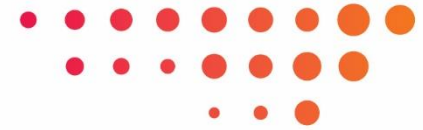




Specialising in Personality Disorder  
and Complex Trauma

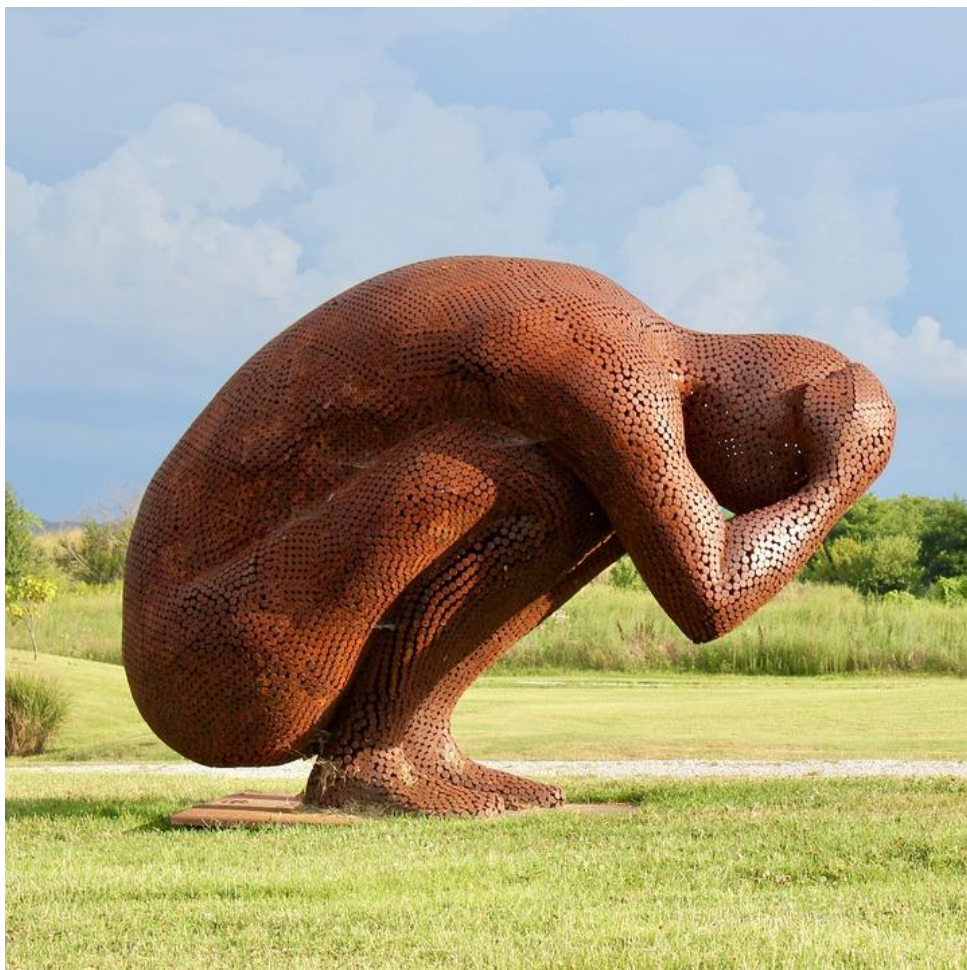


# Sitting Still and Being Present

A Presentation for ECHO  
February 2023

*Debbie Dick RPN5*  
*Spectrum*





**“I can’t keep living like this”**

**“I can’t keep going”**

**“You need to do something”**

**“I do not feel safe”**

**“I am going to kill myself”**

- Can we be completely objective and detached, is it helpful?
- “One of the great paradoxes of life is that self-awareness breeds anxiety”.
- “Indeed, the capacity to tolerate uncertainty is a prerequisite for the profession. Though the public may believe that therapists guide patients systematically and sure-handedly through predictable stages of therapy to a foreknown goal, such is rarely the case; instead, as these stories bear witness, therapist frequently wobble, improvise and grope for direction.”

*(Irvin D. Yalom, Love's executioner)*

# Do no harm

- “....the accepted currency for interpersonal negotiations with health care institutions includes suicide threats and suicidal behaviour, self-harm, symptoms of illness, loss of control, and helplessness. Besides we are supposed to be helping.”
- “The trouble with borderline patients, of course, is that they insist on being helped, or people speaking for them insist they be helped, or they resist help but display behaviours that will inevitably bring help upon them.”

***(David Dawson and Harriet MacMillan; Relationship Management of the Borderline Patient)***

- “.....and therapists need to be mindful that their own mental states might unduly color their understanding to of the patients mental states and lead to equating these states without adequate formulation. The therapist has to quarantine his or her feelings.....”
- The therapist needs to keep mentalizing on line
- “Countertransference experience expressed verbally by the therapist is an important aspect of therapy, but.....it must be marked as an aspect of the therapists state of mind.”
- “Patient’s seem able to hit the therapist’s sensitive spots and sometimes will even focus on them as they try to control emotional processes in a session.”

## ***Bateman and Fonagy – Mentalization Based Therapy For BPD***



- Thinking back to Carl Rogers who believed that self-worth is developed in early attachment experiences. Can a therapist client relationship support development of self worth and then to develop a sense of self?
- Rogers says that a minimal relationship must exist in the client therapist relationship and that significant personality change does not exist without it.



- The Context, of which we are a part, strongly influences their behaviour.....The reality of the borderline patient merges with the context in which we participate and we, as part of that context, have difficulty telling them apart.”
- “.....we are really observing the product of the interplay between patient and context.....the product of our own observations and expectations.” (David

***Dawson and Harriet MacMillan; Relationship Management of the Borderline Patient)***

**“It is the relationship that heals, the relationship that heals, the relationship that heals – my professional rosary” (Irvin D Yalom; Love’s Executioner)**

