

Appendix: KAPP-SD: Karolinska Psychodynamic Profile for Sexual Disorders

1. Intimacy and reciprocity

The ability to establish, to maintain and to deepen reciprocal relationships with others.

1) Can establish lasting and mutually rewarding relationships. The other's (the object's) unique personality as well as emotional and practical significance are essential features. Relationships may contain elements of conflict and ambivalence.

(Consideration for the object despite possible problems and conflicts. A predominant and enduring desire to satisfy the other's needs, not just one's own. This desire may occasionally seem to have entirely disappeared, for example during a quarrel or heated discussion, though it returns later in the form of reparative needs such as guilt feelings with a desire to set things straight and achieve some form of reconciliation.)

2) Can establish relationships with others, but of a clinging, demanding or unilateral, need-related character. The emotional and practical function of the object are of predominant importance, the object's unique personality being of secondary importance (part-object relation). This means that the object is exchangeable, and that the relationship is not reciprocal.

(E.g. promiscuous and parasitic relationships with unilateral exploitation. The other's personality and needs may be understood, but concern for the other is minimal and subordinate to the subject's own needs. The relationship is primarily of a "disposable" nature, the main purpose being the satisfaction of the subject's own needs. When the object is no longer able to satisfy the person's needs or desires, he or she is rejected and replaced by someone or something else. The object is used as an "attribute", an appendage intended to bolster one's own self-esteem and security, i.e. a partner that is a status symbol or a "prop".)

3) Cannot establish or has serious difficulty in establishing lasting relationships of a reciprocal nature with others.

(E.g. serious difficulty in seeing others as individuals with their own desires and needs. Lack of concern for others. What may seem to be concern for others is primarily an expression of a fear of losing a "life buoy". Other people become simply "instruments" for satisfying one's own needs. Manifest difficulty in establishing relationships with others apart from primary objects, e.g.

parents. Elements of adult reciprocity are lacking in their relationships, e.g. an adult son who lives with his parents, regards them as fulfilling a service function, and has never had any deeper relationships outside of the family. Possible relationships outside the family are often characterized by coldness, distance and the avoidance of emotional involvement and intimacy. Schizoid, pathological narcissistic, antisocial, "psychopathic" and psychotic modes of relating.)

2. Dependency and separation

The ability to establish mature dependency relationships and the ability to grieve and work through the loss of important persons, ideals, parts and functions of the body as well as material possessions.

1) Can establish mature dependency relationships and can grieve and work through loss, so that an adaptive adjustment is gradually achieved.

(Can become attached and emotionally dependent upon people, things and ideals, and allow these to become significant. Important losses, such as death or some other separation, after a period of grief and working through result in readjustment and increasing maturity.)

2) Can establish dependency relationships, but often with a considerable fear of separation. This can lead to pathological grieving or depressive preoccupation with some real or imagined loss, so that the subject never becomes reconciled to it even after many years.

(Strong separation anxiety expressed in the form of stereotype emotional reactions in conjunction with different types of loss. Dependency with considerable dread of being abandoned. This can be managed by anxiously adapting in order to avoid loss, or by actively abandoning in order to preclude being abandoned. Instead of working through grief and dejection, attempts to escape by plunging into new activities. States of decompensation as a consequence of unreconciled loss. Grief that is expressed primarily through physical symptoms, possibly with demands for physical examination and care.)

3) Can only establish infantile dependency relationships. The significance of such relationships may be denied. This can lead to a denial of loss in such a way that the sense of reality is threatened or lost.

(Dependency that renders the object, person, ideal or thing of almost all-embracing emotional significance for one's own existence. Denial of all dependency upon people, ideals or things. Loss may lead to psychotic

reactions or massive denial of a psychotic nature. Such reactions are not merely the immediate expression of an acute crisis, but are persistent over an extended period.)

3. Controlling personality traits

The ability to express, in a sublimated form, the need of power and control over people and things. These needs are expressed through such (anal) personality traits as obstinacy, parsimony, scrupulousness, orderliness, as well as in the way they are dealt with in interpersonal relationships.

1) Need of power and control over others is sublimated and integrated in the personality. They are essentially advantageous to the individual's function without being rigidly compulsive-obsessive.

