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SAVREMENO ODREĐENJE POREMEĆAJA LIČNOSTI – PONOVO OTKRIVENA PROŠLOST

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Apstrakt: Uprkos razvoju istraživanja poremećaja ličnosti postoje ozbiljni teorijski i metodološki problemi i neslaganja u vezi sa njihovom definicijom, dijagnostikom, klasifikacijom i lečenjem tako da je ova oblast i dalje puna kontroverzi i suočava psihijatre sa ograničenjem njihove veštine. Pored toga, poremećaji ličnosti mogli bi biti povezani sa rastućim nasiljem u savremenom svetu. Uništavanje prirode, života i ekonomskih resursa čovekom izazvanih katastrofa (ratovima) dovodi do pojave posttraumatskog stresnog poremećaja, depresije, anksioznosti i promena ličnosti. Savremenim dobom dominira „kultura narcizma" koja insistira na uspehu i moći i koju odlikuju difuzni identitet i gubljenje tradicionalnih vrednosti, ljubavi, religije i duhovnosti. Moguće je da tendencija ka globalizaciji i stvaranju novog Vavilona favorizuje regresiju na primitivne nivoe funkcionisanja i razvoj graničnih ličnosti, sklonih fragmentaciji i afektivnim i kognitivnim poremećajima. S druge strane, savremena kultura možda samo favorizuje ispoljavanje poremećaja ličnosti, a ne njihovu prevalencu, koja bi mogla biti ista u svim vremenima i kulturama. U radu su diskutovane dileme oko navedenih kontroverzi u vezi sa poremećajem ličnosti.

Ključne reči: *poremećaj ličnosti, granični poremećaj ličnosti, trauma, klasifikacija, literatura, socijalni uticaji*

Uvod

Hipokrat sa Kosa, „najveći od svih lekara", kako ga je nazivao Galen, u svom poznatom delu „De Natura hominis" (Πέρι φύσις ανθρώπον Ηπποκράτης) rekao je: „Mnogo je važnije znati koji tip ličnosti ima bolest, nego koji tip bolesti ličnost ima" (1). Ova poznata rečenica odlično se uklapa u fascinantnu i izazovnu prirodu poremećaja ličnosti (PL) koji su poslednjih decenija pokrenuli veliki broj istraživanja.

Poremećaji ličnosti se manifestuju na svim nivoima kliničke psihijatrijske prakse, a arhitektonika ličnosti utiče na tok i ishod mnogih mentalnih poremećaja. Međutim, ova oblast, koja suočava psihijatre sa ograničenjima njihove veštine, i dalje je puna kontroverzi. Postoje mnoga neslaganja (možda više nego u drugim kliničkim sindromima) u vezi sa klasifikacijom, definicijom/dijagnostikom i etiologijom poremećaja ličnosti. U ovom radu, poseban naglasak će biti stavljen na granični poremećaj ličnosti, koji predstavlja paradigmu svih poremećaja ličnosti.

Istorijat

Istorija koncepta poremećaja ličnosti ide daleko u prošlost i početke možemo naći kod Hipokrata. Hipokrat je opisao četiri tipa temperamenta, verujući da oni karakterišu elemente zemlje, vazduha, vatre i vode: sangvinični (optimistički), kolerični (razdražljivi), melanholični (tužni) i flegmatični (ravnodušni). Ovi temperamenti odlično se uklapaju u DSM-IV klastere: flegmatični bi odgovarao prvom, ekscentričnom klasteru; kolerički i sangvinični odgovaraju drugom, dramatičnom klasteru, a melanholični sasvim dobro opisuje sklonost ka depresiji trećeg, anksioznog klastera.

Teofrast je u trećem veku pre nove ere dao jedan od prvih opisa ličnosti (2). Mnogo kasnije, 1837. godine, engleski lekar Džejms Pričard je u „Traktatu o ludilu" prikazao tzv. „moralno ludilo" (koje bi odgovaralo današnjem antisocijalnom poremećaju ličnosti). Filip Pinel je 1881. godine opisao „maniju bez delirijuma", stanje koje je različito od psihoza, u kojem se pacijenti ponašaju iracionalno, sa očuvanim intelektom i mišljenjem. Krepelin je 1907. godine naveo postojanje četiri tipa psihopatskih ličnosti: urođeni kriminalac, nestabilni psihopata, bolesni lažov i varalica (3).

Zanimljivo je da se psihijatrijski genije Sigmund Frojd nije bavio poremećajima ličnosti, osim u knjizi „Karakter i analni erotizam". Mnogi od njegovih čuvenih slučajeva, međutim, bili su pravi poremećaji ličnosti. Ana O. (Berta Papenhajm) na primer, bila je tipična histrionična ličnost, a Čovek Vuk tipičan granični poremećaj ličnosti.

