

Personlighedsforstyrrelser hos voksne, engelsk

Information about

PERSONALITY DISORDERS

in adults



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This brochure is about personality disorders. It is written for people like yourself, being treated for a personality disorder in Region Midtjylland, and for your relatives.

The brochure contains information about traits, types of personality disorders and treatment. You will also find some advice for people such as yourself who have a personality disorder, as well as advice for your relatives.

We hope this brochure will help you and your relatives to learn more about your personality disorder diagnosis.

Kind regards

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WHAT IS A PERSONALITY DISORDER?

Everyone has a personality. Personality is a designation for a number of character traits as expressed in a person's automatic way of experiencing, thinking, reacting, acting and expressing emotions. It is also an expression of the way someone views himself or herself in relation to others (the person's self-image), and it is the person's way of viewing others in relation to himself or herself (the person's image of others).

Personality is formed on the basis of early relationships with others in the first 10–12 years of life.

When you have a personality disorder, your personality is disrupted. This means the way you experience things, feel, think, react, act and relate to yourself in relation to others is disrupted.

People with a personality disorder may respond very differently to their perception of themselves and others. For example, some are extremely inhibited and avoid social events altogether, others are very much ruled by impulses and express their emotions intensely.

Just as personality is formed during the first 10–12 years of life, personality disorders, too, are formed in the early years of life. The first signs of a personality disorder typically manifest in the early teens.

It is possible to treat a personality disorder. But if you do not receive treatment, a personality disorder is something you will have to live with for the rest of your life (read more about treatment on page 20).

Both men and women

Around 10–12% of the population have one or more personality disorders. There are just as many men as women with a personality disorder. However, usually more women than men are diagnosed. The reason is that women in our part of the world are generally better than men at seeking help.

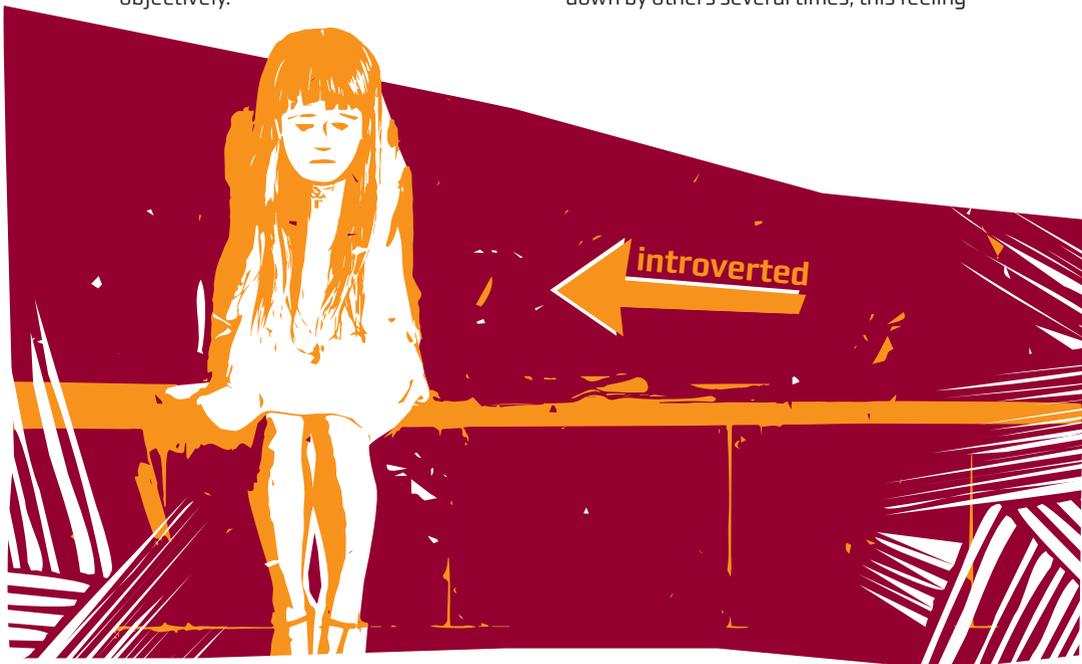
CHARACTERISTICS

While some mental illnesses manifest themselves with a variety of symptoms such as anxiety and depression, personality disorders manifest themselves in the form of character traits. This means ways of experiencing, thinking, reacting, acting and expressing emotions.