(Can be parsimonious, meticulous, orderly, obstinate, dominant, but also careless, generous and submissive depending upon the circumstances. Can "compulsively" organize work when necessary. but can also relax this control when no longer necessary. Has a flexible attitude to power and control.)

2) Need of power and control over others is handled through strong and relatively stable defenses such as denial, displacement, reaction formation or isolation. The purpose is to avert the conscious awareness and expression of these needs. Instead, these needs are expressed in various obsessive-compulsive attitudes and traits.

(Obsessive-compulsive need of routines, order and planning. Pronounced apprehension over the prospect of losing such control. Parsimonious, scrupulous and meticulous. This behavior is usually ego-syntonic and rationalized, and the individual usually has a matter-of-fact and unemotional "quasi-logical" explanation of the behavior. Little or no ability to relax this behavior when it is unnecessary; instead, it is compulsive in character. Ambivalence and manifest difficulty in situations requiring a choice and decision. "Chronic" friendliness and generosity. Submissiveness, often apparent rather than real, with little consideration for one's own needs.)

3) Need of power and control over others is handled through strong, but often unstable defenses (reaction formation, isolation, splitting). The instability makes it possible for expressions both of defenses and impulses to appear simultaneously or to alternate with one another.

(Pronounced ego-syntonic, unshakable, self-willed and compulsive demand of power over others and of their submission. Relationships are dominated by such contrasting dyads as big-small, smart-dumb, strong-weak, superior-inferior, where the power relationship itself is the crux. Very strong needs of order, control, routines and planning. Pronounced miserliness, stubborn defiance, obstinate self-assertion and determined need to dominate. Such attitudes can coexist or alternate with their

converse, e.g. alternation between sadistic dominance and masochistic submission.)

4. Frustration tolerance

The ability to endure the fact that wishes that are considered essential by the individual cannot be immediately, if ever, satisfied, as well as the ability to endure the thoughts and emotional reactions that arise as a result.

1) Frustration is tolerated and worked through, with only temporary dejection and without lasting regressive reactions as a consequence.

(Occasional, transient, more or less strong emotional reactions in the face of frustration and obstacles. These reactions subside after a relatively short time. Where frustration does lead to psychological or physical symptoms, these are of transient, non-generalized nature and reflect specific conflicts engendered by the frustration. After the frustration has been worked through, a more realistic judgment can be made of one's own ability to satisfy the wish that has been thwarted, e.g. after a period of temporary disappointment and dejection in conjunction with a specific set-back, the subject can decide whether to give up the goal in question or to struggle on.)

2) Frustration is not worked through in an adaptive manner, but is handled within the individual (autoplastic), primarily through lasting regressive reactions.

(Shuns ambitions and hope, i.e. ego-restriction in order to preclude disappointment. Considerable apprehension in the face of future risks and potential disappointments. Relinquishment of life goals, as a generalized pattern in order to avoid frustration. Where frustration leads to anxiety, depressive feelings and other psychological or physical symptoms, these tend to persist and are more general. Denial of frustration which instead may be expressed, e.g. through passive expressions of dissatisfaction, complaining, whining or diffuse physical malaise without somatic cause.)

3) Frustration generally causes strong emotional reactions of anxious, aggressive or depressive nature.

(Generally strong emotional reactions in the face of setbacks, disappointments and frustration. These reactions are often of a global and infantile character, with a pervasive effect on the individual's experience of his existence. The individual's mood can suddenly change without any previous working through of the frustration. Reactions may, for example, take the form of impotent rage or of bottomless despair and be coupled to destructive or self-destructive thoughts.)

5. Impulse control

The ability to contain urgent affects, wishes and needs of a sexual, aggressive and narcissistic nature, and the way these are expressed in action

1) Can express and handle urgent affects, wishes and needs in an adaptive manner. Can balance realistically and adaptively between wishes and needs on the one hand, and the possibilities and limitations of reality on the other.

(Can consciously experience strong feelings, wishes and needs without allowing them to force action. Ability to assert needs and interests, but also to consciously refrain from doing so when the situation demands it. Is capable of striving to achieve a goal, but also of retiring gracefully.)

2) Urgent affects, wishes and needs are handled through a non-adaptive balance between wishes and needs on the one hand and the possibilities and limitations of reality on the other.

