UNIT 1 BORDERLINE PERSONALITY DISORDER

Structure

1.0 INTRODUCTION

In our lives, we come across different types of people. Some persons might be over suspicious, distrustful to others while others might be much orderly and systematic even in trivial matters. We also see people who give too much importance to self and have little time for others. These people may suffer some sort of personality disorder. The individual's characteristic ways of responding are often referred to his or her personality. Most people's personality styles do not affect their behaviour similarly in all situations. Personality styles can be maladaptive if an individual is unable to modify his or her behaviour when the environment undergoes significant changes. If personality characteristics are not flexible enough to allow an individual to respond adaptively to at least an ordinary variety of situations, a disorder may be present. Personality disorders are longstanding and inflexible styles of relating to the environment. They cause problems in interpersonal relationships, on the job or result into personal distress. In this unit we will first try to understand major personality disorders and their characteristics, and then we will discuss border line personality in detail.

1.1 OBJECTIVES

After completing this unit, you will be able to:

- Define the nature and types of personality disorder;

- Describe the diagnostic criteria of personality disorder;
- Describe the causes and treatment of personality disorder;
- Explain the clinical features of borderline personality disorder;
- Elucidate the causes of borderline personality disorder; and
- Discuss the treatment and prognosis of borderline personality disorder.

1.2 PERSONALITY DISORDERS

Personality disorders, which were formerly referred to as *character disorders*, are a class of personality types and behaviours that the American Psychiatric Association (APA) defines as "an enduring pattern of inner experience and behaviour that deviates markedly from the expectations of the culture of the individual who exhibits it. Personality disorders are noted on *Axis II the Diagnostic of Statistical and Manual-IV- Text Revised or DSM-IV-TR* of the American Psychological Association.

According to DSM- IV- TR (2000) Personality disorder is enduring subjective experiences and behaviour that deviates from cultural standards, are rigidly pervasive, have an onset in adolescence or early adulthood, are stable through time, and lead to unhappiness and impairment. So the onset of these patterns of behaviour can typically be traced back to late adolescence and the beginning of adulthood and, in rarer instances, childhood. It is therefore unlikely that a diagnosis of personality disorder will be appropriate before the age of 16 or 17 years.

Moreover, personality disorders typically do not stem from debilitating reactions to stress, as in post-traumatic stress disorder or in many cases of major depression. Rather, personality disorders stem largely from the gradual development inflexible and distorted personality and behavioural patterns, which result in persistently maladaptive ways of perceiving, thinking about, and relating to the world. These maladaptive approaches usually significantly impair at least some aspects of functioning and in some cases cause a good deal of subjective distress. For example, people with avoidant personality disorder are so shy and hypersensitive to rejection that they actively avoid most social interaction.

The DSM- IV lists ten personality disorders, grouped into three clusters in Axis II. The DSM - IV also contains a category for behavioural patterns that do not match these ten disorders, but nevertheless exhibit characteristics of a personality disorder. This category is labeled Personality Disorder not Otherwise Specified.

1.2.1 Cluster A (odd or eccentric disorders)

1) **Paranoid personality disorder (DSM- IV code 301.0):** Paranoid personality disorder is characterised by irrational suspicions and mistrust of others. Personality characteristics may be 'active', resulting in hostility, quarrels, litigation, and even violence or destructive behaviour on occasions, or 'passive', with the individual facing the world from a position of submission and humiliation. Person suffering from paranoid personality disorder believes that others dislike him and will do him down but is not able to do much about it.

2) **Schizoid personality disorder (DSM-IV code 301.20):** This disorder is characterised by lack of interest in social relationships, seeing no point in sharing time with others, anhedonia, introspection. Schizoid personalities are introverted, withdrawn, solitary, emotionally cold, and distant. Often absorbed with their

own thoughts and feelings, they fear closeness and intimacy with others. People suffering from schizoid personality disorder tend to be more daydreamers than practical action takers, often living "in a world of their own."

3) **Schizotypal personality disorder (DSM-IV code 301.22):** This is characterised by odd behaviour or thinking. Schizotypal personalities tend to have odd or eccentric manners of speaking or dressing. They often have strange, outlandish, or paranoid beliefs and thoughts. People with Schizotypal personality disorders have difficulties bonding with others and experience extreme anxiety in social situations. They tend to react inappropriately or not react at all during a conversation, or they may talk to themselves. They also have delusions characterised by "magical thinking," for example, by saying that they can foretell the future or read other people's minds.

