



Dear Colleagues,

Some time ago I received a letter and a paper from a 20 year old woman from Italy, let's call her E. Her ability to voice how it feels to suffer from Borderline Personality Disorder was remarkable, so I got her permission to share her message "They call us Borderline" with you. "Our soul is screaming", E writes. "It screams and falls into an endless abyss bleeding. That's us. We need help". In these days, as you all know, our diagnostic systems are being revised, and strong voices have advocated for a total removal of the Borderline diagnosis along with all other specific PD diagnoses and to replace them with a single dimension ranging in severity from personality difficulties to severe personality disorder. There could be psychometrically good reasons to do such a thing. But diagnostic concepts have more functions than their mere nosological ones. They are also extremely important tools for effective communication. Not only communication between researchers or clinicians. In our field we need robust and acceptable diagnostic entities to support our efforts of communicating realistically to the public in a non-stigmatizing way about the suffering, severity and risks involved in Borderline Personality Disorder, but also about the existence of effective treatments and the need to make them available to more people. Therefore, we have made strong efforts, with our partners in the ISSPD and NASSP, to work with the WHO to seek better solutions for the PD diagnoses in the upcoming ICD-11 than the ones that so far have been on the table. We have been in constructive dialogue with the WHO and we have presented our views in a recent paper in the Journal of Personality Disorders (Herpertz et al, 2017).¹ At this stage I am happy to inform you that our work has been fruitful. A compromise solution, allowing us to keep the BPD diagnosis as a specifier of PD in the coming ICD-11, was reached in September, and presented by the WHO working group at an open meeting during the recent ISSPD congress in Heidelberg. We think this compromise is very wise as it will probably prevent what we feared could be a major setback to treatment development and implementation and to our efforts of communicating to users, families, gate keepers, clinicians, and the many groups in society who make decisions about providing and funding treatment programmes. Needless to say, we will keep you updated with more information about this important issue in forthcoming newsletters and at conferences.



Lars Mehlum

The ESSPD Board continues to work hard to develop the organization along the lines we have presented previously. This entails recruiting new members of high academic standing to join us in our efforts of creating an academy of excellence. So far, we have been very successful. Our number of members, recruited through special invitation, has increased by 50% since we launched this initiative. In this newsletter we have included a copy of the new members nomination form and we would encourage you to use it to target people you believe belong to our ranks. More information on how to nominate new members can be found on our website www.esspd.eu.

The ESSPD board has recently entered into an affiliation agreement with the scientific journal Borderline Personality Disorder and Emotion Dysregulation (www.bpded.biomedcentral.com), an open access journal within the BioMed Central family. This agreement entails several advantages for us as a society; more visibility and more channels of communication at the same time as there is no subscription fee for readers. The affiliation agreement has so far been made as a time limited arrangement to be evaluated before further decisions are made.

The planning of the 5th International Congress on Borderline Personality Disorder and Allied Disorders in September in Sitges/Barcelona is developing nicely. You will find more information about it in this newsletter and on our conference website. We are also developing the plans for our 3rd ESSPD Workshop conference on PD in Budapest in the spring of 2019 – more details to be announced soon. We hope you will find useful information on these matters in this fall issue of the Newsletter. As usual, Dr Sophie Liljedahl has prepared a summary of a new selection of some of the most innovative contributions to the PD research literature in the recent months.

Lars Mehlum, President of the ESSPD

¹ Herpertz S, Huprich SK, Bohus M, Chanen A, Goodman M, Mehlum L, Moran P, Newton-Howes G, Scott L, Sharp C. *The Challenge of Transforming the Diagnostic System of Personality Disorders*. Journal of Personality Disorders, 2017; 31: 1-13.

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

The next ESSPD conference will take place in September 2018 in Sitges, a beautiful little village directly at the beach of the Costa Dorada, half an hour south of Barcelona.



