

Personlighedsforstyrrelser og personlighedsteori

Dag 1: Introduktion til personlighedsforstyrrelser

København, 23. marts 2026



DANSK
PSYKOLOG
FORENING

Bo Bach, ph.d., dr. med.

Specialist og supervisor i psykopatologi og psykoterapi
Faglig leder v. Center for Forskning i Personlighedsforstyrrelse
Professor v. Københavns Universitet
Klinisk psykolog v. Psykiatrisk Klinik Slagelse

Materiale kan downloades:

[Personlighed.dk](https://personlighed.dk)

1

Plan for 3 dages kursus

Dag 1 – Hvad er personlighedsfunktion og forstyrrelse? (Bo Bach)

Definition af personlighedsfunktion og personlighedsforstyrrelser; gennemgang af generelle egenskaber og specifikke typer; gennemgang af global sværhedsgrad og individuelle træk jf. ICD-11.

Dag 2 – Personlighedsteori og modeller (Tine Harpøth)

Personlighedsteori med særlig fokus på tilknytning, udvikling og mentalisering med eksempler fra mentaliseringsbaseret terapi for unge med personlighedsforstyrrelse. epidemiologi og klinisk relevans; Kort om behandlingsevidens og retningslinjer som optakt til Dag 3.

Dag 3 – Behandling i praksis (Jakob Sander)

- Konventionel Dialektisk Adfærdsterapi (DBT) v. under-kontrol:
fx borderline og dyssocial.
- Radikalt Åben Dialektisk Adfærdsterapi (RO-DBT) v. over-kontrol:
fx ængstelig og tvangspræget.

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2

Dag 1: Mandag kl. 10-17 (tentativt)

TENTATIV PLAN

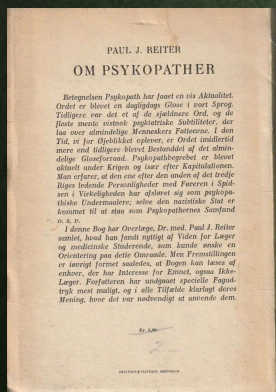
- Baggrund om personlighed og personlighedsforstyrrelser
- Generelle kriterier og prævalens
- Traditionelle typer, herunder borderline og narcissisme
- Frokost kl. 12.30-13.15
- Differentialdiagnostik m. fokus på autisme/K-PTSD
- ICD-11 klassifikation af sværhedsgrad og træk
- Afslutning og spørgsmål



3

*...til de personlighedsforstyrrede hører
vinterbadere, militærnægtere og råkostpisere...*

Lærebog i psykiatri af Paul J. Reiter (1946)



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4

Personlighed

- Måden vi typisk *tænker, føler og handler* på
- Udvikles tidligt i livet og persisterer (præmorbid/habituel)
- Vulnerabilitets/risiko-faktor (diatese)
 - stress, depression, angst mm.
 - misbrug, kriminalitet, somatisk sygdom mm.

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5

Hvad er personlighed?

Et individs karakteristiske måde at...

- ▶ Opføre sig og handle på
- ▶ Opleve tilværelsen på
- ▶ Opleve og fortolke sig sig, andre mennesker, begivenheder og situationer på



WHO (2024)

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6

Udvikling af Personlighed (og personlighedsforstyrrelse)

REGION SJÆLLAND
PSYKIATRIEN
- vi er til for dig

Temperament + Miljø = Personlighed

Cirka 40-50% [Genotype]	Cirka 50-60% [Påvirkning]	100% [Fænotype]
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Torgersen, S. (2009). The nature (and nurture) of personality disorders. *Scandinavian Journal of Psychology*, 50(6), 624-32.

7

Personlighedens vigtige funktioner

- ▶ At bevare en overordnet stabil fornemmelse af identitet, selvværd, og målrettethed
- ▶ At forstå andres perspektiv, håndtere konflikter, samarbejde og bevare "give-and-take" relationer.



8

Personlighedens vigtige funktioner

Hvordan vi håndterer os selv og vores relation til andre

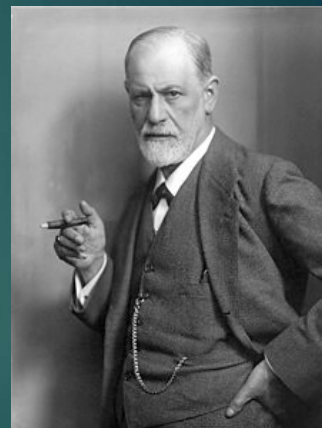
Hvad det vil sige
at være
menneske,
psykologisk set



9

Personlighedens vigtige funktioner

"Love and work are the
cornerstones of our
humanness"



10

Selv- og interpersonel funktion

- ▶ Indre modeller af selv og andre
- ▶ Et subjektivt "meaning-making system"



(Morey et al., 2022; Sharp, 2022; Bender et al., 2011)

What it means to
be a person
Psychologically
speaking

Self and (M)other

11

Hvad er personlighedsforstyrrelse?

- ▶ En markant forstyrrelse i personlighedsfunktion
- ▶ Forbundet med personlig og social forstyrrelse

WHO (2023)

- ▶ **Når vores udfordringer spænder meget ben!**



12

Kogt ned: Husk "De tre P'er"

- **Pathological**
Dysfunktionelt – uden for normal variation
Psykosocial funktionsnedsættelse og/eller lidelsespres
- **Persistent**
Vedvarende – over 2 år – siden tidlig ungdom
Habituel og ikke tilskrevet anden psykisk/organisk tilstand eller misbrug
- **Pervasive**
Gennemgribende – på tværs af situation: arbejde, hjem, skole
Ikke kontekstuel – fx belastende relationer, tyrannisk chef etc.

Ikke blot
livskrise

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13

Miljøets formning af personlighed

“Man kan have fået så lidt kærlighed, at man oplever nærhed som overgreb.”

”Man kan have fået så lidt nærhed, at man oplever overgreb som kærlighed”

Alice Miller

14

Historie: Personlighedsforstyrrelser

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Hippokrates (4. f. Kr.)
 De 4" temperamenter"



Pinel (1809):
 "Mania sans delire"



Kraepelin (1913):
 "Morbid personalites"



Freud (1916):
 The character types



Allport (1937):
 Personality "traits"



Schneider (1950):
 "Psychopathic personalities"

15

BSB1

DSM-IV/5 Personality Disorders (PD)

652 Paranoid PD

656 Skizoid PD

659 Skizotypal PD

664 Antisocial PD

668 Borderline PD

673 Histrionisk PD

676 Narcissistisk PD

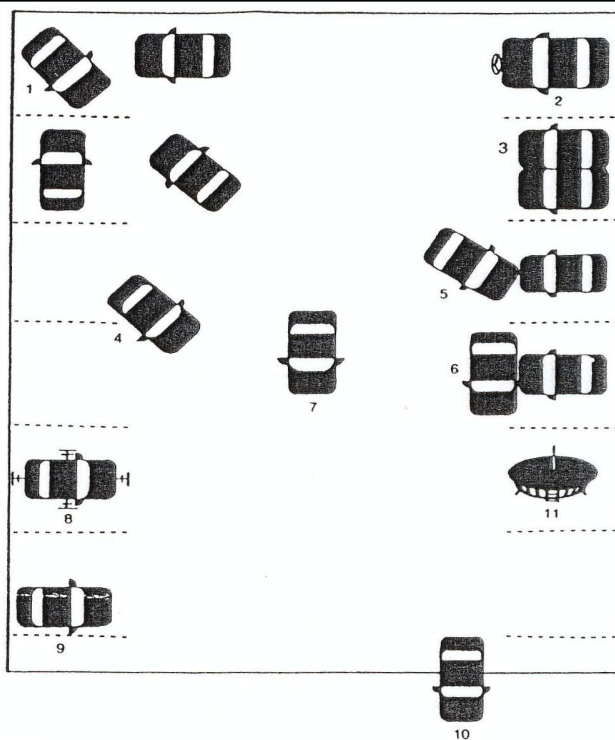
687 Obsessiv-kompulsiv PD

680 Undvigende PD

684 Dependent PD

691 NOS PD

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16

BSB1 Bo Sayyad Bach; 06-12-2020

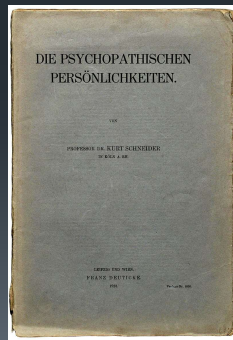
Traditionelle typer af personlighedsforstyrrelse

En 100-år gammel tradition

Schneider's "Psychopatischen Persönlichkeiten" (1923)

F.eks. Anankastisk, Emotional ustabil og Eksplosiv type.

Længe før moderne psykometrisk indsigt.



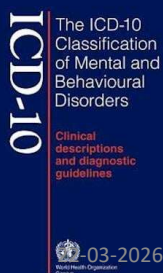
DSM-I (1952)	DSM-II (1968)	DSM-III (1980)	DSM-III-R (1987)	DSM-IV - DSM-5 (1994 - 2013)
Paranoid	Paranoid	Paranoid	Paranoid	Paranoid
Schizoid	Schizoid	Schizoid	Schizoid	Schizoid
-	-	Schizotypal	Schizotypal	Schizotypal
Antisocial	Antisocial	Antisocial	Antisocial	Antisocial
Emotionally unstable	-	Borderline	Borderline	Borderline
-	Hysterical	Histrionic	Histrionic	Histrionic
-	-	Narcissistic	Narcissistic	Narcissistic
-	-	Dependent	Dependent	Dependent
Compulsive	Obsessive Compulsive	Compulsive	Obsessive Compulsive	Obsessive Compulsive
-	-	Avoidant	Avoidant	Avoidant
Passive Aggressive	Passive Aggressive	Passive Aggressive	Passive Aggressive	-
Cyclothymic	Cyclothymic	-	-	-
Inadequate	-	-	-	-
Dyssocial	-	-	-	-
-	Explosive	-	-	-
-	Asthenic	-	-	-

17

ICD-10 "Blue Book" (WHO, 1994, p. 20)

"[...] a new approach to the description of personality disorders is required."

.... nu efter knap 30 års forskning og praksis er der en fundamental ny tilgang (WHO, 2024).



18

Anerkendte problemer med PF kategorier

- ▶ Omfattende overlap
- ▶ *Heterogenitet: To patienter med samme PF type deler kun få eller slet ingen egenskaber*
- ▶ *Arbitrære diagnostiske tærskler: Klinikere tvinges til at diagnosticere som enten "tilstede" eller "fraværende"*

(Skodol et al., 2014; Widiger & Trull, 2007)

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19

ICD-10



ICD-11

Kategorier

F60.0 Paranoid
F60.1 Skizoid
F60.2 Dyssocial
F60.3 Emotionelt ustabil (borderline)
F60.4 Histrionisk
F60.5 Tvangspræget
F60.6 Ængstelig-Evasiv
F60.7 Dependent
F60.8 Anden type
F60.9 Uspecificeret

(Z73.1 Accentuerede personlighedstræk)

1. 10.Z Personlighedsforstyrrelse (Ja/Nej)
2. **Sværhedsgrad:**
(50.7 Personlighedsvanskeligheder)
10.0 **Let** Personlighedsforstyrrelse
10.1 **Moderat** Personlighedsforstyrrelse
10.2 **Svær** Personlighedsforstyrrelse
3. **Tillægskoder**
11.0 Negativ Affektivitet
11.1 Tilbagetrækning
11.2 Dyssocialitet
11.3 Disinhibition
11.4 Anankasme
4. 11.5 Borderline mønster

20

ICD-11 Klassifikation af personlighedsforstyrrelse

(McWilliams)

-Mennesker kan jo bare opdeles efter “NUTS” eller “NOT NUTS”!
- De fleste mennesker kan betragtes som tilhørende “NUTS”
- Derfor bør vi spørge “**HOW NUTS?**” og “**WHAT KIND OF NUTS?**”

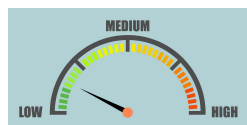


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21

Klassifikation af personlighedsforstyrrelse

(McWilliams)



“**HOW NUTS**” = SVÆRHEDSGRAD

“**WHAT KIND OF NUTS**” = PERSONLIGHEDSTRÆK



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22

Sværhedsgrad = Hvilken grad af dysfunktion?
Hvad **GØR** personligheden?
(f.eks. Let eller Svær)