Franc Aleksander je jedan od prvih autora koji je govorio o neurotičnom karakteru nasuprot simptomatskim neurozama, a Vilhelm Rajh jedan od prvih koji je verovao da psihoanalitički metod može biti koristan u lečenju poremećaja ličnosti. U knjizi „Analiza karaktera" iz 1930. godine (4) opisao je karakterne crte četiri tipa karaktera: falusno-narcistički, histrionični, kompulzivni i pasivno-agresivni ili mazohistični. Šnajderov koncept psihopatije zasnovan na psihodinamičkom stanovištu uključen je u DSM-I, a mnogi od njegovih opisa i danas su validni (5).

POREMEĆAJI LIČNOSTI U KNJIŽEVNOSTI

Smatra se da su umetnici, pesnici i pisci često avangardni hroničari promena u društvu, bilo da su one socijalne, političke, filozofske ili psihološke prirode i da opisuju psihopatologiju pre naučnika (6). Dok klasičan teatar (Šekspir, Sofokle, Ibzen) opisuje sadržaj i konflikte neurotičnih poremećaja, teatar apsurda (Beket, Jonesko, Sartr) opisuje granična stanja (tj. teške poremećaje ličnosti) sa akcentom na gubitku bliskosti i smislene komunikacije. Tako bi Vladimir i Estragon iz Beketovog „Čekajući Godoa" bile prave granične ličnosti našeg doba, dok bi Žan Batist Klemans iz Kamijevog „Pada" bio tipičan narcistični poremećaj ličnosti. Sartrova rečenica „Pakao – to su drugi ljudi" odlično ocrtava ego-sintone probleme poremećaja ličnosti i mehanizam primitivne projekcije koji oni koriste.

Postavlja se pitanje da li se naše znanje povećalo u odnosu na ranije koncepte, ili samo koristimo sofisticiraniju terminologiju. Drugim rečima, koliko se rečenica iz Knjige propovednika da „nema ničeg novog pod kapom nebeskom" može primeniti na oblast poremećaja ličnosti.

KLASIFIKACIJA

Poremećaji ličnosti su, nema sumnje, zadobili istaknuto mesto uvođenjem osovine II u DSM-III 1980. godine (7). Postoji obimna literatura u ovoj oblasti koja, međutim, ne može prikriti činjenicu da i dalje postoje ozbiljni teorijski i metodološki problemi u novim klasifikacijama.

Uprkos nekim prednostima DSM-III i IV klasifikacijâ (8), kao što su njihov ateorijski koncept, višeosovinski dijagnostički pristup, politetični kriterijumi, u njima postoje mnogi nedostaci. Predloženi kriterijumi se prepliću, a multiple dijagnoze su veoma česte (9). Kako su pokazali mnogi izveštaji, prosečan broj dijagnoza poremećaja ličnosti često je veći od četiri (7). Tako ovi poremećaji još uvek zadržavaju najniži nivo pouzdanosti u poređenju sa bilo kojom kategorijom mentalnih poremećaja.

Drugi značajni problemi su nedostatak dokaza koji bi podržali validnost mnogih kategorija poremećaja ličnosti. DSM-III i IV klasifikuju neke problematične kategorije, kao što su shizotipalni (nedovoljno dobro diferenciran od shizofrenih poremećaja), shizoidni (dijagnoza bez pacijenata), izbegavajući (nedovoljno se razlikuje od socijalne fobije), zavisni (nema dovoljno znanja koja bi potvrdila da je ovaj poremećaj zaseban nozološki entitet) (10).

Depresivni PL je uključen u DSM-IV, ali kao rezidualna kategorija u *Poremećaji ličnosti koji nisu drukčije specifikovani* i samo kao predlog za dalje istraživanje, uz pasivno-agresivni PL. Mnogi autori, pre svih Kernberg (11), zastupaju validnost depresivno-mazohističnog PL, što potvrđuju i naša istraživanja (12, 13). Dobar potez, međutim, bio je isključivanje pasivno-agresivnog PL koji ne treba smatrati zasebnim entitetom, već mehanizmom odbrane karakterističnim za mnoge poremećaje (10).

MKB-10 sistem (14) je u bliskoj korespondenciji sa DSM-IV kada se razmatraju poremećaji ličnosti. Nasuprot DSM-IV, međutim, izgleda da ICD-10 ispravno klasifikuje shizotipalni PL u spektar shizofrenih poremećaja Osovine I. U ovu klasifikaciju su uključene i trajne promene ličnosti, što predstavlja značajan napredak. Ali, uprkos nekim prednostima MKB-10, i ova klasifikacija ima nedostatke. Narcistički PL, koji je dobio svoje mesto u DSM-III posle uticajnih radova Kernberga i Kohuta, nije definisan kao zaseban entitet iako je njegova validnost pokazana u mnogim istraživanjima u poslednjih dvadesetak godina. Pored toga, opis graničnog poremećaja ličnosti (GPL) sasvim je nezadovoljavajući. On je definisan kao jedna od dve varijante emocionalno nestabilnog poremećaja ličnosti, uz impulsivni tip, a operacioni kriterijumi nisu dati, osim delimično u klasifikaciji koja navodi istraživačke kriterijume.