Martin Bohus

The overarching subject of the congress is “rethinking borderline personality disorder”. The latest developments around DSM-5 and ICD-11 show clearly that there is everything but conceptual unambiguousness regarding



Lars Mehlum

BPD. How can we define, diagnose, and classify BPD, and how can we understand its development? A growing body of empirical results, concepts, and theories seem to exist side by side, but we are far from a comprehensive and integrated understanding of the disorder and its determinants and antecedents. The current conceptual disarray around BPD inspired the congress title and will be addressed by a number of highly estimated experts in the field of BPD.



Carla Sharp

Martin Bohus will discuss how neurobiological and basic research improves the treatment of BPD, Carla Sharp and Michael Kaess will focus on developmental perspectives of BPD and the treatment of adolescents, and a presidential debate, chaired by Lars Mehlum, the current ESSPD president, will analyse the current status of training 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 beach, culture, and the way of living in Sitges and Barcelona.



Michael Kaess

The 5th Borderline Congress will take place at the Melia Hotel and Convention Centre, situated in Sitges overlooking the Mediterranean Sea. The beach is a few steps away, the hotel is surrounded by restaurants and bars and it is no more than 36 minutes to Barcelona by train.



Stephan Doering

We look forward to welcoming you to the ESSPD conference in September 2018 in Sitges/ Barcelona.

Stephan Doering, ESSPD Board



New Members

Introducing the new president-elect of the ESSPD:

Stephan Doering was elected as president-elect of the ESSPD in September 2017 at the ISSPD conference in Heidelberg. He has been a member of the ESSPD board and will take over the presidency from Lars Mehlum at the 2018 ESSPD conference in Sitges. He is psychiatrist and psychoanalyst, full professor and head of the Department of Psychoanalysis and Psychotherapy of the Medical University of Vienna, Austria. He is president of the International Society of Transference-Focused Psychotherapy (ISTFP), and editor of the German Journal of Psychosomatic Medicine and Psychotherapy as well as section editor of the Annals of General Psychiatry. His research foci are in the realm of diagnosis and treatment of personality disorders. He particularly deals with the conceptualization and assessment of personality functioning and evaluates the potential of psychotherapy, particularly Transference-focused Psychotherapy (TFP) to improve personality functioning. He has published widely and received several national and international awards. He is very much engaged in training of psychotherapy, has set up postgraduate training programs, and he is teaching in many countries all over Europe.



Stephan Doering

Babette Renneberg, PhD is Professor for Clinical Psychology and Psychotherapy at Freie Universitaet Berlin, Germany, supervisor and trainer in cognitive-behavior therapy. She is director of the Outpatient Psychotherapy Treatment Center at Freie Universität and director of a training program in child and adolescent cognitive-behavior therapy (ZGFU). Her research interests are basic and applied research in personality disorders, anxiety disorders, and psychosocial factors in physical illness. Together with her colleagues, she developed a treatment approach for avoidant personality disorder, a treatment approach for patients with severe burn injuries and more recently a parenting program for mothers with borderline personality disorder. She has received awards for her dissertation (on personality disorders in agoraphobic outpatients) and for her work on rejection sensitivity in borderline personality disorder.



Babette Renneberg

Joaquim Soler Ribaudi, PhD is a senior clinical psychologist working in the Borderline Personality Unit in the psychiatric department of the Hospital de la Santa Creu i Sant Pau in Barcelona. He is also Associate Professor in the Department of Psychiatry and Forensic Medicine at the Autonomous University of Barcelona. He has been trained as a DBT and MBCT therapist. He has collaborated and led several public financed projects on Borderline Personality Disorders (BPD) targeting assessment, genetics and psychological and pharmacological treatments. He has published more than 60 indexed papers related to BPD, depression and mindfulness. Dr Soler is also a researcher in the Center of Research in Mental Health Network. He is a principal investigator of the mindfulness group in the Excellence Network for the Dissemination of Psychological Treatments for Mental Health Promotion in Spain. He has collaborated with the National Health Department and with international and national scientific societies. Currently, he is the president of the Spanish DBT Society.



