

on different samples of schizophrenia patients revealed characteristic dysfunctions in the cerebral network underlying emotional experience, emotion recognition, working memory as well as interactional processes between emotion and cognition. Most prominent are amygdala hypoactivations and prefrontal dysfunctions. In a further advance for a more detailed characterization of such dysfunctions, a differentiation between state and trait components has been attempted by investigating early-onset psychoses, unmedicated and first-episode schizophrenia patients as well as patients with prodromal symptoms and unaffected relatives. Trait components have been revealed in subcortical as well as cortical regions during different cognitive and emotional tasks. However, fMRI in psychiatry reveals its potency last but not least in the evaluation of different therapeutic approaches on cerebral dysfunctions. Pharmacological as well as behavioral interventions have been examined with respect to effects on the activation pattern and have been proven to be effective in reducing abnormal brain activity in schizophrenia during cognitive and emotional processes. Such therapeutic effects could also be demonstrated in alcoholic patients. The neural correlates of craving, elicited by visual and olfactory cues in alcoholic patients, have been examined by fMRI and differential intervention strategies demonstrated modality specific therapeutic effects. Hence, the application of fMRI still offers an exceptional and exciting tool for augmenting the understanding of the pathophysiology of psychiatry disorders.

Sunday, April 3, 2005

## SS-06. Section symposium: The interface between biological and social factors in borderline personality disorder

*Chairperson(s):* Sabine Christiane Herpertz (Rostock, Germany), Henning Sass (Aachen, Germany)  
16.15 - 17.45, Holiday Inn - Room 3

### SS-06-01

E. Seifritz. *Department of Clinical Psychia, Bern, Switzerland*

### SS-06-02

Dissociative experiences in borderline personality disorder and other trauma disorders

E. Vermetten. C. Schmahl, J. D. Bremner, R. Loewenstein.  
*Department Psychiatry Central, CX Utrecht, Netherlands*

**Objective:** Borderline personality disorder (BPD) patients have a wide range of dissociative experiences, including experiences of absorption, amnesia, and experiences of depersonalization. These phenomena are understood to be components of high hypnotic susceptibility. An empirical relation has been demonstrated between trauma-related psychopathology and hypnotizability, with a strong link between the phenomenology of hypnosis and symptoms of trauma-related psychopathology, e.g. analgesia, memory problems, time distortion. Symptom patterns of BPD may also be linked to a relative inability to engage in cognitive

inhibition and may be a factor related to suggestibility; levels of trauma-related stress can be warded off by virtue of high dissociative capacity.

**Methods:** We used the the Dissociative Experience Scale (DES) and the Clinician Administered Dissociative Symptoms Scale (CADDSS) to assess trait and state dissociation, the Tellegen Absorption Scale (TAS) to assess absorption, and the Guddjonsson Suggestibility Scale (GSS) to assess suggestibility. In addition we assessed hypnotic susceptibility with the Hypnotic Induction Profile (HIP) in a female population of trauma controls (n=17), post traumatic stress disorder (n=15), BPD (n=10) and DID (n=16).

**Results:** As a group, BPD patients were highly hypnotizable, showed high levels of absorption and trait dissociation, with low state dissociation scores. In addition, BPD patients were the among the highest suggestible in the study group.

**Conclusion:** These findings support the notion that BPD patients frequently engage in dissociative experiences, which may give them a sense of loss of agency since it points to a mechanism that coincides with high level of absorption, suggestibility and hypnotic susceptibility.

### SS-06-03

Perception of facial affect in borderline personality disorder (BPD)

G. Domes, S. Herpertz, S. Herpertz. *Department of Psychiatry & Psy, Rostock, Germany*

**Objective:** It has been suggested that inadequate perception of social-affective cues is a basal factor in the psychopathology of psychiatric conditions. Impaired recognition of facial affect for example has been well documented in schizophrenia, affective disorders, autism and other psychiatric disorders. Since emotional hyperreactivity is one of the key symptoms in BPD, we expected the BPD patients to be more sensitive to facial affect in general.

**Methods:** Fifteen women with BPD were compared to 15 age and IQ matched healthy controls. Participants were exposed to pictures of facial affect which displayed different emotions. In a computerized procedure the intensity of the displayed emotion was increased in a pseudo-continuous manner. Participants were instructed to indicate by a button-press when they became aware of the particular basic emotion (sadness, fear, disgust, anger, happiness, surprise), and to label the emotion displayed. Mean detection intensity and mean error rate were recorded.

**Results:** Analyses of data is still in progress. The results so far show, that BPS patients tend to detected the disgusted faces at a lower mean intensity compared to normal subjects. So far no other differences in detection sensitivity and accuracy could be observed.

**Conclusion:** The results so far contradict the hypothesis, that in BPD patients sensitivity and accuracy in the perception of facial affect is generally enhanced. Preliminary data suggest that BPD subjects are more sensitive to subtle cues of social hostility. This specific effect might reflect a bias towards the perception of potentially self-threatening cues in the social environment.

