

Chapter 1 : Splitting in Borderline Personality - Loved Ones - Phoenix Rising Publications & Life Coaching

While there is a large and growing literature on borderline personality disorder, Anatomy of a Splitting Borderline is the first book-length study of a borderline patient, expressly revealing facets of this mental illness and its therapeutic challenge that could only be summarized in previous, briefer case histories.

Hire Writer Borderline Personality Disorder BPD is a type of a mental disease characterized by prolonged personality function failure, variability and disturbance of moods. Ultimately, it leads one to unstable and chaotic interpersonal relationships, behavior, identity, and self image. The proceeding results are periods of dissociation and isolation. Difficult in developing and maintaining work, social settings and home relationships are experienced. When the victims are not given the effective therapy and proper care, complete or attempted suicides are possible outcomes Kantor, , pp. Current research on this disorder has revealed the specific symptoms that can help one establish early signs of the disease. The first recognitive experience of this disease is a turmoil relationship that takes a hate-love track as time goes by. After perceived slight misunderstandings, victims of this disorder furiously and immediately drop their friends. The victims have a general difficult in agreeing on gray areas with the other people they interact with Lachkar, , pp. Current research from Britain encyclopedia has come up with a wide range of the factors that may lead to this disorder. The causes are said to be complex and diverse. They include child sexual abuse or childhood trauma, brain abnormalities, environmental factors, neurobiological factors and genetic predisposition. The disease itself is mental but the repercussions mostly rest and affect social behavior of the concerned. The affected spends most of the time mentally alternating between extremes of devaluation and idealization. The perceived identity disturbance is generated because of the psychological unrest in evaluating ones sense of self and self image. In the process of finding a solution to these encounters, impulsive thought that are far much self damaging come in mind. They may include reckless driving, substance abuse, binge eating, eating disorders, promiscuous and unprotected sex Lubbe, , pp. At individual level, suicidal threats, gestures and behavior are experienced. This may also be coupled with behaviors that are self mutilating including excoriation or interfering with body scars that may be healing, cutting or picking at oneself. Due to affective instability, moods can be marked by high reactivity such as irritability, dysphoria, and intense episodic or sometimes high anxiety. Chronic feelings such as worthlessness and emptiness, frequent displays of recurrent physical fights, constant anger and temper, dissociate symptoms, delusions, paranoid ideation and transient stress are symptoms that indicate prevalence of Borderline Personality Disorder Lachkar, , pp. The Chinese society of psychiatry has carried out an extensive study on the diagnostic paths in handling this mental illness. The diagnosis involves the so called mood swings. Mood swings describes reactivity of mood and marked liability which can be defined as emotional dysregulation. It is a reaction of the victim to external intrapsychic and psychosocial stressors which is believed to subside or arise with time. The above medical research body has come up with several areas of concentration in the attempts to curb the prevalence of the disease globally Muller, , pp. The approach in treating the disorder has ranged from socialization programs to medication programs. The medical section has given a prior attention to hospitalization, medications and psychotherapy interventions. After carrying out the research, the core treatment of the disorder is psychotherapy. It is an approach that applies high skills in teaching the regulation techniques of ones relationships, emotions and tolerating distress. It can be a face to face or phone counseling which can be done at individual level or through a group consultation. This kind of approach concentrates on the relationship between the victim of emotions and the therapist. It helps in understanding the challenges that may come along with social interactions and how to deal with the difficulties. These researchers have identified that medications can not adequately cure this disorder. They can only treat the problems that are associated with the disorder. It can approach and counter situations like anxiety, impulsivity and depression. These medications include anti anxiety medications, antipsychotic and antidepressant. The hospitalization program is usually designed to keep the victim safe from self injury. Consultation of mental health providers gives the directions and precautions to undertake in containing the disease Muller, The world health organization has also involved itself in the search for contingency measures

