

MASOCHISTIC CLINGING OBJECT RELATIONSHIP/ATTACHMENT IN ADULTS A (HITHERTO NOT DESCRIBED) CONSEQUENCE OF CHRONIC PHYSICAL CHILD ABUSE

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The literature on the late consequences of physical child abuse does not mention masochistic object relations (f.i. Malinosky-Rummell and Hansen's review-1993).

In three adult women with a high educational level and a satisfactory professional life we discovered during psychoanalytic psychotherapy they entered for various reasons that they had been physically (and emotionally) maltreated during childhood while the microsystem (Belsky) offered no alternative positive relations, and that they maintained a clinging masochistic relationship with the abusers and had one of the same type with husbands or friends.

All three strenuously contested for a long time this description/interpretation of their past and of their relationships, alternatively using denial, minimization, redefinition and reframing. They never acquired a permanent and adequate critique of that aspect of their life and maintained the same kind of relationship/attachment. They were satisfied with the results of the therapy, considering that it improved their life quality, scotomizing the problems of their pathological relationships.

A disadaptive psychological survival strategy followed by an unsuccessful second separation-individuation is at the origin of the pathology described.

CHILDHOOD TRAUMAS: A LINK BETWEEN AGORAPHOBIA AND PERSONALITY DISTURBANCE

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Background and objective: The association between agoraphobia (AG) and personality disturbance, which may suggest resistance to treatment and poor prognosis, has been subject to various explanations. However, none has taken into account a possible mediating role of the childhood traumas. Therefore, the purpose of this study was to examine whether the relationship between AG and personality disturbance could also be understood in terms of the severity of such traumas. *Method:* The Structured Clinical Interview for Personality Disorders (SCID-II) and the Child Abuse and Trauma Questionnaire (CATS) were administered to 46 patients with the ICD-10-diagnosed AG with panic disorder. A cut-off score of 0.62 for total index of childhood abuse and trauma (TICAT) on the CATS was previously established in a sample of adequately matched control subjects, so that patients could be classified as either high or low (normal) on this index. *Results:* Twenty-eight (60.87%) AG patients received at least one diagnosis of a personality disorder (PD), and 27 (58.70%) AG patients were classified as high on the TICAT. Twenty-two patients had both a PD and high score on the TICAT, whereas 13 patients had no PD and scored low on the TICAT. The odds ratio for the severity of childhood abuse and trauma in AG patients with a PD was 9.53 (chi-square = 11.81; df = 1; p < 0.001). *Conclusions:* The likelihood of childhood abuse and traumas is increased in AG patients with an associated PD. Presence of a PD in patients with AG should raise suspicion of severe traumatic experiences in childhood and guide subsequent inquiry and exploration in that direction. Such an approach might help to understand these patients' psychopathology better, modify the treatment strategy for these otherwise "difficult" patients, and improve their prognosis.

PHARMACOLOGICAL IMPLICATIONS OF DIMENSIONAL PERSPECTIVES IN BORDERLINE PERSONALITY DISORDERS

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Nosological orientation and categorical classification is still hampering the progress of research in biological psychiatry, especially in the case of borderline personality disorders. Categorical-orientated research in personality disorders revealed a substantial mutual overlap of Axis-II disorders and the high prevalence of so called comorbidity with Axis-I disorders, ultimately leading to a multitude of diagnoses in one patient. Dimensional approaches have redefined the characteristics of e.g. the borderline personality disorder and opened new vistas for the delineation of biological factors that may be associated with an increased vulnerability for the development of this type of disorder. Thus, the individual-specific set of dimensions and the adaptive behavioral characteristics distinguish whether or not an individual has a personality disorder.

So far, circumstantial evidence is available for an involvement of central serotonergic receptor systems in the pathogenesis of some core symptom clusters that are regarded to be characteristic for borderline personality disorders e.g. impulsivity and affective instability on the one hand and depersonalization, derealization and dysperceptions in general on the other hand.

By systematic applying of the Experiential World Inventory (EWI) which establishes the life time occurrence of sensory dysperceptions, it could be demonstrated that such symptoms regularly emerge in borderline personality disordered patients and are very akin to these induced by hallucinogenic drugs. Therefore, the hypothesis can be formulated that alterations in serotonergic functionality, that are mediated via the serotonin-2 receptor, may be implicated in this set of core symptoms. Preliminary data with the specific serotonergic antagonist risperidone are suggestive for some beneficial effects on this symptom cluster, especially on depersonalization and derealization.

FORENSIC GROUP ANALYSIS: THE TREATMENT IN PSYCHOTHERAPEUTIC GROUPS OF VICTIMS AND PERPETRATORS OF INCEST

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The treatment of both victims and perpetrators in the same therapeutic group is a new approach and has proved to be invaluable in the effective treatment of sexual abuse. The family-social microcosm which occurs in group therapy offers containment and insight which are virtually impossible in a dyadic situation. The threat of intimacy and the fantasised risks of seduction/exploitation are reduced for both patients and therapists. Secrecy and isolation, key features in incest are replaced by disclosure and the beginning of a sense of trust within the containing atmosphere of the group.

Perpetrators become deeply aware of the extensive consequences of their actions when confronted by other members who correspond to their victims' mirror reflections, and they can see how unable they are to see themselves as separate human beings but only as parts of their parental figures. For example, each and every member experiences a powerful sense of belonging to the group. During the treatment period the capacity for self-assertion, emotional growth, independence and individuation are some of the characteristics that patients gain. They see themselves and others developing into respected individuals with self-esteem which is acknowledged by others and by themselves. They are not only allowed but encouraged openly to express anger and frustration which has been kept hidden for lengthy periods.