In other words, while anxiety and depression may manifest with symptoms that can be unfamiliar to your way of understanding yourself, people who have a personality disorder often experience their reactions as obvious and natural. It can be difficult for them to see themselves from “the outside” and describe their problems objectively.

An example could be a woman with a personality disorder who thinks and feels negatively about herself. She will feel that these thoughts and feelings are proof that she really is worth less than other people. She will not perceive the negative thoughts and feelings as an expression of an emotional experience that can be talked about and seen in different ways, but as simple truth. When she is in contact with other people, she will have thoughts and feelings of being wrong or embarrassing, and she will regard these thoughts and feelings as facts.

If, for example, she has felt rejected or let down by others several times, this feeling



“ I didn't know I had a borderline personality disorder. I had no idea what that meant. But I knew I was a complete failure. That was obvious to me. ”

Woman with borderline personality disorder, age 35.

can recur in a new situation where she does not feel sufficiently cared for. She feels as if she is being let down in real life, rather than as a reaction within herself.

Therefore, this feeling can easily prompt her to act and protest (against being rejected/let down) instead of trying to understand it as a recurring, unpleasant emotional experience.

Sometimes she will feel those around her are provoking these experiences (making her feel rejected/let down); other times, she can see her own inappropriate responses are involved.

Two extremes

A personality disorder often manifests at two extremes: introverted and extroverted.

At one extreme, the person will appear introverted, inhibited, cautious and subordinating in relationships with others in an attempt to avoid anxiety and conflicts.

At the other extreme, the person will be extroverted, have intense emotional outbursts, be impulsive and escalate conflicts in his/her behaviour and communication in an attempt to dominate relationships with others.



Usually, a person with a personality disorder is mostly dominated by one extreme or the other. However, this may alternate, so that in some contexts she will appear inhibited and subordinating, while in other contexts she will appear more dominant and explosive.

The two extremes could be expressed as follows:

- ❑ Either excessive dependence on a partner, friends and family *or* repeated break-ups and conflicts in relation to a partner, friends and family
- ❑ Either excessive self-control *or* lack of self-control
- ❑ Difficulty understanding and setting boundaries. You either come to accept that other people cross your boundaries *or* you exhibit boundary-crossing behaviour towards others
- ❑ Persistent problems at a place of study or workplace. You either avoid relevant work tasks (perceived as being too demanding), are quiet, anonymous and fail to state your opinion, *or* you are excessively controlling, unstable and impulsive in performing your duties (you frequently run into conflicts with colleagues or find your social life stressful).

Common traits

Externally, the various types of personality disorders look very different. But they have many common traits. Most people with personality disorder have:

- ❑ A distinctly negative self-image
- ❑ Difficulty adjusting emotions and impulses. Either over-regulation of emotions and impulses to the point of barely (or only rarely) noticing them, or under-regulation of emotions and impulses, noticing them far too strongly
- ❑ A distinct tendency to perceive social situations from your own perspective, and difficulty taking on board and allowing for other people's perspectives.

WHY DO SOME PEOPLE DEVELOP A PERSONALITY DISORDER?

There is no single explanation as to why some people develop a personality disorder.

Research shows that the development of personality takes place in a very complex interaction between things we are born with (genetic dispositions), maturation of the brain and early childhood development.

We know the development of personality is linked to development of the ability to relate to others. Early interaction with primary caregivers (usually mum and dad) is of vital importance to the child's potential for developing the ability to have relationships with others – and thus develop his or her personality.

Emotionally difficult or traumatic burdens during childhood constitute a risk of developing personality disorders. The biggest risk factors are traumas such as neglect and repeated physical (e.g. beatings), psychological (harassment) or sexual assaults.

Development of the personality, ages 0–12

The first 2–3 years of life are when we human beings are particularly receptive to learning and developing our personality. For that reason, these years are known as the critical period. What the child learns about contact

and interaction with others, about its own needs and those of other people, and about dealing with frustration and adversity will have a major impact on the relationship patterns the child develops (more information on page 15).