in handling of the above disorder. It has proposed and enhanced group based psychological services. These programs motivate people to engage, participate and encourage group and solitary activities. It has thus developed therapeutic communities in Europe, that have led the campaigns towards treatment or lowering of the severity associated with this personality disorder. These communities focus on future prevention of the disease, handle the current victims and extend their material assistance to these individuals. The mission of these research organizations is to provide improved psychiatric rehabilitation services. The rehabilitation is achieved through encouraging engagement in meaningful activities and avoiding of social exclusion and stigmatic endeavors. The world organization also provides mutual support and promotes co-counseling groups all over the world to prevent unexpected and harmful spread of the disorder. The victim can get involved in alternative medicinal techniques. Doing exercises and ensuring physical fitness can be improved by including team sports and occupational therapy techniques. Engaging in a sort of employment encourages the spirit of self efficacy, competence and having a social role and obligation to perform in the society. This in turn promotes self esteem McCallum, , pp. This body has also provided antidepressants called Selective Serotonin Reuptake Inhibitor that has been presented in randomized and controlled trials around the world. It has been reported to improve attendant symptoms related to depression, anxiety, hostility and anger. A higher dose of the above depressant is required in the treatment of mood disorders in comparison with depression. The benefits of this depressant are realized within a period of three months in treating mood disorders and a period of six weeks if it is made to treat depression. Mentalization based treatments assumes that victims of this disorder experience attachment disturbance because of parent child relations in the early childhood stages. This lowers the capacity of such child to attach some kind of correlation between the mental state and the potential causing action. Under normal conditions, there must exist some kind of relatedness between the driving force towards an action and the state of the mind. Studies have attached the perceived mental failure in this disorder to problematic impulse control and instability in moods Acocella, , pp. Mentalization oriented treatments highly and frequently employ psycho dynamically informed multimodal treatment criterion in the process of ensuring a sustained capacity of self regulation of the patient. This criterion goes ahead to incorporate both individual psychotherapy and group psychotherapy in an outpatient context, partial hospitalization or therapeutic community. Combination of these medical and non medical elements helps to reduce the emotional states which are closely associated with Borderline Personality Disorder. The categories of the disorders include feelings of victimization, feeling of lack of identity or fragmentation, feeling of self destructiveness and extreme need for isolation. When these people are completely attacked by the disorder they become hyper alert to signals of rejection, less or no valuation, insecurity, ambivalence, avoidance and demonstration of fearful preoccupation in relationship patterns. All these issues are encountered in the process of novelty seeking or intimacy seeking of the patients Livesley, , pp. Cultural, age and gender considerations of the disorder Several studies upon the relatedness of this disorder to gender aspects or differences have been done. It is an area that has raised a lot of controversies and critics in the attempt of justifying the perspective that this disorder dominates in female gender as compared to the males. It has thus received a very high feministic criticism. A group of scholars believe that patients of this disorder have a history of abuse in lines to do with sex during their early childhood. This ideology argues that girls are more exposed to the danger of sexual abuse compared to boys, definitely and inevitably justifying that the disease is common among ladies. On the other hand, women who have survived childhood sexual abuse perceive traumatization when interacting with abusive mental health services. This happens because of the fact that Borderline Personality Disorder is a diagnosis full of traumatization and thus it evokes negative or abusive responses and answers from mental health providers. To acknowledge the abuse of sex inflicted on these women, several feminist thinkers have suggested that it is better to use diagnosis of post traumatic disorder for this class of women. This medication is however made to medicalize the disorder but it does not handle the root cause of the problem within the society Acocella, , pp. Clinical officers respond differently to similar complains or symptoms, depending on whether it originates from a woman or a man. For example if both sexes report cases of angriness and other promiscuous behaviors a man is likely to be diagnosed by use of Antisocial Personality Disorder whereas a woman will be diagnosed with Borderline Personal Disorder. If a woman portrays

manhood characteristics such as hostility, success or sexual activity, she is entitled to a diagnosis of personality disorder. If on the other hand the woman shows psychiatric symptoms that conform not to the sick role considered traditionally passive, she is likely to be labeled and considered as a difficult patient. This situation leads to the patient receiving the stigmatizing diagnosis of the borderline personality disorder. Borderline Personality Disorder seemingly is associated with urban settings and low economic and social status. Diagnosis of this disease may at times be applied to the wrong group of persons or individuals. In some areas engagement in some behaviors is perceived as a protective approach or a presumed survival strategy. In making diagnosis analysis, it is of great importance for the clinician involved to consider the economic and social context in which the perceived emotional difficult occurred. Diagnosis of this disorder should not be performed before the age of eighteen years. This is because some observations made at early ages are associated with childhood. After this age, any symptoms can be diagnosed because every sense of maturity is assumed upon an individual McCallum, , pp. This state has prevailed in many nations because urban settings are subjected to many social evils and crimes that highly contribute to emotional reactions. Substance abuses are believed to be highest in towns and cities. This disorder does not have a well defined course in ones life. It is however believed through experimentations and research activities that it disappears as one gets older and older. It has been observed to disappear in the fourth decade of life cycle. The remission of this disorder is not however automatic but depends on the frequency of engaging in criminal activities or activities that can interfere negatively with ones psychological and emotional state. There is a natural impact that forces one to reduce the spectrum of behaviors such as substance abuse McCallum, , pp. Future considerations of the disorder The future diagnosis of this disorder requires an improvement and a further consideration of emotional difficulties to avoid misconceptions. This is because many reports have been produced where this disorder is persistently misdiagnosed. If this problem is not properly handled, it may lead to marked distress. This also promotes impairment in occupational, role functional and social obligations of the patients. When diagnostic results are released, the patient simply believes in the results without any doubt. Any diagnosis whether true or not is very much impactive on the emotional state of the patient.