Joaquim Soler Ribaudi

They call us "Borderline"

My name is E., I am 20 and, like many other people in Italy and in the world, I suffer from Borderline Personality Disorder.

BPD is a relationship, identity and emotionality disorder, that prevents us from living friendships, emotions and feeling permanently or for a long time. People who suffer from this particular disorder have an exceedingly high sensitivity and a very vivid emotionality, which cause huge suffering, because all our emotions are incredibly acute: if we love, we do it completely and too much, if we suffer, our pain is so intense that it forces us to stop it using any way we have, so we hurt ourselves cutting or burning our skin, and so on.

Our emotions are devastating, uncontrolled and uncontrollable, and this gives enormous suffering to us and to everyone who tries to support us, because of this people love someone who could behave in complete different ways in a couple of minutes, someone who could be sweet and affectionate in a time and apparently unwarrantably angry a few seconds later.

Just like our emotions, also our self-disruptive behaviors shatter us, our relationships and people who love us, forcing them to separate from us. Yet all we desperately want is someone who'd love us and who'd take care of us. However, in the same time, we drive this person out, because of fear he could hurt or abandon us soon.

Many of us cannot overcome a painful trauma: sounds, smells, imagines, voices, everything can remind us of that traumatic event and constrains us to live it again and again with the same feelings, as if that event was happening in the present. Maybe it is our past itself who forces us to die every day because of lack of love, to be unable to go away from the whirlwind of unhappiness we are fitted in, to distance everything and everyone because we are afraid they can hurt us.

Someone who suffers from Borderline Personality Disorder (BPD) does not have a stable sense of his own identity, so he feels himself split, divided, torn: it is as if brain and soul were irremediably broken or even crumbled. We feel our lives crumble in our own hands, we are like mirrors that someone hammers more and more. Life itself snatched our soul and slammed it against a wall.

The science briefly describes BPD as "a serious health condition characterized by pervasive instability in mood, in interpersonal relationships, in self-image, in identity and in behavior, and a more general anomaly in the perception of the sense of self". This is science, but life is different.

Can you imagine what it means to *think* one thing and *feel* the opposite thing firmly believing the two of them totally true and valid at the same time? This and the oscillation of the mind between opposite polarities (that is a kind of "black or white" thought, which is unable to grasp the nuances of gray) are another feature of the Borderline Disorder. I'll try to explain myself better: we *cognitively* know there are shades of gray, but *sensibly* we can only perceive "white" or "black."

In addition, because of our mood, identity and emotional dysregulation, we live in a general existential instability: we often change work, home, town; we are often unemployed; we have difficulties in

They call us "Borderline" (continued)

completing our studies (despite the fact that a great number of us has an intelligence above average); we suddenly change our goals and affections; we question everything; we throw everything away... but we rarely have the strength to start over. Most of the time we would just let go and give up. Many of us attempt suicide ... many manage to.

We live with a continual, devastating, chronic feeling of emptiness. It is not easy to describe it: it is a sort of distressing feeling that presses on the stomach, it is the sensation you would feel if you fell endlessly into a dark, bottomless pit. It's like an eternal leap into nothingness.

Being Border means you are burning inside, but to show off the signs of our malaise is inconceivable in the eyes of society and so people often call us "crazy" and make us be hospitalized in psychiatric departments. Well, we're not crazy, we are wounded. There is a difference, because our disease comes from the heart and from the soul, not (or not only) from the head.

We hurt ourselves, we hurt our bodies to kill the evil that wears down our soul, we desperately try to hold the parts of ourselves together before they become nothing more than dust and shattered at our feet.

Marilee Strong in her book "A bright red scream" writes:

When a body is injured, the soul screams. And when the soul is trampled upon, the body bleeds.

Our soul is screaming. It screams and falls into an endless abyss bleeding.

That's us. We need help.