Even though the first 2–3 years are very important in the development of personality, this development continues until 10–12 years of age. The patterns established in the early years can be reinforced if the child's contact with others continue along the same lines. Conversely, patterns can be adjusted if interactions change.

A basically secure bond may become less certain, for example, if there are suddenly major changes or severe trauma in the child's life. In the same way, a basically insecure bond can become slightly less insecure if the caregivers become more stable, attentive and emotionally available (more about bonding on page 11).

Severity

Personality disorders can be mild or more severe. The degree of severity of a personality disorder depends on your ability to function in society with your symptoms. Are you able to pursue a study programme, hold down a job, have close relationships with others, and to some degree adapt to social situations?

THE DIAGNOSIS OF PERSONALITY DISORDER

Personality disorder is diagnosed based on overarching international criteria.

The overarching criteria primarily emphasise that this must be a persistent pattern. If problems only

occur once or twice, or during a period of particular difficulty (e.g. as a result of depression, divorce or a death in the family), these problems are not considered to be related to personality disorder.

- I. Characteristic, persistent patterns of behaviour and a way of perceiving things that deviate from what is culturally expected and accepted in at least two of the following areas:
 - 1) recognition, attitude
 - 2) emotional life
 - 3) impulse control and satisfaction of needs
 - 4) interpersonal relationships
- II. Behaviour is fundamentally rigid, maladjusted, inappropriate
- III. Behaviour adversely affects yourself or your surroundings
- IV. Persistent since childhood or adolescence
- V. Not an expression or consequence of any other mental disorder
- VI. Organic aetiology (brain injury) has been ruled out.

TYPES OF PERSONALITY DISORDERS

The overall criteria indicate whether or not you have a personality disorder. There are also criteria for specific types of personality disorders:

Paranoid personality structure

The essence of paranoid personality disorder is generalised anxiety and insecurity around other people. It is typically expressed by:

- ❑ Generalised suspicion and mistrust
- ❑ You experience other people's motives as malicious and offensive
- ❑ You often react with anger (in response to what you perceive as evil motives).

Schizoid personality structure

The essence of schizoid personality disorder is that contact with others is perceived as too overwhelming and immersive, producing discomfort and anxiety. It is typically expressed by:

- ❑ Lack of interest in social communities
- ❑ You prefer isolation. You want to be alone
- ❑ You do not have any outward reaction when interacting with others.

Dissocial personality structure

The essence of dissocial personality disorder is the absence of empathy. You have typically experienced severe neglect early in life and therefore lack positive expectations of other people.

Dissocial personality disorder is usually expressed by:

- ❑ Severe impulsivity, often in the form of criminal behaviour, without any thought as to whether it affects other people
- ❑ Lack of a conscience.

Emotionally unstable personality structure (impulsive and borderline type)

The essence of emotionally unstable personality disorder is the fear of being abandoned and fear of your own security if you are abandoned. This should be understood against a backdrop of a perception of existing by virtue of someone else, and therefore a deep personal yearning to become one with the other person. This will typically be expressed by:

- ❑ Fear of abandonment
- ❑ Uncertainty about your own identity
- ❑ Self-destructive and impulsive behaviour
- ❑ Strong emotional fluctuations (in line with whether the other person is perceived to be for you or against you)
- ❑ Internal emptiness
- ❑ Black-and-white thinking (either/or).

Histrionic personality structure

The essence of histrionic personality disorder is a fear of not having the other person's attention and thus a perception of not amounting to

anything, of being a nobody. It is typically expressed by:

- ❑ A great need to be the centre of attention
- ❑ Rapidly changing, strong and dramatic expressions of emotions, attracting attention
- ❑ Flirting and sexualisation of contact with others (without necessarily having sexual intentions).

Obsessive-compulsive personality structure

The essence of obsessive-compulsive personality disorder is the fear of not being perfect and flawless, the fear of not being self-sufficient and independent of others. It is typically expressed by:

- ❑ Making lists, rules and schedules
- ❑ Perfectionism
- ❑ Great need for control
- ❑ Maintaining your position and appearing stubborn to others.