Træk = Hvilken slags dysfunktion?
Hvad **ER** personligheden?
(f.eks. Negativ affekt eller Dyssocial)

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23

....ICD-11 i en nøddeskal

NONE <input type="checkbox"/>	DIFFICULTY <input type="checkbox"/>	MILD <input checked="" type="checkbox"/>	MODERATE <input type="checkbox"/>	SEVERE <input type="checkbox"/>	PERSONALITY DISORDER SEVERITY
NEGATIVE AFFECTIVITY <input checked="" type="checkbox"/>	DETACHMENT <input checked="" type="checkbox"/>	DISSOCIALITY <input type="checkbox"/>	DISINHIBITION <input type="checkbox"/>	ANANKASTIA <input type="checkbox"/>	PROMINENT DOMAIN FEATURES

+ **Borderline**
Specifier

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24

Historie: Personlighedsforstyrrelser i fremtiden



Schneider (1950):
 PF Typer
 DSM-IV/5 og ICD-10



Kernberg
 Funktionsniveau

DSM-5 AMPD (Crit. A)
 ICD-11 Sværhedsgrad



McCrae & Costa
 "Big Five Traits"

DSM-5 AMPD (Crit. B)
 ICD-11 Trait Qualifiers

Personality Organization

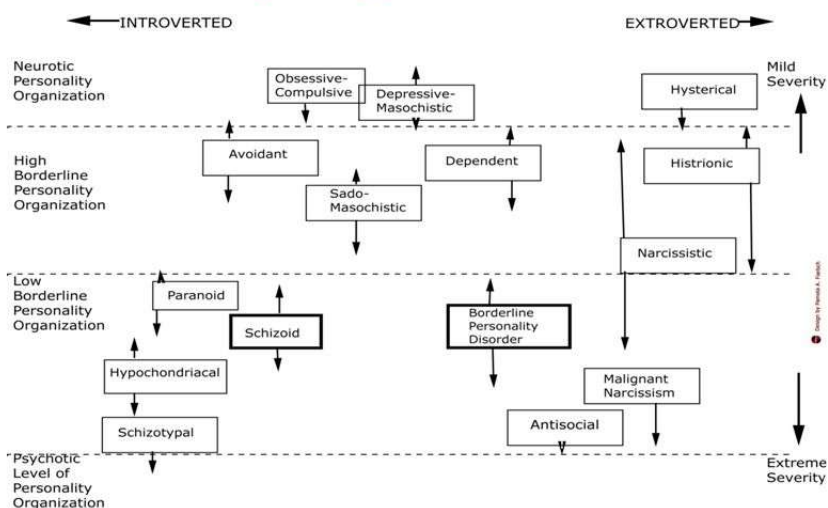
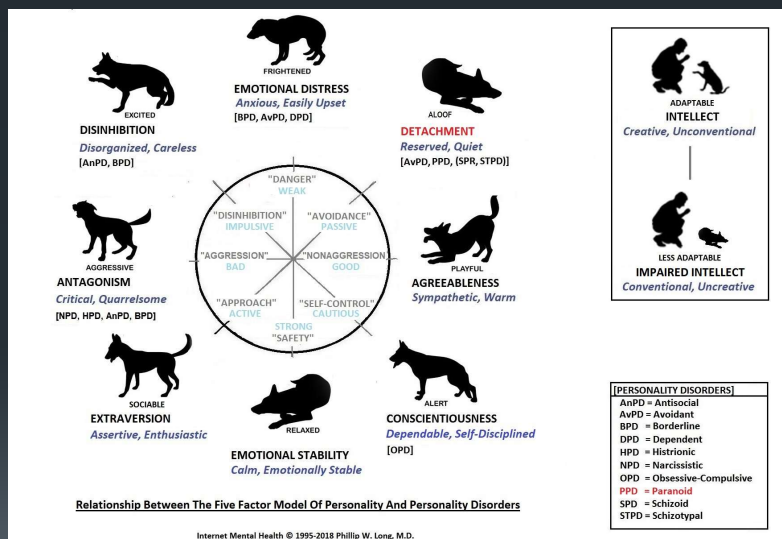


Figure 1
 Relationship between familiar, prototypic, personality types and structural diagnosis.
 Severity ranges from mildest, at the top of the page, to extremely severe at the bottom. Arrows indicate range of severity.

*We include avoidant personality disorder in deference to the DSM. However, in our clinical experience, patients who have been diagnosed with avoidant personality disorder ultimately prove to have another personality disorder that accounts for avoidant pathology. As a result, we question the existence of avoidant personality as a clinical entity. This is a controversial question deserving further study.

Trækdomæner - stilen

- Negativ affektivitet
- Tilbagetrækning
- Dyssocialitet
- Disinhibition
- Anankasme



27

Personlighedsfunktion

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Aspekter af selvet

- Identitet (for løs eller fast)
- Selvværd (for lavt eller højt)
- Selvopfattelse (styrker og svagheder)
- Måltrettethed (for løs eller fast)

Interpersonel funktion

- Engagement i relationer (undgåelse eller higen)
- Perspektivtagning (for lidt eller for meget)
- Stabile gensidige relationer (giver eller tager)
- Konflikt håndtering (submissiv eller aggressiv)

Manifestationer

Følelser

- Oplevelse og udtryk
- Over- eller underreaktiv
- Genkende egne følelser

Kognitivt

- Realitetstestning
- Beslutningstagning
- Overbevisningers stabilitet og fleksibilitet

Adfærd

- For lidt/meget impuls kontrol
- Selvskade
- Aggression mod andre

Global psykosocial funktionsnedsættelse og/eller lidelsespres

Personlig, familiemæssig, social, uddannelsesmæssig, beskæftigelsesmæssig eller anden væsentlig funktion

28



Personality Disorder Severity – ICD-11 (PDS-ICD-11) Self-Report and Clinician-Report Form - 14 items:

Approves
 2-og-2

PDS-ICD-11 – Clinician-Rating Form – Version 1.1	PDS-ICD-11 – Clinician-Rating Form – Version 1.1	PDS-ICD-11 – Clinician-Rating Form – Version 1.1	PDS-ICD-11 – Clinician-Rating Form – Version 1.1
<p>1. Stability of reality during stress</p> <p>1. In highly or highly stressful situations which cause problems in relationships (e.g., abusive, manipulative, or highly controlling behavior that involves harm to or severe distress to other people)</p> <p>2. In situations too conflictual which cause problems in relationships (e.g., work, academic, household, or domesticating behavior that involves conflicts with or distress to other people)</p> <p>3. In situations in which the person is unable to maintain a stable and mutually satisfying relationship (e.g., appropriate practices for needs of self and others)</p> <p>4. In situations unable to practice self-compassion, even when harmful (e.g., getting others' needs above their own which causes distress, leading to a dysfunctional relationship)</p> <p>5. In situations in which the person is unable to practice self-compassion, even when harmful (e.g., overly compliant or the degree of being unable to leave people being disrespected, controlled, or otherwise mistreated by others)</p>	<p>2. Needs to self (intentional or unintentional)</p> <p>1. Rarely harms themselves</p> <p>2. Sometimes harms themselves (e.g., one or two minor self-harm, no suicidal gestures)</p> <p>3. Often harms themselves (e.g., frequent self-harm, at least one suicidal gesture)</p>	<p>3. Needs to others (intentional or unintentional)</p> <p>1. Rarely harms others</p> <p>2. Sometimes harms others (e.g., one physical assault, one incident of endangering others)</p> <p>3. Often harms others (e.g., recurrent physical assaults or incidents of endangering others)</p>	<p>4. Experience of reality during stress</p> <p>1. Experience of situational or interpersonal reality is usually accurate when being stressed out (e.g., reporting the worst to happen, being rejected when criticized by others)</p> <p>2. Experience of situational or interpersonal reality is somewhat distorted when being stressed out (e.g., over-reporting the worst to happen, being rejected when criticized by others)</p> <p>3. Experience of situational or interpersonal reality is significantly distorted when being stressed out (e.g., overly compliant of others, experience of brain like state)</p> <p>4. Experience of situational or interpersonal reality when being stressed out (e.g., frequent hallucinations or other aberrant experiences, depersonalization experiences, extreme misperceptions)</p>
<p>5. Disengagement management</p> <p>1. Often seeks out agreement or conflicts with others, which causes serious relationship problems (e.g., results in divorce or rupture of relationship or serious relationship)</p> <p>2. Sometimes gets into agreement or conflicts with others, which causes serious problems (e.g., results in some breakdown or difficulty maintaining serious relationship)</p> <p>3. Rarely gets into agreement or conflicts with others, which causes serious problems (e.g., few self-requires, at least one suicidal gesture)</p> <p>4. Often avoids disagreements and conflicts with others which causes problems for them (e.g., being difficult during their needs resulting in a lack of fulfillment)</p>	<p>6. Involuntary control and expression</p> <p>1. Frequently cannot regulate emotions which cause serious problems for them or others</p> <p>2. Sometimes cannot regulate emotions which cause serious problems for them or others</p> <p>3. Rarely cannot regulate emotions which cause serious problems for them or others</p>	<p>7. When considering all ratings (e.g., items 1-13), how much do they cause impairment in important areas of the person's life (e.g., personal, family, social, work, school)?</p> <p>1. No or minimal difficulty (e.g., no notable disruption in social, occupational, and interpersonal relationships)</p> <p>2. Mild to moderate difficulty (e.g., marked impairment while functioning in circumstantial areas may be maintained, relationships are likely to be characterized by conflict, avoidance, withdrawal, or extreme dependence)</p> <p>3. Severe impairment (e.g., severe impairment in all or nearly all areas of life, seriously affecting virtually all relationships, absence of relevant interpersonal ability and willingness to perform expected social and occupational roles)</p>	<p>8. Experience of reality during stress</p> <p>1. Experience of situational or interpersonal reality is usually accurate when being stressed out (e.g., reporting the worst to happen, being rejected when criticized by others)</p> <p>2. Experience of situational or interpersonal reality is somewhat distorted when being stressed out (e.g., over-reporting the worst to happen, being rejected when criticized by others)</p> <p>3. Experience of situational or interpersonal reality is significantly distorted when being stressed out (e.g., overly compliant of others, experience of brain like state)</p> <p>4. Experience of situational or interpersonal reality when being stressed out (e.g., frequent hallucinations or other aberrant experiences, depersonalization experiences, extreme misperceptions)</p>

(Bach et al., 2021; Sellbom, Brown, & Bach, 2023)

Forekomst

31

Forekomst af personlighedsforstyrrelser

- 6-12% af almenbefolkning
(meta-analyses; Volkert et al., 2018; Torgersen, 2013; Lenzenweger, 2008; Shadid et al., 2024)
- 50-80% af ambulante psykiatriske patienter
(Beckwith et al., 2014; Alnæs & Torgersen, 1997; Zimmerman et al., 2005)
- 70-90% af kriminelle/indsatte
(Kim & Tyrer, 2010)
- 50-60% af seksualkrænkere
(Eher, Rettenberger, Turner, 2019)
- 79% af opiat misbrugere og 44% af alkoholikere
(Verheul et al., 1995; Casadio et al., 2014)

Diabetes
Hjerte-kar-lidelse

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32

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Relevans?

Torsdag 21.10.2021

Berlingske 

Et sted mellem hver 7. og 10. dansker har en personlighedsforstyrrelse. Kun 3 procent er i kontakt med psykiatrien. Resten går rundt mellem os andre. Find ud af, hvordan du omgås de paranoide, skizoide og følelsesmæssigt ustabile. Måske er du selv en af dem?

DET GODE LIV

**Sådan genkender du en mentalt ustabil:
800.000 danskere lider af en
personlighedsforstyrrelse**

”De alment menneskelige træk, som vi alle kender og har, kommer til udtryk i en ekstrem udgave hos de personlighedsforstyrrede,” forklarer psykiater og overlæge Torben Heinskou fra Psykoterapeutisk Center Stolpegård i Gentofte.

33

National Undersøgelse (UK) N = 8.391

REGION SJÆLLAND
PSYKIATRIEN
- vi er til for dig

5 niveauer af forekomst i almenbefolkning

1. Ingen personlighedsproblemer: 23%
 2. Personlighedsproblemer: 48%
 3. Enkel personlighedsforstyrrelse: 22%
 4. Kompliceret personlighedsforstyrrelse: 6%
 5. Svær personlighedsforstyrrelse: 1%
- 77%**

Yang, Coid, & Tyrer (2010)
British Journal of Psychiatry

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34

Vi er alle i samme båd!