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

Is epigenetic stress the link between childhood maltreatment and borderline personality disorder?

Charoensook, J. (June, 2017)

The American Journal of Psychiatry Resident's Journal, 6, 2-4

<https://doi.org/10.1176/appi.ajp-rj.2017.120601>

Aim: To review studies that evaluate how traumatic stress in early life generates molecular changes that are associated with the development of a personality disorder in adulthood. The focus on epigenetics moves beyond “vulnerability genes” into how gene expression is affected by the environment.

Background: The association between early traumatic stress or child maltreatment, temperamental vulnerability, and emergence of borderline personality disorder (BPD) during adolescence or adulthood is well-documented. A promising complimentary explanatory model is consideration of secondary epigenetic modifications following exposure to childhood trauma. Epigenetics refers to the change in gene expression that is generated by the environment. Traumatic childhood environments can cause increased DNA methylation which can blunt or dysregulate the hypothalamic-pituitary-adrenal (HPA) axis. The HPA axis is responsible for modulating the stress response and preventing an over-response to stress. Stress creates the release of glucocorticoids. Glucocorticoids are stress hormones that regulate the HPA. Overproduction of glucocorticoids over time has “damaging effects on the developing brain” in relation to later mental health and problem behaviour (Perroud et al., 2011).

Procedure and Review: The procedure for selecting studies included in this review was not described. The field of epigenetics in relation to child maltreatment and development of adult personality disorder was described by the author as emerging. Both human and animal studies were included if they focused on early life traumatic stress and later behaviour (animals) and personality disorder (humans) alongside the contribution of epigenetic analysis.

Results and Discussion: Animal models evaluating the glucocorticoid receptor gene NR3C1 in rodents found that quality maternal care produced epigenetic modification (Weaver et al., 2007; 2004). Positive maternal care was associated with DNA methylation of the glucocorticoid receptor gene promoters that resulted in the helpful “programming of their young’s response to stress.”

In the first human study of epigenetics and BPD, Perroud et al. (2011) recruited participants

from a DBT program. The sample was principally female (95%) diagnosed with BPD and comorbid mood (73.26), alcohol (61.3%) and substance use (51.6%) disorders. Analysis of DNA extracted from leukocytes resulted in a positive correlation between the severity of child maltreatment as rated by the Childhood Trauma Questionnaire (CTQ), and NR3C1 methylation. Increased methylation status was present amongst participants who had experienced child sexual abuse (CSA) compared to participants who did not experience CSA. Perroud et al. (2011) also reported that for each type of maltreatment evaluated by the CTQ (amongst physical abuse, physical neglect, emotional abuse, emotional neglect, and sexual abuse) there were high and significant association with increased methylation. Alongside CSA this association was also pronounced for emotional abuse, which was concluded to be just as important a factor in relation to predicting later development of personality disorder. Methylation status has also been found to share an association with BPD severity, self-harm, and history of hospital admissions in another recent study.

In sum, the field of epigenetics in relation to development of personality disorder in general and BPD in particular is in its infancy. Human and animal research has demonstrated associations between how early life environments and events shape later personality development, which confirms and extends earlier etiological models of BPD.

Key References:

- Perroud, N., Paoloni-Giacobino, A., Prada, P., et al (2011).** Increased methylation of glucocorticoid receptor gene (NR3C1) in adults with a history of childhood maltreatment: a link with the severity and type of trauma. *Transl Psychiatry*; 1:e59
- Weaver, I. C., Cervoni, N., Champagne, F. A., et al:** Epigenetic programming by maternal behavior. *Nat Neurosci* 2004; 7:847–854 19.
- Weaver IC, D'Alessio AC, Brown SE, et al:** The transcription factor nerve growth factor-inducible protein 1 mediates epigenetic programming: altering epigenetic marks by immediate-early genes. *J Neurosci* 2007; 27:1756–1768.

