

## Disturbo Di Personalita Borderline

Frutto del lavoro di anni con tossicodipendenti, il volume affronta la tematica della riduzione del danno dal punto di vista psicoanalitico. Si esaminano aspetti e prospettive di trattamenti e percorsi di cura, possibilità di prevenzione, caratteristiche della psicoterapia, doppia diagnosi, relazioni fra neurologia e tossicodipendenza, fra paternità e dipendenza, ecc.

Borderline personality disorder (BPD) is characterized by unstable moods, negative self-image, dangerous impulsivity, and tumultuous relationships. Many people with BPD excel in academics and careers while revealing erratic, self-destructive, and sometimes violent behavior only to those with whom they are intimate. Others have trouble simply holding down a job or staying in school. Overcoming Borderline Personality Disorder is a compassionate and informative guide to understanding this profoundly unsettling--and widely misunderstood--mental illness, believed to affect approximately 6% of the general population. Rather than viewing people with BPD as manipulative opponents in a bitter struggle, or pitying them as emotional invalids, Valerie Porr cites cutting-edge science to show that BPD is a true neurobiological disorder and not, as many come to believe, a character flaw or the result of bad parenting. Porr then clearly and accessibly explains what BPD is, which therapies have proven effective, and how to rise above the weighty stigma associated with the disorder. Offering families and loved ones supportive guidance that both acknowledges the difficulties they face and

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shows how they can be overcome, Porr teaches empirically-supported and effective coping behaviors and interpersonal skills, such as new ways of talking about emotions, how to be aware of nonverbal communication, and validating difficult experiences. These skills are derived from Dialectical Behavior Therapy and Mentalization-based Therapy, two evidence-based treatments that have proven highly successful in reducing family conflict while increasing trust.

Overcoming Borderline Personality Disorder is an empowering and hopeful resource for those who wish to gain better understanding of the BPD experience--and to make use of these insights in day-to-day family interactions. Winner of the ABCT Self Help Book Seal of Merit Award 2011

The Fragmented Personality introduces a new model for diagnosing and caring for patients with personality disorder. This book reviews in detail the neuroscience of brain and mind development, including the neuroscience of psychoanalytic concepts, both for normal and disordered personalities. In contrast to the current static classifications of personality pathology, the authors' approach yields a dynamic and personalized diagnosis within a 3D diagnostic space in which each individual is uniquely positioned. In this model, two intersecting dimensions, one vertical, representing the person's qualitative level of mental functioning (the "how" of personality), and the other horizontal, representing his or her adaptive style (the "what" of personality) are cross matched in the unit of time. Such dynamic nosology is inherently sensitive to fluctuations in mental functioning

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over time and context, and gives the clinician precise milestones for monitoring progress in therapy. In this book, the authors analyze the impact of social transitions on adaptive tasks, personality and psychopathology. They argue that the conservative society, with strict socio-religious norms, favored the psychopathology of neuroses centered around guilt, including guilt for not fitting the preapproved norms. With the postmodern liberalization of normative pressures, the adaptive task has changed from "how to fit" into "what to choose" among many accepted alternatives, creating uncertainty of identity. This uncertainty, together with the non-directive society, favors the psychopathology of personality disorder, and indeed, the prevalence of personality disorder has increased in the postmodern period. Drs. Svrakic and Divac-Jovanovic argue that fragmented personality, a deep and early fragmentation of the mind at its nonconscious core of internalized object relations, represents a common denominator shared by all clinical variants of personality disorder. They conceptualize personality disorder as a homeostatic attempt by the fragmented early mind to heal itself by self-organizing into an unrealistic and fantasized but a more stable self-image, figuratively a "better any than no organization" strategy. In this invaluable text, the authors provide detailed practical guidelines for the diagnosis, differential diagnosis, and treatment of individuals with personality disorder and answer practical questions that clinicians frequently ask about etiology, psychotherapy and pharmacotherapy of the syndrome.

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Questo testo si dedica alla comorbidità tra disturbo da uso di alcol e disturbi alimentari. Inevitabilmente i due disturbi incrociano, favoriscono, si manifestano in concomitanza con altri disturbi mentali dando vita a costellazioni diagnostiche di grande interesse e grande impegno clinico