I dansk almenbefolkning genkender mindst **6.9%** at have problemer svarende til en personlighedsforstyrrelse

- Let forstyrrelse = **4.8%**
- Moderat forstyrrelse = **1.2%**
- Svær forstyrrelse = **0.9%**



Minoritet på **12.7%** i almenbefolkningen genkender *ikke* at have personlighedsproblemer af nogen art!

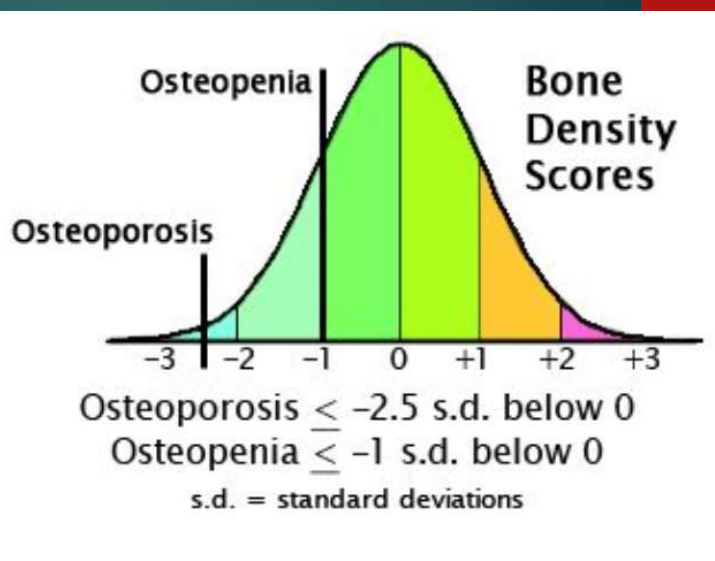
Bach, B., Simonsen, E., Kongerslev, M. T., Bo, S., Hastrup, L. H., Simonsen, S., & Sellbom, M. (2023). ICD-11 Personality Disorder Features in the Danish General Population: Cut-Offs and Prevalence Rates for Severity Levels. *Psychiatry Research*, 115484. <https://doi.org/10.1016/j.psychres.2023.115484>

35

Alle kan
være
med!

Vi har alle **knogletæthed** med forskellige grader af **knogleskørhed**

Vi har alle **personlighed** med forskellige grader af **forstyrrelse**

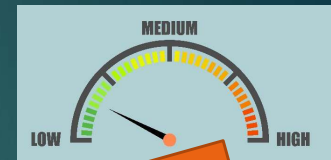


36

Dimensionel forståelse

Vi har alle "lived experience"
...fordi vi alle har en personlighed

Vi har alle
personlighedsvanskeligheder
....nogle mere end andre



Bone density

Blood Pressure

BMI

Body temperature

Stricker, J., Hasenburg, L., Jakob, L., Weigl, T., & Pietrowsky, R. (2024).
Public Stigma and Continuum Beliefs Across Personality Disorder Severity Levels.
Journal of Personality Disorders, 38(1), 75–86.
<https://doi.org/10.1521/pedi.2024.38.1.75>

37

Diagnostik og generelle betingelser

Guide til SCID-5-PD

Struktureret klinisk interview til DSM-5® –
personlighedsforstyrrelser

Michael B. First
Janet S. W. Williams
Lorna Smith Benjamin
Robert L. Spitzer

1/8 dansk ved Bjørn Nasse
Med dansk hjælp af
Bo Bach,
Cecilie Westergaard Olsen,
Erik Simonsen,
Mickey Torkjær Kongerlev

hogrefe

38

Diagnostiker: Kend dig selv og dine egne biases, yndlingsdiagnoser og aversioner

Pas på med yndlingsdiagnoser eller stigma-fobi

Sygelliggørelse

Normalisering/
minimalisering

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39

Klinikerens egen personlighed

- Egen personlighedsstil kan farve opfattelse og bedømmelse af patientens personlighed
- En interviewer med perfektionistiske træk kan have svært ved at identificere patologisk tvangsprægede træk hos en patient
- Introverte klinikere kan være særligt dømmende ift. patienter med histrioniske træk – og *vice versa*
- **DERFOR ER TRÆNING OG SAM-RATING VIGTIGT!**

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40

Hvorfor under-diagnosticeret/negliceret?



- Har ikke medicinal-industriens interesse?
- Kan ikke blot medicineres eller reguleres som fx depression eller ADHD
- Frygt for at stigmatisere patienten + uønsket af patienten
- Ikke en "hot" diagnosegruppe - dårlig "branding" / "PR"

(Paris, 1998; Tyrer et al., 2015)

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41

Fordomme / Stereotyper

- Patienter som skader sig selv (eller er promiskuøse) får "automatisk" Borderline-diagnose
- Patienter som er aggressive eller har kriminel historie (fx sædelighedskriminelle) får Antisocial diagnose
- Borderline = Kvinder (underdiagnosticering af mænd)
- Antisocial = Mænd (underdiagnosticering af kvinder)

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42

Boks 5.1. ICD-10. Generelle diagnostiske kriterier for forstyrrelse af personlighedsstrukturen (F60).

- I) Karakteristiske vedvarende mønstre for adfærd og oplevelsesmåde, der afviger fra det i kultursammenhængen forventede og accepterede for ≥ 2 af følgende områder:
 - 1) erkendelse, holdning
 - 2) følelsesliv
 - 3) impuls kontrol og behovstilfredsstillelse
 - 4) interpersonel adfærd
- II) Adfærden er gennemgribende unuanceret, utilpasset, uhensigtsmæssig
- III) Adfærden går ud over patienten selv eller omgivelserne
- IV) Varighed siden barndom eller adolescens
- V) Ikke udtryk for eller følge af anden psykisk lidelse
- VI) Organisk ætiologi udelukkes

©Personlighed og personlighedsforstyrrelser – en grundbog
Erik Simonsen & Birgit Bork Mathiesen (red.)
Hans Reitzels Forlag, 2017

43

Kogt ned til "De tre P'er"

- **Pathological**
Dysfunktionelt – uden for normal variation
Psykosocial funktionsnedsættelse og/eller lidelsespres
- **Persistent**
Vedvarende – over 2 år – siden tidlig ungdom
Habituel og ikke tilskrevet anden psykisk/organisk tilstand eller misbrug
- **Pervasive**
Gennemgribende – på tværs af situation: arbejde, hjem, skole etc.
Ikke kontekstuel – fx belastende relationer, tyrannisk chef etc.

44

Vigtigt!

...forbundet med **lidelse** og/eller **funktionsnedsættelse**, hvad angår personlig, familiemæssig, social, uddannelsesmæssig, beskæftigelsesmæssig eller andre væsentlige funktionsområder.

45

Aspekter af "forstyrrelse"

- Lidelsespres
- Psykosocial dysfunktion
- Afvigelse
- Til fare for andre
- Til fare for selv



46

22-03-2026

Sammenhænge og konsekvenser

47

Galenic syndromes: combinations of
mental state and personality disorders
too closely entwined to be separated

Peter Tyrer, Roger Mulder, Giles Newton-Howes and Conor Duggan



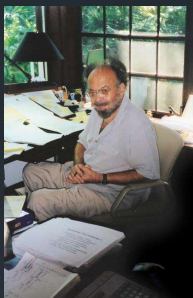
Galen [Claudius Galenus] ca. 129-200 sammenhæng ml. personlighed og sygdom

Galenske syndrom idag:

- Personlighedsforstyrrelse er både *diatese* (sårbarhed) og *diagnose* (patologi)
- Personlighed er *kontekst* for symptomlidelser
- Personlighedsforstyrrelse udgør *lav belastningstærskel* for symptomlidelser

**Det er som regel kunstigt at adskille personlighed fra symptomlidelser!
At adskille *trait* (fx neuroticisme) fra *state* (fx angsttilstande)**

48

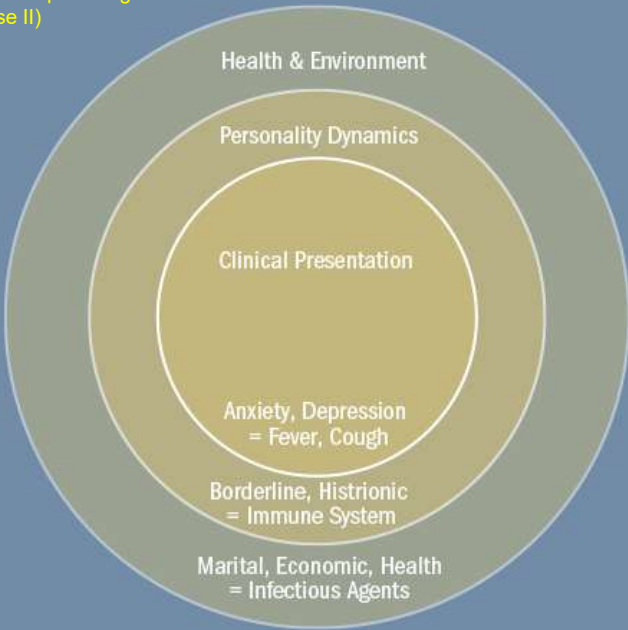


T. Millon

**Personlighed =
Psykologisk
immunsystem**

The Role of Personality in Mental Wellness

Alle patienter med symptomidelser (Akse I)
kan beskrives ud fra personligheds-
forstyrrelse (Akse II)
(First, 2017)



Health & Environment

Personality Dynamics

Clinical Presentation


Anxiety, Depression
= Fever, Cough

Borderline, Histrionic
= Immune System

Marital, Economic, Health
= Infectious Agents

49

Personlighedsforstyrrelse = Sårbarhed



- *"Psykens Immunsystem"*
- *"Kontekst for psykisk lidelse"*
- *"Potentialet for psykopatologi"*
- *"Lav Belastningstærskel for symptomudvikling"*
- *"Sårbarheds-træk"*
- *"Diatese såvel som en diagnose"*

Ved at beskrive patientens personlighed beskrives en vigtig kontekst for symptomer (fx Depression, Angst) - Uanset om der er PF eller ej

Millon et al. (2007)

50

Generelle konsekvenser af PF

- Er ligeså forringende for funktionsniveauet som lungekræft og Parkinson (Soeteman, 2008)
- Påvirker relation til behandleren og dermed også selve behandlingen (Tyrer, Reed, & Crawford, 2015).
- Stærkere prædikter af invalidepension end angst og depression (Østby et al, 2014)



22-03-2026

Bo Bach®

51

Generelle konsekvenser af PF

- Personlighedsforstyrrelse er stærkt forbundet med **relationsproblemer**, som i sig selv har vist sig at udgøre en større risikofaktor for tidlig død end rygning, alkohol, overvægt og mangel på motion.

Holt-Lunstad J, Smith TB, Baker M, Harris T, Stephenson D. Loneliness and Social Isolation as Risk Factors for Mortality. *Perspect Psychol Sci.* 2015;10(2):227-237. doi:10.1177/1745691614568352.

22-03-2026

52

Generelle konsekvenser af PF

- PF er en stærkere prædikator for livskvalitet end sociodemografi, somatisk helbred og psykiske symptomidelser (Cramer et al. 2007)
- PF er ligeså forringende for funktionsniveauet som lungekræft og Parkinson (Soeteman, 2008)

22-03-2026

53

Diagnostik i praksis

Kan jeg stille personlighedsforstyrrelsesdiagnose selvom patienten aktuelt har en depression?

“[...] personality disorder diagnoses established during depressive episodes are a valid reflection of personality pathology rather than an artifact of depressive mood.”

Reference

Morey, L. C., Shea, M. T., Markowitz, J. C., Stout, R. L., Hopwood, C. J., Gunderson, J. G., ... Skodol, A. E. (2010). State Effects of Major Depression on the Assessment of Personality and Personality Disorder. *American Journal of Psychiatry*, 167(5), 528–535.