(Exaggerated control of feelings and impulses. Difficulties in setting limits. Generalized difficulties in asserting wishes and needs, making demands or voicing criticism. This can lead to inhibition in need situations, “needlessness”, difficulty in asking openly and directly for help and support. When they are given expression, wishes and needs may be displaced to the “wrong” person or situation, where they are then acted out. Under special circumstances wishes and needs may sometimes be given expression, e.g. under the influence of alcohol or drugs, or in regressive states caused by a crisis. This may also happen when the group among whom the individual finds him/herself tacitly or overtly appears to sanction a release of inhibitions, e.g. at a party, on vacation, in a crowd. The individual may subsequently experience such behavior as totally alien to his nature.)

3) Manifest difficulty in postponing the satisfaction of urgent wishes and needs and in controlling the affects they may give rise to.

(Generalized impulsive behavior in word or deed. Wishes and needs are of a compulsive character and “must” be acted upon immediately, with little or no regard for the consequences. Poor ability to stop and reflect before acting out impulses. Little or nothing learned from earlier impulsive behavior and its consequences. Although the individual may regret such impulsive behavior after the event, these experiences seldom lead to subsequent modification of behavior.)

6. Regression in the service of the ego

The ability to express and satisfy pleasurable fantasies and wishes in a sublimated form and in a voluntary and controllable way.

1) Can, when the situation allows, in a sublimated form express and satisfy pleasurable fantasies and wishes in thoughts or actions.

(Can playfully indulge in fantasy and daydreams, expressing this in the form of pleasurable activities. Can be playfully childish and relinquish a measure of adult

rationality, e.g. to enjoy games, music, dance, art, nature and sports. The crux is that such activities be indulged in with pleasure and with controlled regression, not their performance itself.)

2) Ability, though strained, to regress in the service of the ego in a voluntary, pleasurable and controlled way.

(Embarrassed, inhibited but not incapable of playful fantasy. Enjoyment of such thoughts or actions is often impeded by embarrassment and conventional “adulthood”. “No fun without booze”.)

3) Manifest difficulty in indulging in voluntary, pleasurable and controlled regression in the service of the ego.

(Very limited capacity for pleasurable fantasy and daydreaming, and for its expression in some form of activity. Other people’s playfulness and expressions of regression in the service of the ego are met with indifference and looked askance at rather than experienced as a source of stimulation. “Constricted adulthood” where expressions of regression in the service of the ego are conspicuously absent. Anhedonia that not is a part of depression.)

7. Coping with aggressive affects

The ability to differentiate and express aggressive affects and transform them into adaptive, goal-oriented activity.

1) Can differentiate between various degrees of one’s own aggressive affects and assert, in an adaptive manner, one’s own interests with reasonable flexibility. This does not exclude the presence of circumscribed conflicts concerning aggression.

(Can experience and express aggressive feelings of varying intensity such as irritation, anger, rage and fury. The intensity of the aggressive feeling generally corresponds to that of its cause. Good capacity for mature self-assertiveness, even if this leads to open conflict. Ability, in such situations, to tolerate conflict and try to resolve it without submission or demanding the submission of others. Can tolerate and accept justified criticism from others. Can tolerate others’ expressions of anger. A specific and circumscribed problem concerning aggression can exist, however, such as an inhibition or fear in the presence of authority figures.)

2) Difficulty in differentiating various degrees of one’s own aggressive affects and in adequately confronting different types of aggressive expressions of others.

(Difficulty in experiencing and expressing aggressive feelings and tolerating such feelings either in oneself or others. Poor ability to take criticism or the anger of others in one’s stride. Reacts in such situations with despondency, feelings of inadequacy, self-criticism. and of being misunderstood, and possibly with introverted, suppressed anger. Conflicts and mature self-assertiveness are

avoided. Tries to be “nice” and to “tiptoe” in order to avoid conflicts and the anger of others. One’s own anger and criticism are often expressed indirectly. Mopes around sulking, is quiet or carps and whines. Difficulties in expressing aggressive feelings may sometimes result in explosive outbreaks. In such situations, there is a manifest discrepancy between the strength of the feeling and its immediate cause. Displacement of aggressive feelings to the “wrong” person or situation.)