Chapter 2 : Common bile duct - Wikipedia

IF LOOKS COULD KILL Anatomy of a Borderline. By Shari Schreiber, M.A. calendrierdelascience.com The following material was written for individuals trying to recover from a relationship that's had toxic consequences for them, and is not intended as a support resource for Borderlines or anyone with BPD traits.

Or was it both nose slicing and tongue splitting? Nose slicing was a punishment too, along with tongue-splitting and blinding. I forgot about that one: Spellchecked and grammar corrected by Tinga History Readysetglow talk His dentist did the split using a scalpel and silver nitrate cauterization. Dustin Allor, a 19 year old bodypiercer in the USA split her tongue in herself. Not having any reference of this being done before, she came up with the tie-off or fishing line method. She tied fishing line through her existing large gauge tongue piercing to the tip of her tongue. When the fishing line cinched through the tissue and became loose it was cut out and a new, tight fishing line was applied. This allowed her tongue to heal as it was being split, negating the need for stitches or cauterization to control bleeding as there was no blood. The Lizardman had his tongue split on July 18, by an oral surgeon Dr. Lawrence Busino using an argon laser. A new deeper split was done on October 3, This was one of the first he thinks he was third modern tongue bifurcations and the first one done using a laser. Also most surgeons refuse to do tongue splitting and those willing to do it will charge a lot. These are the main reasons why so many of those wanting their tongue splitted are doing it by themselves. Tongue splitting as all surgical modifications is on the grey area, so a practioner could face charges from the procedur itself or from the use of anesthetics. The next safest way is getting a well know practioner doing it. It could be hard to find either one or just too expensive so many decide to do it by themselves. This is the most safest way performed by an individual with a little knowledge of the anatomy of a human tongue. Nowadays many individuals are using just a scalpel and cutting their tongue from the tip to the existing large gauge tongue piercing, the piercing is there to prevent the regrowth. The minimum size for the piercing is 3. Cautery is one possibility also. A Thermal Cautery Unit is also an option but it requires a medical cautery pen or some other cautery pen which can reach heating degrees up to a thousand degrees or higher. Not to mention these tools are very expensive and not so common. Suturing is used for closing the wounds in the each half, mostly by doctors using either a scalpel or a laser. But if someone reads this draft you could at least comment it so I can expand it to a real article. Either a photo or a drawing, perhaps. Thanks, - Willmcw

Chapter 3 : Borderline Personality Disorder – Lessons In Divorce

Borderline personality disorder is a diagnosis often given to those who have serious problems with self-image and mood, as well as with interpersonal relations. This text presents a journal of a month course of therapy with a classic splitting borderline patient, followed by an in-depth analysis.

