing on past events may leave little room in your heart and mind for new experiences, including those that may bring you joy.

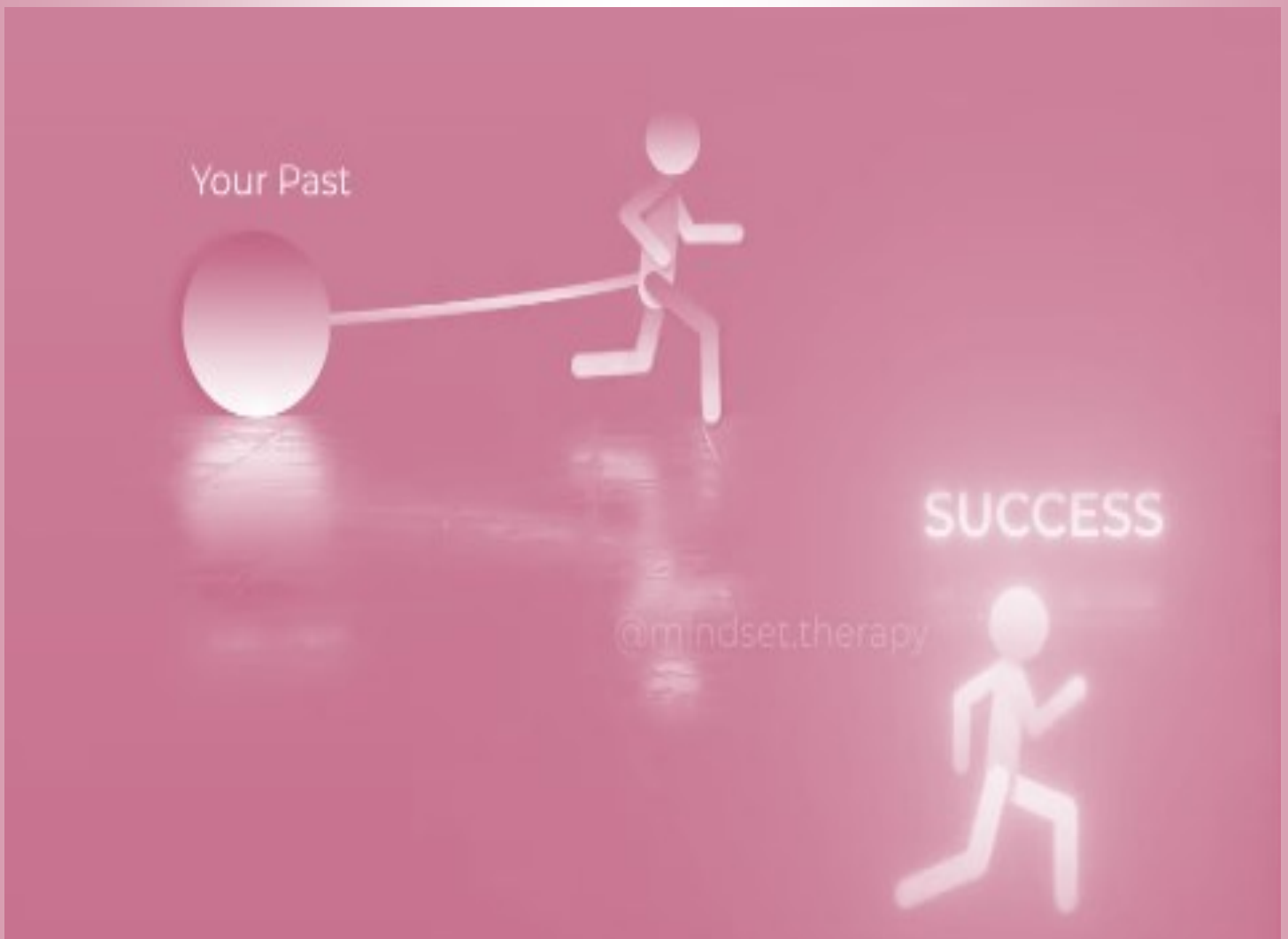
5. Prioritizing yourself may help - Prioritizing yourself is about being intentional with your decisions. This may start with realizing that choosing what's good for you doesn't mean you're being selfish.