22-03-2026

54

Personlighedsforstyrrelser forudsiger tilbagefald



Patienter med personlighedsforstyrrelse og tidligere depression får hurtigere og hyppigere tilbagefald - sammenholdt med patienter uden personlighedsforstyrrelse

Reference

Grilo, C.M., Stout, R.L., Markowitz, J.C., Sanislow, C.A., Ansell, E.B., Skodol, A.E., Bender, D.S., Pinto, A., Shea, M.T., Yen, S., Gunderson, J.G., Morey, L.C., Hopwood, C.J., & McGlashan, T.H. (2010). Personality disorders predict relapse after remission from an episode of major depressive disorder: A six year prospective study. *Journal of Clinical Psychiatry*, 71, 1629-1635.

22-03-2026

55

22-03-2026



Differentialdiagnostik og overlap

56

22-03-2026

Differentialdiagnostiske overvejelser

- Psykotisk lidelse
- Depression
- Stemningsforstyrrelse / Bipolar Type II
- Gennemgribende udviklingsforstyrrelse (Autisme)
- ADHD
- Kompleks PTSD
- Organisk forstyrrelse eller hjerneskade

57

Selv- og interpersonel funktion

- ▶ **Hvordan vi “styrer” os selv i relation til andre**
- ▶ **MEN!!!** Alle psykiske lidelser indvolverer problemer med selvet og interpersonel funktion.
- ▶ **Depression og Angst:** Problemer med selvværd og sociale relationer er **sekundære**.
- ▶ **Personlighedsforstyrrelse:** Selv- og interpersonel funktion er **primær** (dvs. roden til problemerne).

(Morey et al., 2022; Sharp, 2022)

22-03-2026

58

ICD-11 Komplex PTSD og Personlighedsforstyrrelse

Research Article

Complex PTSD and personality disorder in ICD-11: when to assign one or two diagnoses?

Simon Ungar Felding Department of Psychology, University of Southern Denmark, Odense, Denmark
Line Bang Mikkelsen PTSD Treatment Center, Mental Health Services, Region Zealand, Slagelse, Denmark
Bo Bach Center for Personality Disorder Research (CPDR), Psychiatric Research Unit, Mental Health Services, Region Zealand, Slagelse, Denmark

Abstract
Objective: To outline overlap and boundaries between ICD-11 definitions of complex post-traumatic stress disorder (C-PTSD) and personality disorder (PD) and propose guiding principles that may assist practitioners in assigning one or both of the two diagnoses.
Conclusions: The ICD-11 definitions for C-PTSD and PD are substantially comparable in terms of self- and interpersonal problems, and childhood trauma may be at the root of both disorders. The ICD-11 formally recognizes this overlap and allows the assignment of both diagnoses at the same time. The C-PTSD diagnosis essentially differs from a PD diagnosis by requiring a history of trauma and PTSD symptoms. Moreover, C-PTSD typically involves stable and persistent patterns of negative self-perception while emphasizing avoidant interpersonal patterns. In comparison, the PD diagnosis may differ from C-PTSD by allowing an unstable or internally contradictory sense of self, which may involve both overly negative and overly positive self-views. When the diagnostic requirements for both C-PTSD and PD are met, only the C-PTSD diagnosis should be assigned, unless the PD diagnosis may contribute with clinically useful information that is not sufficiently covered by the C-PTSD diagnosis. The outlined similarities and boundaries must be further corroborated by future empirical studies.

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 DOI: 10.1177/10398562211014212
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NYHEDER | VIDENSKAB | DEBAT | NAVNE | JOB OG PRAKSIS

TEMA: Depression | Sundhedsreform | Anmeldelser | Video | Corona

VIDENSKAB | Statusartikel | 12/4/2022 KL 8:00

Forskelle og ligheder ved kompleks PTSD og personlighedsforstyrrelse

Forfatter(e) Line Bang Mikkelsen¹, Simon Ungar Felding² & Bo Bach³
¹) Regionsfunktion for PTSD, Psykiatrien Vest, Psykiatrisygehuset Slagelse, ²) Institut for Psykologi, Syddansk Universitet, ³) Center for Forskning i Personlighedsforstyrrelse, Psykiatrisk Forskningsenhed, Psykiatrisygehuset Slagelse

59

TABEL 3 Differentialdiagnostisk vejledning i forhold til kompleks PTSD og personlighedsforstyrrelse^a.

Essentielle kendetegn	Kompleks PTSD	Personlighedsforstyrrelse
Krav om traumatisk oplevelse af ekstremt truende eller forfærdelig karakter, f.eks. gentagne seksuelle eller fysiske overgreb, tortur, længerevarende partnervold	+	-
PTSD-diagnose, herunder genoplevelse, undgåelse og vagtsomhed	+	-
Vedvarende følelser af skyld, skam og nederlag som forbindes med traumelateret stressor	+	-
Der skal som minimum blot være »flere uger med symptomer«	+	-
Der kræves ≥ 2 år med personlighedsdysfunktion	-	+
Ustabilt og usammenhængende selvbillede med svingninger mellem urealistisk positivt eller negativt selvbillede	-	+/-
Varigt mønster med overdreven afhængighed af andre	-	+/-

a) Indhold er tilpasset ud fra en præliminær og uofficiel oversættelse af [1].

Mikkelsen, L. B., Felding, S. U., & Bach, B. (2022). Forskelle og ligheder ved kompleks PTSD og personlighedsforstyrrelse. *Ugeskr Læger*, 184. <https://ugeskriftet.dk/videnskab/forskelle-og-ligheder-ved-kompleks-ptsd-og-personlighedsforstyrrelse>

60

Centrale pointer v. traumer – PF og K-PTSD 22-03-2026

- Traumatisering er en risikofaktor for udvikling af begge diagnoser
- Fravær af traumehistorik vil udelukke en kompleks PTSD-diagnose, men ikke nødvendigvis en personlighedsforstyrrelsesdiagnose.
- Fravær af PTSD-kernesymptomer udelukker en kompleks PTSD-diagnose uanset tilstedeværelse og karakter af traumer.
- Hvis der findes traumer i anamnesen samt aktuell forstyrrelse af personlighedsfunktion, men ingen PTSD-kernesymptomer, bør en personlighedsforstyrrelsesdiagnose overvejes.

61

Differential diagnostik – PF og Kompleks PTSD 22-03-2026

- **Begge diagnoser kan i reglen stilles samtidigt! Men, ICD-11 pointerer at personlighedsforstyrrelse ikke må kunne forklares bedre af en anden lidelse.**
- Er der traumatiske hændelser og PTSD-kernesymptomer i anamnesen, bør kompleks PTSD som udgangspunkt udelukkes, før der diagnosticeres en personlighedsforstyrrelse
- **Hvis det giver klinisk bedst mening kan begge diagnoser anvendes samtidigt.**
- Dette kan f.eks. være tilfældet, når en personlighedsforstyrrelse forsyner med relevant information, som ikke er tilstrækkeligt dækket af eller er uforenelig med kompleks PTSD-diagnosen (f.eks. en patient med en svært ustabil eller grandios selvopfattelse).
- Det samme gælder tilfælde, hvor personlighedsforstyrrelsen efter alt at dømme har været til stede forud for en traumatisering.

62



Article

Differential Diagnosis of ICD-11 Personality Disorder and Autism Spectrum Disorder in Adolescents

Bo Bach ^{1,2,*} and Martin Vestergaard ^{1,3}

- ¹ Psychiatric Research Unit, Center for Personality Disorder Research, Mental Health Services, Region Zealand, 4200 Slagelse, Denmark
 - ² Department of Psychology, University of Southern Denmark, 5230 Odense, Denmark
 - ³ Department of Child and Adolescence Psychiatry (Copenhagen University Hospital), Mental Health Services, Region Zealand, 4000 Roskilde, Denmark
- * Correspondence: bbn@regionsjaelland.dk

Udfordring: Begge er gennemgribende og persisterende med livslangt/langt mønster

63

 <p>HARDWARE</p>	 <p>SOFTWARE</p>
<p>Autismespektrumforstyrrelse Regnes for medfødt "hardwired"</p> <p>Gennemgribende Persisterende</p>	<p>Personlighedsforstyrrelser Regnes som "formet" "Installeret/programmeret"</p> <p>Gennemgribende Persisterende</p>

64

Eksempler på forvekslinger med BPD

PF	ASF
Forladthedssangst	Fravær af "sameness" – fravær af favoritperson Rejection dysphoria - "Separationsangst"
Tomhedsfølelse	Sensorisk hypo-responsivitet "cognitive anertia" = "stuck" i aktivitet eller inaktivitet
Affektlabilitet	Sensorisk hyper-responsivitet og affektsmitte – inklusiv nedsmeltninger
Stridbarhed og polarisering	Patologisk kravundvigelse – med udadreagerende mønster, uflexibel
Narcissistisk arrogance	Siger tingene uindpakket og ikke påtaget Beskedenhed kan være en slags "fake" Fx "jeg er nok den kønneste person her i rummet"
Identitetsrelateret kamæleon-adfærd - kender ikke sig selv og egne interesser	Omfattende imitation af andre – men mærker egne interesser inde bagved – integritet
Interpersonel dependens Bliver interpersonelt udnyttet	Social naivité: offer for grooming. Lyver/manipulerer <i>ikke</i> og forventer <i>ikke</i> at andre gør.

65

22-03-2026

Typer af Personlighedsforstyrrelse

66

EN "Underholdende" VIDEO: Hvad er diagnosen?

Del 1: https://www.youtube.com/watch?v=uic_3vII5BE



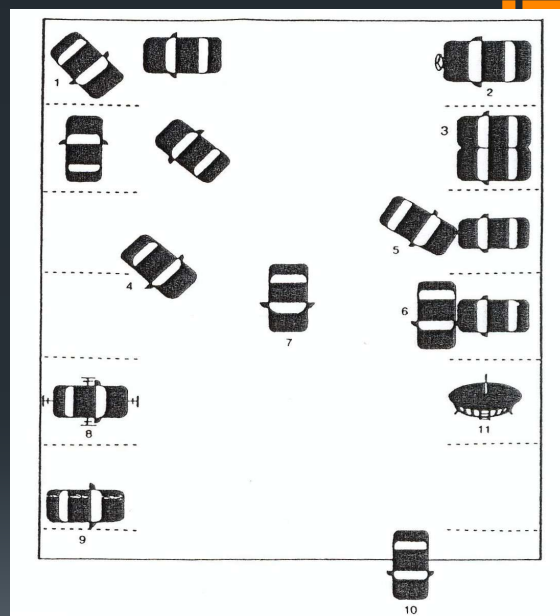
67

Borderline



Et gennemgribende mønster af ustabilitet i interpersonelle forhold, selvbillede og affekter og udpræget impulsivitet, som begynder i den tidlige voksenalder og er til stede i forskellige kontekster

(DSM-5, s. 394)




68

Psychiatry Research 185 (2011) 299

Contents lists available at ScienceDirect

Psychiatry Research

journal homepage: www.elsevier.com/locate/psychres



Letter to the Editor

Is Anakin Skywalker suffering from borderline personality disorder?

Eric Bui ^{a,*}, Rachel Rodgers ^b, Henri Chabrol ^b, Philippe Birmes ^a, Laurent Schmitt ^a

^a Laboratoire du Stress Traumatique (JE2511), Toulouse University Hospital, Casselardit Hospital, France

^b Centre d'Etudes et de Recherche en Psychopathologie, France



69

- Fravær af fader og tidlig adskillelse fra moder (Bandelow et al., 2005)
- Brug af forsvar som splitting, projection og infantile illusioner af omnipotens (Gabbard, 1994)
- Vanskeligheder med emotions- og impuls-kontrol
- Dysfunktionel oplevelse af selv og andre



70

- Impulsivitet og problemer med aggressionsforvaltning
- Skifter mellem idealisering og devaluering (af hans Jedi-mentorer)
- Permentent angst for at miste sin kone – desperate forsøg på at undgå at blive forladt såsom at fx forråder sine tidligere Jedi-makkere.
- Oplevede 2 stress-relaterede dissociative episoder:
1) efter hans mors død, hvor han udryddede en hel stamme af Tuskanere;
2) efter at han tisluttede sig “the dark side” – hvor han slagtede alle de unge Jedi riddere, mens han havde paranoide opfattelser af sin kone og sin tidligere mentor.
- Stræber efter at finde sig selv grundet usikkerhed omkring, hvem han egentlig er. Udtryk for higen efter identitet at han vender sig til “the dar side” og ændrer sit navn.



