



Dear Colleagues,

My first steps as a young researcher in personality disorders were taken the day a senior expert in my department invited me to participate as an interviewer in his study on the long-term clinical course of patients with borderline personality disorder. This was more than 30 years ago and little was known on the fate of people with BPD at the time. I was still a young resident in psychiatry and very eager to learn. Participating in this study allowed me to systematically concentrate narrowly on personality disorder assessment with more than a hundred patients over a year's time – a tremendous learning experience.



Lars Mehlum

It also allowed me to receive thorough training in cutting edge research methods and skills by eminent senior researchers. And it left me with a life-long interest and compassion for people with personality disorders. I don't know how many young clinicians get the same opportunities in contemporary busy and cost-sensitive psychiatry. But I do know that we need to give young and talented colleagues opportunities to learn from leading experts if we are ever to succeed in our wish to expand PD research and evidence-based treatments throughout Europe. So wouldn't it be great if somebody could create a school for young researchers wishing to pursue a career in PD research – a school teaching the latest methods and research paradigms? Well, I am happy to inform you that this is exactly what we are doing right now in the ESSPD. The planning work has been going on for some time now, and soon we will be advertising the first training. So if you know one or more young colleagues who would be interested in this opportunity, please contact us.

As you know, we are working hard to reach out and recruit more eminent researchers, clinicians, trainers and policy makers in PD treatment and recruit them as members. Since we started this initiative, just a year ago, our society membership has grown by more than 100%! Still, our goal is not to get as many members as possible, but to get most of those who are actually outstanding professionals in this field in Europe to join the ESSPD. If you know someone who should really be a member, let us know.

With best wishes from,

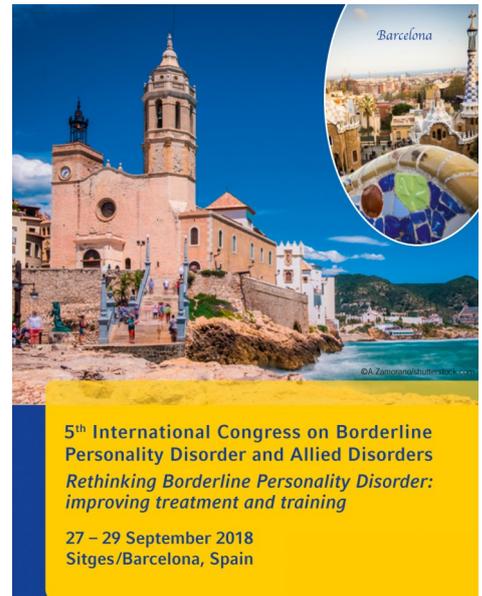
Lars Mehlum, President of the ESSPD

5th International Congress on Borderline Personality Disorder and Allied Disorders – Sitges/ Barcelona, September 27-29, 2018

After the highly successful meetings in Berlin, Amsterdam, Rome, and Vienna, the next International Congress on Borderline Personality Disorder will be held by the Mediterranean Sea in Sitges close to Barcelona.

This year we will try to rethink borderline personality disorder (BPD). The “classical” diagnostic approach towards personality disorders is being challenged by research results and also by the new classification systems of DSM-5 and ICD-11. New insight into the development of BPD emerges from genetics and epigenetics, neuroimaging and neuropsychology. The fascinating task of integrating these research findings into our clinical and theoretical concepts will be approached at our conference. How does basic research influence our “working model” of BPD? How does it change our treatment strategies? And how can researchers communicate their results to the clinically working colleagues?

In our plenary sessions we will hear Harold W. Koenigsberg give us an overview on the neurobiological underpinnings of BPD and Martin Bohus will focus on the impact of the latest neuropsychological findings on its treatment. Carla Sharp and Michael Kaess will focus on the hot topic of BPD in adolescents from a developmental and a treatment perspective.



Harold W. Koenigsberg

In addition our program will of course cover the whole field of research on borderline personality disorder and related conditions. As a new format we will introduce the presidential debate chaired by the ESSPD President, Lars Mehlum. Michaela Swales, Lois-Choi-Kain, Anthony Bateman, and Stephan Doering will discuss the progress in our attempts to train BPD-specific treatments.

We hope that a lot of our colleagues, friends, researchers, clinicians from Europe and the whole world will again join our conference and contribute their latest research, discuss and learn from each other – and enjoy the wonderful beach and the sea next to our venue, the Melia Hotel in Sitges (<https://www.melia.com/es/hoteles/espana/sitges/melia-sitges/index.html>).