Parental invalidation and the development of narcissism

Huxley, E. & Bizumic, B., (2017)

The Journal of Psychology

<http://dx.doi.org/10.1080/00223980.2016.1248807>

Aim: To evaluate perceived parental invalidation and its influence on the development of vulnerable and grandiose narcissism in adulthood.

Background: The authors observe that evaluating the developmental trajectories of narcissism has been hampered by lack of consensus regarding formulation and definition of narcissism in the literature. Lack of consensus is observed both in social and clinical personality research as well as in research conducted upon community versus patient populations. Narcissism is a universal personality construct (Foster & Campbell, 2007). The authors state that narcissism presenting as superiority, entitlement, and demanding recognition and adoration by others, coupled with coldness, exploitation and low empathy is grandiose narcissism. Narcissism that presents as needing to be needed, shame, helplessness and avoidance as a strategy to manage not being included or admired is described by the authors as vulnerable narcissism. The subtypes are associated with different developmental trajectories and relational outcomes. Understanding the role of parental invalidation on later narcissism was the focus of

the study. Invalidation refers to a pattern of meeting expressions of painful and distressing experiences with disbelief or minimization, blame, and punishment for both the negative emotion and also the event evoking the emotion (Linehan 1993).

Methods and Procedure: Participants were 442 primarily Australian citizens (82.4%) who were undergraduates, as well as members of the general population. Participant data were extracted from a longitudinal on-line study evaluating narcissism. Convenience and panel sampling methods were used to create the sample that was mostly female (301 females, 141 males), principally in their mid-twenties (M age 25.6, SD 10.2). Complete demographic data was a requirement for inclusion into the study sample including information regarding who raised participants over the course of their childhood. Participants completed the Pathological Narcissism Inventory (PNI), the Invalidating Childhood Environment Scale (ICES) and the EMBU-Short Form (S-EMBU) that evaluates recalled experiences of parental rejection, over-protection and coldness versus warmth.

Results and Discussion: Participants who reported strong memories of parental invalidation scored higher on measures of grandiose and vulnerable narcissism. This finding remained even after controlling for age, sex and parenting variables already examined in the literature such as over-protection, coldness and rejection. Correspondingly, participants in the sample recalling low levels of parental invalidation scored low on measures of narcissism. This study is the first to specifically evaluate recollections of parental invalidation in the development of narcissism.

Key References:

Foster, J. D., & Campbell, W. K. (2007). Are there such things as “Narcissists” in social psychology? A taxometric analysis of the narcissistic personality inventory. *Personality and Individual Differences*, 43, 1321–1332. doi.org/10.1016/j.paid.2007.04.003

Linehan, M. (1993). Cognitive-behavioral treatment of borderline personality disorder. New York, NY: Guilford Press.

Antisocial peer affiliation and externalizing disorders: Evidence for Gene × Environment × Development interaction.

Samek, D. R. Hicks, B. M., Keyes, M. A., Iacono, W. G., & McGue, M. (Feb, 2017)

Development and Psychopathology, 29(1), 155-172

[doi:10.1017/S0954579416000109](https://doi.org/10.1017/S0954579416000109)

Aim: To determine whether the gene by environment interaction that underlies externalizing problem behaviour amongst young people persists into adulthood, and if so, for what specific behaviour problems/clinical syndromes, and for how long.

Background: The gene by environment interaction refers to the expression of genetically determined traits that are dependent in part upon the environment or a specific environmental threat. Although it is accepted that the gene by environment interaction underlies externalizing behaviour problems in children and youth, the onset, specific externalizing problems affected, and duration of this interaction is unknown.

Participants and Procedure: Externalizing behaviour (substance use disorders and antisocial behaviour) and association with antisocial peers were evaluated concurrently and prospectively in a

sample of 1,382 same sex twins (52% female, 65% monozygotic). Twin pairs were evaluated at age 17, 20, 24 and 29 and were participants of the Minnesota Twin Family Study (Iacono, Carlson, Taylor, Elkins & McGue, 1999). Participants were recruited through their identification using public birth certificates for twins born from 1972-1984. Inclusion criteria were that twins were biological to the parents with whom they lived and that the families resided near the study center's location. Participating twins were required to be both physically and mentally healthy. A total of 83% of the twins who were located and eligible participated.

