XVIIth WORLD CONGRESS of the World Association for Dynamic Psychiatry

MULTIDISCIPLINARY APPROACH TO AND TREATMENT OF MENTAL DISORDERS: MYTH OR REALITY?

Book of Abstracts

MAY 14-17, 2014
St. Petersburg, Russia
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The congress topic Multidisciplinary Approach To and Treatment of Mental Disorders: Myth or Reality? is not a random choice and has its reasons. The V. M. Bekhterev Psychoneurological Research Institute could be considered as one of the main clinical and research institutions in Russia in the field of mental health. Its structure and departments spectrum allow to organize interdisciplinary cooperation in both research activity and treatment system including psychiatry, psychotherapy clinical psychology and neurology disciplines in the most optimal way. This approach was elaborated more than 100 years by world-famous scientist V. M. Bekhterev, who also founded the institute, it was always distinguished by biopsychosocial orientation, endeavors to use all available instrumental and laboratorv facilities for the experimental researches in psychoneurology, there was always a vivid interest to interdisciplinary studied, the training and organizational activity was also at a very high level with the aim to create a group of specialist sharing the same scientific paradigm.

Active international collaboration for many years gave the institute the opportunity to be at the head of scientific work, to introduce without retardation modern research results in the clinical practice. Since 1993 the institute works as WHO Centre in scientific research and training programs in the field of mental health.

World Association of Dynamic Psychiatry (WADP) since its foundation unites the professionals from different countries working in the field of mental health and sharing the holistic view and biopsychosocial paradigm in understanding, studying and treatment of mental disorders. It developed the humanistic approach putting patients identity in the centre of the therapeutic setting with the aim to reintegrate the sick person in the society and to provide best possible life quality. Since its foundation WADP make a great impact in introduction of the psychotherapy and organization of the therapeutic milieu in mental institutions. Their pioneer initiative is now considered as wide accepted “golden standard” therapy in mental health care services.

Multidisciplinary approach became recently one of the most discussable topics among the mental health scientists. This is quite understandable because of the financial difficulties that to different extent are experiencing all over the world and have their impact on the health care system, including mental health care services. The discrepancy between the costs of the every next generation of the medicines and their efficacy is constantly growing. We observe the regular appearance of the new very diverse approaches in the list of health care services. It is really difficult to define how valuable they are not comparing them with the already existing ones, especially when they belong to the different fields and specialties of the mental health care. At the same time national ministries of health care, insurance companies, patients themselves and their relatives make increasing demands and expectations to the quality of the provided mental health care services.

All these mentioned above, brings about the challenge for the elaboration of the integrated therapeutic programs, encompassing the most effective approaches from the different fields of mental health care system. Their efficacy should be proved by the means of the evidence based medicine. It is quite obvious that development of such programs can be successful only as a result of constructive discussion of the representatives of all disciplines of mental health system – psychiatrists- professionals of the in and out-patient and ambulance care units, psychotherapists, clinical psychologists, social workers and nurses.

In the literature one can already easily find the calls for joining this movement. The reports about its successful appearance appear. Nevertheless they are far away from becoming the standard of practical mental health service, where the managed care reigns. The complexity of the establishment of mutual understanding and common language among the participants of multi-professional teams is evident. This causes the doubts in realness of the determined goals and question multidisciplinary approach is a coming true reality or however is a myth?

I hope that this congress will give the opportunity to its participants to have a really fruitful discussion and to improve mutual understanding and to achieve a new level of integration on this very actual, interesting and practically meaningful topic.
Multidisciplinary approach to and treatment of mental disorders: Myth or reality?

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Jersey City, NJ, USA
Budapest, Hungary

Introduction: Schizophrenia is a multifactorial disease requiring treatment that manages a broad spectrum of symptoms. Cariprazine is a dopamine D₃ and D₂ receptor partial agonist antipsychotic candidate with preferential D₃ receptor binding.

Objective: Evaluate the pharmacological/behavioral profile of cariprazine in animal models.

Aims: To determine the activity and receptor occupancy of cariprazine in rat models at doses that confer antipsychotic-like efficacy.

Methods: Cariprazine was evaluated in rat paradigms that model symptoms of schizophrenia, mania, and depression. Occupancy of cariprazine, aripiprazole, and risperidone at D₁ and D₂ receptors was also compared.

Results: Cariprazine showed antipsychotic-like efficacy on conditioned avoidance response and amphetamine-induced motor activity tests (ED₅₀: 0.8 and 0.1 mg/kg) with potencies similar to risperidone (ED₅₀: 0.9 and 0.2 mg/kg) and greater than aripiprazole (ED₅₀: 18 and 3.9 mg/kg). While all 3 compounds displayed high in vivo occupancy of D₂ receptors, only cariprazine displayed potent in vivo occupancy of D₃ receptors at antipsychotic-like doses (ED₅₀ [% inhibition]: cariprazine, 0.43 mg/kg [99.3%]; aripiprazole, >30 mg/kg [26.4%]; risperidone: ~2.3 mg/kg [53.4%]). At or below antipsychotic-like doses, cariprazine demonstrated antimanic-like, antidepressant-like, anxiolytic-like, and procognitive effects in rats. As determined using D₁ receptor knockout mice, procognitive and antidepressant-like effects of cariprazine were shown to be mediated via the D₃ receptor.

Conclusion: At antipsychotic-like effective doses in rats, cariprazine demonstrated balanced and significant occupancy at both dopamine D₂ and D₃ receptors; other antipsychotics displayed relatively low D₃ receptor occupancy. Additionally, at antipsychotic-like doses cariprazine demonstrated efficacy in different rat models of mania, mood, anxiety, and cognition.

A LICENSE TO INVENT: CREATIVE INTERDISCIPLINARITY

Aichner Ch., Aichner A.
Munich, Germany

Four eyes are better than two eyes, and eight eyes see more than four. This is the implicit promise of interdisciplinary approaches. It is also true, however, that too many cooks make for poor meals and mediocre results. Unfortunately, in medicine – and not only in medicine – interdisciplinary mediocrity is endemic. Due to its overarching concepts of “objectivity” and the
“reduction of complexity”, scientific interdisciplinarity favors the smallest common denominator: pre-existing disciplines matching pre-defined patterns. In our lecture we will examine two recent philosophic attempts to overcome these limitations. First, the field of Science Studies, with Bruno Latour and Isabelle Stengers as main contributors. Second, the work of Graham Harman and Levi Bryant as two proponents of the emerging movement of Speculative Realism and Object Oriented Ontology (OOO). This, so we hope, will not only lead to a more creative understanding of interdisciplinarity, but also throw new light on a number of key concepts: what’s the exact meaning of “dynamic” in Dynamic Psychiatry, or how can “multi-dimensionality” and “therapy oriented science” (Behandlungswissenschaft) be conceptualized and revitalized in a contemporary context.

SOME METHODOLOGICAL PROBLEMS OF THE RELIABLE ASSESSMENT OF THE CHANGES IN THE THERAPY

Aleksandrowicz J., Rutkowski K.
Kraków, Poland

The state of mind and consecutive behavior are mostly short-term phenomena and their changes are usually immediate. Moreover it is not easy to clearly indicate which of the changes are neutral, beneficial or harmful for the persons’ health. For both of the reasons the assessment of the changes observed during the psychotherapy sessions is difficult and thus the evaluation of psychotherapy process. Perhaps the changes of symptoms during the session could be the way to access the individuals’ modifications of the state of mind provoked by psychotherapy settings.

THE PSYCHODYNAMICS OF PSYCHOPHARMACOLOGY – HOW PSYCHOANALYTIC THEORY INFORMS BIOLOGICAL PSYCHIATRY

Alfonso C.
New York, USA

The application psychodynamic principles can facilitate effective treatment outcomes in general psychiatric practice. This presentation will address practical applications of psychodynamic theory to inform the practice of contemporary psychiatrists, by focusing on the standard of care world wide – brief medication management clinical encounters – in a variety of settings. The speaker will demonstrate how a psychodynamic formulation provides for a succinct conceptualization of a case, guides a treatment plan, and anticipates responses to treatment, regardless of treatment duration or brevity of the clinical encounter. He will address the interface of psychodynamic psychotherapy and psychopharmacology, describing how the relevance of the psychodynamics of pharmacotherapy rests in part with the recognition of the importance of establishing a therapeutic alliance, which could ultimately influence treatment adherence. Lastly, the presenter will demonstrate how psychodynamic principles (such as focus on affect and expression of emotion, exploration of conflicts, discussion of past experience and present interpersonal relations, transference and countertransference, and understanding the dynamics of the placebo and nocebo effects) can guide the prescribing practice of the general psychiatrist in different settings.

THE CONFLUENCE OF ATTACHMENT THEORY AND PSYCHOANALYSIS – IMPLICATIONS FOR BRIEF CLINICAL PSYCHIATRIC VISITS

Alfonso C.
New York, USA

Attachment theorists operationalized Freud’s hypothesis that “the infant-mother relationship is established unalterably for a whole lifetime as the first and strongest love-object and as the prototype of all later relationships”. This presentation will review principles of attachment theory to understand how it can inform the practice of general psychiatrists. A review of observational and research studies will show that disruptions in secure attachments during the critical period of infancy lead to ineffective relationship styles and psychopathology (in the absence of protective factors) later on in life. Psychotherapy interventions can repair disruptions and help “earn” secure attachments, since the determinants of secure attachments are similar to elements common to all psychotherapies: sensitivity to needs, anticipation of distress, availability, attunement and responsiveness. Attachment processes
in psychotherapy move from expectant, exploratory, to affiliative modes when danger no longer seems imminent, anxiety dissipates, safety and security build ego strength, ultimately leading to greater capacity for mentalization and behaviors characterized by cooperation and prosocial endeavors. The presenter will review recent research studies that suggest that some insecure attachment styles correlate with non-adherence to medical care, and discuss clinical implications in the context of health care delivery via brief psychiatric visits to persons with complex illness in dense, underserved areas.

COUNTERTRANSFERENCE IN PSYCHOSOMATIC MEDICINE CLINICAL SETTINGS-IMPLICATIONS FOR PSYCHIATRIC TREATMENT OF PERSONS WITH ACUTE, CHRONIC AND CATASTROPHIC MEDICAL ILLNESSES

Alfonso C.
New York, USA

Dynamic factors are inherent in the interactions between doctors and patients. At times, interpersonal tension contributes to conflict and may negatively impact clinical care. Examining the multidimensional aspects of countertransference in a general hospital setting could prove useful in understanding psychological dynamics between patients and healthcare providers, as well as amongst collaborating providers themselves. Liaison psychiatrists are implicitly expected to consider and recognize countertransference when offering clinical recommendations in the psychosomatic medicine service. The presenter will give a brief historical review of how our understanding of countertransference has changed over the last century, and provide clinical vignettes illustrating the vicissitudes of liaison work. Group dynamics in hospitals can be elusive and complex, and collaborative multidisciplinary interventions need to be carefully coordinated in order to protect patients from undertreatment, delayed care, dangerous enactments and failure of empathy.

PERSONALITY ASSESSMENT ACCORDING TO EYE EXPRESSION AND FACIAL MIMICRY

Alpatyeva Y., Bulycheva E., Trezubov V.
St. Petersburg, Russia

The aim of this study was to examine personality characteristics of 105 dental patients (49 men and 56 women aged from 16 to 70 years) with masticatory and vocal apparatus pathology and their dynamics under the influence of combined treatment.

The survey included detailed interview with patient, study of life and disease history. Before and after dental examination all the patients filled in Eysenck and Spielberger-Khanin questionnaires and were assessed by special simplified system for personality characteristics evaluation by individual eye expression. The proposed system is a qualitative assessment of eye expression and facial mimicry that describes personal internal emotional state. It is performed during 2-3 minutes and is differentiated by criterion-rank scale. The used criteria characterize seven different emotional states in ascending order: “gloom”, “despondency”, “sadness”, “balance”, “elation”, “joy”, “enthusiasm”. Positive emotional criteria were assigned by scores from +1 to +3. Negative criteria were assigned a score from -1 to -3.

This attitude makes it possible to follow the dynamics of emotional state of a patient visiting dentist by regular noting in outpatient evaluation map scores of eye expression. The advantages of this method are: its simplicity, interactivity, small time costs, efficiency and accuracy.

In patients study in terms of “extraversion – introversion” by Eysenck questionnaire it was revealed that the largest number of patients were ambiverts (31 person or 29,5%) representing intermediate position between extraversion and introversion groups. Twenty seven patients (25,7%) tended to introversion, 25 patients were introverts (23,8%). Eleven patients (10,5%) tended to extraversion.

The survey results in terms of “emotional liability – stability” showed that tendency to emotional stability was observed in 21 patient (20%), stability in 18 patients (17,1%). The number of patients with tendency to stability slightly increased after treatment up to 26 person (24.7 %) and the number of patients with full stability reached the level of 23 person (21.9%).

In addition both scales of personal and reactive anxiety were applied.
High level of personal anxiety in results of Spielberger-Khanin questionnaire was observed in 46 patients (43.8%), average level – in 41 patients (39%) and only in 17 patients (16.2%) – low level.

High level of personal anxiety remained after treatment in 40 patients (38.1%), average level was defined in 42 patients (40%) and low level was defined in 23 patients (21.9%) instead of 17 in the beginning.

According to the data received no significant reduction (t=1.1; p˃0.05) in level of trait anxiety from (40.7±2.5) points before treatment to (36.3±2.9) points after treatment was detected. It was quite natural and expected as trait anxiety is relatively stable and mainly constitutional given individual characteristic.

Results of patients’ examination by scale of reactive anxiety showed the following: high level of reactive anxiety was observed in 60 patients (57.1%) in this group, average level – in 31 (29.5%), low level – in 14 patients (13.3%).

After treatment high level of reactive anxiety remained in 33 patients (31.4%), average level – in 45 patients (42.8%) and low level – in 27 patients (25.7%).

The patients were also tested by seven levels of “Internal Emotional State by Eye Expression Scale”: “gloom”, “despondency”, “sadness”, “balance”, “elation”, “joy”, “enthusiasm”. The data revealed prove significant changes (t=2.44; p˃0.05) in patients’ emotional state from (3.6±0.56) points before treatment to (5.3±0.41) points after treatment.

During initial patients’ examination by eye expression and facial mimicry the “gloom” emotional state was observed in 15 patients (14.3%), despondent – in 23 patients (21.9%) and sad – in 21 patients (20%). After the treatment the number of patients with gloom eye expression decreased significantly – up to 4 patients (3.8%), with despondent – dropped to 8 subjects (7.6%) and with sad expression – to 6 patients (5.7%). The number of patients with neutral (balance) emotional state by eye expression was the same before and after the treatment – 30 patients (28.6%). The “elation” emotional state by eye expression and facial mimicry was observed before the treatment in 8 patients (7.6%), joyful – only in 3 patients (2.86%) and enthusiastic – only in 5 patients (4.76%). After the treatment the number of patients with elevated emotional state increased significantly – up to 19 patients (18%), with joyful state – increased to 22 patients (20.9%) and with enthusiastic emotional state changed to 16 patients (15%).

It should be noted that combined treatment of dental patients with masticatory and vocal apparatus pathology was accompanied by patients’ emotional state dynamics improvement that was confirmed by clinical and psychometric examination and changes in patients’ eye expression. It indicates the accuracy and validity of the proposed personality characteristics evaluation system by individual eye expression.

Thus we can say that the proposed tool for quantitative and qualitative evaluation of eye expression as indicator of personality emotional state can be an additional to regular means of psychological diagnostics that may improve clinical examination.

