NAVIGATING THE "RELENTLESS HOPE" OF PATIENTS WITH BORDERLINE DYNAMICS:

AN INTEGRATIVE APPROACH TO DEVELOPING EVOCATIVE MEMORY, MENTALIZATION, AND THE CAPACITY TO GRIEVE

FROM "RELENTLESS HOPE" TO "REALISTIC HOPE"

AND SELF – SUSTAINING RESILIENCE

Thursday, October 23, 2025 | 8:00 – 10:00 pm (ET)
Friday, October 24, 2025 | 8:00 – 10:00 am (Philippines)

With deepest appreciation for Bill and Midge Kirwan and Tine Lee

Presented by Martha Stark MD | Harvard Medical School
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ALL YOUNG CHILDREN

– AS A NORMAL PHASE OF DEVELOPMENT –

HOLD THE "IDEALIZED FANTASY" OF "PERFECT CAREGIVING"

– PERFECT ATTUNEMENT, PERFECT MIRRORING, PERFECT RESPONSIVENESS –

IF DEVELOPMENT PROCEEDS AS IT SHOULD,

THEY WILL GRADUALLY ADVANCE FROM THE

THE "DEFENSIVE NEED" FOR "EXTERNAL CAREGIVING"

TO THE "ADAPTIVE CAPACITY" FOR "INTERNAL CAREGIVING"

WHAT MAKES THIS SHIFT POSSIBLE?

THROUGH THE NORMAL DEVELOPMENTAL PROCESS

OF ENCOUNTERING AND MASTERING

THE INEVITABLE "SLINGS AND ARROWS" OF IMPERFECT CAREGIVING

– THE TOLERABLE, OPTIMALLY FRUSTRATING, GROWTH – PROMOTING

EXPERIENCE OF BEING PERIODICALLY FAILED –

THE NEED FOR "PERFECT (IDEALIZED) CAREGIVING"

WILL BE GRADUALLY TAMED, MODIFIED, AND INTEGRATED

. . . AND, AS A FELICITOUS RESULT, THE CHILD WILL BEGIN

TO DEVELOP THE CAPACITY TO PROVIDE

"GOOD – ENOUGH CAREGIVING" FROM WITHIN

MORE SPECIFICALLY,

THIS SHIFT OCCURS AS THE CHILD
"ADAPTIVELY INTERNALIZES"
THE CAREGIVER'S "SELFOBJECT FUNCTIONS"

– FUNCTIONS THAT WILL PROVIDE CONTAINMENT, MIRRORING, AFFIRMATION, AND RESTORATION –

THESE INTERNALIZED CAPACITIES
WILL ENABLE THE CHILD TO PRESERVE INSIDE
PIECES OF THE ORIGINAL EXPERIENCE
OF EXTERNAL GOODNESS

TEMPERING OF THE LONGING FOR FLAWLESS CAREGIVING
SIGNALS A MOVEMENT
FROM RELIANCE ON OTHERS
FOR SELF – ESTEEM REGULATION
TO SELF – SUSTAINING RESILIENCE

ONCE ENHANCED FROM THE SELFOBJECT,
SELF – ESTEEM WILL NOW BE GENERATED FROM WITHIN

– ONCE BORROWED, IT WILL NOW BE OWNED –

BUT PATIENTS WITH UNRESOLVED NARCISSISTIC ISSUES

– FEATURED IN MODEL 2 OF THE ST★RK METHOD OF PSYCHODYNAMIC SYNERGY –

HAVE NEVER FULLY OUTGROWN THEIR NEED FOR PERFECT ATTUNEMENT, MIRRORING, AND RESPONSIVENESS

WHEN VERY YOUNG,

THEIR "INFANTILE NEED FOR PERFECTION" WAS ENTIRELY AGE – APPROPRIATE

BUT BECAUSE OF EARLY DISRUPTION IN THE EVOLUTION OF THIS "NARCISSISTIC NEED FOR PERFECTION"

– THAT IS, BECAUSE OF "TRAUMATIC THWARTING" BY THE CAREGIVER –

THE NEED BECAME "DEFENSIVELY REINFORCED"

THUS, THE CHILD NEVER HAD THE OPPORTUNITY TO TEMPER THIS NEED FOR PERFECTION INTO THE ADAPTIVE CAPACITY TO BE SATISFIED WITH THE "APPROXIMATELY – PERFECT"

NOW, AS AN ADULT,

THEIR REFUSAL TO ACCEPT THE INEVITABILITY OF IMPERFECTION IMPRISONS THEM IN AN UNWAVERING PURSUIT OF THE ILLUSION THAT PERFECT CAREGIVING MIGHT YET BE FORTHCOMING

– WHAT I HAVE NAMED "RELENTLESS HOPE" –

THEIR RELENTLESS SEARCH REFLECTS AN ADAMANT REFUSAL TO ACCEPT THE LIMITATIONS, SEPARATENESS, AND UNYIELDING IMMUTABILITY OF THE OBJECTS OF THEIR CEASELESS DESIRE

EVEN THOUGH, ULTIMATELY, THEIR PURSUIT IS FOR SOMETHING THAT NEVER TRULY EXISTED

AND YET, CHANGE IS POSSIBLE

WHEN SUCH PATIENTS PRESENT TO TREATMENT,
THERE WILL FINALLY BE AN OPENING
– ALBEIT A BELATED ONE –
TO CONFRONT AND GRIEVE THE UNBEARABLY PAINFUL REALITY
OF AN OBJECT'S "LACK OF PERFECTION"
– AS EMBODIED IN THE SELFOBJECT THERAPIST –

THEY WILL THEREFORE BE ABLE TO WORK THROUGH
"EMPATHIC FAILURES" BY THE SELFOBJECT THERAPIST
– DISRUPTIONS OF THE NARCISSISTIC (SELFOBJECT) TRANSFERENCE –
AND TO BENEFIT FROM THAT DISILLUSIONMENT
– OPTIMAL (GROWTH – PROMOTING) DISILLUSIONMENTS –
BY ADAPTIVELY INTERNALIZING WHATEVER GOOD
HAD ONCE EXISTED IN THE THERAPEUTIC RELATIONSHIP

IN THIS WAY, THEY WILL PRESERVE WITHIN THEMSELVES A TRACE OF
THE ORIGINAL EXPERIENCE OF THE THERAPIST'S EXTERNAL GOODNESS

IN OTHER WORDS, FOR PATIENTS WITH UNRESOLVED NARCISSISTIC ISSUES,
DEVELOPMENT OF SELF – STRUCTURE, FILLING IN OF SELF – DEFICITS,
AND QUENCHING OF THIRST FOR EXTERNAL NARCISSISTIC SUPPLIES
WILL BECOME POSSIBLE AS A RESULT OF THE THERAPEUTIC PROCESS

A PROCESS THAT WILL INVOLVE, ADMITTEDLY, A PROLONGED WORKING THROUGH
OF "OPTIMALLY FRUSTRATED" NARCISSISTIC NEEDS EXPERIENCED IN RELATION
TO AN IDEALIZED (BUT ULTIMATELY IMPERFECT) SELFOBJECT THERAPIST

PATIENTS WITH UNMASTERED BORDERLINE DYNAMICS
– FEATURED IN MODEL 3 OF THE ST★RK METHOD OF PSYCHODYNAMIC SYNERGY –
HAVE ALSO NEVER RELINQUISHED THEIR
FANTASY OF PERFECT (IDEALIZED) CAREGIVING,
BUT THE QUALITY OF THEIR YEARNING IS DIFFERENT
– MORE ANGUISHED, MORE TORMENTED, MORE DESPAIRING –

. . . BECAUSE THEY ARE LONGING TO RECAPTURE
SOMETHING THAT MIGHT ONCE HAVE EXISTED
– EVEN IF FLEETINGLY AND PERHAPS ONLY IN FANTASY –
BUT THAT HAS SINCE BEEN IRREVOCABLY LOST

THEIRS IS AN INTENSE YEARNING TO RECLAIM AN IDEALIZED PAST
THAT IS NOW IRRETRIEVABLE – A PARADISE LOST AND NEVER RESTORED

YET THEIR PRONENESS TO DEFENSIVE SPLITTING,
FRAGILE EVOCATIVE MEMORY,
AND TENUOUS CAPACITY FOR MENTALIZATION
WILL SERIOUSLY COMPROMISE THEIR ABILITY TO GRIEVE

FOR THEM, THEREFORE, THE DEVELOPMENT OF SELF – STRUCTURE
– SO THAT "GOOD – ENOUGH CAREGIVING" CAN ULTIMATELY BE PROVIDED FROM WITHIN
RATHER THAN "RELENTLESSLY PURSUED" FROM WITHOUT –
WILL INVOLVE NOT SO MUCH THE WORKING THROUGH
OF "OPTIMAL FRUSTRATION"

BUT, RATHER, THE EMERGENCE "FROM WITHIN"
OF A "LIVED EXPERIENCE" THAT IS ALTOGETHER DIFFERENT . . .

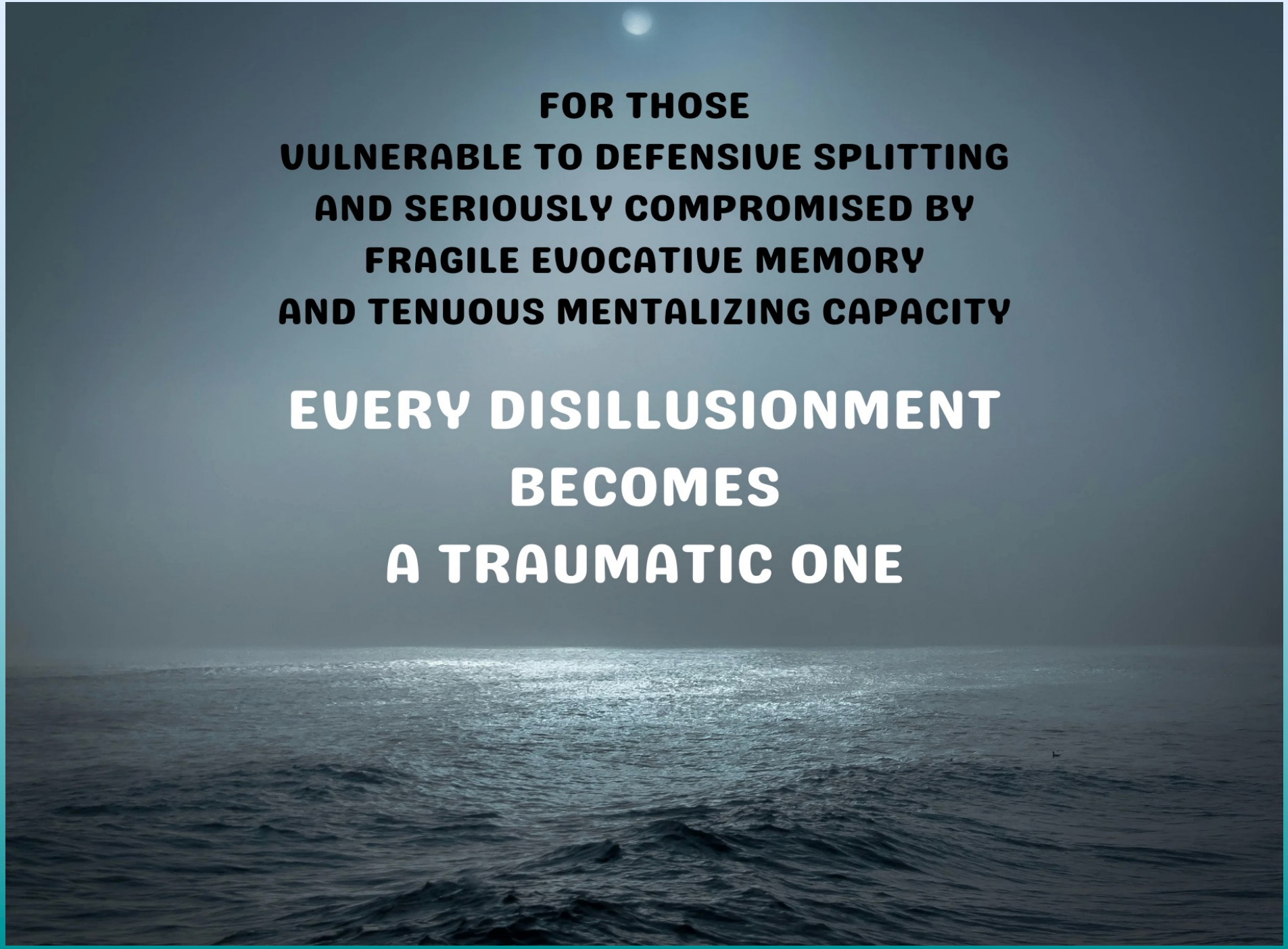
TRAGICALLY CAUGHT IN THE WEB
OF THEIR RELENTLESS, ANGUISHED, DESPERATE PURSUIT,
THEY WILL, UNFORTUNATELY, FIND IT PROFOUNDLY CHALLENGING
– AND QUITE DAUNTING –
TO ENGAGE IN DEEP, EMBODIED THERAPEUTIC WORK

. . . BECAUSE FOR THEM,
EVERY "EMPATHIC FAILURE" BY THE SELFOBJECT THERAPIST
WILL BE EXPERIENCED
NOT AS AN "OPTIMAL (NONTRAUMATIC) DISILLUSIONMENT"
– THE KIND THAT SPARKS GROWTH THROUGH ADAPTIVE INTERNALIZATION –

BUT AS A "TRAUMATIC DISILLUSIONMENT"
– FROM WHICH RECOVERY FEELS NEARLY IMPOSSIBLE –

IN OTHER WORDS,
FOR PATIENTS WITH BORDERLINE DYNAMICS
– WHOSE EVOCATIVE MEMORY IN THE FACE OF RELATIONAL DISAPPOINTMENT
IS NOT YET FIRMLY ESTABLISHED –
THERE IS NO SUCH THING AS "OPTIMAL FRUSTRATION"

EVERY DISAPPOINTMENT
– OF WHATEVER MAGNITUDE –
IS EXPERIENCED AS "TRAUMATIC"
– ONE THAT CANNOT BE GRIEVED, CANNOT BE MASTERED –


FOR THOSE
VULNERABLE TO DEFENSIVE SPLITTING
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FRAGILE EVOCATIVE MEMORY
AND TENUOUS MENTALIZING CAPACITY
EVERY DISILLUSIONMENT
BECOMES
A TRAUMATIC ONE

Lois W. Choi-Kain, M.D. M.Ed. D.F.A.P.A. • 1st
Director, Gunderson Personality Disorders Institute at McLean Hos...
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2h •

Don't miss the most concentrated scientific program for updates on personality disorders this year at the ISSPD Congress in Boston November 9-11, 2025. Our full program will be published soon, but in the meantime, we will start previewing highlights of interest for clinicians, researchers, students, and people living with personality disorders. Register now to be in the company of a vibrant community of people dedicating their efforts to improving the understanding and treatment of personality disorders.

https://lnkd.in/ey6hGHCw

MANY PATIENTS STRUGGLE

– AT LEAST TO SOME DEGREE –

WITH EMOTIONAL DYSREGULATION, INSECURE ATTACHMENT,
PRECARIOUSLY ESTABLISHED SELF – ESTEEM,
DISTORTIONS IN SELF – CONCEPT, TRUST ISSUES,
AND RELATIONAL DYSFUNCTION

BUT, AS I WILL BE SUGGESTING THROUGHOUT,

PATIENTS WITH BORDERLINE DYNAMICS CARRY
AN ADDITIONAL LAYER OF NUANCE AND COMPLEXITY

. . . CHARACTERIZED BY PROFOUND PSYCHIC FRAGILITY,
EMOTIONAL VOLATILITY, INTERPERSONAL HYPERSENSITIVITY,
DYSREGULATED IMPULSIVITY, DEFENSIVE SPLITTING,
ANGUISHED HEARTBREAK, AND A PERVASIVE SENSE OF BETRAYAL

THESE ELEMENTS FUEL A UNIQUELY
GRIEF – STRICKEN, TORMENTED, FRAGMENTED,
INTERNALLY CHAOTIC, AND OFTEN CRISIS – RIDDEN EXISTENCE

