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Exploring Mental Health Clinicians' Negative Emotions towards People with Borderline Personality Disorder

Chrysovalantis Papathanasiou, Stelios Stylianidis
Department of Psychology, Panteion University

Objectives: This study explores the factors of mental health clinicians' negative emotions towards service users with a diagnosis of borderline personality disorder (BPD).

Methods: A qualitative approach is used and data collected through: a) participant observation in an acute psychiatric ward, and b) semi-structured, face-to-face, in-depth interviews with psychiatrists and psychologists (N=40). A grounded theory methodology is followed to develop a practice-based model of how clinicians conceptualize their contact with service users with BPD and the strategies they adopt to interact with them.

Results: This presentation reports on the core theme 'Fear', the concept identified by the clinicians as barrier for the establishment and maintenance of the therapeutic relationship. The fear seemed to be two-way: it is directed at both the service user and the clinician. The lack of specialized knowledge and skills, the absence of clinician's own psychotherapy and supervision, the resistance of the disorder to medication and psychotherapy, the adoption of a pure biomedical view of the disorder in the treatment plan (treatment vs recovery), the stereotypes about the borderline pathology coming even from the clinicians themselves (mostly from experienced professionals to trainees) are some of the elements which make a clinician afraid that he/she can cause unwittingly harm to both the service user (relapse, self-injury, suicide, etc.) and himself/herself (burnout due to frustration, problems with colleagues and superiors due to splitting, legal disputes following complaints, etc.). This two-directional fear manifests itself in the form of intense anxiety. Thus, the clinicians are negatively inclined about being involved in such a therapeutic relationship and they tend to avoid it.

Conclusions: Our findings emphasize the importance of clinicians' awareness of their fear as a relevant factor for their negative emotions towards service users with BPD and their unwillingness to work with them in the clinical settings.