Oblast poremećaja ličnosti je u razvoju, a sukobljene teorijske postavke često se nalaze i u pozadini uticaja kojima se proizvode nove klasifikacije. I ubrzana produkcija novih instrumenata koji slede nove klasifikacije predstavlja problem, jer zemlje van engleskog govornog područja nemaju vremena ni da ih primene posle prevođenja, a već se pojavljuju novi. Ne može se ukloniti sumnja da za to postoje i drugi, nenaučni razlozi.

Zvanično, dijagnostički skup kriterijuma Osovine II DSM-III i DSM-IV, trebalo bi da definišu ili dijagnostikuju pacijente u kategorijalne dijagnostičke entitete koji se međusobno isključuju. Ali mnogi autori smatraju da kategorijalni sistemi nisu optimalni za poremećaje ličnosti, koje treba razumeti dimenzionalno, kao ekstreme na kontinuumu normalnosti. Najbolja klasifikacija, u skladu sa današnjim znanjima, bila bi ona koja bi uključivala i kategorijalni i dimenzionalni pristup koji se odnosi na stepen težine poremećaja. U skladu sa tim, često se predlažu dimenzionalne alternative (15), ali do sada nije postignut konsenzus koji dimenzionalni model bi trebalo prihvatiti. Ovde će biti navedena dva dimenzionalna modela koja su izazvala najvišu stručnu pažnju:

Petofaktorski model ličnosti (16) daje taksonomiju crta ličnosti u terminima pet velikih dimenzija (tzv. „Velikih pet"), koji se mere pomoću NEO-PI-R instrumenta: neuroticizam, ekstraverzija, otvorenost za nova iskustva, dobrodušnost i savesnost. Postoje dokazi koji pokazuju da predložene dimenzije ličnosti mogu biti korisne za razumevanje PL.

Klonindžer (17) je uveo neuroadaptivni model ličnosti sa tri dimenzije, slično Ajzenkovom i Telegenovom trofaktorskom modelu. U ovom modelu kao dimenzije ličnosti postoje zavisnost od nagrade, izbegavanje kazne i potraga za novim. Klonindžer je kasnije revidirao svoj model uvođenjem još četiri dimenzije (istrajnost, samoprevazilaženje, usmerenost na sebe i saradljivost), sa TCI instrumentom za njihovo merenje (18).

GRANIČNI POREMEĆAJ LIČNOSTI

Granični poremećaj ličnosti je najkontroverzniji od svih poremećaja. Neki autori tvrde da je „granični poremećaj ličnosti postao nediskriminatorni termin za sve poremećaje ličnosti" ili „dijagnostička svaštara" (19). Sa ovim se slažu Akiskal i sar. (20) ističući da je granični poremećaj ličnosti „pridev koji traži imenicu". Hudziak i sar. (21) nisu pronašli nijedan slučaj čistog graničnog poremećaja ličnosti.

Koncepti graničnog poremećaja ličnosti mogu se svrstati u tri grupe: 1) granični poremećaj ličnosti; 2) granična organizacija ličnosti i 3) granični nivo funkcionisanja.

1) Autori koji se zalažu za ovaj koncept, smatraju da granična psihopatologija predstavlja zaseban entitet (granični poremećaj ličnosti), koji se razlikuje od ostalih mentalnih poremećaja (22), kao i od ostalih poremećaja ličnosti (23). Ovaj koncept koji je značajno uticao na savremene klasifikacije (DSM-III, DSM-IV) ima ozbiljne nedostatke. Većina pacijenata sa GPL ispunjava kriterijume za druge poremećaje ličnosti klastera B (24), a pacijenti sa dijagnozom disocijativnog poremećaja identiteta često ispunjavaju i kriterijume za GPL. Neki simptomi, kao što je afektivna nestabilnost, prisutni su kod pacijenata sa komorbidnim poremećajima raspoloženja i može se ispostaviti da uopšte nisu centralne odlike graničnosti. Štaviše, zahtev da granični poremećaj ličnosti definišu pet od devet kriterijuma sasvim je proizvoljan.

2) Od 1967, kada je skovao izraz granična organizacija ličnosti, Kernberg je bio najistaknutiji autor na ovom polju, a njegova teorija najkoherentnija. Prema njegovom shvatanju, granična organizacija ličnosti je stabilno, trajno stanje a razlikuje se od organizacije neurotične i psihotične ličnosti na osnovu strukturnih karakteristika, kao što su: 1) difuzija identiteta; 2) primitivni načini odbrane koncentrisani oko splitinga (rascepa) i 3) očuvano testiranje realnosti (11, 25). Ovaj široki koncept odnosi se na jedan broj podtipova teških poremećaja ličnosti koji su opisani u DSM-III i DSM-IV - narcistički, antisocijalni, histrionični, paranoidni i shizoidni.