71

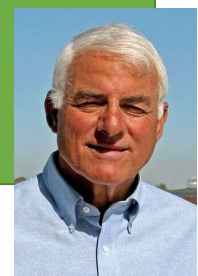
- A diagnosis for all seasons
- A “catch all” diagnosis
- A co-morbidity disorder
- A synonym for complexity/sevierity



Peter Tyrer
Chair of WHO ICD-11 workgroup

“Borderline Personality Disorder has always been a meaningless term that causes confusion & unnecessary stigma.”
(Twitter, May 11, 2018)

Allan Frances
Chair of DSM-IV Task Force

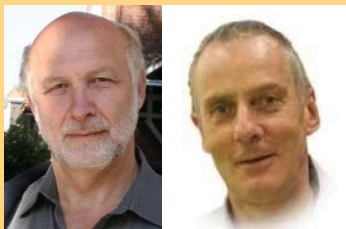


22-03-2026

72

....BPD kendetegner mennesker der
som fællesnævner har...

- Mangel på resiliens
- Tilknytningsproblematik
- Epistemisk mistillid
- Mentaliseringsproblemer



22-03-2026

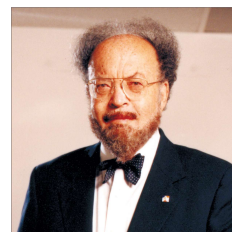
...BPD kendetegner mennesker der
som fællesnævner har...

- "Borderlineness"
- Svær personlighedsforstyrrelse
(Index of global severity)



73

"[...] the label, borderline, is perhaps
the most poorly chosen of all the
terms selected for the DSM-III."
(Millon, 1981; p. 331)



Theodore Millon
Workgrup member of
DSM-III Axis II (1980)

"I find the word, borderline, to
mean, at best, a level of severity and
not a descriptive type.... Unless the
word is used to signify a class that
borders on something, then it has
no clinical or descriptive meaning at
all." (Millon, 1981; p. 332)

74

REGULAR ARTICLES

**The Beginning of Wisdom Is Never
Calling a Patient a Borderline;**

*or, The Clinical Management of Immature
Defenses in the Treatment of Individuals With
Personality Disorders*

GEORGE E. VAILLANT, M.D.

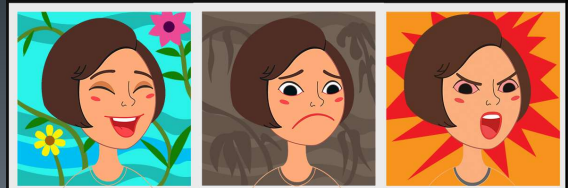
22-03-2026

75

“Borderline individuals are the psychological equivalent of third-degree burn patients. They simply have, so to speak, no emotional skin. Even the slightest touch or movement can create immense suffering.”



Marsha Linehan, Ph. D.



76

Borderline



Selvskadens funktion

22-03-2026

- Feel concrete pain (59%)
- Inflict self-punishment (49%)
- Reduce anxiety/despair (39%)
- Feel in control (22%)
- Express anger (22%)
- Feel something when numb (20%)
- Seek help from others (17%)
- Keep bad memories away (15%)

77

Opfølgning på "underholdende" video:

Hvad er diagnosen?

Del 2: https://www.youtube.com/watch?v=_J9zFyYm-Yg&t=126s



78

Personlighedsfunktion		
<p>Aspekter af selvet</p> <ul style="list-style-type: none"> • Identitet (for løs eller fast) • Selvværd (for lavt eller højt) • Selvfølelse (styrker og svagheder) • Målræthed (for løs eller fast) 	<p>Interpersonel funktion</p> <ul style="list-style-type: none"> • Engagement i relationer (undgåelse eller higen) • Perspektivtagning (for lidt eller for meget) • Stabile gensidige relationer (giver eller tager) • Konfliktbehandling (submissiv eller aggressiv) 	
Manifestationer		
Følelser	Kognitivt	Adfærd
<ul style="list-style-type: none"> • Oplevelse og udtryk • Over- eller underreaktiv • Genkende egne følelser 	<ul style="list-style-type: none"> • Realitetstestning • Beslutningstagnning • Overbevisningers stabilitet og fleksibilitet 	<ul style="list-style-type: none"> • For lidt/meget impuls kontrol • Skade mod selv • Skade mod andre
Global psykosocial funktionsnedsættelse og/eller lidelsespres		
Personlig, familiemæssig, social, uddannelsesmæssig, beskæftigelsesmæssig eller anden væsentlig funktion		

79

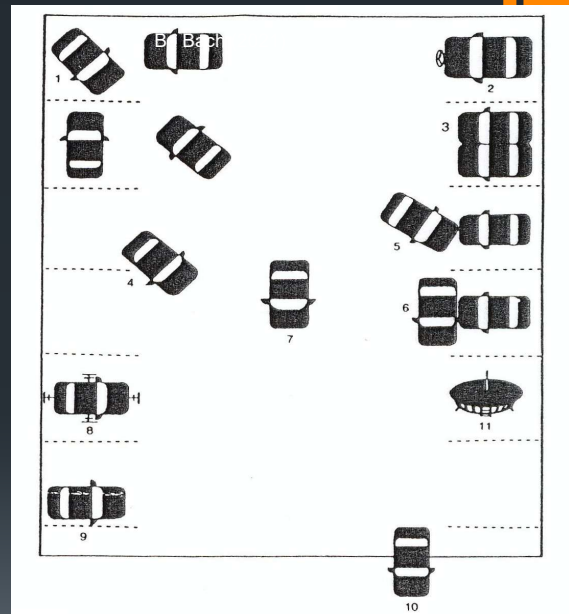
Personlighedsfunktion – ved Borderline mønster ("catch all")		
<p>Aspekter af selvet</p> <ul style="list-style-type: none"> • Forstyrret identitet og målræthed 	<p>Interpersonel funktion</p> <ul style="list-style-type: none"> • Forladthedssangst • Intense og ustabile relationer 	
Manifestationer		
Følelser	Kognitivt	Adfærd
<ul style="list-style-type: none"> • Reaktiv affekttilbliditet • Ukontrolleret aggression • Tomhedsfølelse 	<ul style="list-style-type: none"> • Dissociative, paranoide og psykose-lignende overbevisning under stress 	<ul style="list-style-type: none"> • Selvskade og suicidalitet • Ukontrolleret aggression • Destruktiv impulsivitet
Global psykosocial funktionsnedsættelse og/eller lidelsespres		
Personlig, familiemæssig, social, uddannelsesmæssig, beskæftigelsesmæssig eller anden væsentlig funktion		

80

Ængstelig-Evasiv

Et gennemgribende mønster af social hæmning, følelse af utilstrækkelighed og hypersensitivitet over for negativ vurdering, som begynder i det tidlige voksenliv og er til stede i forskellige kontekster

(DSM-5, s. 397).

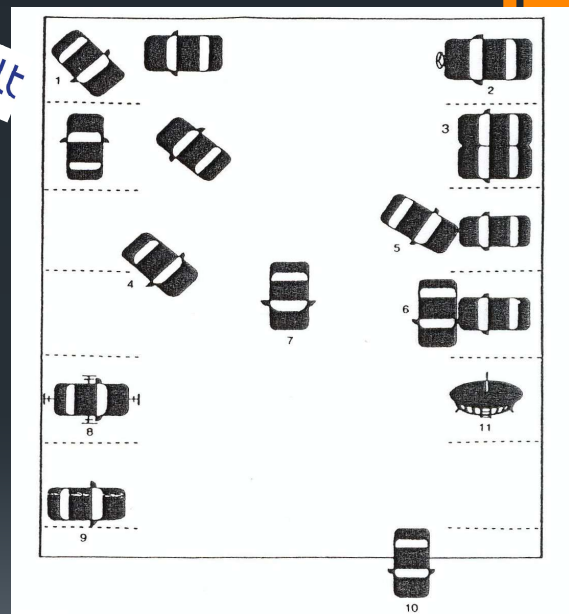


81

Narcissistisk

Et gennemgribende mønster af grandiositet (i fantasi eller adfærd), behov for beundring og mangel på empati, som begynder i det tidlige voksenliv og er til stede i forskellige kontekster

(DSM-5, s. 395-396)



DSM-5 (APA, 2013)

82

SYNLIG NARCISSISME

- Arrogance og selvhævdende
- Særstatus og særlige rettigheder
- Overdrevent behov for beundring
- Udnyttende og hensynsløs
- Springer foran i køen
- Misundelse eller oplever andre er misundelige
- Forventer anerkendelse



83

USYNLIG NARCISSISME ("vulnerabel")

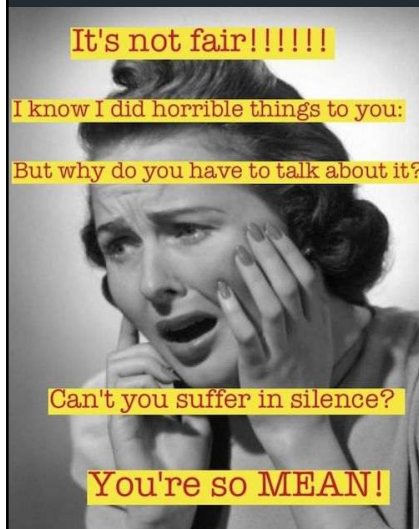
- Overdrevent optaget af andres opfattelse af en selv
- Følsom og usikker
- Perfektionisme og manglende glæde ved opnåede resultater
- Grandiose drømme og fantasier om storhed end dag
- Prokrastination som værn mod skam over potentialt nederlag



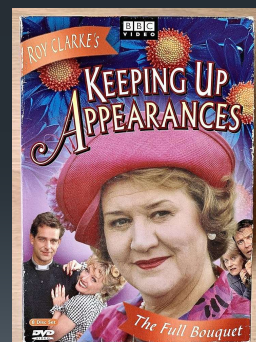
84

Narcissisme

“Mor ringer hjem”

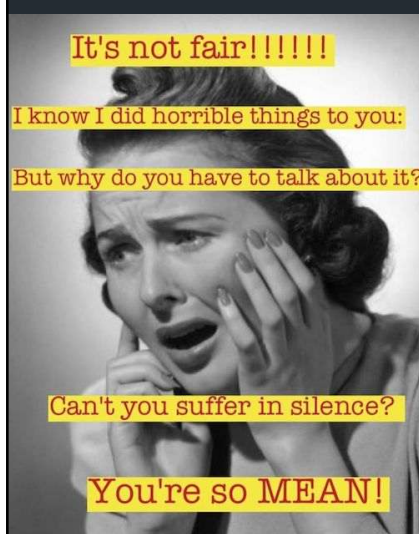


<https://www.youtube.com/watch?v=Km5W-GdmGfw>



85

Narcissisme



Fra DSM-5 SCID-5-PD User's Guide:

Mangler empati (dvs. er uvillig til at anerkende eller indleve sig i andres følelser og behov).

Er generelt ligeglade med andres interesser, behov og velfærd. De er tilbøjelige til at dominere samtaler og diskutere deres egne anliggender og interesser meget udførligt uden hensyn til andres følelser og behov.

Kan godt have evnen til at vise empati (f.eks. en succesrig terapeut med narcissistisk personlighedsforstyrrelse), men viser det ikke, medmindre det tjener deres egne formål.

(SCID-5-PD, User's Guide).

86

Narcissisme

Mor ved bedst "Rapunzel"

It's not fair!!!!!!

I know I did horrible things to you:

But why do you have to talk about it?

Can't you suffer in silence?

You're so MEAN!

<https://www.youtube.com/watch?v=yVjdVEeGz00>



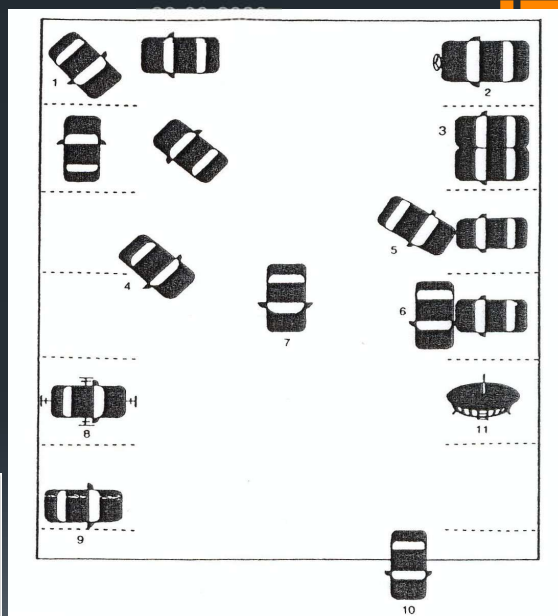
87

Histrionisk



Et gennemgribende mønster af overdriven emotionalitet og opmærksomhedssøgende adfærd, som begynder i det tidlige voksenliv og er til stede i forskellige kontekster

(DSM-5, s. 395):



88

Histrionisk i medierne?

