

WPA/ISSPD
Educational Program
on Personality Disorders
Module III
The Vignettes

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INTERNATIONAL SOCIETY
for the STUDY of
PERSONALITY DISORDERS

Case 1: Paranoid Personality Disorder (Ronny)

Identifying data: 40 year old man, single, unemployed.

Complaints: anxiety, fatigue, isolation, hatred towards others.

Family history: Father: carpenter, nervous and a stutter, alcoholic, beat the patient when drunk. Mother: saleswoman, nervous, episodic depressed, also violent.

Social history: Sent to a special school (stuttering problems). Didn't finish university education in literature. Worked in chocolate factory. Married a foreigner, had a daughter, later divorced. Later became socially isolated.

Case 1: Paranoid PD (Ronny) (cont'd)

History of illness: In childhood aggressive towards others, felt lonely, dissatisfied with his body. In adolescence suicidal. In adulthood checking rituals, hypochondriac symptoms and interpersonal conflicts.

Medical history: Hospitalized in childhood for liver disease.

Mental status: Friendly and talkative, but in a controlling and detailed manner on his own issues and perspectives. Somewhat suspicious without delusional ideations.

Case 1: Paranoid PD (Ronny) (cont'd)

Diagnosis: Panic disorder with agoraphobia, OCD, Somatoform pain disorder and major depression in remission.

Paranoid, obsessive-compulsive and avoidant personality disorders.

Treatment history: 18 week program, including small analytic group, art therapy, SSRI medication and cognitive therapy for the anxiety disorder. Placed on disability pension.

Case 2: Paranoid Personality Disorder (Theo)

Identifying data: 22 year old unemployed male referred to out-patient clinic by social security officer.

Complaints: Angry, couldn't get his social security, because he came too late.

Family history: Father: worked as a plumber. Mother: took care of the household. His parents divorced when he was 12. After that he became angry at his parents. First he lived with his mother and sister, later with his father and then alone.

Social history: Passed school exams, served in the military, later he became an assistant for a dentist in a military hospital. Because of anxious behavior, he was sacked from service. Unable to get a job. Lived with a 16 year old girlfriend in a apartment among drug addicts. (Dealers and burglars were all over the place??)

Case 2: Paranoid PD (Theo) (cont'd)

History of illness:

After his parents' divorce he became addicted to amphetamines and became a member of the "speed scene". Stopped drug abuse in the military.

Medical history: Stones in his kidney, often colic attacks, bad dental status, frightened of operations (was not in control then) and refused to go to a general practitioner.

Mental status: (Tall, solid man, high boots with long noses??) Agitated, threatened everybody he was angry at, suspicious, anxious, guarded.

Case 2: Paranoid PD (Theo) (cont'd)

Diagnosis: Paranoid personality disorder. Drug dependence (cannabis).

Treatment history: Supportive Psychotherapy to build up a working alliance and create trust. The therapist was helpful in a concrete way. Helped the patient and his girlfriend to get a small house in a village. Also helped him while in a psychiatric hospital in getting the needed treatment for his kidney stones and to get his bad teeth fixed.

Got a job as a mechanic. After 3 years of psychotherapy he felt sure (confident?) enough to be referred to a general practitioner.

Case 3: Borderline Personality Disorder (Sara)

Identifying data: 26 year old woman, unemployed

Complaints: suicidal thoughts, self-destructiveness

Family history: only child of parents both alcoholics, two seven-eight years elderly half-brothers, father violent, she had the go between rol, she was looked after by grandparents.

Social history: Often absent from school, resulting in expulsion. Never completed a formal education. Left home at age 16, afraid om being alone, has frequent conflicts in unstable relationships. Living on sickness benefits.

Case 3: Borderline PD (Sara) (cont'd)

History of illness: Unstable moods, aggressive temperament, tendency to be self-destructive as she was sexually abused at age 10 by a 60 year old man.

Medical history: no serious illness.

Mental status: Nervous, filled with suicidal thoughts. Afraid of being alone, has difficulties in holding onto unstable goals, suffers from identity diffusion, impulsive, feels empty and worthless.

Case 3: Borderline PD (Sara) (cont'd)

Diagnosis: Borderline and avoidant personality disorder.

Treatment history: At age 23 treated unsuccessfully with SSRI because she was depressed after grandfather's recent death. Severe self-destructiveness and suicidal behaviour treated with anti-psychotics, also without effect. Benefit Benefited from two year psychoanalytic treatment programme (individual and group therapy), including psychoeducation.

Case 4: Borderline Personality Disorder (Jane)

Identifying data: 33 year old woman, nurse trainee.

Complaints: Depression, self-harm (cutting herself, overdoses), hopelessness, difficulties in relationships.

Family history: Both parents nurses. Father: weak, died at age 57 after heart attack. Mother: critical and overbearing. Felt unappreciated by her parents, felt inferior to elderly sisters and a brother.

Social history: Teased at school for being overweight. Became isolated. First and only sexual relationship to a foreign doctor, who was married (which she didn't know). Lived in a nursing college and for the first time, had friends. Currently unemployed and living on a low income.

Case 4: Borderline PD (Jane) (cont'd)

History of illness: Took an overdose of her mother's tablets at age 14. Following years secretly cut herself on thighs and upper arms using father's razor. She discovered that this relieved some of the tension. Took an overdose after a brief relationship. Depressive episodes followed, gained a significant amount of weight. Between ages 24 to 33, took a further three overdoses.

Medical history: Liver damage after overdose of paracetamol.

Mental status: Somewhat shy but could become angry and hostile. Fluctuating moods

Case 4: Borderline PD (Jane) (cont'd)

Diagnosis: Borderline personality disorder and recurrent depressive episodes.

Treatment history: Cognitive behavioural therapy effective after 10 years of anti-depressive medication.