U Kernbergovom konceptu spliting zauzima centralno mesto. Ovaj mehanizam odbrane je klinički marker svih teških poremećaja ličnosti i predstavlja odbranu zanemarenog deteta, sa selfom i objektima koji su „samo dobri" ili „samo loši". Svet graničnih pacijenata naseljen je anđelima i demonima (26) i podeljen na kategorije crnog i belog, bez sivih senki. Splitting prouzrokuje održavanje preambivalencije, haotičnih interpersonalnih odnosa koje karakterišu nepredvidivost i nestabilnost. Granične ličnosti imaju kontradiktorne kvalitete emocija i kognicije, i izmenjeno opažanje selfa i objekata, kao na Ešerovim grafikama.

3) Prema konceptu graničnog nivoa funkcionsanja GPL predstavlja nivo disfunkcije poremećaja ličnosti, a ne zaseban dijagnostički entitet (27, 28, 29, 30, 31). Po našim istraživanjima svi teški poremećaji ličnosti su granični, a granična dimenzija je nespecifični marker stepena težine i

disfunkcije drugih poremećaja ličnosti. Granični nivo funkcionisanja shvatamo kao dinamičnu, prolaznu dimenziju, a mnoge ličnosti mogu preuzeti masku graničnog poremećaja ličnosti (što je Poup nazvao kameleonskim stilom) (32).

Graničnost može biti i manifestacija depresije (29, 30), što je u skladu sa Akiskalovom definicijom graničnosti kao blaže ili subkliničke varijante afektivnih poremećaja, koja pripada „spektru poremećaja" sa istom etiologijom koju imaju i pravi afektivni poremećaji (20).

Sve osobe sa teškim poremećajem ličnosti imaju nisku toleranciju depresivnog afekta i teškoće u metabolisanju osećanja krivice, zbog čega imaju sklonost ka graničnom funkcionisanju posle stresogenih događaja. Ovo pitanje još nije razrešeno, ali sigurno je da depresija utiče na ispoljavanje karakteristika ličnosti. U kliničkoj praksi, međutim, sretali smo i slučajeve pravog, „jezgrovnog graničnog poremećaja ličnosti", koji se stalno služe splitingom, bez obzira na afektivno i kognitivno stanje (30).

Etiologija

Na etiologiju poremećaja ličnosti utiče više činilaca, što je elegantno rezimirao Džoel Paris (33) u svom biopsihosocijalnom modelu graničnih poremećaja ličnosti. Ovaj model uključuje biološke, psihološke i socijalne činioce rizika koji utiču jedni na druge, npr. urođeni temperament, teška iskustva u detinjstvu i relativno blagi oblici neurološke i biohemijske disfunkcije (koji mogu biti posledica traumatičnih iskustava u detinjstvu ili urođenih slabosti).

Neću ulaziti u detalje bioloških i razvojnih problema, već bih se koncentrisala na ulogu traume, koja je uvek bila važna, ali možda još važnija u savremeno doba, kada se suočavamo sa agresijom i nasiljem ogromnih razmera.

Uloga traume u detinjstvu je u mnogim istraživanjima označena kao ključna za razvoj ličnosti (pored bioloških, konstitucijskih faktora). Seksualno zlostavljanje zabeleženo je kao značajan etiološki činilac kod oko 60% pacijenata sa teškim graničnim poremećajem ličnosti (34). Pokazano je da je kod oko 25% pacijenata sa GPL postojalo zlostavljanje oba roditelja. Pod takvim okolnostima, govori se o dvostrukom roditeljskom neuspehu (35). Neki autori GPL smatraju posttraumatskim poremećajem ličnosti. Prema tome, činioci rizika mogli bu se rezimirati kao: gubici; verbalno, fizičko i seksualno zlostavljanje; prisustvovanje nasilju u porodici i roditeljska zloupotreba alkohola i psihoaktivnih supstanci.

Socijalni uticaji

Intrigantno je pitanje da li su poremećaji ličnosti povezani sa rastućim nasiljem u savremenom svetu. I zaista, neki autori smatraju da društvene krize mogu prouzrokovati razvoj poremećaja ličnosti.

Milgramov (36) čuveni eksperiment pokazuje kako nekritično pokoravanje autoritetu lako može dovesti do učestvovanja u sadističkom ponašanju bez osećanja krivice, čak i kod ličnosti sa visokim nivoom psihološke organizacije i u atmosferi socijalne slobode.

