PANSS量表

PANSS培训教材

上海市精神卫生中心 药物临床试验培训中心 编写

上海交通大学出版社
SHANGHAI JIAO TONG UNIVERSITY PRESS

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内容提要

PANSS(阳性和阴性症状量表)是当前精神科最常使用的量表之一。在20世纪90年代即通过翻译后在中国开始广泛应用。但该量表的正确使用对于评分员要求较高,通常需要具有一定工作经验的精神科医生接受规范培训并通过一致性测试后,方可使用。本书的出版旨在促进和规范PANSS的教学和培训,以便提高所有涉及使用PANSS的临床研究的质量。本书不仅适用于精神科临床研究的培训和操作,也可作为医学工作者的学术参考。

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前　言

众所周知，精神医学的研究对象是人类的高级精神活动，因此精神卫生领域的临床诊断和疗效评价不可避免地带有主观色彩。要想尽可能地克服这种主观偏倚，规范使用量表（Rating Scales）是一种切实可行的手段，也只有这样才能使量表成为真正有价值的评价工具，最终保障临床研究数据的真实和可靠。

PANSS 全称 Positive and Negative Syndrome Scale（阳性和阴性症状量表）是针对精神分裂症临床研究最常使用的量表工具。1987 年由 Stanley R. Kay、Lewis A. Opler 和 Abraham Fiszbein 研制，2000 年进行修订，2002 年增加了知情者调查问卷（IQ-PANSS）。

1996 年，PANSS 最早由西安杨森公司引入中国，之后在中国的精神药物临床试验中开始应用，并逐渐扩展至各种精神卫生临床研究。但该量表的正确使用对于评分员要求较高，通常需要具有一定工作经验的精神科医生接受规范培训并通过一致性测试后，方可使用。因此出版本书旨在促进和规范 PANSS 的教学和培训，以便提高所有涉及使用 PANSS 的临床研究的质量。本书不仅适用于精神科临床研究的培训和操作，也可作为医学工作者的学术参考。

该项工作是李华芳教授领衔的课题组承接国家十一五和十二五“重大新药创制”科技重大专项——精神药物新药临床评价研究技术平台（2008—2015）的一个重要建设内容。沈一峰、李妍、余一旻、于文娟、王志阳参加了本书的编写工作。

上海市精神卫生中心药物临床试验培训中心编写组

2017.4

目　录

PANSS

第一章

PANSS 简介

PANSS 于 1987 年由 Stanley R. Kay、Lewis A. Opler 和 Abraham Fiszbein 研制。其来源是 1962 年 Overall. J. E 和 Gorham. D. R 研制的 BPRS（the Brief Psychiatric Rating Scale，简明精神症状评定量表），以及 1975 年 Singh. M. M 和 Kay. S. R 研制的 PRS（Psychopathology Rating Schedule，精神病理学评定日程表）。

PANSS 之前的相关量表（例如目前仍在用的 BPRS）中，阳性症状和阴性症状项目数不平衡，也没有指标反映患者症状中是阳性还是阴性占优势，研制 PANSS 的初衷即在于解决该问题；同时 PANSS 也形成了每个条目的操作用评分标准，有助于精确评估症状严重程度；还建立了配套的标准化检查（SCI-PANSS），有利于规范收集信息进行完整评估。

PANSS 一经推出，迅速成为精神分裂症研究中的主要评价工具。至 2000 年，PANSS 进行修订。2002 年，又增加了知情者调查问卷（IQ-PANSS），进一步完善信息的收集。因此，完整的 PANSS 工具包括 3 个部分，PANSS、SCI-PANSS 和 IQ-PANSS。本教材会分章节介绍。

PANSS 总计包括 33 条目，分四大类：阳性量表（P）7 项，阴性量表（N）7 项，一般精神病理量表（G）16 项，以及攻击危险性的补充项目 3 项。最后 3 项较少使用，临床研究中通常使用前 30 项。具体条目名称、内容和操作性分级标准，详见第二章。需要注意的是，PANSS 每个条目的评分等级是 7 级：1～7，即使该条目评分内容完全没有，也是评 1 分，而不是评 0 分。因此，PANSS 总分的最小值为 30 分，出现低于该数值的情况，均需强调规范培训。

