Rethink Group of the Year 2023

Issue Thirty Three: Autumn 2026

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!

Est. 2017

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

You may have noticed that we are including more co-morbid conditions in our newsletters, such as ADHD, PTSD and Autism.

This is because so many of our members also have a diagnosis or traits of issues other than BPD.

It is our hope for the future that the pigeonholing of such conditions are replaced by a more holistic way of treating people, recognising that we are all different and need individual help.

Please let us know if you would like to see a subject that we have not yet covered.

Sue xx

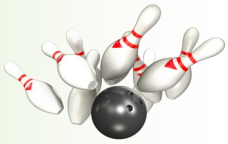
Vicky was a co-founder of the group and my soulmate of 36 years. Sadly, she passed away just before Christmas 2021.

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

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:

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!

Lived Experience serialisation: ***Eyes Opened*** **by 'Steph'**

Parts One to Four are in our previous issues at: Derbyshire Borderline Personality Disorder

Also in this issue: Part Six (Olivia), Part Seven (Back to School) and Part Eight (Hospital)

Trigger Warning

PART FIVE

Travel

I became interested in the Youth Hostel Association (YHA) and planned a holiday in North Wales. Youth hostelling was incredibly cheap and with money I had saved up I was able to afford a week in Llandudno. I loved the freedom and had a great time, although there was one uncomfortable moment when I found a young boy collapsed in a doorway.

I phoned an ambulance and went with him to the hospital. He was a diabetic and they soon brought him round. We chatted for a while and then the ambulance men offered to give me a ride back to the hostel. It was getting dark, so I was grateful. However, just before they turned into the lane that led up to the hostel, they received a call and so had to drop me off. It was a long lane and there were no lights. I started to walk but I was scared. I came across a house and knocked on the door, which was opened by a middle-aged man. I explained what had happened and asked if he could give me a lift, which he did.

Youth hostels were very often in isolated places and could be difficult to get to. My next trip was to the Lake District, and I planned a route whereby I could walk between hostels. One of the hostels was made up of wooden huts containing up to four beds. It wasn't busy and so I had a hut to myself. Unfortunately, the lights didn't work and there was no lock on the door. I spent the night under the covers, too scared to look out.

My final trip was to Scarborough and this time I took my brother 'Z'. He is five years younger than me so would have been around eight or nine. The hostel was made up of two dormitories, one male, the other female. Like me, he was quite independent and was fine with the arrangement. During the days we would walk along the promenade, stopping to play crazy golf; sometimes he would go on the trampolines.

In the evenings we would hang around the hostel common room, which had board games. One evening though, we went to see a show. It was a singer called Marti Caine. After the show we hung around backstage until she came out and spoke to us. She was very kind, and we still talk about that evening over fifty years later.

I became friends with Richard, a boy my age who lived on the same street. At night we would pretend to be the Waltons (from the TV programme). I would shout 'goodnight, John-boy' and he would shout back 'goodnight, Mary-Ellen'. We would spend all our free time together, going to the cinema, summer fetes, long walks. I was still refusing to go back to school, and I spent my days at his house with his mum, Olivia, who became my first attachment figure.

PART SIX

Olivia

Of course, I never knew there was a name for how I felt about Olivia. In fact, attachment theory as we know it today was relatively new at the time (1973). The basis of the theory is that without a secure relationship with at least one adult caregiver the infant child is unlikely to develop into a healthy social and emotionally stable adult. Abandonment is just one of many factors that can prevent a secure relationship.

Attachment

Continued...

For a while Olivia was the secure caregiver that I craved. I had grown immune to the feelings previously experienced when my mum disappeared. Olivia was there constantly; she cared. I knew this because every Sunday she would make apple crumble and custard, my favourite. She sometimes made other puddings as well when Richard or his sisters would want something different but never failed to make the crumble.

But then, one Sunday, she didn't make it. She was tired, she said; she hadn't made any dessert. My rational adult self understands this and accepts it. In fact, I am amazed at the effort she put into making me happy. Yet, the way I reacted at the time was to turn against her. I was convinced it was the first step to her total rejection of me, and my gut reaction was to reject her first. I stormed out, leaving her in no doubt as to how upset I was. I found out that she made the crumble later in the day, but it was too late.

Although I continued to be friends with Richard, something had changed. Without Olivia in my life, I felt lost and incredibly lonely. I still wasn't going to school, and this was causing problems at home. My parents were being threatened with a fine if it continued. I couldn't see a way out and took an overdose of pills I found in my mum's bag. She became suspicious when she couldn't wake me up the next morning and called an ambulance. I was taken to hospital for a stomach washout and sent home.

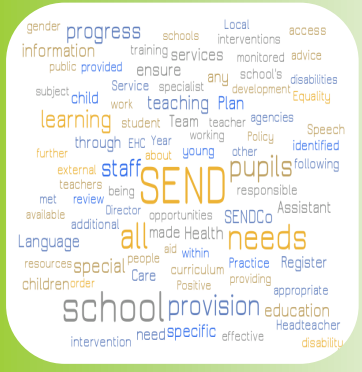
I was allocated a child psychiatrist, Dr Bugler. After several meetings with him he arranged for me to attend a special school. It was difficult to get to by bus and so a taxi (paid for by the local county council) would drive me there and back every day. The school was for maladjusted children and Dr Bugler had an office there.

PART SEVEN

Back to school

At first, I felt settled. There were only about seven children to a class, of different ages, and the only mandatory subjects were Maths and English. Rather than other traditional academic subjects we would help at a local children's nursery, giving them drinks and watching over them during nap time. We also helped to deliver meals on wheels to the elderly. These programmes were designed to improve the social skills that we all lacked.

We were encouraged to interact with each other as much as possible and I was asked if I would like to help teach a little boy called Kevin to read, which I did. I also played chess every day with a boy of a similar age to me. He never spoke, but we were comfortable in each other's company. We both attended the speech and language clinic at the school. My speech was thought to be too monotone, and I was urged to bear this in mind when talking to people. I don't think anything changed; I couldn't force myself to become in any way animated or to speak with emotion.



I am grateful for what the school tried to do for me. Some programmes were individually tailored for us, and the staff were kind and tried their best to understand what was going on in our lives. However, one thing they could not change was the bullying which went on behind their backs. My facial tics were noticeable and, as we know, kids can be cruel. After a while I stopped going. I was now fourteen years of age and still had two years of schooling left, but Dr Bugler made it clear that I shouldn't be forced to go. That was the last school I attended.

Continued...

I was allocated a social worker and quickly became attached to her. She visited me at home on a regular basis but then, suddenly, I was told she had left. I was distraught but couldn't tell anyone how I felt. I didn't understand it myself and anyway, who would I tell? I took an overdose of the antidepressants I had been prescribed by Dr Bugler and this time I ended up in the Intensive Care Unit. I soon recovered and was transferred to a psychiatric ward, under the care of Dr Bugler.

PART EIGHT

Hospital

It was an adult ward, and I was the youngest on there. I remember it vividly, even down to the names of the other patients. Diane had an eating disorder and was forced to stay in bed. Whenever I passed her room, she had a box of chocolates next to her, brought in I assume by her visitors. I don't know if she recovered; she was very nice, and I regret not spending time with her. She must have been quite lonely in that room by herself.

Ethel was an elderly lady who I now believe had some form of dementia. Like Diane, she stayed in bed all day in her own room, but I only ever heard her say one thing, 'are we getting up now, 'Ern?' I remember being annoyed at the number of times she would say it, but now I regret my lack of patience and understanding.

As far as I can remember, everyone else was in dormitories. One day I saw that another patient was unconscious on the floor. I ran to the office to fetch someone, and they went to see what was wrong. She had fainted and was alright, but I was told off for running in the corridor.