If you suspect that you have these traits, please leave this website and redirect your attention to alternative web content, which might feel more congruent with your personal views and needs. When she was good, she was very, very good--but when she was bad, she was horrid. The answer is yes, depending on how deep their pathology runs. A female client recently expressed that her male borderline friend "looked like the Devil himself," during vitriolic rages where his terrible verbal abuses were spat at her, like molten lava spewing from a suddenly active volcano. Would they recognize themselves, if we held up a mirror when this vile darkness descends on them? Take a moment and listen if this You-tube link is still active. The duality of a Borderline is perhaps the most confounding issue one faces at the onset of their courtship, and throughout the remainder of this dance. Some spouses or long-term partners of Borderlines prefer to think that the darker aspects in their lover are an aberration, and not an integral, real part of their personality. At times, they might view themselves as powerful, seductive, brilliant beings. In my view, Borderline Personality Disorder is not a mental illness or disease! BPD is spawned by arrested emotional growth, which renders a person incapable of impulse control, adult reasoning, capacity for empathy or ability to self-soothe. Many people ask if Borderlines have the capacity to love, and this appears to be a very central concern during the course of these relationships--and afterward, when the discarded partner needs to cling to the ideation that they were in fact, truly loved. Borderline personality disturbances have finally gathered more attention and interest lately--and even the psychological community is speculating about what spawns this disorder, and how to treat it. While clinical disorders can be inherited genetically, personality disorders are sculpted by our earliest relationship experiences. Much of BPD distress occurs within the first year of life, due to inadequate emotional attunement and bonding with the mother. These primal deficits influence self-worth and partner selection for a lifetime, unless solid, core-focused therapeutic help is obtained. A Borderline in treatment, yearns to make sense of their inner turmoil, as it feels dysfunctional and shameful. The intensely confusing and paradoxical behavior patterns of the Borderline are simply defenses that were adopted growing up, in order to survive those kinds of experiences in their childhood home. As children learn from example, you should conclude that the Borderline is actually showing you, what he or she had to contend with, as a little kid. The Borderline is hyper-sensitive to any form of abandonment, either real or imagined. Recovery depends on the degree of their trauma, their deep commitment to healing, and the methodology used to get them there. With a Borderline, Love is a no-win situation. These people are damaged and developmentally arrested, which drives a lot of acting-out behaviors. The following traits are typical of someone who could be considered to have borderline pathology: Gives strangely incongruent responses to your attempts to communicate openly and directly, or problem solve. Poor comprehension skills, lacking in common sense. Your sense of identity and autonomy is severely compromised in a relationship with a Borderline. This makes problem-solving impossible. The closer you get, the more they need to distance. Twisting your words and distorting the facts is common, and the two of you keep circling the drain with no end to the problem in sight. Not all Borderlines were sexually abused. Borderline personalities are predatory. Always checking in with you and up on you. Considered a facet of self-mutilation. This is a somatic issue, often brought on by unresolved childhood incest or sexual abuse trauma. At its core, this is a very deep fear of closeness, and inability to trust another, or oneself. If you have an iPhone, iPad or iPod this app will let you hear this material; [http:](http://)

Chapter 4 : - NLM Catalog Result

Borderline personality disorder is characterised by problems with self-image, mood and interpersonal relations. This text presents a journal of a 15 month course of therapy with a classic borderline.

When she was good, she was very, very goodâ€”but when she was bad, she was horrid. The answer is yes, depending on how deep their pathology runs. Would they recognize themselves, if we held up a mirror when this vile darkness appears? Take a moment and listen. The duality of a Borderline is perhaps the most confounding issue one faces at the onset of their courtship, and throughout the remainder of this dance. At times, they might view themselves as powerful, seductive, brilliant beings. During these periods, their own lack of worth and sense of shame is projected onto you. Truth is, Borderlines can feel infatuation which is fleeting, as are all their other emotions. Love is an entirely different matter. Borderline Personality Disorder is not a disease. BPD is spawned by arrested emotional growth, which renders a person incapable of impulse control, adult reasoning, ability to self-soothe and capacity for empathy. Borderline personality disturbances have finally gathered more attention and interest latelyâ€”and even the psychological community is speculating about what spawns this disorder, and how to treat it. While clinical disorders can be inherited genetically, personality disorders are sculpted by our earliest relationship experiences. Much of BPD distress occurs within the first year of life, due to inadequate bonding and emotional attunement with Mother. These primal deficits influence self-worth and partner selection for a lifetime, unless solid, core-focused therapeutic help is obtained. A Borderline in treatment, yearns to make sense of their inner turmoil, as it feels dysfunctional and shameful. The intensely confusing and paradoxical behavior patterns of the Borderline are simply defenses that were adopted growing up, in order to survive these kinds of experiences in their childhood home. You might say, the Borderline is actually showing you, what he or she had to contend with as a little kid. Recovery depends on the degree of their trauma, their commitment to healing, and the methodology used to get them there. With a Borderline, Love is a no-win situation. These people are damaged and developmentally arrested, which drives a lot of acting-out behaviors. The following traits are typical of someone who could be considered to have borderline pathology: Strangely incongruent responses to your attempts to communicate openly, or problem solve. Poor comprehension skills, lacks common sense. Your sense of identity and autonomy is severely compromised in a relationship with a Borderline. This derails problem solving. The closer you get, the more they need to distance. Twisting your words and distorting the facts is common, and the two of you keep circling the drain with no end to the problem in sight. Always checking in with you and up on you. Considered a facet of self-mutilation. This is a somatic issue, generally brought on by unresolved childhood incest or sexual abuse trauma. At its core, this is a very deep fear of closeness, and inability to trust another.

Chapter 5 : Talk:Tongue splitting - Wikipedia

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Chapter 6 : IF LOOKS COULD KILL - Anatomy of a Borderline

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