Case 5: Borderline Personality Disorder (Ellen)

Identifying data: 18 year old woman referred herself to a psychiatrist.

Complaints: Suicidal ideas, best friend just committed suicide.

Family history: Youngest of 3 children, each having different fathers. Mother: severe alcoholic, unable to take care of Ellen. Father: a strange, paranoid man. Raised by an elderly woman for some years, again with mother for some years, before she then ran away. Lived with her father, there was at least one episode of incest with full intercourse, when she was eleven.

Social history: Lived with her older sister and brother-in-law, social services took her away from her parents.

Case 5: Borderline PD (Ellen) (cont')

History of illness: Jumped from a balcony in early childhood. Her best friend just committed suicide, wanted to join her. Cut her wrists repetitively to deal with emotional dysphoria. Obsessed with a fantasy world imagining herself living on another planet with other people, hearing herself speaking with them from time to time.

Medical history: No history of serious illness.

Mental status: Intelligent, but uncomfortable with her inner emotions, preoccupied with suicidal thoughts, which provided some hope of escape

Diagnosis: Borderline personality disorder, Depressive episodes, brief psychotic episodes.

Case 5: Borderline PD (Ellen) (cont'd)

Treatment history:

Psychotherapy once or twice a week for two years. Hospitalizations after overdoses. Themes in therapy: chaotic past, guilt about death of friend, difficulties with sister and mother, intense therapeutic relationship. Brief period of low dose anti-psychotic.

After two years of treatment more stable in emotional responses, stopped cutting herself, no longer thoughts of fantasy world, no pseudo-hallucinations. Difficulties in termination of therapy (ambivalence, dependency and impulsivity).

Went to university, married, had two children. Re-entered therapy. Got a third child, but never managed to use her BA. Stable marriage. Full remission, only few mood swings left.

Case 6: Narcissistic Personality Disorder (Peter)

Identifying data: 42 year old man, successfully treated for alcohol abuse referred to a psychiatrist for further treatment.

Complaints: Depression that did not respond to anti-depressant medication. Feeling empty, restless, passive, lying all day on the couch, withdrawn from social and family activities.

Family history: Father: worked for a multinational company, moved to Indonesia when Peter was 5, never came back. Only saw his father several years later, when he did his internship in London, where his father then had settled. The father described as a man with class, amiable, generous, but having difficulties in how to deal with his son. Mother: overprotective, felt deceived by the father.

Case 6: Narcissistic PD (Peter) (cont'd)

Social history: Very intelligent, went through school and university without difficulties. High marks in law school, successful in partnership in a firm. Got married, had two children. Got bored in his mid-thirties, couldn't make friends, had everything. Became regional chairman in green party. Started drinking, visited prostitutes, got difficulties in marriage.

History of illness: Removed as chairman of green party after arrest for visiting a brothel. Got a depression and his already considerable alcohol abuse worsened.

Medical history: healthy

Mental status: (artistic clothing, long red scarf.??) Self assured, easily irritated, quick to devalue, apathetic and dysphoric, preoccupied with dead-end situation.

Case 6: Narcissistic PD (Peter) (cont'd)

Diagnosis: Narcissistic personality disorder, features of histrionic and antisocial personality disorders.

Treatment history: Short term psychotherapy. Very difficult in the beginning, couldn't explore his situation, let alone his feelings. Wanted to regain his position in public life. Had continuous difficulties in engaging in therapy. Terminated after a limited number of sessions, when therapist announced absence for some time.

Later he wrote the therapist a letter saying he had become assistant director and head buyer for a foundation importing goods from developing countries. Felt greeted as a king. Said nothing about his wife and children.

Case 7: Histrionic Personality Disorder (Carmen)

Identifying data: 25 year old female, psychology student referred for dynamic psychotherapy.

Complaints: depression, interpersonal difficulties, vocational dissatisfaction.

Family history: Third in a family of seven children. Father: (gynaeco-obstetrician??), kind, hardworking, affectionate, sensitive with depressive personality. Mother: journalist, but worked as father's surgical nurse, rather impulsive, sarcastic, had extremely idealized fantasies about Carmen. They had a close, but conflictive relationship. Lived with an uncle for a period when parents were in Europe (the father had a scholarship).

Social history: University student, living alone after break of a relationship with a boyfriend.

Case 7: Histrionic PD (Carmen) (cont')

History of illness: Extremely sensitive in school, lonely, felt easily rejected. Phobic attacks while in primary school. Depression after a six year relationship came to an end. Was treated with an anti-depressive drug. Became anxious, angry and guilty, couldn't forget the boyfriend, was jealous, wanted to die.

Medical history: healthy.

Mental status: Looked younger than her age, attractive, but discontented. Took the interview in her stride treating the interviewer with familiarity. Presented her symptoms in a superficial (dissociated) way.

Case 7: Histrionic PD (Carmen) (cont'd)

Diagnosis: Histrionic Personality Disorder with borderline, depressive-masochistic features. Major depression.

Treatment history: Couch psychoanalysis four times a week. Contradiction between her wish for treatment and the many lapses on her part. Worked with her intense and ambivalent feelings towards her mother. Gave the impression of in-depth psychological work, but her behaviour reflected the opposite. Psychoanalysis was changed to face-to-face psychotherapy and sessions were reduced in frequency. Referred to a colleague.

Case 8: Avoidant Personality Disorder (Patrick)

Identifying data: 35 year old unmarried technician.

Complaints: Low self esteem, loneliness, sense of emptiness, suicidal ideation, social isolation, substance abuse.

Family history: Father: alcoholic, mother: drug addict. Parents divorced, after also losing his job the father committed suicide. Family atmosphere: anger, distrust, fear. Never had any warm or (laxed??) moments with his father. Had a surrogate mother (aunt).