3) Generalized difficulties in differentiating and expressing aggressive affects and transforming these into adaptive, goal-oriented activity. Aggressive affects are expressed essentially in an undifferentiated and non-selective manner.

(Inability to experience and express aggressive affects of varying intensity such as irritation, anger, rage and fury. Instead, aggressive feelings are global, undifferentiated and stereotype in character. There is a marked discrepancy between the intensity of the aggressive feeling and its immediate cause. Little ability to be self-assertive in a mature way. In certain situations, the individual may attempt to get his own way through an explosive fit of rage, because people tend to become afraid of him/her and back off when he/she does so. Cannot bear conflicts and cannot resolve them without demanding the submission of others. Dissatisfaction with others, possibly as a consequence of the experience of a conflict with or antagonism toward them, can often lead to explosive fits of rage, given verbal or physical expression, regardless of the type and degree of any opposition or antagonism. Readily believes him/herself to be innocent victim of others’ aggressiveness, to which his own aggressive reaction is simply a legitimate response.)

8. Alexithymic traits

Disturbed capacity to experience and describe affects and affective states in a differentiated and subtle manner, both in oneself and in others.

1) Can experience and describe affects and affective states in a relatively differentiated and subtle manner, and in a way that makes them understandable and easy to empathize with.

(Can convey feelings and experiences in an animated and appealing manner, expressed in a rich and varied vocabulary, whereby the words convey a feeling of something actually experienced. These feelings can also be conveyed through facial expressions, intonation and gestures, even if the language itself may not be especially rich.)

2) Can crudely experience and describe affects and affective states, but in a stereotyped manner without nuance. There is a lack of subtle differentiation. Emotional experiences can be conveyed, however, so that other people are able to empathize to some extent.

(Describes crudely differentiated feelings and emotional states and understands the relevance of these in oneself and others. Speaks, or can be persuaded to speak, about these without dwelling on specific details. Answers questions about feelings. The difficulty in conveying subtle emotional experiences may be obvious, despite a rich and subtle use of language.)

3) Considerable difficulties in experiencing, differentiating and describing affects and affective states.

(*Pensée opératoire*, which includes literal thinking and preoccupation with descriptive details. Difficulty in distinguishing amongst different emotional states such as feeling angry, sad, hungry or cold. Instead the individual experiences and describes global, vague expressions of feelings, e.g. “everything is hopeless; all is shit”, or feelings of malaise. Emotional descriptions are characterized by lifelessness. Feelings and emotions are conveyed primarily non-verbally through body language or acting out behavior. Describes oneself as a “witness”, an onlooker vis-à-vis one’s own life and emotional reactions, and not as a responsible participant.)

9. Normopathic traits

Generalized sensitivity to social conventions and mores, which leads to an overadaptation to the social group with which the individual identifies. Expressions of personal originality and individuality are lacking. This is true both of the individual’s activity and his imagination.

1) Can adapt to social conventions and mores when necessary, but also set them aside when external circumstances permit.

(Can, without a feeling of inner compulsion, abide by social conventions and roles that are associated with certain situations, and yet dare to set them aside. This means that such roles may vary or be abandoned by the individual depending upon the situation. No need to “be like everyone else”, follow the herd or always live up to class models, or sexual or professional roles. Can, when the situation permits, actively express an individualized inner life of wishes, needs, fantasies and daydreams. The individual’s own wishes may deviate from his own conception of what is acceptable or appropriate in the social group with which he/she identifies.)

2) Is bound by established social conventions and mores. Has difficulty in setting them aside, even when external circumstances permit.

(Identifies strongly with and seldom breaks from the mores and roles associated with certain situations. Seldom experiences needs that do not conform with one’s conception of the social group with which one identifies. When such needs are experienced, there is a great sensitivity to conflicts between one’s own wishes and established mores. This makes it difficult to give outward

expression to an individualized and private inner life of wishes, needs, fantasies and daydreams. If the attempt is made, it is accompanied by apprehension or anxiety.)

3) Is bound by established social conventions and mores and has little need to set them aside either in imagination or overtly.