1.2.2 Cluster B (dramatic, emotional or erratic disorders)

1) **Antisocial personality disorder (DSM-IV code 301.7):** Antisocial personality disorder is characterised by a pervasive disregard for the law and the rights of others. Antisocial personalities typically ignore the normal rules of social behaviour. These individuals are impulsive, irresponsible, and callous. They often have a history of violent and irresponsible behaviour behaviour, aggressive and even violent relationships. Antisocial personalities are at high risk for substance abuse, since it helps them to relieve tension, irritability and boredom.

2) **Borderline personality disorder (DSM-IV code 301.83):** Borderline personalities are characterised by unstable interpersonal relationships, behaviour, mood, and self-image. They are prone to sudden and extreme mood changes, stormy relationships, unpredictable and often self-destructive behaviour. These personalities have great difficulty with their own sense of identity and often experience the world in extremes, viewing experiences and others as either "black" or "white." They often form intense personal attachments only to quickly dissolve them over a perceived offense.

3) **Histrionic personality disorder (DSM-IV code 301.50):** Histrionic personality disorder, previously known as hysterical personality disorder, is a pervasive attention-seeking behaviour including inappropriate sexual seductiveness and shallow or exaggerated emotions. Theatrical behaviour, craving for attention and excitement, excessive reaction to minor events, and outbursts of mood characterises histrionic personality. There is a shallowness of feelings and relationships, seen by others as lack in genuineness, and producing difficulty in long-term partnership.

4) **Narcissistic personality disorder (DSM-IV code 301.81):** Narcissistic personality disorder is characterised by a pervasive pattern of grandiosity, need for admiration, and a lack of empathy. . Narcissistic personalities tend to have an exaggerated sense of self-importance, and are absorbed by fantasies of unlimited success. They also seek constant attention, and are oversensitive to failure, often complaining about multiple physical disorders. They also tend to be prone to extreme mood swings between self-admiration and insecurity, and tend to exploit interpersonal relationships.

1.2.3 Cluster C (anxious or fearful disorders)

1) **Avoidance personality disorder (DSM-IV code 301.82):** Social inhibition, feelings of inadequacy, extreme sensitivity to negative evaluation and avoidance

of social interaction are the characteristic features of avoidance personality disorder. People suffering from Avoidant personality disorder are often fearful of rejection and unwilling to become involved with others. They are characterised by excessive social discomfort, shyness, fear of criticism, and avoidance of social activities that involve interpersonal contact.

2) **Dependent personality disorder (DSM-IV code 301.6):** It is characterised by pervasive psychological dependence on other people. People suffering from dependent personality disorders exhibit a pattern of dependent and submissive behaviour, relying on others to make decisions for them. They fear rejection, need constant reassurance and advice, and are oversensitive to criticism or disapproval. They feel uncomfortable and helpless if they are alone and can be devastated when a close relationship ends. Typically lacking in self-confidence, the dependent personality rarely initiates projects or does things independently.

3) **Obsessive-compulsive personality disorder (DSM-IV code 301.4):** Obsessive-compulsive disorder is characterised by rigid conformity to rules, moral codes and excessive orderliness. People suffering from this disorder are conscientious, reliable, dependable, orderly and methodical, but with an inflexibility that often makes them incapable of adapting to changing circumstances. They have such high standards of achievement that they constantly strive for perfection. Never satisfied with their performance or with that of others, they take on more and more responsibilities.

Self Assessment Questions

1) Discuss cluster A personality disorders.

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2) What are the characteristic features of cluster B personality disorders?

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3) Elucidate all the personality disorders under cluster C and highlight their characteristics.

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1.2.4 Appendix B: Criteria Sets and Axes Provided for Further Study

Appendix B contains the following disorders:

1) **Depressive personality disorder:** Depressive personality disorder is a pervasive pattern of depressive cognitions and behaviours beginning by early adulthood.

2) **Passive-aggressive personality disorder (negativististic personality disorder):** Passive-aggressive personality disorder is characterised by a pattern of negative attitudes and passive resistance in interpersonal situations.

1.2.5 Symptoms of Personality Disorder

Symptoms vary widely depending on the specific type of personality disorder, but according to the American Psychiatric Association, individuals with personality disorders have most of the following symptoms in common:

- Self-centeredness that manifests itself through a "me-first," self-preoccupied attitude.
- Lack of individual accountability that result in a "victim mentality" and blaming others for their problems.
- Lack of empathy and caring.
- Manipulative and exploitative behaviour.
- Unhappiness, suffering from depression, and other mood and anxiety disorders.
- Vulnerability to other mental disorders.
- Distorted or superficial understanding of self and others' perceptions that results in being unable to see how objectionable, unacceptable, and disagreeable their behaviour is.
- Self-destructive behaviour.
- Socially maladaptive changing the "rules of the game," or otherwise influencing the external world to conform to their own needs.