THE PATIENT'S "FRACTURED EXPERIENCE OF BEING"
IS SUCH THAT INTENSE EMOTIONS FEEL LIKE MAELSTROMS

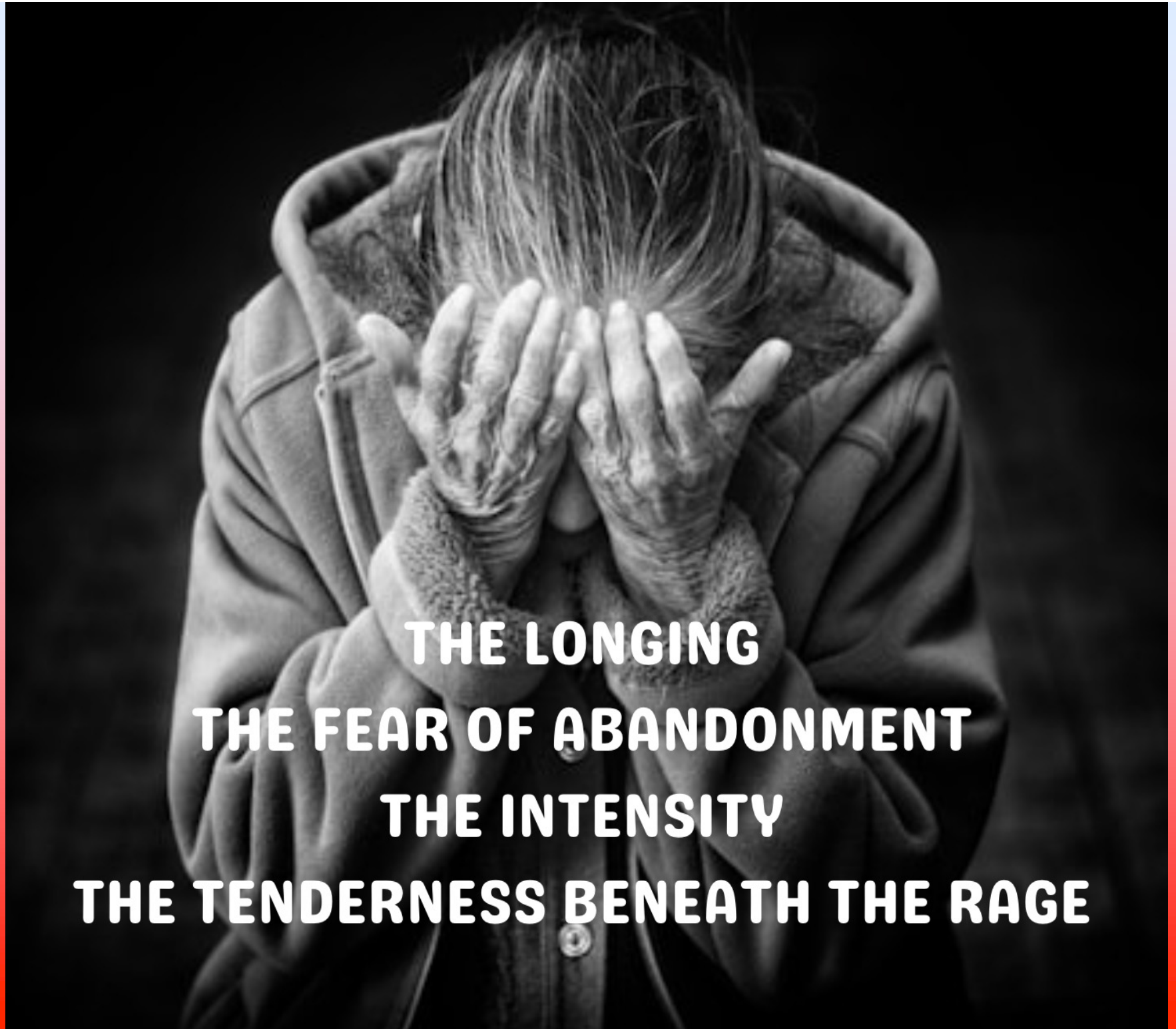
– EACH A TURBULENT, ALL – CONSUMING FORCE,
PULLING THE PATIENT EVER DEEPER INTO AN EXISTENTIAL VORTEX
OF CONFUSION, HELPLESSNESS, AND DESPAIR –

WORKING WITH THESE PATIENTS IN TREATMENT
IS ESPECIALLY DEMANDING
– ALTHOUGH, ULTIMATELY, EXTRAORDINARILY REWARDING –

THEY CAN QUICKLY BECOME FORMIDABLE OPPONENTS
– FIERCELY COMBATIVE WHEN TRIGGERED –
– PARTICULARLY BECAUSE OF THEIR NOTORIOUSLY LIMITED CAPACITY
TO "CONTAIN" THEMSELVES
IN THE FACE OF DISILLUSIONMENT, DISAPPOINTMENT, REJECTION, LOSS,
PERCEIVED THREAT, OR EMOTIONAL OVERWHELM –

. . . ULTIMATELY LEADING TO THE WELL – KNOWN
– AND ALMOST INEVITABLE –
"ENACTING" OF THEIR CRUSHING PAIN, PROFOUND DESPAIR,
AND ENTITLED OUTRAGE

ALL OF THIS NOTWITHSTANDING,
THEIR TENDER, SOULFUL VULNERABILITY
– THEIR EXQUISITE SENSITIVITY, PASSIONATE INTENSITY, DISARMING AUTHENTICITY,
AND GIFT FOR DEEP RELATIONAL PRESENCE
WHEN ABLE TO FEEL SAFELY HELD AND TRULY SEEN –
MAKE OF THEM
– AT TIMES –
A SHEER PLEASURE AND ABSOLUTE DELIGHT
TO ENGAGE WITH IN TREATMENT


THE LONGING
THE FEAR OF ABANDONMENT
THE INTENSITY
THE TENDERNESS BENEATH THE RAGE

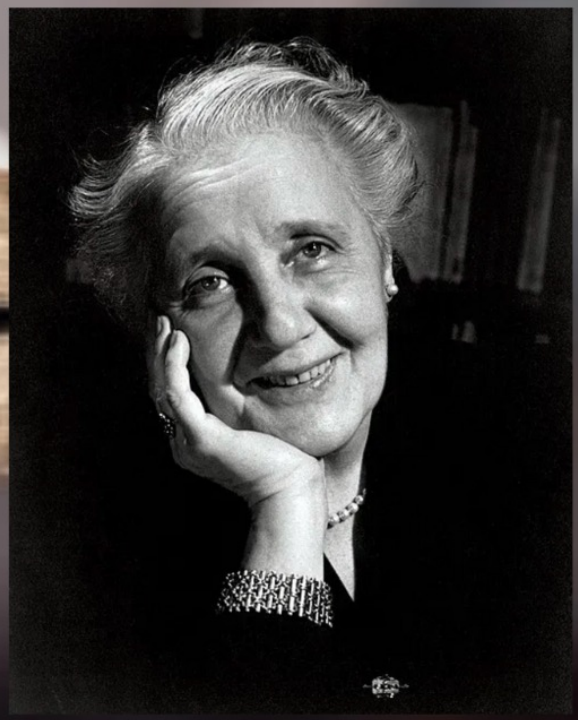
MELANIE KLEIN

THE PARANOID – SCHIZOID POSITION

– PRE – AMBIVALENCE –

THE DEPRESSIVE POSITION

– AMBIVALENCE –



BORDERLINE PSYCHOPATHOLOGY AND KLEINIAN THEORY

WHAT INSIGHTS DOES PSYCHOANALYTIC LITERATURE OFFER ABOUT THE ETIOLOGY OF BORDERLINE PSYCHOPATHOLOGY?

PATIENTS WITH BORDERLINE FEATURES
OFTEN OPERATE FROM WHAT MELANIE KLEIN (1964)
CALLED THE "PARANOID – SCHIZOID POSITION"
– A "PRE – AMBIVALENT DEVELOPMENTAL STAGE"
IN WHICH OTHERS ARE EXPERIENCED AS "PART – OBJECTS" –
– EITHER "NEED – GRATIFYING" ("ALL – GOOD") OR "NEED – FRUSTRATING" ("ALL – BAD") –

THIS "PRIMITIVE DEVELOPMENTAL POSITION"
– THE FIRST OF TWO POSITIONS –
IS MARKED BY "RUTHLESSNESS"
– REFLECTING A PROFOUND LACK OF CONCERN FOR OTHERS –

IT MANIFESTS AS UNTEMPERED AGGRESSION,
HOSTILITY, AND RAGE DIRECTED AT "BAD OBJECTS"
PERCEIVED AS PERSECUTORY AND DESTRUCTIVE
– THESE OBJECTS SERVNG AS RECIPIENTS OF THE PATIENT'S OWN PROJECTED FEELINGS –

WHEN INTERPERSONALLY STRESSED,
PATIENTS WITH BORDERLINE TENDENCIES WILL FREQUENTLY
REVERT TO THIS EARLY, PRE – AMBIVALENT STANCE
– IN WHICH SELF AND OBJECT REPRESENTATIONS ARE AGAIN RIGIDLY SPLIT
BECAUSE FULL INTEGRATION OF "GOOD" AND "BAD" HAS NOT YET BEEN RELIABLY ACHIEVED –

REGRESSION AND THE GOAL OF TREATMENT

INDEED, WHEN EMOTIONALLY OVERWHELMED,

PATIENTS WITH BORDERLINE FEATURES

– UNABLE TO MAINTAIN THE MORE INTEGRATED STAGE OF "AMBIVALENCE" –

(THE DEFINING CHARACTERISTIC OF MELANIE KLEIN'S "DEPRESSIVE POSITION")

WILL OFTEN REGRESS TO THE EARLIER

DEVELOPMENTAL STAGE OF "PRE – AMBIVALENCE"

THE OVERARCHING GOAL OF TREATMENT FOR SUCH PATIENTS

WILL THEREFORE BE TO SUPPORT

A MORE SUSTAINED AND COHESIVE PROGRESSION TOWARD "AMBIVALENCE"

– A STAGE THAT HAS BEEN PARTIALLY ATTAINED BUT IS PRECARIOUSLY HELD –

IN OTHER WORDS,

TREATMENT AIMS TO FOSTER ADVANCEMENT

FROM THE PARANOID – SCHIZOID POSITION

– CHARACTERIZED BY DEFENSIVE SPLITTING OF GOOD AND BAD,

A FRAGMENTED SELF, AND PART – OBJECT USAGE –

TO THE DEPRESSIVE POSITION

– WHICH FEATURES ADAPTIVE INTEGRATION OF GOOD AND BAD,

A COHESIVE SELF, AND WHOLE – OBJECT RELATING –

ONCE ACHIEVED,

PATIENTS WILL BE ABLE TO HOLD IN MIND, SIMULTANEOUSLY,

THE BELOVED AND REPUDIATED ASPECTS OF DISILLUSIONING OBJECTS

AS WELL AS THE NUTURING AND DESTRUCTIVE ASPECTS OF THE SELF

MARGARET MAHLER

THE SEPARATION – INDIVIDUATION PROCESS

– ESPECIALLY THE RAPPROCHEMENT SUBPHASE –

BORDERLINE DIFFICULTIES HAVE ALSO OFTEN BEEN LINKED TO CHALLENGES IN NEGOTIATING MARGARET MAHLER'S (1975) "SEPARATION – INDIVIDUATION PROCESS" (5 TO 36 MONTHS)

THIS IS A "SENSITIVE" DEVELOPMENTAL PERIOD DURING WHICH THE YOUNG CHILD BEGINS TO DIFFERENTIATE HERSELF FROM THE PRIMARY CAREGIVER – USUALLY THE MOTHER – AND GRADUALLY DEVELOPS A SENSE OF INDIVIDUALITY – A SEPARATE IDENTITY – AS SHE MOVES TOWARD GREATER INDEPENDENCE AND AUTONOMY

WITHIN THIS PROCESS, THE RAPPROCHEMENT SUBPHASE (15 TO 24 MONTHS) IS ESPECIALLY "CRITICAL," BECAUSE IT IS DURING THIS TIME THAT THE YOUNG CHILD IS TORN BETWEEN THE PUSH – PULL OF INDEPENDENCE AND CLOSENESS – STRUGGLING TO MOVE AWAY FROM THE MOTHER, YET STILL NEEDING HER FOR "EMOTIONAL REFUELING" –

AS A RESULT, THE CHILD IS PARTICULARLY SUSCEPTIBLE TO DEVELOPING INTENSE ANXIETY, FEAR OF ABANDONMENT, AND HEIGHTENED DEPENDENCE ON THE CAREGIVER FOR REASSURANCE

IT IS HYPOTHESIZED THAT THE CAREGIVER OF A CHILD WHO LATER DEVELOPS BORDERLINE ISSUES – OFTEN HERSELF ORGANIZED AROUND A BORDERLINE STRUCTURE – CANNOT TOLERATE THE CHILD'S AGE – APPROPRIATE MOVEMENT AWAY – MAKING THIS RAPPROCHEMENT SUBPHASE PARTICULARLY FRAUGHT AND EMOTIONALLY CHARGED –

MORE SPECIFICALLY

THE CHILD'S EMERGING DRIVE TOWARD SEPARATION AND AUTONOMY IS EXPERIENCED BY THE NARCISSISTICALLY VULNERABLE CAREGIVER NOT AS A NATURAL DEVELOPMENTAL PROGRESSION BUT AS A PROFOUND PERSONAL BETRAYAL

– A PSYCHIC WOUND INTERNALLY REGISTERED AS EMOTIONAL ABANDONMENT –

AS THE CHILD BEGINS TO SEPARATE AND INDIVIDUATE,

SUCH A CAREGIVER WILL THEREFORE ENACT A PATTERN OF RADICAL INCONSISTENCY

– AT TIMES SMOTHERINGLY PRESENT AND PSYCHICALLY ENGULFING –
(THE SO – CALLED "SMOTHER MOTHER")
– AND AT OTHER TIMES INACCESSIBLE, WITHDRAWN, OR EMOTIONALLY ABSENT –

SHE WILL ALTERNATE BETWEEN BEING OVERPROTECTIVE, INTRUSIVE, AND DEMANDING AND THEN HOSTILE, REJECTING, AND EMOTIONALLY DISTANT

THIS IS A LIVING DRAMATIZATION OF THE CAREGIVER'S OWN UNRESOLVED INTERNAL SPLIT, WHICH SHE IS EXTERNALIZING AND ENACTING IN THE RELATIONAL FIELD

– LEAVING THE CHILD IN A CONSTANTLY SHIFTING RELATIONAL EXPERIENCE
THAT OSCILLATES BETWEEN BEING ENGULFED AND BEING ABANDONED –

THE CAREGIVER'S "SEDUCTIVENESS"

– FAIRBAIRN'S "SEDUCTIVE MOTHER," WHO ALTERNATES
BETWEEN EXCITING AND REJECTING HER CHILD –

IS UNDERSTANDABLY A SOURCE OF
PROFOUND DISTRESS FOR THE VULNERABLE CHILD

– FIRST ENTICING AND COMPELLING,
THEN CRUSHING, DEVASTATING, AND ABANDONING –

BECAUSE THE CHILD HAS BEEN SUBJECTED
TO THIS CONFUSING AND DISORIENTING
"WHIPLASH" EXPERIENCE
OF BEING SWUNG ABRUPTLY AND UNCONTROLLABLY
– BACK AND FORTH –
BETWEEN
THE EXPERIENCE OF A TRAUMATICALLY DISILLUSIONING
– AND HEART – WRENCHINGLY UNRELIABLE –
CAREGIVER
AND THE EXPERIENCE OF A MYTHICALLY IDEALIZED
– AND HEART – WARMINGLY, THOUGH PRECARIOUSLY, AVAILABLE –
ONE . . .

OVER TIME
THE CHILD HAS NO CHOICE BUT TO ADOPT
A WORLDVIEW DEFINED BY "BLACK AND WHITE"
– WITH LITTLE ROOM FOR NUANCE OR SHADES OF GRAY –

ON SOME LEVEL,

IT WOULD PROBABLY HAVE BEEN
LESS TORMENTING FOR THE CHILD
HAD THE CAREGIVER BEEN SIMPLY "ALL BAD,"
RATHER THAN FLUCTUATNIG UNPREDICTABLY BETWEEN
THOSE OCCASIONAL MOMENTS OF BEING "VERY GOOD"
AND THE FAR MORE ROUTINE DEFAULT OF BEING "VERY BAD"

AT LEAST THEN THE CHILD WOULD HAVE HAD
A CLEARER SENSE OF WHERE SHE STOOD
– WITHOUT BEING HELD CAPTIVE BY THE UNCERTAINTY AND THE DESTABILIZING AMBIGUITY
OF NEVER KNOWING FOR SURE WHICH CAREGIVER WOULD APPEAR –

IN ANY EVENT
IN THE FACE OF THE CAREGIVER'S ERRATIC INCONSTANCY
AND UNWITTING SEDUCTIVENESS,
THE IMPRESSIONABLE, HELPLESSLY ENMESHED YOUNG CHILD
IS SUBJECTED
TO THE OVERWHELMINGLY CONFUSING EXPERIENCE OF ENCOUNTERING
– ON RARE OCCASIONS –
AN EXCITING, TANTALIZINGLY GRATIFYING OBJECT
AND THEN
– MORE OFTEN THAN NOT –
A REJECTING, PAINFULLY FRUSTRATING ONE

EXCITEMENT AT FIRST, BUT LATER DEVASTATION

THIS OFFERS THE CHILD THE FLEETING EXPERIENCE OF BEING ABLE

– AT LEAST FOR BRIEF PERIODS –

TO BASK IN THE WARM GLOW OF SOMETHING DEEPLY CHERISHED

– ONLY THEN TO HAVE IT JARRINGLY, INEXPLICABLY, AND INEVITABLY WRENCHED AWAY, AGAIN AND AGAIN –

. . . LEAVING THE CHILD FEELING BETRAYED, STUNNED, ACHINGLY ALONE, DESOLATE, AND AGONIZINGLY BEREFT, FOREVER LONGING TO RETURN

– IN MICHAEL BALINT'S POIGNANT WORDS –

TO "HARMONIOUS INTERPENETRATING MIX – UP" WITH HER CAREGIVER

– THE EXPERIENCE OF BLISSFUL, PEACEFUL MERGER THAT HAD ONCE DEFINED, AT LEAST IN FANTASY, HER ENGAGEMENT WITH AN EMOTIONALLY AVAILABLE, LOVING, YET PARADOXICALLY UNPREDICTABLE CAREGIVER –