D. 21. marts 2016 om drabsdømt sygeplejerske

"[...] den tiltalte lider af en personlighedsforstyrrelse, der er kendetegnet ved en vedvarende søgen efter spænding."



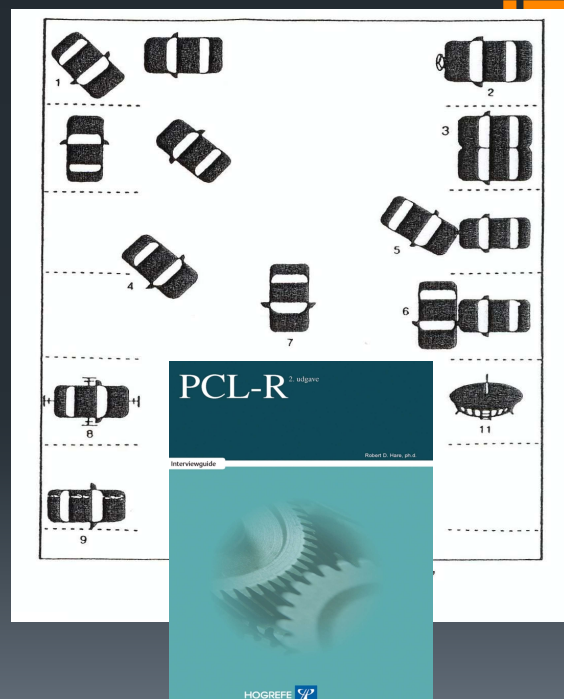
89

Dyssocial



Et gennemgribende mønster af manglende respekt for og krænkelse af andres rettigheder, som er forekommet siden 15-årsalderen

(DSM-5, s. 393):

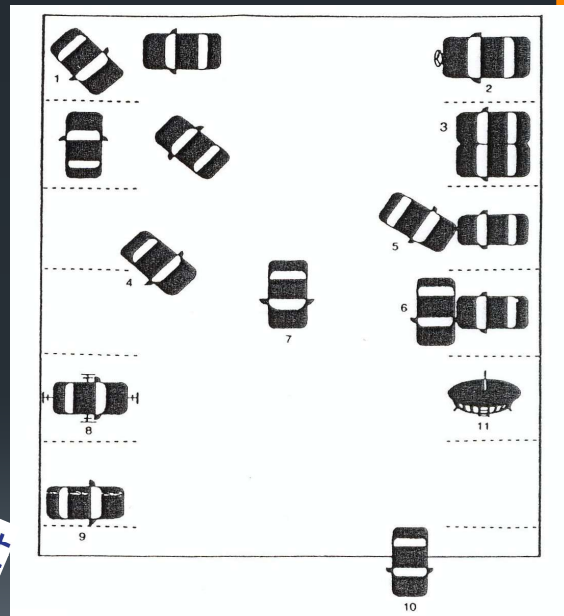


90

Dependent

Et gennemgribende og overdrevent behov for omsorg, som fører til en underdanig og klæbende adfærd og frygt for separation, som begynder i det tidlige voksenliv og er til stede i flere situationer

(DSM-5, s. 397-398).



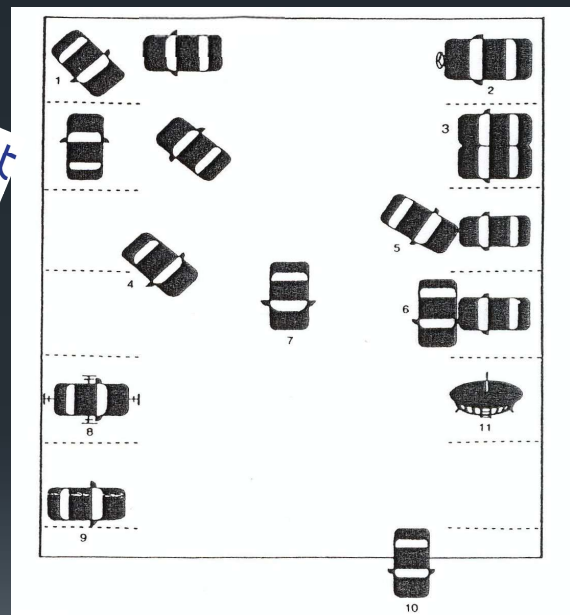
91

Tvangspræget (Anankastisk)



Et gennemgribende mønster af optagethed af orden, perfektionisme samt mental og interpersonel kontrol på bekostning af fleksibilitet, åbenhed og effektivitet, som begynder i det tidlige voksenliv og er til stede i forskellige sammenhænge

(DSM-5, s. 398-399).



92

Tvangspræget – Anankastisk - Obsessiv-Kompulsiv

22-03-2026



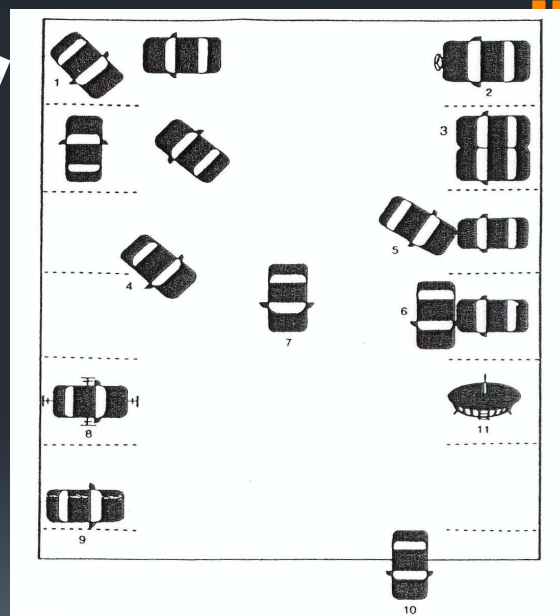
93

Paranoid



En gennemgribende mistillid og mistænksomhed over for andre, således at deres motiver tolkes som ondsindede, begyndende i det tidlige voksenliv og er til stede i forskellige sammenhænge

(DSM-5, s. 398-399).



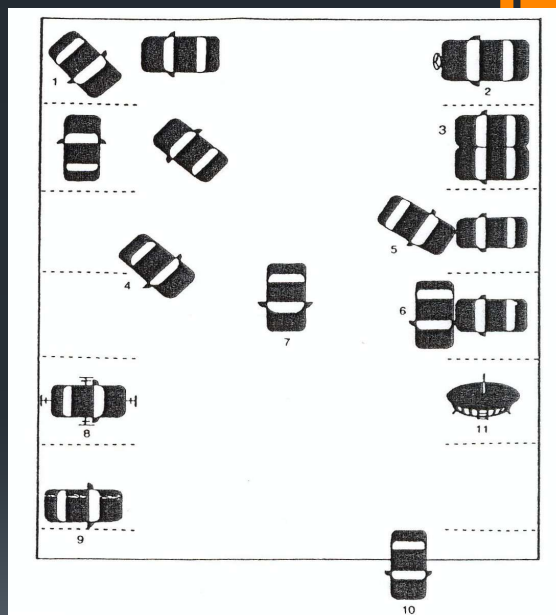
94

Skizoid



Et gennemgribende mønster af tilbagetrækning fra sociale forhold og et indskrænket følelsesregister i forbindelse med interpersonelle forhold, som begynder i det tidlige voksenliv og er til stede i forskellige kontekster

(DSM-5, s. 391):



95

Skizoid

A1. Hverken ønsker eller har glæde af tætte forhold, herunder at være en del af en familie.

versus

Denne mangel på et stærkt ønske om relationer er særkendet ved skizoid personlighedsforstyrrelse og det, der adskiller den fra undvigende personlighedsforstyrrelse.

Undvigende

Ved **undvigende personlighedsforstyrrelse** har personen et stærkt ønske om tætte forhold, men mangler dem på grund af overdreven social angst.



96

Personlighed og relation

1. Den *Skizoide* fjerner sig fra den anden
2. Den *Paranoide* kontrollerer den anden
3. Den *Tvangsprægede* kontrollerer sig selv
4. Den *Dyssociale* udnytter den anden
5. Den *Histrioniske* forvirrer og forstyrrer den anden
6. Den *Dependente* binder den anden
7. Den *Ængstelig-evasive* længes efter den anden
8. Den *Emotionelt-ustabile* forvirrer, forstyrrer, binder, længes efter og giver den anden skyldfølelse

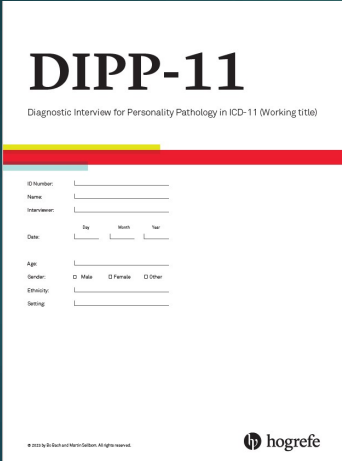
97

22-03-2026

ICD-11 overgang – og hvordan?

98

The Evolution of the **DIPP-11**



PDS-ICD-11 Self-Report Form

▼

PDS-ICD-11 Clinician-Rating Form

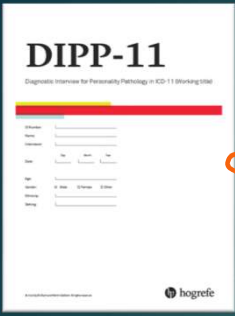
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Trait Inventories
(PiCD, PID5BF+M, PAQ-11)

▼

DIPP-11 Interview Instrument

99



Content

- Introduction
- General Interview Guidelines
- Semi-structured format
- Clinical ratings
- Introducing the interview
- Starting the Interview**
- Aspects of Personality Functioning
- 1. Stability, coherence, and flexibility of identity and belief systems
- 2. Accuracy of self-perception
- 3. Ability to maintain an overall positive and stable sense of self-worth
- 4. Capacity for self-direction
- 5. Ability to make appropriate decisions in situations of uncertainty
- 6. Flexibility in modulating behaviour
- 7. Interest in engaging in relationships
- 8. Ability to appropriately understand and consider others' perspectives
- 9. Ability to develop and maintain close and mutually satisfying relationships
- 10. Ability to manage conflict in relationships
- 11. Emotional regulation and expression
- 12. Ability to recognise and acknowledge emotions that are difficult or unwanted
- 13. Accuracy of situational and interpersonal appraisals under stress
- 14. Harm to self
- 15. Harm to others
- 16. Psychosocial impairment
- Global Evaluation of Personality Functioning
- Overview of disturbances in personality functioning
- Observation sheet for aspects of personality functioning
- Global severity assessment of personality pathology
- General requirements for personality disorder diagnosis
- Trait Domain Specifiers
- 1. Negative affectivity (NA)
- 2. Detachment (DT)
- 3. Dissociality (DS)
- 4. Disinhibition (DN)
- 5. Anankastia (AN)
- Observation sheet for trait domain features
- 6. Optional specifier: Borderline pattern
- Diagnostic Summary
- Descriptions and Requirements for Severity Levels

Starting the Interview

I am going to ask you some questions about your personality or how you are as a person.

In other words, we will talk about the way you normally think, feel, and behave, which gives us an idea of your strengths and difficulties.

This will include questions about various things that you might often be experiencing in your life in relation to yourself and other people.

Keep in mind that I am most interested in how you usually are.

If the way you've been in recent weeks or months is different from how you usually are, please consider your usual self when you answer the questions.