Social history: Little motivation for school work, did not complete college, drifted along with several kinds of jobs.
Resorted to illegal drugs in order to feel alive.

Case 8: Avoidant PD (Patrick) (cont'd)

History of illness: Shy, insecure at an early age, felt worthless in school. Lost his vitality and lust for life long before puberty. Suicidal thoughts in his youth. Never managed to have a girlfriend. Felt ashamed of his family. At age 30 he started using amphetamine and cannabis to overcome depression. After a suicide attempt referred to drug addiction service, later to day unit for treatment of personality disorders.

Medical history: healthy.

Mental status (diagnoses):

Dysthymic disorder, Drug abuse in partial remission. Avoidant personality disorder.

Case 8: Avoidant PD (Patrick) (cont'd)

Treatment history: Group based treatment for 20 weeks. Passive, emotionally detached, claimed that his depressions during school age had prevented him from getting an education. Relapsed into drug abuse. An emotional breakthrough in the group paved the way for new openness and hope. Then got weekly individual sessions besides the group therapy. He recalled several episodes from his childhood, sadness and mourning followed. He realized that he had numbed himself and shut out all feelings. He got state funding for retraining as a TV-technician. Won a lot of money in a lottery, but used them on luxury spending, felt it as a silent victory over his parents. Relapses of cannabis misuse. At follow-up he didn't fulfil criteria for avoidant personality.

Case 9: Avoidant Personality Disorder (Saskia)

Identifying data: 38 year old woman referred for a three month inpatient treatment program.

Complaints: fear of death, anxiety of failure or being rejected, mood changes, feelings of insecurity.

Family history: Youngest of two. Born the day Kennedy was shot, parents have attributed a special meaning to this. Father: anxious, insecure man, obsessed with death and suffering. Mother: more social, but not nurturing. Home: cold, felt unsafe.

Social history: Studied archaeology and art history, but couldn't finish because of lack of support from parents. Finished secretary training. Long relationship from 18-29. In a new relationship without living together, neither want children.

Case 9: Avoidant PD (Saskia) (cont'd)

History of illness: After having cancer eight years earlier, she lost faith in her body. Easily got unusual physical sensations, thought of them as signs of a relapse. Problems in trusting people, guarded, built a wall around her to prevent being hurt. Feeling of inadequacy, fear of being rejected. At intake(??) dizzy, sweaty, dry mouth, heart palpitations, pain in her head and intestines.

Medical history: At age of 30 her uterus and part of her ovaries were removed because of cancer. No signs of relapse. Has painful, irregular menstrual cycle.

Mental status: Firm obstinate presentation, admits feeling insecure and anxious underneath. Radiates 'don't touch me' and that attack is best defence.

Case 9: Avoidant PD (Saskia) (cont'd)

Diagnosis: Generalized anxiety disorder. Avoidant personality disorder.

Treatment history: Realized how frightened she was, defending herself behind a cold facade. Trying to take care of others instead of herself. Translated negative emotional feelings into negative somatic feelings. Had dreams of the cervix operation. Learns to differentiate her anxieties. In the group she avoids discussing her relationship with her partner, but after a dream and the group discussions she decides to give more attention to her feelings, dressing and acting like a woman. Then moved together with her friend. At follow-up she acknowledged being better at handling intimate relationships. Marry her friend.

Case 10: Dependent Personality Disorder (Sally)

Identifying data: 27 year old female administrative assistant.

Complaints: Deep psychic distress over inability to work.

Family history: Father: accountant, mother: homemaker. Both a bit overprotective, but she had a healthy middle class upbringing.

Social history: High school graduate. Job at a large medical service organisation. Got carpal tunnel syndrome with pain in her wrist. Had conflicts with her superior, who encouraged her to work beyond her work limitations. Pain got worse and after an operation she was unable to work.

Case 10: Dependent PD (Sally) (cont'd)

History of illness: Always wanted to please others. Now she felt betrayed by superiors, blamed herself for not having prevented the situation herself.

Medical history:

Bilateral chronic pain syndrome after operation.

Mental status: Depressed and a bit anxious. Sometimes seemed distracted by pain or low energy.

Case 10: Dependent PD (Sally) (cont'd)

Diagnosis: Dependent personality disorder. Chronic pain.

Treatment history: Anti-depressants and supportive psychotherapy. Focus was on the mourning after the loss of her physical function and adjusting to the new level of functioning.

Case 11: Obsessive-compulsive Personality Disorder (Brian)

Identifying data: 42 year old unemployed, single male presented to anxiety disorder clinic.

Complaints: Procrastination, perfectionism.

Family history: Father: angry man, abused alcohol, preoccupied with neatness, aloof and critical. Mother: overprotective, keeping son home from school at slightest concern. Eldest of two brothers.

Social history: Schoolwork meticulously neat. After school he had 30 or 40 jobs, mostly factory work, longest lasted a week. Dismissed because he had taken too long to complete tasks. Attended technical college, but never completed a course. Started dating normally, but soon became disenchanted.

Case 11: Obsessive-compulsive PD (Brian) (cont'd)

History of illness: Shy, worried, easily frustrated and angry. Procrastinated when making decisions or carrying out plans. Scheduled his days so rigidly that he became angry if someone interfered. Symptoms prevented him from having friends, social activities or any hobbies. Concerned about his own physical health.

Medical history: Healthy.

Mental status: Nervous, friendly, had multiple tics. Rapid and clipped speech, restricted affect(??), fixed attitudes, argued the finest points.

Case 11: Obsessive-compulsive PD (Brian) (cont'd)

Diagnosis: Obsessive compulsive personality disorder, OCD and Major depression.