THE SIGNIFICANCE OF A CREATIVE LIFE
STYLE OF THE PSYCHOTHERAPIST
FOR SUCCESSFUL TREATMENT

Ammon M.
Berlin, Munich, Germany

The relationship quality between therapist and patient is the most important predictor of effectiveness in psychotherapy. Two central determinants of relationship quality are the personality and way of life of the therapist. A therapist whose personality and way of life reflect his resources and his creativity is able to function as a significant role model for the development of his patient. This is of special importance for patients who suffer from early disturbances of ego development and impairments of psychic structure. A creative lifestyle of the therapist may inspire creativity in the patient and may facilitate the patient’s task of belated development of ego functions in the process of psychotherapy.

FROM DEVELOPMENTAL STAGNAITION
TO FLEXIBILITY. A CHALLENGE
FOR A MULTIDISCIPLINARY TREATMENT
CONCEPT IN DYNAMIC PSYCHIATRY

Ammon M.
Berlin, Munich, Germany

The integrative model for psychiatric-psychotherapeutic treatment in Dynamic Psychiatry comprises multidisciplinary features and approaches: The integrative centre is the holistic view of a person as an
individual human being, influenced by the dynamics of the surrounded groups. The author will present the theoretical conception of human development and the therapeutic conception and intervention methods of Dynamic Psychiatry as an integrative treatment concept. This will be demonstrated by verbal and non-verbal approaches. The integrative moments are of special interest not to become an eclectic approach.

Since Günter Ammon considered the eclecticism especially within the psychiatric, psychotherapeutic and psychosomatic treatment as a great problem for the treatment of personality disorders in particular, he always intended - on the background of his multi-dimensional-integrative research and treatment approach - to integrate the newest results from the interdisciplinary research into the treatment of psychiatric patients.

DYNAMIC PSYCHIATRY – AN INTEGRATIVE PSYCHIATRIC-Psychotherapeutic Concept
Ammon M.
Berlin, Munich, Germany

The author lines out the history of Dynamic Psychiatry starting from the 19th century to the present integrative concept of Günter Ammon. The integrative model for psychiatric-psychotherapeutic treatment comprises the following features and approaches: Holistic view of a person as an individual human being, influenced by the dynamics of the surrounded groups. The author will present the theoretical conception of development, with the personality structurology as a central integrative model. The therapeutic conception and intervention methods of Dynamic Psychiatry as an integrative treatment concept will be demonstrated as verbal and non-verbal approaches.

GENERAL PSYCHOSOMATIC MEDICINE OR THE LOSS OF THE CORE OF BEING
Bast S.
Berlin, Germany

The author presents a survey of the schools of learning in the field of modern psychosomatic medicine.

The special psychosomatic field with the causes of specific psychosomatic illnesses like headaches, circulation ailments, stomach/intestinal disorders, asthmatic bronchitis, eating disorders, sleeping disorders, sexual disorders, rheumatism, diabetes mellitus and skin diseases are presented.

With psychosomatic medicine in particular, a special personality type is sought or for a particular trigger situation. One delves into the childhood case history and the biography, into the characteristic drives and the character problems for the individual disease.

A COMPREHENSIVE THERAPEUTIC APPROACH TO MENTAL DISORDERS – REALITY OR WISHFUL THINKING?
Battegay R.
Basel, Switzerland

In his “Introductory Lectures on Psychoanalysis” (Vol. XVI, S.E., pp. 440-463) Sigmund Freud describes his view of the difference between hypnotic treatment and psychoanalytic therapy: “Hypnotic treatment seeks to cover up and gloss over things in mental life; analytic treatment seeks to expose and get rid of something”. Freud was conscious of the fact that the method he had introduced would someday be revised. In Vol. XVII of his Complete Works (pp.139-144) he writes that since the 16th century humanity has experienced three major blows: First, the discovery that earth is not the center of the world by Copernicus. Second, in the 18th century the research of Darwin, who found that the human being in both physical structure and mental procedure descend from other animals. The third blow occurred with psychoanalysis, which proved that human beings are also dependent on their unconscious. But at the turn of the 20th to the 21st century came a further blow, the fourth, by the Nobel Prize winner Erich R. Kandel and his coworkers, who found that mind and body cannot be separated. Nevertheless, psychoanalysis remains in practice to this very day, listening to the words and observing the emotions and the movements of a client's body.

Günter Ammon (1973) and Friedman and Downey (2012) wished to partially change of the name of psychoanalysis to dynamic psychiatry as a way to direct attention to psychodynamic procedures. In a world in which both parents work and often surrender their
children for many hours every day to a kindergarten, children often receive too little emotional attention. Many psychoanalytic authors have concentrated their interest on the self and on narcissism. Rarely does the analyst fail to notice early enough his countertransfer-ence and is satisfied acting as a symbolic mother or fa-ther. Rather an analyst should always be able to remain conscious of it and help the analysand to gain more au-tonomy in life. If not, “therapy” serves only the pur-pose of “wishful thinking” for both the analyst and the patient.

THE NARCISSISM IN CONTEMPORARY SOCIETY. THE IMPLICATIONS FOR INTERPRETING THE PSYCHOLOGY OF ART

Battaglini I.
Florence, Italy

One of the contributions of the psychology of art lies in illuminating the path that leads to the discovery of the complex dynamics that govern the relationship between Art and Psyche. If the creative process is realized with the presentification tangible or perceptible a work called just “artwork”, by one or more authors, the dynamic psychology does not shirk the task of investigating the links that underlie the psyche of the contemporary authors and their talent. The technique, the need for expression and communication, the body in movement and language, metaphorical thinking and clairvoyance of the artist, are all elements that are included in the largest and most fascinating aesthetic experience, are confronted with the problem of escape of God from the temple: the pursuit of beauty has given way to anxiety over limit, in a pursuit of the artistic act exasperated understood in a phenomenological sense, aesthetic, pragmatic, which inevitably requires the folding of man on himself, plagued by a pervasive feeling vacuum and a serious disqualification of the “Self” in favour of the “Ego”. The psychology of art can make use of “pensiero immaginale”, of the archetypal psychology and of the philosophical investigation to understand the nature social and narcissistic of the contemporary art. Starting from the work of Picasso and Duchamp, passing Cy Twombly, Andy Warhol, Lucio Fontana, we can reflect on how the sharp emotion applied to the coldest contemporary art forms (kinetics art, performance, body art), not is the result of a lust of money, visibility and presenteeism, but the consequence of a certain condition: the narcissistic wound of form in favor of the superegoic and uncontested domain of the mediatic metaphor.

MOTIVATION, EMPATHY, AGGRESSION: HOW NEUROBIOLOGY ADDS TO OUR UNDERSTANDING OF THE PSYCHE

Bauer J.
Freiburg, Germany

Joie de vivre and motivation – i.e. the willingness to put in efforts to reach attractive goals – are not just mental phenomena. A prerequisite for feeling motivated is the outlook of being rewarded with a burst of neurotransmitters (dopamin, endogenous opioids, and oxytocin) that generate “pleasurable sensations”, as Charles Darwin put it. Studies have shown that the most important stimuli for activating the motivation systems, which reside in the midbrain, are interpersonal appreciation, social acceptance and social affiliation. This is why motivation cannot develop, at least in the long run, without experiencing sufficiently sound interpersonal relationships. But what is at the core of what we call an interpersonal “relationship”? At the center of any relation lie processes of mirroring and resonance which have their neurobiological correlate in the mirror neuron system and enable humans to empathize with others. – Humans are not per se “good” just because they are able to empathize and are (motivationally) driven towards earning recognition and appreciation. Yet, the source of interpersonal aggression and violence is not the aggression drive as Sigmund Freud postulated. Such an instinct does not exist: from the “perspective of the motivation systems” unprovoked aggression is not rewarding for persons of average (i.e. non-psychopathological) mental health. – Inflicting pain is the most reliable stimulus for eliciting aggression. The observation that the neuronal pain matrix is not only activated by physical pain but also through social exclusion and humiliation, was a breakthrough towards understanding human aggression. For further readings, see Joachim Bauer: “Das Gedächtnis des Körpers” (Piper TB); “Warum ich fühle was du fühlst” (Heyne TB); “Prinzip Menschlichkeit” (Heyne TB); “Schmerzgrenze” (Heyne TB).
Multidisciplinary approach to and treatment of mental disorders: Myth or reality?

The Myth of Facebook. Relationship between psychology, addiction and technology

Benelli E.
Prato, Italy

For the British the term addiction results in two meanings: in the first one, “Dependent”, the subject is physiologically dependent, as is the case of substances such as alcohol, drugs, tobacco; in the second one, “Addicted”, the addiction is psychological. Addicted descend from the Latin word “adicere”, which means “slave to debt.” But what kind of debt have to pay the new addicted? Or rather, what kind of condition of inferiority leads them to be addicted? Debts, obviously, have always influenced the human being to live in a condition of inferiority relative to the debtor, who can be, from time to time, represented by a person, an object, an ideal of behavior.

According to E. Fromm the real problem of modern society is the lack of autonomy: the man depends pathologically on an entity considered superior, which induces him to be a slave; the man is a human being lacking, who can’t accept the condition of “absence” and the sharing of it with others, and so he researches desperately something that can compensate his emptiness. Fromm died in the 80’s when the new addictions began to show only in the USA, but recently the phenomenon has spread rapidly in all countries, quickly affecting every social class, from younger to older, from richer to poorer. In his book “Escape from Freedom”, he highlighted how the escape from themselves and from others and the feeling of complete isolation and loneliness, leads to mental disintegration. Therefore the “issue of not-being” is crystallized on escape. Let’s think about the isolation of people addicted to the internet, to social networks, to solitary purchasing of compulsive buyers, to the gambler who imprisons his eyes only on the outcome of his game. This is what comes to light, but if we explore the “addiction on who and what” the reality changes.

New addictions lead people to be addicted to experiences and situations that may modify mood and feelings, they are constantly stimulated by our society since they submit to economic laws of gain, but compared to substance addictions, new addictions have paradoxically a specific characteristic: they illusorily respond to the deep need “to be part of ... to be considered by ...”. When the individual agrees to cure himself of addiction, he also agrees to recognize the impossibility of being what we have aboved mentioned as “desire of the other”, he also accepts the anguish of his childish and dependent condition and he experiences the dark, with no false certainties, of who doesn’t receive the necessary approval to feel “essential”.

The Analytic Psychodrama, carried out at PoloPsicodinamiche in Prato and at the “Hotel Byron” in Forte dei Marmi during the summer of 2013, has been tested in psychological addictions and offers an innovative approach to the treatment of new addictions. In the psychodramatic play vision becomes the fundamental element: the speaker, that is the participant who expresses himself, looks and is looked at in a dimension of truth and recognition. The individual with the new addiction, so desirous to a social confirmation, realizes the “Not-Self”, that is the impossibility to get something for someone by means of destructive and alienating behaviors.

The Significance of Therapeutic Theatre in the Process of Psychotherapy of People Suffering from Schizophrenia

Bielańska A., Cechnicki A.
Kraków, Poland

This presentation was prepared by the Cracow Schizophrenia Research Group. The presentation details the story of a person with diagnosis of schizophrenia and the treatment process. The author analyses recovery process in view of the patient’s participation in various modes of therapy and rehabilitation, with special emphasis on the several years long participation in the therapeutic theatre and individual psychotherapy. The author presents work with the body, emotions and relationships in the theatre group. That group, by creating a specific type of therapeutic community oriented toward a common goal of staging a performance, developed a safe environment, in which the patient could confront her desires and fears prohibiting her from following those desires. The presentation is illustrated with a 4-minute film showing “emotions on the stage” in “Midsummer night’s dream” by Shakespeare performed by the theatre group. The description of the therapeutic relationship, emerging transference and counter-transference, focuses on the development of
her identification with a feminine role and undertaking of subsequent social roles. On one hand this story is an example of the efficacy of non-standard modes of treatment of a person with psychotic disorder and persistent symptoms, on the other, it is an example of her personal development.

THE PROCESS OF A GROUP DYNAMIC STUDY GROUP AS REFLECTED IN GROUP DREAMS

Bihler Th.
Munich, Germany

The presentation investigates the concept of “group dream” theoretically and by means of a case study. First a survey of different concepts of “group dreams” and of controversial issues in the literature is given. Then an own case study is reported. It will be demonstrated, that the unconscious process of a group dynamic study group was clearly reflected in the dreams which the participants narrated in the group. The dream narratives constituted on the other hand a dynamic force which reinforced the group dynamic process and pushed it further along. Dream narratives also proved to be a means of communication between members of the group, often over long periods of time.

TESTING REALITY AND REALITY TESTING IN GROUP TREATMENT AND SETTINGS (AND ELSEWHERE)

Billow R.
New York, USA

Testing reality and reality testing represent two fundamental responses to the drive to know and to tasks of learning. They may be studied via focus on the individual, the dyad such as a couple or psychotherapy relationship, a group, or even, the behavior of nations.

Testing reality, in my opinion, is the decisive decision regarding emotional and intellectual engagement. Regard the infant, who “tastes” reality with its eyes, and when able, with its arms, hands, and mouth, attempting to pull experience towards itself. The infant spits out and turns away from “bad reality,” or may register panic, freeze up, and withdraw.

Whereas testing reality involves approaching and tolerating reality without coming to solutions, reality testing involves approaching, defining, and solving problems. In terms of co-participation, testing reality and reality testing require different tactics and techniques, whether one functions parentally in the nursery of the young child, therapeutically, or politically. The organizing role of the other in testing reality may involve a predominance of nonverbal “bonding,” encouragement, accommodation, and negotiation. In fostering reality testing, the leader educates and provides verbal inducements: challenge, surprise, confrontation, negation, and interpretation.

ANTI-RELAPSE BEHAVIOR: EXPERIENCE OF COLLABORATION OF PROFESSIONALS AND PERSONS WITH MENTAL HEALTH PROBLEMS

Bokhan N., Vladimirova S.
Tomsk, Russia

Background: Purpose of the research was to identify possibilities of clinicians and mentally ill persons in system of psychiatric care in order of formation of anti-relapse behavior in mental health service users. Speaking about prevention of mental health problems, we should pay attention to secondary prevention, formation of anti-relapse behavior, support of positive behavior and thought. It is important to prevent relapses in mental patients and in order this need to appear, patients should be shown that they can feel well, think clearly receiving appropriate medication. The patients should be taught to follow-up their condition, correctly assess it and understand what changes in their state may be caused by interventions of the psychiatrist, psychotherapist and other members of their medical and personal environment.

Material and methods: Clinical-dynamic and follow-up methods were used for assessment of opinion of mental health system users regarding necessity of establishment of community services which task education of persons with mental health problems and their relatives must be. Questionnaire was developed, distributed and analyzed by the author of this presentation – user of mental health services during activities of Mental Health Research Institute on World Mental Health Day in 2010, 2011, 2012.
Results: Analysis of screening-questionnaire has shown that help in formation of anti-relapse behavior and social support are important both for patients and for their families because they are often isolated and hardly cope with challenge of poor mental health of ill family member. Needed by patients and relatives information was as follows: available medication, websites and organizations for mentally ill persons and their relatives, organization of leisure-time, advocacy of human rights of patients and their relatives.

Conclusion: Results will be presented by the second author of the presentation from the viewpoint of a user of mental health services. Working in system of mental health care, the authors considered thesis mentioned in title of the presentation from various sides: society, patients, and medical staff. Experience of collaboration with professionals and people with mental health problems in different life situations has led to the understanding of possibilities of these three sides of collaboration team in broadening of influence of world activities directed at strengthening of mental health of society, mentally ill persons and their families, in Russian Federation.

MILIEU THERAPY WITH BORDERLINE (BL) ADOLESCENTS: A PSYCHOTHERAPY THROUGH THE “ENVIRONMENT”?  
Botbol M.  
Brest, France

We propose to show in this presentation how, for reasons linked to the psychopathological organization of Adolescents’ BL disorders, a communautary treatment “through the environment” will, most of the time, be more efficient with these patients than a classical psychoanalytic psychotherapy.