Results and Discussion: A gene by environment interaction was present at the first measurement point, when the twins were 17 years old. The greater the association with antisocial peers, the more strongly the genetic influence on substance use disorders and antisocial behaviour was expressed. This interaction was no longer present at any other time-point over the course of the study for antisocial behaviour, although it persisted for substance use disorders, up to the age of 29 which was the final time-point in the study. It was concluded that adolescence in particular is a critical period for the onset of externalizing behaviour problems that is modifiable in part by the nature of the environment. Expression of genetic vulnerability is at its greatest when paired with a high-risk environment, and this persists for substance use into adulthood.

Key Reference:

Iacono, W. G., Carlson, S. R., Taylor, J., Elkins, I. J., & McGue, M. (1999). Behavioral disinhibition and the development of substance-use disorders: Findings from the Minnesota Twin Family Study. *Development and Psychopathology, 11*, 869–900.

Association between childhood adversity and a diagnosis of personality disorder in young adulthood: a cohort study of 107,287 individuals in Stockholm County

Björkenstam, E., Ekselius, L., Burström, B., Kosidou, K., Björkenstam, C. (May 2017)

European Journal of Epidemiology,

[doi:10.1007/s10654-017-0264-9](https://doi.org/10.1007/s10654-017-0264-9)

Aim: To evaluate the role of cumulative childhood adversity (CA) and later development of personality disorder (PD) alongside the influence of school performance and childhood mental illness in a cohort of the Swedish population from Stockholm County born 1987-1991. By determining modifiable risk factors the authors aimed to facilitate early intervention and curtail the onset and severity of PDs and their associated suffering.

Background: It is generally accepted that CA, particularly child maltreatment, has a role in the later development of PD. The nature and scope of CA and the specificity of later PD is largely unknown, although multiple studies indicate that where CA exists, it is rarely of one single event or form, but rather tends to occur in clusters over time. Experience of CA is associated with poor school performance and risk of emotional and behavioural problems during childhood and adolescence. In the current study the authors evaluated the presence of seven different types of CA up to age 14. These were: death in the family, crime by parents, substance abuse and mental illness in parents, family separation and single parent-hood, social assistance and housing instability. Participants were evaluated until they turned 18 or the end of the study (Dec 31, 2011).

Method and Procedure: Participant data were obtained from the Medical Birth Register pertaining to individuals born in Stockholm County from 1987-1991. Exclusion criteria were adopted children, those who died before they turned 18, those who emigrated out of the region, and those with developmental disabilities by age 18. Swedish personal identity numbers were used to link birth records with death registers and patient registers (to determine use of psychiatric services) as well as an administrative health care database to access use of publically funded care in the region from the year 1997 onwards. Income and social benefits were linked by similar registries. Demographic information including place of residence age and sex are all accessible through Sweden's Total Population Register. Labour Market Studies registers and Court Conviction registers were used to determine socio-economic status as well as parental criminality, and the National School Register records were accessed for information on academic achievement. Family status was obtained through the Multi-Generation register that logs parent-child relationships. PD status was determined through records on the healthcare registries. CA was defined as occurring through the seven aforementioned forms for the purpose of the study.

Results and Discussion: There were positive associations between cumulative CA and later PD in a dose-response pattern such that greater CA led to increased likelihood of PD diagnosis by young adulthood. A total of 0.7% of the sample (770 participants) had PD diagnoses, with those exposed to 3+ CAs having the greatest likelihood of having a PD. Female participants were mostly likely to be diagnosed with a PD (78%), which were predominantly Cluster B (62%) as evaluated by ICD-10. Poor school performance and childhood mental illness also increased the likelihood of a PD diagnosis, but not to the same extent as cumulative CA. It is well understood that lifetime morbidity and overall mortality rates are higher amongst individuals with PDs compared to the general population. It is also well understood that PDs are treatable conditions. The authors suggested that school and health services may curtail the negative life-course of vulnerable children and youth by closely attending to declining academics, emotional and behavioural problems and CA, ideally as soon as these are detected.