Treatment history: Treated with mixed psychotherapeutic techniques, came twice a week. Psycho-educational family sessions were included. Managed to keep a job as a librarian for years (part of a government rehabilitation program). His intimacy problems were difficult for him to overcome. Got a depression after 18 months, successfully treated with Clomipramine. Some years later he returned to therapy and was at that time married, had two children. Obsession had lessened, was better at recognising emotions but still not good at expressing them.

Case 12: Schizotypal Personality Disorder (Gregorio)

Identifying data: 33 year old unemployed man.

Complaints: Intrusive thoughts and images, compulsive behaviours, ideas of reference, social isolation, self-worthlessness.

Family history: Younger of two German brothers. Father: a silent man, anxious, very heavy smoker, died when the patient was 14. Mother: meticulous and a worrier

Social history: The only female relationship lasted only a few months (she wouldn't have sex with him.) Devoted as a worker, but did not get on well with colleagues. Had disability pension. Lived with the family all of the time, but was isolated in his separate room.

Case 12: Schizotypal PD (Gregorio) (cont'd)

History of illness: In childhood severe achievement problems due to obsessive-compulsive symptoms. Always a loner among peers, distrustful, easy to bear grudges and reacted with anger. He was suspicious, had ideas of reference, became social phobic, had compulsive rituals and developed an alcohol abuse.

Medical history:

Suffered from gallstones and adiposity

Mental status: Tall, markedly overweight. Looked grim and aloof. Speech circumstantial, vague and included a lot of irrelevant details.

Case 12: Schizotypal PD (Gregorio) (cont'd)

Diagnosis: OCD, Alcohol Abuse disorder, Schizotypal Personality Disorder.

Treatment history: Anti-depressants and low-dose anti-psychotic. A psychoeducational and cognitively-oriented individual psychotherapy program to overcome his alcohol abuse. Could not join group therapy, was excessively distressful to interact with other people. Dropped out of treatment after intrusive mental images with sexual content derived through his professional encounters to female psychiatrists and female nurses, avoided outside world stimuli by living shut off in his house.

Case 13: Antisocial Personality Disorder (John)

Identifying data: 27 year old male, who committed murder when he was 17. After staying 10 years in a high security hospital he has started aftercare treatment.

Complaints: No complaints, forced to come by the rules of the Ministry of Justice

Family history: Closely attached to his mother, father had a girlfriend and was never present. His older brother was less bright. Parents earned a fortune after selling their restaurant. Father came back home, pleased his wife and children with goods. The patient lost his faith in both parents.

Case 13: Antisocial PD (John) (cont'd)

Social history: Teased in school, didn't do well. Felt powerless. Started to go to karate school as his "secret life", met new kind of people, also from criminal milieu. Felt strong and smart (16 years old). In a robbery he killed an old man, after getting incredibly angry of the man's slowness.

History of illness: Didn't think something was wrong with him. It was hard for the staff to relate to him, he did not react positively when approached, easily became very angry and was locked in. After being told that if he continued that way he wouldn't get out for years, became more open.

Medical history: healthy.

Mental status: not described.

Case 13: Antisocial PD (John) (cont'd)

Diagnosis: Anti-social personality disorder.

Treatment history: Psychotherapy while in security hospital.

In aftercare treatment psychotherapy continued. Worked with his low self esteem, his trustworthiness of others. Began to show real feelings: felt ashamed and guilty. His anger came out in careless, sometimes dangerous driving directed towards other drivers. Still attracted to the criminal milieu for some time. He got a girlfriend, became a sports teacher for disabled children and had a son.

Case 14: Antisocial/dissocial Personality Disorder (Sergio)

Identifying data: 22 year old man, unemployed, referred to the doctor's office by the father because of troublesome behaviour.

Complaints: Depressed mood, impulsive, aggressive behaviour.

Family history: Very conflicted childhood. Mother: emotional unstable, nervous, drug addicted sometimes hospitalized for taking overdoses. Father: absent, but at times cruel towards the mother. Grandfather died 6 years ago and mother died recently.

Social history: Did not complete high school, worked for a computer company for a while, dismissed because of physical aggression against a co-worker. Unstable relationship with two girlfriends.

Case 14: Antisocial/dissocial PD (Sergio) (cont'd)

History of illness: Minimal brain dysfunction as a child, took Ritalin. Lacked concentration and motivation skills.

Abused marihuana at the age of 15. Now marked irritable, impulsive towards everybody around him after his mother's death eight months prior to admission.

Medical history: Obesity in childhood.

Mental status: Anxious, talkative, moody, unconcentrated, feels confused and disorganized

Case 14: Antisocial/dissocial PD (Sergio) (cont'd)

Diagnosis: Major depression, substance abuse (cannabis), antisocial personality disorder with borderline and narcissistic features.

Treatment history: Medicated with anti-depressive and psychosedative drugs. Psychodynamically oriented psychotherapy trying to overcome his sad feelings after the loss of his mother and to diminish his acting-out behaviour.

Case 15: Antisocial/dissocial Personality Disorder (Marcel)

Identifying data: 46-year-old male, unemployed, on disability pension, married without children.

Complaints: Impulsive, irritable, even aggressive at times, difficulties in maintaining good and long-term relationships, but the "real" problems were related to alcoholism.

Family history: Both parents alcoholics, mother somatization disorder often hospitalized, parents divorced when the patient was two years old. Lived with his father, who had 3 more children. Familial ambiance characterized by conflicts.

Social history: Graduated only 5 classes, couldn't maintain jobs for more than 1-3 months, started precociously his sexual life. Married a 20 year older woman with bipolar disorder. Sold her house without her knowledge. Never committed any severe criminal acts.

Case 15: Antisocial/dissocial PD (Marcel) (cont'd)

History of illness: Impulsivity and social misconduct in childhood. Depressive episodes treated with anti-depressant in early adulthood plus alcohol abuse. Later severe problems in marriage, severe alcoholism. Admitted several times since the age of 21.