The city of Sitges is located by the Mediterranean Sea, a 30 minute ride south of Barcelona and just 25km from Barcelona airport. Thus, it would make sense to extend your stay and visit this beautiful city and the amazing region surrounding it. You will find more detailed information of the congress website <http://www.borderline-congress.org/5th-borderline-congress-2018/>.

We are looking forward to welcome you to the ESSPD conference in September 2018 in Sitges.

Stephan Doering, ESSPD Board



Stephan Doering
(Chair of the Congress Organizing Committee)



Lars Mehlum
(ESSPD President)



Carla Sharp

Babette Renneberg has received the DGVT award

The ESSPD board is happy to congratulate our board member, Babette Renneberg, with her recent award from the German Association of Behaviour Therapy (DGVT) for her work on personality disorders. The ceremony took place at the DGVT Congress in March 2018 in Berlin.

Babette Renneberg is Professor of Clinical Psychology and Psychotherapy at Freie Universität Berlin, Germany and Director of the Outpatient Psychotherapy Treatment Center at the same university, as well as Director of a training program in child and adolescent cognitive-behaviour therapy. Professor Renneberg has during her career demonstrated a combined interest for basic and applied research in personality disorders, as part of an even broader research field. Together with her colleagues she developed a treatment approach for avoidant personality disorder and more recently a parenting program for mothers with borderline personality disorder.



Professor Renneberg received the DGVT award for her “*outstanding achievements in the development of behavioural therapy/psychotherapy under the responsibility of health policy and in the field of health-promoting psychosocial prevention and intervention*”. Bridging the gap between research, health care, and clinical work is one of the main issues of ESSPD and we are grateful for having such a competent researcher on the board. The DGVT Prize is only awarded every two years and is a great honour. Congratulations!

ESSPD Research Update

This quarterly newsletter focused upon the theme of *Developmental Pathways into Personality Disorders* in its selection of the five most innovative contributions to the literature in the recent months.

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Sophie Liljedahl

Seeking to understand lived experiences of personal recovery in personality disorder in community and forensic settings – a qualitative methods investigation

Shepherd, A., Sanders, C., & Shaw, J. (2017)

BMC Psychiatry

DOI: [10.1186/s12888-017-1442-8](https://doi.org/10.1186/s12888-017-1442-8)

Aim: To describe central themes in the personal recovery process amongst individuals with PDs receiving care in community or forensic settings. These narratives are presented as an alternative method for describing change in clinical practice, rather than relying solely upon traditional indices of change such as symptom reduction or change in clinical presentation.

Background: Most research describing the personal recovery of individuals diagnosed with mental illness has been dedicated to individuals diagnosed with schizophrenia. Understanding the personal recovery process has been traditionally associated with increasing autonomy and empowerment. The potentially stigmatizing nature of being diagnosed with a PD, coupled with the relatively high proportion of PD individuals in forensic settings creates a challenge for understanding the personal recovery process within an empowerment framework. The authors propose that this has limited personal recovery narratives in PD research.

Method and Procedure: Results were extracted from a doctoral study conducted in the UK. Participants were recruited by approaching mental health teams treating PD individuals with information on the study's aims, and the in-depth qualitative interview process that study participation would involve. Clinical teams brokered introductions between prospective candidates and the interviewing researcher. There were no exclusion criteria.

Results and Discussion: A total of N=41 individuals completed qualitative interviews, the majority of whom had been diagnosed with borderline or antisocial personality disorder. Slightly more than half the participants were female (56%), the majority were white (88%) and all were adults between the ages of 18-60. A total of four interviews were conducted in secure wards, 16 were conducted in prison, 17 were conducted in the general community, and four were conducted in inpatient wards. Four primary themes emerged regarding the work that is comprised by personal recovery. These were: 1. integrating early experiences within one's later development and self-understanding, 2. Cultivating the ability to regulate emotions, 3. A PD diagnosis facilitating self-understanding as well as hope for a better future, and 4. Mental health services as a vital platform where individuals were understood, supported, and helped to grow. In sum, the recovery process was described as an ongoing and evolving relationship between making sense of one's suffering and distress in the context of social and clinical networks in which they live and continue to grow.

