



The Aspire Trust, Inc
2a Mac Millan Ave
Cashmere 8022
Christchurch, NZ

Aspiehelp / The Aspire Trust

Edited by Andrea

In this newsletter; Book review 'Lost Connections'; Noise cancelling earplugs webpage correction; In our office; updated facebook page; BBQ dates;

Newsletter June 2021

In Our Office

It's been a busy time in the office keeping up with admin, clients and meetings. We have a lovely new fresh face in our office one day a week. Sarah is our facebook producer and editor. It's been great to have her aboard and she will be able to contribute to all aspects of Aspiehelp. I will ask her to add her bio and photo next time.

Julie has been to a meeting of the newly named Disability Leadership Canterbury. It is looking towards the future, beyond the earthquakes and towards a focus on disabled people developing accessibility and well-being solutions that benefit all.

Just a reminder that if you still have any of our library books, can you please return them. It's just fine to put them in our mailbox if we're not here.

BBQ Dates

Our barbeques at Barrington Mall continue to be well supported, with Francis Zuluetta doing a cracker job of organising and running this for us, which we are especially grateful for. Upcoming dates

- 5 June
- 10 July
- 14 August
- 11 September
- 9 October
- 6 November
- 4 December
- 18 December.

Correction

In a previous newsletter a website for noise cancelling earplugs was given inaccurately. The website is earjobs.co.nz

Facebook

Check out our new and updated facebook page at Facebook.com/AspiehelpNZ

Book Review

Lost Connections, by Johann Hari

I 'devoured' this book, not being able to put it down. I suffer from depression and have been on antidepressants for 25 years. I swallowed hook line and sinker the description given by my psychiatrist in 1999, that depression is caused by a chemical imbalance in the brain, and I would need to be on medication for the rest

of my life, much like a diabetic who needs insulin. I never questioned *why* I had this chemical imbalance.

In this book, Hari, discusses in detail, and with lots of examples, and studies, his belief that depression is caused by an individuals reactions to an unhappy life, and once the issues causing the unhappiness are resolved the depression heals.

He cites the drug companies as being the instigator of the massive uptake of anti-depressant medication, citing studies they funded to prove the benefits of the medication. However, he says, as an example that the drug companies used only the results of studies showing an improvement after taking the medication, and ignoring the studies that showed no improvement at all. Of 100 studies, the drug companies only cited 2 studies.

Along with his belief that depression is the outcome of an unsatisfactory life, he also considers that in western cultures, normal human emotions, such as experiencing the loss of a loved one, are not now accepted as a normal part of the grieving process and if they haven't 'snapped out of it' within a given period, they need antidepressants.

I loved the numerous real life examples and studies he refers to. It is easy to read, honest and simply put, not being overly intellectual.

Hari, is now 41years old. Wikipedia discusses his plagiarism, and 'trolling', which he has admitted. However, he has also won many prizes for his writing, and having experienced trauma in his life, and probably still evolving as a healthy balanced human being, I am willing to forgive his foibles.

Along this line of thought is the following article from the conversation.com

We need to treat borderline personality disorder for what it really is – A response to trauma

Borderline personality disorder (BPD) is a highly stigmatised and misunderstood condition. Australians with BPD face considerable barriers to accessing high-quality and affordable care, according to new research published today.

For every 100 patients we treat in inpatient psychiatric wards, 43 will have BPD. People with this condition are vulnerable, impulsive, and highly susceptible to criticism – yet they continue to face stigma and discrimination when seeking care.

We have come a long way since the days of viewing mental illness as a sign of weakness, but we are lagging behind in our attitude towards BPD. At least part of this stems from the way we frame the condition, and from the name itself.

Rather than as a personality disorder, BPD is better thought of as a complex response to trauma. It's time we changed its name.

How common is BPD?

BPD is strikingly common, affecting between 1% and 4% of Australians. It is characterised by emotional dysregulation, an unstable sense of self, difficulty forming relationships, and repeated self-harming behaviours.

Most people who suffer from BPD have a history of major trauma, often sustained in childhood. This includes sexual and physical abuse, extreme neglect, and separation from parents and loved ones.

This link with trauma – particularly physical and sexual abuse – has been studied extensively and has been shown to be near-ubiquitous in patients with BPD.

People with BPD who have a history of serious abuse have poorer outcomes than the few who don't, and are more likely to self-harm and attempt suicide. Around 75% of BPD patients attempt suicide at some point in their life. One in ten eventually take their own life.

The Diagnostic and Statistical Manual of Mental Disorders (DSM-V) does not mention trauma as a diagnostic factor in BPD, despite the inextricable link between BPD and trauma. This adds to viewing BPD as what its name suggests it is – a personality disorder.

Instead, BPD is better thought of as a trauma-spectrum disorder – similar to chronic or complex PTSD.

The similarities between complex PTSD and BPD are numerous. Patients with both conditions have difficulty regulating their emotions; they experience persistent feelings of emptiness, shame, and guilt; and they have a significantly elevated risk of suicide.

Why the label is such a problem

Labelling people with BPD as having a personality disorder can exacerbate their poor self-esteem. “Personality disorder” translates in many people’s minds as a personality flaw, and this can lead to or exacerbate an ingrained sense of worthlessness and self-loathing.

This means people with BPD may view themselves more negatively, but can also lead other people – including those closest to them – to do the same.

Clinicians, too, often harbour negative attitudes towards people with BPD, viewing them as manipulative or unwilling to help themselves. Because they can be hard to deal with and may not engage with initial treatment, doctors, nurses and other staff members often react with frustration or contempt.

These attitudes are much less frequently seen from clinicians working with people suffering from complex PTSD or other trauma-spectrum disorders.

What could a name change do?

Explicitly linking BPD to trauma could alleviate some of the stigma and associated harm that goes with the diagnosis, leading to better treatment engagement, and better outcomes.

When people with BPD sense that people are distancing themselves or treating them with disdain, they may respond by self-harming or refusing treatment. Clinicians may in turn react by further distancing themselves or becoming frustrated, which perpetuates these same negative behaviours.

Eventually, this may lead to what US psychiatric researcher Ron Aviram and colleagues call a “self-fulfilling prophecy and a cycle of stigmatisation to which both patient and therapist contribute”.

Thinking about BPD in terms of its underlying cause would help us treat its cause rather than its symptoms and would reinforce the importance of preventing child abuse and neglect in the first place.

If we started thinking about it as a trauma-spectrum condition, patients might start being viewed as victims of past injustice, rather than perpetrators of their own misfortune.

BPD is a difficult condition to treat, and the last thing we need to do is to make it harder for patients and their families.

<https://theconversation.com/we-need-to-treat-borderline-personality-disorder-for-what-it-really-is-a-response-to-trauma-115549>

Recipe

Julie tried the following recipe for Broccoli, Leek and Kale soup, and rated it 8/10. She said it is healthy, easy to make and very filling. She added some parmesan for extra zing. See the link

<https://dish.co.nz/recipes/roasted-broccoli-leek-and-kale-soup>

TED Talk

How to be normal, (and why not to be), Jolene Stockman

You Tube

Dr Tony Attwood, 'Dealing with Anxiety Issues', and 'Good mental health for autistic girls and women'.

Today's Quote

"A lie can be half way round the world before the truth has got its boots on." From a speech by *James Callaghan*

Our Patron is Stephen Mark Shore, PhD.

The Aspire Trust, Inc is a registered Charitable Trust.
Charities Services registration number is CC46192.

phone: (03) 337-6337 email: info@aspiehelp.com
support us at givealittle.co.nz/org/myaspiehelp
www.aspiehelp.com

Supported by:

