An integrated concept of self and other
A broad spectrum of affective experience
The presence of an internalized value system

Clarkin JF et al

客體關係

- Development of Self
  - Normal autistic
  - Normal symbiotic
- Separation-Individuation
  I. Somatization & Differentiation
  II. Practicing
  III. Rapprochement
  IV. Emotional (Libidinal) object permanent

Mahler M, 1973

診斷

清查個人、社會史
仔細精神狀態評估
蒐集側面訊息
長期追蹤觀察

DSM-III,IV 人格障礙的診斷(一)

A. 至少在下列兩項以上持續地偏離常模：
  (1) 認知
  (2) 情感表達
  (3) 人際關係
  (4) 衝動控制
B. 行為模式沒有彈性，且出現在許多個人情境或社交場合

DSM-IV 人格障礙的診斷(二)

C. 在個人社會、職業表現等方面造成臨床上顯著的挫折或损害
D. 從青春期末期或成年早期開開始出現
E. 不是來自其它精神疾病
F. 不是來自酒精或藥物使用，或其它身體疾病
DSM-IV之人格障碍

- Impairments in
  - identity and sense of self 身份與自我感
  - interpersonal functioning 人際功能

- A psychodynamically oriented self-interpersonal deficit model

DSM-III-R, IV, 5 BPD诊断准则

1.c. Fear of Abandonment 被拋棄的害怕
2.c. Unstable, intense relationships 不穩、劇烈的關係
3.b. Identity disturbance 認同障礙
4.a. Impulsivity 衝動
5.d. Suicidal or self-mutilating behaviors 自殺或自殘行為
6.a. Affective instability 情感不穩定
7.b. Chronic emptiness 慢性空虛感
8.b. Inappropriate, intense anger 不適切、強烈的憤怒
9.d. Lapses in reality testing 現實感失調

FIGURE 1-2. Concepts of borderline disorders.
Complex Model

Hyperbolic temperament is the outward “face” of the neurobiological dimensions that underlie borderline psychopathology. After “kindling” of some kind, acute and temperamental symptoms develop.

Zanarini et al., 2005

DIB-R: Sectors of Psychopathology

- Dysphoric affect
- Disturbed cognition
- Impulsive behaviors
- Troubled relationships


共病現象(一)

臨床疾病:
- major depression, 41–83%
- dysthymia, 12–39%
- bipolarity, 10–20%
- substance misuse, 64–66%
- post-traumatic stress disorder, 46–56%
- social phobia, 23–47% for obsessive-compulsive disorder, 16–25%
- panic disorder, 31–48%
- any eating disorder, 29–53%

Lied K et al., Lancet 2004; 364: 453-61

共病現象(二)

其它人格障礙:
- avoidant personality disorder, 43–47%,
- dependent personality disorder, 16–51%,
- paranoid personality disorders, 14–30%

Lied K et al., Lancet 2004; 364: 453-61
**Borderline syndrome**

I. close to neurotic border: a search for a lost symbiotic union, anaclitic depression

II. as-if type: marked weakness of identity, effort to please & ingratiate

III. core process: dichotomous swing, feelings of loneliness & depression

IV. close to psychotic border: given up attempts at developing relationships, overtly reacts negatively, angry toward others

Grinker et al. 1968

---

**Balance of Combined Treatment According to Type of BPD**

<table>
<thead>
<tr>
<th>Pharmacotherapy</th>
<th>Psychotherapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type 1 (Affective)</td>
<td></td>
</tr>
<tr>
<td>Type 2 (Impulsive)</td>
<td></td>
</tr>
<tr>
<td>Type 3 (Aggressive)</td>
<td></td>
</tr>
<tr>
<td>Type 4 (Dependent)</td>
<td></td>
</tr>
<tr>
<td>Type 5 (Empty)</td>
<td></td>
</tr>
</tbody>
</table>

---

**Level of care**

IV. Hospital

III. Residential/partial hospital: 4-6 weeks

II. Intensive outpatient: 6-36 weeks

I. Outpatient: > 1 year

Gunderson, 2001

---

**Complex Etiology of PD**

At least 40% of the variance in PDs is heritable

Torgersen et al

Compr Psychiatry 2000; 41:416-25

With an even higher heritable proportion in BPD

Reichborn-Kjennerud T et al

JAMA Psychiatry 2013 Nov; 70:1206-14

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**Structure of Genetic & Environmental risk factors for symptoms of DSM-IV BPD**

Reichborn-Kjennerud T et al, JAMA Psychiatry 2013; 70:1206-14
Table 3. Sources of Genetic Influence on DSM-IV Criteria for Borderline Personality Disorder

<table>
<thead>
<tr>
<th>Criterion</th>
<th>Total Genetic Influence</th>
<th>Borderline Personality Disorder Factor</th>
<th>Affective Instability Factor</th>
<th>Interpersonal Factor</th>
<th>Criterion-Specific Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Avoidance of abandonment</td>
<td>27.2</td>
<td>25.3</td>
<td>0.1</td>
<td>0.6</td>
<td>0</td>
</tr>
<tr>
<td>2. Insecure relationships</td>
<td>27.6</td>
<td>29.3</td>
<td>0.5</td>
<td>5.2</td>
<td>0</td>
</tr>
<tr>
<td>3. Identity disturbance</td>
<td>27.4</td>
<td>27.0</td>
<td>0.8</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4. Impulsive self-harm</td>
<td>42.0</td>
<td>38.5</td>
<td>0.9</td>
<td>0</td>
<td>60.6</td>
</tr>
<tr>
<td>5. Suicidal behavior</td>
<td>42.6</td>
<td>70.3</td>
<td>0</td>
<td>0</td>
<td>29.7</td>
</tr>
<tr>
<td>6. Affective instability</td>
<td>31.5</td>
<td>64.9</td>
<td>14.6</td>
<td>0.3</td>
<td>0.5</td>
</tr>
<tr>
<td>7. Feeling of emptiness</td>
<td>38.9</td>
<td>46.3</td>
<td>7.8</td>
<td>0</td>
<td>45.9</td>
</tr>
<tr>
<td>8. Intense anger</td>
<td>27.8</td>
<td>55.4</td>
<td>12.1</td>
<td>0.1</td>
<td>32.4</td>
</tr>
<tr>
<td>9. Paradoxical ideation</td>
<td>24.5</td>
<td>97.3</td>
<td>2.3</td>
<td>0</td>
<td>0.4</td>
</tr>
</tbody>
</table>

Reichborn-Kjennerud T et al, JAMA Psychiatry 2013 Nov; 70:1206-14

Table 4. Sources of Environmental Influence on DSM-IV Criteria for Borderline Personality Disorder

<table>
<thead>
<tr>
<th>Criterion</th>
<th>Total Environmental Influence</th>
<th>Borderline Personality Disorder Factor</th>
<th>Affective Instability Factor</th>
<th>Interpersonal Factor</th>
<th>Criterion-Specific Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Avoidance of abandonment</td>
<td>77.7</td>
<td>77.2</td>
<td>0</td>
<td>7.3</td>
<td>78.5</td>
</tr>
<tr>
<td>2. Unstable relationships</td>
<td>76.6</td>
<td>22.5</td>
<td>4.1</td>
<td>70.1</td>
<td>3.3</td>
</tr>
<tr>
<td>3. Identity disturbance</td>
<td>75.2</td>
<td>24.5</td>
<td>6.3</td>
<td>0.2</td>
<td>69.0</td>
</tr>
<tr>
<td>4. Impulsive self-harm</td>
<td>74.0</td>
<td>25.6</td>
<td>1.8</td>
<td>0.3</td>
<td>72.2</td>
</tr>
<tr>
<td>5. Suicidal behavior</td>
<td>68.3</td>
<td>54.2</td>
<td>0</td>
<td>1.2</td>
<td>44.6</td>
</tr>
<tr>
<td>6. Affective instability</td>
<td>66.4</td>
<td>26.8</td>
<td>42.2</td>
<td>1.8</td>
<td>29.2</td>
</tr>
<tr>
<td>7. Feeling of emptiness</td>
<td>63.9</td>
<td>23.5</td>
<td>11.7</td>
<td>0.8</td>
<td>64.0</td>
</tr>
<tr>
<td>8. Intense anger</td>
<td>52.4</td>
<td>17.4</td>
<td>11.1</td>
<td>1.6</td>
<td>69.7</td>
</tr>
<tr>
<td>9. Paradoxical ideation</td>
<td>75.7</td>
<td>25.8</td>
<td>1.8</td>
<td>0.1</td>
<td>72.3</td>
</tr>
</tbody>
</table>

Reichborn-Kjennerud T et al, JAMA Psychiatry 2013 Nov; 70:1206-14

Complex Etiology of PD

- No clear biological markers have been found for any PD
- Single alleles account for 1% or less of the variance
- Gene-environment interactions provide the best framework for future research in this area

