

5.2. Fears of Abandonment (and Borderline Personality Disorder)

- loc: 14,422 **Diagnostic criterion**
- loc: 14,423 The frustration and disorientation that the child feels in no longer finding the mother where s/he had left her when s/he drew away to explore the world, are at the basis of the borderline's
- loc: 14,426 fear of being abandoned and of the consequent acting-out
- loc: 14,426 **Patient's experience**
- loc: 14,427 "intolerance of solitude"
- loc: 14,432 a symptom of precocious insecure attachment by Fonagy (1991). what emerges is acting out,
- loc: 14,433 the anger with which the patient manages
- loc: 14,433 fear of abandonment,
- loc: 14,433 therapist's reaction is often a consequence
- loc: 14,436 rather than of the feeling at its basis.
- loc: 14,437 the therapist considers fragility constitutive of borderline experience and the attempt to rediscover the sketch of the self so effortfully constructed by defending it
- loc: 14,438 with anger against whoever fails to protect her/him
- loc: 14,650 her/his reaction will be to ally her/himself with the patient's defense of the self.
- loc: 14,653 **6. Preserving the Sketch of the Self with Harmonious Dignity: the Gestalt Model of Work with BPD**
- loc: 14,658 If the aim of treatment of borderline disorder shared by the psychodynamic approaches is the integration of the split parts of the self (moving from a borderline pathology to a neurotic organization, Clarkin et al., 2000, p. 9), Gestalt therapy is not far from this perspective, but, in line with the phenomenological perspective, it is focused on the support of what there is already, i.e. the patient's intentionality to protect that sketch of the self constructed with difficulty.
- loc: 14,660 what can resolve it is not the consciousness of the defenses activated, but rather the support of the intentional movement to reach the other wholly, not split, not damaged, but whole.
- loc: 14,670 is for Gestalt therapy the fundamental reference, the fulcrum of its model of operation.

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loc: 14,670	All clinical approaches agree
loc: 14,671	treatment of borderline patients
loc: 14,674	patient-therapist relationship is fundamental.
loc: 14,675	For Gestalt therapy,
loc: 14,676	the way the patient lives the therapeutic relationship re-proposes a suffering has remained open in fundamental relationships. the task
loc: 14,678	is to complete, in as relaxed a manner as possible, the intentionality that was interrupted in the primary relationships,
loc: 14,679	If the object-relation theories are focused on the analysis of the patient's transference in the here-and-now of the therapeutic session, Gestalt therapy we focus on the counter-transference,
loc: 14,681	use of the therapeutic sensitivity to intuit the manner in which, in the patient's perceptive field, the significant other (in this case the therapist) maintains the borderline relational pattern.
loc: 14,691	permits to intuit what the significant other may do to support the interrupted intentionality of contact
loc: 14,692	focused on counter-transference becomes, in the case of the BPD patient, almost an ethical norm.
loc: 14,693	background, ethical, contractual elements are more important than those of content. create the basic security the borderline patient needs in order to slacken the mistrust
loc: 14,699	The therapist's anger, frequent with borderline patients, must be transformed into containing strength by the Gestalt therapist, instead of being naively brought into the setting with trust (in this case misplaced) in the value of the therapist's authenticity, a crucial value for Gestalt therapy.
loc: 14,705	borderline patients induce us to set in action the most split parts of our self
loc: 14,709	6.3. The Gestalt Therapeutic Process with the Borderline Experience
loc: 14,717	domains of the therapeutic relationship.
loc: 14,717	the progress of patients suffering from BPD may be very various and an effective therapy does not always end positively.
loc: 14,719	the patient may need to separate her/himself abruptly and/or with negative feelings ("I'm going because even you have disappointed me").
loc: 14,720	patients with BPD readily change therapist.

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loc: 14,720	the first stage they idealize the relationship,
loc: 14,721	faced with the concreteness of the necessary separations, anger dominates and they devalue the therapist
loc: 14,723	This is a protective move for the patient, who avoids becoming too intimate with the therapist,
loc: 14,729	five domains that form the Gestalt competence to treat the patient
loc: 14,733	basic competences to treat borderline suffering.
loc: 14,736	Table 2. Specific competences and therapeutic goals in the different domains.
loc: 14,744	Domain 1 Secure, clear, non- manipulative attitude
loc: 14,752	Domain 2 Accepting the now-for-next in the patient's relational difficulties
loc: 14,758	Domain 3 Making explicit the elements of shared reality
loc: 14,763	Domain 4 Supporting self-regulation in the face of the primitive defences
loc: 14,769	Domain 5 Containing the borderline suffering through counter-transference
loc: 14,776	6.3.1. First Domain The ethical attitude is secure, clear and not manipulative.
loc: 14,797	6.3.2. Second Domain Grasping the now-for-next, the tension to preserve the sketch of the self, in the relational difficulties the patient suffers.
loc: 14,818	6.3.3. Third Domain Elucidating the elements of shared reality (both the moon and cheese are yellow).
loc: 14,825	patient says: "When I was little my mother tried to poison herself, and I stopped her. What was I saying or doing to make her do such a thing? Was I so bad? Was I the murderer or the victim? I wasn't a child, but I had to be grown-up, if I can put it that way. I had to wipe myself out and humiliate myself, let myself be humiliated. Terrible things. I wanted love, normality, and yet I touched so much pain.
loc: 14,831	Borderline patients seem strong when they talk about painful facts, but since talking about them is not cathartic for them (as it is for neurotics), it rather relights a fire that had been quenched; what comes after is not easy for them; it exposes them to loneliness and anger. For this reason, the therapist must always be one step behind as regards expressing painful feelings, must let the patient self-regulate, and never overvalue the BPD patient's ability to contain her/his anxiety.

Gestalt Therapy in Clinical Practice: From Psychopathology to the Aesthetics of Contact
(Gestalt Therapy Book Series 2)

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loc: 14,842	6.3.4. Fourth Domain Supporting self-regulation in the face of the primitive defenses.
loc: 14,872	6.3.5. Fifth Domain The use of counter-transference to contain borderline suffering.
loc: 14,930	I hold that the aim of treatment is not to change the style of contact, but rather to experience this style with less anxiety.