Dennis was someone I recognised from my village, although I didn't know him. We would have group therapy and at first, like me, he would sit there and say nothing. Then one day he started to talk and couldn't seem to stop. By the end of the session, he was almost hysterical. I don't know why this happened, but he didn't attend the sessions again. Some years later I heard that he had been killed in a motorbike accident. He had gone for a drive after being dumped by his girlfriend and no-one knows if it was really an accident or suicide.

Victor was an elderly man who would walk around in his pyjamas. We could all see his private parts, but this was ignored even by the staff. He would play the piano every day and I would always ask him to play the soundtrack from *The Sting*, which he did if he was in a good mood.

There were two men called Paul. One had a tattoo on his forehead and was not very talkative. About a year later I read in the newspaper that he had been sentenced to life for the murder of a sex worker.

The other Paul and I became friends and spent a lot of time together. He told me he had suffered some kind of breakdown through the stress over studying for his A-levels. There was a record player on the ward but only one record: *Silence is Golden* by The Tremeloes. Paul and I played it constantly, much to the irritation of the other patients. Sometime later, after we had both been discharged, we arranged to meet up in a cafe, but his mum contacted me first to tell me he was back in hospital, and I never saw him again.

Continued...

Denise was someone whose situation had an enormous effect on me whilst in hospital. Something had happened to her after her fiancé left her and she became almost catatonic. She would walk round with her arms in front of her, shaking uncontrollable. She never spoke or met anyone's eyes. Every Friday morning, they would take her and some others for ECT and when she came back, she would be more relaxed. It was my job to make them all a cup of tea.

I didn't mind this, of course, but I would dread each Friday coming round in case they took me as well. My auntie suffered from bi-polar disorder (known then as manic-depression) and she had several rounds of ECT. My mum told me at a very early age that if I didn't change my ways that was what would happen to me. Naturally, this terrified me. I would be an adult when I questioned it and realised that they would never do that to a child. I felt stupid for believing it, but I can now accept that it wasn't stupidity, I was a child who believed what her mum told her.

By far, the incident that distressed me the most on the ward concerned an elderly man who was being force-fed at the dining table by two much younger men. They had some kind of uniform on so they could have been nurses or perhaps orderlies. It was brutal and not a story for the feint hearted. One of them held the man's mouth open whilst the other tried to shovel food in. They hadn't taken his false teeth out and one of them thought he was trying to bite him. He slapped the elderly man across the face. His teeth fell to the floor, and they carried on feeding him. No-one, neither the patients nor the staff intervened, probably because such behaviour was common practice in those days.

I had witnessed violence many times before, but this scared me more because in my black and white thinking, health workers were good people and what I was seeing was anything but.

There wasn't much to do during the day; there weren't many activities to occupy us, although there was a massive snooker table. I would see Dr Bugler each weekday morning and, in the afternoons and weekends I would either read, go for a walk around the grounds or play snooker with Paul. Once a week I would go to the occupational health department to take part in their basket-weaving class. Again, everyone else was an adult and most were quite elderly. I made a fruit bowl, which I later took home.

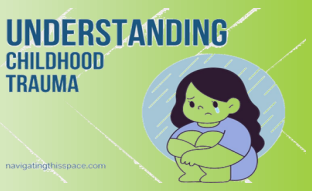
On at least one occasion, my brother 'X' was allowed to take me to a football match on the back of his motorbike. Most evenings, my mum would visit me. In the years to come she would often tell the story of me walking out the hospital in my nightie and the police taking me back. I don't remember this at all; it could be true, or it could have been fabricated by my mum to make people laugh. I have never found it that funny, whether it was true or not.

After a few months, I'm not sure how many, Dr Bugler told me I was being discharged. I tried to smile to show him I was happy about this but of course I wasn't. I didn't want to go home; I didn't want to be anywhere. But I knew that he expected me to be happy because that was the normal reaction. After all, who would rather be on a psychiatric unit than at home!

Next issue.....Moving On

Borderline personality disorder, or signs of trauma?

What happens to you as a child has a big effect on the type of adult you become



If you experienced childhood trauma, chances are that will stay with you for decades, or even the rest of your life, if you don't work through it with in therapy. Whether your parents didn't give you the emotional support you needed, you experienced abuse, or you simply felt lonely or abandoned, you may have grown up to develop these traits.

1. They don't know how to set or maintain boundaries

Adults who experienced childhood trauma often have difficulty setting and respecting boundaries. They might oscillate between being overly rigid and completely porous in their personal limits. This inconsistency stems from never having learned what healthy boundaries look like. As children, their boundaries were likely violated or ignored, leaving them without a proper model. In adulthood, this manifests as either pushing people away or letting people take advantage of them. Learning to establish and maintain appropriate boundaries becomes a crucial part of their healing journey.

2. They can't accept criticism or feedback that's not 100% positive


Fear of criticism

People who had difficult childhoods often develop an intense reaction to criticism, even when it's constructive. A simple suggestion or feedback can feel like a personal attack. This hypersensitivity is rooted in childhood experiences where criticism was harsh, constant, or coupled with emotional or physical abuse. As adults, they might become defensive, withdraw, or lash out when faced with any form of critique. This reaction can hinder personal growth and strain relationships, making it challenging to receive valuable input or engage in healthy conflict resolution.

3. They become perfectionists

Perfectionism is a common trait among those who experienced childhood hardship. It often develops as a coping mechanism, a way to avoid criticism or gain approval. These individuals set unrealistically high standards for themselves and everyone around them, leading to chronic stress and disappointment. The fear of making mistakes can be paralysing, preventing them from taking risks or trying new things. This perfectionism isn't about striving for excellence; it's a defence against the feelings of inadequacy instilled during childhood. Breaking free from this mindset requires recognising that imperfection is part of being human.

4. They don't know how to regulate their emotions

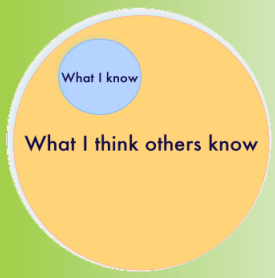
Emotional regulation doesn't come naturally to many who had troubled childhoods, according to Psych Central. They might experience intense mood swings, overreact to minor stressors, or have difficulty calming down once upset. This challenge stems from not having learned healthy emotional coping strategies during their formative years. Instead, they might have been taught to suppress emotions or witnessed extreme emotional responses. As adults, they find themselves overwhelmed by their feelings, often leading to impulsive behaviours or strained relationships. Developing emotional intelligence and learning healthy coping mechanisms becomes a crucial part of their personal growth.

5. They don't know how to trust people

Trust issues are prevalent among those who experienced childhood adversity. They might be overly suspicious of other people's intentions or have trouble believing in the reliability of relationships. This distrust is a protective mechanism developed in response to past betrayals or inconsistent care. As adults, they might struggle to form deep connections, always waiting for the other shoe to drop. This guardedness can lead to loneliness and missed opportunities for meaningful relationships. Learning to trust again is a gradual process that involves challenging ingrained beliefs and taking calculated risks in forming connections.

Continued...

6. They have imposter syndrome and don't feel like they deserve good things



Imposter syndrome is common among adults who had difficult childhoods. Despite their achievements, they constantly doubt their abilities and fear being exposed as frauds. This feeling stems from a deep-seated belief that they're fundamentally unworthy or incapable, often instilled by childhood experiences of criticism or neglect. They might attribute their successes to luck rather than skill and live in constant fear of failure. This mindset can hold them back from pursuing opportunities or fully enjoying their accomplishments. Overcoming imposter syndrome involves finally noticing their genuine abilities and challenging negative self-perceptions

7. They have a tendency to self-sabotage

Self-sabotage is a perplexing but common behaviour in those who experienced childhood hardship. They might unconsciously create obstacles in their personal or professional lives, sabotaging relationships or opportunities for success. This behaviour often stems from a deep-rooted belief that they don't deserve happiness or success, or from a fear of the unknown. It can also be a way of maintaining control. If they're the ones causing the failure, it feels less painful than failing due to external factors. Identifying and addressing this pattern requires deep self-reflection and often professional help to unpack the underlying beliefs driving this behaviour.