This does not mean that psychoanalytical therapies are of no use in such cases. It means that only a very small part of these patients will truly benefit from that kind of treatment, especially during the adolescence a developmental period in which the borderline diagnosis is often evoked.

In such clinical organization a treatment “through the environment” can be conceived as an extreme adaptation of the psychoanalytic setting. This adjustment takes into account the psychopathological characteristics of these borderline organizations, particularly their preferential defense systems through acting and “spacialization”.

After a brief reminder of the borderline psychopathological characteristics from a psychoanalytical point of view a vignette will show how milieu therapy allows the therapeutic team become the patient’s “widened psychic space” when the staff members by lend their thoughts and their imaginary abilities to make up for the patient’s disability to bear or elaborate its conflicts in its own inner space.

ANALYSIS OF THE TRANSGENERATIONAL DIMENSION IN A FAMILY PATHOLOGY  
Bruschi F.  
Italy

This work deals with the theme of the transgenerational theory studied by various Italian and foreign authors who, through their clinical research and theoretical studies, confirmed that it reveals itself in the individual mind and in family groups. If anything, what the various authors tend to highlight is that it could be expressed at two levels: intrapsychic and interpersonal; that is, through an adhesive identification process in a family space of symbiotic relationships, of induction, suggestion and psychic contagion. The clinical work that is reported here is the result of a collaboration between colleagues which took charge of an adolescent and her parents respectively. It tends to demonstrate how this dimension shows more frequently than one might think, in a complex pathological form with our patients and their families.

SPIRITUALITY AS A RESOURCE IN PSYCHOTHERAPY  
von Bülow G.  
Berlin, Germany

The usual ‘biological-psychological-social model’ is more and more replaced by a ‘biological-psychological-social-spiritual model’ of health and illness. There are many empirical studies which come to the conclusion that spirituality has a mainly positive effect on the course of an illness in general and on the devel-
development of psychic health in particular. “Spirituality” will be defined and illustrated by statements of patients of an indoor psychoanalytic practice. Trust and imper turbability will be encouraged by a – constructive – spirituality. Here the question arises on the relationship between trust in people and trust in a comprehensive, transcendent dimension, capable of giving meaning to life. The last ground of being can become transparent in human relations where someone feels accepted and mirrored as a unique person, experiencing narcissistic gratification as well as challenges.

SPIRITUALITY – RESISTANCE OR RESOURCE IN PSYCHOTHERAPY?

von Bülow G.
Berlin, Germany

Religious belief and spirituality may either promote personal development or contribute to its deformation – depending on the prevailing view of God/the transcendent unity and (human) life. The workshop will invite its participants to discuss the topic on the basis of case vignettes.

“MULTIDISCIPLINARITY” FROM THE VIEW OF DYNAMIC PSYCHIATRY – WHAT DOES IT IMPLY?

Burbiel I.
Munich, Germany

The author reflects this question -against her background of thirty years of experience as an in-patient practising psychological psychotherapist- on the example of the Dynamic-Psychiatric Hospital Mengerschwaige. The Hospital Mengerschwaige bases its multi-dimensional psychiatric-psychotherapeutic work on the analytic-group dynamic- and therefore systemic principle. Thus staff and patients of the hospital are daily challenged with multidisciplinary and multimodal demands.

Based on theoretical considerations about the necessary preconditions of such a ‘multidisciplinary approach’ its implementation will be discussed. In the hospital’s everyday life this realisation process has to be put into effect anew on a daily basis. This takes place through group dynamic- and self-reflective processes within various groups of the clinical system as for instance the regular group-dynamic sessions of the team. By means of a case study it will be discussed what essential significance this self-reflective work has for a successful psychiatric-psychotherapeutic treatment of seriously mentally ill patients.

SOLVING A GROUP CONFLICT IN ANALYTICALLY ORIENTED DANCE THERAPY BY GROUPDYNAMIC INTERVENTION. A CASE-STUDY

Burbiel I.
Munich, Germany

Dance therapy is a successful nonverbal facet of the therapeutic network of Dynamic Psychiatry in addition to the predominantly verbal individual and group psychotherapy. The author’s concern is to show, how a so called committer-victim conflict, which had been developed in a dance session, can be worked through and finally solved by means of group dynamic processes within verbal a group conflict. The fear to be excluded from the group, experienced by committer and victim likewise, as well as the experienced sense of shame and guilt can be diminished in this way.

EFFICACY AND SAFETY OF CARIPRAZINE IN PATIENTS WITH ACUTE MANIC OR MIXED EPISODES ASSOCIATED WITH BIPOLAR I DISORDER

Calabrese J., Sachs G., Lu Kaifeng, Debelle M., Laszlovszky I., Durgam S.
Cleveland, OH, Boston, Jersey City, NJ, USA Budapest, Hungary

Introduction: Cariprazine is a potent dopamine D3 and D2 receptor partial agonist with preferential binding to D3 receptors.

Objective: Summarize data from two Phase III, randomized, double-blind, placebo-controlled, flexible-dose, 3-week trials of cariprazine 3-12mg/d (NCT01058096) and cariprazine 3-6mg/d or 6-12mg/d (NCT01058668) in adults with bipolar I disorder and acute manic or mixed episodes.
Aims: Evaluate the efficacy, safety, and tolerability of cariprazine in mania associated with bipolar I disorder.

Methods: Primary and secondary efficacy parameters were change from baseline to Week 3 on the Young Mania Rating Scale (YMRS) and Clinical Global Impressions-Severity (CGI-S), respectively, and were analyzed using a mixed-effects model for repeated measures.

Results: Randomized patient populations: 312 (NCT01058096; 154 placebo, 158 cariprazine 3-12mg/d) and 497 (NCT01058668; 161 placebo, 167 cariprazine 3-6mg/d, 169 cariprazine 6-12mg/d). Improvement from baseline to Week 3 on YMRS was significantly greater for each cariprazine group vs placebo (P<0.001): least square mean difference (LSMD) was -4.3 (3-12mg/d), -6.1 (3-6mg/d) and -5.9 (6-12mg/d). For each cariprazine group, significantly more patients met YMRS response and remission criteria vs placebo. Cariprazine also was significantly superior to placebo on the CGI-S: LSMD was -0.4 (3-12mg/d, P=.0027), -0.6 (3-6mg/d, P=.001), -0.6 (6-12mg/d, P=.001). The only common cariprazine-related TEAEs (≥5% and twice rate of placebo) that occurred in both studies were akathisia and tremor. Changes in metabolic parameters were small and similar to placebo in both studies.

Conclusions: Cariprazine was effective and generally well tolerated in the treatment of bipolar mania.

PSYCHOTHERAPY OF PEOPLE SUFFERING FROM SCHIZOPHRENIA. FROM THEORY TO PRACTICE

Cechnicki A., Bielańska A.
Kraków, Poland

The author attempts to find a key to understanding psychosis and formulate suggestions for everyday therapeutic work in a recovery oriented treatment program in Kraków. He emphasizes the importance of the therapeutic relationship and bonding with the patient on the road to a common world. In this process, the patient comes closer to us and helps us to know ourselves better. The author describes a therapeutic approach to stimulate the healing process and reiterates the 40-year-old practical recommendations of Professor Antoni Kępiński, who advocated individual treatment for each patient, and encouraged teaching patients to manage their own treatment while treating them as experts in their own experiences. The author believes that psychiatry should return to this humanistic approach in the spirit of Kępiński and deepen its sensitivity to the fundamental needs of patients and their families.

We, as therapists of schizophrenia sufferers, have to be able to unite two perspectives. On the one hand we have to be prepared to immerse ourselves in the inner world of the patient and to accompany him in his illness. We also have to posses the skill of acceptance and genuine interest in the patient. We need to at least attempt to understand and make sense of patient’s experiences, and bring order to his inner chaos. This is possible by being present without acting hastily, and being attentive above and beyond the whole system of social engineering. At the same time, the therapist must also be sensitive to the real problems experienced by our patients and their families. These include homelessness, unemployment, empty days, loneliness, pauperisation in a world of consumption, their social niches damaged by the ubiquity of commercialization, lack of or damaged family and social bonds (and even enmity and rejection), the stigma, compounded by a basic lack of knowledge about the disease and its treatment, burnout in the healthcare teams in charge of treatment and the burden and overload of the family that bears the brunt of care. Are individual therapists, therapeutic teams and institutions able to bring together and integrate these two, so often divided, perspectives?

The presentation includes a 7-minute film (in Russian).

This study was conducted by the Cracow Schizophrenia Research Group

MANUALISED MUSIC THERAPY: THE RESEARCH AND DEVELOPMENT OF AN INTEGRATED MODEL FOR MULTI-DISCIPLINARY TREATMENT PATHWAYS

Compton S.
Nottinghamshire, Great Britain

There are no large scale quantitative or qualitative studies into the clinical effectiveness of Music Therapy for men and women who have committed violent offenses and who are residents in secure hospital settings. This Patient group have particular needs with
regard treatment through which both they and their care teams can feel safe from the risk of harm. A form of music therapy has been developed in the United Kingdom following medical research guidance (Campbell 2009). This model is aimed to be compatible to concurrently delivered cognitive, psychosocial, educational and occupational therapeutic treatment interventions. In high security hospitals these interventions are integrated into structured multi-disciplinary treatment pathways. This presentation will demonstrate how improvised music delivered within a structured clinically tested manual, (Compton Dickinson 2013) contributes to the overall multi-disciplinary treatment programme and how interpersonal relating abilities change compared to standard multidisciplinary care alone.

**The Use of Psychometric Tools in the Assessment of Changes in the Process of Therapy**

*Cyranka K.*, *Mielimąka. M.*

*Kraków, Poland*

There are various psychological measurers used in the assessment of the process of change in therapy. The aim of the presentation is to discuss methodological problems and difficulties that arise during the analysis of data provided with the use of such tools, for instance CORE-OM, OQ-45, MMPI-2 and others. The analysis was performed from the perspective of benefits and limitations on the basis of the available research data and the authors’ experience.

**Indigo-Study-Group, Workshop About Discrimination of Mentally Ill People in Their Daily Life Worldwide**

*Decker P.*

*Munich, Germany*

**Methods.** A Cross-sectional survey conducted by face-to-face interviews between research staff and 732 participants with a clinical diagnosis of schizophrenia in 28 countries, using the Discrimination and Stigma Scale (DISC), translated into the local languages.

Discrimination can lead to under-treatment, material poverty, and to social marginalisation.

**Findings.** Rates of experienced discrimination are relatively high and consistent across countries. Unexpectedly, in two of the most common and important domains (work and personal relationships) the anticipation of discrimination occurs more often without than with the prior experience of such actual discrimination.

**Rewiring the Brain with Music (Enhancement of Stroke Recovery by Music)**

*Demarin V.*

*Zagreb, Croatia*

Music and medicine were strongly connected throughout the history. It was used already in ancient Greece as a cure in mentally ill patients. We are now witnessing its use in many different fields of medicine as a consequence of positive scientific results, especially in neurology.

The connection of musical sounds and the brain functions is a major challenge of modern neuroscience. It has long been proven that music has a psychological effect on human beings, including induction and modification of cognitive states, moods and emotions. Brain activity, metabolism and blood flow are closely linked. Cognitive activation leads to metabolic changes in specific cortical centres. Consequently, any change in cognitive cortical activity reflects in blood flow velocity. This is especially important in patients recovering from stroke. Thus any improvement in blood flow through the brain during rehabilitation period is a major contribution in stroke recovery. One of the possible attributing factors to enhancement of stroke recovery is incorporating music listening to the therapy, affecting cognitive, mood and motor recovery.

**Psychotic Processes in Forensic Institutions**

*Doctor R.*

*London, Great Britain*

In the paper the authors illustrate how they have developed the contribution towards the psychoanalytic understanding of psychosis and in particular the concepts of psychotic and non psychotic parts of the
personality. With in the Forensic institutions the psychotic parts of the personality can be so in the ascendancy that little communication is possible with the non psychotic part of the patient. These situations are often beyond words and containment might have to involve limit setting in the form of physical boundaries and the use of seclusion. The paper’s intention is to show how meaning can be created for staff even when this is beyond the patient’s grasp and how through the use of reflective practice we can help the MDT staff to recover their equilibrium and move towards a more integrated picture of the patient and allowing the staff to become more available to their patients as containing objects.

CERTAIN ASPECTS OF LEADERSHIP AND EMPLOYEES’ PSYCHOLOGICAL DEVELOPMENT IN WORK ORGANIZATIONS

Fehér J.
Budapest, Hungary

The aim of this paper is to describe certain characteristics of the leadership context to employees’ psychological development, and to offer an interpretation of some of the respective leadership concepts in a Dynamic Psychiatric framework. Following Günter Ammon’s theory individuals through their lives are involved in a process of mutual social energetic exchange within their groups. Leadership is a group function and, as such, acts—under constructive interpersonal dynamics—as an essential, dynamic source of social energy being vital for the group members’ on-going identity development. Work-organizational leadership environments represent a unique combination of potential development factors for job holders. Therefore the leader-follower relationship in work organizations offers special opportunities for the development of the identity of employees. Within the leadership theories of the past decades the ‘New’, and as major part of it, the so called ‘Transformational’ Leadership has been most influential. Its concepts call for individual changes like a ‘deeper consciousness of goals and higher level of aspirations’, a ‘better balance between common and self-interests’ and other key human characteristics. Transformational Leadership deems to treat employees as ‘full-human beings’ (Northouse), for which idea a support and enrichment by insights from and deeper considerations involved in Dynamic Psychiatric theories of social energy and identity can be suggested.

THE TREATMENT OF MENTAL DISORDERS.
THE IMPORTANCE OF DYNAMIC AND SOCIAL PSYCHIATRY. INTERVENTIONS IN THE ECONOMICAL CRISIS OF OUR DAYS

Ferreira A.
Lisboa, Portugal

The main theme of our Congress “Multidisciplinary approach and the treatment of Mental Disorders: Myth or Reality? rise a question that seems to be in mirror with the antipsychiatric points of view, developed in the sixties and seventies and, particularly, with its “myth theory” (Sasz and others). For these authors, mental disorders didn’t exist and were simple artifacts, created by psychiatrists, who didn’t find for them any physiological basis. The attempts done by them to substitute it by psychological and social conceptions were not accepted by Sasz who didn’t consider this choice as scientific.

Developments occurred since than in psychiatry lead to the recognition that physiological and biological bases were universal in this medical discipline and that, in a similar way, psychological, social and even philosophical conceptions were fundamental to explain somatic, as well as psychic disturbs. Consequently, the treatment of mental disturbs should be described as a reality, as the different subthemes of the Congress seem to show.

On the other hand, developments in Dynamic (progresses in the psychotherapy of psychoses, borderline and psychopathic states, psychosomatic disturbs and, even perversions) and Social Psychiatry (as the organization of multidisciplinary approaches and teamwork’s, the study and analysis of social and community factors, the progressive use of group in community interventions) became very important to achieve therapeutic interventions in psychiatry and even in other medical disciplines. Groups became particularly important as a place for social interventions and as a matrix for different psychotherapeutic therapies (as psychoanalytic, behavioral or even philosophical approaches, as Yalom does).

