

SELF-DISGUST AND SELF-INJURY IN SKIN-PICKING DISORDER AND BORDERLINE PERSONALITY DISORDER

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Background: Several mental disorders are associated with non-suicidal self-injury, defined as the deliberate, self-inflicted destruction of body tissue. An often undiagnosed serious condition, skin-picking disorder (SPD), is characterized by recurrent and excessive picking of dermatological irregularities. The repetitive scratching (usually with the fingernails) causes severe skin damage and clinically significant distress or impairment in important areas of functioning. Self-injury (e.g., skin cutting, scratching) is also very prevalent in borderline personality disorder (BPD).

Method: In a series of functional magnetic resonance imaging experiments, it was investigated whether disgust-related personality traits (self-disgust (SD): the tendency to be disgusted with one's own character and behaviour, and disgust proneness (DP): the tendency to experience disgust to environmental stimuli) are central for the two disorders. Moreover, SPD patients and BPD patients were exposed to disorder-relevant visual stimuli.

Results: SPD patients reported elevated SD and DP. They experienced intense disgust during the viewing of skin irregularities, which was associated with increased activity of the insula and increased insula-putamen connectivity. BPD patients were characterized by elevated SD but not DP. They showed increased activation when presented with disgusted faces, which was positively correlated with the degree of self-disgust and self-injury.

Conclusion: Self-injury in SPD and BPD is associated with self-disgust and its neuronal correlates.

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STRESS CONSEQUENCES - MIND AND BODY ENCOUNTER

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Stress is a complex phenomenon and part of the process of adaptation. However, when environmental demands tax or exceed the adaptive capacity of an organism, the spiral of stress might occur which challenges the adaptive capacity of an organism that might lead to bio-psycho-social disbalance and somatic and mental disturbances as stress consequences. Both acute and chronic stress significantly influence individual's health and there is a correlation between stress, disease and personality type. Our studies have shown that the spiral of stress reaction may cause mental disorders such as posttraumatic stress disorder and depression, but also somatic illness such as coronary disease. The stress is a highly personalized process and its effects are related to the individual vulnerability and resilience. There is a need for a multidimensional, psychosomatic approach to mind and body encounter both in mental/physical health and disease. The role of stress in mental and somatic illnesses and attention to individual differences should provide strategic starting blocks for the development of person-centered preventive and therapeutic strategies for effective control of stress-related pathology.

References:

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ACUTE AND LONG-TERM MENTAL AND PHYSICAL SEQUELAE IN THE AFTERMATH OF TRAUMA EXPOSURE

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Traumas, by definition, refer to exterior events that expose to experiences of overwhelming threat and catastrophe and mediate feelings of death anxiety, panic, horror, helplessness, loss of personal control, and intractability. Most affected persons respond with at least some distressing symptoms of trauma-