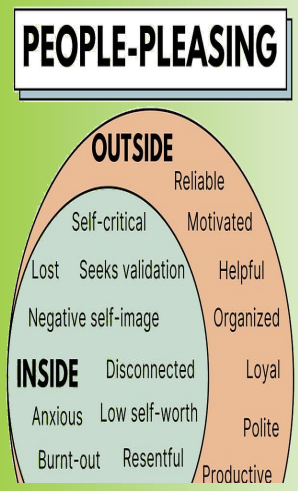
8. They find it hard to look after themselves consistently

Adults who had difficult childhoods often neglect their own needs and well-being. They might have erratic sleep patterns, poor eating habits, or neglect regular medical check-ups. The lack of self-care isn't laziness; it's often rooted in not having learned to prioritise their own needs or feeling unworthy of care. As children, their needs might have been consistently overlooked or dismissed. In adulthood, this translates to difficulty in recognising and addressing their own physical and emotional requirements. Developing a consistent self-care routine becomes an important step in their healing process, requiring them to acknowledge their worth and prioritise their well-being.

9. They don't know how to express their needs and feelings (or even identify them in the first place)

Many who experienced childhood adversity struggle with articulating their needs and emotions. They might bottle up feelings until they explode or have trouble identifying what they're feeling at all. This difficulty often stems from environments where their emotional expressions were ignored, punished, or met with indifference. As adults, they might come across as aloof or suddenly volatile, damaging relationships and their own mental health. Learning to identify, accept, and express emotions in healthy ways becomes a crucial skill for their personal growth and interpersonal relationships

10. They have serious people-pleasing tendencies



People-pleasing is a common trait among those who had troubled childhoods. They might go to extreme lengths to avoid conflict or make sure everyone else is happy, often at the expense of their own well-being. This behaviour typically develops as a survival strategy – keeping everyone happy meant staying safe or loved. In adulthood, this translates to difficulty saying no, constantly putting other people's needs first, and feeling responsible for other people's emotions. This pattern can lead to burnout, resentment, and a loss of personal identity. Learning to prioritise their own needs and opinions becomes an essential part of their journey towards healthier relationships and self-esteem. As adults, this manifests as an inability to relax, constant anxiety, and difficulty living in the present moment. Breaking this cycle requires learning mindfulness techniques and challenging the belief that constant vigilance is still necessary for survival.

Continued...

11. They overthink and overanalyse everything to the point it becomes paralysing

Overthinking and rumination are common mental habits for those who experienced childhood difficulties. They might spend hours analysing past interactions, worrying about future scenarios, or second-guessing decisions. This tendency often stems from growing up in unpredictable or hostile environments, where hypervigilance was necessary for emotional or physical safety.

12. They struggle with commitment in relationships

Commitment issues are prevalent among adults who had unstable childhoods. They might have a pattern of short-lived relationships, fear of intimacy, or anxiety about long-term commitments. This stems from early experiences of abandonment, betrayal, or witnessing unstable relationships. In adult life, they might sabotage relationships when they start to get serious or keep partners at arm's length emotionally. This behaviour is a protective mechanism to avoid potential hurt, but it prevents them from experiencing deep, meaningful connections. Overcoming this requires confronting fears of vulnerability and learning to trust in the stability of relationships

13. They can't accept compliments

Many who endured difficult childhoods struggle to accept praise or positive feedback. They might deflect compliments, minimise their achievements, or feel uncomfortable with recognition. This behaviour often stems from a deep-seated belief in their own unworthiness, instilled by childhood experiences of constant criticism or neglect. Positive feedback might feel foreign or even threatening to their self-image. Learning to accept compliments graciously and internalise positive feedback becomes an important step in rebuilding self-esteem and challenging negative self-perceptions.

14. Their inner critic is overwhelmingly loud

A powerful and relentless inner critic is common among those who experienced childhood adversity. Their internal voice constantly judges, criticises, and belittles their actions and worth. It's often an internalisation of critical parents or caregivers, continuing their negative messaging long into adulthood. Such harsh self-talk can lead to chronic low self-esteem, anxiety, and depression. Recognising this inner critic as a separate entity, not an inherent truth, is the first step in challenging and reframing these negative thought patterns.

15. They may become codependent with romantic partners

Codependency

Co-dependency is a common issue for adults who had troubled childhoods. They might base their self-worth on other people's approval, take responsibility for other people's emotions, or lose their sense of self in relationships. This pattern often develops from growing up in dysfunctional families where they had to cater to a parent's needs at the expense of their own. In adult relationships, this manifests as an unhealthy dependence on partners, friends, or even children. Breaking free from co-dependency involves learning to establish a strong sense of self, setting healthy boundaries, and recognising that they're not responsible for anyone else's happiness or well-being.

16. They might struggle with addiction or compulsive behaviours

As Psychology Today notes, adults who experienced childhood trauma are at higher risk for developing addictions or compulsive behaviours. This might involve substance abuse, gambling, overworking, or other escapist activities. These behaviours often serve as coping mechanisms to numb emotional pain or fill an inner void. The roots of addiction often lie in attempts to self-medicate the lingering effects of childhood trauma. Overcoming these issues requires addressing the underlying trauma, developing healthier coping strategies, and often getting professional help to break the cycle of addiction.

Source: *People who had bad childhoods often develop these qualities when they're grown up*

Failings of mental health services for people with emotionally unstable personality disorder/borderline personality disorder

The mental health services for people with emotionally unstable personality disorder/ borderline personality disorder have been criticised for several failings:

Insufficient Specialist Services: There is a lack of dedicated specialist services for personality disorders, which has led to a piecemeal approach to care that is often ineffective.

Limited Training and Support: Mainstream services are not adequately trained and supported in their practice to effectively address the needs of individuals with personality disorders.

Need for Better Access to Information: There is a significant need for better access to information and training for health professionals regarding personality disorders to improve diagnosis and treatment.

Misunderstanding and Stigma: There is a lack of understanding of personality disorders among health professionals and a tendency to stigmatise individuals with these conditions, which can lead to inadequate support and treatment.

Need for Coproduced Care: There is a pressing need for a coproduced approach to care, where the voices of those affected and their families are included in the development and implementation of services.

These failings have led to a fragmented and often ineffective approach to mental health care for individuals with personality disorders, highlighting the need for a more comprehensive and integrated response to improve outcomes for those affected.

Sources:

1. Services for people diagnosable with personality disorder, Royal College of Psychiatrists (January 2020)

Authors of the report include carers and people with lived experience, together with academics and professionals from the health and justice sectors. Visit: *ps01_20.pdf*

2. *Chapter eight: Personality disorder*, in *Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England*, NHS (2025) Visit: *https://digital.nhs.uk/data-and-information/publications/statistical/adult-psychiatric-morbidity-survey*

Rejection Sensitive Dysphoria (RSD)

RSD is a common experience for people with ADHD, Autism, and other forms of neurodivergence. It's not a separate diagnosis, but a term that describes an intense emotional sensitivity to perceived rejection, disapproval, or failure.

It can look like:

- Feeling deeply hurt by small comments or tone shifts
- Avoiding situations where failure or criticism might happen
- Becoming angry or tearful after feedback
- Needing constant reassurance from loved ones
- Spiralling into shame or hopelessness after conflict
- People-pleasing, masking, or shutting down to avoid rejection

RSD is often misunderstood as "overreacting" or "being dramatic", but it's a nervous system stuck in hyper-alert, wired to scan for social danger. RSD Is an Internal Explosion, Not Attention-Seeking

Most people with RSD are aware that their reaction is "too big", they just can't stop it. That's part of the pain. They may seem:

- Easily embarrassed or defensive
- "Too sensitive" in relationships
- Afraid to try new things in case they fail
- Prone to ghosting or isolating after conflict
- Quietly furious with themselves for "messing up" again

The cycle of fear → reaction → shame → isolation is exhausting. And it can take a toll on self-esteem, relationships, and mental health. The pain of RSD comes from the depth of feeling, and that depth is also where strengths live.