Anxious (evasive) personality structure

The essence of anxious-evasive personality disorder is the fear of humiliation, exhibition, criticism, and disapproval as well as rejection by others, combined with a deep desire for intimacy. It is typically expressed by:

- ❑ Being anxious in social situations
- ❑ Feelings of low self-worth and inferiority
- ❑ Excessive inhibition of feelings and behaviour.

Dependent personality structure

The essence of dependent personality disorder is the fear of not being able to manage without someone else's help and guidance. It is typically expressed by:

- ❑ Practical and emotional dependence on others, mainly those closest to you
- ❑ Generalised lack of independence.

Narcissistic personality structure

The essence of narcissistic personality disorder is the fear of not being seen and recognised and thus feeling worthless. It is typically expressed by:

- ❑ A need for excessive recognition and admiration from others
- ❑ A tendency to overestimate your worth
- ❑ A tendency to appear arrogant and self-absorbed.

Non-specific disorder of personality structure.

This designation is not an expression of any specific type. It means the person meets the general criteria of a personality disorder, but of an unspecified type.

Disturbed personality structure, mixed or other type

This designation is used when a person meets the general criteria of a personality disorder and a mixture of symptoms across the different types of personality disorders, without fulfilling any one specific type.

HOW IS THIS DIAGNOSED?

Personality disorder is diagnosed based on a psychiatric assessment (examination). In Denmark, an examination often consists of a number of conversations focusing on the person's development, general functional level and mental health problems.

There is usually also a consultation to establish the specific personality disorder(s).

BONDING

As human beings, we have an innate ability to connect emotionally with other people. This ability is called our bonding system. As newborns, we are helpless and dependent on other people. Our bonding system ensures that we connect emotionally with others (initially mum and dad) and in this way survive in physical terms: we get food and drink, heat and shelter, etc.

When we feel vulnerable and threatened, this ability also ensures that we seek

help and protection from someone who is "stronger" or emotionally more robust than we are, and who can help us.

Our bonding system ensures that, early in life, we are guided into the complex human world where we learn how to behave, what is right and what is wrong, what we can expect from others, and what others can expect from us, etc.

Bonding patterns

The way we deal with (relate to) other people stems from our early experiences of bonding: What we have learnt about what we can expect from others, what others expect of us, and how they react to us.

These experiences are known as our bonding pattern or bonding style.

If you have a healthy and secure bonding style, it is natural to expect other people to be interested in you and for them to be accommodating. On the other hand, an insecure bonding style reflects the fact that you are generally uncomfortable in relationships. You are mistrustful of others and expect other people to be dismissive, hostile or that they will “attack” you.

The more secure a person’s bonding style, the more likely that person’s relationships with loved ones will be characterised by trust and reciprocity.

The more insecure a person’s bonding style, the higher the risk that she will feel insecure and rejected in relationships with loved ones, and that the other person is not accessible: she will usually react strongly to this.

Insecure bonding

Personality disorders are characterised by a more or less insecure bond with others dominated by lack of self-security and by mistrust and insecurity.

A feeling – and expectation – of rejection will affect her behaviour towards the other person directly, e.g. towards her partner. Depending on whether she tends to be submissive in or dominate the relationship, she will react in a clingy or ambivalent way (i.e. alternately interact with and reject the other person) or dominate in the form of attempts to control the other person, e.g. by wanting to know everything about what he is doing, or where he is. On the other hand, she may react by trying to avoid interacting with him because she does not expect he is able to give her the security she seeks.

Experiencing inner security

Our bonding pattern is also important in terms of experiencing inner security and independence. The more securely



you bond, the more secure you will feel in your perception of being yourself.

The more insecurely you bond, the more anxious, confused and lacking in independence you will become.

Socialising with others

For many people, socialising with other people is nurturing and positive. But for a person with a personality disorder, interaction with others often awakens experiences of inner unrest and uncertainty, as well as anxiety and

Children

Children with an insecure bond are more inclined to experience anxiety and insecurity (and therefore seek reassurance from adults) in situations where more robust children with a more secure bond can cope on their own.

insecurity (due to insecure bonding). Such experiences will infuse our bonding system with the risk of further experiences of rejection, attacks, anger, shame and sadness. This will reinforce the negative perception of the situation.