Possible extraordinary circumstances in recent weeks or months:
*Broke up with boyfriend
 and grandmother passed away*

[IF RELEVANT]: Have you ever experienced or been diagnosed with any form of mental disorder such as [mention diagnosis or symptoms].
 Current or lifetime mental health issues [from clinical records or reported by interviewee]:
Depressive episodes, eating disorder (bulimia)

[IF APPROPRIATE]: It is also helpful for me to know about any adversity during your childhood, adolescence, or adulthood that you may have experienced, which gives me an idea of what you have been going through. Would you be comfortable telling me about this?
 Lifetime traumatic events or adversities:
*Biological father left before birth,
 grew up with abusive stepfathers*

I would now like you to focus on how you usually are in general, outside of these specific episodes in your life. Does that make sense?
 [Allow some time for the interviewee to grasp and adapt to this premise].
Ok (nodding)

Do you have any questions before we start?

100

Content

Introduction

General Interview Guidelines

Starting the Interview

Aspects of Personality Functioning

1. Stability, coherence, and flexibility of identity and belief systems
2. Accuracy of self-perception
3. Ability to maintain an overall positive and stable sense of self-worth
4. Capacity for self-direction
5. Ability to make appropriate decisions in situations of uncertainty
6. Flexibility in modulating behaviour
7. Interest in engaging in relationships
8. Ability to appropriately understand and consider others' perspectives
9. Ability to develop and maintain close and mutually satisfying relationships
10. Ability to manage conflict in relationships
11. Emotional regulation and expression
12. Ability to recognise and acknowledge emotions that are difficult or unwanted
13. Accuracy of situational and interpersonal appraisals under stress
14. Harm to self
15. Harm to others
16. Psychosocial impairment

Global Evaluation of Personality Functioning

Trait Domain Specifiers

1. Negative affectivity (NA)
2. Detachment (DT)
3. Dissociality (DS)
4. Disinhibition (DN)
5. Anankastia (AN)

Diagnostic Summary

Descriptions and Requirements for Severity Levels

3. Ability to maintain an overall positive and stable sense of self-worth

Do other people ever say that you are too hard on yourself?
 (IF NO): Do you think you are too hard on yourself?

Usually people tend to value what other people think about them. How does the way you feel about yourself change depending on what others think of you or what happens to you? What problems does this cause you or others, if at all?

Do you ever feel shame or self-hatred?
 (IF YES): How often does that happen?

START: Now I am going to ask some questions about how you feel about yourself, which is a bit different from how you perceive yourself.

On a scale of 1 to 10, with 1 being terrible, and 10 being fantastic, how do you feel about yourself on average?

Does the way you feel about yourself ever change dramatically?
 (IF YES): Can you give me some examples?

How does the way you feel about yourself affect your relationships with other people?

Can you give me some examples?

How do you feel about yourself in comparison to other people?
 Do you feel that others often fail to recognise your special qualities?
 (IF YES): Does this ever create problems in your relationships?
 Can you give me some examples?

Do you ever get in trouble with others because they think you act superior, arrogant or entitled?

2	Has a deflated sense of self-worth most of the time, which causes significant distress or affects relationships with other people	
1	Often experiences low self-worth which causes distress or sometimes affects relationships with other people	
0	Usually able to maintain an overall realistic and stable sense of self-worth	
1	Often feels better than others which affects relationships with other people	
2	Has a highly inflated sense of self-worth which affects how they relate to other people	

101

Content

Introduction

General Interview Guidelines

Starting the Interview

Aspects of Personality Functioning

1. Stability, coherence, and flexibility of identity and belief systems
2. Accuracy of self-perception
3. Ability to maintain an overall positive and stable sense of self-worth
4. Capacity for self-direction
5. Ability to make appropriate decisions in situations of uncertainty
6. Flexibility in modulating behaviour
7. Interest in engaging in relationships
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11. Emotional regulation and expression
12. Ability to recognise and acknowledge emotions that are difficult or unwanted
13. Accuracy of situational and interpersonal appraisals under stress
14. Harm to self
15. Harm to others
16. Psychosocial impairment

Global Evaluation of Personality Functioning

Trait Domain Specifiers

1. Negative affectivity (NA)
2. Detachment (DT)
3. Dissociality (DS)
4. Disinhibition (DN)
5. Anankastia (AN)

Diagnostic Summary

Descriptions and Requirements for Severity Levels

10. Ability to manage conflict in relationships

To what extent do disagreements or conflicts with friends or romantic partners cause problems for you?

Have you lost important relationships because of arguments or conflicts?
 (IF YES): Can you give me some examples?

START: Some people strongly prefer to avoid conflicts whereas others sometimes enjoy arguments and conflicts.

How do you manage disagreements or conflicts in relationships?

Can you give me some examples?

When does this happen? (For example, at work, at school, at home?)

Has your avoidance of disagreements or conflicts in relationships caused problems for you?
 (IF YES): Can you give me some examples?

Have you often felt that your needs or wishes are unfulfilled or ignored because of your avoidance of conflicts and disagreements?
 (IF YES): Can you give me some examples?


2	Often seeks out arguments or conflicts with others, which causes serious relationship problems (e.g. results in absence of or failure to maintain reliable friendships or romantic relationships)	
1	Sometimes seeks out arguments or conflicts with others, which causes relationship problems (e.g. results in fewer friendships or difficulty maintaining romantic relationships)	
0	Is generally able to manage disagreements or conflicts in relationships in a productive manner	
1	Often avoids disagreements and conflicts with others which causes problems for them (e.g. having difficulties asserting their needs resulting in low fulfillment)	
2	Avoids disagreements and conflicts with others at any cost, which causes serious problems (e.g. being unable to assert their needs resulting in a lack of fulfillment)	

102

1	Unstable identity and beliefs	2	1	0	1	2	Inflexible identity and beliefs	1
2	No perceived strengths	2	1	0	1	2	No perceived weaknesses	2
3	Deflated sense of self-worth	2	1	0	1	2	Inflated sense of self-worth	3
4	Weak self-direction	2	1	0	1	2	Rigid self-direction	4
5	Imprudent decision-making	2	1	0	1	2	Paralysed decision-making	5
6	Behavioural undercontrol	2	1	0	1	2	Behavioural overcontrol	6
7	Avoiding others	2	1	0	1	2	Excessive engagement with others	7
8	Lack of perspective-taking	2	1	0	1	2	Excessive perspective-taking	8
9	Dominant self-absorption	2	1	0	1	2	Submissive self-deprivation	9
10	Conflict seeking	2	1	0	1	2	Conflict avoidant	10
11	Emotion under-regulation	2	1	0	1	2	Emotion over-regulation	11
12	Impaired emotion recognition	0	1	2	3			
13	Impaired reality testing	0	1	2	3			
14	Harm to self	0	1	2	3			
15	Harm to others	0	1	2	3			
16	Psychosocial impairment	0	1	2	3			

Aspects of personality functioning	Features and examples
1 Identity and belief systems: Stability and flexibility	Weak personal integrity – easily influenced by others
2 Accuracy of self-perception	Negatively skewed self-view
3 Ability to maintain an overall positive and stable sense of self-worth	Sense of inferiority
4 Capacity for self-direction	Goal-inhibited due to fear of "shameful" situations
5 Ability to make appropriate decisions in situations of uncertainty	Decision-inhibited due to insecurity
6 Flexibility in modulating behaviour	Restricted behavior with risk aversion
7 Interest in engaging in relationships	Avoidant other people because of fear of criticism
8 Ability to appropriately understand and consider others' perspectives	Reading a bit too much between the lines
9 Ability to develop and maintain close and mutually satisfying relationships	Overly compliant to avoid criticism
10 Ability to manage conflict in relationships	Avoidant conflicts at almost any costs
11 Emotional regulation and expression	Emotionally inhibited due to shame
12 Ability to recognise and acknowledge emotions that are difficult or unwanted	-
13 Accuracy of situational and interpersonal appraisals under stress	Some cognitive distortions (catastrophic thinking)
14 Harm to self	-
15 Harm to others	-
16 Psychosocial impairment	-

103



Content

- Introduction
- General Interview Guidelines
 - Semi-structured format
 - Clinical ratings
 - Introducing the interview
- Starting the Interview
- Aspects of Personality Functioning
 - Stability, coherence, and flexibility of identity and belief systems
 - Accuracy of self-perception
 - Ability to maintain an overall positive and stable sense of self-worth
 - Capacity for self-direction
 - Ability to make appropriate decisions in situations of uncertainty
 - Flexibility in modulating behaviour
 - Interest in engaging in relationships
 - Ability to appropriately understand and consider others' perspectives
 - Ability to develop and maintain close and mutually satisfying relationships
 - Ability to manage conflict in relationships
 - Emotional regulation and expression
 - Ability to recognise and acknowledge emotions that are difficult or unwanted
 - Accuracy of situational and interpersonal appraisals under stress
 - Harm to self
 - Harm to others
 - Psychosocial impairment
- Global Evaluation of Personality Functioning
 - Overview of disturbances in personality functioning
 - Observation of personality functioning
 - Global severity assessment of personality pathology
 - General requirements for personality disorder diagnosis
- Trait Domain Specifiers
 - Negative affectivity (NA)
 - Detachment (DT)
 - Dissociality (DS)
 - Disinhibition (DN)
 - Anankastia (AN)

Observation sheet for trait domain features

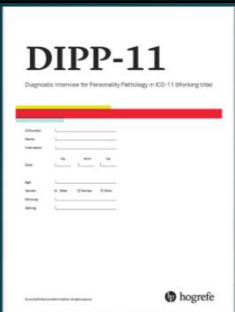
 - Optional specifier: Borderline pattern
- Diagnostic Summary
- Descriptions and Requirements for Severity Levels

Global Severity Assessment of Personality Pathology

Circle the overall level of severity that best describes the person based on the global information rated in items 1–16 (please consult the official ICD-11 definitions and examples for each severity level, which are described on pages 32–34).

0	No personality disorder or difficulty No evidence of long-standing difficulties (e.g. at least two years) in personality functioning; healthy ability to maintain an overall positive and stable sense of self-worth; healthy capacity for self-direction; healthy ability to maintain close and mutually satisfying relationships; flexibility to react appropriately and adapt to life events and other people.
1	Personality difficulty (no disorder) Pronounced and longstanding difficulties in the perception of self and others, with manifestations that are only intermittent (e.g. during times of stress) or at low intensity (i.e., not rising to the level of a personality disorder diagnosis); do not cause notable psychosocial disruption or may only be limited to specific relationships or situations.
2	Mild personality disorder Disturbances affect some areas of functioning of the self but not others; problems in many interpersonal relationships or in the performance of expected occupational and social roles; some relationships are maintained and/or some roles fulfilled; typically no harm to self or others; distress/impairment may only be present in circumscribed contexts or of milder severity if in more areas.
3	Moderate personality disorder Disturbances affect multiple areas of functioning of the self; marked problems in most interpersonal relationships and the performance of most expected social and occupational roles is compromised to some degree; harm to self or others may sometimes be present; distress/impairment is marked across contexts, although functioning in some circumscribed contexts may be maintained.
4	Severe personality disorder Severe disturbances in multiple areas of functioning of the self; problems in interpersonal functioning seriously affect virtually all relationships; the ability or willingness to perform expected social and occupational roles is severely compromised or absent; often associated with harm to self or others; severe impairment in all or nearly all areas of life.
Z	Personality disorder, severity unspecified This level should only be used if personality disorder is present (i.e., at least mild personality disorder), but severity cannot currently be specified with reasonable clinical certainty.

104



Personality Disorder Diagnosis?

Or just personality dysfunction?