People with RSD are often:

- Highly empathetic and emotionally intuitive
- Loyal and thoughtful in relationships
- Deeply reflective (sometimes to a fault)
- Strong advocates for fairness and kindness
- Driven to improve and succeed, often perfectionists
- Emotionally intelligent, once they learn to regulate
- Their hearts are huge. They just need help protecting them.

RSD can show up in small, invisible ways that wear you down over time:

- Replaying conversations for hours
- Feeling sick after receiving an email or voicemail
- Avoiding friendships, hobbies, or dating
- Melting down after being told "no"
- Feeling like you're "too much" or "not enough", often at the same time
- Apologising constantly or over-explaining to avoid rejection

It affects home life, school performance, work confidence, and mental health, and is especially hard when the world expects you to "toughen up."

"You're not too sensitive. You're wired differently. And that's okay."

Source: *Rejection Sensitive Dysphoria | Neurodiversity Support UK*

Regrets you don't want to have

It's not unusual to have some regrets. These are things you did or didn't do in your life that have stuck with you over the years. These are some of the most common regrets. Don't leave it too late; start today by implementing changes.

Not having the courage to live a life true to oneself - Living authentically is so important for a happy, fulfilled life. It's important to live the life you want and not be swayed by others' opinions, judgments, or ideas of what you and your success should look like.

Working too hard - Working life and a good career can be very fulfilling for many. However, it's important to balance your personal and professional lives. If you are working too hard, you may be stressed and not enjoying life to its fullest.

Not having the courage to express feelings - Expressing your feelings can be challenging and scary at times. Dig deep within yourself and find the courage to express your feelings about something or someone.

Not staying in touch with friends - Friendship and connection are key to a happy life. Stay in touch with friends, even if they're far away, and with technology today, so many things are possible.

Not allowing yourself to be happier - It might seem obvious to some that happiness is a good thing that you should strive for. However, given this regret made the list, not everyone lets themself feel it. It's essential to lean into your happiness and truly live a happy life. You deserve it.

Not spending enough time with loved ones - Loved ones such as family and friends are there for us in the good and bad times. Cherish the opportunities you have to spend time with them. Life is short and prioritising time with your community can go a long way.

Letting fear control decisions and not taking enough risks - While risks can be scary, it's important to take them. Risks help you step out of your comfort zone and grow in ways you never imagined. If fear keeps you from accomplishing your dreams, try to let go of it and be brave.

The things you didn't do - Travel the world, write the book, and do whatever it is you desire. Life can pass in the blink of an eye so when something comes up that you've been wanting to do, do all you can to make it a reality.

Not having more time to experience life - Things like falling in love, getting married, or even having a family usually only happen once in a lifetime. Make the most of your time alive and truly experience life.

Hurtful words spoken in anger, particularly to a loved one - Sometimes in life, there will be heated arguments and fights where you might say something you didn't really mean. Try to be careful with your words, even in moments of heightened emotions as they can carry long-lasting effects.

Not enjoying life's simple pleasures - The opinions of others can sway many of us in life. Their thoughts on things like diet, health, and much more can weigh heavy on our shoulders. Try to forget these people and enjoy life's simple pleasures! If you want that slice of cake, eat it, or if you want to sleep all day, sleep. Don't feel guilty about what someone else thinks or says.

Continued...

Spending too much energy on negative emotions instead of being happy - Happiness is an emotion you should always strive to have. Sometimes we spend too much energy on negative emotions instead of taking a deep breath and just letting it go.

Staying in an unhappy marriage - If you are in a toxic or unhealthy relationship, don't waste another minute on this person. It can be scary and difficult to believe someone else will love you like you deserve, but there is someone for you out there!

Not pursuing education - Education can help all of us grow and better understand one another. It has a very positive impact on the world. Some might not have access to formal education but even picking up a used book and reading can help you further your education.

Not being brave in the face of uncertainty or opportunity - In life, opportunities will present themselves in various ways. Whether in your personal life or professionally, trust yourself and be brave even if you are uncertain.

Focusing too much on the future and losing touch with the present - It can be easy to focus on the future and nearly forget what's right in front of us. The present is important too so don't forget about living in it.

Not forgiving others sooner - Mistakes happen in life and people may mess up and hurt you. While taking the space you need can be helpful and needed at times, remember to forgive and forget (if possible).

Not contributing more to the community - The world and communities around you are important. Giving back and helping by volunteering your time and effort can go a long way for both you and others.

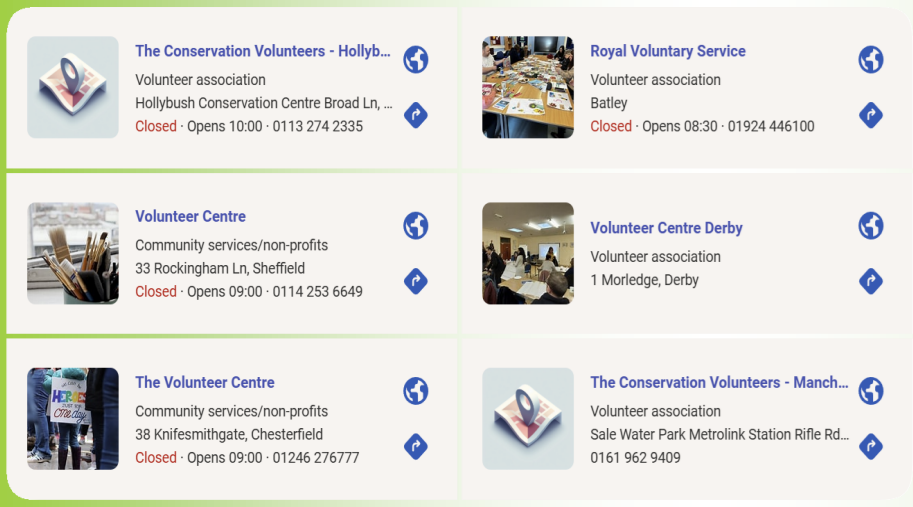
Not taking better care of your physical health - Our bodies are reliant on us to take care of them. We need to make smart choices regarding diet, exercise, and overall health.

Not fully pursuing passions or creative outlets - Passions can help increase our happiness and fulfilment in life. Whether you enjoy painting, reading, sports, or something else entirely, take time to pursue these things.

Not spending enough time in nature - Nature can be a beautiful place to relax and re-centre. Whether it's mountain biking or a simple stroll in the woods, connect with nature.

Not showing enough gratitude - Showing gratitude can go a long way. People appreciate when you thank them or acknowledge they have helped or contributed to your life in some way.

Source: *Deathbed regrets you don't want to have*



Volunteering

These are just some of the many organisations that provide volunteering opportunities.

Wherever you live, there will be similar organisations.