1.2.6 Causes of Personality Disorder

The exact cause of personality disorders is unknown. However, evidence points to genetic and environmental factors such as a history of personality disorders in the family. Some experts believe that traumatic events occurring in early childhood exert a crucial influence upon behaviour later in life. Others propose that people are genetically predisposed to personality disorders or that they have an underlying biological disturbance (anatomical, electrical, or neurochemical).

1.2.7 Treatment of Personality Disorder

For treatment of personality disorder, personality type entirely dictates the nature of treatment and differs for each type. Thus, for obsessive-compulsive personality disorder, for example, pharmacological treatment may be used for the component of anxiety associated with doubts, indecisiveness, and scruples.

Psychological treatment, especially cognitive behavioural treatment, concentrates upon

perfectionism, rigidity, scrupulousness, and intolerance of failure. Psychodynamic psychotherapy was formerly extensively used. For dissocial personality disorder, drugs have been used to control impulsivity and aggression. In-patient small self-help groups and the larger group therapeutic community have proved beneficial to a limited extent. Personality is regarded as relatively fixed during adult life and the aim of treatment is to enable patients to live more comfortably and safely with themselves.

Frequently personality disorder overlaps with other psychiatric disorder and this makes the other condition more difficult to treat and exacerbates the prognosis. Co-morbidity is especially frequent with substance misuse but also quite often occurs with schizophrenia, depressive illness, and neurotic disorders such as anxiety, dissociative, and obsessive–compulsive disorders.

Self Assessment Questions

1) Explain major personality disorders and their main characteristics.

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2) What are the main symptoms of personality disorder?

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3) Discuss the causes and treatment of personality disorder.

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1.3 BORDERLINE PERSONALITY DISORDER

Borderline Personality Disorder, one of ten personality disorders recognised by the DSM IV, is one of the most common personality disorders. In psychiatric settings, it accounts for about 15% of the population and about 50% of the patients with personality disorders (Widiger & Weissman, 1991). The name borderline was coined by Adolph Stern in 1938. It was officially recognised as a diagnosis in 1980. Since that time the borderline category has been used so widely that 20% of psychiatric patients are given this diagnosis and it is estimated to occur in 3 to 5% of the general population (Frances & Widiger, 1986). About two thirds of those with borderline personality disorder are female.

The name borderline personality disorder was used for patients who were on a ‘borderline’ between neurosis and psychosis. However, the symptoms of borderline personality disorder are not as simple as this description might make them sound: the

diagnosis of borderline personality disorder is based upon signs of emotional instability, feelings of depression and emptiness, and identity and behavioural issues, rather than signs of neurosis and psychosis. However, the 'borderline' label has remained, even though the definition has changed.

People with borderline personality disorder are often very intense, going from anger to deep depression in a short time. They are characterised by impulsivity. The mood disorders are also common with borderline personality disorder, with 24% to 74% having major depression, and 4% to 20% having bipolar disorder (Widiger & Rogers, 1989). Up to 67% of the people with personality disorder are also diagnosed with at least one induced disorder (Dulit et.al., 1993).

1.3.1 Clinical Features of Borderline Personality Disorder

According to the DSM IV (Diagnostic and Statistical Manual of Mental Disorders, fourth edition), "A person who suffers from borderline personality disorder has labile interpersonal relationships characterised by instability". This pattern of interacting with others will have persisted for years, and is usually closely related to the individual's self-image and early social interactions. The pattern is present in a variety of settings (i.e. not just at work or home), and is often accompanied by a similar lability (fluctuation back and forth, often in a quick manner) in a person's affect (mood) or feelings. Relationships and the person's affect may often be characterised as shallow. A person with this disorder may also exhibit impulsive behaviours and exhibit a majority of the following symptoms:

1) Frantic efforts to avoid real or imagined abandonment.
2) A pattern of unstable and intense interpersonal relationships characterised by alternation between extremes of idealisation and devaluation.
3) Identity disturbance - markedly and persistently unstable self-image or sense of self.
4) Impulsivity in at least two areas that are potentially self-damaging, e.g. spending, sex, substance abuse, reckless driving or binge-eating.
5) Recurrent suicidal behaviour, gestures, or threats, or self-mutilating behaviour.
6) Affective instability due to a marked reactivity of mood, e.g. intense episodic dysphoria, irritability or anxiety, which usually lasts for between a few hours and several days.
7) Chronic feelings of emptiness
8) Inappropriate, intense anger, or difficulty controlling anger, e.g. frequent displays of temper, constant anger or recurrent physical fights.
9) Transient, stress-related paranoid ideation or severe dissociative symptoms.