6. Try to focus on the lessons - What have you learned about relationships, love, yourself, and life from your hurtful past experiences?

7. Accepting what you can't change may work - One reason you may be ruminating about past events could be a need to revisit past choices or what could have been. Focusing on the "what ifs" may lead you to repeatedly engage in the same inner conversations and scenarios. But thinking about what happened isn't going to change it.

8. Consider getting professional support - Whether you live with trauma, experience anxiety or another mental health disorder, or may be facing relationship resentment, a mental health professional can help you let go and release your emotional pain.

Source: *How to Let Go of the Past: 8 Tips to Accept and Release*



Childhood Bullying...

...leaving lasting scars that can affect us well into adulthood

It's not just about the physical or verbal abuse itself, but also the long-term impact on our self-esteem, relationships, and overall well-being. If you were bullied as a kid, you might recognise some of these traits in yourself or someone you know. Here are some of the common ways childhood bullying can manifest in adulthood. Acknowledging these patterns is the first step towards healing and growth.

1. Trusting people feels scary



Being bullied can shatter a child's trust in the world around them, *Psychology Today* notes. They might feel like they can't rely on anyone for protection or support. As adults, this can manifest as a deep-seated distrust of most people. They might struggle to form close relationships, be overly suspicious of people's motives, or have difficulty letting their guard down. It's like they're always expecting the other shoe to drop, waiting for the next betrayal or rejection. This lack of trust can make it difficult to build healthy and fulfilling relationships.

2. They struggle with low self-esteem and self-worth

Bullying can chip away at a child's self-esteem, making them feel worthless, inadequate, or unlovable. These feelings can linger into adulthood, leading to a negative self-image and a lack of confidence. They might constantly compare themselves to everyone around them, feel like they're not good enough, or struggle with imposter syndrome. This low self-esteem can affect their career, relationships, and overall happiness. It's important to remember that your worth is not defined by the opinions of bullies, and that you deserve love, respect, and happiness.

3. They are overly sensitive to criticism or rejection

Being bullied can make you hypersensitive to even the slightest criticism or rejection. Even a small comment or a minor setback can feel like a major blow. This sensitivity can lead to anxiety, depression, and a fear of failure. It's like they're constantly bracing themselves for the next attack, always on guard for any sign of disapproval. This can make it difficult to take risks, pursue their goals, or even enjoy their accomplishments.

4. They may experience anxiety or depression

Bullying is a traumatic experience that can have long-lasting effects on mental health. Many adults who were bullied as children struggle with anxiety or depression. They might experience flashbacks, nightmares, or panic attacks. They might also have difficulty concentrating, sleeping, or enjoying activities they once loved. It's important to get help from a qualified professional if you're experiencing any of these symptoms. Therapy can provide a safe space to process your trauma and develop coping mechanisms.



5. They might isolate themselves from people

Bullying can make them feel isolated and alone. As a child, they might have been ostracised by their peers, making it difficult to make friends or feel like they belong. As an adult, they might continue to struggle with social anxiety and have difficulty forming close relationships. They might feel like they don't fit in or that people won't understand them. If you're going through this, it's important to remember that you're not alone and that there are people who care about you and want to support you.

6. They might have difficulty asserting themselves

Bullying can teach a child that their voice doesn't matter. They may have been silenced, ignored, or ridiculed for speaking up. As an adult, they might struggle to assert themselves and stand up for their own needs and beliefs. It's possible that they're afraid of conflict, have difficulty saying no, or allow people to take advantage of them. Learning to assert themselves is a crucial step towards healing and empowerment.

7. They might have trouble trusting their own judgment

Being bullied can make a child doubt their own perceptions and beliefs. If they were constantly told you were wrong, stupid, or worthless, it's only natural that they'll start to internalise those messages and believe them to be true. This can lead to a lack of confidence in their own judgment and decision-making abilities. It's important to remember that they're capable and intelligent, and that their opinions and ideas have value.