### SS-06-04

Biological and psychological aspects of self-injurious behavior in borderline personality disorder

C. Schmahl, P. Ludaescher, A. Jochims, K. Kuenkele, M. Bohus.  
*Department of Psychosomatics C, Mannheim, Germany*

**Objective:** Intentional, non-suicidal self-injurious behavior (SIB) is a characteristic feature of borderline personality disorder (BPD). A major hypothesis regarding SIB is that it serves to reduce aversive states of inner tension and dissociation. However, the underlying psychological and biological factors of SIB have not been well investigated.

**Methods:** We developed a questionnaire which assesses qualitative and quantitative aspects of self-injurious behavior together with motivational issues regarding SIB. This instrument was administered to 100 female patients with BPD. Using the widely used method of script-driven imagery, we investigated BPD patients with a script depicting a situation of self-injury. Patients were assessed with psychophysiological measures as well as with fMRI during presentation of the scripts.

**Results:** Preliminary results of these investigations will be presented.

**Conclusion:** Self-injurious behavior has various psychological and neurobiological aspects.

Tuesday, April 5, 2005

### W-19. Workshop: Stress and personality: How personality factors correlate with coping styles

*Chairperson(s):* Carlo Pruneri (Monza, Italy),  
 Fabio Furlani (Monza, Italy)  
 14.15 - 15.45, Holiday Inn - Room 5

Aim of this workshop is to go through the various contributions, already in literature, about the relationship between personality and coping styles, and add to those our own study about how people react to problems experienced as stressors according to their personality. The study was conducted in the Clinical Psychology Section of the S.Gerardo Hospital in Monza - Italy, assessing 107 out-patients who underwent a number of three clinical interviews and five test, including the 16 Personality Factors Questionnaire by Cattell (to assess personality profile) and the COPE (Coping Orientations to Problems Experienced) Questionnaire to assess coping styles. Thus we extracted personality characteristics from the personality profiles and analysed the correlations among these and the coping styles as obtained from the COPE, resulting as follows: Negative correlation between anxiety level and both problem and emotion focused coping. Positive correlation between autonomy (independence) level and problem focused coping. Positive correlation between critical/experimental attitude and emotion focused coping (such as positive reinterpretation of the experienced event). Negative correlation between self-confidence (here as counterpart of shyness) level and tendency to rely on religion for consolation. Negative correlation between cognitive/problem solving abilities and potentially dysfunctional coping styles (such as negation). Positive correlation between tendency to depression and potentially dysfunctional coping styles (such as behavioural inhibition). These and others were found and will be discussed about their possible implications in a psychoterapeutic context, and for a specific aim to help patients to improve use and effectiveness of coping styles.

Monday, April 4, 2005

### C-11. Educational course: Psychoeducation and risk management strategies with borderline personality disorder patients

*Course director(s):* Sabine Christiane Herpertz (Rostock, Germany), Antonio Andreoli (Geneva, Switzerland)  
 14.15 - 17.45, Hilton - Salon Studer

The course will consist of two parts: 1. risk management within an ambulatory crisis intervention, 2. psycho-educative training program for various (inpatient and outpatient) environments. Psychotherapy and antidepressant medication showed advantage compared to treatment as usual among borderline patients. Recent reports indicated, however, that simple case management programs aimed to enhance compliance and to provide careful risk management have significant relevance to better treatment policies with these patients. Specifically, several studies indicated that personalized on call response 24h a day, supportive care directed to secure treatment adherence and antidepressant maintenance, psychoeducational interventions, family support, home based social case-work and nursing after care, continuous follow-up aimed to express interest in the person's well being may significantly reduce drop-out from treatment, suicidal and self damaging behaviour and service consume. The course plan will provide a structured review of these studies and a rationale for valuable provision of specialized case management for borderline patients. An additional point is in keeping with "who" and "where" such programs should be implemented and "how" train and supervise these programs in various psychiatric environments. Finally, we will develop essential guidelines for fruitful integration of case management and specialized outpatient treatment in a comprehensive mental health plan aimed to develop ambulatory crisis intervention for borderline patients. Psycho-education in psychotherapy means to inform the patient about his/her specific disorder, aetiology, therapy strategies and settings as well as prognosis. Consistent with an empirically based model of borderline personality disorder including aspects of symptomatology and etiology, an individual explanation model of the disorder is worked out together with the patient that subsumes maladaptive as well as functional aspects of the personality style and provides an hierarchical analysis of behavioural problems and therapeutic aims. The aim of psycho-education is to make the patient to an expert of his/her disorder and to encourage the patient for change.

Monday, April 4, 2005

### C-10. Educational course: ADHD through the life span

*Course director(s):* Sam Tyano (Petah-Tiqvah, Israel)  
 14.15 - 17.45, Hilton - Salon Orff

S. Tyano, I. Manor, M. Corbex, J. Eisenberg, I. Gritsenko, R. Bachner-Melman, R. P. Ebstein. *Gehah Hospital, Petah-Tiqvah, Israel*