

PERSONALITY DISORDERS

Continued

CLUSTER B

Characterized by severely strained relationships in which others tend to be treated as objects without feelings

Antisocial Personality Disorder

There is a pervasive pattern of disregard for and violation of the rights of others

Histrionic Personality Disorder

Pervasive and excessive emotionality and attention-seeking behavior

Narcissistic Personality Disorder

A pervasive pattern of grandiosity, need for admiration, and lack of empathy

Borderline Personality Disorder

A pervasive pattern of instability of interpersonal relationships, self-image, and affected, and marked impulsivity beginning in early adulthood. Five or more of the following:

- A. Frantic efforts to avoid real or imaged abandonment - Separation Anxiety
- B. A pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of idealization and devaluation
- C. Identity disturbance, markedly and persistently unstable self-image or sense of self **AS IF**
- D. Impulsivity
- E. Recurrent suicidal behavior or self mutilating behavior
- F. Affective instability
- G. Chronic feelings of emptiness
- H. Inappropriate, intense anger
- I. Transient, stress-related paranoid ideation or severe dissociative symptoms

Object Relations Theory

Otto Kernberg

James Masterson

Margaret Mahler

Separation-individuation

Object constancy

Rapprochement.

PROJECTIVE IDENTIFICATION

Dialectical Behavior Therapy (DBT)

Marsha Linehan

There are four primary modes of treatment in DBT :

1. Individual therapy
2. Group skills training
3. Telephone contact
4. Therapist consultation

“Dialectical Behaviour Therapy, which will now be described, focuses specifically on this pattern of problem behaviours and in particular, the parasuicidal behaviour. The term 'dialectical' is derived from classical philosophy. It refers to a form of argument in which an assertion is first made about a particular issue (the 'thesis'), the opposing position is then formulated (the 'antithesis') and finally a 'synthesis' is sought between the two extremes, embodying the valuable features of each position and resolving any contradictions between the two. This synthesis then acts as the thesis for the next cycle. In this way truth is seen as a process which develops over time in transactions between people. From this perspective there can be no statement representing absolute truth. Truth is approached as the middle way between extremes. The dialectical approach to understanding and treatment of human problems is therefore non-dogmatic, open and has a systemic and transactional orientation. The dialectical viewpoint underlies the entire structure of therapy. . .”

Barry Kiehn and Michaela Swales