



Mødereferat – IPTP bestyrelsesmøde

Dato: 17. november

Tilstede: Mickey, Simon, Emilie, Thomas, Katrine, Mie

1. Valg af ordstyrer og referent

Mickey valgt som ordstyrer.

Mie valgt som referent.

2. Godkendelse af referat fra sidst

Referatet blev godkendt.

3. Drøftelse af IPTP's formål

Medlemskredsen kan ændre sig i takt med større synlighed på f.eks. LinkedIn, hvor forskellige fagprofessionelle og personer med lived experience viser interesse. Der kan være behov for at drøfte, hvem IPTP retter sig mod og evt. ikke retter sig mod.

Bestyrelsen vil på næste møde gennemgå det formelle formål og drøfte, om justeringer er nødvendige.

Ved behov for ændring af formål vil dette kræve vedtægtsændringer på en generalforsamling.

4. Kommende webinar

Status: 29 tilmeldte til Lennart Kiel d. 27.11 15.30-17.

Mie kontakter Lennart om tilladelse til optagelse (kun oplæg, ikke spørgsmål/debat).

Katrine gør dette tydeligt i invitationen til deltagerne og Mickey vil også sige dette i indledningen til webinarret. Mie og Mickey kan udarbejde en introducerende slides med generelle informationer om webinar og opfordring til at melde sig ind i IPTP.

5. Drøftelse af fremtidige webinarer

Overvejelse: Skal webinarer være gratis for medlemmer og koste fx 50 kr. for ikke-medlemmer? Beslutning: Afventer evaluering efter næste webinar, herunder data på hvor mange deltagere der er medlemmer vs. ikke-medlemmer.

Majse har vist interesse for at afholde næste webinar ultimo februar – Mie kontakter Majse herom, inklusiv emne, så det kan annonceres som teaser til webinarret i

november.

6. Planlægning af kommende arrangementer

Ole Jakob Borderline-seminar

Klinikkerne er bekymrede for mulighederne for at stille borderline-diagnosen i ICD-11.

Forslag om seminar i efteråret 2026 i Roskilde.

Mulig struktur: Simon intro, Bo om dimensionel tilgang, samt yderligere oplægsholder.

Dato fastlægges senere.

Øvrige forslag til arrangementer

Personlighedsforstyrrelser i et børne- og ungeperspektiv, her kunne Ida Klinkby spørges ift. incidens og Toke om medicinering. Gerne et fysisk arrangement i foråret i Glostrup (eftermiddag).

Forslag til fremtidigt arrangement om dyssociale træk/struktur, evt. koblet til empatibegrebet.

Der gives som udgangspunkt 2 flasker vin og Summerbird til oplægsholdere ved fysiske arrangementer.

7. Nye kandidater til bestyrelsen

Mickey Kongerslev ønsker at stoppe som forperson efter næste generalforsamling, men vil gerne fortsætte i bestyrelsen.

Drøftelse af mulige kandidater til både forpersonspost og øvrige bestyrelsesposter fortsættes på kommende møder.

Majse har oplyst, at hun er blevet president-elect i ISSPD. IPTP ønsker at høre mere om dette og om hvordan kongressen forløb.

8. Planlægning af datoer og lokation for bestyrelsesmøder og generalforsamling i 2026

Datoer for kommende møder i 2026 blev fastlagt og der vil blive sendt invitationer.

Følgende datoer er fastlagt:

26. januar kl. 17: Thomas.

30 marts + generalforsamling kl. 17: Simon (Forskningsenheden i Roskilde).

1. juni kl. 17: Mie i Ballerup Maglevænget 30.

14. september kl. 17: Simon (Forskningsenheden i Roskilde).

30. november kl. 17: Jacob.

