

## **Working with EMDR with Suicidal clients and self-harming behaviours**

*Dolores Mosquera Ph.D.*

Of all the complex situations that we might encounter in the therapy of borderline disorder, self-harm and suicide are probably two aspects that present the greatest relational challenge for a therapist. A patient who seeks help desperately and at the same time self-harms is a perfect example of a therapeutic paradox.

The patient who self-injures or thinks about killing himself, poses a complex situation at a relational level, and being aware of our emotional response as clinicians is a central aspect of the intervention.

The emotional reaction to the possibility of a patient committing suicide can be intense, and the therapist may engage in avoidance behaviors. The situation of hopelessness and despair of the patient who sees no meaning in life, can lead clinicians to see them as lost cases. Furthermore, some patients may attempt to deposit the responsibility of their life on us. This is a particularly important point since a therapist who tends to get involved in excess can end up taking responsibility for the patient's life, which will always be a dead end for the therapeutic process. In this workshop we will address interventions to manage these aspects and prevent unhelpful responses.

Some people confuse the terms suicide and self-harm or the intention of both. Many people who self-harm do not want to die, in fact this behavior sometimes helps them tolerate their suffering and *keeps them alive*. But if patients do not have the resources to manage their emotions and solve problems, the chances of resorting to suicide as a solution increase.

Working with EMDR can provide a powerful way to neutralize self-harm. When destructive behaviors are based on lack of regulation skills, it is necessary to give the patient adaptive information and tools. Working on memories that are at the basis of such dysregulation is crucial in many cases. On many occasions, emotions, feelings, beliefs or self-harm memories are connected with specific biographical events. To identify and process these memories can put an end to the self-injurious behavior. The target will not be the self-harming behaviors themselves, but the circumstances surrounding the first time in which they occurred, the origin of the negative beliefs associated with the problem and memories that can be identified through the affect bridge.

In this workshop we will explore the different stages of suicidal ideation and how to work with them. The assessment of vital risk is a priority in a patient with these behaviors. We will also address self-harm behaviors and emotional regulation from the perspective of EMDR.