The World economical crisis of our days, initiated in United States and expanded through all the World and, particularly, in Europe lead to the development of mental disturbs, that could be treated (or, at least improved) by the use of social and dynamic interventions. Examples are given.
CLOSE COLLABORATION BETWEEN THE PSYCHIATRIC CLINIC AND THE SOCIAL SERVICES IN THE MUNICIPALITY OF SÖDERTÄLJE

Forslund H.
Södertälje, Sweden

Background. Longterm, severely mentally ill persons need close cooperation between those responsible for treatment, lodging and occupation. In Södertälje municipality (90 000 inhab.) the Psychiatric clinic and the Social services have formed an integrated model of cooperation without walls and boundaries. The individual’s need for continuity and long-term contacts are central to the model. In five joint outpatient rehabilitation units a professional team gives treatment and care to about 700 individuals. The County Council provides medical treatment and the Municipality is responsible for housing, support to cope with daily life and different kinds of employment. The care plans are done jointly together with the individual. The flexible and “seamless care” enables most of the individuals to live in their own apartments. For about 40 individuals with severe illness the municipality offers special accommodations with staff present both day and night. Almost everybody takes part in different activities and/or get special support to find a job in the open labor market or to study.

Results. In an evaluation in 2012 the integrated cooperation between the Municipalities social services and the Psychiatric clinic in Södertälje were compared with the organization of two other municipalities in Sweden. The results showed that our approach is effective and saves time. Patients quickly get coordinated efforts and are offered a wide range of interventions. The comparison shows that Södertälje can deliver a high quality within “the social psychiatry” at lower or comparable costs.

References:

TEAM WORK AND COLLABORATION

Forslund H., Hanson, J., Hollertz O.
Södertälje, Stockholm, Oskarshamn, Sweden

Routines and experiences from collaboration between staffs and organizations working with persons that (might) suffer from psychiatric illness elucidate the role of psychiatry in society:

Longterm mentally ill persons need close cooperation between those responsible for treatment, lodging and occupation (outpatient units of a psychiatric clinic, social services, relatives – if present). If inpatient care is needed, this is planned together. Personal contacts continue.

A psychiatric team shall offer person centered care in a broad sense and also support members of the team. But do all patients need this and if so, do they get it?

Family medicine is the first line for psychiatric complaints in Sweden, taking care of most depressions but close connection to specialized psychiatry is often needed.

Patients in somatic clinics often suffer from special psychiatric problems in connection with child birth, severe/life-threatening symptoms, extensive medical procedures, conflicts of all kinds etc. Staffs need education, supervision and support, investigative teams need psychiatric skills- all included in “liaison psychiatry”.

In all: Broad contact areas create demands on psychiatry to develop services wanted and offer education to all.
INFLUENCE OF DEPRESSION ON ATTITUDE TOWARD THE HEALTH IN FEMALE POPULATION 25-64 YEARS IN RUSSIA: MONICA-PSYCHOSOCIAL EPIDEMIOLOGICAL STUDY

Gafarov V., Panov D., Gromova E., Gagulin I., Gafarova A.
Novosibirsk, Russia

Purpose: To study the relationship of depression (D) as cardiovascular risk factor and awareness and attitude towards the health in female population of 25-64 years in Russia.

Methods: Under the third screening of the WHO “MONICA-psychosocial” (MOPSY) program random representative sample of women aged 25-64 years (n=870) were surveyed in Novosibirsk. D was measured at the baseline examination by means of questionnaire MOPSY based on “MMPI” test.

Results: The prevalence of depression (D) in the female population was 55.2%; major D was 12%. Positive self-rated health estimation decreased in women with major D. 100% women with major D had health complaints but 80% of them believe their healthcare is not enough ($\chi^2=17.69$ df=4 $p<0.01$). Those women more likely believe in the possibility of medicine to successfully treat heart disease (major D – 28%, no D – 38.6%; $\chi^2=23.18$ df=8 $p<0.01$) and report a high probability to be ill in the next 5-10 years (major D – 64%, no D – 47.3%; $\chi^2=10.51$ df=4 $p<0.05$). Woman with major D less likely continue to work and seek medical help in answering the question, “If you feel not so good the workplace, what are you doing?” (major D – 39.6% and 29.1%, no D – 59.6% and 8.2%, respectively; $\chi^2=15.8$ df=4 $p<0.01$).

Women with major D significantly extended negative behavioral habits: smoking and unsuccessful attempts to give it up, low physical activity, they were less likely to follow a diet. Major D associated with high job strain and family stress, 70% of those had increased number of serious conflicts in the family over the last year ($p<0.05$). In the presence of D women often say “anything disturb their rest at home” (major D – 56%, no D – 39.4%; $\chi^2=6.68$ df=3 $p<0.05$).

Discussion: Our findings show high prevalence of D in the female population in Russia. Major D related to poor self-rated health, low level of awareness, unhealthy lifestyle and high levels of job and family stress.

THE AFFECTIVE DYNAMICS IN THE WORK AND THOUGHT OF ALEXANDR PUSHKIN

Galgano A.
Florence, Italy

Alexandr Pushkin is the poet of harmony and its forced deprivation, such as correspondence of cosmic forces and order of universal life. In the analysis of his affective plots slides his secret freedom, its integral attachment with the historical events and the destinies of his time.

The art of Pushkin feels the weight of the art’s contradiction and its never-ending dialogue with the vertex of the freedom. It has gone through the literary and lively drama, as evidenced by the lyric, the tragedy, the prose and the history of criticism.

Even his family life shows the signs of a wound and an icy breath. The latent and grumpy relationship with his emotional tension, locates in the image of the snowstorm, his worthy representation.

The inevitability of fate is accompanied by the fatality dramatically lived, that doesn’t gain only the tragic meaning, but tries always to chase the spasm of the harmony and the balance point. Myth and reality that merge and end up to look the same. The talk follows these multidisciplinary lines, investigating the adversity of the contrasts between the characters, the relationship between the social struggle and the human ethical criterion. Here is his territory, as his death in a duel that becomes the tragic emblem of the poetry and the Russian people, in a dense and layered tissue of Romanticism and Realism.

STATE-OF-ART CAPABILITIES OF REHABILITATION OF PATIENTS WITH MENTAL DISORDERS – DIFFERENT ASPECTS

Gayvoronskaya E.
Voronezh, Russia

Currently, there is a steady growth of psychiatric pathologies in the population which demands special consideration, analysis and development of new methods and programs aimed at prevention of psychiatric pathology and improvement of life quality for per-
sons with mental disorders. In the center of this process there is such a concept as rehabilitation.

Rehabilitation of patients with mental disorders is a comprehensive stage-by-stage process of their health restoration and readaptation requiring diverse therapies of medical and non-medical nature, as well as individualization in creation and application of rehabilitation programs. That is why, a multidisciplinary approach is the guiding principle of rehabilitation for persons with mental disorders.

Now, rehabilitation of mental patients is carried out by different organizations using various rehabilitation methods and is variable from country to country. Rehabilitation activities also depend on the psychopathological structure of a mental disorder and an individual person as a whole.

Within this symposium, various aspects of rehabilitation for patients with mental disorders according to the nature of disorder, age category of patients, as well as their cultural differences will be considered. State-of-art rehabilitation methods and techniques enriching multidisciplinary approach and concepts of rehabilitation in general will be presented.

SENSORY CORRECTION OF ANXIETY AND DEPRESSIVE DISORDERS
Gayvoronskaya E.
Voronezh, Russia

Anxiety and Depressive Disorders remain a problem in modern society, despite advances in pharmacological industry in the field of antidepressive therapy. Combined therapy of these disorders with use of antidepressants and psychotherapeutic treatment has a higher proved efficiency, but for some individual patient it is often insufficient for many reasons.

The aim of our study was to improve the efficiency of such a combined therapy by introducing sensory correction.

We investigated 60 patients with anxiety and depressive disorders divided into two groups. Patients in Group 1 received a combined therapy with antidepressants and psychotherapeutic treatment, the same therapy in Group 2 was supplemented by sensory correction.

The course of sensory correction included 15 sessions in small groups (4-6 persons), each of 1 hour duration twice a week with the retesting in 2 weeks after the end of the course. For retesting, we used the Hospital Anxiety and Depression Scale, the SF-36 questionnaire, Rodgers & Diamond’s social and psychological adaptation, the Eysenck questionnaire for the self-esteem of mental states.

Retesting have shown that introducing sensory correction to Group 2 compared to Group 1 resulted in a statistically reliable positive dynamics of such integral parameters as adaptability, PCS and MCS in SF-36 questionnaire, anxiety, depression, and aggressiveness.

Thus, sensory correction of anxiety and depressive disorders opens new opportunities to improve their combined therapy.

ELEVATED HOMOCYSTEINE LEVEL IN SIBLINGS OF PATIENTS WITH SCZOPHRENIA
Geller V, Friger M, Sela B-A, Levine J.
Beer Sheva
Ben Gurion University of the Negev Israel

Objective. Increased homocysteine plasma levels were reported in patients with schizophrenia and Levine et al (2002) suggested that such increase characterizes mainly males. Such increase seems to have both environmental and genetic origin and was suggested to be risk factor for the development of schizophrenia.

In the following study we examined whether such increased levels also characterize male family member of patients with schizophrenia.

Methods. Forty-four consenting male siblings of schizophrenia patients (each belonging to a different family) were compared with age-matched control subjects for homocysteine plasma level as previously described (Levine et al., 2002).

Results. A significant difference was found between plasma homocysteine levels in the siblings group and the control group. Median homocycysteine plasma level for the siblings group was 11.7 µMol/L compared with a median of 10.9µMol/L for the control group.

Conclusions. Our results suggest that elevated homocysteine levels may characterize not only male schizophrenia patients but also their male family members. Further study is in need to confirm our result trying to dissect environmental from genetic factors in this regard.
Schizoid and Borderline Personalities: Can Two Walk Together Except They Be Agreed?

Gil T., Vilensky-Garber J., Iofan A., Bar-El J.
Acre, Haifa, Israel

Schizoid and Borderline Personalities are highly documented in the psychiatric as well as in the psychoanalytic literature, and commonly perceived as opposites, namely, while Borderlines typically have a lot of interpersonal relationships, albeit mostly superficial, the Schizoid is characterized by mostly refraining of such relations. However, there is no much agreement, or understanding, of the deeper nature of those personality types, and few theories propose different, variable, and sometimes even contradictory explanations. We offer a combination of our personal reading of what is known about those personalities, together with our conclusions from our therapeutic experience. Our proposal is that these two personality types share a common underlying structure, whose core revolves around the issue of attachment, namely, object relations. The seeming pattern of the personality is the continuous endeavour, typically starts at early childhood, to establish meaningful and gratifying interpersonal relationships, against the subjective difficulties and fears they experience concerning those relations. The apparent personality is hence the dynamic product of those endless efforts and copings, some which are being done and modulated within the therapeutic process itself. We will present our theoretical proposal combined with a few case examples.

Correction of the Concept of Maternity as a Component of Rehabilitation in Adolescent Girls with Behavioral Disorders and Psychoactive Substance Dependence

Grechany S.
St. Petersburg, Russia

The purpose of this study was to examine the efficiency of corrective methods of attitude to motherhood in adolescent girls with behavioral disorders and psychoactive substance dependence.

We studied 101 adolescent girls (main group) aged 13-18 years with behavioral disorders and opioid, inhalant, alcohol dependences as well as combined stimulant and cannabinoid addiction. The following methods were used: the Parental Attitude Research Instrument (PARI) and the Nisonger Child Behavior Rating Form (NCBRF).

The results of the study have shown that the specific behavioral disorders in girls compared to boys are significantly less severe in the Positive behavior subscale (p=0.043) and The Sensitive subscale (p=0.006) according to the NCBRF scoring. The PARI based study revealed that the highest scores (above 7) were obtained in Excessive Concern, Authoritarian Parenting and Dissatisfaction with Being a Hostess subtests (p<0.05).

To correct the concept of maternity, we used a set of techniques aimed at building up a positive attitude towards marriage and parenthood, taking a mother role, emotional separation of the child, etc. The objective assessment of the dynamics of patients’ states revealed that techniques showed the greatest efficiency in respect to hyper-protective positions of upbringing. Besides, these techniques were effective for correction and prevention further behavioral disorders in adolescent girls.

Clubhouse Recovery Support Model as Gateway to Social Integration and Inclusion

Hänninen E., Saphyannikova T., Ulimanov A.
Helsinki, Finland, NY, USA, Moscow, Russia

Purpose: Sharing findings on the recovery support, self-determination and social inclusion of people with mental disorders, the forefront issues of psychosocial rehabilitation. Clubhouse (CH) rehabilitation model, originally the Fountain House, is used as means to MH policy reforms. The Russian Federation is presented as case example of 35 countries where the dissemination of CHs is going on. Worldwide 340 CHs are serving their members, in Europe is around 90 CHs.
Materials: The data sources are about 30 MH policy recommendations; international directories on distribution of CHs since 1990s; and large amount of scientific research findings.

Methods: The basic content analysis was used and the results compared with recovery-oriented approaches. Main interest is in what amount service user and his/her nearest one(s) are treated as the subject and equal partner of their empowerment instead of an object of treatment.

Results: CHs support growth of members’ personal abilities and strengths; it is efficient for recovery and cost-effective for funders; CHs are following the human rights based MH policy. The success is built on (a) the International CH Standards, (b) the quality accreditation with members’ key role, (c) international training program, and (d) scientific research program.

Development in Russia started in 1995 when Human Soul House opened the first CH; however, it was closed in 2001. By then many people were interested in CH program. Russia House in Moscow was opened soon after. The Russia House helps people to start real CH programs. Today 4 NGOs call themselves ‘Clubhouse’: Russia House in Moscow, Ekaterinburg CH (Ural region, Middle Russia), Angarsk CH near Lake Baikal (Far East region) and the most recent Novosibirsk CH in the Western Siberia. They are in different stages on the way to real CHs.

The leading Russia House is a quality certified CH in full compliance with the International Standards. It runs daily programs for work-ordered day, supported education and employment, social and leisure activities, and case management support etc. The core staff and members are trained at Fountain House New York and Mosaic CH in London. Director is a member of the International Faculty for quality evaluation visits to CHs. Recently Russia House got funding for 3-week trainings for 3 regional groups at Mosaic CH and Introductory 3-day trainings for 5 groups at Russia House itself. – The main result was improvement of the CH program in Angarsk whose operation is near to the International Standards; and has good relations with local authorities and local psychiatric community. Also other participating CHs have improved their approaches.

Clubhouse participation outcomes of the CH members are under way in Russiataowards similar empowering results than follow-up research has confirmed in other countries: members go further with their educational studies, on their employment pathways, and strengthen their quality of life with new coping skills and peer support, self-confidence, new human relations and have learned new skills that all are needed for personal recovery and social inclusion.

MENTAL HEALTH CARE IN SWEDEN, SHORT OVERVIEW

Hanson J.
Stockholm, Sweden

Background. In Sweden 3 authorities are responsible for health care including mental health: 21 county councils/regions (health care and local communications – taxation), 290 municipalities (social services, primary schools, care of elderly and long-term mentally ill persons – taxation), and national authorities (laws, some money). Private organizations are increasing.

In the end of 1960s Sweden had 5 psychiatric beds/1000 inhabitants (now 0,47) and in reality no outpatient facilities. New techniques for non-institutional care, new antipsychotic drugs, serious critic against conditions in mental hospitals and their large costs motivated a change to community based treatment and care. “Sectorized psychiatry” with defined catchment areas was introduced in Sweden 1975 – 1985. Now, about 135 psychiatric clinics, responsible for both out- and inpatient care with about 500 outpatient receptions reach about 3 % of Swedish citizens each year.

Most needs (housing, occupation and other human needs) of long-term mentally ill persons are to be covered by municipalities, once treatment is established. This demands close cooperation between psychiatry and social services in care and treatment of the patients.

Less severe mental problems are handled by family medicine – the first line for psychiatric complaints, taking care of most depressions and crisis interventions. However, cooperation with psychiatry is needed for complicated and severe cases.

