McFarlane and Miklowitz on psychosocial interventions for families dealing with schizophrenia and Bipolar disorder demonstrates that family members who receive psychoeducational training can become adjuncts to treatment. With DBT training, families can play a crucial role in motivating the person with BPD to seek help, to continue in treatment and to reinforcing DBT therapeutic goals. BPD Family psychoeducation targets the following: Validating family's experience with BPD; neurobiology of BPD; CBT concepts, Avoiding ''tough love'' and ''boundaries'' ;Talking to the amygdala; Communicating with emotional language; Developing awareness of misunderstandings,Understanding Shame in BPD; Radically accepting the effects of BPD on the entire family, Grieving losses; DBT change strategies to develop independence and competency. TARA data will demonstrate how this program changes family attitudes, ultimately improving treatment outcome.

P0056

Sexual behavior and borderline personality disorders

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Background: A great deal of knowledge has been accomplished along the last 20 years in the study of borderline personality disorder(BPD). However, the sexual functioning of individuals with BPD still remains to be well explored, and no systematic survey in the literature is available.

Aim: To find out in the medical literature evidence of problematical sexuality in patients with BPD.

Method: A literature search conducted via PubMed and Psycinfo using the terms "borderline personality disorder" and "sexuality".

Results: The literature on the sexuality of BPD has focused mainly on two aspects of sexual dysfunction: a) promiscuous sexual behavior as a manifestation of impulsivity, and b) homosexual orientation as a manifestation of the identity problems that affect many BPD patients.

Moreover, the research findings provided information about problems with respect to intimate and sexual relations. BPD have significantly more relationship problems regarding sex, greater sexual boredom, avoidance of sex, greater sexual preoccupation, sexual depression, and sexual dissatisfaction.

Conclusion: Sexual functioning may be relevant for the clinical course of BPD, so clinicians should pay attention to the sexuality of BPD patients, and to the sexual parameters of their intimate relationships.

P0057

Facial emotional recognition in borderline personality disorder

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Background and Aims: Patients diagnosed with Borderline Personality Disorder (BPD) have disturbed interpersonal relationships and emotional dysregulation. However, it remains uncertain whether these patients are also deficient at processing other peoplés emotions. The initial appraisal of emotional information (involving attention and interpretation of emotional cues) is viewed as one essential precursor to emotional response and may relate to emotional dysregulation in borderline individuals.

The aim of the present study was to investigate the differences in the recognition of facial expressions of emotion and to investigate the pattern of classification errors among a group diagnosed with BPD, compared to a non-patient control group.

Method: 40 outpatients diagnosed with BPD, and 91 control subjects completed the Picture of Facial Affect developed by P. Ekman (POFA, 1976), a computerized emotion discrimination test presenting 110 photographs of evoked happy, sad, anger, fear, surprised, disgust and neutral expressions using a fixed-response format.

Results: We found significant differences in the patterns of error rates in POFA tests related to identifying emotions with a negative valence as well as in neutral expression responses between both groups.

Conclusion: Results are discussed in terms of emotional appraisal ability and dysregulation among individuals with BPD. Examining the predictive factors of emotional responding in borderline individuals may provide information on the nature of emotion dysregulation in this population.

P0058

Analogies between punishment and obsession-compulsion: Evidences of a social apprenticeship

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Objective: Demonstrate that Mental Illness, as aberrant process, is not a genetic disease.

Method: Analysis and record of all those animus states produced in the real I search, during 3 decades.

Results: Unexpected assault of paternal dispositions and coercive ideas or impulses, attacking against the Being, like they both share: Their repeated persistence, initial rejection, ignorance of their origin, to ignore their real premeditation, to interrupt the homeostasis, not to represent an intrinsic need, not to execute it will increase the contradictions; try for ignoring it, suppressing it, neutralizing it without result; alternative does not exist before these, because they are incisive and vertical; any adopted attitude will not avoid such a coaction; to execute immediately against the will; to produce annoyance, alienation and loss of control; environment disconnection, a dual feeling appearance. Consciousness of: impotence, not to have the necessary weapon to revert it and that, of such a conflict, will leave loser. This mechanical repetition, with evident vexation, originating a dead time (Non-Being), it will make abort the existence, of the Being, in emptiness, toward future avoidance.

Conclusion: This demonstrates that 'Mental Illness' comes from that imperfect relation among parents and children; since both events are essentially identical.

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