AS A RESULT OF THESE PROFOUNDLY DISORIENTING EXPERIENCES, ONCE THE CHILD VENTURES OUT INTO THE WORLD, SHE WILL CARRY, DEEP WITHIN HER, A DESPERATE LONGING TO RECLAIM THAT WHICH HAD ONCE BELONGED TO HER

– EVEN IF ONLY BRIEFLY AND PRIMARILY IN FANTASY –

BUT THAT WHICH CAN NO LONGER BE FOUND

– AN IDEALIZED PAST THAT NO LONGER EXISTS IN ITS ORIGINAL FORM, OR PERHAPS NEVER TRULY EXISTED AT ALL –

IN ESSENCE

IT IS AN IDEALIZED PAST THAT IS IRRETRIEVABLE

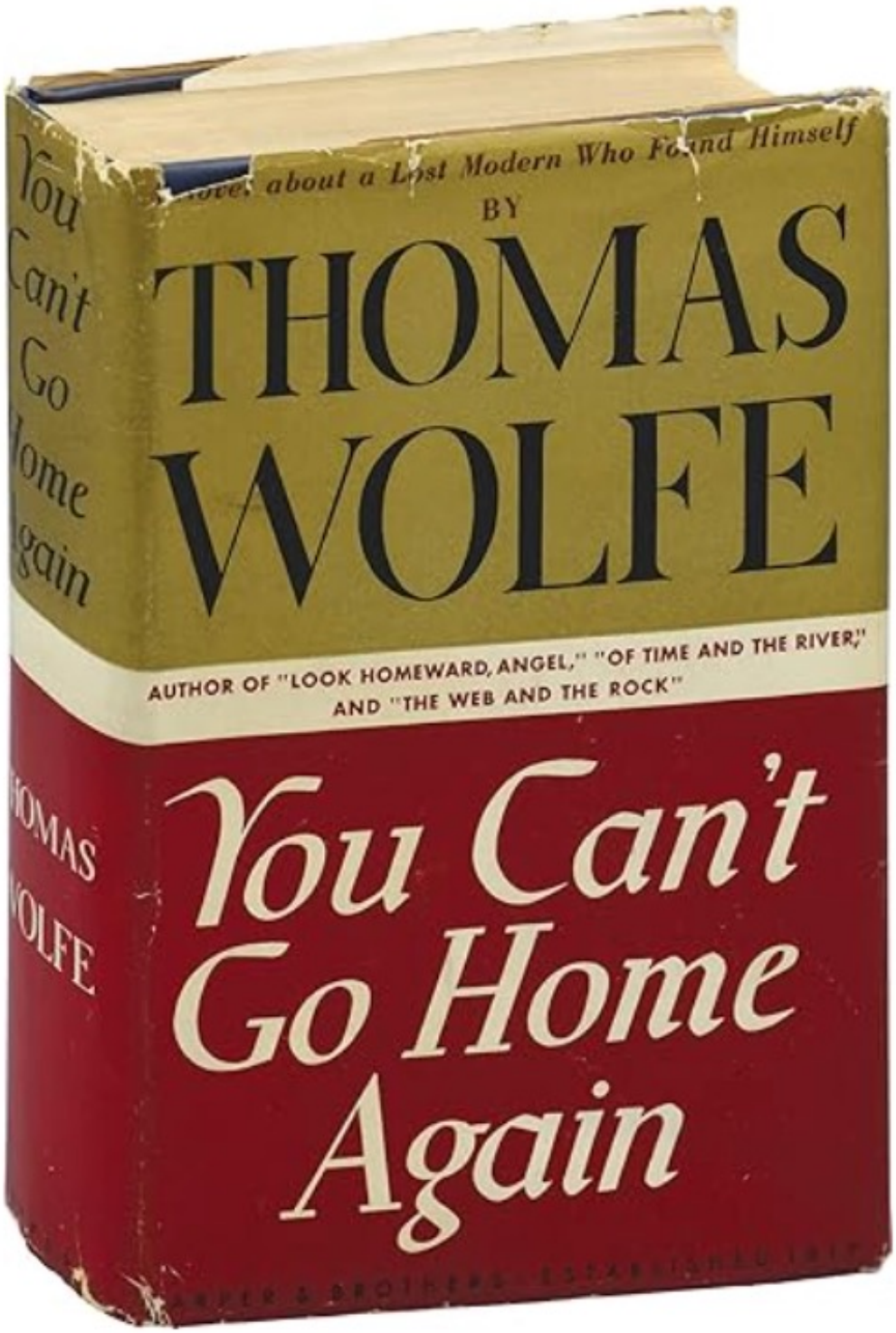
– A PARADISE LOST, NEVER TO BE RECOVERED –

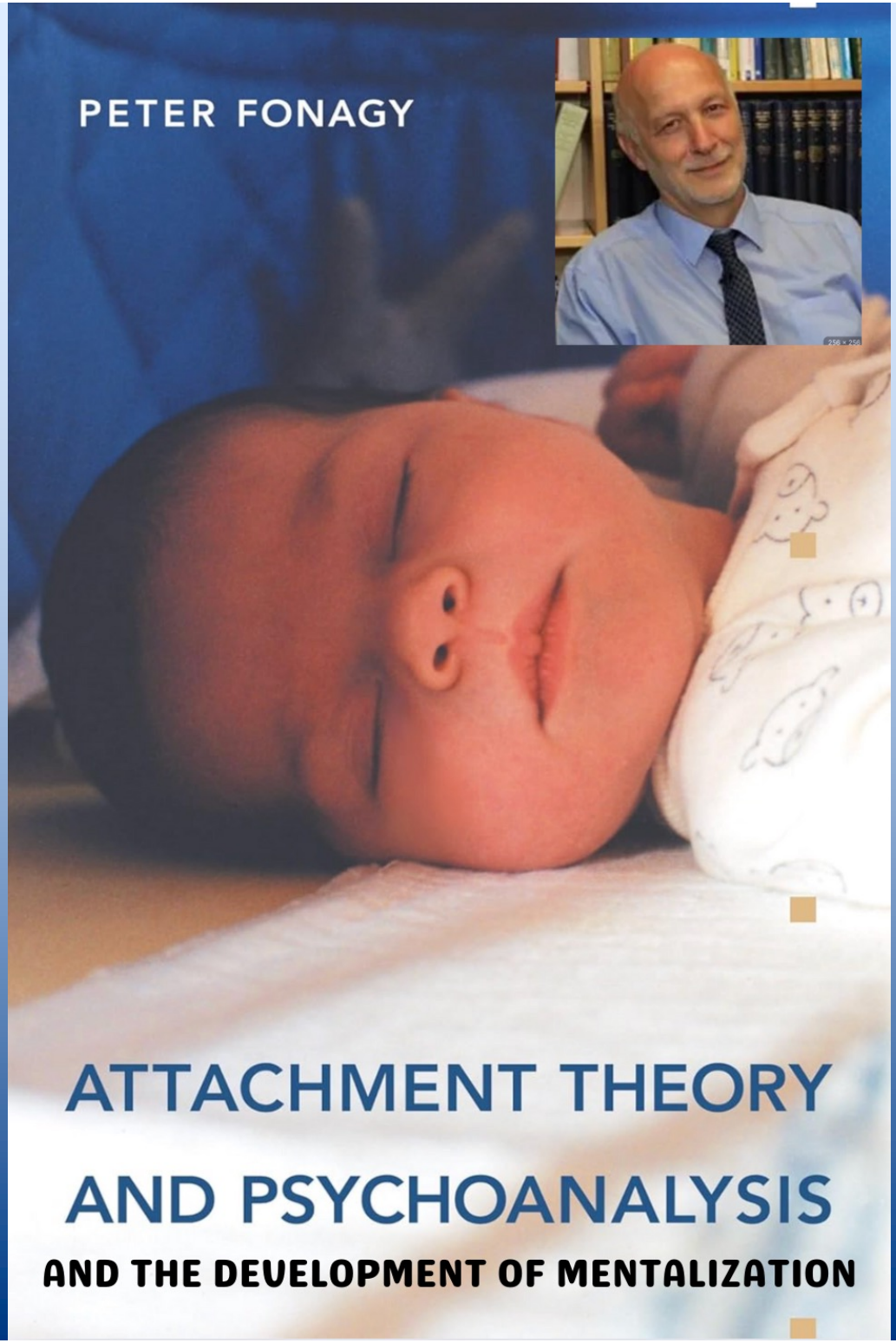
THEREAFTER

PATIENTS WITH BORDERLINE FEATURES
WILL SPEND A LIFETIME
FRANTICALLY ATTEMPTING TO RECAPTURE
THOSE PRECIOUS, EPHEMERAL MOMENTS
OF BLISSFUL, DEEPLY INTERCONNECTED UNION
ONCE EXPERIENCED
IN RELATION TO THE CAREGIVER

THESE ARE THE MAGICAL
– BUT RARE –
MOMENTS WHEN
– AS YOUNG, SENSITIVE CHILDREN –
THEY HAD BEEN BRIEFLY BLESSED
WITH THE CAPTIVATING EXPERIENCE
OF IDYLLIC, PEACEFUL MERGER
WITH A CAREGIVER
WHO SEEMED TRULY TO CHERISH THEM

BUT, OF COURSE, THOSE PRECIOUS MOMENTS
ARE FOREVER LOST TO THEM
– BECAUSE, AS THE SAYING GOES, *YOU CAN'T GO HOME AGAIN* –


You Can't Go Home Again
BY
THOMAS WOLFE
AUTHOR OF "LOOK HOMEWARD, ANGEL," "OF TIME AND THE RIVER," AND "THE WEB AND THE ROCK"
You Can't Go Home Again


PETER FONAGY
ATTACHMENT THEORY
AND PSYCHOANALYSIS
AND THE DEVELOPMENT OF MENTALIZATION

PETER FONAGY (1990s)
INTRODUCED THE CONCEPT OF "MENTALIZATION"
AND "MENTALIZING CAPACITY"

HIGHLY RESPONSIVE TO ENVIRONMENTAL INFLUENCES,
THIS CAPACITY IS A HARD – EARNED
"DEVELOPMENTAL ACHIEVEMENT"
THAT REFLECTS THE ABILITY
TO CREATE AND USE "MENTAL REPRESENTATIONS"
OF BOTH ONE'S OWN AND OTHERS' EMOTIONAL STATES
– FEELINGS, THOUGHTS, BELIEFS, DESIRES, INTENTIONS, MOTIVATIONS –

. . . AS WELL AS TO OBSERVE, UNDERSTAND, AND INTERPRET
ACTIONS AND BEHAVIORS
– BOTH ONE'S OWN AND OTHERS' –
AS EXPRESSIONS OF UNDERLYING MENTAL STATES

THE CONCEPT OF MENTALIZATION ALSO SPEAKS TO
THE "ADAPTIVE INTEGRATION" OF
COGNITIVE AWARENESS, AFFECTIVE EXPERIENCE,
AND BEHAVIORAL EXPRESSION
– SUPPORTING COHERENT AND FLEXIBLE FUNCTIONING ACROSS ALL THREE DOMAINS –
(THOUGHT, FEELING, AND ACTION)

IN ESSENCE

MENTALIZATION IS THE CAPACITY

TO IMAGINE, INTERPRET, AND MAKE MEANING

OF THE INNER WORLDS OF SELF AND OTHERS

– AND TO UNDERSTAND HOW THESE INTERNAL STATES SHAPE BEHAVIOR –

IN THEIR LANDMARK 2004 PAPER *"MENTALIZATION – BASED TREATMENT OF BPD"*

PETER FONAGY AND ANTHONY BATEMAN

OUTLINED A NEW APPROACH

TO TREATING PATIENTS WITH BORDERLINE FEATURES

THEIR MENTALIZATION – BASED TREATMENT (MBT)

– ROOTED IN "ATTACHMENT THEORY" –

IS INFORMED BY THE OBSERVATION

THAT PATIENTS WITH BPD

OFTEN LACK A RELIABLE CAPACITY TO MENTALIZE

– PRIMARILY BECAUSE OF INADEQUATE "ATTUNED MIRRORING"
IN THE EARLY ATTACHMENT RELATIONSHIP –

MORE SPECIFICALLY,

SUCH PATIENTS LACK
A STABLE FOUNDATION FOR MENTALIZATION
BECAUSE THE EARLY CAREGIVER
HAD DIFFICULTY PROVIDING
"CONTINGENT AND MARKED AFFECTIVE DISPLAYS"
IN RESPONSE TO THE INFANT'S "SUBJECTIVE EXPERIENCE"

IN OTHER WORDS,

THE CAREGIVER STRUGGLED
TO PROVIDE "ATTUNED RESPONSES"
THAT WERE BOTH "APPROPRIATE"
AND "CLEARLY SIGNALED"

THE "BIDIRECTIONAL NATURE OF MENTALIZING"
IS CENTRAL TO HOW
PETER FONAGY AND HIS COLLEAGUES
– FONAGY, LUYTEN, & BATEMAN (2015), p. 381 –
"UNDERSTAND ITS DEVELOPMENTAL ORIGINS"
AND "FORMULATE THE TREATMENT"
– AND THE "TREATMENT TARGETS" –
FOR THE PSYCHOTHERAPY OF PATIENTS WITH BPD

THEY WRITE –

"THE OBJECTIVE OF REACHING
A STATE OF IMPROVED MENTALIZING IN THE PATIENT
IS REACHED THROUGH AN INTERACTIONAL PROCESS
WHEREBY THE THERAPIST
MODELS THEIR OWN MENTALIZING CAPACITIES
AND DEMONSTRATES THEIR ABILITY
TO MENTALIZE THE PATIENT."

THEY ELABORATE –

"IN OTHER WORDS, MENTALIZING AS AN END TARGET
IS ACHIEVED THROUGH THE EXPERIENCE
OF BEING EFFECTIVELY MENTALIZED;
IT IS AN IMPLICITLY PROCESSED EXPERIENCE
AS WELL AS A TARGET OF TREATMENT."

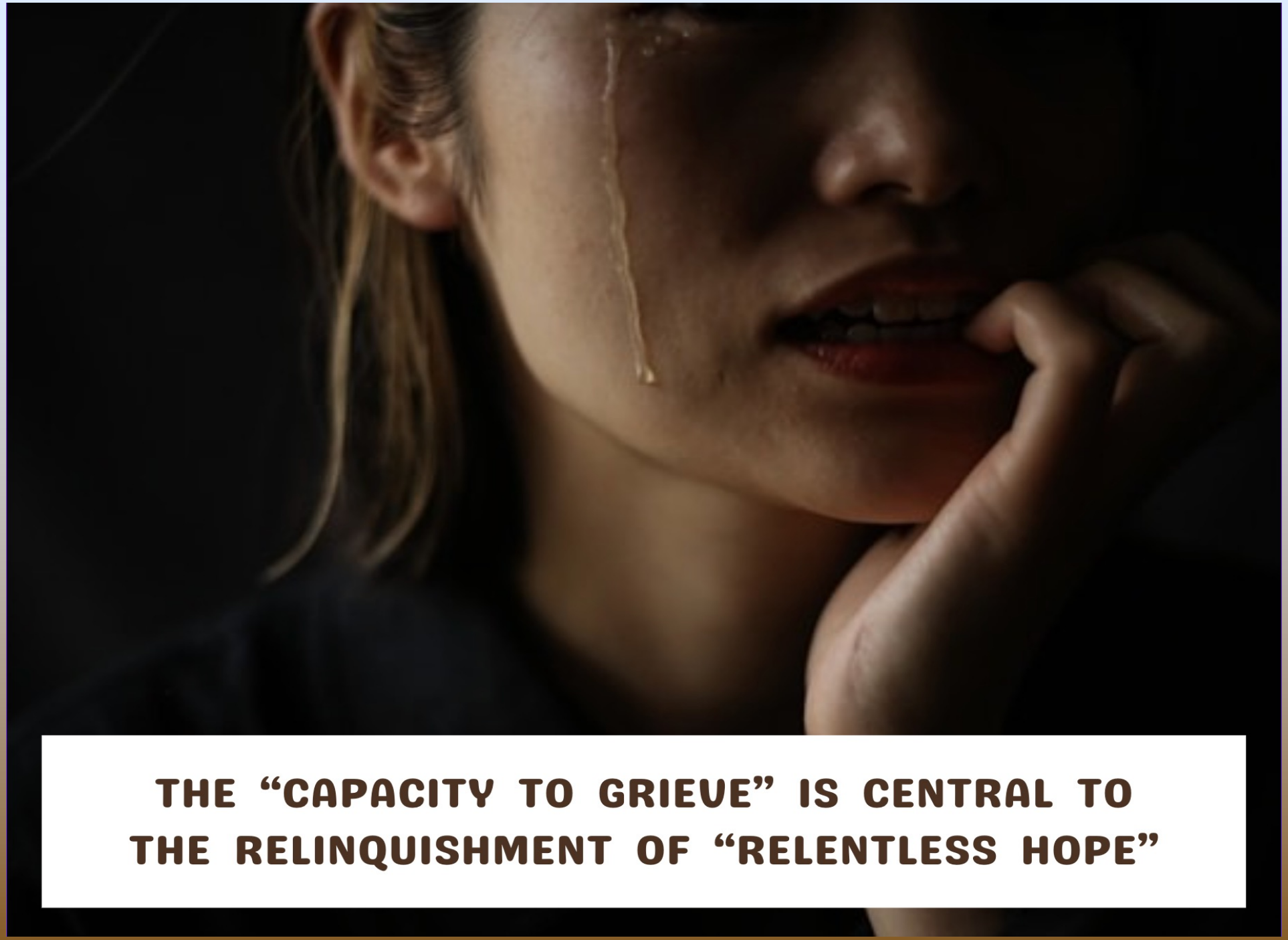
IN MENTALIZATION – BASED TREATMENTS,

THE THERAPIST WILL "MIRROR" THE PATIENT'S EMOTION

– BUT IN A SLIGHTLY EXAGGERATED OR CARICATURED FASHION –

SUCH THAT THE PATIENT CAN RECOGNIZE IT
AS BOTH "REFLECTION" AND "MODELING"

