Our findings are suggestive of a continuum of psychosis corresponding to a continuum of illness severity, with relatives of early onset, female probands being most at risk of developing psychotic disorder.

NR23. Personality disorder and psychotherapy

Chairmen: A Mann, D McLean

DISSOCIATIVE, SOMATOFORM AND BORDERLINE DISORDERS — COMBINATION AND DIFFERENTIATION IN ADOLESCENTS

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Introduction: Inpatient psychotherapy of severe dissociative and somatoform disorders (DD/DS) often lacks effects and up to 50% of therapies are interrupted by patients or families. Still most theoretical therapy concepts refer to classical hysterical neurosis as a major psychodynamic factor in these disorders, although clinical practice seems to differ from these concepts.

Objectives: In a retrospective case control study we tried to differentiate between hysterical neurosis and borderline-like phenomena seen in the inpatient psychotherapy of 60 adolescent with DD/DS (ICD-9: 300.1) by analysis of the protocols of individual and family therapy.

Methods: Out of the 60 cases 30 were chosen to be subject of content analysis of the therapy protocols (1829 pages). We used the categories of the Operational Psychodynamic Diagnostics (OPD) for the parameters of conflict and psychic structure as seen in modern psychodynamic theory. Using the concept of ideal types we tried to establish two or more types or therapy to be proved in further research.

Results: As expected most adolescents showed conflict concerning autonomy and dependence (n = 18) and other well known "hysterical" conflicts. On the level of psychic structure as defined by OPD only 4 patients were found to be "appropriate integrated", whereas most others showed archaic borderline defense mechanisms and structural deficits in bonding, communication and self-reception.

Conclusions: The new descriptive ICD-10-diagnosis "DD" (F44) as wellas "SD" (F45) and the former ICD-9 concept of hysteria both have little relevance for individual therapy. Having analysed 30 carefully documented therapy processes, it seems that both for DD and SD there is a large group of adolescent patients with more severe personality disorders such as borderline personality. This must be recognized in therapy.

AN ATTACHMENT-BASED APPROACH TO THE MANAGEMENT AND PSYCHOTHERAPY OF BORDERLINE PERSONALITY DISORDER

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Contempory Attachment Theory, based around longterm follow-up studies of infants classified in the Strange Situation, and on Mary Main's Adult Attachment Interview, suggests that potential 'borderline' pathology may have its origins in specific forms of insecure attachment in infancy and early childhood characterised either as 'A/C' or 'D' pathology. This will be later manifest in 'disorganised' narratives in the AAI.

Patients with borderline personality disorder have problems both with intimacy and autonomy, suggesting that they have a mixture of both avoidant and clinging interpersonal strategies often oscillating between them in parallel with rapid changes of mood.

The author will review these studies and suggest how they lead to attachment-based management and psychotherapy strategy for patients with borderline personality disorder. Patients in whom avoidance predominates need an attuned, empathic approach along the lines pioneered by Kohut and Winnicott. Patients with an enmeshed, clinging style need confrontation and limit-setting as suggested by Kernberg. Many of these patients, in addition to long-term individual psychotherapy, require brief hospital admission. This too needs to be informed by knowledge of attachment patterns and theory. The results of a pilot study of eight patients managed in this way will be presented.

ECHO OF THE DISASTER AT THE CHERNOBYL'S NUCLEAR POWER STATION. PSYCHOTHERAPY OF THE VICTIMS

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Ten years has passed since the terrible disaster at the Chernobyl's nuclear power station happened, but many of the victims did not get proper psychotherapeutic help till now.

People who received different dose of radiation and had to migrate without necessary financial help were getting through the psychotherapy. That resulted the following breaches: asthenoneurotic syndrome, depressive state etc. In those condition methods of group psychotherapy proved to be preferable, for example Gestalt therapy. Methods of individual consulting were used if necessary.

The work in group can be devided into for stages:

1. On the first stage the great potential of affect was discovered with the victims. Mainly that was suffering from the loss, depression and feeling of "being thrown out" of life, unreacted aggression, anxious expectations. While the first stage I was the initiator and then the recipient of group's react.

2. That stage was the stage of first catharsis realized in 1–3 meetings. The period of devastation has been watching after catharsis. While that period patients did not need any activity. I used dynamic contact with group and tried to create constructional communication. Nonformal leader appeared in the group in that time.

3. While the third stage the group began to trust the leader. Developing of affect went on by a little shocking way. Potential of constructional action was growing in the group.

4. Development of the structure functioning independently was the goal of the last stage.

That main indexes of successful work were.

a) decision of one's most important problems of life for every individual patient.

b) successful functioning and including to society's life for group.

c) feeling of confidence for me.

The center of individual help may be organized in the nearest future. Contact with the patient is kept at present and special help is rendered to people who need it.

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