Just google 'volunteer opportunities near me'

NEURODIVERSITY

In many conversations today, neurodiversity is often reduced to a few diagnoses—most commonly Autism and ADHD. While these are important, they are only part of a much broader picture. It includes:

- Differences in thinking, perception, and communication
- Variations in empathy, attention, and emotional processing
- Sensory experiences—seeking, avoiding, or hypersensitivity
- Non-speaking individuals and diverse communication styles
- People who hear voices or experience altered states
- Plurality and complex internal experiences
- Individuals whose profiles don't fit neatly into diagnostic labels

In healthcare, therapy, and education—we must move beyond narrow definitions. The goal is not to categorise people into boxes, but to:

*Create inclusive environments

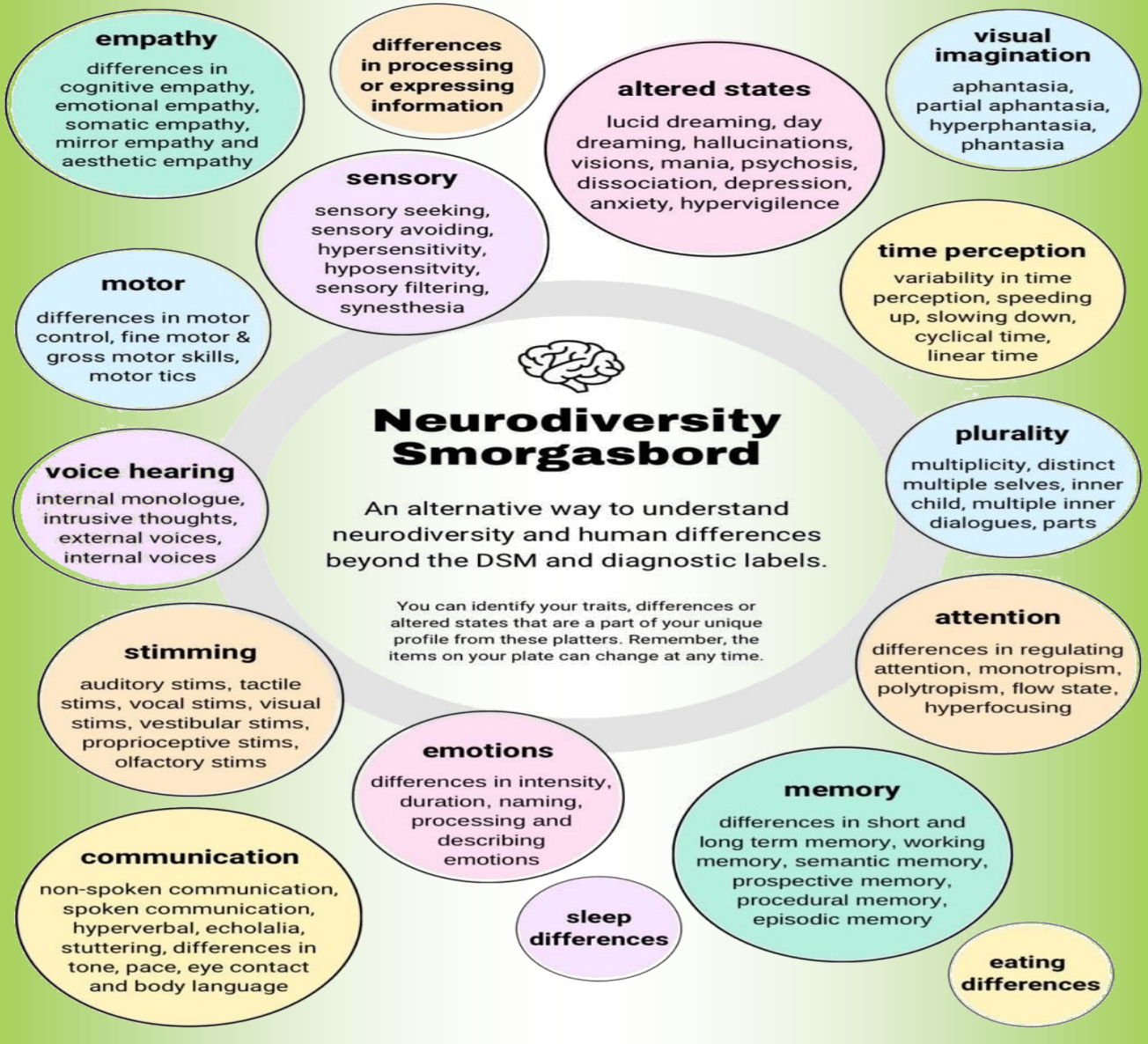
*Respect diverse ways of functioning

*Reduce stigma around less-understood experiences

*Support individuals based on their unique profile, not just a diagnosis

Celebrating neurodiversity means making space for the full spectrum of human variation—including those experiences that are still misunderstood or rarely acknowledged.

Source: *Dr.Pranoti Dadmal | LinkedIn*



Trauma response…

Hyper-independence

Independence refers to being self-sufficient or taking care of yourself. It is often necessary to function independently as an adult, such as making and keeping your appointments, completing assignments for work, or maintaining a healthy and safe living environment.

However, like any trait, independence can be dangerous when taken to an extreme. Everyone encounters challenges they cannot tackle on their own, and everyone has needs they cannot meet without support.

What Does Hyper-Independence Look Like?

Hyper-independence describes an individual's attempt to remain fully independent in everything, even when it isn't beneficial or when help from others is genuinely needed.

When the need for independence reaches an unhealthy level, hyper-independence results. A hyper-independent person tends to avoid asking for help or support, even to their detriment. This behaviour can be a response to trauma.

Signs of hyper-independence can include:

- Over-achieving: Hyper-independent individuals might overcommit to work or personal projects, taking on more than they can manage by themselves.
- Refusing to delegate or ask for help: They often struggle with seeking help when overwhelmed and are unable to delegate tasks.
- Guardedness in relationships: Hyper-independent people may find it difficult to lower their defences and allow closeness, which is essential in interdependent relationships.
- Secretiveness: They may keep personal information to themselves, wary of it being used against them.
- Mistrust of others: Concerns that others might let them down or betray their trust can drive hyper-independence.
- Few close or long-term relationships: Difficulty in opening up can hinder forming and maintaining deep friendships and romantic relationships.
- Stress or burnout: Taking on too much without seeking help can lead to stress or burnout.
- Dislike of “neediness”: They may resist others depending on them, mirroring their reluctance to rely on others.

What Causes a Trauma Response?

A traumatic event is one that is disturbing, distressing, or life-threatening, and creates challenges for healthy coping. Traumatic experiences can be single events, such as a car accident or natural disaster, or they can be ongoing, like neglect or abuse.

Some ongoing stressful experiences during childhood that might lead to trauma symptoms later in life are known as adverse childhood experiences (ACEs). These are associated with physical illnesses, depression, anxiety, and even earlier death in adulthood.

Continued...

Other Reasons for Trauma Responses

- Sign of weakness. Children who were raised to believe that asking for help was a sign of weakness. This belief may be especially prominent in competitive families and kids who are gifted/talented.
- Parentification. Children who were parentified and experienced role reversal in the family. They literally had no help and are not used to having support. Their sense of self is often tied to what they can do for themselves and others.
- Messaging. Children who had their basic needs met would not necessarily see themselves as neglected; however, they may have received a constant message that they needed to do things on their own. There were no adults present to help them figure things out—whether that was in school, socially, in activities, or interests. They developed the sense that they were on their own.

The Mind and Body's Response to Trauma

When someone experiences something traumatic, the brain automatically activates the body's defence mechanism, also known as the survival response.

This built-in defence mechanism means that the body chooses behaviours based on what will keep it safest at the moment. Because our brains are wired to keep us safe and alive, we tend to hold onto survival mode long after the traumatic event has passed if we do not process it, even if it is no longer adaptive or helpful to do so.

In fact, we are so good at surviving traumatic events that our genetic expression can change in response to trauma, passing the trauma response down to our offspring through intergenerational trauma.

Unfortunately, although this can help survive the trauma, a trauma response is often harmful outside of the context of the traumatic event. Hyper-independence is one trauma response that can be maladaptive.

Why Is Hyper-Independence a Trauma Response?

Hyper-independence can develop in response to trauma for various reasons. Not everyone who experiences a trauma will have the same trauma responses. In fact, some people begin to believe that they are incapable of independence as a result of their trauma.

Feeling Undeserving of Social Support

Trauma survivors who experience hyper-independence may believe that they do not deserve support or help from other people. They might have been told that needing help or receiving support is unacceptable, so they become hyper-independent to avoid having that need.

Past Neglect

Some people's trauma includes going through periods when their needs were not met, so they can develop hyper-independent tendencies to survive. The neglect they experienced taught them that they could only rely on themselves. They might believe that others cannot or will not help them, so there is no point in seeking help or support from others.