Continued...

8. They might engage in self-destructive behaviours

Some adults who were bullied as children turn to self-destructive behaviours as a way to cope with their pain. This might include substance abuse, eating disorders, self-harm, or risky encounters. This is often a way to numb the pain or to feel in control of something when everything else feels out of control. It's important to get professional help if you find yourself doing things that are dangerous to yourself or other people. There are healthier ways to cope with your pain and trauma.



9. They have difficulty forming and maintaining healthy relationships

The scars of bullying can run deep, affecting how someone interacts with people in their adult life. They might struggle to form close bonds, fearing vulnerability and the potential for further hurt. It's also possible that they'll have trust issues or struggle with setting healthy boundaries. This can lead to a pattern of unstable or unsatisfying relationships, as they either become overly dependent or overly distant. Learning to trust and connect with people can be a long and challenging process for those who have been bullied, but it's a crucial step towards healing and happiness.

10. They tend to be people pleasers



To avoid conflict or rejection, those who were bullied might develop a tendency to please everyone else at the expense of their own needs and desires. They might say "yes" when they really mean "no," or go out of their way to accommodate people, even if it means sacrificing their own happiness. This people-pleasing behaviour can be a way of seeking validation and acceptance, but it can also lead to resentment and burnout. Learning to prioritise their own needs and set healthy boundaries is crucial for their well-being.

11. They may struggle with perfectionism

Bullying can create a deep-seated fear of failure and a need to prove oneself. This can manifest as perfectionism, where the person sets impossibly high standards for themselves and strives for flawlessness in everything they do. This relentless pursuit of perfection can be exhausting and can lead to anxiety, depression, and even burnout. It's important to remember that it's okay to make mistakes and that perfection is an unattainable goal. Learning to embrace imperfection and celebrate their achievements, no matter how small, is crucial for their happiness.

12. They may experience social anxiety

The trauma of bullying can create social anxiety, making it difficult to interact with people in social settings. They might feel self-conscious, fear judgment, or worry about saying or doing the wrong thing. This can lead to avoidance of social situations, isolation, and loneliness. Learning to manage social anxiety through therapy or support groups can help them to rebuild their confidence and engage in social interactions without fear.

13. They may have difficulty regulating their emotions

Bullying can disrupt the development of healthy emotional regulation skills. This can lead to difficulty managing anger, sadness, or fear. They might have explosive outbursts, withdraw emotionally, or become self-destructive. Learning to identify and express their emotions in a healthy way is crucial for their well-being. Therapy or mindfulness practices can help them to develop emotional regulation skills and cope with challenging emotions in a constructive way.



14. They may struggle with self-doubt

Bullying can instil a deep sense of self-doubt. They might question their abilities, their worth, and their place in the world. This self-doubt can hold them back from pursuing their goals, taking risks, or believing in themselves. Building self-confidence and learning to trust their own judgment is a crucial part of healing from the trauma of bullying.

15. They may be drawn to unhealthy relationships



The patterns of abuse and control that were established during childhood bullying can sometimes be replicated in adult relationships. They might find themselves drawn to partners who are critical, manipulative, or abusive, as these dynamics feel familiar and comfortable. It's important to recognise these patterns and to seek healthy, supportive relationships based on mutual respect and trust.

Source: [*If You Experienced Childhood Bullying, You May Have These Traits Today*](#)



How to recognise when you're being invalidated

When you open up about something painful, you're not always met with the support you hope for. Sometimes, people respond in ways that downplay what you've been through, whether they mean to or not. Trauma invalidation can be subtle, indirect, or even wrapped in something that sounds supportive at first glance. However, it still leaves you feeling unseen, dismissed, or like your pain isn't serious enough. Here are some of the ways people might invalidate your trauma, and why those responses can feel so quietly damaging.

1. "That was a long time ago, though."

Time passing doesn't make trauma disappear. When someone says this, it can feel like they're telling you to be over it by now, as if there's a deadline for healing. It ignores how trauma lingers, how it shows up in patterns, triggers, and emotional responses long after the event. That kind of comment often comes from discomfort more than cruelty, but it still sends a clear message: your pain has overstayed its welcome. It pushes you to rush a process that's not linear, and it adds pressure to perform a version of "being fine" that you're not ready for.