She may respond by completely withdrawing from the social context: she withdraws into herself and becomes quiet and reserved, and cannot break out of this withdrawal.

Or she can react with sudden or unexpected emotional outbursts, or impulsive behaviour, e.g. excessive consumption of alcohol, uncontrolled eating or uninhibited behaviour.

She may also become self-destructive and self-harm.

All of these ways of responding originate from the bonding patterns established in early bonding.

RELATIONAL PATTERNS

Personality – and thus also a personality disorder – reflects patterns of perception of who you are (your self-image) and what you can expect from others (your image of other people).

Bonding patterns play a key role in such patterns of perception. The person may have a greater or lesser awareness of them. Patterns of perception will be expressed in the person's way of relating to others (relational patterns).

A person with a secure bond will usually be able to make a fairly realistic assessment of a situation. She can see how she herself contributes, and she is also able to see the situation from other people's points of view.

Someone with a personality disorder will always be affected by whether her insecure bond is being activated, i.e. whether, in some way, she feels unsafe or insecure in a situation. For example, she may feel rejected, criticised, let down, abandoned or excluded.

If her bonding system is activated, her perception of the situation will be coloured by her inner lack of security. And she will have a great need to achieve a feeling of maximising her security. In that situation, therefore, she will often have difficulty seeing the situation from any points of view other than her own, and she will find it

Example

One example could be a partner who is a bit grumpy in the morning. A person with a secure bond might not even notice the lowered tone of voice, or she will take into account that he maybe did not sleep well, or perhaps he is stressed due to work. She may even ask outright if there is something wrong.

A person with borderline personality disorder, on the other hand, will become uncertain about their relationship and might wonder, "Why he is angry? Doesn't he like me any more? Has he found someone else he would rather be with? I'm worthless!"

She will modify her behaviour as a result of these thoughts. She might become angry and accusatory, and perhaps start a big row. Or she might withdraw and give him the silent treatment.

She will have difficulty seeing her own contribution to the conflict or the subsequent emotional coldness.

difficult to see how she is contributing to the situation herself.

Emotional reactions

When you have a personality disorder, relationships with others will often be associated with some degree of insecurity and uncertainty. Therefore,

your bonding system will often be activated when you spend time with other people, and this will determine how you react. The closer the relationship, the greater the need for security and the less random your interactions will feel.

You would usually have a higher degree of emotional reaction when interacting with others than other people do.

These emotional reactions can be seen very clearly in some people. For example, they may be quick to become angry, accusing people and lashing out. Perhaps they throw objects or break things. In others, the emotional reaction is less visible because it mostly happens internally – in the person’s thoughts and feelings.

Minor social signals that other people would not even notice, e.g. a sigh or a wrinkling of the nose, are perceived as being dismissive, attacking or scornful.

This will activate the bonding system, so you will react in a way that protects you from this “attack”.

- For example, you may be prone to read your partner’s behaviour as an expression of indifference. This activates a perception of feeling let down, so you react with anger and accusations.
- You may also be prone to perceiving it as a rejection when others express views or needs that differ from your own. You then react with cold indifference.
- You may also feel inferior in the company of others. In order to maintain relationships with others, you therefore allow others to do the talking and determine the direction of social interaction.

TEMPERAMENT

Research indicates that the temperament traits people are born with influence personality development. However, research also shows that congenital traits are always shaped interactively with the environment of our upbringing (i.e. early bonds, for example).

Your temperament says something about how you will react to different physical or emotional provocation.

Some people are calm and need a lot of provocation to react, while others are sensitive and need very little provocation before they react and get going. Some are easily irritated and feel disturbed, while others have a high threshold of irritation. This means a great deal of stimulation is required before they become irritated and feel disturbed.

When you have a personality disorder, all areas are affected (see fact box). This means someone with a personality disorder gets stressed out sooner and more easily. At the same time, he also finds it difficult to return to a stable, calm emotional level.