Uticaji društva mogu olakšati neke oblike teškog i hroničnog kriminaliteta, kao što je opisano u Diksovoj knjizi „Masovno ubistvo sa dozvolom" (37). Autor je pokazao da masovne ubice možda pate od teških poremećaja ličnosti sa dominantnim narcističkim, paranoidnim i antisocijalnim odlikama izraženim od ranog detinjstva. To je upravo ono što je Kernberg kasnije opisao kao maligni narcizam, sa egosintonom agresijom i sadizmom (38). Takvi pojedinci u Dikovom prikazu ispoljavali su kriminalno ponašanje samo u kontekstu vojne (SS) obuke i logora smrti koje je društvo podržavalo, a tokom i posle odsluženja zatvorske kazne vraćali su se svom ranijem, nedelinkventnom funkcionisanju ličnosti.

Zaista, rasulo u društvu može prouzrokovati epizodično antisocijalno ponašanje, koje odslikava normalno prilagođavanje nenormalnoj društvenoj sredini. Međutim, imajući u vidu višestruko uslovljeno poreklo poremećaja ličnosti i njihov rani početak i manifestacije, poremećaji ličnosti se najverovatnije ne mogu pripisati kulturološkim konfliktima i socijalnim činiocima. Ipak, ovo pitanje ostaje otvoreno.

SAVREMENO DOBA

Neki autori su postavili zanimljivu hipotezu da poremećaji ličnosti nisu psihopatološki entiteti, već socio-kulturološke pojave povezane sa savremenom zapadnom „kulturom narcizma" (39). Ova „Ja kultura" insistira na uspehu i moći, i karakterišu je kolektivni difuzni identitet i gubitak tradicio-nalnih vrednosti, ljubavi, religije i duhovnosti (40). Moguće je da savremeno doba sa težnjom ka globalizaciji i stvaranju novog Vavilona, favorizuje povratak na primitivne nivoe funkcionisanja i razvoj graničnih ličnosti, sklonih fragmentaciji i afektivnim i kognitivnim poremećajima. Moralno ponašanje može, kod nekih ličnosti, biti pod uticajem od strukture društva. Međutim, moguće je i da novo doba upravo favorizuje ispoljavanje poremećaja ličnosti, a ne njihovu učestalost, što bi moglo biti zajedničko svim kulturama. Zato bi proučavanje poremećaja ličnosti i programi za njihovu prevenciju možda doprineli smanjenju nasilja koje ugrožava sâmo postojanje kultura i civilizacije u celini.

PONOVO OTKRIVENA PROŠLOST

Vratiću se naslovu ovog rada. Nije sigurno da su naši koncepti zaista novi, niti da savremena istraživanja poremećaja ličnosti potvrđuju da „nema ničeg novog u svetu". Ali ta istraživanja sigurno dokazuju večnu Hipokratovu mudrost i njegovo insistiranje na individualizaciji lečenja. Treba naglasiti da bi prepoznavanje dimenzija ličnosti/poremećaja ličnosti kod svih mentalnih poremećaja (dvostruka dijagnostika), trebalo da bude *sine qua non*

u našem kliničkom radu. To prepoznavanje će zatim odrediti i usmeriti lečenje, pošto, kako je Tamni Heraklit divno rekao u svom Fragmentu 117: "Ηθος 'ανθρώπου δαίμων" („karakter je čovekov zao duh"). Tom tvrdnjom Heraklit je stavio ličnost u središte dobrobiti i psihičkog stanja u celini (41).

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MODERN CONCEPT OF PERSONALITY DISORDERS – THE PAST REDISCOVERED

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Abstract: The concept of personality disorders has evolved over the years, and in the last two decades research in this field has shown a substantial growth. However, there are still serious theoretical and methodological problems and a lot of inconsistencies regarding their definition, diagnostics, classification, and treatment. Thus, in spite of the proclaimed progress, this area is still full of controversies and confronts psychiatrists with limitation of their art. In addition to that, personality disorders might be linked with the growing violence in the contemporary world. The destruction of nature, of life and economic resources is coupled with an outbreak of posttraumatic stress disorder, depression, anxiety and personality changes. The contemporary age is dominated by "the culture of narcissism" which insists on success and power, with a diffuse identity and a loss of traditional values, love, religion, and spirituality. It is possible that prevailing tendency towards globalization and creation of a new Babylon, favors a regression to primitive levels of functioning and a development of borderline personalities, prone to fragmentation and affective and cognitive disorders. However, it might be that the new age just favors the expression of personality disorders and not their prevalence, which might have been the same in all times and all cultures. Controversies in the field of personality disorders are discussed in this paper.

Key words: *personality disorders, borderline personality disorder, trauma, classification, literature, social influences*

INTRODUCTION

Hippocrates the Coan, "the best of all physicians", as Galen called him in his famous work "De Natura hominis" (Πέρι φύσις ανθρώπον Ηπποκράτης) said: "It is more important to know what type of a person has a disease than to know what type of a disease a person has" (1). This famous saying fits well into the fascinating and challenging nature of personality disorders which has aroused enormous research interest lately.