Mistrust of Others

Hyper-independence can also emerge from reluctance to trust others. The trauma survivor might have experienced abuse by their caregivers. This can lead to feeling unsafe asking for help, as they could pair the concept of relying on another person with that person abusing them.

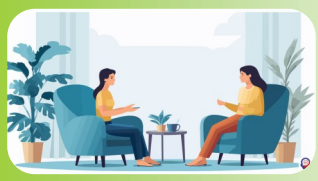
Continued...

Coping Mechanism

Sometimes, hyper-independence can be a way of coping with uncertainty. Many trauma survivors experience a loss of control as part of their trauma, and hyper-independence might be a way that they seek to regain a sense of control over their environment.

Treatment for Hyper-Independence

Hyper-independence is an extreme form of independence that can lead to personal and relational issues. The hyper-independent person can run into trouble when they are unable to meet a need without help and feel unable to seek support. They also often struggle with interpersonal relationships due to their mistrust of others.



Know that support is available. Therapy can go at a pace that you are comfortable with, and there is no deadline by which you have to get better. Take your time finding a provider who is a good fit and know that you can let go of the maladaptive coping patterns that helped you survive your past.

Although hyper-independence is not a formal diagnosis, it is a trauma and stress response. People with posttraumatic stress disorder or another mental health issue triggered by a trauma history might experience hyper-independence. A person experiencing hyper-independence can work on healthy relationships, trust, and honouring their own limitations in therapy. Because hyper-independence is a trauma response, trauma-informed care is an important component of this treatment.

Examples of Healing Work

The work for everyone is different because the reasons that led to hyper-independence were different.

- Letting go of perfectionism
- Exploring your identity outside of doing things for others
- Understanding the cost of not asking for help
- Realizing that there is help available now as adults, even if it wasn't as children
- Normalizing asking for help and not seeing it as a sign of weakness
- Doing an inventory of what it is costing you to not ask for help
- Learning how to delegate

Coping With Hyper-Independence

An important thing to remember about any trauma response is that it is a way to survive and cope in a stressful and unfair situation. While hyper-independence could cause problems, it likely helped you survive a traumatic situation if you developed this response. You can acknowledge how this response helped you at the time while working to let go of behaviour that no longer serves you.

Key Takeaways

- Hyper-independence is when someone avoids asking for help even when needed.
- It can be a response to trauma, where someone learns to rely only on themselves.
- Therapy can help people with hyper-independence build healthy relationships and trust.

Source: *Hyper-Independence and Trauma: What's the Connection?*

Poetry
by a group
member...

A Thousand Times

A thousand memories Flood my mind,
Some thoughts so hard to shake,
Despair builds up inside my head,
The calmness I can fake.

A thousand voices Scream at me,
The words from memories past,
I turn these words, into weaponry,
To erase their meaning fast.

A thousand times I beat myself,
To change the parts they hate,
The problem is I just don't know,
Which parts to show the gate.

A thousand times I want to go,
And hide away my fear,
A thousand times I close my eyes,
And want to disappear.

A thousand times I stop myself,
And look up to the sky,
Breathe in the air and think of those,
Who always stay close by.

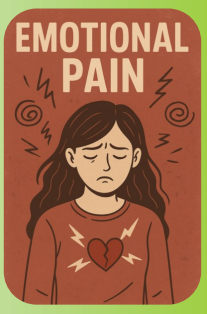
A thousand times I tell myself,
Those awful times are gone,
Those cruel words said to me,
No longer feel so strong.

A thousand memories flood my mind,
A thousand voices I turn to kind,
A thousand times this loop repeats,
A thousand times it affects my sleep.

But I won't stop, I will keep strong,
I'll prove those cruel words were wrong.
The thousand memories in my mind,
Just give me cause for being kind.

XXX

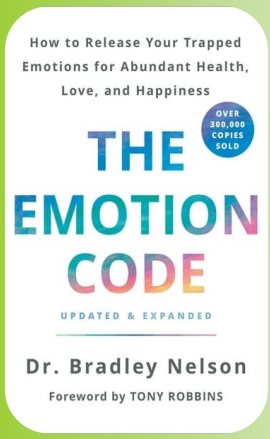
How does emotional pain manifest itself?



What symptoms might alert us to emotional pain? There are quite a few possible signs:

- Neglecting personal hygiene
- Experiencing sudden and dramatic mood swings
- Feeling blocked when performing daily tasks because of high levels of stress or anxiety
- Finding it harder than usual to get out of bed despite having slept enough
- General feeling of mental fatigue
- Binge eating - not out of hunger but to fill a feeling of 'emptiness'

Causes of emotional pain



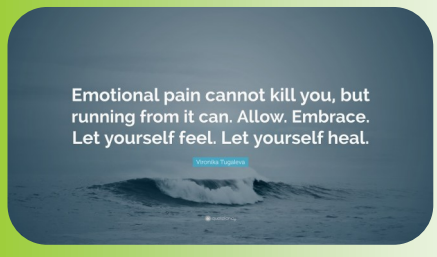
So, what's causing us to feel this way? Sometimes the reasons are easy to pinpoint, but that's not always the case. There are as many causes as there are types of people, life circumstances and ways of managing mental or emotional health. There are a number of 'normal' life changes and problems that can lead to emotional pain. The most common triggers are work, financial problems, the loss of a loved one and divorce. Overcoming it will depend on the tools each person has to manage it. That said, emotional pain caused by specific trauma such as abuse is a different situation - it's very complicated to heal that type of emotional pain without therapy and sometimes medication. Regardless of the root cause, emotional pain can significantly affect the lives of those who suffer from it. If it's chronic, it can affect your ability to perform normal daily tasks and also will impact how you relate to others.

Is emotional pain difficult to detect?

There are people who don't even recognise that they're suffering from emotional pain. It's usually hard to notice at first, but when you do recognise it you must understand that you don't have to just resign yourself to living with it. Awareness and also knowing when to ask others for help is essential if you want to get through it. It's important to recognise when you're not able to cope. If you have a support network and still don’t see improvement after a couple of weeks, it's advisable to seek professional help.

How to treat emotional pain

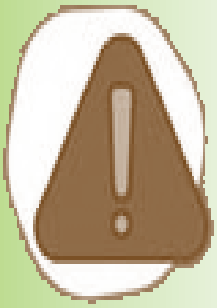
What strategies are there to try to overcome emotional pain on our own? It depends a lot on each person: not all of us have the same tools, because everyone's emotional upbringing is different. If the pain persists or becomes a chronic issue, it's hard to treat without therapeutic or psychiatric help.



It's important to remember that emotional pain deserves the same attention as physical pain. Unfortunately, there's still much work to be done so that, at a social and even medical level, emotional disorders are recognised at the same level as physical ones. Thankfully, though, experts say that progress is being made.

Source: Are you suffering from 'chronic emotional pain'? 6 signs you might not recognise

PTSD can look like this

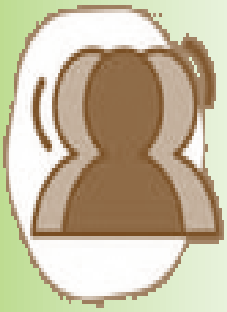


Overwhelming flashbacks

Unwanted memories

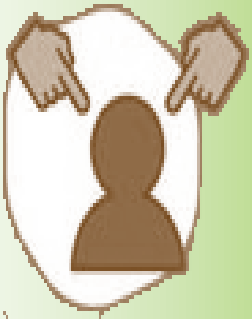
Often feeling under threat

And like this...