He will often find it difficult to calm himself down. Therefore, he will remain in a state of stress or alarm longer than others would, where he finds it hard to calm down, or needs strong stimulation to react at all. This stressed state interferes with his ability to focus his

attention on relevant, more neutral matters. It may also make his perception of a situation more emotionally charged than necessary.

Someone with a personality disorder may respond in a number of ways. These responses range from a lack of reaction (emotional flatness), to exaggerated reactions in the form of tears, anger and lashing out verbally, and physical reactions such as self-harm, or violence.

This means someone with a personality disorder is frequently (in some cases, always) in an at-risk situation for a human being, which other people only know from serious crises or severe conflicts with their loved ones.

Temperament manifests in different areas:

- how long and how intensely the person is affected by the emotional incident
- how inhibited or how uninhibited/fast-reacting the person is in social contexts
- how realistic and attentive you are in relation to your surroundings
- how well you are able to control impulses and emotions, and express them appropriately.

ABILITY TO DEAL WITH EMOTIONS AND STRESS

Your ability to deal with both positive and negative emotions helps to provide a stable experience of meaning and reality in your life.

Everyone knows what it is like to experience negative emotions such as fear, anger, sadness, shame and frustration.

For a person with a secure bond, these emotions only rarely exceed the limits for what the person can deal with. Despite the negative emotions, therefore, he is still able to pay attention, make plans and perform his work duties. He is able to deal with and modify his emotional reactions and is able to calm himself down. He can calm his body and mind, and he is able to take the time to calmly assess what is happening.

For a person with a personality disorder, negative feelings create insecurity and will be associated with severe aversion and discomfort. Due to basic insecurity, his ability to deal with and modify his emotions will be disturbed.

He will therefore find himself unable to calm down, and unable to check his urgent and perhaps even incomprehensible emotional reactions.

He will feel a strong urge to alleviate, fight or get away from these feelings, either by suppressing or by withdrawing from them, or by trying to eliminate the source of those emotions.

When someone's ability to deal with and modify emotional reactions is disturbed or underdeveloped, this means the person may experience emotional reactions on a daily basis that exceeds the limit of what he is used to coping with.

He will quickly feel stressed out and find it difficult to see the big picture and act rationally. This will reduce his ability to be aware of other things, e.g. work tasks, stick to a goal or adapt appropriately to a situation.

Because of his urge to alleviate or remove the discomfort and insecurity, he will respond impulsively, e.g. by self-harming or escaping from the unpleasantness in some other way. There is a risk that this will result in emptiness, lack of meaning and a sense of unreality.

SELF-HARM

Self-harm is a serious symptom of a disturbed or undeveloped ability to deal with intense or negative feelings. People with an emotionally unstable personality structure (borderline personality disorder) are particularly prone to attempting to deal with intense or negative feelings by physically harming their own body.

When self-harming behaviour is a symptom of a personality disorder, it is usually frequent and recurrent. Its purpose is to alleviate or remove emotional reactions that you find you are unable to communicate in any other way. This will usually be in situations where you feel let down, abandoned or rejected.

In this situation, you may find you cannot deal with or modify your emotional reaction. You cannot find the words to tell others about what you are going through, and you are not able to calm yourself down in an appropriate way either.

Cutting

Cutting (i.e. with a sharp object, usually on your arms) is a milder form of self-harm that is not necessarily an indication of personality disorder. This phenomenon can also be seen in people with another mental illness, e.g. depression. It is also seen in some young teenage girls going through difficult transitions or crises – without being indicative of a personality disorder.

Instead, you try to escape/combat the feeling by cutting yourself (most often on the arms or thighs), self-flagellation, pulling your hair out, burning yourself or trying to strangle yourself.

There may also be situations where you try to get others to hurt you.

“ When I self-harm, I do not see any other way out. I do not feel I can really “contain” myself, and it happens so quickly. But afterwards I hate myself for it ”

Male, age 27.

TREATMENT

The primary treatment of personality disorders is quite extensive psychotherapy (at least one year). The person may also participate in psychoeducation (education about personality disorders) and try to relieve some symptoms with medicine.

