



by Professor Gordon Parker

mind over matter

Battling an emotional rollercoaster

A successful female lawyer's fluctuating moods leave her private life in a state of chaos and dysfunction.

HISTORY

ELIZABETH, a 38-year-old partner in a law firm, presented complaining of severe mood swings.

Since adolescence, she'd had precipitous suicidal mood states, now most commonly following rejection by a boyfriend or failing to close a work deal successfully. Conversely, she described times when she was "spirited and upbeat", and was viewed as the life of the party when socially stimulated.

THE DIAGNOSTIC QUESTION

Does she have a bipolar disorder or is this a personality style?

DIAGNOSTIC CLARIFICATION

Bipolar disorder appeared unlikely, as there was no family history of mood disorder and her depressive episodes lacked features of bipolar depression (such as profound anergia, psychomotor change, non-reactive mood, sleep disturbance).

Further, she judged her elevated mood states as compatible with her personality – smiling coquettishly and saying: "Girls just want to have fun."

Such mood states were completely controllable. She could flick from party girl to serious legal partner in a microsecond.

WHAT PERSONALITY STYLE?

Assessment suggested narcissistic and histrionic traits, with her exaggerating her achievements and evidencing a sense of entitlement.

She described her father as having a similar personality and only relating to her superficially, e.g. praising her looks, and calling her "princess".

In adolescence she had had a series of relationships with much older men, usually picking those she saw (including one judge) as being "on a pedestal". Such relationships, initially extremely intense, soon saw her demeaning her partner.

If she suspected a break-up looming, she would move through states of fury, impulsivity and depression, striking out and damaging her partner's car or clothes, and seeking to destroy him professionally.

Her only hobby was working out in the gym, while she would consume up to two bottles of wine most nights.

At work, she had been regularly promoted as she attracted male clients to the firm and had a sharp intuition of their needs.

DIAGNOSIS

In essence, she had a borderline personality/personality disorder: a personality style characterised by unstable and intense interpersonal relationships, with the other person alternately idealised and devalued.

Marked 'affective instability' or reactivity of mood (from despair to elation, from depression to anger), chronic feelings of emptiness, and little sense of identity leads to impulsivity, with recurrent suicidal or self-injurious behaviours. Brief psychotic periods can occur during extreme stress.

There can be a genetic contribution, but many individuals have experienced profoundly traumatic events in childhood (often abusive situations), spending their childhood in states of high anxiety, which prevents them from forming an identity and also disposes them to hyper-reactivity when faced with potentially rejecting or abandoning situations.

Unfortunately, a diagnosis of 'borderline personality disorder' is often a shorthand way of expressing dislike of the

patient, and can gratuitously further diminish or offend.

Whether it is actually a personality 'disorder' or not should be judged partly on the severity of the personality expression – but more by whether the individual, and/or those around him or her, suffer as a consequence of its expression.

Elizabeth's personality had promoted her career above her intellectual capabilities but her private life was chaotic and dysfunctional.

MANAGEMENT

Such individuals are difficult to manage in any psychotherapeutic context as their neediness results in them testing boundaries and they often find constraints such as time an

additional deprivation.

While there are some purpose-designed psychotherapies (e.g. dialectic behaviour therapy), the effectiveness of any psychotherapeutic approach remains hard to establish, but is likely to be the mainstay (until maturation and other effects take over).

In extremely severe expressions, low-dose antipsychotic medication can be of assistance, muting emotional dysregulation.

While such patients frequently act out their distress and threaten suicide and self-harm, it is important to note that a significant percentage of them *will* actually die as a consequence of such actions. This is not a trivial condition.

FINAL MESSAGE

Depression is often viewed as a disease, reflecting a chemical imbalance.

The Black Dog Institute's diagnostic and management model argues for multiple types and patterns of depression.

The last few columns have focused on some of the secondary depressions, where anxiety or personality style dispose to and shape the depressive picture, where a 'disease' model is hard to sustain, and where benefit is most likely to be derived from addressing the causal factors. **MO**

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