Medical history: Head trauma at seven, viral hepatitis type A, but most importantly medical problems generated from alcoholism: hepatitis, gastritis, cardiomyopathy and as a consequence of the latter, hypertension

Mental status: Sociable, makes good impression, denies any problems. Inflated self-esteem, lacks insight, callous, deceitful, manipulative, lacks concern for social demands.

Case 15: Antisocial/dissocial PD (Marcel) (cont'd)

Diagnosis: Antisocial/dissocial personality disorder, chronic alcoholism

Treatment history: Many hospitalizations (twice compulsory) or referred by emergency room doctors, because of self-mutilating behaviour in front of police.

Depressive episodes treated by tetracyclic anti-depressants. In general his problems related to his chronic alcoholism superimposed the dissocial personality disorder.

Case 16: Antisocial/dissocial Personality Disorder (Mr. M)

Identifying data: 55 year old male on social assistance.

Complaints: Three years before admission he had ileostomy following bowel obstruction and since then recurrent suicidal attempts. Was locked out of a boarding home.

Family history: Brought up in a foster care since he was 5, his twin brother stayed with his mother. His father was incarcerated as a criminal for many years.

Social history: Repeatedly in trouble with the police, ran away from foster home, got into fights and was truant from school. Became involved in Hells Angels for many years. 10 years in prison for man slaughter. His first wife and their child were killed in a car accident by a drunken driver. Had two children in a second marriage, refused to give details of his divorce. Became a marine helicopter pilot in Sing Sing and Vietnam.

Case 16: Antisocial/dissocial PD (Mr. M) (cont'd)

History of illness: Flash backs dating back to his life as a soldier in Vietnam (1500 "missions"). Treated for heroin and alcohol addiction after coming back.

Medical history: Iliostomy surgery after bowel obstruction.

Mental status: Brusque with angry and sarcastic tone, uncooperative, unable to make eye contact unless he is making a demand or challenging a statement. Speech varies in rate and tone depending on his level of anger. Endorses suicidal and homicidal ideation. Good vocabulary and some superficial understanding of his problems.

Case 16: Antisocial/dissocial PD (Mr. M) (cont'd)

Diagnosis: Antisocial personality disorder, PTSD.

Treatment history: Group therapy for 5 months and social support. Initial goals were to develop an alliance, have him to understand his abusive behaviour toward the staff, and his destructiveness as a defence for revealing his fear of doctors and his ideas of being rejected. He did identify some feelings like he did not trust anyone. He didn't fire his group therapist.

Case 17: Borderline Personality Disorder (Alejandro)

Identifying data: 22-year-old man, farmer sent to psychiatric treatment after injuring a neighbour

Complaints: Social withdrawal, irritability

Family and social history: One of 5 sons brought up in a humble family in a rural area. Because his mother was ill he was taking care of by neighbour Raul's family. Parents made a great effort to give their children welfare and education. Were sent away to remote city for secondary school. Had no friends, felt discriminated by the teachers, ran away. Also second attempt to finish school went wrong

Case 17: Borderline PD (Alejandro) (cont'd)

History of illness:

Introvert and quiet. Was fired by neighbour Raul, who also owed him money. Felt disgusted, angry, resentful, embarrassed. The following night got up and walked to neighbour's house and injured Raul and his wife. Was arrested and sent for treatment

Medical history: 0

Mental status: Quiet, shy, somewhat anxious

Case 17: Borderline PD (cont'd)

Diagnosis: Borderline Personality Disorder

Treatment history: Did not regret his violent behaviour. Became dysphoric and felt badly and discriminated in social relationships at the ward. Became isolated. Were treated with a small dose of anti-psychotic (olanzepine mg 5), which improved his clinical condition and he became more open towards other, including his family.

Case 18: Borderline Personality Disorder (Anna Z)

Identifying data: 29-year-old student of philosophy

Complaints: Mood oscillation, interpersonal problems, headache, diffuse fear, academic inhibition

Family and social history: Parents met during inpatient psychiatric treatment, lived a bohemian life, divorced after 13 years. Mother: commercialist, chronic depressed with phobia for malignant diseases. Father: well-known literary critic. Mother felt bad about having a daughter ("another sufferer to the world"). Brought up by a grandfather, who both loved and beat her (as did her father).

Case 18: Borderline PD (Anna Z) (cont'd)

History of illness: Was "impossible" as a child, aggressive or withdrawn with frequent tantrums

Medical history: In late life diabetes mellitus, anaemia and myomatous uterus

Mental status: Talks fast and much, using lots of foreign words to impress, had a "I don't care look". Immediately express anger towards parents, never felt accepted or loved by them. Fickle, superficial emotions, often toward the extremes. Intense and unstable in her relationships

Case 18: Borderline PD (Anna Z) (cont'd)

Diagnosis: Borderline Personality Disorder with infantile, histrionic traits. DIB-R, SIDP and the MCMI were used for descriptive purposes and dynamic interpretations for guidance of psychoanalytic psychotherapy

Treatment history: 8 weeks of hospitalization in a Personality Disorder unit, individual psychotherapy 3 times a week followed by weekly 40 sessions as an out-patient. Not compliant to SSRI medication, but liked diazepam. Dropped out of treatment for two years, got married and had diabetes mellitus. Came back and left treatment for the following approx. 10 years.

Case 19: Schizoid Personality Disorder (John)

Identifying data: 23-year-old student

Complaints: inability to concentrate, social isolation, felt old of his age, tired, rootless and peculiar

Family and social history: eldest of 2 sons, raised under unstable, chaotic circumstances. His parents never married, hardly ever lived together. Father: violent with a bad temper, sometimes disappeared from home in rage and returned after several days. Mother: sweet, but non-caring, left her children now and then to be raised by maids. Was a lonely wolf, became interested in computers and mathematics by age 13 and became exceedingly isolated with his computer as his sole companion.

