Method: We used data from the national psychiatric registry. Age- and sex-adjusted relative risks were calculated by Poisson regression analysis.

Results: Age-adjusted relative risks of a first discharge for schizophrenia were significantly higher for male than for female immigrants.

The age- and sex-adjusted relative risks were 3.8 (3.5–4.1) for Surinamese-born immigrants and 3.9 (3.5–4.5) for the Antillean-born.

Conclusion: The results provide evidence of a high incidence of schizophrenia in these immigrant groups and support similar findings on Afro-Caribbeans in the UK. Migration from Surinam was of such a large scale that selective migration of persons at risk for the disorder is unlikely to explain these findings.

S19. Borderline syndromes and self-mutilation in adolescence and adulthood

Chairmen: I Brockington, P Berner

DIFFERENTIAL ASPECTS OF IMPULSIVITY IN PATIENTS WITH SELF MUTILATIONS

S. Herpertz, E.M. Steinmeyer, H. Sass. *Psychiatric Clinic of the Technical University of Aachen, Pauwelsstr. 30, D-52057 Aachen, Germany*

Self-mutilative behavior meets with the DSM-IV criteria of impulse control disorder which describe a failure of behavioral control. Beside behavioral problems, self-mutilators report an enduring tendency to sudden and extreme reactions towards stimuli in general, that means on a cognitive, emotional and behavioral level of personality functioning. Our study aims at giving empirical data in support of a model of impulsivity which regards a high cognitive tempo and an affective hyperreagibility as subfeatures of an impulsive personality. Subjects were recruited from a population of female patients attending a treatment program for personality disorders. Four groups of subjects were studied: 25 self-mutilators, 25 patients with other modes of impulsive behavior, 25 patients without any impulsive behaviors, and 25 normal controls.

Concerning the problem of cognitive impulsivity, the following objective parameters were assessed beside a battery of self-assessment inventories on impulsivity: time estimation, stimulus reaction time, Matching Familiar Figures Test (MFFT) and a special version of the Stroop test. The hypothesis was that high-impulsive subjects underestimate time intervals, show lower performance in stimulus reaction tasks, lower response latency at the cost of unaccuracy in the MFFT, as well as an impaired inhibition of an automatic overlearned response.

Affective reagibility was studied by an experimental design in which affects are induced based on a short story. Information is given on intensity and run of affect during the course of the story. Preliminary results show intense and frequently alternating affective responses to stimuli of negative and positive valence in self-mutilators. In a frustration experiment self-mutilators responded with a stronger affect of anger or depression than control subjects.

TREATMENT OF SEVERE BORDER-LINE PERSONALITY DISORDERS WITH SPECIAL REGARD TO BORDERLINE-SYNDROMES: COMPARISON OF PSYCHODYNAMIC AND BEHAVIOURAL THERAPY SETUP

Ch. Mundt [1], R. Wahl [2], M. Hautzinger [3], G. Seidler [4], A. Keller [1], M. Bürgy [1], M. Rotzoll [1], G. Lauer [1], W. Barnett [1]. [1] *Psychiatric University Hospital Heidelberg;* [2] *Centre of Behavioural Medicine Bad Dürrheim;* [3] *Institute of Psychology of the University of Mainz;* [4] *Psychosomatic University Hospital Heidelberg*

Since BECK's cognitive and LINEHAN's dialectic behaviour therapy, behaviour therapy in general has become more important for the treatment of severe personality disorders, a field of intensive research by psychodynamic therapists already since KERNBERG. By this development the question of differential indication of psychotherapeutic methods is raised, i.e. which personality disorder does gain more benefit from a behavioural and what more from a psychodynamic therapeutic strategy? As an empirical contribution to answering this question, patients suffering from personality disorders were compared in a behavioural (Luisen Hospital Bad Dürrheim) and a psychodynamic oriented (the ward 'von Baeyer' of the Psychiatric University Hospital Heidelberg) institution. They were assessed by the same standardized psychopathological and psychological instruments at admission, at discharge, and half a year and one year after discharge. The psychotherapeutic process in the hospital is recorded with the 'psychotherapy-hour sheet' of GRAWE et al., which is filled in after each session by patients and therapists alike.

Implications of the design and some special aspects of recruiting patients for this particular sample are discussed with examples.