2. "At least it wasn't as bad as what happened to..."

Comparing your pain to someone else's might sound like perspective, but it's really just a way of dismissing your experience. Trauma isn't a competition. The fact that someone else had it worse doesn't erase what you've been through. That kind of response can make you feel selfish or dramatic for speaking up. It subtly teaches you to keep things to yourself because they're "not bad enough" to deserve attention or care, which can lead to even deeper feelings of isolation.

Validating someone isn't rocket science, but it may take effort to do it right.

3. "But your life seems fine now."

Just because you're functioning doesn't mean you're not carrying something heavy. People sometimes assume that if you've got a job, a routine, or a smile on your face, your trauma must be in the past. The thing is that trauma doesn't always show itself in obvious ways. It can leave you feeling like you have to justify your pain or prove you're still affected. It reinforces the idea that if you're not visibly struggling, you must be over it, which simply isn't how healing works.

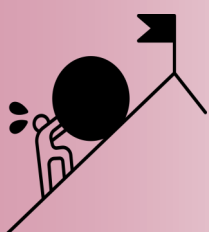
4. "You're just a bit too sensitive."

This one can hit especially hard when your trauma has made you more reactive to certain situations. Being told you're too sensitive minimises the reality that your nervous system might be wired differently now or always was. It frames your emotions as the problem instead of recognising the real issue underneath. Over time, hearing this can make you doubt your instincts, apologise for your boundaries, or stay silent when something genuinely hurts.

5. "You should be grateful it wasn't worse!"

Gratitude and pain can exist at the same time, but using gratitude to shut down pain isn't helpful. Being told to be thankful while you're still hurting feels confusing and unfair. It skips over empathy and goes straight to dismissal. Invalidation like that can make you feel guilty for having feelings at all. It suggests that because you survived or because someone else had it worse, your trauma doesn't count. That can seriously delay your ability to fully process and heal.

6. "You're not the only one who's been through something, you know."

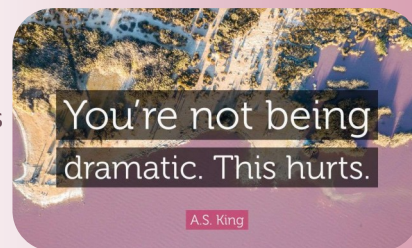


This might technically be true, but it misses the point entirely. Acknowledging that other people have struggled doesn't mean your experience is less real or less important. It's not selfish to speak about what happened to you. People often say this when they feel overwhelmed or unsure how to support you, but it still has the effect of making your pain feel like an inconvenience. It teaches you to shrink your story so other people won't feel uncomfortable.

Continued...

7. "You've always been dramatic."

This invalidation hits below the belt, especially if you've been told it before. It blends past accusations with present pain, suggesting that your trauma isn't real, and that it's just part of your personality. It keeps you stuck in a loop, where speaking up feels unsafe. If everything you express is dismissed as exaggeration, you start to internalise the idea that your perception can't be trusted. That's a hard belief to untangle once it's planted.



8. "You don't look like someone with trauma."

There's no one way a traumatised person is supposed to look. Trauma doesn't always show up in visible scars, breakdowns, or public chaos. Sometimes it looks like high-functioning anxiety, perfectionism, or emotional numbing. Comments like this reveal how deeply misunderstood trauma still is. It's based on stereotypes and completely overlooks how many people are carrying hidden pain behind polished exteriors.

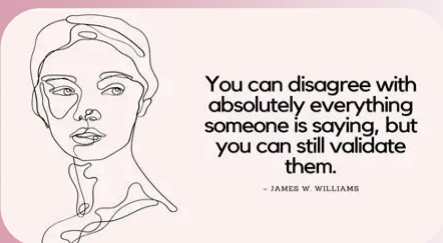
9. "Well, you turned out fine."