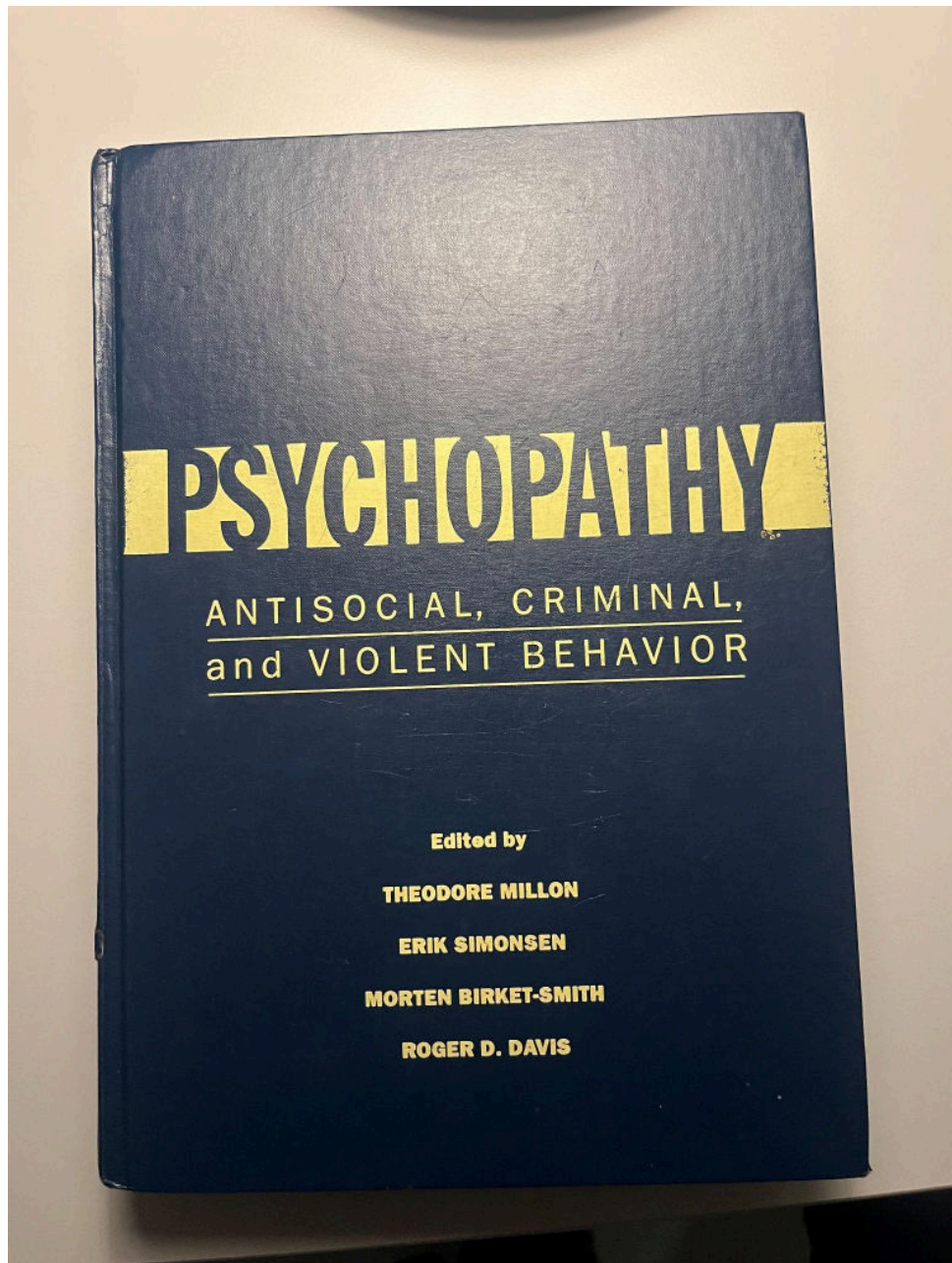
9. Gensidig orientering / evt.

Det går fremad for IPTP. Status: 50+ betalende medlemmer og 261 LinkedIn-følgere.

Thomas orienterer om H kursus i psykopatologi. Der var stor interesse og mange spørgsmål ved undervisning i personlighedsforstyrrelser.

Mie beder Thomas om information til "introduktion af bestyrelsen" på LinkedIn og poster hurtigst muligt.

Bog om psykopati og tidlige symposium i IPTP:



Following a very successful Scandinavian Symposium on borderline conditions (*Proceedings of the Scandinavian Symposium on Borderline Conditions, Acta Psychiatrica Scandinavica*, 89[Suppl. 379], 1994) the Board of the IPTP decided to hold an international meeting on psychopathy. The IPTP saw the borderline and psychopathy concepts as of equal importance in personality disorder research and of equally significant clinical relevance. Outstanding researchers and clinicians from Scandinavia, Great Britain, and the United States and Canada were invited to summarize and update our knowledge of different aspects of psychopathy: concept and classification, etiology, epidemiology, and treatment.

The Scandinavian countries, not the least Denmark, have contributed to research on psychopathy and antisocial behavior, especially with regard to family transmission, psychophysiology, and special treatment programs.

Initially it was intended that the proceedings of the symposium be published as a journal supplement. As an alternative we came up with the idea of extending our close collaboration with Professor Millon by doing a book on the topic. In this way it also became possible to include other well-respected researchers as authors. The idea was that the book was to cover a broad range of clinically relevant topics, updated with regard to scholarship. We are pleased that Consulting Senior Editor Herb Reich, of The Guilford Press, supported our project and put the work forward for publication.

We wish to thank the chapter authors for their contributions and collegial cooperation, which made this book possible. Although occasioned with deep regret, the book contains the last chapters written by H. J. Eysenck and Murray Cox, both of Great Britain. Both died this past summer. We also want to thank secretary Dorit Mortensen for her great help in organizing the symposium. The symposium was generously supported by Lundbeck Pharma A/S, and IPTP wishes to express its gratitude for the kind assistance.

ERIK SIMONSEN
MORTEN BIRKET-SMITH
Institute of Personality Theory
and Psychopathology (IPTP)
Roskilde, Denmark
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Preface

Psychopathy was the first personality disorder to be recognized in psychiatry. Early this century, according to the German psychiatrist Kurt Schneider, psychopathy referred to all kinds of personality disorders (psychopathic personalities) as extreme variants of normal personality. Since then it has been given many different labels or terms: the unscrupulous man, *manie sans delire*, moral insanity, psychopathic inferiority, sociopathy, character deficiency, the manipulative personality, and, lately, in DSM-IV and ICD-10, Antisocial Personality Disorder and Dissocial Personality Disorder.