BORDERLINE SYNDROMES IN ADOLESCENCE

G. Lehmkuhl, W. Berner. *Klinik und Poliklinik für Psychiatrie und Psychotherapie des Kindes- und Jugendalters der Universität zu Köln, Robert-Koch-Str. 10, 50931 Köln, Germany*

A sample of 183 patients (24 diagnosed as borderline disorder, 93 as emotional disorders, 48 as externalising disorders, 18 with the diagnosis of psychosis) and a control sample (n = 166) were investigated with the Borderline Syndrome Index (BSI), a self report questionnaire. Differences in mean scores and main results from the factor analysis are reported. Profiles of the different groups by using the statements most often agreed to in this questionnaire are described. In a smaller subsample the Diagnostic Interview of the Borderline-Syndrome (DIB) was carried out in addition to BSI. Comparisons of means, selected co-efficients of predictability and the correlations between BSI and DIB scores are described. The results indicate that these instruments may discriminate to a certain degree between adolescent patients diagnosed with borderline disorder and other patients as well as control group subjects. A differential analysis of gender leads to further questions.

SELF MUTILATION- THERAPEUTIC ASPECTS

T. Rechlin, P. Joraschky. *Psychosomatische Abteilung an der Psychiatrischen Klinik mit Poliklinik der Universität Erlangen-Nürnberg, Schwabachanlage 6, 91054 Erlangen, Germany*

Nach einer Schätzung führen 0.6–0.75% der Allgemeinbevölkerung gelegentlich Selbstverletzungen aus. Von diesen 'offenen Selbstverletzungen', die als unspezifisches Symptom bei zahlreichen psychischen Störungen auftreten können, müssen die heimlichen Selbstbeschädigungen bzw. die artifiziellen Störungen im engeren Sinn (DSM IV, ICD 10: factitious disorders) abgegrenzt werden.

Bisher liegen keine ausreichenden Daten von Evaluationsstu-

https://doi.org/10.1016/0924-9338(96)88476-8 Published online by Cambridge University Press

dien vor, in denen Therapien bei Patienten mit selbstschädigenden Verhaltensweisen hinsichtlich ihrer Wirksamkeit untersucht wurden. Therapeutische Mitteilungen beziehen sich in der Regel auf Einzelfallberichte oder kleine Fallzahlen. Die dabei zur Anwendung kommenden psychotherapeutischen Strategien reichen von psychodynamisch orientierten Verfahren bis zu eher klassischen Verhaltenstherapien. Vereinzelt werden auch medikamentöse Behandlungen vorgeschlagen, z.B. mit Opiatantagonisten, mit selektiven Serotoninwiederaufnahmehemmer (SSRI), mit Carbamazepin (bzw. mit Valproinsäure) oder mit Neuroleptika.

In der eigenen Abteilung werden Patienten mit heimlichen Selbstbeschädigungen in der Regel über einen längeren Zeitraum (meist mehrere Jahre) zunächst stationär (3–6 Monate) und danach ambulant behandelt, wobei eine am Einzelfall orientierte tiefenpsychologisch fundierte niederfrequente Psychotherapie durch einen Therapeuten erfolgt. Aus unserer Sicht kommt lediglich bei Patienten ohne (schwere) strukturelle Ich-Störung altemativ zur Langzeittherapie eine konfliktzentrierte stationäre Kurzzeit-Behandlung von 10–12 Wochen in Frage.

Im Vortrag beziehen wir uns hinsichtlich der Ergebnisse (im Sinne einer kumulativen Einzelfalldarstellung) auf 15 Patienten mit heimlicher Selbstbeschädigung. 12 (80%) dieser Patienten wiesen eine Borderline-Persönlichkeitsstruktur auf. Mehr als die Hälfte der Patienten berichtet von sexuellen Übergriffen.

Im Mittelpunkt der tiefenpsychologischen Therapie steht vornehmlich die Auseinandersetzung um die sadomasochistischen Beziehungsstrukturen der Patienten und ihrer Reinszenierung durch das Symptom, sowie die defizitären ich-strukturellen Anteile des Patienten. Ein besonderer Aspekt der Arbeit mit diesen Patienten besteht darin, dass hier der Therapeut aktiv strukturierend und durch klare Grenzziehung schützend, ggfs, auch durch das Angebot kurzer stationärer Kriseninterventionen, den Therapieablauf gestalten muss. Als Folge der Gegenübertragung, die bei ärztlichen Therapeuten erwartungsgemäss besonders problematisch sein kann, kann es dazu kommen, dass der Therapeut zum sadistisch kontrollierendem Objekt wird. Intensive Supervision durch erfahrene Therapeuten ist daher bei der Behandlung von Patienten mit artefiziellen Syndromen erforderlich.