Just because someone survived something doesn't mean it didn't affect them. Telling someone they "turned out fine" dismisses everything they went through to get here, including the parts they're still working on. It's a neat way of tying a bow around a story that may still be unfolding. It says, "Don't talk about this anymore, it's over." But for many people, the impact of trauma continues quietly, long after the events are technically finished.

10. "You're strong. You don't need to dwell on it."

Being strong doesn't mean you don't need support. Telling someone to move on because they're "resilient" can feel like a compliment, but it often pressures them to keep going without processing what they've been through. This sort of praise can be a double-edged sword. It frames vulnerability as weakness and encourages emotional shutdown, when in reality, naming your trauma and asking for support is one of the strongest things you can do.

11. "Are you sure it happened like that?"



Questioning someone's memory of their trauma might seem like curiosity, but it can land like gaslighting. Trauma can already mess with memory, and asking this way subtly suggests they're exaggerating or remembering wrong. Even if they don't say it directly, that doubt undermines your confidence in your own story. As time goes on, it can make people stop sharing entirely, unsure whether they'll be believed or picked apart.

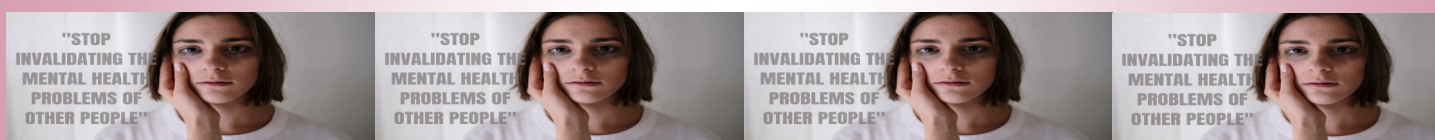
12. "That's just how things were back then."

This type of response shows up a lot when trauma is tied to childhood, family, or cultural norms. It frames hurtful behaviour as normal or acceptable simply because it was common at the time. But just because something was widely accepted doesn't mean it was okay. Dismissing trauma this way can block healing by excusing harm rather than acknowledging it, and it often leaves people feeling like their pain is being swept under the rug.

13. "You talk about this too much."

Trauma processing doesn't always follow a tidy timeline. If someone tells you you're bringing it up too often, it can feel like you've overstayed your welcome in your own healing process. That's incredibly invalidating. In reality, repetition is part of healing. Sometimes you need to revisit the same pain in different ways to make sense of it, find clarity, or release it. Being told to stop talking about it doesn't encourage growth. Instead, it just encourages silence.

Source: [13 Things People Say To Invalidate Your Trauma, Unintentionally Or Otherwise](#)



A poem by a group member, writing about her 'inner child'...

The strong part of me

It happened to you, but it feels like it's me,
I could not cope with, 'us' being a 'we',
So, I detached myself, from feeling your pain,
But I hold your memories, along with your shame.

I don't want to hear you, but your voice is loud,
Your memories consume me; I'm needing to ground.

It happened to you, so why do I feel,
The pain and the hurt, that you're desperate to heal.

I know you couldn't stop them, you were crying inside,
With no-one to help you, and nowhere to hide.

I know you were little, with no hand to hold,
But they could not win, cos your heart was of gold.

I don't really hate you, cos push come to shove,
You shielded your heart, and you filled it with love.

We once made a pact, to always be kind,
As we never know what others, are feeling inside.

I know you were brave, with all you went through,
I'm now understanding, the blame's not on you.

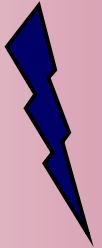
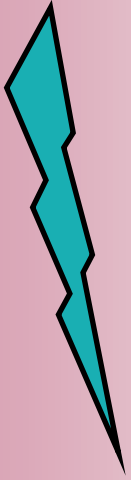
How did you do it, how did you cope,
Thank you for surviving and giving me hope.

It's taking me back, to your lonely world,
A world of no safety, for such a small girl.

I promise you this, the silence will fall,
I will speak out loud and break down that wall.

Please don't lose faith, as I'm starting to see,
That you are quite simply, the strong part of me.

Name withheld



A new study...