Interpersonal barriers to recovery from borderline personality disorder: A qualitative analysis of patient perspectives

Carmel, A., Torres, N. I., Chalker, S., Comtois, K. A. (Oct, 2017)

Personality and Mental Health

DOI: [10.1002/pmh.1397](https://doi.org/10.1002/pmh.1397)

Aim: To evaluate how self-reported behaviours that were problematic and accordingly targets for therapy were reinforced in social and treatment contexts, and how these problem behaviours served as barriers in the personal recovery process amongst individuals with BPD receiving DBT. Additionally, to evaluate what behaviours from friends, family, and service providers increased the likelihood of engaging in problem behaviours (reciprocal impact, as formulated by the biosocial model).

Background: The increasing emphasis on patient-centered care in mental health service provision has increased the professional interest in the lived experience of individuals diagnosed with BPD and their perspectives on treatment. Given the high volume of services consumed by this group, as well as the possibility that they may not fare well in the specialized evidence-based treatments that are created for them, understanding barriers in the recovery process is especially relevant. For the purpose of the study, recovery was defined as the ability to participate in continuing education or employment, an increase in lasting and meaningful relationships and clinical improvement with respect to BPD symptoms.

Participants & Procedure: Participants were N=31 individuals recruited from an outpatient public DBT program in the United States. The sample was comprised of mostly female (93%), white (77.4%) single (71%) individuals with some college or technical post-secondary education (41.3%). Participants were asked to describe what got in the way of their recovery as part of their application to the program. Individuals were also asked to identify “mental patient” behaviour – that is, behaviours that kept them stuck in problematic patterns of initiating and responding, with the likelihood of keeping them in treatment and on psychiatric disability. They were also asked what reinforced these behaviours. Data were analysed qualitatively.

Results & Discussion: Content analysis generated themes in relation to problem behaviours, as well as how these behaviours were encouraged by those across the individuals’ social and treatment contexts. Emerging themes were those of 1. Avoidance, 2. Reinforcement of coping that was problematic, and 3. Expression to individuals that expectations for their behaviour / progress in treatment were not high. Each of these themes (and examples of situations generated by participants) demonstrated the difficulties that individuals had when trying to enact positive change in their lives due to the (negative) perceptions expressed by those in their social and treatment contexts regarding their recovery. Often individuals reported being encouraged not to get ahead of themselves when expressing the desire to use more active coping or to set goals that would increase autonomy. Although perhaps not explicit, stigma against those diagnosed with mental illness was often experienced as suggestions by social and treatment contacts alike to maintain the status quo (“fragilizing”). Future research would do well to continue the consideration of stigma in relation to barriers and facilitators of change in the personal recovery process of individuals with BPD receiving DBT.

Clients' experiences of treatment and recovery in borderline personality disorder: A meta-synthesis of qualitative studies

Katsakou, C. & Pistrang, N. (2017)

Psychotherapy Research

DOI: [10.1080/10503307.2016.1277040](https://doi.org/10.1080/10503307.2016.1277040)

Aim: To review the qualitative literature by meta-synthesis regarding the lived experience of individuals diagnosed with BPD and their perceptions of treatment and recovery. Emphasis was placed upon change in the recovery process, and individuals' attributions for what created change for them most significantly during treatment and across the rest of their lives.

Background: The authors note that BPD symptoms tend to remit over time (Zanarini et al., 2003), respond to a number of specialized evidence-based psychotherapies (Stoffers et al., 2012) as well as more generic community-based approaches often utilized in the control branch of RCTs testing specialized models (Priebe et al., 2012). While it is common for the clinical and research communities to evaluate problem behaviour and symptom remission as indicators of positive change in treatment, the authors pointed out that individuals with lived experience may understand their personal recovery differently. Cultivating a meaningful life while coming to terms with or embracing limitations due to mental illness may be more congruent with narratives of personal recovery expressed by those with lived experience.

Method and Procedure: A search based on three different electronic databases identified total of 14 qualitative studies evaluating personal recovery amongst BPD and other PD-diagnosed individuals. Studies focused on exclusively non-BPD samples were excluded. Quality of each study's methods was evaluated by The Critical Appraisal Skills Programme. Findings from each study were integrated by thematic analysis.