Figure: Neurobehavioural model of borderline personality disorder

Lieb K et al, Lancet 2004; 364:434-453-61

BPD的生物社會學說 (Biosocial Theory)

I. 情緒失調 (Emotional dysregulation)
II. 不認可的環境 (Invalidating environment)

Marsha M. Linehan, 1993

BPD的生物社會學說 (Biosocial Theory)

不認可的環境（一）：
a. Expression of private experiences is not validated
   — often punished, and/or trivialized
b. Two primary characteristics
   First, tells the individual that she/he is wrong in both her/his description and her/his analyses of her own experiences
   Second, attributes her/his experiences to socially unacceptable characteristics or personality traits

Marsha M. Linehan, 1993
An Investigation of the Biosocial Model of BPD

- An individual's reaction to emotions, rather than the intensity of the emotions they feel, is more fundamental to the development of borderline traits.

Gill D, Warburton W
J Clin Psychiatry 2014 Sep; 75:866-73
### BPD's Family Aggregation

#### Table 2. Familial Aggregation of Borderline Personality Disorder

<table>
<thead>
<tr>
<th>Analyses</th>
<th>Odds Ratio (95% CI)</th>
<th>p-value</th>
<th>Odds Ratio (95% CI)</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td>1.42 (1.25-1.58)</td>
<td>.01</td>
<td>1.33 (1.11-1.58)</td>
<td>.01</td>
</tr>
<tr>
<td>Parent</td>
<td>1.39 (1.25-1.55)</td>
<td>.01</td>
<td>2.50 (1.73-3.59)</td>
<td>.01</td>
</tr>
<tr>
<td>Any Relative</td>
<td>1.52 (1.30-1.79)</td>
<td>.01</td>
<td>1.45 (1.29-1.62)</td>
<td>.01</td>
</tr>
</tbody>
</table>

**Abbreviation:** CI, confidence interval.

PDs usually improve with time and have a better outcome than most severe mental disorders, has changed views about prognosis.

### BPD is treatable!

- 2 years = 40% Remission
- 6 years = 68% Remission
- 10 years = 85% Remission

Remission is defined as “no longer meeting 5 of 9 criteria”

However, remission does not mean “recovery” or having a good quality of life.

### Some Results of CLPS

- PDs usually improve with time and have a better outcome than most severe mental disorders, has changed views about prognosis.

### A Longitudinal Perspective on Personality Disorder Symptomatology

- **Increasing Symptoms**: Axis I & II disorders, Psychosocial stressors, Biological stressors, Alcohol/Illicit drugs
- **BPD Symptoms**: Diagnostic threshold
- **Decreasing Symptoms**: Psychotherapy, Psychotropic medications
- **Maturation**: Number of Criteria, Number of Remitted

### Deficits in Social Relatedness

- **Interpersonal conflicts**
- **Repetitive suicidal behavior, self-injury, aggressive outbursts, increased emotional reactivity**
- **Difficulties in establishing enduring relationships**

### BPD as a Receiver of Social Signals

- Reduced cognitive empathy (inferring emotions, thoughts, and intentions)
- Evaluation biases (e.g., that others are malevolent)
- Impaired emotional empathy (feeling with and for others)

### BPD as a Sender of Social Signals

- Childhood trauma
- PTDS
- Reduced social activity during interactions
- Fewer positive and more mixed, hard to read facial emotional expressions (especially during social stress)

---

*Ganderson JG et al, Arch Gen Psychiatry 2011; 68:753-762*


*Sansone R & Sansone LA, Psychiatry 2008; 5: 53-57*

*Gunderson JG et al, Arch Gen Psychiatry 2009; 66:530-539*
Functional remission defined as a GAF > 70 sustained for 2 months

Gunderson J et al, Arch Gen Psychiatry 2011; 68: 827-837

Prediction of Time-to-attainment of Recovery for Borderline Patients Followed Prospectively for 16 years

predictors of earlier time-to-recovery

- No prior psychiatric hospitalizations
- Higher IQ
- Good full-time vocational record in 2 years prior to index admission
- Absence of an anxious cluster personality disorder
- High extraversion
- High agreeableness


- Some people with BPD recover spontaneously and are never patients
- Some use non-intensive outpatient treatment and are never hospitalized
- Others become severely ill and use large amounts of mental health services, including repeated inpatient stays

Zanarini et al, 2005

Advances in Treatment

- The most important progress in the last two decades of research on PD has been the finding that psychotherapy, if properly conducted, is often effective, particularly for patients with BPD


Effectiveness of Different Psychotherapy Approaches in the Treatment of Borderline Personality Disorder

Joel Paris

- The strongest evidence from clinical trials favors DBT and MBT. These methods, which have several similarities, could be shortened to make them more accessible.