PANSS 评分信息的来源，各个条目有所不同。仅根据知情者信息的 2 项：N4，G16；需要结合现场检查和知情者信息的 12 项：P1，P3，P4，P5，P6，P7，N2，G5，G6，G7，G8，G14；只根据现场检查信息的 16 项：P2，N1，N3，N5，N6，N7，G1，G2，G3，G4，G9，G10，G11，G12，G13，G15。

SCI-PANSS（Structured Clinical Interview for PANSS）即 PANSS 的定式化临床检查，通过结构式访谈的设计，指导评分员如何询问和探查症状，以保证收集信息的完整和可信。SCI-PANSS 专门用于收集评定所需的临床资料，通常要求结合临床实际，通过自如的互相交流获得相关信息，因此只有经过专门临床训练的精神科医生才能胜任。一般需要 30～40 分钟。访谈用模板（文字稿）详见第三章。

IQ-PANSS（Informant Questionnaire for PANSS）即 PANSS 知情者调查问卷，是通过主要知情者，包括家人、护士和其他人员（同学、老师、同事、邻居等），了解评分相关信

息。使用 IQ-PANSS 既能提高信度，节约时间；又能参考和补充信息，对于准确评分有益（详见第四章）。需要指出，PANSS 是一个典型的他评量表，无论评分相关信息来源如何，通常均由评分员对相关信息进行综合判断后进行评定。因此，知情者信息≠评分（除外 N4 和 G16）。

PANSS 作为评价指标用于临床研究时，除通常使用的 PANSS 总分外，还可以根据研究目的使用一些因子分。例如 PANSS-EC（兴奋因子），包括 P4、G4、P7、G8、G14，常被用于评估精神分裂症患者的兴奋激越。

Marder 教授根据自己的研究，又把 PANSS 的 30 个条目重新分为 5 个维度：

维度 1	阴性症状	Negative Symptoms	N1、N2、N3、N4、N6、G7、G16
维度 2	阳性症状	Positive Symptoms	P1、P3、P5、P6、N7、G1、G9、G12
维度 3	思维紊乱	Disorganized Thought	P2、N5、G5、G10、G11、G13、G15
维度 4	无法控制的敌对/兴奋	Uncontrolled Hostility/Excitement	P4、P7、G8、G14
维度 5	焦虑/抑郁	Anxiety/Depression	G2、G3、G4、G6

PANSS 引入中国以后，被广泛用于精神分裂症的临床研究中。查询中国知网期刊全文库，使用关键词“精神分裂症”和“PANSS”，可以查见文献超过 5 000 多篇，其中学术期刊 4 764，博士论文 41，硕士论文 190，会议论文 343。表明 PANSS 在中国已被普遍使用。

因为在培训和临床研究应用中均发现，一些具体使用问题的源头来自翻译，因此本教材尽可能地提供了英文原文，便于使用者对中文量表（翻译）有疑问时可参照原文进行理解。一些国际研究中，甚至会明确以英文量表为准，中文仅供参考。

第二章

PANSS

Fill in the appropriate circle for each item, refer to the Rating Manual for item definitions, description of anchoring points and scoring procedure.

一 Positive Scale (P)

P1. Delusions

Beliefs which are unfounded, unrealistic, and idiosyncratic.

Basis for rating: thought content expressed in the interview and its influence on social relations and behavior as reported by primary care workers or family.

	Rating	Criteria
1	Absent	Definition does not apply
2	Minimal	Questionable pathology; may be at the upper extreme of normal limits
3	Mild	Presence of one or two delusions, which are vague, uncrystallized, and not tenaciously held. Delusions do not interfere with thinking, social relations, or behavior
4	Moderate	Presence of either a kaleidoscopic array of poorly formed, unstable delusions or a few well-formed delusions that occasionally interfere with thinking, social relations, or behavior
5	Moderate Severe	Presence of numerous well-formed delusions that are tenaciously held and occasionally interfere with thinking, social relations, or behavior
6	Severe	Presence of a stable set of delusions which are crystallized, possibly systematized, tenaciously held, and clearly interfere with thinking, social relations, and behavior
7	Extreme	Presence of a stable set of delusions which are either highly systematized or very numerous, and which dominate major facets of the patient's life. This frequently results in inappropriate and irresponsible action, which may even jeopardize the safety of the patient or others

P2. Conceptual disorganization

Disorganized process of thinking characterized by disruption of goal-directed sequencing, e. g., circumstantiality, tangentiality, loose associations, non-sequiturs, gross illogicality, or thought block.