Results & Discussion: Three overarching domains were identified based upon 10 separate themes. The domains were: 1. "Areas of change," 2, "Helpful and unhelpful treatment characteristics," and 3, "The nature of change." Themes related to the first domain identified the ways that individuals progressed in therapy, specifically by cultivating self-acceptance and self-confidence, learning to manage difficult cognitions and emotions, learning new ways to relate to those in their environment, and making changes and experiencing hopefulness. Themes in the second domain related to helpful and less helpful aspects of treatment. Among the helpful aspects were safety and being treated respectfully with care, and as an equal partner, boundary setting or treatment contracts, as well as creating goals and efforts dedicated to change. Themes in the final domain related to individuals' experience of the recovery process including the experience of change as an open-ended dynamic process with movements between achievements and setbacks, i.e., therapeutic gains and losses with a focus on overall change. This study contributes knowledge regarding which features of treatment were most highly valued and most closely related to attributed positive change in the personal recovery of participants whose experience were synthesized from 14 qualitative studies. Further research with a broader sample of studies of individuals diagnosed with BPD would continue to illuminate the circumstances and conditions promoting positive change in the recovery process.

Key references

Priebe, S., Bhatti, N., Barnicot, K., Bremner, S., Gaglia, A., Katsakou, C., Zinkler, M. (2012). Effectiveness and cost-effectiveness of dialectical behaviour therapy for self-harming patients with personality

disorder: A pragmatic randomised controlled trial. *Psychotherapy and Psychosomatics*, 81, 356–365. doi:10.1159/000338897

Stoffers, J. M., Völlm, B. A., Rücker, G., Timmer, A., Huband, N., & Lieb, K. (2012). Psychological therapies for people with borderline personality disorder. *The Cochrane Database of Systematic Reviews*, 15, CD005652. doi:10.1002/14651858. CD005652.pub2

Zanarini, M. C., Frankenburg, F. R., Hennen, J., & Silk, K. R. (2003). The longitudinal course of borderline psychopathology: 6-year prospective follow-up of the phenomenology of borderline personality disorder. *American Journal of Psychiatry*, 160, 274–283. doi:10.1176/appi.ajp.160.2.274

The Effect of Pathological Narcissism on Interpersonal and Affective Processes in Social Interactions

Wright, A. G., Stepp, S. D., Scott, L., Hallquist, M., Beeney, J. E., Lazarus, S. A., & Pilkonis, P. A. (2017, October 12). *Journal of Abnormal Psychology*, 126, 898-910

Aim: To evaluate the nature and outcome of narcissistic features on everyday interpersonal situations. This evaluation was conducted with respect to behavioral and affective processes.

Background: To better understand the nature, impact, and cost of narcissistic features and their impact in daily social interactions, interpersonal theory was used to create models of social interactions expected to typify narcissism. Following (N=5,781) social interactions, participants completed an assessment of their own and their partner's behaviour and affect completed in real time using smartphones. Perceptions were evaluated on dimensions from dominant to submissive and affiliative to quarrelsome.

Method and Procedure: Couples in romantic relationships were recruited by posting flyers in psychiatric clinics, within a parent study aimed to evaluate the role of BPD in the relationships of romantic couples. Outpatients were screened for PD using two inventories evaluating PD. The sample was comprised of N=102 individuals recruited to intentionally represent a broad range of personality functioning, from those with BPD, to those who screened positive for any PD to those with no symptoms of PD. Exclusion criteria were lifetime diagnoses of psychosis or bipolar disorder. The sample was predominantly female (76.5%), white (72.5%), and the average age was 29.74 years old.

Links between behaviour and affect from the social interactions assessed by participants were evaluated by multilevel structural equation modelling. Narcissism was a moderator across links.

Results and Discussion: Results indicated that perceptions of dominance in one's partner predicted one's own quarrelsome behavior, but not dominant behaviour in return. This association was driven by narcissism and mediated by negative affect. Narcissism increased the association between perceptions of partners' dominance and own quarrelsome behaviour and negative affect (moderated mediation). Narcissism did not moderate the association between own dominance and partners' dominance, and it did also did not moderate associations between own affiliation and partners' affiliation. In sum, results from this study indicate that narcissism does express itself in daily life situations, through behavioural and affective processes that are related to perceptions of others' antagonism and dominance.

Wright, G. C., & Edershile, E. A. (2018)

Current Opinion in Psychology, 21, 74-79.

DOI: <http://dx.doi.org/10.1016/j.copsyc.2017.10.001>

Aim: To present and review resolved and unresolved issues in research on pathological narcissism. Issues resolved include recent formulations of pathological narcissism that have been proposed separately, yet are conceptually similar. Issues unresolved concern clinical observations of shift between grandiose and vulnerable states, which are topics of ongoing debate. Converging points within the debate are presented with the goal of identifying a new focus for future research.