Lo studio dei disturbi di personalità nel bambino e nell'adolescente è, per le discipline psichiatriche, abbastanza recente. Per certi aspetti si è cominciato a parlare sui disturbi di personalità nel bambino prima che si definisse con chiarezza quando si poteva parlare, con certezza, di una personalità nel bambino. Questo fatto può sembrare discronico, ma non è incongruo o incoerente, a pensarci bene. Se la personalità è, anche e specialmente, l'organizzazione funzionale delle caratteristiche individuali, è abbastanza sensato che le organizzazioni più marcate (precocemente rigide) o più atipiche (meno mobili) emergono prima di quelle più sfumate perché più elastiche e trasformabili. Gli studi sul temperamento infantile sono ben noti. Ci sono bambini molto attivi, bambini mediamente attivi e bambini pochissimo attivi, sin dai primi giorni di vita. Va ricordato che per attività si deve intendere sia l'attività motoria, sia l'attività percettiva sia l'attività di regolazione e mediazione interattiva con l'ambiente. Fatte queste precisazioni, la tavola combinatoria delle differenze individuali risulta già molto più modellata e più piena di caselle, di quanto i luoghi comuni facciano intendere. I passaggi dai quadri temperamentali del neonato ai caratteri è una vera e propria storia di vita, anzi secondo alcuni (un po' mitologici) l'unica credibile storia di vita. Dal temperamento si arriva al carattere attraverso la storia delle interazioni, delle etichette emozionali, dei conflitti, dei vissuti in qualche modo agiti e dei vissuti, però pericolosi, in qualche modo repressi, travisati o mistificati.

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Disturbo di personalità borderline è un testo conciso, chiaro, e prevalentemente pratico, che offre un prezioso aggiornamento ai professionisti della salute mentale soddisfacendo contemporaneamente la grande richiesta di informazione e supporto che proviene dagli stessi pazienti e dalle loro famiglie e amici. I capitoli dedicati alla famiglia danno voce ad esperienze vissute, rinforzando la speranza che il coinvolgimento del gruppo familiare nella terapia possa essere di beneficio per tutti. Questo volume, allo stesso tempo professionale e divulgativo, raccoglie i lungimiranti e aggiornati punti di vista di 15 esperti. Questi autori offrono un nuovo modo di interpretare il DPB, suggerendo che fattori genetici ed eventi stressanti possono combinarsi per scatenare la sua insorgenza; portano inoltre nuove evidenze a supporto dei benefici ottenuti con specifiche terapie farmacologiche e diverse forma di psicoterapia, tra cui la terapia comportamentale dialettica. Per finire, offrono nuove risorse alle famiglie per aiutarle a rapportarsi con le sregolate emozioni delle persone affette da questo disturbo e a costruire degli efficaci sistemi di supporto per se stesse. Il testo si concentra soprattutto sull'importanza dell'alleanza tra gli operatori della salute mentale e le famiglie dei pazienti affetti da DPB, sui vantaggi che tale collaborazione può portare nella comprensione e nel trattamento di questo disturbo , offrendo nel contempo a tutte le

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parti coinvolte una grande speranza per il futuro. Cosa spinge una madre ad uccidere il figlio che ha cresciuto per nove mesi dentro di sé? Quale meccanismo scatta nella mente di queste donne? Sono lucide e programmatrici, oppure agiscono sotto l'influsso di patologie psichiatriche tali da non permettere loro di capire ciò che stanno commettendo? Questi e molti altri interrogativi hanno spinto l'autrice ad occuparsi in modo approfondito di questo fenomeno, per capire e conoscere in modo più profondo il fenomeno dell'uccisione del figlio da parte della madre, reato che più di altri turba profondamente i nostri equilibri e la nostra sicurezza interna.

Fonte: Wikipedia. Pagine: 27. Capitoli: Disturbi di personalita, Grafologia, Disturbo ossessivo-compulsivo di personalita, Disturbo schizoide di personalita, Disturbo evitante di personalita, Narcisismo, Disturbo borderline di personalita, Sindrome dello specchio, Disturbo istrionico di personalita, Disturbo narcisistico di personalita, Disturbo di personalita, Organizzazione borderline di personalita, Disturbo schizotipico di personalita, Perfezionismo, Disturbo paranoide di personalita, Pensiero positivo, Locus of control, Disturbo antisociale di personalita, Autostima, Immagine idiografica, Disturbo dipendente di personalita, Egocentrismo, Carisma, Grafometria, Struttura di personalita, Egotismo. Estratto: Con il termine

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personalita si intende l'insieme delle caratteristiche psichiche e delle modalita comportamentali che definiscono il nucleo delle differenze individuali, nella molteplicita dei contesti in cui la condotta umana si sviluppa. Ogni nucleo teorico, in psicologia, concettualizza la personalita entro modelli diversi, adoperando metodi, obiettivi e modalita d'analisi anche molto dissonanti fra loro. I quattro tipi classici della personalita: collerico, melancolico, flemmatico, sanguigno. Il piu antico precursore dello studio della personalita fu Ippocrate che, in un'ottica di considerazione dell'uomo con lo stesso grado di differenziazione di un microcosmo, defini quattro tipi personali, in base all'umore di base presente nel suo corpo: il melanconico, collerico, flemmatico, sanguigno. Il termine latino "personalit te(m)" derivo dal greco " " e dall'etrusco "phersu." Cicerone la defini come l'aspetto e la dignita di un essere umano, oppure, in un'altra definizione, quella parte che si recita nella vita, e non a caso "persona" rappresentava la maschera indossata dagli attori. Il teatro antico giapponese (no) contemplava un certo numero di maschere, aventi caratteristiche corrispondenti al concetto di...