Case 19: Schizoid PD (John) (cont'd)

History of illness: From early childhood not interested in playing with his brother or peers. At 18 he felt something was wrong, not being interested in girls. In school self-absorbed, interested in aggressive fantasies and figures, violent cartoons and macabre videos. Developed a computer program that could play the internet games for him. He could be caught up in his own fantasies and "wake up" after half an hour.

Medical history: 0

Mental status: Small lean man, emotionally distant, no eye contact, some hostility underneath his responses, but denied if brought up by the interviewer. Hard for him to describe his feelings.

Case 19: Schizoid PD (John) (cont'd)

Diagnosis: In SCID-II interview some avoidant, obsessive, narcissistic traits but fulfilled diagnostic criteria for schizoid PD.

Treatment history: Individual psychotherapy. Dropped out after a few sessions, but after several letters he began to come more regularly for the therapy. Began to talk about his preoccupation with aggressive thoughts and sadistic fantasies. Attempts to reduce his aggression by medication failed because he felt it was a mental restraint jacket.

Case 20: Narcissistic and Antisocial Personality Disorder (Jim)

Identifying data: 28-year-old black male, of Surinam descendant, convicted for death treats and arson, 18 months of imprisonment and subsequent involuntary psychiatric treatment

Complaints: no psychological or psychiatric complaints

Family and social history: Born in Surinam. Because of the father's infidelity the mother emigrated alone to Holland with her 4 children, when the patient was 1 year old. All children physically abused by the mother. Serious behavioural problems both in primary and secondary school and negligent of his self care. At 12 years old he moved in with a 54-year old known paedophile man from local soccer club. Witnessed sexual abuse of some other boys. At 17 years old found guilty twice for sexual assault and rape threats, but the court released him and ordered him to follow a course about victims. No regular job, does have substantial sums of money from friends running hash shop and brothels. Started a relationship with Elsa.

Case 20: Narcissistic and Antisocial PD (Jim)

History of illness: Expelled from school because of frequent truancy, criminal lifestyle in youth, spending large sums of money. Nice and considerate early in his relationship with Elsa, but became violent and aggressive, when she chose to have an abortion. Had other sexual affairs. She would leave him, but was threatened to take him back. Later he set her house on fire. Abused marihuana and alcohol in moderate quantities.

Medical history: 0

Mental status: Certain charm, but derisive and mocking. Have a strong need for affection, admiration. When these not met self conceited with a poor developed conscience. Avoided problems, fantasized his own superior talents. Easily seeking refuge in verbal offense when cornered and despised.

Case 20: Narcissistic and Antisocial PD (cont'd)

Diagnosis: Narcissistic and antisocial pattern of behavior

Treatment history: Almost three years as in-patient. Too many impediments to consider therapeutic program the first year, but slowly he became more open. As he was given more freedom old behavioural problem surfaced again. Was transferred to different wards, but his manipulative, rebellious leadership in the group, in which he exploited other peoples vulnerabilities, caused serious problems. Suspected for smuggling soft drugs to the ward. Wrote an anonymous letter in twisted handwriting accusing an innocent fellow-patient for the smuggling. After leaving the clinic he submitted a complaint accusing the psychiatrist and head consultant of harmful negligence.

Case 21: Borderline and Dependent Personality Disorder

Identifying data: 36-year-old businessman

Complaints: despondency, fatigue, incapacity to deal with affective life

Family and social history: Family emigrated to Brazil. when he was 3 years old. The family atmosphere was oppressive and sombre. Mother: harsh, angry, dissatisfied, always complaining, self-absorbed that tyrannized husband, the four children and the mother-in-law. Father: Exhausted, silent, negligent. His economic life bordered the chaotic.

Case 21: Borderline and Dependent PD (cont'd)

History of illness: always felt, weak, inadequate, verbal attitude to appear "intelligent". On four occasions having panic episodes with outbreaks of generalized anxiety and fear of dying. Episodes of depersonalization and dizziness. Always in the look for someone to take care of him, but relationships with especially women were unstable as were his projects efforts in his job. Left with bitterness and feeling of being a failure.

Medical history: Chronic gastritis and severe headache. Drank many cups of coffee every day. Uremia appeared, apparently arising from obesity.

Mental status: Constant vacillation and indecision, an intense diffuse anguished state permeated his entire being. Gait slow and tottering as if he were an old man

Diagnosis: Borderline with dependent features

Treatment history: Three years of psychotherapy 3 sessions per week.

Relational problems to the mother and his girlfriend were discussed. Every aspects of his ongoing chaotic life ("stable instability") style, where minor misfortunes were seen as unbearable. Saw the psychiatrist as a saviour or redeemer.

Myriads of personalities emerged in the sessions. Slow improvement over the three years. He managed to resolve many of his quarrels in life and his mood were stabilized.

Case 23: Narcissistic Personality Disorder (Erik)

Identifying data: Man in his early thirties referred to a specialized treatment program for severe personality dysfunction.

Complaints: interpersonal problems, recurrent depression, psychosomatic symptoms, uneasiness/anxiousness.

Family and social history: Grandfather and father: emotionally unstable, ambitious, perfectionists. Father successful businessman who traveled a lot. Mother: Opposite the father, angry, frustrated, less connected to her. Father coached him in sports. Finished university studies with good grades. Became a successful TV reporter, was given a senior position after a short time. Did not become deeply attached with women for several years after a break-up of a romantic relationship.