Anyone with six or more of the above traits and symptoms may be diagnosed with borderline personality disorder. However, the traits must be long standing (pervasive), and there must be no better explanation for them, e.g. physical illness, a different mental illness or substance misuse.

Although a heterogeneous group of individuals receive this diagnosis, yet they share a number of characteristics, including fears of abandonment, unstable personal relationships, impulsivity, threats of self-destructive behaviour, and chronic range of

cognitive distortions. Many people with borderline personality disorder are prone to impulsive behaviour. This impulsiveness can manifest itself in negative ways. For example, self-harm is common among individuals with borderline personality disorder and, in many instances, this is an impulsive act.

Sufferers of borderline personality disorder can also be prone to angry outbursts and even criminal offences as a result of impulsive urges (mainly male sufferers). Another common feature of borderline personality disorder is affective liability; sufferers have trouble stabilizing moods – as a result, mood changes can become erratic. Other characteristics of this condition include the distortion of reality, a tendency to see things in 'black and white' terms, excessive behaviour such as gambling or sexual promiscuity, and proneness to depression. A person with this disorder can often be bright and intelligent, and appear warm, friendly and competent.

They sometimes can maintain this appearance for a number of years until their defense structure crumbles, usually around a stressful situation like the breakup of a romantic relationship or the death of a parent. Relationships with others are intense but stormy and unstable with marked shifts of feelings and difficulties in maintaining intimate, close connections. The person may manipulate others and often has difficulty with trusting others.

There is also emotional instability with marked and frequent shifts to an empty lonely depression or to irritability and anxiety. The person may show inappropriate and intense anger or rage with temper tantrums, constant brooding and resentment, feelings of deprivation, and a loss of control or fear of loss of control over angry feelings. There are also identity disturbances with confusion and uncertainty about self-identity, sexuality, life goals and values, career choices, friendships. Under extreme stress or in severe cases there can be brief psychotic episodes with loss of contact with reality or bizarre behaviour or symptoms. Even in less severe instances, there is often significant disruption of relationships and work performance. The depression which accompanies this disorder can cause much suffering and can lead to serious suicide attempts.

1.3.2 Causes of Borderline Personality Disorder

Although there is no specific cause for borderline personality disorder, like most other mental disorders, it is understood to be the result of a combination of biological vulnerabilities, ways of thinking, and social stressors. An overview of the existing literature suggested that traits related to borderline personality disorder are influenced by genes (Torgersen, 2000). A major twin study found that if one identical twin met criteria for borderline personality disorder, the other also met criteria in 35% of cases. People that have borderline personality disorder influenced by genes usually have a close relative with the disorder (Torgersen, Lygren, Oien, 2000).

One psychosocial influence that has received great deal of attention is the possible contribution of childhood trauma, especially sexual and physical abuse. Numerous studies have shown a strong correlation between child abuse, especially child sexual abuse and development of borderline personality disorder (Kluft, 1990; Zanarini et.al., 1989; Herman, 1992; Quadrio, 2005). Many individuals with borderline personality disorder report to have had a history of abuse and neglect as young children (Zanarini & Frankenburg, 1997).

Patients with borderline personality disorder have been found to be significantly more likely to report having been verbally, emotionally, physically or sexually abused by their caregivers of either gender. There has also been a high incidence of incest and

loss of caregivers in early childhood for people with borderline personality disorder. They were also much more likely to report having caregivers (of both genders) deny the validity of their thoughts and feelings.

They were also reported to have failed to provide needed protection, and neglected their child's physical care. Parents (of both sexes) were typically reported to have withdrawn from the child emotionally, and to have treated the child inconsistently. Besides the child abuse other factors including family environment have also been found to contribute to the development of the disorder (Bradley, Jenei, & Westen, 2005).

For example Bradley et al. (2005) found that both child sexual abuse and childhood physical abuse and borderline personality disorder symptoms were significantly related, and both child sexual abuse and childhood physical abuse were significantly related to family environment. When family environment and childhood physical abuse were entered simultaneously into a regression equation, family environment was related to borderline personality disorder symptoms and childhood physical abuse was related to borderline personality disorder symptoms, although the relationship between borderline personality disorder symptoms and childhood physical abuse was reduced.