(Is socially overadapted and identifies uncritically with established mores, which are not questioned at all, but become a self-evident part of the individual's sense of identity. Both in imagination and overtly abides by the clichés of the social subgroup with which he/she identifies, including clichés of socio-economic status, or sexual and professional roles. Individualized fantasies with wishes and dreams are lacking. Expressions of individualized needs are rare. Attitudes toward oneself and others are of a consistently rigid, conventional and overadapted nature.)

10. Conceptions of bodily appearance and their significance for self-esteem

Attitudes that reflect relatively stable conscious and unconscious conceptions of bodily appearance and how these conceptions affect self-esteem. The greater the significance of perfectionist conceptions of bodily appearance is for self-esteem, the more fragile is the individual's self-esteem in the face of subjectively experienced changes in physical appearance and the greater is his contempt for "ugliness" in him/herself and in others.

1) Relatively conflict-free and essentially pleasurable attitudes toward one's physical appearance. Self-esteem is only partly based on one's appearance.

(Accepts and approves of one's own appearance with all its assets, defects and shortcomings, and makes the best of it. Enjoys maintaining one's appearance through bodily care and hygiene, choice of dress, cosmetics etc., though without their becoming a pervasive or overly demanding interest. Can enjoy "getting dolled up" or "made up" without experiencing it as an obligation.)

2) Preoccupation with physical appearance in thoughts, feelings or activities. Self-esteem is fragile and based to a large extent on one's appearance.

(Anxious vanity and sensitivity as to how other people may perceive one's appearance. Afraid of "making a fool of oneself" by wearing the "wrong" clothes. Well-groomed or well-dressed in an anxious manner in order to "fit in". May develop phobic tendencies owing to one's conceptions of physical appearance. Lavish vanity and profligate preoccupation with appearance in the form of bodily care and hygiene, selection of clothing, cosmetics etc. Spends a lot of time and money on appearance in order to reinforce self-esteem.)

3) Obsessive thinking about or preoccupation with physical appearance in a very profligate manner, or a

manifest denial of its significance. Self-esteem is very fragile and based mainly on one's appearance.

(Contempt for physical defects or ugliness in oneself and in others is common. Difficulties in accepting changes in appearance that are associated with normal aging. This can be expressed in compulsive, perfectionist care of appearance that consumes considerable time and money. Compulsive athletics, extreme snobbery, compulsive dieting, plastic surgery or social phobias due to appearance. The converse can also occur, i.e. a resigned neglect of one's appearance. Pronounced neglect of and disdain for appearance, e.g. scruffy clothes, gravy stains or demonstratively unkempt appearance.)

11. Conceptions of bodily function and their significance for self-esteem

Attitudes that reflect relatively stable conscious and unconscious conceptions of bodily function and how these conceptions affect self-esteem. The greater the significance of perfectionist conceptions of bodily function is for self-esteem, the more fragile is the individual's self-esteem in the face of subjectively experienced changes in bodily function and the greater is his contempt of physical weakness in him/herself and in others.

1) Relatively conflict-free and essentially pleasurable attitudes toward bodily function. Self-esteem is only partly based upon physical function.

(Accepts and approves of the way the body functions with all its assets, defects and shortcomings, and makes the best of it. Can adjust to changes in the physical function of the body due to normal aging, illness or injury. Concern for one's health without its becoming a pervasive or overly demanding preoccupation. Can consciously balance between health and wholesomeness on the one hand and enjoyment and pleasure on the other, without suppressing either.)

2) Preoccupation with bodily function in thoughts, feelings or activities. Self-esteem is fragile and based to a large extent upon how the body functions.

(Profligate preoccupation with various physical functions such as weight, mobility, strength, digestive tract functions and secretion products. This can be expressed through such self-disciplinary measures as dieting and physical exercise. Shame and social anxiety associated with bodily functions, e.g. apprehension of sweating, body odor or audible bowel movements and gas when going to the toilet. This may lead to the development of phobic tendencies such as suppressing the need going to the toilet all day at work for fear that it might be heard.)

3) Obsessive thinking about or preoccupation with physical needs and functions in a very profligate manner,

or a manifest denial of their significance. Self-esteem is very fragile and based mainly upon how the body functions.