– RATHER THAN THE CAREGIVER'S OWN EMOTION FULLY TAKING OVER –



THE “CAPACITY TO GRIEVE” IS CENTRAL TO THE RELINQUISHMENT OF “RELENTLESS HOPE”


MOVING ON, AS A CONCEPT, IS FOR STUPID PEOPLE.
BECAUSE ANY SENSIBLE PERSON KNOWS GRIEF
IS A LONG – TERM PROJECT.
MAX PORTER

IF ALL GOES AS IT SHOULD

WHEN PATIENTS EXPERIENCE A LOSS

– WHETHER REAL OR MERELY PERCEIVED –

THEY MUST ULTIMATELY CONFRONT THE PAINFUL TRUTH

THAT SOMETHING THEY ONCE HAD IS NOW GONE

THIS "FACING OF THE TRUTH"

– AND EVOLVING TOWARD SOBER, MATURE ACCEPTANCE –

IS AN ESSENTIAL PART OF THE GRIEVING PROCESS

INDEED,

IF PATIENTS ARE EVER TO MOVE BEYOND THEIR EXPERIENCE OF BEREAVEMENT,

THEY MUST FACE

– AND ULTIMATELY ACCEPT –

THAT SOMETHING HAS CHANGED FOREVER

AS PART OF GENUINE GRIEVING,

PATIENTS WILL ADAPT BY TAKING IN THE "GOOD"

THAT HAD EXISTED PRIOR TO THE "LOSS"

– PRESERVING INTERNALLY THE ORIGINAL EXPERIENCE OF EXTERNAL GOODNESS –

IN THE SELF PSYCHOLOGICAL LITERATURE,

THIS PROCESS IS REFERRED TO AS

"ADAPTIVE TRANSMUTING (OR STRUCTURE – BUILDING) INTERNALIZATION"

– AN INEVITABLE AND FELICITOUS ACCOMPANIMENT OF GENUINE GRIEVING –

– IT IS "ADAPTIVE" IN THAT IT ALLOWS PATIENTS TO PRESERVE INTERNALLY
SOMETHING "GOOD" THAT THEY KNOW
WILL NO LONGER BE CONSISTENTLY AVAILABLE IN THE EXTERNAL WORLD –

THE "CAPACITY TO GRIEVE" IS THEREFORE CENTRAL
TO THE RELINQUISHMENT OF "RELENTLESS HOPE"

BUT, IMPORTANTLY, TO GRIEVE EFFECTIVELY,
PATIENTS MUST HAVE THE "CAPACITY TO REMEMBER"
– THAT IS, "EVOCATIVE MEMORY" –
(A CAPACITY NOT YET FULLY ESTABLISHED IN PATIENTS WITH BORDERLINE DEFENSES)

THIS ALLOWS THE INEVITABLE "EMPATHIC FAILURES"
IN THE THERAPEUTIC RELATIONSHIP
– MOMENTS OF "DISRUPTED POSITIVE TRANSFERENCE" OR "DISILLUSIONMENT" –
TO BE EXPERIENCED, GRIEVED, AND ULTIMATELY MASTERED

IN THE PROCESS
PATIENTS WILL ADAPTIVELY INTERNALIZE
THE "GOOD – ENOUGH CAREGIVING"
THAT HAD ONCE EXISTED IN THE THERAPEUTIC RELATIONSHIP
– "EMPATHIC ATTUNEMENT" AND OTHER CAREGIVING SELFOBJECT FUNCTIONS –

AS STRUCTURAL SELF – DEFICITS ARE FILLED IN,
PATIENTS WILL BECOME BETTER ABLE TO BE
A "GOOD – ENOUGH CAREGIVER" UNTO THEMSELVES

THEIR RELENTLESS PURSUIT OF "PERFECT CAREGIVING" FROM OUTSIDE
WILL BE TRANSFORMED INTO
THE ABILITY TO PROVIDE "GOOD – ENOUGH CAREGIVING" FROM INSIDE
– AND WITH THAT, THEIR RELENTLESS HOPE CAN FINALLY BE RELINQUISHED,
REPLACED BY REALISTIC HOPE AND THE CAPACITY FOR SELF – SUSTAINING RESILIENCE –

WHEREAS PATIENTS WITH NARCISSISTIC DEFENSES
ARE "RELUCTANT" TO GRIEVE,
PATIENTS WITH BORDERLINE DEFENSES
ARE SIMPLY "UNABLE" TO GRIEVE

LACKING FIRMLY ESTABLISHED EVOCATIVE MEMORY AND MENTALIZING CAPACITY,
THEY CANNOT HOLD IN MIND THE "MEMORY"
OF "PAST GOOD" IN THE FACE OF "PRESENT BAD"

WITHOUT EVOCATIVE MEMORY,
THERE IS NO INNER STOREHOUSE OF "GOOD"
TO DRAW UPON IN MOMENTS OF RUPTURE

WITHOUT MENTALIZING,
THEY CANNOT HOLD MULTIPLE TRUTHS SIMULTANEOUSLY
– CANNOT IMAGINE AMBIVALENCE, COMPLEXITY, OR NUANCE –

AS A RESULT,
THE PSYCHE DEFAULTS TO SPLITTING
– THE ONLY WAY TO "MANAGE" WHAT OTHERWISE FEELS UNMANAGEABLE –

IN OTHER WORDS,
THE ABSENCE OF EVOCATIVE MEMORY AND MENTALIZATION
LEAVES PATIENTS VULNERABLE TO THE TYRANNY OF THE MOMENT
– WHERE PRESENT PAIN ECLIPSES PAST GOODNESS
AS DEFENSIVE SPLITTING REPLACES ADAPTIVE INTEGRATION –

– AND WHERE EVERY INTERPERSONAL DISAPPOINTMENT
IS EXPERIENCED AS INTOLERABLE –


DEVELOPMENT
OF
EVOCATIVE
MEMORY
CAPACITY
SO THAT PAST GOOD CAN BE REMEMBERED
IN THE FACE OF PRESENT BAD

FROM RELENTLESS HOPE TO REALISTIC HOPE

– AND SELF – SUSTAINING RESILIENCE –

I WOULD LIKE NOW TO EXPLORE HOW WE

– AS THERAPISTS –

CAN FACILITATE THE PROCESS BY WHICH

PATIENTS HELD CAPTIVE BY BORDERLINE DEFENSES

– PATIENTS WHO THEREFORE STRUGGLE TO REMEMBER

PAST GRATIFICATION IN THE FACE OF PRESENT DISAPPOINTMENT –

CAN BEGIN TO ACQUIRE

"EVOCATIVE MEMORY CAPACITY"

– AND, EVENTUALLY, "MENTALIZING CAPACITY" –

IT IS THIS EMERGENT CAPACITY

THAT WILL ENABLE SUCH PATIENTS

TO GRIEVE DISAPPOINTMENTS

ONCE FELT UNGRIEVABLE

. . . AND GRADUALLY TO SHIFT

FROM "RELENTLESS PURSUIT" OF "THE UNATTAINABLE"

TO "FULLER ACCEPTANCE" OF "WHAT IS"

. . . AND HEARTFELT APPRECIATION OF THE "GOOD – ENOUGH" –

(THE "APPROXIMATELY – PERFECT")


CONTAINMENT
– CONTAINING STATEMENTS –
INTEGRATION
– INTEGRATION STATEMENTS –
MENTALIZATION
– MENTALIZATION STATEMENTS –


CONTAINING
STATEMENTS

WHAT THE PATIENT WITH BPD MOST NEEDS IS "EXTERNAL CONTAINMENT"

THE THERAPIST AS A "CONTAINING SELFOBJECT"

– NECESSARY IF THE RELATIONSHIP IS TO CONTINUE –

THE PATIENT'S COLLAPSE INTO SPLITTING AND "ACTING OUT"

WHEN DISAPPOINTED BY THE THERAPIST,
PATIENTS WITH BORDERLINE VULNERABILITY
WILL EXPERIENCE
THE ONCE "ALL – GOOD," GRATIFYING OBJECT
AS "ALL – BAD" AND FRUSTRATING

UNABLE TO SUSTAIN AMBIVALENCE,
SUCH PATIENTS WILL REVERT TO
THE "PRE – AMBIVALENT MODE"
OF "PRIMITIVE SPLITTING"
– WITH HATE FOR THE OBJECT INSTANTLY REPLACING LOVE –

THE THERAPIST
– ONCE FELT TO BE NARCISSISTICALLY SUSTAINING –
WILL NOW BE EXPERIENCED AS HAVING BEEN LOST
– BOTH EXTERNALLY AND INTERNALLY –
LEAVING PATIENTS OVERWHELMED BY RAGE, PANIC,
AND A TERRIFYING SENSE OF ALONENESS

IN DESPERATION AND LACKING THE CAPACITY TO SELF – CONTAIN,
THEY WILL BE PRONE TO "ENACTING" THEIR OUTRAGE
– IN A VARIETY OF IMPULSIVE, DESTRUCTIVE, AND INDULGENT WAYS –

THE THERAPEUTIC IMPERATIVE: EXTERNAL CONTAINMENT

THEIR INABILITY
TO HANDLE RELATIONAL DISAPPOINTMENT
– ALONG WITH THEIR SENSE OF OUTRAGE
AND FRUSTRATED ENTITLEMENT AT HAVING BEEN THWARTED –
WILL FUEL THEIR IMPULSE
TO "DESTROY" AND TO "FLEE"
FROM WHAT HAS BECOME INTOLERABLY PAINFUL

IF THE THERAPEUTIC RELATIONSHP IS TO SURVIVE,
THE THERAPIST MUST SET FIRM,
BUT CARING AND NONPUNITIVE, LIMITS
– ALWAYS AGAINST THE BACKDROP OF DEMONSTRATING INDESTRUCTIBILITY
IN THE FACE OF THE PATIENT'S ATTEMPTS TO "ANNIHILATE" HER –

BECAUSE THE PATIENT SUFFERS FROM
AN IMPAIRED CAPACITY TO BE SELF – CONTAINING,
SHE CANNOT YET PROVIDE
SUCH CONTAINMENT FOR HERSELF

THIS "SELF – DEFICIT"
– ALONG WITH COMPROMISED EVOCATIVE MEMORY AND DEFENSIVE SPLITTING –
IS A HALLMARK OF BORDERLINE VULNERABILITY

THE THERAPIST MUST DO EVERYTHING SHE CAN
TO KEEP THESE VULNERABLE PATIENTS
ALIVE AND ENGAGED IN THE TREATMENT

I SUGGEST THAT THE SELFOBJECT THERAPIST
CAN USE WHAT I CALL A "CONTAINING STATEMENT"
– A DELIVERATE INTERVENTION DESIGNED TO HELP LIMIT THE PATIENT'S TENDENCY TO ACT OUT –

LET ME CLARIFY

THE "CONTAINING STATEMENT" IS A SPECIFIC PSYCHOTHERAPEUTIC TOOL
THAT PROVES ESPECIALLY EFFECTIVE WITH SUCH PATIENTS
– ALTHOUGH IT CAN BENEFIT OTHERS AS WELL –

FOR EXAMPLE,
SUPPOSE THE HOUR HAS ENDED,
AND THE PATIENT REMAINS SEATED, UNMOVING

HOW MIGHT THE THERAPIST HELP THE PATIENT LEAVE THE OFFICE?
– WITHOUT SHAMING HER OR CREATING A RUPTURE TOO TERRIBLE TO BEAR –

IMAGINE THAT THE THERAPIST,
INFORMED BY HER UNDERSTANDING OF SELF PSYCHOLOGY,
DECIDES TO "RESPOND EMPATHICALLY"

SHE MIGHT THEN SAY –
"YOU WOULD WISH THAT YOU COULD STAY"

CERTAINLY A NICE THING TO SAY . . .

AND THE PATIENT

– FEELING BOTH UNDERSTOOD AND LEGITIMIZED –

NODS IN AGREEMENT

– BUT REMAINS SEATED –

THE THERAPIST THEN RECALLS

THE PRINCIPLE OF "SETTING FIRM LIMITS"

WITH PATIENTS WHO RELY ON BORDERLINE DEFENSES

– THAT IS, THE VALUE OF PROVIDING EXTERNAL STRUCTURE

TO COMPENSATE FOR THE PATIENT'S LACK OF INTERNAL STRUCTURE

AND IMPAIRED CAPACITY FOR SELF – CONTAINMENT –

AND SO THE THERAPIST SAYS –

"I'M SORRY, BUT OUR TIME IS UP; AND WE DO HAVE TO STOP."

. . . DELIVERED WITH CLEAR, NO – NONSENSE AUTHORITY

THE PATIENT, NOW ENRAGED, REMAINS SEATED

– ROOTED TO THE SPOT –

MY PROPOSAL, THEN, IS USE OF A "CONTAINING STATEMENT"

AN "OPTIMALLY STRESSFUL" INTERVENTION IN WHICH THE THERAPIST BOTH

"SUPPORTS" BY RESONATING EMPATHICALLY

– WITH THE PATIENT'S AFFECT –

AND "CHALLENGES" BY SOFTLY REMINDING THE PATIENT

– OF WHAT, DEEP WITHIN (ALBEIT RELUCTANTLY),

THE PATIENT DOES INDEED ALREADY KNOW TO BE TRUE –

AND SO THE THERAPIST SAYS –

"PERHAPS YOU WOULD WISH TO STAY;
BUT, AS YOU KNOW, OUR TIME IS UP,
AND WE DO HAVE TO STOP."

THIS CONTAINING STATEMENT
FIRST RESONATES WITH WHAT THE PATIENT
IS EXPERIENCING IN THE MOMENT
– NAMELY, THE DESIRE TO STAY –
AND THEN GENTLY REMINDS THE PATIENT
OF THE REALITY OF THE SITUATION
– NAMELY, THAT HER TIME IS UP –

WE FIRST "SUPPORT"
BY RESONATING EMPATHICALLY
– THEREBY PROVIDING "UNDERSTANDING" –
AND THEN WE "CHALLENGE"
BY REMINDING THE PATIENT OF REALITY
– THEREBY PROVIDING "CONTAINMENT," "RESTRAINT," AND "LIMITS" –

BY ATTUNING TO THE AFFECT THE PATIENT IS EXPERIENCING IN THE MOMENT,
WE ARE ATTEMPTING TO ENGAGE HER "EXPERIENCING EGO"

AND BY POINTING TO THE REALITY OF THE SITUATION,
WE ARE ATTEMPTING TO ENGAGE HER "OBERVING EGO"

WHEN WE SAY –

"BUT, AS YOU KNOW, OUR TIME IS UP, AND WE DO HAVE TO STOP."

NOTICE THAT WE HAVE STRATEGICALLY INSERTED THE PHRASE

"AS YOU KNOW"

(OR, AT TIMES, "AS YOU AND I BOTH KNOW")

INTO THE SECOND HALF OF THE "CONTAINING STATEMENT"

WE ARE INTENTIONALLY STRIVING TO MOBILIZE HER OBSERVING EGO

– AND TO FOSTER THE EMERGENCE OF HER MENTALIZING CAPACITY –

BY HIGHLIGHTING WHAT SHE KNOWS AT HER CORE

– NAMELY, HER RELATIONAL ACCOUNTABILITY –

WE ARE CHALLENGING HER

TO ASSUME OWNERSHIP OF HER ACTIONS

WE ARE ENCOURAGING HER TO REALIZE

THAT THE "LOCUS OF CONTROL" RESIDES WITHIN

AND BY EMPHASIZING THIS ELEMENT OF "CHOICE,"

WE ARE NOT REPRIMANDING OR SHAMING HER

WE ARE EMPOWERING HER TO RECLAIM AGENCY

OVER HER OWN INNER WORLD

– TO MOVE FROM REACTIVE DEFIANCE TO REFLECTIVE OWNERSHIP –

(FROM THE EXPERIENCE OF FEELING AT THE MERCY OF HER IMPULSES

TO THE ACKNOWLEDGMENT OF HER OWN INNER AUTHORITY)

“PERHAPS YOU WOULD WISH THAT YOU COULD STAY;
BUT, AS YOU KNOW, OUR TIME IS UP, AND WE DO HAVE TO STOP.”