Content

Introduction

General Interview Guidelines

Semi-structured format

Clinical ratings

Introducing the interview

Starting the Interview

Aspects of Personality Functioning

1. Stability, coherence, and flexibility of identity and belief systems
2. Accuracy of self-perception
3. Ability to maintain an overall positive and stable sense of self-worth
4. Capacity for self-direction
5. Ability to make appropriate decisions in situations of uncertainty
6. Flexibility in modulating behaviour
7. Interest in engaging in relationships
8. Ability to appropriately understand and consider others' perspectives
9. Ability to develop and maintain close and mutually satisfying relationships
10. Ability to manage conflict in relationships
11. Emotional regulation and expression
12. Ability to recognise and acknowledge emotions that are difficult or unwanted
13. Accuracy of situational and interpersonal appraisals under stress
14. Harm to self
15. Harm to others
16. Psychosocial impairment

Global Evaluation of Personality Functioning

Overview of disturbances in personality functioning

Observation sheet for aspects of personality functioning

Global severity assessment of personality pathology

General requirements for personality disorder diagnosis

Trait Domain Specifiers

1. Negative affectivity (NA)
2. Detachment (DT)
3. Dissociality (DS)
4. Disinhibition (DN)
5. Anankastia (AN)

Observation sheet for trait domain features

6. Optional specifier: Borderline pattern

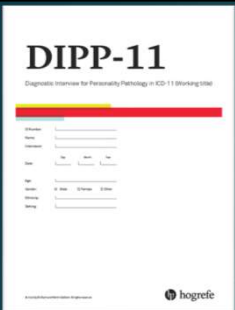
Diagnostic Summary

Descriptions and Requirements for Severity Levels

General requirements for personality disorder diagnosis

- Significant problems with aspects of the self and/or interpersonal functioning manifested as maladaptive emotional, cognitive, and behavioural patterns (see overview of items 1-15). Yes
 No
 Unsure
- Associated with substantial distress or significant impairment in personal, family, social, educational, occupational or other important areas of functioning (a score of at least "1" on item 16). Yes
 No
 Unsure
- Persistent over an extended period of time (e.g. two years or more), with typical onset in adolescence or early adulthood. Yes
 No
 Unsure
- Manifests across a range of personal and social situations without exclusively being limited to specific relationships or social roles. Yes
 No
 Unsure
- Not exclusively associated with or attributed to another mental health condition.
Question: Do the [relevant areas of impairment] occur exclusively in the context of symptoms of other mental, behavioural or neurodevelopmental disorders? Yes
 No
 Unsure
- Not exclusively associated with or attributed to problematic substance use.
Question: Do the [relevant areas of impairment] occur exclusively in the context of using alcohol or other substances, including withdrawal effects? Yes
 No
 Unsure
- Not exclusively associated with or attributed to personality change secondary to a medical condition.
Question: Did the [relevant areas of impairment] begin after you experienced a major head injury or another medical condition? Yes
 No
 Unsure
- Not developmentally appropriate (e.g. problems are not exclusively related to normative moodiness or difficulty establishing an independent self-identity during adolescence). Yes
 No
 Unsure
- Not explained primarily by social or cultural factors, including socio-political conflict. Yes
 No
 Unsure

105



Content

Introduction

General Interview Guidelines

Semi-structured format

Clinical ratings

Introducing the interview

Starting the Interview

Aspects of Personality Functioning

1. Stability, coherence, and flexibility of identity and belief systems
2. Accuracy of self-perception
3. Ability to maintain an overall positive and stable sense of self-worth
4. Capacity for self-direction
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11. Emotional regulation and expression
12. Ability to recognise and acknowledge emotions that are difficult or unwanted
13. Accuracy of situational and interpersonal appraisals under stress
14. Harm to self
15. Harm to others
16. Psychosocial impairment

Global Evaluation of Personality Functioning

Overview of disturbances in personality functioning

Observation sheet for aspects of personality functioning

Global severity assessment of personality pathology

General requirements for personality disorder diagnosis

Trait Domain Specifiers

1. Negative affectivity (NA)
2. Detachment (DT)
3. Dissociality (DS)
4. Disinhibition (DN)
5. Anankastia (AN)

Observation sheet for trait domain features

6. Optional specifier: Borderline pattern

Diagnostic Summary

Descriptions and Requirements for Severity Levels

4. Disinhibition (DN)

The core feature of the disinhibition trait domain is the tendency to act rashly based on immediate external or internal stimuli (i.e. sensations, emotions, thoughts), without consideration of potential negative consequences

Questions

Disinhibition	0	1	2
Would you describe yourself as someone who tends to do things on the spur of the moment?	0	1	2
Are you easily distracted? (IF YES: Can you give me some examples?)	0	1	2
Do you sometimes struggle with completing work or school assignments or other expected duties? Do you easily get bored with routine tasks?	0	1	2
Do others complain that you are not taking responsibility for things or other people? (IF YES: Can you give me some examples?)	0	1	2
Have you ever had financial problems? (IF YES: Can you give me some examples?)	0	1	2
How do you feel about taking risks?	0	1	2
Do you consider the consequences of your actions?	0	1	2
What is your preference: planning your activities or being spontaneous and carefree? Tell me more about that.	0	1	2

106

Content

Introduction

General Interview Guidelines

Starting the Interview

Aspects of Personality Functioning

- Stability, coherence, and flexibility of identity and belief systems
- Accuracy of self-perception
- Ability to maintain an overall positive and stable sense of self-worth
- Capacity for self-direction
- Ability to make appropriate decisions in situations of uncertainty
- Flexibility in modulating behaviour
- Interest in engaging in relationships
- Ability to appropriately understand and consider others' perspectives
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- Ability to manage conflict in relationships
- Emotional regulation and expression
- Ability to recognise and acknowledge emotions that are difficult or unwanted
- Accuracy of situational and interpersonal appraisals under stress
- Harm to self
- Harm to others
- Psychosocial impairment

Global Evaluation of Personality Functioning

Trait Domain Specifiers

- Negative affectivity (NA)
- Detachment (DT)
- Dissociality (DS)
- Disinhibition (DN)
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Diagnostic Summary

Descriptions and Requirements for Severity Levels

Trait domains	Observations and examples					
<table border="1"> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> </table> Negative Affectivity	1	2	3	4	5	Poor self-worth manifested as envy of others' success. Suspiciousness of others' intentions. An underlying sense of shame.
1	2	3	4	5		
<table border="1"> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> </table> Detachment	1	2	3	4	5	Sometimes withdrawing from situations where one might be exposed to others' superiority
1	2	3	4	5		
<table border="1"> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> </table> Dissociality	1	2	3	4	5	Seeking to be center of attention. Lack of empathy for others unless it can be useful.
1	2	3	4	5		
<table border="1"> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> </table> Disinhibition	1	2	3	4	5	Lack of self-control due to sense of entitlement and self-indulgence.
1	2	3	4	5		
<table border="1"> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> </table> Anankastia	1	2	3	4	5	Seeking control of others' behaviors and seeking to live up to own sense of superiority by means of perfectionism and vanity
1	2	3	4	5		

107

Content

Introduction

General Interview Guidelines

Starting the Interview

Aspects of Personality Functioning

- Stability, coherence, and flexibility of identity and belief systems
- Accuracy of self-perception
- Ability to maintain an overall positive and stable sense of self-worth
- Capacity for self-direction
- Ability to make appropriate decisions in situations of uncertainty
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- Harm to self
- Harm to others
- Psychosocial impairment

Global Evaluation of Personality Functioning

Trait Domain Specifiers

- Negative affectivity (NA)
- Detachment (DT)
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- Optional specifier: Borderline pattern

Diagnostic Summary

Descriptions and Requirements for Severity Levels

Diagnostic Summary

Tick diagnosis and the occurrence of one or more specifiers.

ICD-11 code	Personality disorder	Diagnosis			
	No Personality Disorder or Difficulty				
QE50.7	Personality difficulty (no disorder)				
6D10.0	Mild personality disorder				
6D10.1	Moderate personality disorder	✓			
6D10.2	Severe personality disorder				
6D10.Z	Personality disorder, severity unspecified				
	Trait domain specifiers				
		<table border="1"> <tr> <th>Not descriptive</th> <th>Somewhat descriptive</th> <th>Clearly descriptive</th> </tr> </table>	Not descriptive	Somewhat descriptive	Clearly descriptive
Not descriptive	Somewhat descriptive	Clearly descriptive			
6D11.0	Negative affectivity	<table border="1"> <tr> <td></td> <td></td> <td>✓</td> </tr> </table>			✓
		✓			
6D11.1	Detachment	<table border="1"> <tr> <td></td> <td>✓</td> <td></td> </tr> </table>		✓	
	✓				
6D11.2	Dissociality	<table border="1"> <tr> <td></td> <td>✓</td> <td></td> </tr> </table>		✓	
	✓				
6D11.3	Disinhibition	<table border="1"> <tr> <td>✓</td> <td></td> <td></td> </tr> </table>	✓		
✓					
6D11.4	Anankastia	<table border="1"> <tr> <td></td> <td></td> <td>✓</td> </tr> </table>			✓
		✓			
	Additional option				
6D11.5	Borderline pattern ^a	<table border="1"> <tr> <td></td> <td>✓</td> <td></td> </tr> </table>		✓	
	✓				

^a Need at least 5 of 9 borderline features "present" for "clearly descriptive"; 1-4 features may qualify as "somewhat descriptive".

108

1	Unstable identity and beliefs	2	1	0	1	2	Inflexible identity and beliefs	1
2	No perceived strengths	2	1	0	1	2	No perceived weaknesses	2
3	Deflated sense of self-worth	2	1	0	1	2	Inflated sense of self-worth	3
4	Weak self-direction	2	1	0	1	2	Rigid self-direction	4
5	Imprudent decision-making	2	1	0	1	2	Paralysed decision-making	5
6	Behavioural undercontrol	2	1	0	1	2	Behavioural overcontrol	6
7	Avoiding others	2	1	0	1	2	Excessive engagement with others	7
8	Lack of perspective-taking	2	1	0	1	2	Excessive perspective-taking	8
9	Dominant self-absorption	2	1	0	1	2	Submissive self-deprivation	9
10	Conflict seeking	2	1	0	1	2	Conflict avoidant	10
11	Emotion under-regulation	2	1	0	1	2	Emotion over-regulation	11
12	Impaired emotion recognition	0	1	2	3			
13	Impaired reality testing	0	1	2	3			
14	Harm to self	0	1	2	3			
15	Harm to others	0	1	2	3			
16	Psychosocial impairment	0	1	2	3			

Borderline
(Severe PD)

Negativ affektivitet

Emotionel labilitet
 Skam og depressivitet

Disinhibition

Impulsivitet
 Risikoadfærd

Dyssocialitet

Aggression

Tilbagetrækning

Tomhedsfølelse

Anankasme

(Minus)

109

1	Unstable identity and beliefs	2	1	0	1	2	Inflexible identity and beliefs	1
2	No perceived strengths	2	1	0	1	2	No perceived weaknesses	2
3	Deflated sense of self-worth	2	1	0	1	2	Inflated sense of self-worth	3
4	Weak self-direction	2	1	0	1	2	Rigid self-direction	4
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13	Impaired reality testing	0	1	2	3			
14	Harm to self	0	1	2	3			
15	Harm to others	0	1	2	3			
16	Psychosocial impairment	0	1	2	3			

Ængstelig-
evasiv

Negativ affektivitet

Ængstelighed
 Mindreværdsfølelse

Tilbagetrækning

Social tilbagetrækning
 Emotionel hæmning

Anankasme

Risiko aversion
 Social perfektionisme

Disinhibition

(Minus)

Dyssocialitet

(Minus)

110

....mens vi venter på ICD-11

- Antal opfyldte kriterier for "Borderline" indikerer sværhedsgrad
- Øvrige kategorier karakteriserer personlighedsstil

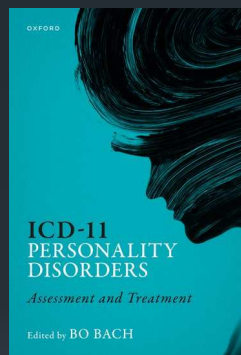
Sharp, C., Wright, A. G. C., Fowler, J. C., Frueh, B. C., Allen, J. G., Oldham, J., & Clark, L. A. (2015). The structure of personality pathology: Both general ("g") and specific ("s") factors? *Journal of Abnormal Psychology, 124*(2), 387–398. <http://doi.org/10.1037/abn0000033>

Williams, T. F., Scalco, M. D., & Simms, L. J. (2018). The construct validity of general and specific dimensions of personality pathology. *Psychological Medicine, 48*(05), 834–848. <https://doi.org/10.1017/S0033291717002227>

Wright, A. G. C., Hopwood, C. J., Skodol, A. E., & Morey, L. C. (2016). Longitudinal validation of general and specific structural features of personality pathology. *Journal of Abnormal Psychology, 125*(8), 1120–1134. <https://doi.org/10.1037/abn0000165>

111

Tak for nu!



DANSK
PSYKOLOG
FORENING

Bo Bach, ph.d., dr. med.
Specialist og supervisor i psykopatologi og psykoterapi
Faglig leder v. Center for Forskning i Personlighedsforstyrrelse
Professor v. Københavns Universitet
Klinisk psykolog v. Psykiatrisk Klinik Slagelse

Materiale kan downloades:

Personlighed.dk

112