Borderline personality disorder in youth linked to altered brain activation during self-identity processing



A new neuroimaging study suggests that adolescents with borderline personality disorder exhibit distinct patterns of brain activity when reflecting on their own identity. The findings indicate that these young patients show reduced activation in the dorsolateral prefrontal cortex, a region associated with cognitive control, compared to healthy peers.

This research was published in *Translational Psychiatry*.

Borderline personality disorder is a serious mental health condition. It is characterized by pervasive instability in moods, interpersonal relationships, self-image, and behaviour. A central feature of this disorder is a disturbed sense of identity. Individuals often experience shifting goals, values, and vocational aspirations. This instability can manifest early in the course of the disorder.

Many previous studies have investigated the biological roots of the condition. Most of research has focused on emotional dysregulation rather than identity disturbance. Existing functional imaging studies have typically involved adult patients. These adult participants often have a history of medication use or co-occurring psychiatric conditions. These factors can make it difficult to determine which brain abnormalities are specific to borderline personality disorder itself.

To address this gap, a research team designed a study focusing on adolescents. They specifically sought participants who were in the early stages of the disorder. The team aimed to identify brain regions involved in the identity disturbance seen in the disorder. They focused on a developmental period that is critical for the formation of social cognition and self-concept.



The researchers recruited 27 female adolescents diagnosed with borderline personality disorder. These participants were between the ages of 12 and 18. Crucially, none of the patients had ever received pharmacological treatment for their condition. They were also screened to ensure they did not have any other comorbid psychiatric disorders.

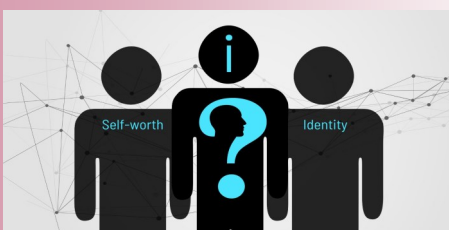
For the control group, the researchers recruited 28 healthy female adolescents. These controls were matched to the patients in terms of age and estimated intelligence quotient. The strict selection criteria aimed to minimize confounding factors such as drug treatment and long-term illness effects.



The participants underwent functional magnetic resonance imaging. This technology measures brain activity by detecting changes associated with blood flow. While inside the scanner, the participants performed a task designed to engage self-reflection and reflection on others.

The task involved viewing a series of statements. Participants were asked to evaluate whether these statements were true or false. The statements belonged to one of three categories. The first category was the “self” condition, consisting of sentences about the participant. The second was the “other” condition, which involved sentences about an acquaintance the participant knew but was not emotionally close to.

The third category was a “facts” condition. This served as a control task and included general knowledge statements. The researchers also included a low-level baseline period where participants simply looked at a fixation cross on the screen. This design allowed the researchers to isolate brain activity specific to thinking about oneself and thinking about others.



The researchers analysed the brain imaging data by comparing activation patterns between the different conditions. They specifically looked at the contrast between self-reflection and fact-processing. They also examined the contrast between other-reflection and fact-processing.

Continued...

The analysis revealed differences in the group with borderline personality disorder during the self-reflection task. When comparing self-reflection to fact-processing, the healthy controls showed activation in several specific brain areas. These included the medial frontal cortex and the dorsolateral prefrontal cortex.

In contrast, the patients with borderline personality disorder showed reduced activation in the right dorsolateral prefrontal cortex. The patients also exhibited reduced activation in the left parietal cortex, the calcarine cortex, and the right precuneus.



The researchers conducted further analyses to understand the direction of these changes. They examined the activity levels in these regions relative to the fixation baseline. This revealed that while healthy controls activated the right dorsolateral prefrontal cortex during self-reflection, the patient group actually showed deactivation in this area.

The dorsolateral prefrontal cortex is widely recognized for its role in executive functions. It is heavily involved in top-down cognitive control. The authors suggest that the reduced activation in this region may reflect a diminished capacity for cognitive control over the process of self-reflection.