Basis for rating: cognitive-verbal processes observed during the course of interview.

第二章
PANSS

根据评估手册中每一项条目的定义、评分要点和信息来源，对下列每一项进行恰当的评定。

一　阳性量表

P1. 妄想

妄想是指无事实根据、与现实不符、特异的信念。

评分依据：会谈中患者思维的自然表达，及由基层保健工作者或家属提供的其思维对社会交往和行为造成的影响。

	分级	标　　准
1	无	定义不适用于该患者
2	很轻	症状可疑，但可能是正常范围的上限
3	轻度	存在一个或两个模糊的、不具体的、并非顽固坚持的妄想，妄想不妨碍思考、社交关系或行为
4	中度	存在一个多变的、未完全成形的、不稳定的妄想组合，或几个完全成形的妄想，偶尔妨碍思考、社交关系或行为
5	偏重	存在许多完全成形的且顽固坚持的妄想，偶尔妨碍思考、社交关系或行为
6	重度	存在一整套稳定的、具体的妄想，可能系统化，顽固坚持，且明显妨碍思考、社交关系和行为
7	极重度	存在一整套高度系统化或数量众多的稳定的妄想，并支配患者生活的主要方面，以至常引起不恰当的和不负责任的行为，甚至可能因此危及患者或他人的安全

◆ P1 评定妄想性思维的存在、严重性和干扰程度，不评定妄想性思维可能伴有的异常行为或偏执狂。

P2. 概念紊乱

思维过程紊乱，其特征为思维的目的性、连贯性破坏，如赘述、离题、联想散漫、不连贯、显著的不合逻辑，或思维阻隔。

评分依据：会谈中观察患者的认知-言语表达过程。

	Rating	Criteria
1	Absent	Definition does not apply
2	Minimal	Questionable pathology; may be at the upper extreme of normal limits
3	Mild	Thinking is circumstantial, tangential, or paralogical. There is some difficulty in directing thoughts toward a goal, and some loosening of associations may be evidenced under pressure
4	Moderate	Able to focus thoughts when communications are brief and structured, but becomes loose or irrelevant when dealing with more complex communications or when under minimal pressure
5	Moderate Severe	Generally has difficulty in organizing thoughts, as evidenced by frequent irrelevancies, disconnectedness, or loosening of associations even when not under pressure
6	Severe	Thinking is seriously derailed and internally inconsistent, resulting in gross irrelevancies and disruption of thought processes, which occur almost constantly
7	Extreme	Thoughts are disrupted to the point where the patient is incoherent. There is marked loosening of associations, which results in total failure of communication, e. g., "word salad" or mutism

P3. Hallucinatory behavior

Verbal report or behavior indicating perceptions which are not generated by externaI stimuli. These may occur in the auditory, visual, olfactory, or somatic realms.

Basis for rating: verbal report and physical manifestations during the course of interview as well as reports of behavior by primary care workers or family.

	Rating	Criteria
1	Absent	Definition does not apply
2	Minimal	Questionable pathology; may be at the upper extreme of normal limits
3	Mild	One or two clearly formed but infrequent hallucinations, or else a number of vague abnormal perceptions, which do not result in distortions of thinking or behavior
4	Moderate	Hallucinations occur frequently but not continuously, and the patient's thinking and behavior are affected only to a minor extent
5	Moderate Severe	Hallucinations are frequent, may involve more than one sensory modality, and tend to distort thinking and/or disrupt behavior. Patient may have delusional interpretation of these experiences and respond to them emotionally and, on occasion, verbally as well
6	Severe	Hallucinations are present almost continuously, causing major disruption of thinking and behavior. Patient treats these as real perceptions, and functioning is impeded by frequent emotional and verbal responses to them
7	Extreme	Patient is almost totally preoccupied with hallucinations, which virtually dominate thinking and behavior. Hallucinations are provided a rigid delusional interpretation and provoke verbal and behavioral responses, including obedience to command hallucinations