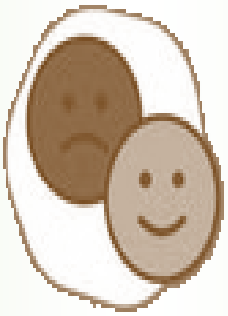
Feeling numb

Avoidance of the trauma

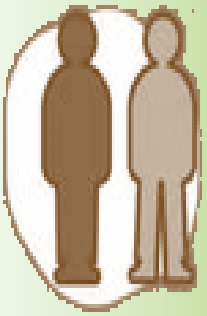


Feelings of shame or 'survivors guilt'

Problems with sleeping



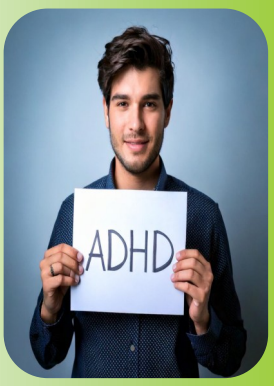
Feeling worthless



Dissociation or disconnecting from others

Does your partner have ADHD?

Dr Warlow, Psychologist



1. Forgetfulness

One of the signs of ADHD is forgetfulness which can manifest as 'forgetting appointments, or actually even things you've told them. Or they may regularly lose things around the house. They may forget things or leave things behind or maybe forget where their keys are. This isn't something sudden or new, but rather consistent that they've exhibited for as long as you've known them.

2. Being easily distracted

The second sign is them 'getting easily distracted', for example, during conversations you might notice them looking out the window or getting distracted by other people talking at a restaurant. This, forgetfulness and the next sign, are all traits of inattentive ADHD, which is one of three types: inattentive, hyperactive-impulsive and combined, which is both the attentive and hyperactivity/impulsive profile. Symptoms of the inattentive type can often be dismissed in women, as women may experience them internally rather than externally, she explained.

3. Executive functioning difficulties

While this isn't part of the diagnostic criteria, it can be a symptom of ADHD that people experience. It can involve difficulties with time management and struggling to get started on tasks. Other signs of executive dysfunction include difficulty with multitasking, paying attention and organising thoughts. This is a trait of the inattentive type, but it is possible for people to experience both executive dysfunction and hyperactivity - this is what is called the combined type. A partner with ADHD may struggle with time management due to difficulties with executive functioning

4. Struggling to sit still

The next sign is a trait of hyperactive-impulsive ADHD, which could look like a partner that is always on the go. Some people with ADHD may struggle to sit still or seem restless. However, this can also manifest as an internal restlessness and experiencing racing thoughts.

5. Impulsivity, talking quickly and interrupting

It can be lovely to date someone with ADHD who can be 'spontaneous', but they can make risky decisions. These decisions, however well-intended, may not always be very well planned out. This impulsivity can also lead to your partner say things without thinking, interrupt people or speak over others.

6. Hyper focusing

The partner may also hyper focus on things, which can look like them showing lots of passion and interest in one thing, and those can change, they could last a few months and may do a lot of research on one topic before moving to the next.

While it isn't on the DSM-5, a widely used diagnostic manual, a 2018 study linked hyperactivity to the neurodevelopmental condition.

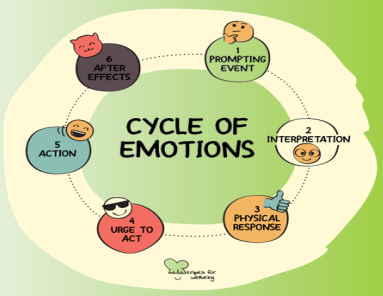
A partner not knowing they have ADHD can lead to communication issues

7. Communication difficulties

Dating with someone with ADHD can be beautiful because they are spontaneous, charismatic and dynamic. However, it might be challenging to be with someone with ADHD, because their communication style might be different to your own. They can talk in a tangential way (disorganised and veers off point), which can be tricky as they struggle to follow someone else's train of thought and jump between topics. They may also want you to get to the point when you want a deep and meaningful conversation because they struggle to sustain attention in longer conversations.

Continued...

8. Intense emotions

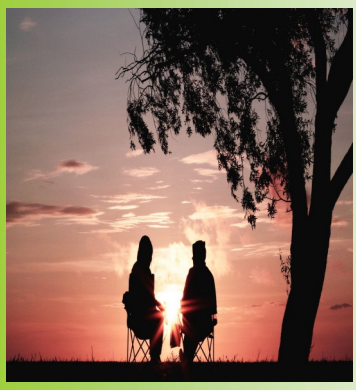


The next sign is them feeling emotions quite deeply which can present as them being more impulsive when they're angry or frustrated. They may not always take time to think and understand the other person's perspective. They might jump very quickly to anger or frustration. It's about taking the time to understand that what they first say might not be what they mean, and they may later reflect and apologise and say, "I didn't mean that."

9. Rejection sensitivity

The partner may also struggle with rejection sensitivity, which has been dubbed 'rejected sensitivity disorder'. Some people are really sensitive to rejection, because of years of having experiences of being told they're not good enough. They may very quickly feel like they're being rejected or pushed away and need a little bit more love and compassion.

How should you tell your partner you think they have ADHD?



It's best to approach your partner with curiosity and have a really open conversation with them about how they are feeling. Also, focus on the positives, as neurodiversity isn't a negative thing or a weakness but rather a strength. Normally, you'd only seek a diagnosis if it's impairing your daily functioning so it's best to talk to them if you notice them becoming distressed. This stress may be because they're turning up late for work or forgetting things and it's impacting their wellbeing. You could also frame all their wonderful strengths and the things you love about them, which are also strengths of having neurodivergence too. If it's not significantly impairing their life, they might not need to seek a diagnosis. Instead, couples can work together to manage it.

How can you support your partner?

Dr Harlow said that her clients have shared with her wonderful examples of how you can support a partner with ADHD. Recalling one client she said: 'The partner bought her an alarm for her water bottle that goes off to remind her to drink water. That's the most beautiful example of him understanding her needs, and also showing compassion, and making sure she was looking after herself.'

It's important to focus on working on the strength of both people in a partnership, she explained. For example, she said, if someone is good at finance, you could have a joint account, and they could be in charge of money. Similarly, if someone is really good at organising, they could create a joint schedule, which can be really helpful for someone with ADHD. In the past, she's seen couples where one partner takes on the school admin, and is on the related WhatsApp groups, because the ADHD partner finds it overwhelming.

Source: *Psychologist shares nine classic warning signs that your partner has undiagnosed ADHD*

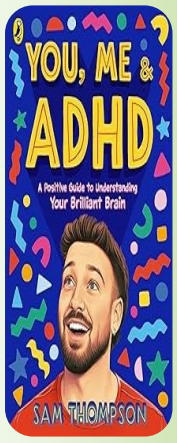
An insight into trauma

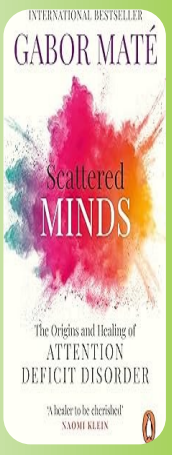
by

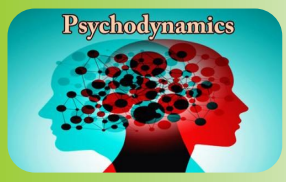
Carolyn Spring

PDF

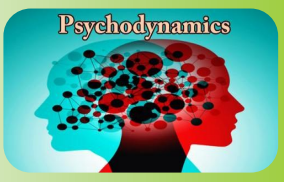
trauma-and-the-bears-a-fable-1.pdf







Psychodynamics



Our behaviour and feelings as adults (including psychological problems) are rooted in our childhood experiences. The psychodynamic theory states that events in our childhood have a significant influence on our adult lives, shaping our personality. Personality is shaped as the drives are modified by different conflicts at different times in childhood. Events that occur in childhood can remain in the unconscious and cause problems as adults, such as mental illness.

Psychic determinism

Psychic determinism is the idea that all behaviours have underlying unconscious causes. Unconscious thoughts and feelings can transfer to the conscious mind through parapraxes, popularly known as Freudian slips or slips of the tongue. We reveal what is really on our minds by saying something we didn't mean to. Freud believed that slips of the tongue provided an insight into the unconscious mind and that there were no accidents, every behaviour (including slips of the tongue) was significant (i.e., all behaviour is determined).