Personality disorders (PD) are manifest at all levels of the clinical psychiatric practice, and the architectonics of personality influences the outcome of many disorders. However, this area, that confronts psychiatrists with limitation of their art, is still full of controversies. There are a lot of inconsistencies in the field (perhaps more than in any other clinical syndromes) regarding: classification, definition/diagnostics and aetiology. In this paper an emphasis will be put to the borderline personality disorder, as a paradigm of all personality disorders.

HISTORY

The history of the concept of personality disorders goes back to Hippocrates. He described four temperament types, believing that they characterize elements of earth, air, fire and water: sanguinic (optimistic), choleric (irritable), melancholic (sad), and phlegmatic (apathetic). These four dispositions fit well into the DSM clusters: phlegmatic would be the first, eccentric cluster; choleric and sanguinic fit well into the second, dramatic, flamboyant cluster; melancholic quite well describes the proneness to depression of the third, anxious cluster.

The work of Theophrastus from the 3rd century B.C. (2) is one of the earliest descriptions of personalities. Much later English physician James Pritchard 1837 wrote the "Treatise on Insanity" in which he paid attention to so-called "moral insanity" (which is in accordance to modern concept of the antisocial personality). Philippe Pinel in 1881 described "Manie sans delire", condition different from psychoses, in which the patients may behave irrationally, with preserved intellect and thinking. Kraepelin in 1907 described four types of psychopathic personalities: inborn criminal, unstable psychopath, morbid liar and the trickster (3).

It is interesting that the greatest psychiatric genius Sigmund Freud did not speak about personality disorders, except in his work "Character and Anal Erotism". However, most of his well known cases might be true personality disorders. Anna O. for instance, was a typical histrionic personality and the Wolf Man was a typical borderline personality disorder.

Franz Alexander was one of the first authors who wrote about neurotic character as opposed to symptomatic neuroses, and Wilhelm Reich the one who believed that psychoanalytical method can be useful in the treatment of personality disorders. In his "Character Analysis" from 1930 (4) he described character armor of four character types: phallic-narcissistic, histrionic, compulsive and passive-aggressive or masochistic. Schneider's concept of psychopathy was included in DSM-I, and many of his descriptions are still valid (5).

PERSONALITY DISORDERS IN LITERATURE

It is sometimes thought that artists, poets and writers are often avant-garde chroniclers of changes in society, be they social, political, philosophical, or psychological and that they describe psychopathology before scientists (6). Thus, whilst the classical theatre (Shakespeare, Sophocles, Ibsen) describes the contents and conflicts of neurotic disorders, the theatre of the absurd (Becket, Yonesco, Sartre) describes the borderline conditions (i.e. severe personality disorders), with an accent on a lack of closeness and meaningful communication. Vladimir and Estragon from Becket's "Waiting for Godot" act like true borderline personalities of our age, while Jean Baptist Clemence from Camus' "The Fall" is a typical narcissistic personality disorder. Sartre's sentence "Hell is other people" precisely depicts ego-syntonic problems of personality disorders and the mechanism of primitive projection that they use.

The question is whether our knowledge has evolved much from the early concepts, or are we just using more sophisticated terminology? In other words, how true is the famous saying from the Ecclesiastes that "there is nothing new under the heaven"?

CLASSIFICATION

Personality disorders were put into a prominent position by the creation of a specific Axis II, in the third edition of DSM-III in 1980 (7). In spite of large and growing literature in this field there are still serious theoretical and methodological problems in new classifications.

In spite of some advantages of DSM-III and IV (8), such as their atheoretical concept, multiaxial diagnostic approach, polythetic criteria, these classifications have serious disadvantages. The proposed criteria are overlapping and multiple diagnoses frequent. As many reports document, the average number of personality disorder diagnoses is often greater than four (9). Thus, these disorders still retain the lowest reliability of any major category of mental disorders.

Other crucial problems concern the lack of evidence supporting the construct validity of many personality disorder categories. DSM-III and IV classify some disputable personality disorders, such as schizotypal (insufficiently well differentiated from schizophrenic disorders), schizoid (a diagnosis without patients), avoidant PD (insufficiently well differentiated from social phobia), dependent PD (insufficient knowledge to make it a separate nosological entity) (10).

Depressive personality disorder has been introduced into DSM-IV, but in the residual category *Personality Disorder Not Otherwise Specified* and only as a suggestion for further investigation, together with passive-aggressive PD. Many authors, before all Kernberg (11), advocate validity of depressive-masochistic disorder. We also think that it should be included into the Axis II (12, 13). However, it is a good move to exclude the passive-

aggressive personality disorder, which should not be considered a separate entity but a defence mechanism, characteristic for many disorders (10).