	分级	标　　准
1	无	定义不适用于该患者
2	很轻	症状可疑，但可能是正常范围的上限
3	轻度	思维显得不直接、离题或逻辑障碍，思维的目的性有些障碍，在压力下显得有些联想散漫
4	中度	当交谈短暂和有序时尚可集中思维，当交谈较复杂或有轻微压力时就变得散漫或离题
5	偏重	普遍存在构思困难，在无压力时也经常显得离题、不连贯或联想散漫
6	重度	思维严重出轨及自相矛盾，导致明显的离题和思维中断，几乎是持续出现
7	极重度	思维中断至支离破碎的程度，明显的联想散漫，导致完全无法交谈，如“语词杂拌”或缄默

◆ 妄想性思维可能思维还组织得很好，问你自己：“这一思维内容合乎情理吗?”
◆ “压力”指在追问下或对问题加以澄清时。

P3. 幻觉性行为

语言表达或行为表明存在非外部刺激引起的知觉，这些知觉可以听觉、视觉、嗅觉或躯体感觉的形式出现。

评分依据：会谈中患者的语言表达和躯体表现，也可由基层保健工作者或家属提供的患者情况。

	分级	标　　准
1	无	定义不适用于该患者
2	很轻	症状可疑，但可能是正常范围的上限
3	轻度	一种或两种清晰但不经常出现的幻觉，或若干模糊异常的知觉，尚未引起思维或行为的失常
4	中度	幻觉频繁但并不持续出现，患者的思维和行为仅受到轻微影响
5	偏重	幻觉频繁出现，可能涉及一种以上感觉系统，导致思维失常和(或)妨碍行为；患者可能对这些体验给予妄想性的解释，并出现情绪反应，偶尔出现语言反应
6	重度	幻觉几乎持续存在，以致严重损害思维和行为，患者对这些幻觉信以为真，频繁的情绪和语言反应导致功能障碍
7	极重度	患者几乎沉浸在幻觉中，幻觉几乎支配患者的思维和行为，幻觉被赋予固定的妄想性解释，并引起言语和行为上的反应，包括对命令性幻听的服从

◆ 评定依据为幻觉的存在和频度及对患者行为的影响(干扰)。

P4. Excitement

Hyperactivity as reflected in accelerated motor behavior, heightened responsivity to stimuli, hypervigilance, or excessive mood lability.

Basis for rating: behavioral manifestations during the course of interview as well as reports of behavior by primary care workers or family.

	Rating	Criteria
1	Absent	Definition does not apply
2	Minimal	Questionable pathology; may be at the upper extreme of normal limits
3	Mild	Tends to be slightly agitated, hypervigilant, or mildly overaroused throughout the interview, but without distinct episodes of excitement or marked mood lability. Speech may be slightly pressured
4	Moderate	Agitation or overarousal is clearly evident throughout the interview, affecting speech and general mobility, or episodic outbursts occur sporadically
5	Moderate Severe	Significant hyperactivity or frequent outbursts of motor activity are observed, making it difficult for the patient to sit still for longer than several minutes at any given time
6	Severe	Marked excitement dominates the interview, delimits attention, and to some extent affects personal functions such as eating and sleeping
7	Extreme	Marked excitement seriously interferes in eating and sleeping and makes interpersonal interactions virtually impossible. Acceleration of speech and motor activity may result in incoherence and exhaustion

P5. Grandiosity

Exaggerated self-opinion and unrealistic convictions of superiority, including delusions of extraordinary abilities, wealth, knowledge, fame, power, and moral righteousness.

Basis for rating: thought content expressed in the interview and its influence on behavior as reported by primary care workers or family.

	Rating	Criteria
1	Absent	Definition does not apply
2	Minimal	Questionable pathology; may be at the upper extreme of normal limits
3	Mild	Some expansiveness or boastfulness is evident, but without clear-cut grandiose delusions
4	Moderate	Feels distinctly and unrealistically superior to others. Some poorly formed delusions about special status or abilities may be present but are not acted upon
5	Moderate Severe	Clear-cut delusions concerning remarkable abilities, status, or power are expressed and influence attitude but not behavior
6	Severe	Clear-cut delusions of remarkable superiority involving more than one parameter (wealth, knowledge, fame, etc.) are expressed, notably influence interactions, and may be acted upon
7	Extreme	Thinking, interactions, and behavior are dominated by multiple delusions of amazing ability, wealth, knowledge, fame, power, and/or moral stature, which may take on a bizarre quality