This book proposes an integrated model of treatment for Personality Disorders (PDs) that goes beyond outdated categorical diagnoses, aiming to treat the general factors underlying the pathology of personality. The authors emphasize the development of metacognitive functions

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and the integration of procedures and techniques of different psychotherapies. The book addresses the treatment of complex cases that present with multiform psychopathological features, outlining clinical interventions that focus on structures of personal meaning, metacognition and interpersonal processes. In addition, this book: Provides an overview of pre-treatment phase procedures such as assessment interviews Explains the Metacognitive Interpersonal Therapy (MIT) approach and summarizes MIT clinical guidelines Outlines pharmacological treatment for patients with PDs Includes checklists and other useful resources for therapists evaluating their adherence to the treatment method Complex Cases of Personality Disorders: Metacognitive and Interpersonal Therapy is both an insightful reexamining of the theoretical underpinnings of personality disorder treatment and a practical resource for clinicians.

Introducing a breakthrough, integrative approach to managing your borderline personality disorder (BPD). If you've been diagnosed with BPD you may feel a number of emotions—including shock, shame, sadness, abandonment, emptiness, or even anger. Even worse, you may be tempted to research your diagnosis online, only to find doomsday scenarios and terrible prognoses everywhere you click. Take a deep breath. You can get through this—and this workbook will help guide you. Despite what you may have read or been told, BPD is not the worst thing that can happen to you. Like many mental health issues, it manifests on a spectrum, and while some people may encounter extreme symptoms



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and consequences on one end, others may be less affected on the other. What do you all have in common? You likely experience difficulty balancing your emotions, thoughts, and behaviors. And you may even have trouble seeing yourself clearly—continuously switching from the hero to the villain of the story you've written about your life. So, how can you make sense of it all and start on the road to healing? Rather than utilizing a one-size-fits-all treatment, this groundbreaking and comprehensive workbook meets you where you are on your therapeutic journey, and provides an integrative approach to treating BPD drawing on evidence-based dialectical behavior therapy (DBT), acceptance and commitment therapy (ACT), cognitive behavioral therapy (CBT), and interpersonal therapy. With this compassionate workbook, you'll gain a greater understanding of your BPD, uncover your own emotional triggers, and discover your own personal motivators for positive change. Your BPD has determined how you see and live your life, but it doesn't have to define you forever. With this workbook as your guide, you'll be ready to face your diagnosis head-on, and take those important first steps toward lasting wellness.

This monograph arose from presentations given at both the First and Second European Congresses on Disorders of Personality. It was realised that there was a need to clarify if, and how, diagnostic underpinnings and assumptions are coherent with therapeutic strategies in personality disorders. This book aims to bring the more theoretical domain of diagnosis closer to the more clinical and pragmatic domain of therapy. Additionally,

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this book represents a stricter collaboration between researchers and clinicians from different European countries and also from America.

"Borderline Personality Disorder" is the classic guide to diagnosis and treatment of borderline personality disorder. It presents a broad and balanced approach to clinical problems that are central to the practices of all mental health professionals.

Understanding and Treating Borderline Personality Disorder: A Guide for Professionals and Families offers both a valuable update for mental health professionals and much-needed information and encouragement for BPD patients and their families and friends. The editors of this eminently practical and accessible text have brought together the wide-ranging and updated perspectives of 15 recognized experts who discuss topics such as A new understanding of BPD, suggesting that individuals may be genetically prone to developing BPD and that certain stressful events may trigger its onset New evidence for the success of various forms of psychotherapy, including Dialectical Behavior Therapy (DBT), in reducing self-injury, drug dependence, and days in the hospital for some groups of people with BPD Pharmacology research showing that the use of specific medications can relieve the cognitive, affective, and impulsive symptoms experienced by individuals with BPD, as part of a comprehensive psychosocial treatment plan New resources for families to help them deal with the dysregulated emotions of their loved ones with BPD and to build effective support systems for themselves Yet much remains to be done. Research on BPD is 20 to 30 years behind that on other major psychiatric disorders such as schizophrenia and bipolar disorder. Despite evidence to the contrary, much of the professional literature on BPD continues to focus on

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childhood trauma, abuse, and neglect as triggers for BPD -- to the detriment of both patient and family. Families of people with BPD must deal with an array of burdens in coping with the illness, often without basic information. The chapters on families and BPD give voice to the experience of BPD from the perspective of individuals and family members, and offer the hope that family involvement in treatment will be beneficial to everyone. Above all, this book is about the partnership between mental health professionals and families affected by BPD, and about how such a partnership can advance our understanding and treatment of this disorder and provide hope for the future.

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