DBT vs MBT in the Treatment of Borderline Personality Disorder

- Suicidal behaviors
- Behaviors interfering with therapy
- Behaviors interfering with quality of life

DBT

- Suicidal or homicidal threats
- Overt threats to treatment community
- Dishonesty or deliberate withholding
- Contract breaches
- Acting out in sessions
- Acting out between sessions
- Nonaffective or other themes

MBT

* Adapted with permission from the APA Practice Guideline for the Treatment of Patients With Borderline Personality Disorder (21).
Successful psychotherapy in individuals with BPD should not resemble treatment as usual but should
- offer a predictable structure and methods
- promote emotion regulation and problem solving in current life

Advances in Treatment
• Traditional approaches to psychotherapy have been insufficiently structured
  — lacked a focus on helping patients to make better use of their traits
  — focusing too much on the past lacked strategies for skill development and rehabilitation in the present

Paris J
Harv Rev Psychiatry 2014 Jul-Aug; 22(4):216-21

Advances in Treatment
• The best ideas from all therapies could be combined into a single model
  Livesley WJ
  Psychodyn Psychiatry 2012; 40:47-74

环繞核心症狀而組織、結構的專家治療
Most people with BPD need specialist treatment that is primarily structured and organized around their core symptoms
Bateman AW
Am J Psychiatry 2012; 169:560-3

Treating BPD in Clinical Practice
1) Provide a structured manual that supports the therapist and provides recommendations for common clinical problems;
2) Encourage increased activity, proactivity, and self-agency for the patients;
3) focus on emotion processing, particularly on creating robust connections between acts and feelings;

Bateman AW
Am J Psychiatry 2012; 169:560-3

Treating BPD in Clinical Practice
4) Increase cognitive coherence in relation to subjective experience in the early phase of treatment by including a model of pathology that is carefully explained to the patient;
5) Encourage an active stance by the therapist, which invariably includes an explicit intent to validate & demonstrate empathy & generate a strong attachment relationship to create a foundation of alliance.

Bateman AW
Am J Psychiatry 2012; 169:560-3
“what good therapists do with their patients is analogous to what successful parents do with their children”.

Attachment Figures

- Provide protection, promote safe exploration of the environment and help the infant learn to regulate emotions in a pro-adaptive, effective way.

- Protect infants to explore the environment and evoke emotions.

Hruby R, Hasto J, Minarik P
Neuro Endocrinol Lett 2011;32:111-20

Internal Working Model

- In the attachment process, the infant forms internal models of attachment figures and these models shape their perception of the environment.

- The internal working model is formed during early interactions with caregivers and shapes how the child perceives, interprets, and responds to environmental stimuli.

http://www.thedigesterlife.com/blog/buy-cheap-eyeglasses-online/
Internal Working Model

- Schemas in an associative memory network (Hašto 2006; Shaver & Mikulincer 2009)
- Formed internal models
  a. tend to remain unchanged
  b. distinctively affect the formation of new relations
- Create essential neurobehavioral regulations for individual survival
- Affect regulation & emotional processing

Hruby R, Hašto J, Minarik P
Neuro Endocrinol Lett 2011;32:111-20

The interpersonal relationship between therapist and client is the tool for creating the needed change

Initially the relations with the therapist will repeat the same patterns of interpersonal relations that caused the distress

Peled & Geva; Brain Organization & Psychodynamics
J Psychother Pract Res 1999; 8:24-39

Reflective Parenting & Development of Mentalization

"小屁屁濕了嗎？"
"一個人站太久了嗎？"
"想要換尿布了嗎？"
"想要抱住嗎？"

Having the person in mind.
Bridge the focus on physical reality & internally directed attention.

Fonagy P, Target M
Dev Psychopathol 1997; 9:679-700

Stage of Treatment

Pre-Treatment: Commitment and Agreement
Stage 1: Severe Behavioral Dyscontrol Stability and Behavioral control
Stage 2: Quiet Desperation Non-anguished Emotional Experiencing
Stage 3: Problems in Living/Non-complicated Disorders Ordinary Happiness/Unhappiness
Stage 4: Incompleteness Freedom and Capacity for Joy

Korslund, 2010