(Contempt for physical weakness or dysfunction in oneself and in others is common. Difficulty in accepting changes in the function of the body that are associated with normal aging, illness or injury. This can be expressed in compulsive, perfectionist concern with physical functions that consumes both time and money, e.g. inordinate training of strength and physical fitness, compulsive dieting, obsessive almost hypochondriac pre-occupation with physical needs, sensations and functions or anorectic behavior in an attempt to "control" physical function. Cannot balance health and wholesomeness on the one hand and enjoyment and pleasure on the other. Social phobias due to subjectively experienced bodily dysfunction. The converse can also occur, i.e. a resigned neglect of and pronounced disdain for various physical needs. Neglect of health in a pronounced and systematic manner.)

12. Current body image

Attitudes that reflect current conscious and unconscious conceptions of the appearance and the function of the body, and how these conceptions affect self-esteem at present.

1) Basically satisfied with physical appearance and function, except for what may be due to actual conditions and difficulties. This does not, however, lead to any significant limitations in one's way of life.

(Accepts and approves of one's appearance and body function at present with all their assets, defects and shortcomings. Self-esteem is not significantly affected by subjectively experienced defects and deficiencies. Such defects do not prevent the individual from trying to lead a normal life, with reasonable adjustment to the nature of the difficulties, even in the event of manifest handicap, e.g. avoids appearing naked in front of others than close relatives if he/she has an ileostomy, but does not avoid going to a public pool, though he/she uses a less revealing bathing suit.)

2) A sense of defect or shameful insufficiency regarding aspects of physical appearance or function. This leads to a limited, but manifest distress and entails considerable limitations on one's way of life.

(Self-esteem is affected by subjectively experienced deficiencies, which hinder a normal life and adjustment to the nature of the difficulties. Avoids being seen in certain social situations due to subjectively experienced deficiency in appearance or function. Is ashamed of subjectively experienced deficiencies, e.g. dares not bathe in public owing to subjectively experienced obesity, thinness or scanty muscle volume.)

3) Profound feeling of helplessness or feeling of being repulsive, contemptible, shameful, weak or worthless due to the body's appearance or function. This causes generalized distress with severe restrictions to one's way of life.

(Profoundly disturbed self-esteem due to subjectively experienced deficiencies in appearance or function, e.g. obesity, audible bowel movements, bad breath, acne, large or small nose, large or small breasts. Develops extensive phobias for any such reasons.)

13. Sexual fantasies

The ability to get in touch with, express and experience sexual fantasies in a pleasurable, satisfying, voluntary and controllable way.

1) May, when the situation permits it, experience a good intrication between sexuality and sexual fantasies. Sexual fantasies may be expressed in a flexible manner.

(Can indulge in sexual fantasies, and verbalize them and experience them in sexuality, alone and with others. Fantasies facilitate sexual desire and self-esteem, and satisfactory sexual activity. Can inhibit rationality to engage an erotic atmosphere, the purpose of sexual activity is the pleasure of sharing, not just the performance or reassurance.)

2) Limited ability to experience a good intrication between sexuality and sexual fantasies, may be a predominance of relatively rigid fantasies.

(The experience and expression of sexual fantasies in sexuality alone and with others is possible but with discomfort, embarrassment, anxiety and guilt. Sometimes fantasies can cause an inhibition of sexuality or sexual satisfaction.)

3) Apparent difficulties to live a good intrication between sexuality and sexual fantasies. Sexual fantasies are very rigid. Never had sexual fantasies.

(Very rigid and compulsive sexual fantasies which regularly generate suffering of self or partners, anxiety, guilt; can completely inhibit sexuality, or prevent any sexual behavior outside of a specific scenario. Indifference to external erotic propositions, or to a erotic proposition which is different of a specific scenario. Anhedonia that is not caused by depression.)

14. Conceptions of gender identity and the role of gender identity

Attitudes that reflect relatively stable conscious and unconscious conceptions of gender identity and the role of gender identity and how these conceptions affect self-esteem.

1) Relatively conflict-free and essentially pleasurable attitude towards one's gender identity and role of gender identity. Self-esteem is only partly based on gender identity and role of gender identity.