DISSOCIATIVE SYMPTOMS AND SELF-MUTILATION IN ADOLESCENT BORDERLINE PERSONALITY DISORDER

F. Resch, R.M. Brunner, P. Parzer, E. Koch. *Department of Child and Adolescent Psychiatry, University of Heidelberg, Blumenstrasse 8, 69115 Heidelberg, Germany*

The purpose of this study was to examine the phenomenology of dissociation and self-mutilation in a clinical group of adolescents. The relationship between the clinical characteristics of self-mutilation, degree of dissociation and a diagnosis of borderline personality disorder was analysed. The significance of different types of childhood trauma was also examined. 149 consecutive admissions including inpatient and outpatient treatment at the department of child and adolescent psychiatry, University of Heidelberg, were investigated. Patients, 12–19 years old, completed our German version of the Dissociative Experiences Scale (DES) and standardized measures of psychopathology. The psychiatric diagnoses were assessed by ICD-10. The different types of reported childhood trauma and the characteristics of self-mutilation were differentiated and categorized. In accordance with findings in North American studies we found a strong association between a diagnosis of borderline personality disorder and child abuse. Adolescents with a borderline personality disorder and a high score on the Dissociative Experiences Scale are characterized by more sexual abuse and self-mutilation. Also they received more comorbid diagnoses of affective disorder, suicidal ideation and bulimic behaviour. Different benefits of psychotherapy and psychopharmacotherapy are discussed with respect to a developmental perspective on borderline personality disorder in adolescents.

S20. The psychoses as deviations in brain symmetry

Chairmen: T Crow, W Maier

THE GENETICS OF HANDEDNESS AND ITS IMPLICATIONS FOR PATHOLOGY

Marian Annett. *Department of Psychology, University of Leicester, Leicester LE1 7RH UK*

The right shift theory suggests that there is a genetic influence on human handedness due to a single gene for cerebral asymmetry. This gene induces the typical pattern of cerebral specialization by giving a relative advantage to the left cerebral hemisphere, at the expense of some disadvantage to the right hemisphere. The latter is associated with relative weakness of the left hand and thus the chances of dextrality are raised in gene-carriers above the 50% expected in non gene-carriers and in other primates.

The benefits conferred by the gene (rs+) for speech and other language skills are associated with costs to right hemisphere skills, both physical and cognitive. There could be a genetic balanced polymorphism with heterozygote advantage for the rs locus. People carrying one copy of the gene might enjoy the benefits of hemisphere specialization with minimal costs to the right hemisphere, while those carrying no copy are at risk for aspects of speech development, and those carrying two copies are at risk for poor visuospatial and other abilities.

The implications of this theory for pathology are that individual differences in cognitive and other skills are expected to arise as part of the natural balance of costs and benefits of the rs locus. This approach has contributed to the analysis of problems of dyslexia, because it has led to the discovery that dyslexics with and without phonological problems differ significantly for handedness as expected by the theory. Further progress may be made when the genotypes of the rs locus are considered in relation to the chance differences which are thought to form a universal background to all asymmetries.

ANATOMICAL EVIDENCE FOR DEVIATIONS IN ASYMMETRY

B. Bogerts [1], Falkai [2]. [1] *Department of Psychiatry, University of Magdeburg, Leipziger Strasse 44, 39120 Magdeburg, Germany;* [2] *Department of Psychiatry, University of Düsseldorf, Bergische Landstrasse 2, 40629 Düsseldorf, Germany*

A variety of morphological changes has been described in brains of schizophrenic patients. Besides enlargement of lateral and third ventricles and reduced cortical volumes especially in frontal and temporal association areas, structural cerebral asymmetry is disturbed. While first reports of a reduced asymmetry of the silvian fissure and planum temporale remain controversial, absence of normal frontal (right > left), occipital and temporal lobe (left > right) asymmetry seems to be a replicable finding in several CT and MRI studies. At least one study indicates that reduced frontal and occipital lobe asymmetry it relatively specific for schizophrenia and does not occur