

Appendix 1. Different types of Personality Disorder.

Paranoid personality disorder

You are likely to:

- find it very difficult to trust other people, believing they will use you, or take advantage of you
- find it hard to confide in people, even your friends
- watch others closely, looking for signs of betrayal or hostility
- suspect that your partner is being unfaithful, with no evidence for this
- read threats and danger – which others don't see – into everyday situations.

Schizoid personality disorder

You are likely to:

- be uninterested in forming close relationships with other people including your family
- feel that relationships interfere with your freedom and tend to cause problems
- prefer to be alone with your own thoughts
- choose to live your life without interference from others
- get little pleasure from life
- have little interest in sex or intimacy
- be emotionally cold towards others.

Schizotypal personality disorder

You are likely to:

- find making close relationships extremely difficult
- think and express yourself in ways that others find 'odd', using unusual words or phrases
- behave in ways that others find eccentric
- believe that you can read minds or that you have special powers such as a "sixth sense"
- feel anxious and tense with others who do not share these beliefs
- feel very anxious and paranoid in social situations.

Antisocial personality disorder

You are likely to:

- act impulsively and recklessly, often without considering the consequences for yourself or for other people
- behave dangerously and sometimes illegally
- behave in ways that are unpleasant for others
- do things – even though they may hurt people – to get what you want, putting your needs above theirs
- feel no sense of guilt if you have mistreated others
- be irritable and aggressive and get into fights easily
- be very easily bored and find it difficult to hold down a job for long
- believe that only the strongest survive and that you must do whatever it takes to lead a successful life, because if you don't grab opportunities, others will
- have a criminal record
- have had a diagnosis of "conduct disorder" before the age of 15.

Borderline personality disorder

You are likely to:

- feel that you don't have a strong sense of who you really are, and others may describe you as very changeable
- suffer from mood swings, switching from one intense emotion to another very quickly, often with angry outbursts
- have brief "psychotic" episodes, hearing voices or seeing things that others don't
- do things on impulse, which you later regret
- have episodes of harming yourself, and think about taking your own life
- have a history of stormy or broken relationships
- have a tendency to cling on to very damaging relationships, because you are terrified of being alone.

The term 'borderline' is difficult to make sense of, and some people prefer the term 'emotionally unstable personality disorder' or 'emotional instability disorder', which is sometimes used in place of 'borderline personality disorder'.

Histrionic personality disorder

You are likely to:

- feel very uncomfortable if you are not the centre of attention
- feel much more at ease as the “life and soul of the party”
- feel that you have to entertain people
- flirt or behave provocatively to ensure that you remain the centre of attention
- get a reputation for being dramatic and overemotional
- feel dependent on the approval of others
- be easily influenced by others.

Narcissistic personality disorder

You are likely to:

- believe that there are special reasons that make you different, better or more deserving than others
- have fragile self-esteem, so that you rely on others to recognise your worth and your needs
- feel upset if others ignore you and don't give you what you feel you deserve
- resent other people's successes
- put your own needs above other people's, and demand they do too
- be seen as selfish and 'above yourself
- take advantage of other people.

Avoidant (or anxious) personality disorder

You are likely to:

- avoid work or social activities that mean you must be with others
- expect disapproval and criticism and be very sensitive to it
- worry constantly about being 'found out' and rejected
- worry about being ridiculed or shamed by others
- avoid relationships, friendships and intimacy because you fear rejection
- feel lonely and isolated, and inferior to others
- be reluctant to try new activities in case you embarrass yourself.

Dependent personality disorder

You are likely to:

- feel needy, weak and unable to make decisions or function properly without help or support
- allow others to assume responsibility for many areas of your life
- agree to things you feel are wrong or you dislike to avoid being alone or losing someone's support
- be afraid of being left to fend for yourself
- have low self-confidence
- see other people as being much more capable than you are
- be seen by others as much too submissive and passive

Obsessive-compulsive personality disorder

You are likely to:

- need to keep everything in order and under control
- set unrealistically high standards for yourself and others
- think yours is the best way of making things happen
- worry when you or others might make mistakes
- expect catastrophes if things aren't perfect
- be reluctant to spend money on yourself or others
- have a tendency to hang on to items with no obvious value.

For further information, see the following websites

- MIND www.mind.org.uk/mental_health_a-z/8028_personality_disorders
- Royal College of Psychiatrists free leaflets for patients families and friends www.rcpsych.ac.uk/expertadvice/problemsdisorders/personalitydisorder.aspx
- Emergence www.emergenceplus.org.uk — useful information for service users, carers, and professionals (there is a need to register, but it is easy to do so)
- The Samaritans – very useful in a crisis <http://www.samaritans.org/>
- Breathing Space - very useful in a crisis <http://www.breathingspace.scot/>

Appendix 2. Psychological treatments for borderline PD⁴

Dialectical behaviour therapy. Developed as a modified version of cognitive behavioural therapy, it also incorporates the concept of “mindfulness” drawn from Buddhist philosophy. The treatment focuses on emotional regulation, distress tolerance, and interpersonal effectiveness through individual therapy, group skills training, and telephone coaching. Several randomised controlled trials (focusing mainly on women who repeatedly self harm) have shown reductions in anger, self harm, and attempts at suicide²⁷.

Mentalisation-based treatment. People with borderline PD are less able than the general population to “mentalise;” that is, to understand their own and other people’s mental states and intentions. Mentalisation-based treatment is an adaption of psychodynamic psychotherapy grounded in attachment theory, which emphasises improving patients’ ability to mentalise. The treatment is delivered in a twice-weekly individual and group therapy format or as part of daily attendance at a treatment centre. Randomised controlled trials have shown reduced suicidal behaviour and hospital admissions, as well as an improvement in associated symptoms^{20,21}.

Transference focused therapy. A form of psychodynamic psychotherapy derived from Otto Kernberg’s theory of object relations, which describes contradictory internalised representations of self and others. It focuses intensely on the therapy relationship and is delivered as twice-weekly individual sessions aimed at the integration of split-off aspects of the personality. Evidence shows improved psychosocial functioning and reduced inpatient admissions²⁸.

Cognitive analytic therapy. Brief focused therapy that integrates ideas from psychoanalytic object relations theory and cognitive behavioural therapy. A collaborative therapy that uses diagrams and letters to help people to recognise and revise confusing patterns and mental states, it is delivered individually over 24 weeks with follow-ups. Evidence shows improved interpersonal functioning and overall wellbeing and led to a reduction in dissociation (splitting of the personality)²⁹.

Schema focused therapy. A development of cognitive behaviour therapy founded by Jeffrey Young, which blends elements of Gestalt therapy, object relations, and constructivist therapies. It identifies and modifies dysfunctional patterns (schemata) made up of patients’ memories, feelings, and thoughts about themselves and others. It is usually delivered as once- or twice-weekly individual therapy. In addition to improving core symptoms, schema focused therapy improved psychological functioning and quality of life^{30,31}.

Problem-solving. Problem-solving for borderline personality disorder, is an integrated treatment that combines cognitive behavioural elements, skills training, and intervention with family members. It can reduce borderline symptoms and improve impulsivity — the tendency to experience negative emotions and global functioning³².

Manual assisted cognitive treatment. Manual assisted cognitive treatment, aimed at reducing deliberate self harm, was successful in a study of patients with borderline personality disorder who self harm³³.