Location of psychiatric clinics in large somatic hospitals began in the 60-ties. This gives possibilities for cooperation in biological research but also possibilities for better psychosocial care of vulnerable patients with more or less severe somatic problems – liaison-consultation psychiatry.
The reimbursement system has been used to increase productivity and decrease waiting time for health care in Sweden – also psychiatric care. Drawbacks are more administrative work, risk of “creaming” easy patients and neglecting more difficult ones. The reimbursement system is probably the most effective tool to change care – it has to be used carefully!

References:

CONSULTATION AND LIAISON PSYCHIATRY IN LARGE SWEDISH HOSPITALS
Hanson J.
Stockholm, Sweden

Background. Location of psychiatric clinics in large somatic hospitals began in the 60-s. This gives possibilities for cooperation in biological research but also possibilities for better psychosocial care of vulnerable patients with more or less severe somatic problems – important for quality of care but also for staff’s working environment.

Materials and methods. Data has been gathered from hospitals in Stockholm and Gothenbourg.

Results. All somatic hospitals have access to psychiatric assessments of acutely suicidal or psychotic patients. Mostly a group of specialized psychiatrists cover the needs on rotational bases daytime. Liaison psychiatry in a more narrow meaning with personal continuity and regular meetings exists only in a few specialties in large hospitals.

The reimbursement system sometimes support consultations by special financing. Staff in somatic wards often have access to support from specialized nurses, social workers and psychologists for work with emotionally strenuous situations and “difficult” patients.

Discussion. Health care staffs in Sweden have nowadays probably a better psychosocial education than earlier and are better prepared to deal with problems that were once considered best to be handled by specialized psychiatrists. Liaison psychiatry seems to be less well developed in Sweden than in several other western countries and has not increased last decades.

Consultation psychiatry now deals with psychiatric illness of a degree that cannot be managed on the level of family medicine – often assessments of suicidal risks – especially in emergency and anesthesiological departments. The reimbursement system can support consultations, but can also have a negative effect by giving low compensation for qualified work.

References

MULTIDIMENSIONAL PSYCHIATRY; RATIONALISM AND GUT FEELINGS
Hanson J.
Stockholm, Sweden

Background. The challenge and charm of psychiatry is to work with models from several dimensions simultaneously – with one’s person as a tool. Mental processes take place in families, in societies, in genes, in belief systems and in the anatomy/physiology of the brains of patients and psychiatrists/therapists. Hardcore is now often considered to be something visible in the brain. However, complaints of patients are in other spheres which should be most important.

Discussion. Psychiatric diagnoses usually have to be made without concrete, visible findings. Reasons for making a diagnosis can nevertheless be made understandable for others and with a reasonable degree of rationale. This is important as a diagnosis is useful for choice of treatment. Also, a diagnosis gives a feeling of clarity and relief to those concerned, even when an ICD or DSM diagnosis only describes a part of a patient’s situation. Names are important.

The operational DSM system shall be free from speculations about subconscious things and constructs of defined diseases, clear in the core but like a comet evasive in the end. But in reality diagnoses imply thoughts about genesis and prognosis in most persons concerned.
What should be the role of psychiatrists’ experiences and “gut feelings”? Earlier, some psychiatrists proclaimed to “smell schizophrenia”. Probably the diagnosis was right sometimes – but “evidence based? – hardly reliable enough for choice of therapy and support from social service. Genetic studies and clinical observations indicate overlapping and transition between existing psychiatric disorders. Perhaps we should look forward to quite a new diagnostic system (see Höye A. Time for new thinking on psychiatric diagnosis. The Nordic Psychiatrist 2013; 2:8-11)?

“Evidence based psychiatry” is often king – but what are the evidence criteria in individual cases? How do individual experiences and preferences of patients and therapists count? Statistics from RCTs show probabilities but do not give proofs of effective treatments. Placebo treatment is obviously very evidence based – how to use in an ethically acceptable way?

Conclusions. Multidimensional psychiatry needs openness and discussions for sustainable credibility and development.

ROLE OF INPATIENT CARE IN REHABILITATION
Hanson J., Forslund H. Stockholm, Södertälje, Sweden

Rehabilitation of long term mentally ill persons is not a straight forward procedure. Relapses occur frequently and have to be handled effectively. In Sweden housing, occupation and other human needs shall be covered by the municipalities and not by psychiatry – however in close cooperation. In Södertälje the Psychiatric clinic and the Municipality Social services have formed an integrated model of cooperation in special outpatient units without walls and boundaries between the principals. Diagnosis and suitable treatment for new patients are usually established in another unit in the clinic. Each patient gets a coordinator from both authorities, meeting all days. A rehabilitation plan is made together with the patient after a CAN evaluation. “Early signs” of relapse are investigated and a crisis plan is made. This includes analysis and handling of triggers, debriefing talks, perhaps changed medication but might also include increased supervision. A few nights in a half-way house with 5 beds is a very effective option but (re-)admittance to a psychiatric ward might be necessary, sometimes with coercion. A goal for the admission is settled before the admission and a plan for treatment and discharge is made within 24 h. Contact personally or by telephone is maintained each 2-3 days. After a weak or two the patient is usually back in his/her home with an increased supervision for the time needed.

This tight contacts with the ward make it possible effectively to rehabilitate also very sick persons – to varying level of function. Also, the amount of beds needed can be kept low as almost all patients can be cared for on an outpatient basis.

THE SWEDISH NO-FAULT HEALTH CARE INSURANCE – PSYCHIATRY AND LAW IN COLLABORATION
Hanson J., Mansnerus L., Westrin C.-G. Stockholm, Uppsala, Sweden

Background, purpose. Sweden introduced in 1975 a voluntary no-fault insurance to compensate for injuries caused by somatic malpractice. 1997 the Patient Injury Act went into force and compensation for psychiatric malpractice was added. There is a duty for care providers to maintain a patient insurance and compensation is determined in accordance with tort law. Reimbursement is among other causes given for delayed diagnosis or treatment below good clinical practice if there is a medically detectable injury regardless a person is “guilty” or not. Staff is obliged to inform patient if there is a health damage and can encourage patients to claim reimbursement without risk for own negative consequences. The decision procedure includes professional assessment of records and is much cheaper for both parts (no solicitors are required!) and faster than court procedures. Outcome in the case psychiatry has been investigated.

Material, methods: The case register at LÖF, covering almost all health care insurance in Sweden, was searched for the years 1997-2011. Typical cases were analyzed.

Results: 140 000 claims were made during the period, estimated about 0.2% of all contacts for care. 61 000 (43%) were reimbursed. Psychiatry had 1683 claims, 359 (21%) were reimbursed. Complaints about relations were common – not reimbursed. Case histories give good insights in patients’ disappointments.
**Conclusion:** One would expect more claims. Patients and staff probably don’t know about the insurance or what good psychiatric treatment should be.

**References:**
1. The Patient Insurance, LÖF: www.patientforsakring.se

**THERAPEUTIC TREATMENT – AN ANSWER TO CRIMINAL BEHAVIOUR?**

Hessel T.  
*Munich, Germany*

How react a society to criminal behaviour? This is a matter of criminological research. Mostly punishment is the only reaction. Through imprisonment deprivation should be vanged, the offender should be prevented from criminal actions furthermore and society should be protected.

Since middle of 19th Century is discussed a structural-centered view to the offender. Instead of imprisonment a therapy is demanded. The offender counts changeable. Therapeutic activities can him prevent from further criminal actions, protects also the society.

The author describes a treatment system, practiced in the Netherlands. He reports of the functioning of a special clinic unit in Groningen, handling with “brute force” delinquents and repeat offenders.

**QUANTUM DYNAMICS, PSI, AND PSYCHODYNAMICS**

Hinrichs R.  
*Berlin, Germany*

The paper is divided into three parts:
First, a short historical summary is given about the ambivalent attitude of traditional psychology to phenomena investigated by psychical research; by pointing out the findings of authors including Freud, Ellenberger, Fanny Moser and members of the British Society for Psychical Research, the reliability of research in parapsychology is proven.

The second part of the paper will describe telepathic and other Psi-phenomena, as they occur within the therapeutical situation. Historic as well as current aspects are taken into account.

Finally, the theory of Psi is discussed in combining aspects of depth-psychology and micro-physics. The synopsis of both structural aspects of the Unconscious and quantum dynamics tries to understand the nature of Psi manifestations.

**THE HERITAGE OF PYGMAALION IN PSYCHOTHERAPY – REMARKS ABOUT LÉVINAS’ ETHICS OF THE OTHER**

Horst M.  
*Frankfurt a. M., Germany*

“And God made man in his image, in the image of God he made him” (Genesis 1:27)

Might it be possible that the psychotherapist feels himself as being God when his relation to the patient is based on the DSM? Might it be possible that the teacher feels himself as being God when he forces the willingness of his students to learn into the straitjacket of his curriculum? Might it be possible that the medical doctor feels himself as being God, when he forces the need for protection and assistance of his patient in the frame of the ICD? How to meet Günter Ammon’s requirement to ensure a development of the patient in his own right? We will cast a glance at Immanuel Lévinas’ ethics of the Other who cries out in the encounter with me: “Thou shalt not kill me” and “Don’t leave me alone”. The double order shows the dramatic consequences of my intention to control the Other: I leave him alone when I force him into my concept and I kill him by not allowing him to lead his life in his own right.

**THE PSYCHOANALYST – A MAGICIAN?**

Horst M.  
*Frankfurt a. M., Germany*

“Until proof is provided otherwise I consider the effect of psychotherapy to be a placebo effect”. *We meet such and similar statements over and over again.*
How to find arguments against the prejudice that psychoanalysis or psychotherapeutic methods in the broader sense are unscientific and suspicious?

We will analyze the procedure and methods of work of the natural scientist and compare it with those of the psychotherapist. Inter alia we will cast a glance at Gödel’s incompleteness theorems and Heisenberg’s uncertainty principle to demonstrate the special problems of proving the propriety or validity of psychotherapeutic procedures. Our error might be that we are always looking for the truth. A more constructive way might be paradoxically opened by Imre Lakatos, who himself considered Freudian psychoanalysis as a pseudoscience. For Lakatos, it is essentially necessary to continue with a theory that we basically know cannot be completely true. We will consequently focusing on his model of a research program. The Lakatosian research programme deliberately provides a framework within which research can be conducted on the basis of ‘first principles’ (the ‘hard core’). We will have to find this ‘hard core’ as the result of our workshop.


LIFELONG PLASTICITY OF THE HUMAN BRAIN AND ITS IMPLICATIONS FOR THE PREVENTION AND TREATMENT OF MENTAL DISORDERS

Hüther G.
Göttingen, Germany

The recognition and general acceptance of the human brain’s ability to reorganize its neuronal connectivity throughout lifetime is the most important breakthrough in 21st century neuroscience. It became the most provocative challenge for all conceptualizations of mental disorders, made under the earlier association of a more a less unchangeable neuronal connectivity.

This lifelong experience-dependent plasticity of the human brain will be described and, derived from this evidence, the following predictions are made in this contribution:

- mental disorders are the result of the adaptive reorganisation of neuronal connectivity to certain triggers/experiences

- because they are only states of a dynamic process, no clear-cut border can exist to define what is called a mental disorder

- since all adaptive reorganization processes are depended on and driven by the subjective evaluation/interpretation of a give trigger/experience, the search for “objective” causes of mental disorders is as ill-guided as the search for “objective” criteria of therapeutic interventions.

- It must be possible not only to readjust but also to prevent adaptive reorganisation processes of neuronal connectivity leading to what we call “mental disorders”.

The validity of these predictions will be illustrated and exemplified in case of stress- and anxiety related, attentional, obsessive-compulsive and addictive disorders.

TRAUMA AND RECONCILIATION.
EXTREME SITUATIONS AS A RISK AND A CHANCE IN A MULTIDISCIPLINARY TREATMENT APPROACH

Kick H.
Mannheim, Germany

The process of reconciliation is based on a successful encounter despite aggravated pathic circumstances. In this very encounter, an extended personal structure (identity) arises that helps the patient to live; a new common value develops. It is no doubt true that the system of values was not adequate to withstand the distress of the situational challenges of trauma in the pre-critical situation. This is why the dynamic pressure increased and could no longer be contained, leading to a boundary being crossed and to despair. Crossing a boundary always entails a risk. Despite extreme tension, the moment of risk and fear gives rise to the therapeutic dialogue as the second step, while the third step leads to the viable solution, associated with a new, discovered community-fostering value (symbol): Solutions are constructive in a very direct sense. In order to reach this path, an artistic process is required through which the treatment or rather the work of art arises as a complement to the world, an extension thereof. The individual’s structural fragments revealed in the extreme situation first need to be grasped and then new links need to be forged between them.
MULTIDISCIPLINARY APPROACH TO THE CHERNOBYL DISASTER’S MENTAL HEALTH CONSEQUENCES

Krasnov V.
Moscow, Russia

The clinic of the Moscow Research Institute of Psychiatry during 25 years have been providing examination, investigations and, if necessary, in-patients treatment for a cohort of persons who had been involved in the elimination of the consequences of the Chernobyl Nuclear Power plant disaster in 1986. By 2014, this cohort consisted of 658 persons. Those were the persons who kept in contact with the clinic for at least ten years, and repeatedly, 3 to 10 times, were investigated and treated.

During first few years the clinical conditions in the most of cases had a trend to formation of polymorphic syndrome with combination of psycho-vegetative, (sub)depressive fluctuations, and cognitive (memory and attention) disturbances, diminished intellectual and total productivity.

Further deterioration of health in those relatively young people resembled very much an ‘early vascular process’, i.e. a combination of abnormally early atherosclerosis and arterial hypertension. Different investigation techniques, specifically, dopplerography, single-photon emission computed tomography (SPECT) and magnetic resonance imaging (MRI) confirmed vascular regulation problems. Our preliminary prognosis for most of them was rather pessimistic. But more than 20 years having deal with the cohort of this group (more than 500 patients) did allow us to form a sort of specialists-patients partnership with reliable compliance for better treatment outcome. The system of treatment consisted of stationary annual courses along with the medication, predominantly vascular-tropic, as well as psychosocial work, including family therapy, group therapy and cognitive training, has been effective for the stabilization of patients’ conditions and their social life. Nowadays due to ageing process some somatic diseases are found and more pronounced cognitive difficulties are revealed. The cooperation with the specialists and preserved personality resources do allow the patients to cope with their conditions in the most of cases.

NEUROTIC WORKING DISORDERS – MILIEUTHERAPEUTIC GROUP PROJECTS AS A WAY OUT OF A VICIOUS CIRCLE

Kreissl K.
Munich, Germany

This presentation is about neurotic working disorders and the opportunity of milieuthereapeutic group projects helping out of a vicious circle.

The first part will give an overview about the hypothesis of neurotic working disorders, mentioned in the psychoanalytic literature.

In the second part I will talk about the neurotic working disorders and the mental conflicts.

The last part will describe milieuthereapeutic group interventions, the way Günter Ammon developed and the way they are disposed in the Klinik Menterschwaige.

CREATIVE STEPS OUT OF TRAUMA

Kress G.
Munich, Germany

Creative Steps out of Trauma. An illustrated case study of the art therapy at the Hospital Menterschwaige.

The author outlines how art therapy at the Hospital Menterschwaige is especially suitable for early childhood disorders of the ego. Through visual expression and the ‘social energy’ (Ammon) of the group the patient will be able to analyse and overcome his traumata via identity-development.

The case study with paintings by one patient demonstrates the proceeding of creative development in distinct phases observable through the change of a patient’s visual language.

The theoretical model of this process ‘Matrix of Creative Development’ previously presented in several papers by Kress and al. and the author’s ‘Theory of Emotional Creativity’ provides the framework for understanding the process of the patient’s creative capability and the interaction with the process of the development of his personality.
If one of the major current challenges in the classification and diagnosis of mental disorders is the issue of multi-morbidities, a further one is the subthreshold states. These challenges could be partially considered as the by-products of the prevailing current categorical approaches in our classification systems.