P4. 兴奋

活动过度，表现在动作行为加速，患者对刺激的反应增强，高度警觉或过度的情绪不稳。

评分依据：根据会谈过程中患者动作行为的表现，也可由基层保健工作者或家属提供的患者状况。

	评分	标　　准
1	无	定义不适用于该患者
2	很轻	症状可疑，但可能是正常范围的上限
3	轻度	会谈中患者呈轻度的激越、警觉增高，或轻度的激动，但没有明显兴奋或情绪不稳的发作，讲话有轻微的紧迫感
4	中度	会谈中患者出现明显的激越或激动，影响语言和一般动作或偶有短暂的爆发
5	偏重	观察到患者明显的活动过度或频繁的动作行为爆发，以致患者在任何时候都难以保持坐姿超过数分钟
6	重度	会谈中患者明显兴奋，注意力受限，在某种程度上影响个人功能，诸如饮食和睡眠
7	极重度	患者有明显的兴奋严重妨碍饮食和睡眠，并使得人际交往实际上变得不可能。言语和动作行为的加速可能导致语无伦次和精疲力竭

◆ 指行为方面的表现：活动增多、易激惹，不包括言语和思维的兴奋。

P5. 夸大

夸张己见及不切实际的优势观念，包括一些妄想，如非凡的能力、财富、知识、名望、权力和道德正义。

评分依据：会谈中患者思维的自然表达，及由基层保健工作者或家属提供的这些想法对患者行为的影响。

	评分	标　　准
1	无	定义不适用于该患者
2	很轻	症状可疑，但可能是正常范围的上限
3	轻度	显出有些自大或自夸，但没有明确的夸大妄想
4	中度	明显地和不切实际地感到自己比他人优越，有一些尚未成形的关于特殊地位或能力的妄想，但并未照此行动
5	偏重	患者表现出明显的关于非凡能力、地位或权利的妄想，影响患者的态度，但不影响行为
6	重度	患者表现出涉及到一个以上的项目（财富、知识、名望等），有明确的显著优势妄想，明显影响人际交往，并可能付诸行动
7	极重度	患者的思维、人际交往和行为受多重妄想的支配，这些妄想包括惊人的能力、财富、知识、名望、权力和（或）道德高度，可能具有古怪的性质

P6. Suspiciousness/persecution

Unrealistic or exaggerated ideas of persecution, as reflected in guardedness, a distrustful attitude, suspicious hypervigilance, or frank delusions that others mean one harm.

Basis for rating: thought content expressed in the interview and its influence on behavior as reported by primary care workers or family.

	Rating	Criteria
1	Absent	Definition does not apply
2	Minimal	Questionable pathology; may be at the upper extreme of normal limits
3	Mild	Presents a guarded or even openly distrustful attitude, but thoughts, interactions, and behavior are minimally affected
4	Moderate	Distrustfulness is clearly evident and intrudes on the interview and/or behavior, but there is no evidence of persecutory delusions. Alternatively, there may be indication of loosely formed persecutory delusions, but these do not seem to affect the patient's attitude or interpersonal relations
5	Moderate Severe	Patient shows marked distrustfulness, leading to major disruption of interpersonal relations, or else there are clear-cut persecutory delusions that have limited impact on interpersonal relations and behavior
6	Severe	Clear-cut pervasive delusions of persecution which may be systematized and significantly interfere in interpersonal relations
7	Extreme	A network of systematized persecutory delusions dominates the patient's thinking, social relations, and behavior

P7. Hostility.

Verbal and nonverbal expressions of anger and resentment, including sarcasm, passive-aggressive behavior, verbal abuse, and assaultiveness.

Basis for rating: interpersonal behavior observed during the interview and reports by primary care workers or family.

	Rating	Criteria
1	Absent	Definition does not apply
2	Minimal	Questionable pathology; may be at the upper extreme of normal limits
3	Mild	Indirect or restrained communication of anger, such as sarcasm, disrespect, hostile expressions, and occasional irritability
4	Moderate	Presents an overtly hostile attitude, showing frequent irritability and direct expression of anger or resentment
5	Moderate Severe	Patient is highly irritable and occasionally verbally abusive or threatening
6	Severe	Uncooperativeness and verbal abuse or threats notably influence the interview and seriously impact upon social relations. Patient may be violent and destructive but is not physically assaultive toward others
7	Extreme	Marked anger results in extreme uncooperativeness, precluding other interactions, or in episode (s) of physical assault toward others