(Gender identity is well integrated, stable, is able to be expressed through congruent behaviors (role identity). The expression of role identity reinforces gender identity. Acceptance of its faults and ability to take advantage of its characteristics. Seeks to develop its gender qualities without feeling that it is a chore. Can express traits or behaviors culturally attributed to the opposite sex without destabilizing the gender identity. Sexual fantasies feature predominantly gender identity and role of gender identity, but sexual fantasies about gender identity of the opposite sex or the role of gender identity of the opposite sex are possible without it destabilizing the gender identity. Has a certain pride in relation to primary and secondary sexual characters.)

2) Stable gender identity, but preoccupation with the role of gender identity in feelings, thoughts and behaviors. Self-esteem is fragile and based to a large extent on one's role of gender identity.

(Anxiety, discomfort, embarrassment in the expression of the role of gender identity. Do not feel credible, can sometimes avoid situations when the role of gender identity is brought into play. Excessive concern about acquiring meaningful behavior for the role of gender identity. May have doubts over gender identity. In sexual fantasies, there is ambiguity about gender identity or role of gender identity. There may be some ambivalence in relation to primary and secondary sexual characteristics.)

3) Obsessive thinking about or preoccupation with gender identity or role of gender identity in a very profligate manner, or a manifest denial of its significance and its social impact. Self-esteem is very fragile and based mainly on one's gender identity and one's role of gender identity.

(Major concerns with regards to the expression of gender identity or the role of gender identity. Avoidance of situations where gender identity or the role of gender identity or are brought into play. Significant investment of time and money in compulsive activities to strengthen the gender identity or the role of gender identity. Rejection of or inability to adapt to the cultural gender stereotypes or gender identity of the opposite sex. Disgust and major suffering with regards to primary and secondary sexual characteristics.)

15. Conceptions of sexual orientation.

Attitudes that reflect relatively stable conscious and unconscious conceptions of sexual orientation and how these conceptions affect self-esteem.

1) Relatively conflict-free and essentially pleasurable attitude towards one's sexual orientation. Self-esteem is only partly based on sexual orientation.

(Sexual orientation is stable, ego-syntonic, experienced with pride. A person is defined by sexual orientation, they feel valued when they can express it. Good integration

of their sexual orientation in sexual and emotional relationship with their partner. Predominance of sexual orientation in sexual fantasies, but may fantasize using another sexual orientation, without having it call into question actual sexual orientation.)

2) Preoccupation with sexual orientation in feelings, thoughts and behaviors. Self-esteem is fragile and based to a large extent on one's sexual orientation.

(Anxiety, discomfort, embarrassment in expressing sexual orientation. Does not feel credible and can sometimes avoid situations where sexual orientation comes into play. Sometimes there may be doubts with regards to sexual orientation. Can have ego-dystonic sexual fantasies about sexual orientation. Can, however, express sexual orientation with a partner and experience sexual and emotional satisfaction.)

3) Obsessive thinking about or preoccupation with sexual orientation in a very profligate manner, or a manifest denial of its significance. Self-esteem is very fragile and based mainly on one's sexual orientation.

(Cannot be defined in relation to sexual orientation or has obsessive concerns about own sexual orientation, which causes major distress. Possible denial of significance or sexual orientation. Sexual fantasies about sexual orientation are a major source of psychological distress. Major concerns about the expression of sexual orientation. Avoidance of situations where sexual orientation comes into play.)

16. Sense of belonging

Attitudes that reflect the experience of belonging to one or more groups of people as well as the experience of satisfaction in social contexts.

1) Takes an essential and active role in social contexts and usually finds this satisfying.

(Takes responsibility for maintaining relationships with others, in the family, with friends, at work or in other groups. Finds satisfaction in participating in social contexts. Takes active initiatives to social contact. Enjoys being with people, but can also choose to be alone.)

2) Participates passively in social contexts and often finds this satisfying.

(Passive and reserved in social contexts, such as in the family, amongst friends, at work or in other groups. Enjoys being with others, but takes very little responsibility for maintaining relationships. Finds satisfaction in participating in social contexts, if someone else takes the initiative. Stays at the periphery of groups and follows the herd.)

3) Isolates oneself and feels little sense of belonging or satisfaction in social contexts.

(Does not make social contacts and avoids social situations as far as possible. Prefers to be alone. Has difficulties in feeling a sense of belonging anywhere, either in the family, or amongst possible acquaintances or colleagues.)