The study also examined brain activity during the other-reflection task. The results showed a different pattern of abnormality. When comparing other-reflection to fact-processing, the patient group appeared to show reduced activation in the medial frontal cortex. This region is part of the default mode network.

However, a detailed inspection of the data offered a nuanced explanation. The difference was not due to how the patients processed information about others. Instead, it was driven by a difference in the fact-processing condition. The healthy controls showed strong deactivation of the medial frontal cortex during the fact task. The patients failed to deactivate this region to the same extent.

The researchers interpret this specific finding as a failure of deactivation rather than a deficit in social cognition. This suggests that the brain mechanisms for thinking about others may be relatively preserved in these adolescents. The abnormality lay in the inability to suppress certain brain networks during a factual cognitive task.

The study notably found no differences between the groups in the temporoparietal junction. This brain region is known to be involved in understanding the beliefs of others. The lack of difference here implies that some aspects of social cognition might function normally in adolescents with the disorder.

There are limitations to this study that contextualize the findings. The sample included only female participants. Borderline personality disorder is diagnosed more frequently in females, but it does affect males. The findings may not extend to male adolescents with the condition.



The sample size was relatively small, with fewer than 30 participants in each group. Neuroimaging studies often require larger samples to detect subtle effects reliably. The strict exclusion criteria also limit generalizability. Most people with borderline personality disorder have other mental health conditions. Studying a “pure” sample helps isolate biological mechanisms but may not reflect the typical clinical population.

The study also relied on a specific experimental task to measure self-reflection. While this task is established in the field, it serves as an indirect measure of identity disturbance. The researchers did not include a behavioural measure of identity problems to correlate with the brain data.



Future research is needed to replicate these findings in larger and more diverse groups. Longitudinal studies could be particularly informative. Tracking adolescents over time would help clarify whether these brain activity patterns predict the worsening or improvement of symptoms as they enter adulthood.

Source: [Brain functional abnormality in drug naïve adolescents with borderline personality disorder during self- and other-reflection](#)



Life is not easy
when you have on
overthinking mind
with a sensitive heart

Positives stories of living with BPD

"I thought I was broken beyond repair"

At 23, I was hospitalized for the third time after a suicide attempt. I had been diagnosed with BPD two years earlier, but I didn't believe recovery was possible. My relationships were chaotic, I couldn't hold a job, and I felt like I was living in constant emotional pain. The turning point came when I found a DBT program. At first, I was sceptical - how could "skills" help with something that felt so overwhelming? But slowly, the mindfulness and distress tolerance techniques started to work. I learned that I wasn't broken; I just needed different tools. Today, I'm 28 and have been stable for over three years. I'm married to someone who understands my journey, I have a career I love, and most importantly, I have hope. The skills I learned in DBT are now second nature, and I use them every day. (Sarah)



"I learned that vulnerability is strength"

My BPD manifested as intense fear of abandonment and explosive anger. I pushed everyone away before they could leave me first. By 30, I was completely isolated, had lost multiple jobs due to interpersonal conflicts, and was drinking heavily to numb the pain. Schema Therapy changed my life. Working with my therapist, I discovered that my childhood trauma had created deep-seated beliefs about being unlovable and unsafe. We worked on reparenting those wounded parts of myself and developing healthier relationship patterns. The process took years, but gradually I learned to trust others and, more importantly, to trust myself. I'm now 37, have been sober for 4 years, and am in a healthy relationship. I even started a support group for men with BPD in my community. (Marcus)



"I discovered my worth wasn't determined by others"

Self-harm was my primary coping mechanism from age 14 to 26. I felt emotions so intensely that physical pain seemed like the only relief. I was terrified of being alone but equally terrified of being close to people. Every relationship felt like walking on eggshells. DBT gave me practical tools, but it was the combination with trauma therapy that really helped me heal. I learned that my intense emotions weren't a character flaw - they were a normal response to abnormal experiences. Mindfulness helped me create space between feeling and reacting. Six years later, I haven't self-harmed in over four years. I'm pursuing my master's degree in social work because I want to help others who are struggling like I did. I've learned that my sensitivity, which once felt like a curse, is actually one of my greatest strengths. (Elena)



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