

## **The Resilience of Personality Disorders: The Possible Change through an Integrated Approach**

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Personality disorders are diagnosed in 40 - 60% of psychiatric patients. Those with personality disorder manifested great difficulties in interpersonal relationships, unstable self-image, marked impulsivity and so in dealing with everyday life.

Although the causes of the disorder are multifactorial, mainly, the common factors concern:

### **EID Emotional intensity disorder**

- Hypersensitivity to life events
- Hyper emotional reactivity
- Slow return to a baseline psychic equilibrium

The peculiarity is the change of these types of personalities (EID personalities), so emotionally vulnerable, to resilient personalities.

Resilience is the ability to cope effectively to everyday adversities, despite the past life's adverse and traumatic events.

Research has shown that resilience is ordinary, not extraordinary. People commonly demonstrate resilience.

It is not a feature, that is present or absent in the individual, but, instead, refers to behaviors, thoughts and actions that can be learned by anyone.

*The old metaphor applies: resilient people are like bamboo in a hurricane--they bend rather than break. Or, even if they feel like they're broken for a time, there's still a part of them deep inside that knows they won't be broken forever. Here's how they do it...*

### **The resilience personality**

- The capacity to make realistic plans and take steps to carry them out.
- A positive view of yourself and confidence in your strengths and abilities.
- Keep good and supportive relationships.
- Have a menu of self-care habits. (They have a mental list of good habits that support them when they need it most.)
- Skills in communication and problem solving.
- The capacity to manage strong feelings and impulses.

In my job, I have been able to observe and verify how the sociotherapy approach in the therapeutic community (Maxwell Jones's model) integrated with the STEPPS's training (Nancy Bloom) can develop resilient personalities.

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The sociotherapy, introduces new possibilities for action entrusted to the patients themselves, and highlights a number of strategies for the rehabilitation and the growth of the “healthy” part of the individual problematic. Certainly the most significant event of this definition dates back to the “Therapeutic Community” by Maxwell Jones (England,1940). It was based on a condition of perfect equality of the hospital institution’s members.

The patient has an active role in the treatment. It promotes a continuous and dynamic relationship between individuals and between the individual and the community.

### Sociotherapy’s features and strategies

- Safety (Rules, agenda of groups and activities)
- Empowerment (make decisions)
- Living learning (improve yourself doing experience day by day)
- Empathy (support and share emotions)
- Democracy (role blurring)
- Communalism (share daily activities)
- Culture of enquiry (confront about each behavior)

### Stepps program

The Iowa program began in 1995, based on a systems approach to treating individuals with Borderline Personality Disorder (BPD), originally developed by Bartels and Crotty (1992). That program was subsequently adapted and revised by Blum, St. John, and Pfohl (2002), and has been further revised for this second edition [1-9].

The current program includes two phases: a 20-week basic skills group, and a one-year,twice monthly advanced group program called STAIRWAYS.

The basic format consist of 3 phases:

- Awareness of illness
- Emotion Management Skills Training
- Behavior Management Skills Training

This therapeutic and riabilitative integration allows to increase in the patients those skills necessary to resume positively the control of their lives, doing the individual experiences as:

- relationships with caring and supportive people,
- taking positions of responsibility (sociotherapy),
- awareness of their strengths and weaknesses
- Learning of emotional management skills and problem solving (STEPPS).

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