Background: The study of pathological narcissism in clinical research has increased substantially in the last decade. Lack of consensus regarding formulation of pathological narcissism, particularly how to reconcile grandiosity and vulnerability within and between people, has led to divergent and contradictory findings. Further, the inability to identify state and situational triggers to shifting between grandiosity and vulnerability contributes to ongoing debate. These factors have hindered progression in pathological narcissism research until the past year. In 2017, two separate triarchic structural models were proposed that are conceptually similar (see key references). These hold promise for reconciling operational discrepancies, which in turn may contribute to new lines of research that can resolve ongoing debates.

Procedure and Review: The procedure for selecting studies included in this review was not described, nor was inclusion or exclusion criteria. Theoretical models and assessment measures of pathological narcissism were presented by the authors based on trends in the literature over the last ten years.

Results and Discussion: Both Krizan and Herlache (2017) and Miller et al. (2017) conducted independent reviews of the literature, upon which they based their separate but similar new formulations of pathological narcissism. Both groups propose that at the core of narcissism is *entitlement* which is moderated by features of *exhibitionism* and *vulnerability*. These moderators are proposed to be based upon existing personality or temperament. Krizan and Herlache propose that exhibitionism and vulnerability are associated with approach and avoidance orientations, whereas Miller and colleagues suggest they are associated with extraversion and neuroticism. Wright and Edershile (2018) conclude that these are identical “triarchic” structural models, cloaked in differing language based on the theoretical orientation from which each author group works. The contribution of these research groups is a structural dispositional model that proposes narcissism is a continuously distributed characteristic with contributors from both vulnerability and exhibitionism. The new models enable a system in which understanding both vulnerability and exhibitionism and related constructs (e.g., antagonism) is possible within the same individual, and between narcissistic individuals over time. Suggestions for future research are intensive longitudinal and repeated sampling approaches to enable identification of triggers for switching from vulnerability to exhibitionism/grandiosity. Data from such studies could resolve discrepant findings (favouring either feature) at the core of ongoing and unresolved debates.

Key references

Krizan, Z., & Herlache, A. D. (2017). The narcissism spectrum model: a synthetic view of narcissistic personality. *Personality and Social Psychology Review, 22*, 3-31.

Miller, J. D., Lynam, D. R., Hyatt, C. S., & Campbell, W. K. (2017). Controversies in narcissism. *Annual Review of Clinical Psychology, 31*, 291-315.

Membership Nomination Form

EUROPEAN SOCIETY FOR THE STUDY OF PERSONALITY DISORDERS (ESSPD) NOMINATION OF NEW MEMBER

Nominee's name:				
Title:	Affiliation:			
Postal Address:		Zip:	City:	Country:
Email:	Telephone:			

PROFESSIONAL BACKGROUND (psychiatrist, psychologist, nurse, social worker, other):									
NOMINATION CATEGORY (mark with X)									
Researcher	<input type="checkbox"/>	Clinician	<input type="checkbox"/>	Policy maker	<input type="checkbox"/>	Teacher	<input type="checkbox"/>	Organizer	<input type="checkbox"/>
MAIN FIELD(S) OF INTEREST (NEUROSCIENCES, ASSESSMENT, TREATMENT, PREVENTION, OTHER)									
ACHIEVEMENTS, ACCOMPLISHMENTS, INNOVATIONS, DISCOVERIES (list 3 most important)									
PUBLICATIONS (list 3 most important last 5 years)									
HONORS, AWARDS (list 3 most important)									
leadership roles (list 3 most important current or past roles)									
What you believe nominee will be able to contribute to the ESSPD									

nominators' nameS (printed letters)	NOMINATORS' SignatureS
Place	Date



Theresa Wilberg

Newsletter Submissions

Submissions to the *ESSPD Newsletter* are accepted on an ongoing basis. Subject areas may include issues from clinical practice, views and comments on current development within PD, reports from affiliated societies, member information, national and international events and conferences, research updates on personality disorders and more.

We are interested in submissions from practitioners and researchers from within and outside of Europe. The length of submissions should be from 300-800 words and formatted in Word. We suggest that the authors limit their use of references. Please enclose author photos with the all text.

Submissions should be emailed to Theresa Wilberg (Editor) at: uxthwi@ous-hf.no

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