ICD-10 system (14) closely corresponds to DSM-IV regarding the group of personality disorders. In contrast to DSM-IV, it seems that ICD-10 appropriately classifies schizotypal PD on Axis I, among schizophrenic spectrum disorders. It also included enduring personality changes, which is a substantial progress. But, in spite of some advantages of the ICD-10, there are certain shortcomings. Narcissistic personality disorder which has got a place in DSM-III after influential work of Kernberg and Kohut has not been defined as a separate entity within this system and the validity of this PD has been shown by some studies in the last fifteen years. In addition to this description of the borderline personality disorder is quite unsatisfactory. It is defined as one of two variants of emotionally labile personality disorder (apart from the impulsive type), and operationalised criteria have not been given (except, partly, in the research criteria).

The field of personality disorder is in flux, and opposed theories are often in the background of influences by which classifications are produced. It should be also pointed out that production of new assessment instruments follow new classifications, which most of the non-English speaking countries do not have time to apply after translation, since new ones appear all the time. One cannot avoid suspecting that there might be unscientific reasons for that, too.

Officially, the diagnostic criteria sets of DSM-III and DSM-IV Axis II are supposed to define or diagnose patients into mutually exclusive, categorical diagnostic entities. But, many authors think that being categorical systems, DSM-III and IV, as well as the ICD-10, are not optimal for diagnostics of personality disorders, which should be understood dimensionally, or as extremes on the continuum of normality. An optimal classification of personality disorders should include both a categorical approach to different types of personality constellations and dimensional approach that refers to the degree of severity of these disorders. In view of this, dimensional alternatives have been frequently proposed (15), but until recently, there was no consensus on which personality dimensional model should be used. Here will be mentioned only two dimensional models that attracted much attention:

The five-factor model (16) is taxonomy of personality traits in terms of five broad dimensions (the "Big Five"), which can be measured by the NEO-PI-R: *Neuroticism, Extraversion, Openness to Experience, Agreeableness and Conscientiousness.* The emerging evidence suggests that this is a comprehensive classification of personality dimensions that may be a useful framework for recognizing and understanding personality disorders.

Cloninger (17) has advanced a neuroadaptive-based personality model with three dimensions that is both similar to and different from Eisenck and Tellegen's three factor models. In Cloninger's model there are harm avoidance, novelty seeking, and reward dependence. He later revised his model, with four other dimensions (persistence, self-transcendence, self-directedness, cooperativeness) and TCI instrument for their assessment (18).

BORDERLINE PERSONALITY DISORDER

I come now to the borderline personality disorder (BPD), the most controversial concept among personality disorders. Some authors state that "borderline personality disorder has become a non-discriminatory term for all personality disorders", or "a diagnostic grab bag" (19). This is in accordance with Akiskal et al. (20) who pointed out that borderline personality disorder is "an adjective in search of a noun". Hudziak et al. (21) found no cases of pure borderline personality disorder.

Current concepts of the borderline personality disorder can be summarized in three groups: 1) borderline personality disorder is a separate, distinct entity of its own; 2) borderline personality organization (broad concept encompassing all severe personality disorders) and 3) borderline level of functioning.

1) Authors that advocate this concept focus attention on borderline psychopathology as a distinct entity of its own right (borderline personality disorder), which could be distinguished from other mental disorders (22) as well as from other personality disorders (23). This concept had a considerable influence upon contemporary classifications (DSM-III, DSM-IV).

However, there might be serious disadvantages of this concept. Most BPD patients meet criteria for other DSM axis II cluster B diagnoses (24), and patients diagnosed with dissociative identity disorder under DSM-IV, frequently meet BPD criteria also. Some symptoms, such as affective instability supposedly the central feature of BPD, are present in patients with comorbid mood disorders. Furthermore, the requirement that five of nine criteria define borderline personality disorder is admittedly arbitrary.

2) Since 1967, when Kernberg coined the term borderline personality organization, he was the most prominent author in the field, and his theory most coherent. According to him, borderline personality organization is a stable, permanent condition. Kernberg (11, 25) distinguished this organization from a neurotic and psychotic personality organization on the basis of structural characteristics such as: 1) diffuse identity; 2) primitive defenses centered on splitting and 3) intact reality testing. This broad concept is hypothesized to cut across a number of severe personality disorder subtypes as described in DSM-III, for example of narcissistic, antisocial, histrionic, paranoid and schizoid disorders.

Splitting is a clinical marker of all severe personality disorders. It is a defense of neglected child, with self and objects "only good" or "only bad". The world of borderline patients is populated by angels and demons (26), and divided into black and white categories, without grey shadows. Splitting causes maintenance of pre-ambivalence, chaotic interpersonal relationships characterized by unpredictability and instability. These personalities have contradictory qualities of emotions and cognition, and perceptive alterations of self and objects, like in Escher's graphics.

