

Children with Borderline Disorder: Sons of Postmodernism?

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Personality disorders are prevalent pathology in outpatient psychiatric services. The patient with borderline disorder presents many difficulties for treatment as often lacks awareness of disease, consultation and also nonspecific symptoms, while still keeping a judgment of reality preserved under certain circumstances it may deviate.

British psychiatrists were the first to use the term "borderline": In 1890, Rosse described a border area where "serious obsessions, compulsions, phobias, hysteria and neurasthenia" coexist. In 1884 Hugues described patients living "on both sides of the border between reason and madness." In 1909 Pelman spoke of the existence of areas of intersection that defined border territories circles normality and madness, which involved criminal, suicidal, alcoholic and perverse. Henry Hey, in 1965, described as superficial esquizoneurosis form of schizophrenia, and Bergeret, in 1975, published Depression and personality states limits.

The etiology of this condition points to the poly causality and complementarity. Garcia Badaracco described the concept of repetitive micro-trauma in the early origin of these pathologies. This concept represents repetitive micro-trauma apparently contradictory minor everyday situations experienced by the child and do not allow to be adequately protected by their defense mechanisms. The socio-cultural context tends to be a requirement with which the patient cannot meet because of their inadequate ego functions; therefore, social circumstances such as impoverishment, unemployment, homelessness, crime, real and symbolic violence, etc. favors the imbalance of people with personality disorders.

The diagnosis of borderline in children is not easy, since it is not a homogeneous entity but usually extends over a spectrum of pathologic conditions with a degree of variation due to the lack of structure and typical of this time of life psychic integration. Some authors, like Sius (1997), emphasize that it is difficult if not impossible to diagnose a clinical border in a preschool child, since the borderlines children exhibit behavior that could be considered healthy in younger children but that is inappropriate at a later time. These behavior patterns typical of preschool can be understood as a failure to achieve perform tasks latency own development. Borderline children often have limited and transient psychotic regressions with low tolerance to frustration and anxiety and impulses that push him to take action without ability to delay responses.

The child with borderline disorder seems to quickly jump back and forth, from one state to another resembles the neurosis that seems psychosis. These jumps depend largely on the level of environmental stress and external containment. His neurotic defenses not usually

reach to neutralize the anxiety that overflows, and has a limited ability to use your own anxiety as a sign, so such anxiety becomes a threat in itself, and often becomes quite often panic and more Moreover, in panic corresponding to fear of annihilation or mutilation. Therefore it is understood that similar catastrophic anxieties to those seen in schizophrenic anxiety.

In postmodern society, as Bauman (2003) says, the media promotes the least effort, the immediate satisfaction of desire, unique items and exclusive locations. The adult can continue acting like a child, imposing his desire for the limitations imposed by reality, so no mourning for the lost childhood.

Postmodernism has installed the narcissistic stage, with a substantial increase in the failure of the paternal and maternal functions, with consequent flaws in the constitution of identity and subjectivity, the origin of personality disorders.

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