The most characteristic traits in psychopaths are their superficial charm, egocentricity, incapacity for love, guiltlessness, lack of remorse and shame, lack of insight, and failure to learn from experience.

Although still a controversial issue among clinicians and researchers, there seems to be a renewed interest in the concept of psychopathy. First, the concept has shown reliability, descriptive validity, and utility in clinical, correctional, and forensic settings. Second, a growing body of developmental, biological, and psychodynamic research has strengthened the construct and the predictive validity of the term. Third, personal and sociocultural factors in recurrent violence in society have received the attention of the general public, including the question of treatment versus punishment. Psychopathy is often the primary cause of physical and sexual abuse as well as being present in all kinds of criminality, and the cost to society and the consequences in personal suffering are no doubt huge.

The use of the psychopathy concept in clinical settings has for different reasons faded away in many countries in Europe. Nevertheless, there is a close and inverse relationship between psychopathy and borderline diagnoses, which was illustrated in a study in Denmark. Patients who would have earlier been diagnosed as having psychopathic deviances are now often labeled borderline.

The ambivalence toward classification of psychopaths is exposed in current classification systems, where the criteria of antisocial personality disorder in the DSM system, for instance, are too biased toward criminality, too descriptive, and too socioeconomically skewed to be clinically useful, while the ICD system maintains similar criteria with more psychodynamic implications.

Current DSM classification of psychopaths probably puts too much emphasis on criminal behavior, as many psychopaths do not become criminals in a strict sense. But noncriminal psychopaths may, at the psychological level, be equally exploitative, deceptive, and irresponsible. A parallel to criminality in daily life is the behavior of the succes-

ful, manipulative, narcissistic personality, who by charm and intuition knows how to exploit the emotions, needs, and weaknesses of others for his or her own benefit. Thus, we tend to reserve the term psychopath for the "unsuccessful" psychopath.

Psychopathy is often comorbid with other psychiatric syndromes, such as substance abuse, malingering, somatization, suicidal behavior, anxiety, depression, and schizophrenia. The prognosis for these syndromes is very much dependent on the presence or absence of psychopathy, although they may also be seen as a part of the same underlying psychological and biogenic deficit as psychopathy.

The search for the developmental origins of psychopathy has indicated that a significant proportion of children from chaotic and disorganized family environments will develop into criminal, antisocial adults. Lack of parental bonds of affection, as well as maternal deprivation and having a sociopathic father are regarded as predictors of psychopathy. Similar recent research has validated the existence of a biological understructure in psychopathy. Twin and adoption studies have shown a partly genetic etiology, and brain imaging has identified dysfunctions and lesions in the frontal and temporal regions of the brain. Dysregulation in the serotonergic system is associated with homicidal, suicidal, and impulsive behavior as well as with difficulties in language. Affective processing, lack of inhibitory anxiety, and failure to be responsive to aversive consequences in psychopaths may in a similar way have biological correlates. The psychodynamics of psychopaths has been described and explored by many psychotherapists, and instruments such as the Rorschach test have been used for assessing defense mechanisms. Failure of object constancy, superego deficits, and inadequate control of aggressive impulses have been major focuses of attention.

Psychopathy is perhaps the most difficult personality disorder to treat. One important reason for this is that psychopaths often do not consider themselves to be suffering, although depression or anxiety arising from social failure, confinement, or substance abuse may help to foster a therapeutic alliance. Therapeutic alliances are enhanced by demographic similarity, some personal affinity, and a therapist's positive perception and understanding of a patient. The most common countertransferences on the other hand are moral condemnation and a therapist having the illusion that he or she can effect a change that has never been possible before. An antitherapeutic moralistic stance is often facilitated by strong feelings of sympathy and empathy for the victim(s) of the psychopath. Specialized residential treatment programs that provide firm structure, here-and-now confrontations regarding interpersonal behavior, structured work programs, and close supervision by the staff seem to be the most effective. Medication is often abused by psychopaths and failure to take medication might deter their motivation to be tested, but recent promising studies of a variety of anti-impulsive and antiaggressive agents suggest better options. Time seems to be an important predictive factor in treatment, because antisocial behavior appears to diminish with age.

The Institute of Personality Theory and Psychopathology (IPTP) was founded in 1989, although it was originally created by Erik Simonsen and Niels Strandbygaard in 1984 as a Millon study group under the Danish Psychiatric Society. In collaboration with Theodore Millon the study group organized the First International Congress on the Disorders of Personality in Copenhagen in 1988 and shortly thereafter the group was restructured as an institute. The IPTP is now affiliated with the International Society on the Study of Personality Disorders (ISSPD). The aim of the institute is to contribute to research and postgraduate education in the field of personality disorders. The close collaboration between the IPTP and the ISSPD has through the years encouraged the IPTP to organize international meetings.