Psychotherapy

Psychotherapy may be either individual or in a group. In some cases, both types of treatment can be combined.

The treatment consists of talking therapy. Here, the focus is on examining relationship patterns, perception of social situations, and conscious and unconscious perceptions of oneself and others.

The purpose of both individual and group therapy is to develop and strengthen the ability to endure and deal with difficult emotions. This can help to develop a sense of greater inner security and confidence. The more successful this is, the more robust you will become when faced with frustration and adversity, and the better your relationships with others will be.

Psychoeducation

Psychoeducation is an important part of the treatment. Psychoeducation is education about what it means to have a personality disorder. During psychoeducation, you review what is behind a

personality disorder, how the disorder is expressed, and how it can be treated.

Medication

Bonding patterns or the ability to deal with emotions cannot be treated with medication. Therefore, there are no specific medicines for personality disorder.

Sometimes, however, it is possible to try to relieve some of the symptoms. For example, in some cases, mood stabilisers can be tried to relieve dramatic mood swings of anger, sadness, anxiety or other emotions.

Some people show symptoms of anxiety or depression. Here, in some cases, SSRI-type antidepressants can be tried; these are used to treat both depression and anxiety.

If you experience symptoms such as racing thoughts, difficulty sleeping and perceptions of unreality, in some cases a person may benefit from very low-dose anti-psychotics.

Often, the medicine will have little or no effect on the symptoms. This is because the symptoms stem from the underlying personality patterns.

If you get anxiety or depression separately from your personality disorder, the medicine will be more effective against the symptoms.

ADVICE IF YOU HAVE A PERSONALITY DISORDER

The best advice if you have a personality disorder is to seek treatment.

Once you have started treatment, it is important to be patient and trust that your therapists are trying to help you. You will not feel the effect immediately but, in the long run, you will find something has changed.

You must expect that the difficulties you have when it comes to relating to others will be evident in your relationship with your therapist or in relation to the other group participants. This provides an opportunity for developing your ability to deal with difficult emotions more directly than “just” talking about your experiences with others. In the same way, it also provides a direct opportunity to examine, develop and change your views of yourself and of other people.

Participate actively in your treatment. One or two years may sound like a long time, but it does take a long time to change ingrained habits and

perceptions. The more proactive you are in your treatment (i.e. the more you try to engage with experiences and patterns and deal with difficult emotions), the faster you will be able to create developments and changes in your personality.

Take advantage of psychoeducation if it is offered. This will give you a better opportunity to understand the particular patterns you exhibit, and what it takes to change those patterns.

Be wary of seeking information on the Internet. Some of what you may find may be very good, but a lot of material is out of date or simply wrong.

Avoid drugs and alcohol, as this often makes symptoms worse.

Make sleep a priority. A good night's sleep prevents stress and gives you more energy to devote to your treatment. Remember: treatment is about helping you to help yourself.

ADVICE FOR RELATIVES

Seek out knowledge about personality disorders. For example, take up psychoeducation, if it is offered to relatives, or participate in theme nights at PsykInfo Midt.

If the person who has a personality disorder responds in ways that seem excessive or violent, try not to take it personally. Remember: these reactions are due to the personality disorder.

Remember to take care of yourself. Being close to someone with a personality disorder can take its toll. If you need to give long-term support and help to your loved one, it is important to take care of your own needs, too, and try to lead as normal a life as possible. You must accept that you will not always be in a condition to provide help. No one can be present, positive and available all the time.

Need emergency help?

Contact:

- Psychiatric advice line
78 470 470
- The emergency doctor service in the Central Denmark Region:
7011 3131

Consider getting in touch with patient-and-carer organisations such as SIND (the Danish Association for Mental Health) or Bedre Psykiatri (“better psychiatry”), who can help with advice and support.

In an emergency, e.g. if your loved one is self-harming or has suicidal thoughts, you can contact your GP, a psychiatric emergency department or mental health helpline.

Our thanks to the author and technical editor

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Where can you find **MORE INFORMATION** ?

 psykinfomidt.dk

You can find information about mental illnesses and treatment here.
You can also find an overview of PsykiInfo Midt theme evenings.