What have we changed our minds about: Part II. Borderline personality disorder as a limitation of resilience

Fonagy, P., Luyten, P., Allison, E., & Campbell, C. (April 2017)
Borderline Personality Disorder and Emotion Dysregulation, 4,
Doi: [10.1186/s40479-017-0062-8](https://doi.org/10.1186/s40479-017-0062-8)

Aim: To review the second of a two-part publication the transitions in thinking related to developmental psychopathology, and the acquisition of mental illness with emphasis on personality disorders (PDs). The emphasis in part two is upon understanding the origins of the lack of resilience in social communication and attachment relationships from the framework of evolution and developmental psychopathology.

Background: Continuing from Part 1, the authors observe that a common factor amongst individuals with PDs is apparent inability to positively adapt after experiencing adversity. The persistence of distress in BPD and other PDs is a hallmark characteristic of these disorders, which the authors propose to be caused by lack of resilience. Lack of resilience is in turn said to be generated in part by limited ability to positively re-appraise socially stressful events, which additionally imposes limitations on the ability to mentalize. These challenges are explained in part by evolutionary adaptation, childhood psychopathology, and in a different manner than previously thought by these authors, attachment.

Review: Epistemic trust is an adaptation understood to emerge during infancy in the context of attachment relationships, which facilitates the acquisition of knowledge from credible communicators (adults). Culturally transmitted knowledge passed from parent to infant in the context of epistemic trust is an evolutionary adaptation estimated to have developed in the late Pleistocene era. It is the proposed mechanism by which social, relational and experiential knowledge is transmitted and then internalized by infants. Epistemic mistrust develops in the context of unreliable communicators who are hostile or abusive. In these situations, without reliable cues about connecting and reciprocity, the infant learns to become vigilant or closed off to social communication. Childhood psychopathology is observed when young children fail to show empathy to others in distress or demonstrate affect dysregulation, peer rejection and so on. In this way the effects of child maltreatment is said to extend across the lifespan. In the case of PDs, mistrust (the assumption of malevolent intentions) and hypervigilance are characteristic ways of relating to others, even when others communicate social cues that demonstrate they are reliable and benign. PD is then said to be in part an extension of the inability to form learning relationships, explaining the persistent emptiness and isolation experienced by many with the diagnoses. Importantly, epistemic mistrust can emerge from stressful attachment relationships that do not include maltreatment.

The role of attachment is reconsidered in the face of historic literature describing childhoods that are characterised by harshness and poverty thought to define much of human history prior to industrialization in the West. Epistemic trust is redefined more broadly as a mechanism that the family, community, or cultural system can create, with attachment developing in a more circular than linear way compared to previous thinking. This is how the authors suggest that team-based interventions such as MBT and DBT exert therapeutic effects; by re-opening the social learning communication system, demonstrating that those within the therapeutic system are reliable and credible, re-introducing how to mentalize, and supporting the individual in therapy to generalize outside of therapy with others who are safe.

Conclusion: The authors state that they reconsider the influence of attachment in BPD towards greater consideration of the social context in which the individual gathers and transmits social knowledge. Borderline and similar PDs are formulated as developing in part due to epistemic hypervigilance that includes distrust and freezing, which develop as a function of learning in their social contexts that are stressful or adverse. Broadening the formulation attachment relationships to include larger systems and consideration across the lifespan confirms what evidence-based team-focused therapies for BPD have observed. Individuals can and do re-learn ways of understanding themselves and others.

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						
<i>Place</i>			<i>Date</i>						



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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