Therefore, child sexual abuse and childhood physical abuse both directly influence the development of borderline personality disorder symptoms directly and are mediated by family environment.

Borderline personality disorder has been found among people who have gone through rapid socio-cultural changes. The problem of identity, emptiness, fears of abandonment, and low anxiety threshold have been found in child and adult immigrants (Laxenaire, Ganne-Vevonec, & Streiff, 1982; Skhiri, Annabi, Bi, & Allani, 1982).

These observations further support the possibility that early trauma may, in some individuals, lead to borderline personality disorder.

1.3.3 Treatment of Borderline Personality Disorder

The American Psychiatric Association reports that recent advancements have led to treatments reaching an 86% remission rate 10 years after treatment. Treatments for borderline personality disorder have improved in recent years. Group and individual psychotherapy are at least partially effective for many patients.

Within the past 15 years, a new psychosocial treatment termed dialectical behaviour therapy (DBT) was developed specifically to treat borderline personality disorder, and this technique has looked promising in treatment studies (Koerner, & Linehan, 2000).

Dialectical behaviour therapy is an approach to psychotherapy in which the therapist specifically addresses four areas that tend to be particularly problematic for individuals with borderline personality disorder: self-image, impulsive behaviours, mood instability, and problems in relating to others.

To address those areas, treatment with dialectical behaviour therapy tries to build four major behavioural skill areas: mindfulness, distress tolerance, emotional regulation, and interpersonal effectiveness.

Talk therapy that focuses on helping the person understand how their thoughts and behaviours affect each other (cognitive behavioural therapy or CBT) has also been found to be effective treatment for borderline personality disorder.

Other psychotherapy approaches that have been used to address borderline personality disorder include interpersonal psychotherapy (IPT) and psychoanalytic therapy. Interpersonal psychotherapy is an approach that focuses on how the person's symptoms are related to the problems that person has in relating to others.

Psychoanalytic therapy, which seeks to help the individual understand and better manage his or her ways of defending against negative emotions, has been found to be effective in addressing borderline personality disorder, especially when the therapist is more active or vocal than in traditional psychoanalytic treatment and when this approach is used in the context of current rather than past relationships.

Pharmacological treatments are often prescribed based on specific target symptoms shown by the individual patient. Antidepressant drugs and mood stabilizers may be helpful for depressed and/or labile mood. Antipsychotic drugs may also be used when there are distortions in thinking.

1.3.4 Prognosis

As with any illness, an appropriate question about borderline personality disorder is if it is curable. While improvement in any personality disorder is not synonymous with being cured, the symptoms of borderline personality disorder do tend to diminish with time.

How well or poorly people with borderline personality disorder progress over time seems to be influenced by how severe the disorder is at the time that treatment starts, the state of the individual's current personal relationships, whether or not the sufferer has a history of being abused as a child, as well as whether or not the person receives appropriate treatment.

Simultaneously suffering from depression, other emotional problems, or a low level of conscientiousness have been found to be associated with a greater likelihood of symptoms of borderline personality disorder returning (relapse).

Self Assessment Questions

1) Explain the characteristic features of borderline personality disorder.

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2) What are the causes of borderline personality disorder?

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3) Discuss the treatment and prognosis of borderline personality disorder.

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1.4 LET US SUM UP

Personality disorder is enduring subjective experiences and behaviour that deviates from cultural standards, are rigidly pervasive, have an onset in adolescence or early adulthood, are stable through time, and lead to unhappiness and impairment. The DSM- IV lists ten personality disorders, grouped into three clusters in Axis II. These ten personality disorders are: 1-Paranoid personality disorder, 2-Schizoid personality disorder, 3-Schizotypal personality disorder, 4- Antisocial personality disorder, 5- Borderline personality disorder, 6-Histrionic personality disorder, 7- Narcissistic personality disorder, 8- Avoidance personality disorder, 9- Dependent personality disorder, and 10- Obsessive-compulsive personality disorder.

The exact cause of personality disorders is unknown. However, evidence points to genetic and environmental factors such as a history of personality disorders in the family. Some experts believe that traumatic events occurring in early childhood exert a crucial influence upon behaviour later in life. Others propose that people are genetically predisposed to personality disorders or that they have an underlying biological disturbance (anatomical, electrical, or neurochemical).