The categorical approach needs and is based on vertical and horizontal boundaries to differentiate different states of human behavior. While, at a horizontal level the boundaries between mental disorders are elicited by strict diagnostic criteria, the issue of drawing a threshold at a vertical level requests some dimensional approaches. These thresholds in the description of many mental disorders in our current categorical approaches are defined by a combination of some dimensions; i.e., the duration of the symptoms, the severity of the symptoms, and the effects of the symptoms on social functioning and abilities.

Another problem in defining the thresholds for mental disorders is the consequence of the cross-sectional approach. Since, the clinical pattern of many mental disorders change in time, the cross-sectional approach does not reply to the requirements of a historical perspective from which the variation of a mental disorder over and under a given cut-off line in due course could be understood. It is a widely shared opinion that the necessity of defining thresholds for mental disorders is not only taking the clinical, scientific and research motives into consideration, but also the forensic and administrative grounds.

This presentation will mainly discuss the phenomenon of threshold and subthreshold states in the context of psychopathology, clinical practice and classification systems.
disorders (F0). This structure defines the main requirements for an organization of psychotherapeutic assistance.

**EFFICACY AND SAFETY OF CARIPRAZINE IN PATIENTS WITH ACUTE EXACERBATION OF SCHIZOPHRENIA: RESULTS OF TWO PHASE III TRIALS**

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*Jersey City, NJ, USA*

**Introduction:** Cariprazine is a potent dopamine D<sub>3</sub> and D<sub>2</sub> receptor partial agonist with preferential binding to D<sub>3</sub> receptors.

**Objective:** Summarize data from 2 Phase III, randomized, double-blind (6-week), placebo-controlled trials of fixed-dose cariprazine (3mg/d and 6mg/d, NCT01104766) and flexible-dose cariprazine (3-6mg/d and 6-9mg/d, NCT01104779) in adults with acute exacerbation of schizophrenia.

**Aims:** Evaluate the efficacy, safety, and tolerability of cariprazine in schizophrenia.

**Methods:** Primary and secondary efficacy parameters were change from baseline to Week 6 in Positive and Negative Syndrome Scale (PANSS) and Clinical Global Impressions-Severity (CGI-S), respectively, and were analyzed using a mixed-effects model for repeated measures.

**Results:** Randomized patient populations: 617 (NCT01104766; 153 placebo, 155 cariprazine 3mg/d, 157 cariprazine 6mg/d, 152 aripiprazole) and 446 (NCT01104779; 147 placebo, 151 cariprazine 3-6mg/d, 148 cariprazine 6-9mg/d). Improvement from baseline to Week 6 on PANSS total scores was significantly greater with cariprazine vs placebo: least square mean difference (LSMD) was – 6.0 (3mg/d, P=0.0044), – 6.8 (3-6mg/d, P=0.0029), – 8.8 (6mg/d, P<0.0001), and – 9.9 (6-9mg/d, P<0.0001). Cariprazine was significantly superior to placebo on CGI-S: LSMD was – 0.4 (3mg/d, P=0.0044), – 0.3 (3-6mg/d, P=0.0115), – 0.5 (6mg/d, P<0.0001), and – 0.5 (6-9mg/d, P=0.0002). Aripiprazole (active control, NCT01104766) was superior to placebo on both measures (LSMD: PANSS=-7.0, P=.0008; CGI-S=-0.4, P=.0001). The only common cariprazine-related TEAE (≥5% and twice rate of placebo) that occurred in both studies was akathisia. Changes in metabolic parameters were small and similar to placebo in both studies.

**Conclusion:** Cariprazine was effective and generally well tolerated in the treatment of schizophrenia.

**THE PROBLEM OF TIMELY DETECTION OF MENTAL RETARDATION IN CHILDREN OF TRANSBAIKALIAN EDGE**

Lebedeva Y., Zlova T., Akhmetova V.

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**Purpose of the research.** Statistical analysis of newly diagnosed cases of mental retardation in children living in Transbaikalian edge.

**Materials and methods.** 1125 outpatient cards of children (0-15 years) were examined during the complete survey. All children were registered at the Regional psychoneurological dispensary (Chita, the administrative center of Transbaikalian edge) with a diagnosis of “mental retardation” (according to ICD-10 code F7). Statistical significance of the results was assessed using χ<sup>2</sup> criterion.

**Results and discussion.** Demographic analysis showed that a minority of children with mental retardation are living in the administrative center of Transbaikalia and 83.2% – in other districts of the edge. It was noted that the gender ratio is dominated by boys (2:1; p<0.05). It was revealed a high frequency of detection of mental retardation in prepubertal and pubertal age (15.3%) as well as in children 8-10 years of age (47.7%). This is especially true for districts of Transbaikalia (unlike the regional center), where in almost 70% of cases (p<0.001) mental retardation has been diagnosed after 9 years. By the way in most of these districts there are psychiatrists.

It was founded that the majority of children (84.1%, p<0.001) before was diagnosed mental retardation were not observed by a psychiatrist. The rest 15.9% were previously diagnosed with mild forms of mental deficiency of social (ICD-10 code F8) and organic origin (ICD-10 code F06.7), while about 26.5 % of those children were not treated (mainly due to the reluctance of parents). It was noted that the late detection of mental retardation are most common for children from socially disadvantaged families, as well as from orphanages.
Clinical analysis showed that the majority of children (84%) were with mild form of mental retardation, 10% – with moderate, 3,6% – with heavy, 1,9% – with deep form; and 0,3% – with other and unspecified forms. Almost all children with mental retardation (90%; p<0,001) had no behavioral disorders or these disorders were mild expressed. According to etiology predominated mental retardation associated with perinatal injury of central nervous system.

Analysis of the educational route showed that only 38,3% of children with mental retardation were enrolled in special educational programs; a significant number of children (15,1%) were enrolled in ordinary schools or not trained.

Conclusions: In Transbaikalia there is a problem of late diagnosis of mental retardation in children, which requires a detailed study.

A QUESTION OF IDENTITY – OR HOW THE ARCHAIC MATRIX OF THE OEDIPUS COMPLEX IS FLUCTUATING

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The title chosen for this text tries to capture the various levels and facets of identity development and constitution at the psychoanalytic treatment process.

A genesis between continents, cultures and bilingualism is the picture puzzle of a personality, i.e. of one’s identity.

During the analytic process it is difficult to observe various views from a different angle at the same time because, for the observer, they oscillate and appear to be chameleon-like, thus are not unambiguous and easily measurable.

The archaic period points to early, primitive and compulsive material that does not correspond to the humanistic ideal of the enlightenment. Nevertheless, it should be reflected, even re-conceptualised.

It is about Oedipal material, as well under reversed circumstances, perhaps with only supposed theoretical security.

A journey through the dark Continent begins.

THE PSYCHOANALYSTS RESPONSIBILITY TOWARDS SOCIETY IN THE NEW CAPITALISM

Leßner E.
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Psychoanalysis, as a therapeutic method, pursues an emancipatory concern:

Through the reflection on the deeper causes of actions, humans shall be enabled to become freer, i.e. more self-determined, in their decisions by reconsidering their actions.

This vision is consistent with the official ideology of western democracies that propagandise a free, self-determined individual.

In their working environment, however, a vast majority of people find themselves in a dilemma nowadays, experiencing deprivation of freedom on a large scale regarding their life objective and career aspirations. Such experiences often cause the call on a psychoanalyst who is getting to feel the pressure their patients are exposed to in their jobs.

The reasons for the constraints of a career development or even an exclusion from participating in the social production process (unemployment) are only partly caused by the personality development of a person; partly they are in consequence of political and economic circumstances. The acknowledgement of those conditions means an important compensation for our patients. Our task comprises not only to discuss their destructivity but also to strengthen and encourage the patients to challenge their depressing environmental conditions.

Moreover, through our knowledge we psychoanalysts have not only the possibility but also the duty to analyse cultural and social developments, call attention to misguided developments and present alternatives, as it happened time and again in the past.

REHABILITATION TRENDS IN RUSSIA

Limankin O.
St. Petersburg, Russia

At present, psychosocial treatment and rehabilitation are seen within the context of community based psychiatry. The holistic philosophy of psychoso-
Multi-disciplinary approach to and treatment of mental disorders: Myth or reality?

Social rehabilitation is shaped by two key strategies, the first being a patient-centred strategy aimed at the recovery of the patient’s emotional, intellectual and social skills, and the second, having a goal to develop external resources and material support.

During the Soviet period, rehabilitation activities were considered to be one of the organisational principles of psychiatric care.

As early as in 1930-1950s psychiatrists stressed the need to explore the effectiveness of work therapy; the problem of employment of patients was actively solved in the form of home-based jobs and sheltered workshops for disabled; psychoneurological district clinics experienced major improvements playing the role of key institutions of outpatient rehabilitation. The achievements of psychopharmacology in the 1960s opened the door to further development in the field of rehabilitation.

Rehabilitation ideas had the biggest development in the works of M.M.Kabanov and his successors. M.M.Kabanov (1981) defined the main idea of rehabilitation of mental patients as their resocialisation, restoration (preserving) of the individual and social value of patients, of their personal and social status.

In the Soviet period Russia managed to create an accessible territory-based psychiatric care system, which included inpatient and outpatient care, a multi-level system of work rehabilitation, and a system of free distribution of medicines and housing. The Soviet psychiatric care was quite progressive, which can be illustrated by the fact that the first neuropsychiatric outpatient clinic, a prototype of modern territory-based outpatient psychiatric centres that are now common for many countries, appeared in Russia as early as in 1918. The first day-care centres in the world appeared in the USSR in 1930s (in the UK and Canada – in 1947).

Nevertheless, in spite of all its unquestionable positives, the Soviet psychiatry had some substantial negatives. First, the rigid paternalism in the system of patient-doctor relations considered patients as passive objects of care from the side of psychiatric entities. Second, the priority in treatment was given to medico-biological methods (mainly, pharmacotherapy), leaving to psychotherapy the role merely of a side-dish.

In 1990s, during the period of well-known transformation in the political and social life, huge progressive changes took part in the psychiatry, which led to patients’ rights protection, society-orientedness of the psychiatric entities in general, and introduction of psychosocial methods of treatment and rehabilitation in particular. The number of social work specialists, clinical psychologists, people of art (artists, musicians, pedagogues) joining the teams of psychiatric hospitals was constantly increasing.

The introduction of psychosocial forms and methods of treatment into practice was marked by empiricism and active adoption of foreign experience. Several Russian regions (Stavropol, Tambov, Omsk, Moscow, St.Petersburg) actively adopted models of the Canada, Scandinavian countries, Great Britain and Germany.

It should be mentioned that the approaches to rehabilitation in Russia and Western states differ in several aspects.

1. The Western psychiatry (especially Anglo-American) is dominated by the social approach to the nature of mental disorders. An important role is allocated to sociological and psychoanalytic concepts.

2. The Western rehabilitation programmes are focused on psychological aspects, psychometric and projective techniques. At the same time, the medical component of intervention may be insufficient.

3. In Western countries the majority of staff of rehabilitations services and institutions are non-medical employees (social work specialists, pedagogues, psychologists etc.)

4. In Western countries, multiprofessional team work may have collegial or hierarchical form. The leader of the team may be a doctor, a psychiatrist, social work specialist etc.

In Russia, rehabilitation specialists are mostly employees of medical and sociomedical services.

In Russia, the team model is hierarchical, and the team leader is always a doctor.

It is necessary to mention problematic, controversial points, which result from the transition to community-oriented psychiatry and the introduction of psychosocial rehabilitation.

1. The critical attitude to community-oriented psychiatric service is still widespread among the population. Two factors usually cause a specifically
sharp reaction of public: a possible growth of homelessness and incidents of violence among mental patients. These public fears are widely maintained by mass media.

2. The increase of burden on families and social surrounding caused by the transition to community care. Discussions about the limits of psychiatric care: what are the competencies of specialists and the competencies of the community? It is still debated, to what extent the introduced methods and forms of psychosocial treatment and rehabilitation represent a medical (psychotherapeutic) activity as such, and to what extent it is a social care. Obviously, the solution should be seen as one continuum of goals, which prioritise either biologic or social input.

3. Delimitation of competencies between various specialists. The diversification of forms and stages of care causes the increase in the number of specialists and institution. Should the psychiatric service keep its specific features and structure? Or it should strive for discreteness, dissolving in other structures of the society and, finally, become invisible?

4. Effectiveness evaluation of psychosocial rehabilitation. There is a lack of consensus about the idea of rehabilitation. What is rehabilitation: a specific intervention, or a system of medical and social actions? Correspondingly, there are numerous methods of measuring and evaluating the outcomes of rehabilitation, which make it difficult to analyse effectiveness of various rehabilitation programmes.

5. Insufficient involvement of users – patients and their relatives – into planning, realisation and evaluation of effectiveness of psychosocial programmes.

The development of psychosocial approaches in Russia faces with a range of difficulties. By the present moment the legislative and regulatory system has been lagging behind the existing practices. Many methods and approaches are not regulated by the federal standards and need unification. The quality of the psychosocial work differs considerably in various regions of the country, and to a great extent depends on the personal attitude of managers of psychiatric clinics.

In spite of all difficulties, a part of which has been mentioned above, one may state that the further progress of the Russian psychiatry will be more and more within the contest of a biopsychosocial paradigm.

MODERN PSYCHOSOCIAL APPROACHES AS A PART OF REHABILITATION IN MENTAL HOSPITALS

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The reforms of psychiatric services in Russia taking part over the last two decades are marked by the transition from the medico-biological to biopsychosocial model and the strengthening of the society-orient edness in the activity of psychiatric institutions.

Nevertheless, up to the present time the share of inpatient care in the Russian system of psychiatric care has been remaining quite large, the performance of psychiatric hospitals is crucial for the development of the Russian mental health care in general. The process of reduction of the number of hospitals is taking place, but less actively than desired. The number of hospitals went down from 288 (in 1991) to 229 (in 2011), which accounts for a 20% decrease. The availability of beds per 10 000 of population lowered from 13.2 to 10.5, or by 20%, and the average period of hospital stay decreased from 98 to 77 days, or by 22%. In the foreseeable future psychiatric hospitals will remain the key element of the Russian mental health care system, and, consequently, issues relating to their psychosocial organisation are still highly relevant.

In 1990’s, during a period of well-known transformation in the political and social life, huge progressive changes took part in the psychiatry, which led to patients’ rights protection, society-orientedness of the psychiatric entities in general, and introduction of psychosocial methods of treatment and rehabilitation in particular. The number of social work specialists, clinical psychologists, people of art (artists, musicians, pedagogues) joining the teams of psychiatric hospitals was constantly increasing.

Presently, in Russian psychiatric clinics the following approaches and methods of psychosocial treatment and rehabilitation are used: psychoeducation (of patients and their relatives), cognitive skills training, social skills training, psychotherapy (both in groups and individually), work therapy and occupational therapy (ergotherapy), art therapy (by means of visual arts, music, dance etc.), family therapy (consulting; individual and group psychocorrection), sports and health programmes, environmental therapy and leisure programmes, social rehabilitation (restoration of social
identity of patients, their documents, family ties etc.). At present, there has already appeared a number, however small, of private psychiatric hospitals, the majority of which provide psychotherapy in various forms, including psychoanalysis.

Practically, we define 3 groups of the most problematic patients of psychiatric hospitals who need to be addressed through various psychosocial programs: first admission patients, frequent readmission patients (one and more admissions a year), long-term patients (1 or more years of hospitalisations).