“DUAL AWARENESS” IS BEING FOSTERED
– WHEN THE PATIENT IS BEING INVITED TO DIRECT HER ATTENTION –
TO WHAT SHE IS EXPERIENCING IN THE MOMENT
– “WOULD WISH” –

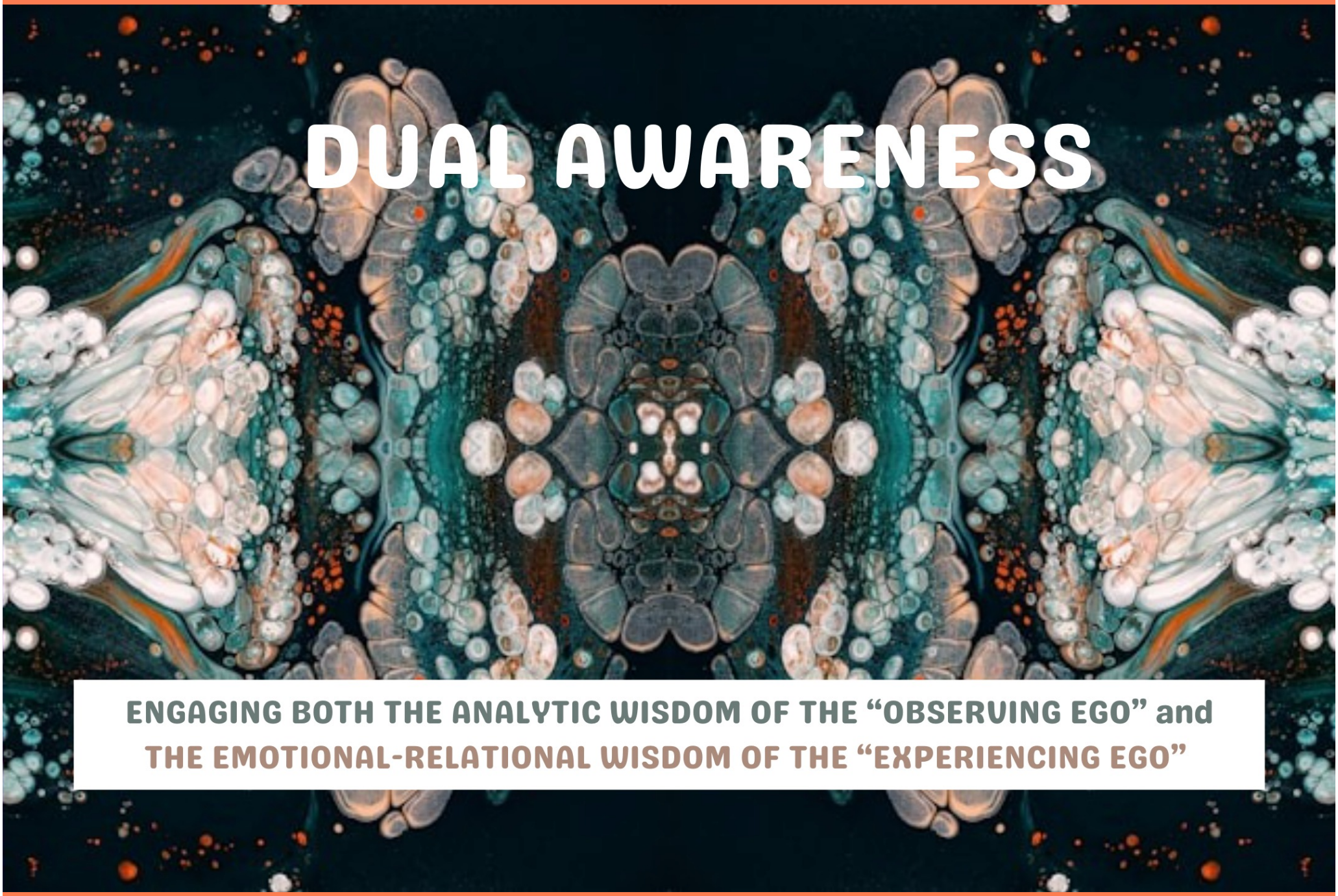
– AT THE SAME TIME THAT SHE IS BEING ENCOURAGED –
TO STEP BACK FROM THE IMMEDIACY OF THAT EXPERIENCE
TO DETACH HERSELF FROM THE INTENSITY OF THE MOMENT,
GAIN SOME DISTANCE, AND RECOVER A REALITY – BASED PERSPECTIVE
– “BUT AS YOU KNOW” –

IN THE PSYCHOANALYTIC LITERATURE
THIS DISTINCTION BETWEEN
“EXPERIENCING” SOMETHING AND “OBSERVING” IT
IS DESCRIBED AS A (HEALTHY) “SPLIT IN THE EGO” (OR IN “THE SELF”)

BETWEEN THE EXPERIENCING | PARTICIPATING EGO
“WOULD WISH”
AND THE OBSERVING | REFLECTING EGO
“BUT AS YOU KNOW”

RICHARD STERBA (1994); LESTON HAVENS (1976)

PARENTHETICALLY
ALL THE OPTIMALLY STRESSFUL, GROWTH – INCENTIVIZING “PROTOTYPICAL INTERVENTIONS”
FEATURED IN THE ST★RK METHOD of PSYCHODYNAMIC SYNERGY
ARE STRATEGICALLY DESIGNED TO SUPPORT THE PATIENT’S CAPACITY FOR “DUAL AWARENESS”


DUAL AWARENESS
ENGAGING BOTH THE ANALYTIC WISDOM OF THE "OBSERVING EGO" and
THE EMOTIONAL-RELATIONAL WISDOM OF THE "EXPERIENCING EGO"

THE THERAPIST

– HERE IN HER CAPACITY AS A "CONTAINING SELFOBJECT" –

WILL REPEATEDLY OFFER THE PATIENT THESE "CONTAINING STATEMENTS"

– INTERVENTIONS STRATEGICALLY CRAFTED TO PROVIDE "CONTAINMENT"
BY DELIVERING JUST THE RIGHT BALANCE OF SUPPORT AND CHALLENGE –

"WHEN YOU GET ANGRY LIKE THIS, YOU THINK ABOUT TAKING FLIGHT;
BUT WE BOTH KNOW THAT SOMEDAY YOU'RE GOING TO HAVE TO STOP RUNNING."

THESE STATEMENTS ARE PURPOSEFULLY CONSTRUCTED TO GENERATE DESTABILIZING INTERNAL TENSION AND HOMEOSTATIC IMBALANCE

BY WEAVING TOGETHER

ANXIETY – ASSUAGING SUPPORT

– RESONATING WITH THE PATIENT'S "FELT EXPERIENCE" –

AND ANXIETY – PROVOKING CHALLENGE

– CALLING HER BACK TO WHAT SHE KNOWS, HOWEVER RELUCANTLY, TO BE TRUE –

"YOU'RE HATING ME RIGHT NOW AND THINKING ABOUT KILLING YOURSELF OR BREAKING OFF TREATMENT; BUT YOU AND I BOTH KNOW THAT IF YOU'RE EVER GOING TO UNDERSTAND WHY YOU HAVE SUCH TROUBLE GETTING CLOSE TO PEOPLE, THEN SOMEDAY YOU'RE GOING TO HAVE TO SLOW DOWN AND GIVE YOURSELF A CHANCE TO FIGURE OUT WHAT KEEPS GOING WRONG FOR YOU IN YOUR RELATIONSHIPS."

"YOU'D BEEN FEELING SO GOOD ABOUT OUR WORK, UNDERSTOOD IN A WAY THAT YOU'D NEVER BEFORE FELT, AND NOW YOU'RE FEELING THAT I DON'T KNOW YOU AT ALL AND THAT I DON'T CARE. BUT WE BOTH KNOW THAT IF I REALLY DIDN'T CARE ABOUT YOU, THEN I WOULDN'T HAVE BOTHERED TO MAKE MYSELF AVAILABLE FOR THIS SUNDAY MORNING APPIONTMENT."

ADDITIONAL EXAMPLES OF

OPTIMALLY STRESSFUL, GROWTH – INCENTIVIZING "CONTAINING STATEMENTS"

THESE INTERVENTIONS FIRST "SUPPORT"

– BY RESONATING EMPATHICALLY WITH WHAT THE PATIENT IS EXPERIENCING –

AND THEN "CHALLENGE"

– BY GENTLY BUT FIRMLY REMINDING HER
OF WHAT BOTH SHE AND THE THERAPIST
RECOGNIZE AS THE REALITY – BASED GROUND ON WHICH THE PATIENT IS STANDING –

"WE KNOW THAT YOU'RE IN DEEP, DEEP PAIN RIGHT NOW AND THINKING ABOUT KILLING YOURSELF TO ESCAPE FROM THE PAIN; BUT YOU AND I BOTH KNOW THAT, WERE YOU TO KILL YOURSELF, THEN YOUR KIDS (WHOM YOU LOVE DEEPLY AND WOULD NEVER WANT TO HURT), YOUR KIDS WOULD NEVER GET OVER IT AND WOULD NEVER FORGIVE YOU."

"YOU JUST CAN'T GET RID OF THIS CONVICTION THAT IF YOU FEEL HURT BY ME, THEN YOU GET TO DO ANYTHING YOU WANT, INCLUDING BREAKING THE RULES, WHICH YOU AND I BOTH KNOW WE NEED TO HAVE IN ORDER FOR OUR RELATIONSHIP TO CONTINUE."

"YOU JUST CAN'T GET RID OF THIS IDEA THAT WHEN YOU FEEL HURT BY ME, YOU ARE ALLOWED TO RETALIATE – EVEN THOUGH YOU KNOW THAT SUCH BEHAVIORS ARE DESTRUCTIVE TO OUR RELATIONSHIP AND TO THE BOND THAT WE HAVE WORKED SO HARD TO DEVELOP."

IT IS THE THERAPIST'S
EXTERNAL PROVISION
OF CONTAINMENT

THAT ALLOWS
THE RELATIONSHIP
TO CONTINUE

LET US NOW CONSIDER
THE SCENARIO OF A PATIENT
ORGANIZED AROUND BORDERLINE DYNAMICS
– A PATIENT WHO IS CONTINUOUSLY THREATENING SUICIDE
YET EQUALLY INSISTENT THAT SHE WILL NEVER
– WILLINGLY –
GO INTO A MENTAL HOSPITAL –

DOES THAT PUT YOU IN A BIND?

ABSOLUTELY NOT!

THE BIND IS NOT YOURS

THE BIND
– OR, MORE ACCURATELY, THE "CHOICE" –
BELONGS TO THE PATIENT

YOU CAN THEREFORE OFFER HER
THE FOLLOWING "SUICIDE CONTRACT"
– A THERAPEUTIC INTERVENTION THAT CONTAINS, DIGNIFIES, AND EMPOWERS –

YOU TELL THE PATIENT THAT SHE IS WELCOME

– INDEED ENCOURAGED –

TO SPEAK OF HER DESPAIR, HER HOPELESSNESS, HER LONELINESS,
HER OUTRAGED DISAPPOINTMENT, HER FURY AT YOU

FOR NOT UNDERSTANDING,
FOR NOT APPRECIATING HOW MUCH SHE IS SUFFERING,
FOR NOT MAKING HER BETTER,
AND SO ON AND SO FORTH

BUT SHE IS ALSO TO UNDERSTAND THAT

– FROM THIS POINT FORWARD –

IF SHE EVER SAYS ANYTHING AT ALL THAT SOUNDS TO YOU
AS IF SHE MIGHT ACTUALLY HARM HERSELF,
THEN YOU WILL TAKE THAT AS HER WAY OF LETTING YOU KNOW
THAT SHE NEEDS SOME FORM OF EXTERNAL CONTAINMENT

IN OTHER WORDS,

IF SHE GIVES ANY INDICATION WHATSOEVER THAT SHE
IS EVEN PLAYING WITH THE IDEA OF HURTING (OR KILLING) HERSELF,
THEN SHE IS TO UNDERSTAND THAT YOU WILL TAKE THAT
AS YOUR CUE TO TAKE ACTION

AND YOU WILL DO SO BY INSISTING THAT

– BEFORE SHE CAN RESUME TREATMENT WITH YOU –

SHE MUST PRESENT HERSELF TO A PSYCHIATRIC EMERGENCY ROOM
TO BE EVALUATED FOR SUICIDALITY

YOUR VERY CLEAR MESSAGE TO THE PATIENT IS THIS –

IF YOU TALK ABOUT SUICIDE, OR SAY ANYTHING AT ALL
THAT MAKES ME THINK YOU MIGHT EVEN BE VAGUELY CONSIDERING
HARMING YOURSELF IN ANY WAY WHATSOEVER,
THEN I WILL UNDERSTAND THAT TO BE A SIGNAL FOR ME
– THAT YOU ARE NEEDING ME TO DO SOMETHING –
– THAT YOU ARE COMMUNICATING A NEED FOR ME TO PROVIDE
YOU WITH A CLEAR, STRUCTURED BOUNDARY,
TO CONTAIN FROM THE OUTSIDE WHAT FEELS UNCONTAINABLE FROM WITHIN –

IF THE PATIENT THEN RETORTS –
"WELL, IF THAT HAPPENS, I'LL JUST TELL THE DOCTORS
AT THE HOSPITAL THAT I'M NOT REALLY SUICIDAL."

THEN YOU GET TO SAY –
"NO PROBLEM. IN ANY EVENT,
YOU WILL NOT BE ABLE TO RETURN
TO TREATMENT WITH ME
UNTIL YOU HAVE BEEN EVALUATED
FOR SUICIDALITY."

INTERESTINGLY (AND PROBABLY NOT SURPRISINGLY)
PATIENTS USUALLY "TEST" THIS
(NON – NEGOTIABLE) LIMIT ONLY ONCE
– IF EVEN THAT OFTEN –

THE THERAPIST IS NOT ONLY PROVIDING "CONTAINMENT"
BUT ALSO OFFERING THE PATIENT AN OPPORTUNITY
TO EXPERIENCE "CAUSE AND EFFECT" FIRSTHAND

INDEED
AN ESSENTIAL PART OF MENTALIZATION
IS LEARNING ABOUT CONSEQUENCES
– COMING TO UNDERSTAND THAT "PROVOCATIVE ACTIONS"
WILL HAVE "PREDICTABLE OUTCOMES" –

THIS PROCESS FOSTERS AN EMPOWERING SENSE OF RELATIONAL RESPONSIBILITY
– GUIDING THE PATIENT TO RECOGNIZE THAT CERTAIN BEHAVIORS
WILL INEVITABLY PRODUCE CERTAIN RESULTS –

THE THERAPIST IS THUS EMPHASIZING "AGENCY"
– HELPING THE PATIENT SEE THE IMPACT OF HER ACTIONS ON OTHERS –
(IN ALIGNMENT WITH FONAGY'S CONCEPT OF "MENTALIZING CAPACITY")

THIS IS CENTRAL TO CULTIVATING THE PATIENT'S AWARENESS
OF HOW HER BEHAVIORS ARE AFFECTING
BOTH HERSELF AND THOSE AROUND HER

TO REINFORCE THIS LESSON,
THE THERAPIST MIGHT OFFER A "CONTAINING STATEMENT" SUCH AS –
"ALTHOUGH YOU MIGHT WISH THAT YOU COULD KEEP TALKING
ABOUT SUICIDE AND YOUR DESIRE TO HARM YOURSELF,
AS YOU NOW KNOW, THE REALITY IS THAT IF YOU DO,
I WILL TAKE IT SERIOUSLY
AND WILL TAKE THE NECESSARY STEPS TO INTERVENE."

IN SUM

"CONTAINING STATEMENTS" ALWAYS JUXTAPOSE GROWTH – INCENTIVIZING "SUPPORT" ALONGSIDE "CHALLENGE"

– BOTH HELD IN TENSION, SIDE BY SIDE –

FIRST, WE PROVIDE "HOLDING"

– ENABLING THE PATIENT TO "FEEL UNDERSTOOD" –

THEN, WE INVITE (OR DEMAND) "ACCOUNTABILITY"

– RESPECTFULLY RETURNING AGENCY TO HER –

"WHEN SOMEONE LETS YOU DOWN AS I HAVE,
YOUR TEMPTATION IS TO FLEE;
THOUGH WE BOTH KNOW THAT IF YOU EVER WANT TO HAVE A RELATIONSHIP,
THEN SOMEDAY YOU'RE GOING TO HAVE TO STOP RUNNING –
SO THAT YOU CAN FIGURE OUT WHY YOU'RE SO UNFORGIVING,
WHY YOU'RE SO RELENTLESS,
AND WHAT HAPPENS INSIDE YOU WHEN SOMEONE DISAPPOINTS YOU."

"WHEN YOU'RE FEELING THIS FRUSTRATED AND ANGRY,
YOUR FIRST IMPULSE IS TO LASH OUT.
BUT WE BOTH KNOW THAT IF YOU'RE EVER TO GET BETTER,
THEN SOMEDAY YOU'LL NEED TO LEARN TO PUT INTO WORDS
HOW AWFUL YOU FEEL – INSTEAD OF ACTING IT OUT
IN SUCH DESPERATE, DESTRUCTIVE, AND INDULGENT WAYS."

