

and their etiology. In particular, the study used the interpersonal negotiation strategies (INS) model of social problem solving, alongside a measure of self-schema, to investigate potential maladaptive social-cognitive processes in BPD. Empirical findings regarding schema domains specific to BPD are limited and research into cognitive processes has focused on the single concept of dichotomous thinking.

**Methods:** Participants were 30 youths (15–24 years) with three or more BPD traits and 30 youths (15–24 years) with MDD. Participants received self-report measures of attachment, self-schema and interpersonal functioning. The INS interview assessed social perspective coordination skills in response to six hypothetical vignettes depicting situations of interpersonal conflict. To investigate the parameters of social information-processing biases, in BPD, vignettes varied in terms of whether the conflict resembled BPD-specific schema content or neutral-schema content.

**Results:** The BPD group scored significantly higher on schemas of mistrust/abuse, insufficient self-control and entitlement and were characterized by high attachment anxiety and avoidance, but were differentiated from the MDD group by higher avoidance. The BPD group responded to interpersonal conflict with social perspective coordination skills of a significantly lower developmental level than the MDD group, regardless of vignette content. Young people with BPD traits were accordingly characterized by significantly worse interpersonal functioning.

**Conclusion:** The implications of these results for early cognitive intervention approaches to the treatment of BPD are discussed.

02-05

### The relationship of self-structure, attachment style and rejection sensitivity to borderline personality features

**C Hulbert, J Boldero, R Bell**

School of Behavioural Science, The University of Melbourne, Melbourne, Australia

**Background:** Views of self, others, relationships and social functioning form a significant part of the clinical picture of borderline personality disorder (BPD). Theoretical models have variously implicated temperament, most notably neuroticism, and aberrant attachment experience, along with related deficits in sense of self and social cognition in the etiology of this serious mental disorder. However, no research has systematically investigated the extent to which these views are

associated with the characteristics of BPD. The present study examines the relationship of self-complexity and self-discrepancy, attachment style and rejection sensitivity to endorsement of BPD features.

**Method:** As part of course requirements, 101 first-year university students (70 women and 31 men) completed well-validated self-report measures of neuroticism, self-complexity and self-discrepancy, attachment style, rejection sensitivity and an 80-item screening measure for BPD.

**Results:** With levels of neuroticism controlled for, significant positive relationships were found between attachment anxiety and avoidance, rejections sensitivity and endorsement of BPD features. In addition, the extent to which participants saw themselves as discrepant from their ideal and ought self-guides [actual-ideal (AI) and actual-ought (AO) self-discrepancies] in terms of both positive and negative self-roles and attributes were assessed, as was the extent to which participants' self-concepts were complex with regard to the organization of positive and negative attributes. Reporting more BPD features was associated with large negative AI and AO discrepancies (reflecting greater possession of negative traits), as were the complexity of both negative roles and attributes. The data suggest that both the self-concept content and structure contribute to BPD.

**Conclusion:** The theoretical and clinical implications of the present findings and planned future research into the role of self and social cognition in BPD are discussed.

02-06

### Personality disorder in the elderly and the effect on outcome of comorbid axis I disorder

**J Stevenson**

Westmead and Cumberland Hospitals and Sydney University, Sydney, Australia

Personality disorder in younger adult psychiatric in-patients is known to prolong the in-patient stay, impede recovery and increase health care costs. There is a significant association between the number of disordered personality traits and medical resource utilization. However, this has not been extensively studied in the elderly, where personality disorder is usually undiagnosed or ignored. It has previously been felt that personality disorder 'burns out' in old age, but there is no data supporting this. Our study is to determine the prevalence and types of personality disorder in elderly psychiatric in-patients and the impact if any it has