Case 23: Narcissistic PD (Erik)

History of illness: unhappy as a child, difficulties in making friends. Felt lonely in high school, but were considered charming by girls. Recurrent depressions following loss of a romantic relationship and later following job problems. Panic attacks and suicidal ideation. Somatic symptoms, breathing difficulties, back pain, numbness in legs and arms. Explosive outburst of rage.

Medical history: 0

Mental status: Good looking, impressively knowledgeable, articulated man. Ambivalent toward the role as a patient.

Case 23: Narcissistic PD (Erik)

Diagnosis: Fulfilled the diagnostic criteria for recurrent depressive disorder, somatoform disorder and panic disorder without agoraphobia. Fulfilled 5 criteria for narcissistic personality disorder.

Treatment history: Intensive day treatment program 4 days a week for 22 weeks, including group-therapy. At the beginning focus was on his complex relationship with his father, also his feeling of guilt by joining his father in devaluating his mother. Feelings of distrust toward the group lead to a more detached position. Short time of individual therapy. Alternated between states of childish regression and grandiosity. The interpersonal problem with his girlfriend and ambivalence and rage towards the group led to new individual sessions. By the end of therapy he was devaluating the whole program and wanted his files deleted afraid that it would harm his career.

Case 24: Borderline Personality Disorder (Mary)

Identifying data: 31-year-old woman, a degree in law, referred because of severe self mutilating and suicidal behaviours.

Complaints: self-cutting, binge eating, substance abuse

Family and social history: Mother: suffer from OCD, were ambivalent towards her, often attacked her as "the cause of her problems". Father: Schizoid traits. 2-year older brother, often in physical fights. University degree in law. Had intermittent works as officer.

Case 24: Borderline PD (Mary) (cont'd)

History of illness: poor social relationship, no close friends or confidants, except one or two persons. Many "one night" sexual relationships since adolescence. Compulsive and obsessive behaviour in childhood. From age 11 self-cutting behaviour. Age 16 anorectic problems because of fear of contamination of food. Binge-eating and misuse of laxatives (Senna leaves and 6-7 lt. saline solutions per day). Psychoactive drug abuse since age 24 (diazepam and neuroleptics). Antisocial behaviour to obtain these drugs.

Medical history: Preterm baby, conduct problem (physical fights) as a child. Amenorrhea from 17 due to anorexia.

Case 24: Borderline PD (Mary) (cont'd)

Diagnosis: Borderline personality with schizotypal traits

Treatment history: Originally diagnosed as a Bipolar disorder she was treated with lithium and neuroleptics, but refused to follow the treatment for four years. Then another attempt to establish a treatment alliance failed (now for an apparent eating disorder). Later medication with clozapine had excellent result, but due to agranulocytosis treatment had to be discontinued. Some improvement were obtained by risperidone/olanzepine. A psychotherapeutic program was established for two years in combination with shorter periods of hospitalization. Improvement in her relationships and a better control over her impulsive self-cutting behaviour were achieved.

Case 25: Schizotypal Personality Disorder

Identifying data: 42-year-old industrial worker

Complaints: Apprehension, obsessive thoughts, compulsions, sensation of seeing persons and things unnoticed by others, hearing voices unheard by others, concentration difficulties, loss of libido

Family and social history: Sister treated for schizophrenia. Worked as a lathe man?

Case 25: Schizotypal PD (cont'd)

History of illness: Phobia for going to school, psychosomatic symptoms, anxious and avoidant.

Medical history:

Mental status: Excessive timid, distrustful

Case 25: Schizotypal PD (cont'd)

Diagnosis:

Treatment history: Hospitalization. Combined medication with fluoxetine and risperidone. Later psychotherapeutic

Case 26: Borderline Personality Disorder (Lola)

Identifying data: 29-year-old woman, separated computer technician

Complaints: apathy, anxiety, interpersonal problems

Family and social history: Mother: panic attacks. Father: alcohol dependence.

The family run a small printing company, that went bankrupt. Has moved around a lot to several main cities and countries in Europe and the US.

Sporadic jobs as a go-go dancer, in a computer film company, as a manufacturer. Married at age 22 in L.A, divorced after 4 years. Later moved to Ibiza and got a new boyfriend. Couldn't get a job. His family referred her for treatment. Were dependent on her parents' financial support long after leaving home.

Case 26: Borderline PD (Lola) (cont'd)

History of illness: Panic attacks with agoraphobia at age 20. Medicated with SSRI and Alprazolam. Abuse of alcohol and marijuana. Later also cocaine and benzodiazepines. Manipulative misusing people. After consuming cocaine experiences with great anxiety, sensation of strangeness, depersonalization.

Medical history: 0

Mental status: Looks attractive, extrovert, anxious, impulsive, moody

Case 26: Borderline PD (Lola) (cont'd)

Diagnosis: IPDE was used for diagnostic evaluation. Fulfilled criteria for Borderline, histrionic, dependent and antisocial PD. Various axis I pathology (i.e. substance abuse, panic attacks)

Treatment history: Medication with SSRI and benzodiazepine. Individual psychotherapy.

Case 27: Paranoid Personality Disorder (RP)

Identifying data: 55-year-old married man, who worked as an upholsterer

Complaints: working problems, sadness, anhedonia, anguish, interest delay, ruin ideation

Family and social history: No information about his early personal history. His wife was a caring person, a good submissive partner. Their only son was being treated for depression and violent frequent behaviours. They lived in workers' neighbourhood with friendly people, but RP was distant, solitary, untruthful and isolated from neighbours.

Case 27: Paranoid Personality Disorder (RP) (cont'd)

History of illness: Pride traits joined to arrogance had been present since his adolescence. For a long time hypervigilant, tense, anguished, waiting with fear to be accused. Reacted with rage when criticized. Behaved through obsessive mechanism to control his fear of being criticized.