THE GOAL IS ALWAYS TO STRIKE A DELICATE BALANCE BETWEEN "EMPATHIC RESONANCE" AND "DEVELOPMENTAL DEMAND"

– BETWEEN (EXTERNAL) "HOLDING" AND (INTERNAL) "ACCOUNTABILITY" –
– BETWEEN (EXTERNAL) "CONTAINMENT" AND (INTERNAL) "EMPOWERMENT" –

CONTAINING STATEMENTS

STRIKE AN “OPTIMALLY STRESSFUL” BALANCE

BETWEEN “EMPATHIC RESONANCE”

AND “DEVELOPMENTAL DEMAND”

– BETWEEN “HOLDING” AND “ACCOUNTABILITY” –

EXAMPLES OF "CONTAINING STATEMENTS"

– THAT JUXTAPOSE "SAFE HARBOR" WITH "DEVELOPMENTAL EXPECTATION" –

"GIVEN THAT YOU NEVER REALLY FELT SUPPORTED BY YOUR MOTHER,
BUT OF COURSE YOU NOW DESPERATELY WANT THAT KIND OF SUPPORT FROM ME.
I HAVE TRIED HARD TO GIVE YOU THAT SUPPORT,
ALTHOUGH THERE ARE TIMES WHEN I HAVE INADVERTENTLY LET YOU DOWN.
WE BOTH KNOW, HOWEVER, THAT IF OUR RELATIONSHIP IS TO SURVIVE,
YOU'RE GOING TO HAVE TO LEARN TO FORGIVE ME
WHEN I DON'T ALWAYS GET IT JUST RIGHT."

"WHEN I KEEP LETTING YOU DOWN LIKE THIS,
YOU WONDER IF YOU'LL EVER BE ABLE TO TRUST ME AGAIN,
THOUGH WE BOTH KNOW THAT UNLESS YOU'RE WILLING
TO DO THE WORK OF TRYING TO UNDERSTAND WHAT HAPPENS FOR YOU
WHEN YOU DON'T GET EXACTLY WHAT YOU WANT,
THEN YOU'LL NEVER GET ANY BETTER."

"AT TIMES LIKE THIS YOU CAN'T REMEMBER
EVER HAVING VALUED ME OR THE THERAPY
AND YOU THINK ABOUT STOPPING TREATMENT.
BUT WE BOTH KNOW THAT IF YOU'RE EVER GOING
TO GET ANYWHERE IN YOUR LIFE
OR BE IN A POSITION TO PURSUE ANY OF YOUR DREAMS,
THEN EVENTUALLY YOU'RE GOING TO HAVE TO
GIVE UP YOUR INVESTMENT IN SEEING YOURSELF
AS ALWAYS THE MISUNDERSTOOD AND HELPLESS VICTIM."

INTEGRATION STATEMENTS

LET ME NOW INTRODUCE THE "INTEGRATION STATEMENT"
– A POWERFULLY IMPACTFUL INTERVENTION,
PARTICULARLY RELEVANT FOR PATIENTS WITH A LIMITED CAPACITY
TO INTEGRATE THE "GOOD" AND THE "BAD" ASPECTS OF THEIR EXPERIENCE
AND WHO, WHEN OVERWHELMED BY UNBEARABLE AFFECT,
REGRESS TO "DEFENSIVE SPLITTING" –

AN "INTEGRATION STATEMENT" CAN BE MASTERFULLY EMPLOYED
IN THE AFTERMATH OF A THERAPEUTIC RUPTURE

IT IS MOST EFFECTIVE IN THOSE MOMENTS WHEN
THE PATIENT FEELS SO DEVASTATED, BETRAYED, AND ENRAGED
THAT SHE SIMPLY CANNOT REMEMBER
EVER HAVING FELT GOOD ABOUT THE THERAPIST

THE THERAPIST ENTERS INTO THE PATIENT'S
INTERNAL EXPERIENCE OF OUTRAGED DEVASTATION
AND COMES TO APPRECIATE THAT
THE "GOOD" OF THE PAST CANNOT
– IN THESE MOMENTS OF RAGEFUL DISAPPOINTMENT –
BE "REMEMBERED" OR "EVOKED" BY THE PATIENT

NOR CAN "HOPE" FOR THE FUTURE
BE "IMAGINED" OR "ENVISIONED"

"INTEGRATION STATEMENTS"

– SUPPORT THE CONTAINMENT AND MEANING – MAKING OF "CONFLICTED FEELINGS" –

THEY ARE STRATEGICALLY DESIGNED TO FOSTER "EMOTIONAL INTEGRATION"

– THE CAPACITY TO BEAR THE TENSION OF MIXED FEELINGS
AND TO TOLERATE THE NUANCE, DISSONANCE,
AND INEVITABLE AMBIGUITY OF EMOTIONAL COMPLEXITY –

THESE INTERVENTIONS ARE USEFUL
NOT ONLY FOR PATIENTS WHO ROUTINELY "DEFEND" THROUGH "SPLITTING"
BUT, MORE BROADLY, FOR PATIENTS WHO STRUGGLE TO HOLD IN MIND
– SIMULTANEOUSLY –
BOTH THE "TENDER" AND THE "WOUNDED" ASPECTS OF EXPERIENCE
– WITH RESPECT TO OTHERS AND SELF –

IN OTHER WORDS
"INTEGRATION STATEMENTS" ARE PARTICULARLY EFFECTIVE FOR PATIENTS
WITH FRAGILE "EVOCATIVE MEMORY CAPACITY"
– THE "REPRESENTATIONAL" | "COGNITIVE" ABILITY TO RECALL
PAST RELATIONAL EXPERIENCES AND THE ASSOCIATED FEELINGS –

THEY ARE ALSO CRUCIAL FOR PATIENTS
WHOSE LOVE FOR OTHERS AND SELF IS TENUOUSLY HELD
BECAUSE OF PRECARIOUS "LIBIDINAL OBJECT CONSTANCY"
– THE "AFFECTIVE" | "EMOTIONAL" ABILITY TO SUSTAIN
POSITIVE FEELINGS ("LIBIDINAL CATHEXIS") TOWARD A DISAPPOINTING OBJECT –

IN THESE EXQUISITELY VULNERABLE PATIENTS
THE CAPACITY TO "HOLD" POSITIVE RELATIONAL EXPERIENCE
CAN BE ECLIPSED IN A HEARTBEAT
– DURING MOMENTS OF AFFECTIVE OVERWHELM –

FOR THESE EMOTIONALLY LABILE PATIENTS,

"AFFECTIVE INTENSITY" CAN ECLIPSE ACCESS TO THE "GOOD"

– NOT ONLY AS MEMORY, BUT ALSO AS POSSIBILITY –

"INTEGRATION STATEMENTS" GENTLY ACKNOWLEDGE
THE PATIENT'S DIFFICULTY HOLDING "GOOD" IN MIND
– WHETHER RECALLING "WHAT WAS" OR IMAGINING "WHAT MIGHT BE" –
IN THE FACE OF PRESENT "BAD"

"HARD TO REMEMBER" | "HARD TO IMAGINE"

INSTEAD OF SAYING –

"BUT JUST LAST WEEK YOU WERE SAYING THAT YOU FELT GOOD ABOUT ME AND OUR WORK TOGETHER!"

IT IS MORE HELPFUL TO SAY –

"WHEN YOU'RE FEELING THIS ANGRY AT ME,
IT'S HARD TO REMEMBER THAT JUST LAST WEEK YOU WERE SAYING THAT YOU FELT GOOD ABOUT ME AND OUR WORK TOGETHER."

"WHEN YOU'RE FEELING THIS BAD,
IT'S HARD TO REMEMBER THAT YOU HAD EVER FELT GOOD
AND HARD TO IMAGINE THAT YOU COULD EVER FEEL GOOD AGAIN."

"WHEN YOUR HEART IS BREAKING AS IT IS NOW,
YOU CAN'T IMAGINE THAT YOU COULD EVER DARE TO TRUST AGAIN."

"WHEN YOU'RE FEELING THIS DESPAIRING,
YOU CAN'T REMEMBER EVER HAVING HAD ANY HOPE WHATSOEVER."

INTEGRATION STATEMENTS DO NOT "CORRECT" THE BAD

– RATHER, THEY MAKE SPACE FOR WHAT CANNOT YET BE "HELD" –

IN OTHER WORDS,

"INTEGRATION STATEMENTS" ADDRESS
BOTH THE "GOOD" AND THE "BAD" ASPECTS OF EXPERIENCE

THEY BEGIN BY RESONATING EMPATICALLY
WITH THE PATIENT'S EXPERIENCE OF THE "BAD"
– THE PAIN, THE RAGE, THE DESPAIR –

THEY THEN GENTLY JUXTAPOSE THIS ATTUNEMENT
WITH DRAWING THE PATIENT'S ATTENTION TO HER CAPACITY
– DESPITE THE INTENSITY OF AFFECT –
TO ACCESS SOME SENSE OF THE "GOOD"
– WHETHER THROUGH RECALLING "PAST GOOD"
OR ENVISIONING THE POSSIBILITY OF "FUTURE GOOD" –

INTEGRATION STATEMENTS DO NOT BOLDLY "COUNTER" THE "BAD"
WITH AN "IN – YOUR – FACE" DECLARATION OF PAST OR FUTURE "GOODNESS"

INSTEAD,

THEY ATTUNE SENSITIVELY TO
THE PATIENT'S CURRENT DISTRESS
– WHILE SOFTLY, STRATEGICALLY NUDGING HER TOWARD
REMEMBERING "PAST GOOD" AND IMAGINING "FUTURE GOOD" –

IN THIS WAY,

INTEGRATION STATEMENTS PROVIDE ANXIETY – ASSUAGING "SUPPORT"
ALONGSIDE GENTLE, ANXIETY – PROMOTING "CHALLENGE"
– A DELIBERATE JUXTAPOSITION OF HOLDING AND PROVOCATION –

IN OTHER WORDS,

THESE INTERVENTIONS

– RESPECTFULLY, COMPASSIONATELY, AND NONJUDGMENTALLY –

ALIGN WITH THE PATIENT'S

DEFENSIVE EXCLUSION OF "GOOD" FROM CONSCIOUSNESS

IN MOMENTS OF EMOTIONAL OVERWHELM

– HER DEFENSIVE NEED TO FORGET OR TO FORECLOSE WHEN DYSREGULATED –

AT THE SAME TIME,

BY GENTLY REFERENCING THE "GOOD" THAT HAD EXISTED IN THE PAST

AND THE POTENTIAL FOR "GOOD" THAT MIGHT EXIST AGAIN IN THE FUTURE,

INTEGRATION STATEMENTS SUBTLY INVITE AWARENESS OF

– AND SOMETIMES EVEN SUBLIMINALLY EVOKE –

THE PATIENT'S ADAPTIVE CAPACITY TO REMEMBER AND TO ENVISION

IN SO DOING,

THEY ARE DELICATELY INTRODUCING

ANXIETY – PROVOKING CHALLENGE OF THE DEFENSE

TO CREATE A GROWTH – INCENTIVIZING BALANCE

OF SUPPORT AND CHALLENGE

THUS, INTEGRATION STATEMENTS FOLLOW THE TRADITION

OF GENERATING "OPTIMALLY STRESSFUL" GROWTH OPPORTUNITIES

BY CREATING "MISMATCH EXPERIENCES"

– HERE, BETWEEN THE PATIENT'S DEFENSIVE NEED TO KEEP "GOOD" AND "BAD" SPLIT

AND HER EMERGING CAPACITY TO INTEGRATE THE "GOOD" AND THE "BAD" –

BY WAY OF SUMMARY

INTEGRATION STATEMENTS

GENTLY INTIMATE

THAT THERE MIGHT BE

AN ALTERNATIVE TO THE DARKNESS

– THAT THE PATIENT IS EXPERIENCING IN THE MOMENT –

THEY SUBTLY ENCOURAGE

THE PATIENT TO ATTUNE TO

THE CONTINUITY OF PAST, PRESENT, AND FUTURE

– ESPECIALLY IMPORTANT FOR PATIENTS

WHO "LOSE TRACK" OF THIS ONGOING CONTINUITY

BECAUSE THEY HAVE DIFFICULTY REMEMBERING AND ENVISIONING –

IN ESSENCE,

INTEGRATION STATEMENTS

ARE STRATEGICALLY DESIGNED

TO SUPPORT THE DEVELOPMENT OF "AMBIVALENCE"

– THE ADAPTIVE CAPACITY TO HOLD IN MIND, SIMULTANEOUSLY,

MIXED FEELINGS ABOUT ONE'S OBJECTS

WITHOUT NEEDING TO SPLIT THE OBJECT DEFENSIVELY INTO

AN ALL – BAD (NEED – FRUSTRATING) PART – OBJECT

AND AN ALL – GOOD (NEED – GRATIFYING) PART – OBJECT –


MENTALIZATION STATEMENTS

TO NURTURE THE "CAPACITY TO MENTALIZE"

– MOST RELEVANT FOR PATIENTS STRUGGLING
WITH BORDERLINE VULNERABILITY AND FRAGILE CAPACITY,
ALTHOUGH ULTIMATELY APPLICABLE ACROSS ALL DIAGNOSTIC CATEGORIES –

I HAVE DEVELOPED A TWO – PART INTERVENTION
THAT I CALL A "MENTALIZATION STATEMENT"

THESE STATEMENTS INVITE THE PATIENT TO "THINK ABOUT THINKING"
– "WONDER ABOUT WONDERING" AND "HOLD MIND IN MIND" –

MORE SPECIFICALLY
THEY SENSITIVELY SUPPORT THE PATIENT'S
EMERGENT EFFORTS TO MAKE SENSE OF
– AND CULTIVATE "REFLECTIVE AWARENESS" ABOUT –
THE UNDERLYING MENTAL STATES
– OF BOTH SELF AND OTHERS –

. . . EVEN AS THEY RESPECTFULLY ACKNOWLEDGE INEVITABLE
MOMENTS OF CONFUSION, UNCERTAINTY, AND NOT – KNOWING
– WHETHER STEMMING FROM "DEVELOPMENTAL LIMITATION" OR "DEFENSIVE STRATEGY" –
– WHETHER FROM "INABILITY | IMPAIRED CAPACITY" OR "REFUSAL | UNWILLINGNESS" –

AS WITH ALL THE OPTIMALLY STRESSFUL, GROWTH – INCENTIVIZING INTERVENTIONS
IN THE ST★RK METHOD of PSYCHODYNAMIC SYNERGY,
THESE STRATEGICALLY CONSTRUCTED STATEMENTS
ALTERNATELY "CHALLENGE" AND "SUPPORT" THE DEFENSE
– MODULATING THE PATIENT'S ANXIETY IN A DELIBERATE, GROWTH – PROMOTING RHYTHM –

"OPTIMALLY STRESSFUL," GROWTH – INCENTIVIZING TWO – PART "MENTALIZATION STATEMENTS"

FIRST YOU GENTLY CHALLENGE BY "LEADING THE WITNESS"
JUST ENOUGH TO STRETCH THE PATIENT TOWARD MENTALIZATION
– ABOUT EITHER THEIR OWN OR THE OTHER'S MENTAL STATE –
BUT THEN YOU CUSHION IT WITH EMPATHIC SUPPORT

YOU ARE INVITING THE PATIENT TO "LEAN INTO CURIOSITY"
ABOUT EITHER THEIR OWN OR THE OTHER'S INNER EXPERIENCE
– AND ITS IMPACT ON BEHAVIOR –
BUT THEN YOU SOFTEN IT BY SENSITIVELY ATTUNING TO THEIR INEVITABLE CONFUSION AND UNCERTAINTY

"SELF – INTERNAL" FOCUS

"YOU KNOW IT'S IMPORTANT THAT YOU TRY TO MAKE SENSE OF THE < X > THAT YOU'RE THINKING, FEELING, OR DOING
– AND HOW IT MIGHT BE IMPACTING OTHERS –
BUT, RIGHT NOW, IT JUST FEELS TOO CONFUSING."

"OTHER – EXTERNAL" FOCUS

"YOU KNOW IT'S IMPORTANT THAT YOU TRY TO MAKE SENSE OF THE < X > THAT THE OTHER PERSON MIGHT BE THINKING, FEELING, OR DOING
– AND HOW IT MIGHT BE IMPACTING YOU –
BUT, RIGHT NOW, IT JUST FEELS TOO CONFUSING."

EXAMPLES OF "SELF – INTERNAL" MENTALIZATION STATEMENTS

– HIGHLIGHTING THE INTERPLAY OF COGNITION, EXPERIENCE, AND BEHAVIOR –

"YOU KNOW IT'S IMPORTANT THAT YOU NOTICE
HOW CONFLICTED YOU FEEL;
BUT, AT THE MOMENT, IT FEELS ALMOST IMPOSSIBLE
TO STAY WITH THAT TENSION."

"YOU KNOW IT'S IMPORTANT THAT YOU PAY ATTENTION TO
WHAT THOUGHTS KEEP COMING UP;
BUT, AT THE MOMENT, THEY FEEL CONFUSING AND OVERWHELMING."

"YOU KNOW IT'S IMPORTANT THAT YOU BE AWARE OF
THE TENSION INSIDE YOU;
BUT, AT THE MOMENT, IT FEELS HARD
EVEN TO LOCATE WHAT THAT TENSION LIVES."

"YOU KNOW IT'S IMPORTANT THAT YOU OBSERVE
YOUR FEELINGS AS THEY ARISE;
BUT, AT THE MOMENT, THEY FEEL TANGLED
AND DIFFICULT TO SORT OUT."