3) The third concept is about borderline level of functioning (27, 28, 29, 30, 31). According to this concept BPD is a level of dysfunction of personality disorders and not a separate diagnostic entity. We believe that all severe personality disorders are borderline, and that borderline dimension is a non-specific marker of severity and dysfunction of other personality disorders. We believe that the borderline level of functioning is a dynamic, transitory dimension - many personalities can take a mask of borderline personality disorder (what Pope has called a chameleon style) (32).

In addition to this, borderline dimension may be a manifestation of depression (29, 30), which is in accordance with Akiskal (20) who defines the borderline as an attenuated or subclinical variant of affective disorders, belonging to a "spectrum disorders" with the same aetiology as proper affective disorders.

All severe personality disorders have a constitutional low tolerance of depressive affect, which makes them prone to borderline functioning after the stressful life events. The issue is still unsolved, but it is certain that depression exaggerates and distorts personality characteristics. However, in our clinical practice we have observed the "core borderline personality disorders", which permanently use the splitting, unrelated to affective condition (30).

AETIOLOGY

Aetiology of personality disorders is multifactorial and has been elegantly summarized by Joel Paris (33) in his biopsychosocial model of borderline personality disorder. This model covers interacting biological, psychological and social risk factors, such as innate temperament, difficult childhood experiences, and relatively subtle forms of neurological and biochemical dysfunction (which may be sequelae of these childhood experiences or innate vulnerabilities).

CHILDHOOD TRAUMA

I will not go into detail of biological and developmental issues, but would like to concentrate to the role of trauma, which has been always important, and may be even more so in modern times, in which we are facing enormous proportions of aggression and violence.

The role of childhood trauma is indicated as crucial by numerous studies. The sexual abuse was noted as important etiological factor in about 60% of severely disturbed borderline patients (34). It has been shown that about 25% of patients with BPD were abused by both parents, which might be the most damaging biparental failure (35). Borderline personality disorder has been also understood by some authors as posttraumatic personality disorder. Therefore the risks factors could be summarized as: losses; verbal, physical, and sexual abuse; having witnessed domestic violence; and parental drug or alcohol abuse.

SOCIAL INFLUENCES

The intriguing question is whether personality disorders might be linked with the growing violence in the contemporary world. And indeed, some authors think that social crisis can cause development of personality disorders.

Milgram's (36) famous experiment indicates how uncritical obedience to authority may easily bring about guiltless participation in sadistic behavior even at high levels of psychological organization and in an atmosphere of social freedom.

Some severe and chronic criminality can be facilitated by social influences as described in Dicks's book "Licensed Mass Murder (37)". The author has shown that mass murderers might be suffering from severe personality disorders with a predominance of narcissistic, paranoid, and antisocial features from early childhood on. This is exactly what Kernberg later described as malignant narcissism, with ego-syntonic aggression and sadism (38). However, these individuals only engaged on most repugnant criminal behavior in the context of the social facilitation of the SS training and death camps, reverting to their previous, non-delinquent personality functioning during and after their prison terms.

Indeed, social disintegration can cause episodic antisocial behavior, reflecting a normal adaptation to an abnormal social environment. However, taking into account a multifactorial origin of personality disorders and their early origin and manifestations, personality disorders most probably cannot be attributed to cultural conflicts and social determinants. However, the question remains opened.

MODERN AGE

Some authors have raised an interesting hypothesis that personality disorders are not psychopathological entities but merely socio-cultural phenomena related to contemporary Western "culture of narcissism" (39). This "Me culture" insists on success and power, and is characterized by a collective diffuse identity and a loss of traditional values, love, religion, and spirituality (40). There are also views that the modern culture, with tendency towards globalization and creation of a new Babylon, favors a regression to primitive levels of functioning and a development of borderline personalities, prone to fragmentation and affective and cognitive disorders. The social structure might influence the moral behavior of some personalities and cause social corruption. However, it might be that the new age just favors the expression of personality disorders and not their prevalence, which might have been the same in all cultures. Therefore studying of personality disorders and programs for their prevention might help in reducing the violence which is endangering the existence of cultures and mankind in whole.

THE PAST REDISCOVERED

It is not certain that our concepts are really new, neither that the contemporary scene of personality disorder research reflects that "there is nothing new in the world". But, it certainly proves the eternal wisdom of Hippocrates and his insistence on the individualization of treatment. I will stress that recognition or diagnostics of personality dimensions/disorders or dual diagnostics should be sine qua non in our clinical work. This recognition will then determine and direct treatment, since, as Dark Heraclites beautifully said in his Fragment 117: "Ηθος ανθρώπου δαίμων" (character is one's evil spirit) (41). Stating that, wise Heraclites put personality in the centre of the psychic identity and well-being.

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