For treatment of personality disorder, personality type entirely dictates the nature of treatment and differs for each type. Psychological treatment, especially cognitive–behavioural treatment, concentrates upon perfectionism, rigidity, scrupulousness, and intolerance of failure. Psychodynamic psychotherapy was formerly extensively used. For dissocial personality disorder, drugs have been used to control impulsivity and aggression.

Borderline Personality Disorder, one of ten personality disorders recognised by the DSM IV, is one of the most common personality disorders. In psychiatric settings, it accounts for about 15% of the population and about 50% of the patients with personality disorders. Borderline personality disorder is a personality disorder characterised by consistently problematic ways of thinking, feeling, and interacting. In order to be diagnosed with borderline personality disorder, the sufferer must experience at least five of the following symptoms: unstable self-image, relationships or emotions, severe impulsivity, repeated suicidal behaviours or threats, chronic feelings of emptiness, inappropriate anger, trouble managing anger, or transient paranoia or dissociation. Psychotherapy approaches that have been helpful in treating borderline personality disorder include dialectical behaviour therapy, cognitive behavioural therapy, interpersonal therapy, and psychoanalytic psychotherapy.

The use of psychiatric medications like antidepressants, mood stabilizers, and antipsychotics may be useful in addressing some of the symptoms of borderline personality disorder but do not manage the illness in its entirety. While the symptoms of borderline personality disorder tends to diminish over years for many people, how well or poorly people with borderline personality disorder progress over time seems to be influenced by the severity of the symptoms, the individual's current personal relationships, whether or not the sufferer has a history of being abused as a child, as well as whether or not the individual receives appropriate treatment.

1.5 UNIT END QUESTIONS

1) What do you mean by personality disorder? Discuss the major personality disorders.

2) Explain the diagnostic features of personality disorder.

3) Discuss the symptoms and treatment of personality disorder.

4) Prepare a clinical picture of borderline personality disorder.

5) What are the causes of borderline personality disorder?

6) Discuss the treatment and prognosis of borderline personality disorder.

1.6 GLOSSARY

Anhedonia : Inability to experience pleasure, associated with some mood and schizophrenic disorders.

Antisocial personality disorder: Personality disorder involving a pervasive disregard for the law and the rights of others.

Avoidant personality disorder : Personality disorder characterised by social inhibition, feelings of inadequacy, extreme sensitivity to negative evaluation and avoidance of social interaction.

Borderline personality disorder : Personality disorder involving extreme "black and white" thinking, instability in relationships, self-image, identity and behaviour. Borderline personality disorder occurs in 3 times as many females than males.

Cognitive-behavioural therapy : Group of treatment procedures aimed at identifying and modifying faulty thought processes, attitudes and attributions, and problem behaviours.

Dependent personality disorder : Personality disorder characterised by pervasive psychological dependence on other people.

Depressive personality disorder: Personality disorder involving is a pervasive pattern of depressive cognitions and behaviours beginning by early adulthood.

Dialectical behaviour therapy : It is an approach to psychotherapy in which the therapist specifically addresses four areas that tend to be particularly problematic for individuals with borderline personality disorder: self-image, impulsive behaviours, mood instability, and problems in relating to others.

Histrionic personality disorder: Personality disorder characterised by pervasive attention-seeking behaviour including inappropriate sexual seductiveness and shallow or exaggerated emotions.

Interpersonal psychotherapy : Newer brief treatment approach that emphasises resolution of interpersonal problems and stressors such as role disputes in marital conflict, or forming relationships in marriage or new job. It has demonstrated effectiveness for such problems as depression.

Interpersonal therapy : Brief, structured treatment that focuses on teaching a person skills to improve existing relationships or develop new ones.

Narcissistic personality disorder: Personality disorder involving a pervasive pattern of grandiosity need for admiration, and a lack of empathy.

Obsessive-compulsive personality disorder : Personality disorder characterised by rigid conformity to rules, moral codes and excessive orderliness.

Paranoid personality disorder : Personality disorder characterised by irrational suspicions and mistrust of others.

Passive aggressive personality disorder Personality disorder characterised by a pattern of negative attitudes and passive resistance in interpersonal situations.

Personality disorders : Enduring maladaptive patterns for relating to the environment and oneself, exhibited in a wide range of contexts that cause significant functional impairment or subjective distress.

Schizoid personality disorder : Personality disorder involving lack of interest in social relationships, seeing no point in sharing time with others.

Schizotypal personality disorder : Personality disorder characterised by odd behaviour or thinking.

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