17. Feeling of being needed

Attitudes that reflect the experience of being emotionally significant to someone and needed.

1) Feeling of being emotionally significant to someone and needed.

(Feels liked, needed and appreciated by others, e.g. partner, children, friends or colleagues. Has something to give to others emotionally and believes they care about how one is and how one feels.)

2) Has difficulty in feeling emotionally significant to anyone or needed.

(Has difficulty in feeling liked, needed and appreciated by others, e.g. partner, children, friends or colleagues, but can occasionally do so. Does what is needed or expected in the family or in other social contexts, but despite this does not feel particularly significant to anyone or needed. Feelings of having little to give to others emotionally, and difficulties in feeling appreciated, that others care about how one is and how one feels. “Blow, blow, thou winter wind,/thou art not so unkind/As man’s ingratitude.”)

3) Does not feel emotionally significant to anyone or needed.

(Does not feel liked, needed or appreciated by others. Feels replaceable, despite the fact that his work or other contributions may be essential. Feelings of having nothing to give emotionally and of being useless to others. Instead, feels like a helpless burden on others. Dependent on support and help from others in order to manage—“nobody cares if I live or die”.)

18. Access to advice and help

Attitudes that reflect the experience of having close relationships to turn to when in need of help.

1) Has someone to turn to when in need of help.

(Feels secure in having close relationships, e.g. family, relatives, friends, colleagues, who are relatively easy to turn to and who are willing to help out when necessary. This help may consist in someone who gives practical or economic help, advice, or merely listens.)

2) Counts on help, but only in truly difficult situations.

(Counts on help from close relationships in truly difficult situations, e.g. psychosocial crises or illness. Lack of security in relationships with others makes it difficult to ask for and expect help in other situations.)

3) Has no one to turn to for help.

(Has no close relationship to draw on when in need of help, whether it’s a matter of advice, practical problems or economy. Has only social welfare organizations, health care or other institutions to turn to for help in such situations.)

19. Personality organization

The long-term and relatively stable ways of experiencing and relating to inner and outer reality, i.e. the personality organization, is determined by the degree of differentiation and integration of the internalized object relations. Differentiation in this context the ability to distinguish self from non-self and inner fantasy from outer reality, a prerequisite for reality testing. Integration in this context means the ability to experience simultaneously both oneself and others as whole persons with both good and bad qualities. Self and object constancy has been achieved, when integration remains relatively stable even in the face of frustration. This is a prerequisite for the ability to experience intrapsychic conflict and ambivalence.

Criteria for assessment of the personality organization are to what extent differentiation with a capacity for reality testing has been achieved and whether self and object representations are predominantly integrated and constant (stable identity) or not (identity diffusion). The defensive strategies are also assessed.

1) *Neurotic personality organization.* A good capacity for reality testing, stable self and object differentiation and stable identity. Internalized conflicts are describable in terms of intrapsychic and structural conflicts. Mature defenses predominate, e.g. repression reinforced by inhibitory and reactive defenses (reaction formation, isolation of affect etc.).

(Can see oneself and others in a relatively differentiated way. Experiences of internal conflict, ambivalence; “there are two sides to every question” and capacity for guilt feelings.)

2) *Borderline personality organization.* Capacity for reality testing with relatively stable self and object differentiation. However, the integration of self and object representations is not stable which leads to deficient constancy and to identity diffusion. Externalization of conflicts and their causes. Primitive defenses predominate, primarily splitting.

(Pronounced difficulties in simultaneously experiencing love and hate toward the same person, accompanied by a sense of inner conflict. Difficulty in experiencing continuous identity in oneself and in others, e.g. as in “as-if personalities”. Conflicting and often sweeping descriptions of oneself and others as completely good or bad. Often rapid shifts between such descriptions, without any awareness of contradiction or internal conflict.)

3) *Psychotic personality organization.* Loss of stable reality testing and of stable self and object differentiation. Deficient integration of self and object representations, which leads to identity diffusion. Primitive defenses predominate, e.g. Severe splitting and fragmentation of the internal world, de-differentiation and re-fusion of self and object representation.

(Delusions of a psychotic nature, hallucinations, loss of boundaries between self and object representations.)