The introduction of psychosocial treatment and rehabilitation in the system of complex mental care to patients with first episode promotes early detection of mental disorders and allows preventing long-term negative outcomes. The basic principles of care include [Gurovich I. Ya. et al., 2003]: the earliest possible detection of psychopathologic disorders and inclusion of patient in a care program, non-random care, providing care in the least stigmatizing environments, complex care on the basis of multiprofessional team approach to treatment, preference of atypical antipsychotics use, early introduction of psychosocial interventions, long-term (years-long) complex supporting therapy.

The second problematic group of patients are those with frequent hospitalizations – at least once a year. This group accounts for 6% of all schizophrenic patients and consumes an overproportional volume of services. The treatment and rehabilitation strategy for this group of patients includes both in- and outpatient care. While outpatients, they participate in the programs of assertive community treatment, various therapeutic and rehabilitation programs of outpatient clinics and day-care centres. In a hospital setting, the rehabilitation strategies include psychological education, various types of training, and some types of psychotherapy combined with pharmacotherapy.

The most problematic group of inpatients includes patients who are hospitalized long-term (more than 1 year). The share of this group in the total number of patients approximates to 20%. At the same time, there are numerous areas where the share of such patients who “settled” in hospitals reaches 30-40%. The reasons for their long-term hospitalization are not only medical; there are also social reasons, such as lack of housing, loss of social ties, and lack of living. The rehabilitation programs mentioned above make it possible to successfully rehabilitate up to 40% of patients from this group. Some of them return home, while others move to the system of sheltered housing and residential institutions. It should be mentioned that, unlike in the majority of the European countries, in Russia the system of sheltered housing is underdeveloped and realized only in two forms: hostels for patients within the structure of psychiatric institutions and residential care homes supported by the social care system.

Speaking about the problems of the development of psychosocial treatment and rehabilitation in psychiatric hospitals, the following aspects should be mentioned:

1. Insufficient number of psychotherapists, medical psychologists, and social work specialists among the staff.
2. By the present moment the legislative and regulatory system has been lagging behind the existing practices. Many methods and approaches are not regulated by the federal standards and need unification.
3. The level of the psychosocial work differs considerably in various regions of the country, and to a great extent depends on the personal attitude of managers of psychiatric clinics.
4. The forthcoming introduction of psychiatric care in the system of medical insurance of Russia raises concerns that this possibly could lead to the reduction in the segment of rehabilitation care. These concerns are based on the understanding that the methods of efficiency assessment for rehabilitation programs are not flawless.

MYTH, METAPHOR, SYMBOL, AND UNCONSCIOUS FANTASY. CONNECTED MINDS AND MEANING GENERATING PROCESSES IN OUR DAILY LIVES AND THERAPEUTIC MEETINGS

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Presented is an attempt on basal forces and functions evolved in the history of the hominids. The capacity for symbol formation, the ability to shape natural signs, animates these signs and enables us to overlay them with constantly changing meanings. This is the basis of our mental and psychic networking. Symbol use gave us the ability to develop our cultures and became the strongest weapon of our species.
in the struggle for survival. Our networking with each other, required regulatory skills to adjust and control the relations in our communities: the so-called defense mechanisms. They developed synchronously with our cognitive skills as a kind of own subconscious language which is understood in our species, and can be seen as a culture-creating capacity. In our everyday life and in therapeutic interactions we continuously create scenes in which we are interconnected with each other in a kind of matrix. There are unconscious symbolic construction processes designing the complex phantasmagoric world of experience. In therapeutic sessions the intrapsychic and intersubjective construction processes of “master story lines” of the both, the patient and therapist, can be tracked and it will be possible to recognize and deconstruct them to understand the underlying unconscious phantasies.

ON THE ISSUE OF MULTIDISCIPLINARY APPROACH TO DISEASE AND TREATMENT / FROM EXPERIENCE OF BORDERLINE DISEASES-NEUROSIS CLINICAL DEPARTMENT

Lomounoff O.
Moscow, Russia

In conformity with the Congress Program and its main subject “Multidisciplinary Approach to and Treatment of Mental Disorders: Myth or Reality?” we tried to approach the study of biosociopsychological factors, and, first of all, of unfavourable micro-and macrosocial environment of the patients, as the source leading to nervous and psychic asthenization and preparing the ground for appearance of disease state.

We studied case histories of 149 patients, in the course of their examination and treatment were applied modern methods, including psychotherapy, physiotherapeutic methods, natural factors, newer psychotropic medicaments and, during the last 2 years, non-standard “dynamic psychiatry” methods. The work was conducted in contact with the leading neurosis clinics, using the best practices of these medical institutions of St.Petersburg and Munich Menterschwaige. The effectiveness and benefits of treatment were controlled by objective methods and the patients were under dispensary supervision for 2-3 years after their discharge from the hospital. Only three of all the patients had vegetative and emotional instability for a longer period of time and they had to be transferred to a group of patients with “neurotic development” or persistent neurosis at a polyclinic at their place of residence. Recommendations for average citizen’s health preservation and maintenance have been developed.

PSYCODYNAMIC PARAMETERS AND COMPLIANCE IN PATIENTS WITH MENTAL DISORDERS

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During the last decade in psychiatric science the problems of medication compliance in patients with psychosis are actively studied and on the basis of the obtained data there have been proposed various approaches to developing and improving of their adherence to drug therapy. However, the data on the effectiveness of the proposed models of compliance therapy remain controversial, while the applied methods don’t afford either to achieve the desired level of compliance or to make it stable. It may be explained largely due to insufficient personification of the applied approaches at interventions directed to the improvement of patients’ adherence to drug therapy. The current situation is partly due to insufficient attention to psychodynamic component of the compliance phenomenon because of lack of research in this area. Thus the significance of this aspect remains important because the patient in spite of the achieved efficiency of drug treatment, may find himself in a situation where his problem-solving behavior is so distorted as not to allow it to benefit from the treatment success which, in turn, may lead to a refusal to take medication, as well as the presence of secondary gain from illness leads to medication sabotage. Stable distortion of the problem-solving behavior in psychotic patients leads to bias their self-esteem, perception of others and maladaptive behavioral responses. This makes it necessary to study the relationships between psychodynamic parameters and the compliance phenomenon.

Thus, the objective of the study was the investigation of correlations between psychotic patients’ psychodynamic profile parameters and the level and structure of compliance.
**Materials and Methods:** There were studied 409 in-patients at the Department of Integrative psycho-pharmacotherapy of patients with mental disorders at the V.M. Bekhterev psychoneurological research institute. Among them there were: 148 men and 261 women. The average age was 31.8 ± 2.2 years. According to ICD-10 examined patients belonged to following diagnostic headings: F 2 – 314; F3 – 95 patients. The study was conducted with the use of Medication Compliance Assessment Scale (MCAS). For the assessment of psychodynamic profile there have been used a protective mechanisms scale FKBS, a coping strategies scale SVF and personality test ISTA created by G. Ammon.

**Results and discussion:** Mathematical data processing has allowed to reveal the internal structure of the compliance parameters. Three main factors have been revealed determining compliance in psychotic patients: motivation for treatment, activity of the patient and severity of the disease.

The assignment of the patient to a particular factor allowed it to differentiate patients with various nosology. Patients with diagnosis of affective and schizotypal disorders as distinct from patients with schizophrenia, are less likely to comply with medication regimen.

Tere were revealed links between two coping styles with two MCAS factors. The less patients are motivated to treatment, the more they are inclined to incapacity to cope with emotions, to fixations on self-pity feelings and to aggressiveness, i.e. unproductive problem-solving behavior. Patients’ low activity level correlates with deterioration of adaptive behavior due to their inability to benefit from social network support. It is noteworthy that the severity of the disease factor has no significant correlations with coping strategies due to the fact that the severity of psychotic condition does not affect the qualitative structure of coping strategies their being personality and not morbid structures.

Mosaic and insufficient stability of maladaptive psychological defense functioning explains the revealing of only one significant correlation between defense types and compliance structure parameters. As it could be expected, a consistent use of regressive tendencies accompanies a decline in activity.

The study of personality characteristics relationships with compliance structure have revealed an association between low motivation to treatment and destructive aggression, and also between activity and constructive anxiety and low severity of the disease accompanied by realistic assessment of self and surrounding situation.

The obtained data expand the conception of the significance of psychodynamic aspects in the formation and maintenance of compliance. The identified adaptive distortions are to be used as compliance therapy targets, individualizing the psychotherapeutic approaches.

**INSIGHT AND COMPLIANCE IN SCHIZOPHRENIC PATIENTS: CORRELATION AND APPROACHES TOWARDS COMPLIANCE IMPROVEMENT**

Lutova N.
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Insight is now considered to be a multiparametric mental construct whose particular components display various intensity and various influence upon medication compliance. But up to now there is lack of a common systematized strategy of an integrative individualized psychopharmacological and psychotherapeutic compliance therapy in schizophrenic patients with insight deficit.

The objective of the present study is development of an original version of such strategy.

**Material and methods:** 320 patients were investigated, diagnosed as F2 according to the ICD-10, of them 41.5% male and 58.5% female, 18 up to 60 years old. For identification of the presence and degree of compliance deficit there as been used an original Medication Compliance Scale developed at the department of integrative pharmaco- psychotherapy of the Bekhterev Psychoneurological Research Institute.

**Results and discussion:** compliance deficit, which generally accompanies the insight deficit can be of various nature depending on the origin of the insight deficit. This determines therapeutical strategies depending on the role of psychopharmacological vs. psychotherapeutic components in compliance therapy. Given a derangement of illness consciousness following approaches at compliance improvement would be appropriate: 1) if insight deficit is due to psychopathological factors, the primary importance acquires medication based on psychotherapeutically forced therapeutic alliance; 2) if insight deficit is due to psychodynamic factors, then are indicated common psychotherapeutic
interventions at neutralizing the maladaptive defense mechanisms with stable therapeutic alliance as background; 3) if insight deficit is due to insufficient information about the illness, then after exclusion of the presence of maladaptive defense mechanisms it is to supply the information deficit using psychoeducational programs with stable therapeutic alliance as background. Correct choice and efficiency of compliance therapy strategy can be readily identified by the use of the Bekhterev Institute Medication Compliance Scale.

**PSYCHOLOGICAL REHABILITATION IN MULTIDISCIPLINARY DYNAMIC SYSTEM OF THE CARE IN PEOPLE WITH THE EXTREME EXPERIENCE**

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*Moscow, Russia*

**Background.** Psychological rehabilitation in people with extreme experience usually is provided as a part of psycho-medical, psycho-social or psycho-medical-social complex help in medical or social helping institutions. The practice of psychological rehabilitation seems to be the model of the application of the Bio-Psycho-Social approach.

**Method.** To find the algorithm of the elaboration of the most effective programs in groups of people with the different types of extreme experience we examined the data of psychological help in the group of Liquidators of the Consequences of the Chernobil Explosion (L, N=200) in comparison with the group of Cancer Patients (CP, N=200). We took for the consideration the biological and social factors before, during and after the complex care as well as the specific sources of psychological help and their effectiveness.

**Results.** Nevertheless the individual differences in before-incident somatic and mental status, micro-social resource, life expectations and dramatic crash of life project etc. play their significant role, there is the evidence of the different in principle main targets and optimal strategies of the organization of psychological rehabilitation in CP and L groups. The most sensitive psycho-bio system disorder in L are neuropsychological syndromes; also psycho-social system is influenced with the lack of emotional control in the L and need of real social support (unfortunately officially supposed only as financial support for disabled persons). In cancer patients the most sensitive elements are diagnose-induced disorders; but also the rare cured psycho-endocrine emotional disorders, especially in endocrine-treated estrogen-positive tumors; the lack of defined life perspective, traumatic experience for the whole micro-social system (children, spouse, close-significant relatives, friends, partner). The work in groups of people with the similar “Liquidators” experience is not effective in prolonged rehabilitation, as well as at the beginning of the complex treatment of cancer patients. The effectiveness of the group psycho-social activities increases in remote period of rehabilitation, after main course of medical treatment.

**Conclusions.** Bio-psycho-social model of pathogenesis and dynamic system of the multidisciplinary rehabilitation is the efficient basis for prevention, prediction and overcome of the complex dynamic undesirable consequences of the extreme experience.

**HIPPOCAMPAL SUBFIELDS VOLUMES, MEMORY FUNCTION, AND GLUCOCORTICOIDS IN PATIENTS WITH MAJOR DEPRESSIVE DISORDER AND HEALTHY CONTROLS: A HIGH-FIELD MAGNETIC RESONANCE IMAGING STUDY**

Malykhin N., Travis S., Coupland N., Hegadoren K., Silverstone P., Huang Y., Fujiwara E., Seres P., Carter R.  
*Edmonton, Canada*

**Purpose of the research:** Major depressive disorder (MDD) is a major challenge for society affecting 2-5% of the population. One of the most replicated findings has been that hippocampal volume is decreased in patients with MDD. Preclinical and postmortem data implicate cornu ammonis (CA1-3) and dentate gyrus (DG) neuroplasticity in hippocampal volume loss in MDD. A major advance in high field strength MRI (4.7 Tesla) by our research group allowed us to test in humans hypothesis-based preclinical models of stress and neuroplasticity in major depression for the first time.

**Method:** 35 patients meeting DSM-IV criteria for MDD with moderate or severe episodes were recruited together with matched 43 healthy controls. Imaging was performed using a 4.7T scanner. Detailed
volumetric protocols have been previously reported by our group. Memory performance was assessed using the Wechsler Memory Scale. Diurnal salivary cortisol data was obtained from participants over several time points during a single day.

**Results:** Total hippocampal volumes were smaller in unmedicated MDD participants than in controls or medicated MDD participants. The control and medicated MDD groups did not differ from each other. Analysis of subfield volumes showed main effects of both diagnosis and treatment for the volume of CA1-3 in the hippocampal body and a main effect of treatment for DG volume, which was smaller in unmedicated MDD than in healthy controls or medicated MDD participants, who did not differ. In healthy subjects volumes of the DG correlated with verbal memory and visual-spatial memory. Posterior CA volumes correlated with both visual-spatial and visual-object memory. Memory scores were significantly lower in MDD patients in the visuospatial and in the working memory tasks. We found that the smaller DG volumes in MDD patients were associated with poorer performance on visuospatial memory tests. In healthy subjects mean cortisol levels negatively correlated with total hippocampal volume, as well as total head, total CA1-3, and head CA1-3 volume, all within right hippocampus. Area under the curve cortisol levels correlated negatively with DG in the right hippocampal body. Cortisol levels did not correlate significantly with any measure of memory performance.

**Discussion:** In present study we demonstrated for the first time that hippocampal volumes in MDD patients showed evidence of localization to specific subfields and subregions, findings that consistent with preclinical evidence for localized mechanisms of hippocampal neuroplasticity.

Adapting a service so that staff are able to work in the family home and engage with all members leads to higher engagement levels, a greater sensitivity of professionals to the context in which psychosis often arises and increases chances of including family members as additional members of the multidisciplinary team.

In this workshop, I will present work carried out with a family in the home to illustrate a number of points:

a) Assessing in a more holistic way the understanding of a psychosis and family factors that maintained and exacerbated its impact

b) This leads to a systemic formulation and systemic engagement

c) Increases the chances of staff taking seriously the impact of psychosis on children

d) The opportunities for practical training of staff by working alongside a professional experience in family work.

There will be plenty of opportunity for participants to reflect on their own services.

**THE PSYCHODYNAMICS OF PSYCHOSIS - A MULTIDISCIPLINARY UNDERSTANDING**

Martindale B.
Great Britain

Multidisciplinary work requires a shared understanding of a person’s problems to determine the interventions likely to be useful.

I will present a framework for understanding people who suffer a psychosis that professionals from different disciplines have found useful. It is based on a psychodynamic elaboration of the stress vulnerability model of psychosis and is quite compatible and complements perspectives from biology, neurodevelopment and cognitive behavioural approaches.