P6. 猜疑或被害感

不切实际或夸大的被害观念，患者表现在防卫、不信任态度、多疑的高度戒备，或是认为他人对其有伤害，显示患者有非常明显的妄想。

评分依据：会谈中患者思维的自然表达，及由基层保健工作者或家属提供的对其行为的影响。

	评分	标　　准
1	无	定义不适用于该患者
2	很轻	症状可疑，但可能是正常范围的上限
3	轻度	患者表现出防卫或甚至公开的不信任态度，但思维、交往和行为只受到最小限度的影响
4	中度	患者明确地显示出不信任感，并妨碍会谈和(或)行为，但没有被害妄想的证据；或者，可能存在结构松散的被害妄想，但这些似乎不影响患者的态度或人际关系
5	偏重	患者表现出明显的不信任感，以致人际关系造成严重破坏，或者还存在明确的被害妄想，对人际关系和行为造成有限的影响
6	重度	患者有明确的泛化的被害妄想，可能是系统化的，且显著地妨碍人际关系
7	极重度	一整套系统性被害妄想支配患者的思维、社交关系和行为

◆ 须区分因情感疏离或淡漠性退缩所致的防卫。

P7. 敌对性

愤怒和怨恨的言语和非言语表达，包括讥讽、被动攻击行为、辱骂和袭击。

评分依据：会谈中观察患者的人际行为，及由基层保健工作者或家属提供的患者情况。

	评分	标　　准
1	无	定义不适用于该患者
2	很轻	症状可疑，但可能是正常范围的上限
3	轻度	间接地或经过克制地表示愤怒，如讥讽，不尊敬，表达敌意及偶尔易激惹
4	中度	存在明显敌对态度，经常表现易激惹及直接表达愤怒或怨恨
5	偏重	患者高度易激惹，而且偶尔有辱骂或言语威胁
6	重度	不合作和辱骂或言语威胁显著地影响会谈，且严重影响社交关系，患者可能具有暴力和破坏性，但没有对他人进行人身攻击
7	极重度	明显的愤怒造成极度不合作，拒绝与他人交往或对他人进行人身攻击

◆ 指被害妄想引起的敌意，敌对的对象可以是任何人。

二 Negative Scale (N)

N1. Blunted affect

Diminished emotional responsiveness as characterized by a reduction in facial expression, modulation of feelings, and communicative gestures.

Basis for rating: observation of physical manifestations of affective tone and emotional responsiveness during the course of interview.

	Rating	Criteria
1	Absent	Definition does not apply
2	Minimal	Questionable pathology; may be at the upper extreme of normal limits
3	Mild	Changes in facial expression and communicative gestures seem to be stilted, forced, artificial, or lacking in modulation
4	Moderate	Reduced range of facial expression and few expressive gestures result in a dull appearance
5	Moderate Severe	Affect is generally "flat," with only occasional changes in facial expression and a paucity of communicative gestures
6	Severe	Marked flatness and deficiency of emotions exhibited most of the time. There may be unmodulated extreme affective discharges, such as excitement, rage, or inappropriate uncontrolled laughter
7	Extreme	Changes in facial expression and evidence of communicative gestures are virtually absent. Patient seems constantly to show a barren or "wooden" expression

N2. Emotional withdrawal

Lack of interest in, involvement with, and affective commitment to life's events.

Basis for rating: reports of functioning from primary care workers or family and observation of interpersonal behavior during the course of interview.

	Rating	Criteria
1	Absent	Definition does not apply
2	Minimal	Questionable pathology; may be at the upper extreme of normal limits
3	Mild	Usually lacks initiative and occasionally may show deficient interest in surrounding events
4	Moderate	Patient is generally distanced emotionally from the milieu and its challenges but, with encouragement, can be engaged
5	Moderate Severe	Patient is clearly detached emotionally from persons and events in the milieu, resisting all efforts at engagement. Patient appears distant, docile, and purposeless but can be involved in communication at least briefly and tends to personal needs, sometimes with assistance
6	Severe	Marked deficiency of interest and emotional commitment results in limited conversation with others and frequent neglect of personal functions, for which the patient requires supervision
7	Extreme	Patient is almost totally withdrawn, uncommunicative, and neglectful of personal needs as a result of profound lack of interest and emotional commitment