Medical history: Bronchial chronic disease and 2-3 annual severe pulmonary infectious episodes. Smoked 20-30 cigarettes a day. Also suffering from hypertension.

Mental status: Alert, paid special attention to his depressive feelings more than his more permanent traits like distrust, fear and apprehension.

Case 27: Paranoid Personality Disorder (RP) (cont'd)

Diagnosis: Depressive Disorder, Paranoid Personality Disorder with obsessive-compulsive traits.

Treatment history: Anti-depressants and low dose anti-psychotics. Individual psychotherapy and marital counselling. Social security and rehabilitation.

Case 28: Obsessive-Compulsive Personality Disorder (Jane)

Identifying data: 30-year-old married woman, employed as a secretary referred by husband for marital problems.

Complaints: no complaints, see her husband as the problem

Family and social history: Eldest of three sisters. Obedient and a neat girl in school. No important illnesses in childhood. Got married late. They were constantly quarrelling over trivial things. She constantly took their baby for medical check ups incurring heavy bills.

Case 28: Obsessive-Compulsive Personality Disorder (Jane) (cont'd)

History of illness: Periods of indecisiveness, inflexibility, could not tolerate changes, preoccupation with punctuality from early childhood. Liked to organize things in detail. Sensitive to criticism.

Medical history: 0

Mental status: rigid, irritable, tearful, blaming her husband

Case 28: Obsessive-Compulsive Personality Disorder (Jane) (cont'd)

Diagnosis: Obsessive-Compulsive Personality Disorder and depression

Treatment history: Behaviour therapy and antidepressants

Case 29: Borderline Personality Disorder (AB)

Identifying data: 24-year-old woman, medical student

Complaints: emotional outburst, frequent changes in emotions and self injurious behaviour

Family and social history: Mother: house wife, a social lady. Had chronic heart and joint problems. Father: bank clerk, a modest man busy with his work. Middle socio-economic family. Two elder brothers, one of which tried to be supportive to her, but she would shout at him during her emotional outbursts accusing him for not being a good brother.

Case 29: Borderline Personality Disorder (AB) (cont'd)

History of illness: At the age of 16 she started feeling frustrated, not understood, had emotional outburst, took small overdoses of sleeping pills, felt empty. At medical college she became isolated, had “shopping sprees”, Had many broken relationships. She would insult and devalue her friends. Became involved with a married man. After he left her she broke many articles in her room and slashed her wrists. Feared to be abandoned in the following relationship. Called him 3-4 times a day to apologize. Continued her self injurious behaviour.

Medical history: 0

Mental status: Good looking, depressed mood, easily fatigued, decreased concentration, feeling worthless, easily got angry

Case 29: Borderline Personality Disorder (AB) (cont'd)

Diagnosis: BPD

Treatment history: Benzodiazepines. Dialectical behaviour therapy (DBT) weekly for 4 months.

Case 30: Narcissistic Personality Disorder (Mr FA) (cont'd)

Identifying data: 21-year-old unmarried man, unemployed

Complaints: feels nobody understands him, feels other are jealous of him

Family and social history: From a middle socio-economic family, no. 3 of 6 children. Mother: a illiterate woman. Father: owns an electronic goods shop, not friendly to any of his children. Parents had a very conflicting relationship.

Case 30: Narcissistic Personality Disorder (Mr FA)

History of illness: Had a male friend and after 1 ½ of friendship they started to have sexual relationship. After 3-4 months his friend asked him to end the sexual activity, but he refused, shouted and abused his friend. His friend left him. Became very upset, demanding, felt nobody could ever understand him. Felt that everybody was jealous of him, as he is a brilliant, sharp, active, smart man. Was very upset, aggressive, manipulative at home. Then brought to the hospital.

Medical history: 0

Mental status: Anxious, irritable, depressed mood, talkative, rigid and argumentative, defensive, felt superior.

Case 30: Narcissistic Personality Disorder (Mr FA) (cont'd)

Diagnosis: NPD

Treatment history: Weekly psychotherapy for 3 months. Behaviour Therapy, Cognitive behaviour therapy, Rational behaviour therapy and family counselling

Case 31: Borderline Personality Disorder (Anja)

Identifying data: 21-year-old woman, in training to become hotel manager referred for detoxification from alcohol and sedative

Complaints: rapid mood shifts, feeling worthless, self-damaging behaviours

Family and social history: Mother: owned a restaurant. Father: insurance agent. Parents were divorced when patient was 14 years old. Lived with her mother and her new partner. Felt rejected by the family, feeling alone. Fostered sexual relationships mostly with older men. Frequently changed partners. At age 18 moved in with a 12 years older man, who had multiple affairs during their time together. Due to physical disputes and alcohol excess she left her boyfriend and moved in with her mother.

Case 31: Borderline Personality Disorder (Anja) (cont'd)

History of illness: early abuse of alcohol at age 12, self-mutilation cutting her arms at age 14, treated for anorexia nervosa, stopped cutting and started to eat normal, but intense alcohol abuse. Panic attacks, self-medicated with benzodiazepines. Fears of being rejected, suicidal ideas. Feelings of emptiness.

Medical history: Asthma bronchial at the age of 12.

Mental status: Attractive, styled extravagantly. Mistrustful, insecure, withdrawn. Ironic impressionistic style of speaking. Lack of emotional stability with an incapability to control anger. Dichotomous way of thinking interacted with her mood shifts.

Case 31: Borderline Personality Disorder (Anja) (cont'd)

Diagnosis: BPD with dependent and histrionic features. Comorbid substance abuse.

Treatment history: In-patient treatment for 12 weeks based on Dialectical Behaviour Therapy (DTB): skills-training, theme-focused group therapy, perception training, body therapy, ergo-therapy, individual therapy, home-work-group and two evening event in groups. Four weeks of 20 mg citalopram (SSRI) medication.