Dynamic Issues of Medication within Psychotherapy for BPD

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Context

- Partial effectiveness
- Poor relationship between medication type and effect
- Ubiquitous
- Problematic (Zanarini)
Why do BPD clients want medication

• chronic/unbearable emotional pain
• Societal expectations
  1. No pain, no suffering
  2. Scientism
  3. GPs and depression/Beyond Blue
  4. Promotion/Money from Drug Co’s

• Personal development of BPD (next)
Developmental

- Disorganized attachment/emotional invalidation
- When in pain, approach/avoid dilemma
- Nonpersonal behaviours
- External locus of control
What does this mean?

• Can’t heal themselves
• someone else ---- something else heals
• Positive transference = hope of something different
  1. Someone different (white hat)
  2. Something different (silver bullet)
  3. Both together (metaphor?)
Someone different

- Care
- Love
- Hope
Something different

- Powerful placebo effect
- Don’t have to approach painful feelings/scary people
- Transitional object, tool that can be controlled
- However, three months later....
Possible Negative transference

• Hurt me (side effects: nocebo effect and DA)
• Use me (pay for medication, consultation)
• Unmanageable (untreatable)
• Burden (too much for you)
• Desperate health prof (you as much as me)
• Unlovable (scumbag)
Possible Countertransference

- referral/prescribe

1. Too hard/too slow
2. Unbearable pain (depression?): theirs, our own
3. Anxiety (suicide, eating disorder)
4. separation anxiety/guilt: holidays
What to do in therapy

- **Subjective meaning**, not education/discussion of side effects, etc.
- Same principle as any frame alteration
Why discuss frame

Frame has two functions
1. Security
2. Monitors actions used to reduce painful affect without talk = “enactment”

(difficult to discuss, but potentially enormously helpful)

• Unspoken positive/negative beliefs (conscious, but hidden)
• Unconscious positive/negative expectation of self and others (opening to trauma zone/attachment pattern)
Frame alteration: Integrating Roles

1. Dr Psychotherapist and prescriber: integrating *internally* different roles

2. Psychotherapist and separate prescriber: integrating different carers
But more powerful than most frame changes?

Particularly powerful, as concrete, and daily reminders

- prescriber consultation
- Chemist
- Bottle and label
- Daily ingestion
- Interest/concern from family

Also concretised in different roles (previous slide)
So, what do you do?

• Simply: action into words (eg Dean)

How: Discuss it in therapy
(often difficult)

 +/- Therapist reflection
 +/- Supervision