"YOU KNOW IT'S IMPORTANT THAT YOU RECOGNIZE
THE PULL BETWEEN WHAT YOU WANT AND WHAT YOU FEAR;
BUT, AT THE MOMENT, THAT PULL FEELS
ALMOST IMPOSSIBLE TO RESOLVE."

EXAMPLES OF "OTHER – EXTERNAL" MENTALIZATION STATEMENTS

– HIGHLIGHTING THE INTERPLAY OF COGNITION, EXPERIENCE, AND BEHAVIOR –

"YOU KNOW IT'S IMPORTANT THAT YOU NOTICE
HOW THE OTHER PERSON'S WORDS AFFECT YOU;
BUT, AT THE MOMENT, IT FEELS IMPOSSIBLE TO SORT OUT
YOUR OWN REACTIONS FROM THEIRS."

"YOU KNOW IT'S IMPORTANT THAT YOU PAY ATTENTION
TO WHAT YOU ARE FEELING WHEN INTERACTING WITH THEM;
BUT, AT THE MOMENT, IT FEELS OVERWHELMING
TO STAY WITH THOSE FEELINGS."

"YOU KNOW IT'S IMPORTANT THAT YOU BE AWARE OF
WHAT THEIR BEHAVIOR TRIGGERS IN YOU;
BUT, AT THE MOMENT, YOU'RE JUST NOT SURE."

"YOU KNOW IT'S IMPORTANT THAT YOU BE ATTUNED TO
WHAT COMES UP FOR YOU WHEN YOU ARE BEING CHALLENEGED;
BUT, AT THE MOMENT, IT JUST FEELS PRETTY SCARY
EVEN TO THINK ABOUT."

"YOU KNOW IT'S IMPORTANT THAT YOU RECOGNIZE
THE TENSION BETWEEN WANTING CONNECTION AND FEELING CAUTIOUS;
BUT, AT THE MOMENT, THAT TENSION FEELS TOO PAINFUL
TO HOLD IN MIND."

OPTIMALLY STRESSFUL, GROWTH – INCENTIVIZING MENTALIZATION STATEMENTS ADVANCE THE THERAPEUTIC PROCESS IN SEVERAL WAYS

STRETCHING WITHOUT OVERWHELMING

THE THERAPIST IS GENTLY CHALLENGING THE PATIENT TO NOTICE, NAME, AND WONDER ABOUT MENTAL STATES, BUT IS THEN SOFTENING THAT CHALLENGE WITH EMPATHIC VALIDATION OF UNDERSTANDABLE CONFUSION

– THEREBY CREATING "OPTIMAL STRESS" –
(ENOUGH TO FOSTER GROWTH, BUT NOT SO MUCH AS TO SHUT IT DOWN)

INTEGRATING AFFECT WITH MEANING

THE THERAPIST IS BRIDGING THE GAP BETWEEN RAW EMOTIONAL EXPERIENCE AND REFLECTIVE UNDERSTANDING

– THEREBY ENCOURAGING THE PATIENT TO CONNECT FEELINGS WITH CAUSES, INTENTIONS, AND CONTEXT –

SHIFTING FROM IMPLICIT TO EXPLICIT

THE THERAPIST IS HELPING THE PATIENT MOVE FROM SENSED BUT UNFORMULATED EXPERIENCE TOWARD REPRESENTED, THINKABLE EXPERIENCE

– THE ESSENCE OF BUILDING MENTALIZING CAPACITY –

MENTALIZATON STATEMENTS
GENTLY INVITE
THE EMERGENCE OF REFLECTIVE AWARENESS
WHILE MIRRORING THE PATIENT'S STRUGGLE
TO GET THERE

IN SHORT

BY ALTERNATING GENTLE CHALLENGE
– NAMING AND STRETCHING TOWARD REFLECTION –
WITH EMPATHIC CUSHIONING
– VALIDATING CONFUSION AND THE DIFFICULTY OF KNOWING –
THESE STATEMENTS ARE SUPPORTING
THE PATIENT'S EVOLVING CAPACITY TO MENTALIZE
– ABOUT BOTH SELF AND OTHERS –

THE "RULE OF THREE"

IS PARTICULARLY USEFUL FOR PATIENTS WITH BORDERLINE TENDENCIES
– ESPCIALLY WHEN THEY ARE ENGAGING IN A "PROVOCATIVE ENACTMENT" –

IT CAN BE USED TO INVITE (OR COMPEL) THE PATIENT TO TAKE OWNERSHIP OF WHAT SHE IS "ENACTING" ON THE STAGE OF THE TREATMENT

TO THAT END
THE THERAPIST MIGHT ASK ANY OR ALL OF THE FOLLOWING THREE QUESTIONS

"HOW ARE YOU HOPING THAT I WILL RESPOND?"
WHICH SPEAKS TO THE ID

"HOW ARE YOU FEARING THAT I MIGHT RESPOND?"
WHICH SPEAKS TO THE SUPEREGO

"HOW DO YOU IMAGINE THAT I WILL RESPOND?"
WHICH SPEAKS TO THE EGO
– SPECIFICALLY, ITS EXECUTIVE FUNCTIONING, MEDIATED BY THE DORSOLATERAL PREFRONTAL CORTEX OF THE BRAIN –

ALL THREE QUESTIONS INSIST THAT THE PATIENT PUT LANGUAGE TO HER "INTERPERSONAL INTENTIONS"
– THEREBY GUIDING HER FROM IMPLICIT ACTION TO EXPLICIT MENTALIZATION AND FROM REFLEXIVE, PROCEDURAL, UNFORMULATED, ENACTED KNOWING TO REFLECTIVE, DECLARATIVE, FORMULATED, MENTALIZED KNOWING –

THIS JOURNEY FROM ENACTMENT TO REFLECTIVE AWARENESS FOSTERS ACCOUNTABILITY, EMPOWERS THE PATIENT, AND EXPANDS THE CAPACITY FOR MENTALIZATION


GRATIFICATION OF THE NEED
FOR EXTERNAL CONTAINMENT
CONTAINED
A NEW KIND OF EXPERIENCE

TO FACILITATE THE CRITICALLY IMPORTANT "EXTERNAL CONTAINMENT"
FOR PATIENTS WITH AN IMPAIRED CAPACITY FOR SELF – CONTAINMENT

THE THERAPIST DRAWS UPON THESE THREE "OPTIMALLY STRESSFUL," GROWTH – INCENTIVIZING INTERVENTIONS

CONTAINING STATEMENTS

JUXTAPOSE "EMPATHIC RESONANCE" WITH "INSISTENCE UPON ACCOUNTABILITY"

"YOU'RE FEELING TERRIBLE RIGHT NOW, CURSING THE DAY YOU EVER MET ME,
AND CONVINCED THAT YOU CAN NEVER TRUST ME AGAIN.
BUT WE BOTH KNOW THAT SURVIVING THESE CRISES IS PART OF OUR WORK.
WE'VE DONE IT BEFORE, AND WE'LL DO IT AGAIN. NOBODY SAID IT WOULD BE EASY."

INTEGRATION STATEMENTS

JUXTAPOSE "EMPATHIC RESONANCE" WITH "INVITATION TO AWARENESS"

"WHEN YOU'RE FEELING THIS ENRAGED,
IT'S HARD TO REMEMBER THAT YOU HAD EVER FELT GOOD ABOUT ME
AND OUR WORK TOGETHER
AND EQUALLY HARD TO IMAGINE THAT YOU COULD EVER FEEL GOOD ABOUT US AGAIN."

MENTALIZATION STATEMENTS

JUXTAPOSE "GENTLE CHALLENGE" WITH "EMPATHIC CUSHIONING"

"YOU KNOW IT'S IMPORTANT TO TRY TO FIGURE OUT
WHAT'S GOING ON INSIDE YOU THAT'S MAKING YOU FEEL SO ENRAGED
AND CAUSING YOU TO DO THINGS YOU LATER REGRET;
BUT IT ALL FEELS SO OVERWHELMING RIGHT NOW THAT IT'S HARD EVEN
TO THINK ABOUT WHAT MIGHT BE PROVOKING YOUR ANGER."

IT IS THE THERAPIST'S PROVISION OF EXTERNAL CONTAINMENT
THAT MAKES IT POSSIBLE FOR THE RELATIONSHIP TO CONTINUE
– DESPITE THE FREQUENT STORMS AND CRISES –

WHENEVER THE PATIENT IS DISAPPOINTED, FRUSTRATED, OR THWARTED IN HER DESIRE,
THE THERAPIST MUST "MEET" THE PATIENT'S AGGRESSION
AND "SURVIVE" HER REPEATED ATTEMPTS
TO DESTROY THE THERAPIST AND THEIR RELATIONSHIP

AGAIN AND AGAIN
THE THERAPIST PROVES HER INDESTRUCTIBILITY

IN SURVIVING THE PATIENT'S ATTEMPTS TO DESTROY HER,
THE THERAPIST IS OFFERING THE PATIENT SOMETHING
SHE HAS NEVER BEFORE EXPERIENCED
– NAMELY, THE "EXPERIENCE OF STEADFAST CONTAINMENT" –

INDEED, WHEN THE THERAPIST CAN MEET THE PATIENT'S URGENT NEED
TO HAVE HER IMPULSIVE, RAGEFUL, AND DESTRUCTIVE BEHAVIORS LIMITED AND CONTAINED,
THE PATIENT WILL GAIN A NEW KIND OF EXPERIENCE –

. . . THE POWERFULLY TRANSFORMATIVE EXPERIENCE
OF HAVING INTENSE AFFECT
– INCLUDING MURDEROUS RAGE, DEBILITATING ANXIETY, AND SUICIDAL DESPAIR –
WITHOUT DEVASTATING CONSEQUENCE

IN MOMENTS OF DEVASTATING DISILLUSIONMENT,

THE PATIENT WITH BORDERLINE DEFENSES

– LACKING THE INTERNAL STRUCTURE TO WEATHER THE "CRISIS" –

LOSES HOLD OF ALL THAT HAD ONCE BEEN "GOOD"

IN THE GRIP OF HER UNMODULATED, DYSREGULATED RAGE,

SHE IS DRAWN TOWARD RETALIATION

– EVEN IF IT MEANS DESTROYING THE VERY RELATIONSHP SHE HAS COME TO TREASURE –

THE THERAPIST'S WILLINGNESS AND ABILITY
TO "MEET" THE PATIENT'S AGGRESSION,
HER UNWAVERING STEADFASTNESS IN THE FACE OF IT,
AND HER CONSISTENT PROVISION OF EXTERNAL CONTAINMENT

– OF THE PATIENT'S DESTRUCTIVE ACTING OUT –

WILL ENABLE THE RELATIONSHIP
NOT ONLY TO SURVIVE BUT TO ENDURE AND EVOLVE

SURVIVAL, HERE, MEANS THE EVER – EVOLVING CAPACITY
OF THE RELATIONSHIP TO WITHSTAND
THE FREQUENT STORMS AND INEVITABLE CRISES

– THAT ONCE WOULD HAVE TORN THE RELATIONAL FABRIC APART –

BUT THE THERAPIST REFUSES TO ALLOW THE PATIENT
TO DESTROY THE RELATIONSHIP

– JUST AS SHE REFUSES TO ALLOW HERSELF TO BE ABUSED –

INDEED

IF THE PATIENT IS GENTLY YET FIRMLY
"ANCHORED" IN THE RELATIONSHIP
BY A THERAPIST WHO STEADFASTLY REFUSES TO COLLUDE
WITH THE PATIENT'S IMPULSE TO "DESTROY"

AND IS INSTEAD OFFERED A "PROTECTED SPACE"
WITHIN WHICH SHE CAN GIVE VOICE
TO HER ANGUISH, PANIC, DESPERATION, AND OUTRAGE
– HER WISH TO ESCAPE, TO LASH OUT, TO RETALIATE, EVEN TO DESTROY –

THEN, IN TIME, SHE MIGHT BE ABLE TO RECLAIM
THE GOOD FEELINGS SHE HAD ONCE KNOWN

. . . NOT BECAUSE THE RAGE HAS BEEN SILENCED,
BUT BECAUSE IT HAS BEEN WELCOMED INTO LANGUAGE
– "MENTALIZATION" –
MET WITH EMPATHY AND UNDERSTANDING,
HELD WITHIN THE THERAPIST'S EMOTIONAL ROBUSTNESS,
AND ALLOWED TO RUN ITS TRUE COURSE
– WITHOUT JUDGMENT, WITHOUT RETALIATION, WITHOUT COLLAPSE –

HELD, NAMED, AND UNDERSTOOD – NOT ENACTED

. . . PERHAPS DAYS, MAYBE WEEKS, SOMETIMES EVEN MONTHS
BUT WITH EACH EXCHANGE THE PATIENT MOVES CLOSER
TO RECLAIMING WHAT WAS LOST
– STEP BY STEP, WITHIN THE CALM, STEADY HOLD OF THE RELATIONSHIP –

IN TIME

THE PATIENT BEGINS TO RECOVER HER GOOD FEELINGS

– THE DISAPPOINTMENT IS SURVIVED,
AND THE RELATIONSHIP, AT LEAST FOR THE MOMENT, ENDURES –

THE THERAPIST CAN THEN INTRODUCE SOMETHING
TO WHICH I REFER AS AN "INVERTED INTEGRATION STATEMENT"

THESE INTERVENTIONS ARE USED
NOT WHEN THE PATIENT IS FEELING "BAD,"
BUT IN THOSE MOMENTS WHEN HOPE HAS RETURNED
AND THE PATIENT IS TRULY FEELING "GOOD"

AN "INVERTED INTEGRATION STATEMENT"
UNDERLINES THE FACT THAT
– WHEN THE PATIENT IS TRULY FEELING "GOOD" –
IT CAN BECOME DIFFICULT TO RECALL
THE "BAD" THAT HAD COME BEFORE

"WHEN YOU'RE FEELING THIS GOOD,
IT'S HARD TO REMEMBER THAT YOU HAD EVER HAD DOUBTS
ABOUT ME AND OUR WORK TOGETHER."

"WHEN YOU'RE FEELING HOPEFUL, AS YOU ARE NOW,
YOU FIND YOURSELF WANTING TO FORGET ABOUT THE TIMES
WHEN YOU WERE FILLED WITH DESPAIR, RAGE, AND DEEP UNCERTAINTY."

IN ESSENCE,

THE THERAPIST

– MAINTAINING HER PERSPECTIVE THROUGHOUT –

(BOTH THE LOWS AND THE HIGHS OF THE THERAPEUTIC ENGAGEMENT)

IS SIMPLY REMINDING THE PATIENT THAT "THIS TOO SHALL PASS"

. . . NOT BECAUSE THE THERAPIST IS A "DEBBIE DOWNER,"
BUT BECAUSE SHE SEEKS TO HIGHLIGHT THE CONTINUITY
OF THE PATIENT'S INTERNAL EXPERIENCE

– THE CONTINUITY OF HER BEING –

– THE THREAD CONNECTING PAST, PRESENT, AND FUTURE –

IN THIS WAY,

THE THERAPIST IS ATTEMPTING TO INTEGRATE
BOTH THE "GOOD" AND THE "BAD"
IN THE PATIENT'S EXPERIENCE OF SELF AND OTHERS

– MODELING THAT VERY INTEGRATION THROUGH HER INTERVENTIONS –

IN ADDITION TO CONTAINING AND MENTALIZATION STATEMENTS,

THE THERAPIST THEREFORE MAKES LIBERAL USE OF
BOTH THE "INTEGRATION STATEMENT"

– RECOGNIZING HOW HARD IT IS TO REMEMBER THE "GOOD"
IN THE FACE OF THE PRESENT "BAD" –

AND THE "INVERTED INTEGRATION STATEMENT"

– REMINDING THE PATIENT OF THE "BAD"
THAT HAD PRECEDED THE CURRENT EXPERIENCE OF "GOOD" –

THE ALTERNATION
BETWEEN "BAD" FOLLOWED BY "GOOD"
AND "GOOD" FOLLOWED BY "BAD"
– FRUSTRATION GIVING WAY TO GRATIFICATION,
GRATIFICATION GIVING WAY TO FRUSTRATION –
BECOMES A RECURSIVE, INTEGRATIVE RHYTHM
WITHIN THE PATIENT'S EVOLVING EXPERIENCE
OF THE THERAPIST

THIS ONGOING OSCILLATION
– BETWEEN RUPTURE AND REPAIR,
BETWEEN SATISFACTION AND DISAPPOINTMENT –
ESTABLISHES A DEEP EMOTIONAL CADENCE,
AN EVER – EXPANDING FLOW WITHIN THE RELATIONAL FIELD

. . . PATIENT AND THERAPIST CONTINUALLY "MEETING"
AT THEIR "INTIMATE EDGE"
– AND NAVIGATING THE DELICATE INTERPLAY OF VULNERABILITY AND STRENGTH –

IN SO DOING,
THEY ARE GRADUALLY CULTIVATING
A FOUNDATION OF
MUTUAL TRUST AND DEEPENED UNDERSTANDING

THE INTEGRATIVE PROCESS

– THE DYNAMIC SYNERGY OF CONTAINMENT, INTEGRATION, AND MENTALIZATION –

UNFOLDS AS FOLLOWS –

THE PATIENT EXPERIENCES DISAPPOINTMENT,
STRUGGLES TO TOLERATE IT,
AND FEELS SORELY TEMPTED TO ACT OUT

– IN IMPULSIVE, RAGEFUL, INDULGENT, OR DESTRUCTIVE WAYS –

BUT THE "STALWART" THERAPIST

– RELIABLE AND UNWAVERING –

PROVIDES "EXTERNAL CONTAINMENT"