Examples of Psychodynamic Behaviour

Understanding psychodynamic theory is easier – and far more engaging – when it's applied to everyday situations. Below are several relatable examples that help illustrate core psychodynamic ideas in action.

1. Everyday Behaviours

Psychodynamic theory often explains behaviours that seem irrational or out of character as the result of unconscious conflicts or repressed emotions:

Procrastination: A student consistently puts off studying. On the surface, it looks like laziness -but from a psychodynamic lens, it may be rooted in unconscious fear of failure or perfectionism, possibly shaped by overly critical parenting.
Avoiding a Crush: Someone feels anxious or avoids a person they're romantically interested in. This might reflect a repressed fear of rejection, triggered by early experiences of emotional abandonment or insecurity.
Compulsive Hand-Washing: A person repeatedly washes their hands despite no visible dirt. Freud might interpret this as displacement – redirecting inner conflict or anxiety (perhaps related to guilt or a traumatic memory) onto a symbolic behaviour.

2. Emotional Struggles and Defence Mechanisms

Psychodynamic theory also helps explain why people react strongly or strangely in emotional situations:

Displacement: After being criticized at work, someone comes home and snaps at a family member. The ego, unable to confront the boss directly, redirects anger to a "safer" target.
Repression: A person who was in a traumatic accident doesn't remember the event at all. Their unconscious may be actively keeping the memory hidden to protect their conscious mind from distress.
Projection: A person who feels jealous accuses their partner of being unfaithful, even with no evidence. Their own feelings are projected outward because acknowledging them would create guilt or anxiety.

3. Relationships and Personality

Many relationship difficulties and personality traits are interpreted in psychodynamic theory as reflections of childhood experiences:

Fear of Commitment: Someone who repeatedly sabotages close relationships might be unconsciously reenacting attachment wounds from early childhood – such as being abandoned or emotionally neglected by a caregiver.
Overly Compliant Behaviour: An individual who avoids conflict at all costs may have developed this pattern during childhood to appease a harsh or unpredictable parent.

4. Crime and Offending Behaviour

Psychodynamic theory has also been used to explain criminal behaviour, particularly in forensic psychology:

An over-harsh superego might lead a person to commit crimes to satisfy an unconscious need for **punishment**, rooted in guilt or internalized shame from childhood.
John Bowlby's research on maternal deprivation showed that lack of attachment in early years could lead to affectionless psychopathy – a lack of empathy and remorse seen in some offenders.

Psychodynamic Approach In Psychology

Practical Tips for Your Recovery Journey

Daily Practices

- Practice mindfulness for 10-15 minutes daily
- Use emotion regulation skills when triggered
- Journal about your thoughts and feelings
- Maintain consistent sleep and eating schedules
- Practice self-compassion and positive self-talk

Building Support

- Join BPD support groups (online or in-person)
- Educate trusted friends and family about BPD
- Find a therapist who specializes in BPD
- Create a crisis plan with your support team
- Connect with others who understand your journey

Managing Setbacks

- Remember that setbacks are part of recovery
- Use setbacks as learning opportunities
- Reach out for support when struggling
- Practice radical acceptance of difficult emotions
- Focus on progress, not perfection

Source: *BPD Recovery Stories | Real Stories of Hope and Healing from Borderline Personality Disorder*

Lived Experience… David's Breakthrough Late Diagnosis, New Beginning - 3 Years of Discovery

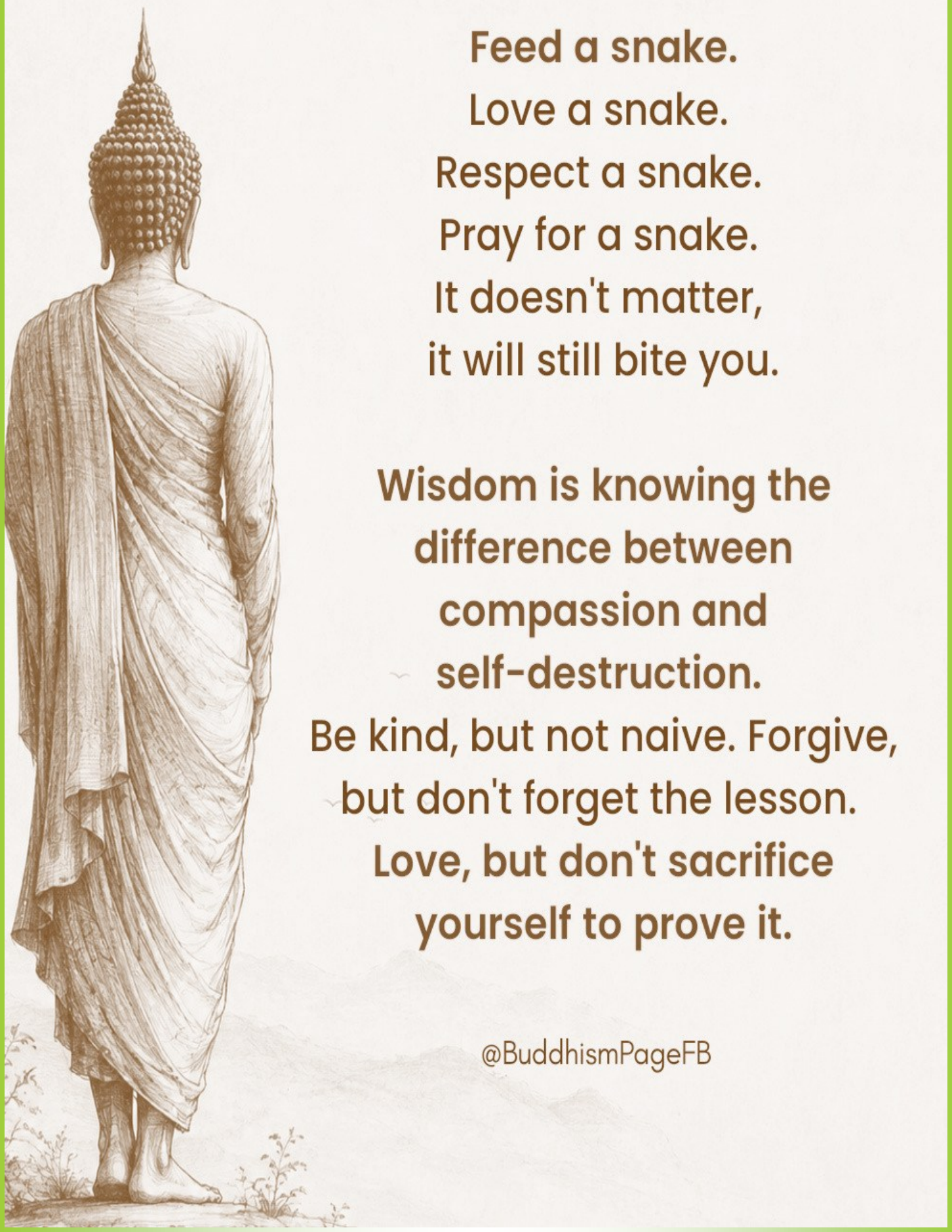
Getting diagnosed at 45 was both devastating and liberating"

I spent decades thinking I was just "difficult" or "too emotional." Multiple failed marriages, career setbacks, and strained relationships with my children left me feeling like a failure. When my therapist suggested I might have BPD, I was initially resistant. But the diagnosis finally gave me a framework to understand my struggles. The fear of abandonment that drove me to be controlling, the black-and-white thinking that destroyed relationships, the emotional intensity that overwhelmed everyone around me - it all made sense. At 48, I'm learning skills I wish I'd had decades ago. My relationship with my adult children is improving, I'm in a stable partnership, and I'm finally at peace with myself. It's never too late to start healing.

You can forgive someone and still choose distance. Wisdom is learning that protecting your peace is also an act of self respect

A good heart without boundaries becomes an easy target for toxic people

Compassion does not mean allowing yourself to be repeatedly hurt, manipulated, or drained



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

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