– ANCHORED BY "CONTAINING STATEMENTS" –

FOSTERS "ADAPTIVE INTEGRATION" OF "GOOD" AND "BAD"

– BY MEANS OF "INTEGRATION STATEMENTS"
AND "INVERTED INTEGRATION STATEMENTS" –

AND CULTIVATES "REFLECTIVE AWARENESS"

– FACILITATED BY "MENTALIZATION STATEMENTS"
AND THE "RULE OF THREE" –

ALL OF WHICH DETER
THE PATIENT'S PRONENESS TO
"DEFENSIVE SPLITTING" AND "UNREFLECTIVE ACTING OUT"

– IN THE FACE OF "EMOTIONAL OVERWHELM" –

THE THERAPIST REPEATEDLY DEMONSTRATES
HER RELIABILITY, CONSISTENCY,
AND FAITH IN THE DURABILITY OF THE PATIENT
– AND OF THEIR CONNECTION –

THIS ALLOWS THE RELATIONSHIP TO ENDURE,
THE STORM TO BE WEATHERED,
AND THE PATIENT'S "GOOD" FEELINGS TO BE RESTORED

THE CYCLE REPEATS ITSELF, AGAIN AND AGAIN

THE PATIENT'S INNER EXPERIENCE BECOMES ONE OF –

STORM – STILLNESS
CRISIS – RESOLUTION
RUPTURE – REPAIR
LOSS – RECOVERY
DISAPPOINTMENT – RELIEF
BAD – GOOD

THIS OSCILLATION PROGRESSES
AT AN EVER – ACCELERATING PACE
– WITH THE "RECOVERY TIME" AFTER EACH DESTABILIZING DISILLUSIONMENT
GROWING SHORTER AND SHORTER –

IN ESSENCE

THE PATIENT DISCOVERS

THAT SHE CAN

– TIME AND AGAIN –

"SURVIVE" THE VACILLATION

BETWEEN THE "BAD" AND THE "GOOD"

– BETWEEN DEVASTATING LOWS AND EXHILARATING HIGHS –

AND, IN TURN,

THE THERAPEUTIC RELATIONSHIP ITSELF

GROWS INCREASINGLY RESILIENT

– STRENGTHENING PRECISELY AT THE BROKEN PLACES –

THE PATIENT IS BEGINNING TO EXPERIENCE

– IN A DEEPLY EMBODIED FASHION –

THE "COALESCING IMPACT"

OF THIS RHYTHMIC, CYCLICAL DANCE

OF "BEING IN RELATIONSHIP" WITH SOMEONE

WHO REMAINS STEADY, RELIABLE, DURABLE,

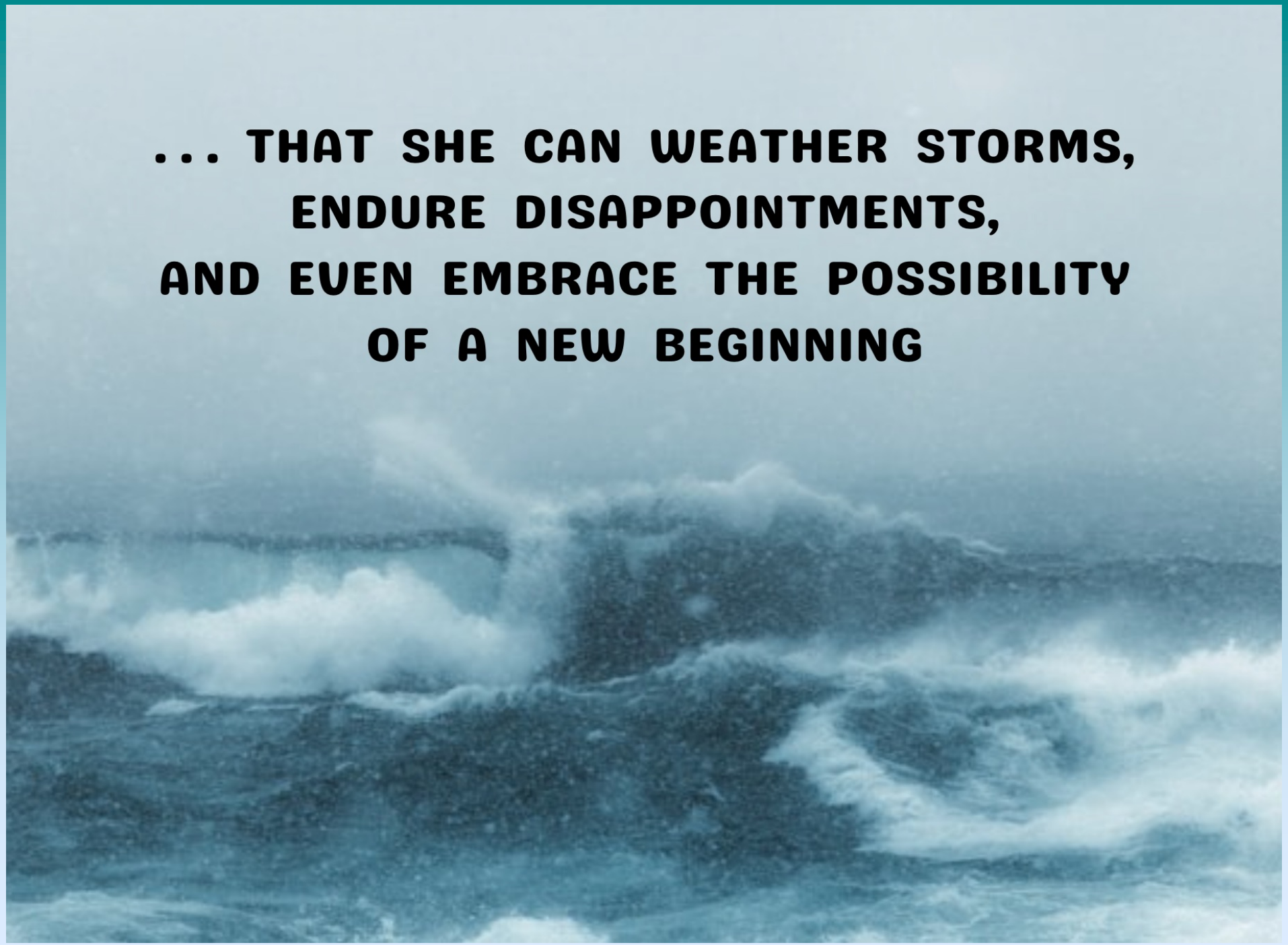
COMMITTED, AND EMOTIONALLY INVESTED –

– WHO STAYS EMPATHICALLY ATTUNED, EVEN AMID REPEATED RUPTURES –

(REFUSING TO WITHDARW, RETALIATE, OR GIVE UP)

AND SO, PERHAPS FOR THE FIRST TIME,

THE PATIENT FINDS HERSELF BEGINNING TO "BELIEVE" . . .


... THAT SHE CAN WEATHER STORMS,
ENDURE DISAPPOINTMENTS,
AND EVEN EMBRACE THE POSSIBILITY
OF A NEW BEGINNING

HAVING SURVIVED THE STORMS AND CRISES OF PERIODIC DISILLUSIONMENT,
THE PATIENT GRADUALLY EVOLVES –

- FROM PRE – AMBIVALENCE TO AMBIVALENCE
- FROM DEFENSIVE SPLITTING TO ADAPTIVE INTEGRATION
- FROM A FRAGMENTED SELF TO A COHESIVE SELF
- FROM FRAGILE TO ROBUST EVOCATIVE MEMORY
- FROM PRE – REFLECTIVE ENACTMENT TO REFLECTIVE AWARENESS
- FROM IMPAIRED GRIEVING TO EVOLVED CAPACITY TO GRIEVE
- FROM EMOTIONAL STORMS TO EMBODIED STABILITY
- FROM RELENTLESS HOPE FOR PERFECT EXTERNAL CARE
TO ACCEPTANCE OF THE "GOOD – ENOUGH"
- FROM DEFENSIVE NEED FOR PERFECTION
TO SATISFACTION WITH THE "APPROXIMATELY – PERFECT"
- FROM INNER CHAOS AND ANGUISHED TURMOIL
TO EMBODIED PRESENCE AND EMOTIONAL RESILIENCE

FINAL REFLECTIONS

WITH RESPECT TO THE DEVELOPMENT OF "EVOCATIVE MEMORY CAPACITY"
IN PATIENTS WHO REVERT TO BORDERLINE DEFENSES UNDER EMOTIONAL OVERWHELM,

IT WILL NOT BE THE PATIENT'S "EXPERIENCE"
OF "GRIEVING DISILLUSIONMENT"
WITH AN "IDEALIZED SELFOBJECT" THERAPIST
– "OPTIMAL FRUSTRATION" –
THAT WILL MAKE THE DIFFERENCE

RATHER,

TRANSFORMATIVE WILL BE THE "EXPERIENCE"
OF "BEING HELD IN RELATIONSHIP"
BY A "CONTAINING SELFOBJECT" THERAPIST
– "OPTIMAL GRATIFICATION" –
WHO PROVES HERSELF "INDESTRUCTIBLE"
– REFUSING TO BE DAUNTED BY THE PATIENT'S DISILLUSIONMENT, OUTRAGE,
OR IMPULSIVE, RAGEFUL ENACTMENTS –

IN OTHER WORDS,

IT WILL BE THE THERAPIST'S
CONSISTENT PROVISION OF "GRATIFICATION"
OF THE PATIENT'S "NEED FOR CONTAINMENT"
THAT WILL PROMPT THE DEVELOPMENT
OF "EVOCATIVE MEMORY CAPACITY"
AND, IN TURN, THE PATIENT'S "CAPACITY TO GRIEVE"

IN ESSENCE,

TRANSFORMATION OF THE RELENTLESS SEARCH
FOR EXTERNAL PERFECTION
INTO SELF – SUSTAINING RESILIENCE
– AND THE INTERNAL ACCEPTANCE OF "GOOD – ENOUGH" –
WILL BE THE FELICITOUS OUTCOME

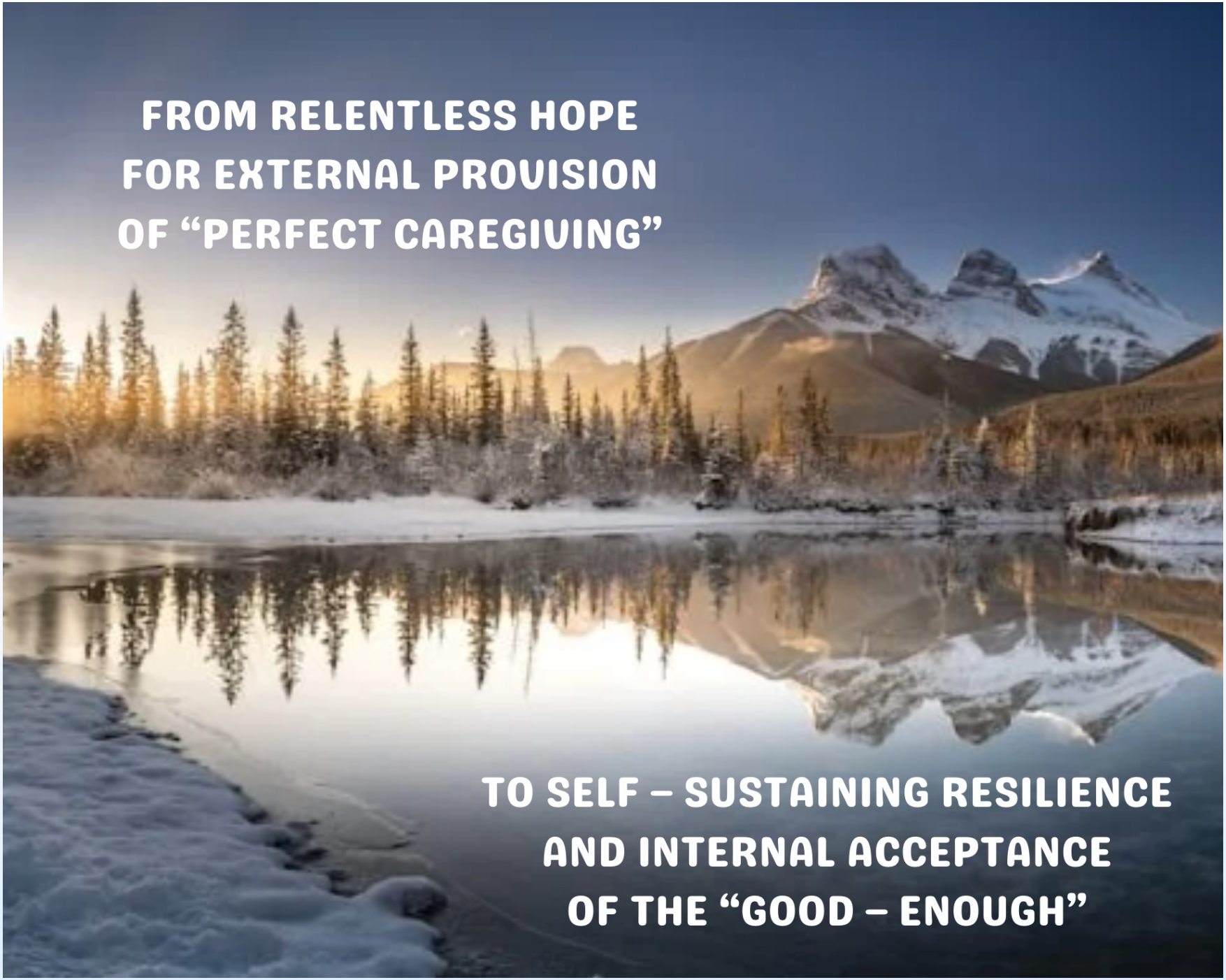
NOT OF "GRIEVING OPTIMAL FAILURE"
BUT OF "EXPERIENCING OPTIMAL CONTAINMENT"

ULTIMATELY,

RESILIENT "SELF – SUPPORT"
– THE ADAPTIVE CAPACITY TO BE A "GOOD – ENOUGH" CAREGIVER UNTO ONESELF –
WILL BECOME THE ANTIDOTE
TO THE RELENTLESS PURSUIT OF
"IDEALIZED EXTERNAL CAREGIVING"
AND "PERFECT ATTUNEMENT"

THE HARD – EARNED ABILITY TO BE DEEPLY SATISFIED
WITH BEING THE SOURCE OF ONE'S OWN SUSTENANCE
– AND WITH THE "GOOD – ENOUGH ATTUNEMENT" THAT REAL LIFE PROVIDES –
IS THE HALLMARK OF SUCCESSFUL TRANSFORMATION:

FROM "RELENTLESS HOPE" TO "REALISTIC HOPE"
– THE SOBER, MATURE ACCEPTANCE THAT STORMS CAN BE WEATHERED,
DISAPPOINTMENTS SURVIVED, AND A NEW BEGINNING EMBRACED –


FROM RELENTLESS HOPE
FOR EXTERNAL PROVISION
OF "PERFECT CAREGIVING"
TO SELF – SUSTAINING RESILIENCE
AND INTERNAL ACCEPTANCE
OF THE "GOOD – ENOUGH"

I AM REMINDED OF A BELOVED PATIENT OF MINE
WHO ENTERED TREATMENT WITH A DIAGNOSIS OF BPD,
A TRAIL OF FAILED THERAPIES BEHIND HER,
AND A SERIES OF EXHAUSTED, DEFEATED,
AND ENRAGED THERAPISTS IN HER WAKE

BUT AFTER EIGHT YEARS OF INTENSIVE PSYCHODYNAMIC WORK WITH ME
– THROUGH MANY BATTLES, REPEATED EFFORTS TO TAKE ME DOWN,
AND "BEGRUDGED GRIEVING" ALONG THE WAY,
AS SHE CAME TO TERMS WITH PREVIOUSLY UNBEARABLE TRUTHS –
SHE WAS NO LONGER "A BORDERLINE"

HER PARTING WORDS AS WE TERMINATED STILL RESONATE –
"YOU'RE THE KIND OF PERSON
WHO WOULD KICK THE CRUTCHES OUT
FROM UNDERNEATH A CRIPPLE.
THANK YOU!"

I STILL CHUCKLE AS I REMEMBER . . .

SHE HAS STAYED IN TOUCH WITH ME
OVER THE YEARS
– MUCH TO MY DELIGHT –
AND IS CLEARLY DOING VERY WELL

THANK YOU!

IF YOU WOULD LIKE TO BE

ON MY MAILING LIST

OR WOULD LIKE TO JOIN

MY ENTIRELY F.R.E.E. 90 - MINUTE WEEKLY

Spot Supervision ZOOM Sessions

- BOTH "LIVE" (every Thursday - 12 to 1:45 pm (ET))

AND "RECORDED" FOR LATER VIEWING

ON MY PRIVATE YouTube CHANNEL -

PLEASE EMAIL ME AT

MarthaStarkMD @ SynergyMed.solutions

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