I will focus in on:

a) The difference between contemporary psychiatric diagnostic criteria for psychoses and the psychodynamic criteria

b) The transformation of too painful subjective realities in psychoses to create less disturbing realities

c) The many different aspects of mind that can be too painful, leading to the plethora of manifesta-
Multidisciplinary approach to and treatment of mental disorders: Myth or reality?

The transformation of too disturbing reality and the subsequent creation of ‘non-sense’ can ‘trick’ mental health professionals into believing psychoses must be biologically driven rather than this being consequential.

ON THE EVIDENCE FOR AN ASSOCIATION OF MILD TRAUMATIC BRAIN INJURY WITH CHRONIC COGNITIVE DEFICITS

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Zurich, Aarau, Switzerland

Background. Mild traumatic brain injury has been claimed to cause chronic cognitive changes and diffuse axonal brain injury. We investigated the scientific evidence supporting this notion.

Methods. A systematic literature search using the Cochrane Database and further search-engines was conducted to identify controlled studies in humans addressing the association of mild traumatic brain injury with chronic cognitive deficits or diffuse axonal injury. The available literature was analyzed for methods, sample sizes, results, interpretations, and quality of evidence.

Results. We found two studies fulfilling criteria for high quality evidence (prospective, longitudinal, controlled design, predefined hypothesis, sufficient sample size): One revealed an association of low baseline cognitive function with subsequent mild traumatic brain injury and no trauma-related cognitive changes, thereby indicating chronic cognitive deficits described in post-trauma investigations by other authors reflect a low pre-traumatic cognitive status rather than trauma effect. The second study described no overall association of mild traumatic brain injury with chronic cognitive deficits. Other reports with lower evidence quality (cross sectional, small sample sizes) also showed no convincing difference in cognitive test results between mild traumatic brain injury cases and controls. No morphologic (autopsy) studies in humans testing the association of mild traumatic brain injury with chronic cognitive sequelae and diffuse axonal injury and no sufficient literature data supporting the hypothesis of an association of magnetic resonance tensor (and any other) imaging changes with mild traumatic brain injury and chronic cognitive changes were found.

Interpretation. The available literature lends no support to the notion of a causal effect of mild traumatic brain injury on longterm cognitive function and shows no sufficient evidence for an imaging correlate of diffuse axonal injury in the realm of mild brain trauma.

COMPUTER ADDICTION: CLINICAL PICTURE, DYNAMICS, PRIMARY CLINICAL FORMS

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Introduction: the rapid growth of Computer Addiction (CA) induces to study it in detail.

Aim: to study the structural, phenomenological, clinical and dynamical features of CA and discriminate its primary clinical forms.

Materials: 49 patients were examined (45 male, 4 female). The mean age was 20.1 ± 6.7 years. The inclusion criterion was the pathological inclination to computer use, on the basis of F63.8 (ICD-10).

Methods: clinical psychopathological, mathematical, statistical. Patients were divided into 2 groups: A – CA as isolated disorder (40.81%), B – CA with another psychiatric disorder (59.18%). Data analysis was done by statistic method using Fisher criterion.

Results: all patients reported having a strong desire of using computer, constant mental return to positive emotions related with virtual activities. All of them had psychic comfort while using computer and psychic discomfort in its absence. All the individuals had difficulty in controlling time limit while using computer and feelings of tachychronia. Suppression of vital functions was observed in all cases. Poor memory and concentration problems were detected in 89.79% cases. 91.83% patients had physical discomfort in absence of computer usage. Many behavior problems related to restriction of computer usage were detected: progressive social isolation – 100%, conflicts with relatives – 100%, robbing – 22.44%, suicidal behavior – 4.08%. Two stag-
es of CA development were identified: initial and stage of expanded clinical picture. Two clinical forms were recognized: primary and secondary.

**Conclusions:** CA has staging, progressive course. Clinical phenomenological structure of CA includes syndromes of changed reactivity, psychophysical dependence and changed personality.

**FORENSIC PSYCHOTHERAPY IN PRISONS; THE SYSTEMS, THE SERVICES AND THE PATIENTS**

McGauley G., Reeves Ch., Bartlett A., Comerford R.

*London, Great Britain*

International and national epidemiological research confirms the high level of psychiatric and psychological morbidity in prisoners (Singleton et al., 1998; Fazel and Danesh, 2002).

This presentation concentrates on women offenders and describes the challenges to and adaptations needed to deliver forensic psychotherapy within the structure and regime of HMP and YOI Holloway; the largest women’s prison in the UK which is situated in North London.

We discuss how therapists work within the fabric of the prison and how the delivery of psychotherapy is shaped by the strategies and policies of systems such as The Criminal Justice System and The National Offender Management Service; the latter commissions and provides services for offenders both in custody and in the community.

In this presentation we describe the development of an integrated psychological therapies service. We pay particular attention to the role of forensic psychotherapy in this service. Using clinical material we show how forensic psychotherapy supports and is supported by other therapeutic endeavor and how the work of forensic psychotherapy links with other services in the prison such as the mental health team and the probation service.

Finally we outline the mental health and criminogenic characteristics which differentiate female from male offenders and illustrate, using clinical vignettes, the role of forensic psychotherapy in the treatment of these women. In particular we will describe how the external world of the prison and the internal psychological world of our women patients necessitate modifications to traditional forensic psychotherapy techniques and delivery.

**TEAM APPROACH AND PERSON-CENTERED PSYCHIATRY AND MEDICINE**

Mezzich J.

*New York, USA*

Having as its roots the wisdom of ancient civilizations, enlightened medicine’s traditions, and contemporary developments in clinical care and public health, a global initiative toward person-centered psychiatry was presented at the World Psychiatric Association (WPA) in 2005 engaging many components of WPA [1, 2]. It was extended to medicine at large with an inaugural Geneva Conference on Person-centered Medicine in 2008 [3], and continued through annual editions of this Conference. From this process emerged in 2009 an International Network for Person-centered Medicine [4], which assumed the responsibility of core organizer of the Geneva Conferences in collaboration with a continuously growing number of top international medical and health institutions including the World Medical Association, the World Health Organization, the World Federation for Mental Health, the World Association for Dynamic Psychiatry, the International Council of Nurses, and the International Alliance of Patients’ Organizations to mention a few.

These initial efforts are finding consolidation in the International College of Person-centered Medicine [5] which emerged in 2011 from the International Network. Among the signal activities of the International College are, first, the establishment of an International Journal of Person-centered Medicine as a joint venture with the University of Buckingham Press [6]. The Journal has already completed its second annual volume of quarterly issues with papers of growing quality coming from prestigious institutions from across the world. Other recognized College activities are workgroups aimed at developing methods to facilitate the implementation of person-centered medicine in the clinical arena, such as the Person-centered Clinical Care Guiding Principles and the Person-centered Integrative Diagnosis model [7], as well as a project in collaboration with the World Health Organization to develop metrics to assess progress towards person- and people-centered care.
Another developmental line involves events in addition to our core Geneva Conferences. Such additional events include a conference series on person-centered care for specific clinical topics and periodic international congresses the first of which will be in Zagreb in November 2013. One of the innovations of the 5th Geneva Conference was a Geneva Declaration on Person-centered Care for Chronic Diseases [8], an activity that is to be continued at the 6th Geneva Conference on April 29-May 1, 2013, the main theme of which will be Person-centered Health Research. A range of person-centered efforts conducted by a variety of institutions are emerging across the world, including the recently announced preparation of a World Health Organization Guide on Person-centered Care.

One of the key elements of person-centered psychiatry and medicine is the cultivation of relationships at all levels [2, 9]. These include relationships between the clinician, the patient and the family, as well as collaboration among the various health professionals involved. The latter refers to the team approach to be presented and discussed at the 2014 Congress of the multidisciplinary World Association for Dynamic Psychiatry (WADP). It is stimulating to note that the WADP has been actively participating in the person-centered medicine initiative since its inception.

THE USE OF MEDICAL TOOLS IN THE ASSESSMENT OF CHANGES IN THE PROCESS OF THERAPY

Mielimąka M., Cyranka K.
Kraków, Poland

The analysis of the literature reveals a number of medical tools and markers discussed as potentially useful in the assessment of the effectiveness of therapy and the process of change. The aim of the presentation is to critically discuss the benefits and limitations of the described tools and methodological approaches. Considering the fact that the number of published research on the subject has recently significantly increased it is crucial to critically evaluate the value of the presented measurements in the assessment of the process of change.

THE INSECURITY OF SECURITY: DOES A MULTI-DISCIPLINARY APPROACH WORK IN A SECURE INSTITUTION?

Millar D.
Essex, Great Britain

Do we really believe that we can lock up mental illness? We certainly have laws and measures to lock up the (dangerously) mentally ill. When we do we are then often left with the quandary: What do we do with them now? Most psychiatric in-patient units utilise a multi-disciplinary approach because of the complexity of such cases. Practitioners come from cognitive, psychodynamic, systemic, behavioural and medical backgrounds and every ecclesiastical persuasion in-between but is this necessarily a good thing? No one ‘denomination’ has all of the answers but often each believes the others have less of an answer. Different ways of thinking enriches treatment approaches but also creates competition, envy and defensiveness. Are these qualities ‘good enough’ to enhance collaborative thinking or do they produce (consciously and unconsciously) combative thinking? Are we as secure in our thinking as we are in our locked wards? Is a secure institution a real proposition or a mythical promise?

FROM PSYCHOPATHOLOGY – TO BIOLOGICAL CORRELATES (KANDINSKY-CLERAMBault SYNDROME)

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The term “Kandinsky-Clerambault syndrome” has been used in psychiatric literature and clinical practice of East European countries for more than 80 years. It describes a set of interrelated symptoms: pseudohallucinations, delusions of persecution and influence, feelings of being captured and openness. It is typified by alienation, loss of one’s own mental processes; a feeling of being constantly influenced by external forces.

There are following manifestations of the syndrome:
- associative automatism (mentism, openness, unwinding of recalls, echo thought; all types of pseudohallucinations);
- senestopathic automatism;
- kinesthetic automatism.

*This double term owes its origin to Leningrad psychiatrist A.L. Epshtein who made a report on this topic at the meeting of the local society of psychiatrists in 1927 (even in Clérambault’s life). The report itself was not out; however, its brief account in the report of the local psychiatric meeting, was published in the V. Bekhterev journal in 1929.*

The pseudohallucinatory syndrome in this form was for the first time described by Russian psychiatrist V. K. Kandinsky in 1885. French psychiatrist G. G. de Clerambault gave the psychic automatism syndrome a detailed description in his series of works in the first half of the 20th century. Analysis of history of creation of both authors’ mentioned works, similarities and differences in views of Kandinsky and Clerambault are given in the presented work.

The authors hold *similar* views about the syndrome:
- the practical identity of the authors’ described psychopathological phenomena (anancastia, thought insertion, broadcasting, echo thoughts, mentism, etc.);
- Kandinsky’s pseudohallucinations (sensory, motor, verbal) are essentially very close to Clerambault’s automatisms;
- the syndrome occurs in different mental diseases.

The authors, V. Kandinsky and G. Clerambault, hold *different* views about the syndrome:
- **Kandinsky** focused on the detailed description of the phenomenon and the possible mechanisms of pseudohallucinations;
  - the patients are chiefly described in statics, there is available a self-description;
  - the cohort of patients is predominantly long ill inpatients;
  - the language is not always easy to perceive.
- **Clerambault** focused on the formation of the concept of dynamics of automatisms (described in detail), their role in the occurrence of psychosis (delusion occurs after psychic hallucinations and as a reaction to automatisms);
  - clinical cases are given in dynamics; the development of the syndrome can be observed; the author purposefully traced the fate of patients;
  - most patients are primary, acute, they are examined in an forensic clinic;
  - a wider view of the syndrome: from simple obsessions to chronic hallucinatory psychosis;
  - the language is vivid, figurative, easy to understand.

The Kandinsky-Clerambault syndrome as a clinical entity has been existing for just many decades. It was identified and detailed by the two tireless investigators – the Russian man and the French man. The syndrome does not fit in the current statistical classifications. Their authors are likely to be too young to be aware of it.

**THE GIFT OF HAPPINESS**

**Möbus B.**

*Berlin, Germany*

Happiness – already Aristotelis and actually the entire history of philosophy dealt with it. Today, happiness in science is classified as applied research. It examines emergence and promotion of happiness and is characterized by a pronounced interdisciplinary approach with philosophical, medicophysiological, psychological, social, scientific and economic perspectives. We assume that happiness owns healing powers. So we ask how happiness affects health and may be used for example by members of the helping professions. People that made it their life’s mission to help others suffer statistically more depressions, states of exhaustion and burnout syndromes. Here happiness research may help and imagine ways in which we are able to gain more happiness and satisfaction. Let’s take a brief history review to former meaning and importance of happiness in medicine: we see that in the latest past happiness was more a kind of disturbance or rest size or just chance, maybe even a mistake. In the area of clinical or pharmaceutical research therefore called “placebo effect”. Exactly this effect established for us the relationship to happiness in medicine. With help and knowledges of salutogenesis and coherence research, we show the importance of awareness and mindfulness for physicians and other helpers. This means: turn to the immediate moment with undivided attention in a non-evaluating, accepting attitude, no matter if the situation is pleasant or not, without being caught in musings, future forecasts or memories. Finally, we try to give some suggestions on how physicians may integrate this knowledge in their professional practice and have a positive impact on their patient.
Multidisciplinary approach became recently one of the most discussable topics among the mental health scientists. The rapid development of science and new technologies provide us with information about brain changes and dysfunction found in mental disorders. The progress in neuroscience brought about the persuasive data about the changes in the specific brain activity happening through the psychotherapy. It allows us to put two different approaches the research of the mind and the one of the brain closer together and achieve for psychotherapy as well as for psychiatry the parity with other medical disciplines. However we still have very few theories with well elaborated holistic approach, that could combine the biological issues with psychosocial, developmental aspects in one integrative system with consistent with theoretical base treatment setting.

The human structure personality model elaborated by G. Ammon and his disciples presents really multidisciplinary approach with the integration of social, psychological and biological issues in the understanding of mental disease. Both mental and neurophysiological structures are seen as a result of the internalized during one’s life as well as actual group dynamics, even synaptic efficacy is environmental, first of all group related. In this paradigm neurobiological findings and psychodynamic concepts are no longer contradictory, but provide us with different descriptive dimensions of the same phenomena. G. Ammon considers group dynamic influence as the main epigenetic factor defining the development of central human functions and the identity as a whole in constructive, destructive or deficient way. The more disturbed the group dynamic took place the more deficient is the personality structure develops and the more severe mental illness occurs. Consequently the patient needs the therapeutic system that could provide him conditions, facilitating overcoming of the existent deficits. In spite of the call from mental health care providers for short-term psychotherapeutic methods we have to set for us realistic goals and take into account that repairing development takes time. This point of view is also supported with neurobiological findings that patterns of interpersonal relatedness and emotion regulation learned in the first few years of life are encoded in a more procedural fashion and therefore are slower to change and less amenable.

The main parts of dynamic psychiatry concept such as the definition of the gliding spectrum of mental disorders, constructive, destructive and deficient dimensions of the main human personality functions, the meaning of the primary group dynamic for the further individual development and functioning from one hand strongly correspond to the latest neuroscience findings, from the other hand give us the possibility to overcome the downsides of the modern classification of mental disorders, explaining the possibilities of the different clinical pictures at the different stages not only of disease itself, but also during the treatment progress.

G. Ammon has created a treatment system where the different specialists like psychiatrists, psychotherapists, general practitioners, psychologists, social-workers are involved in team work aimed to “repeat and repair” the pathological group dynamic of the patient with the aim of further development of patients identity and his reintegration in the society. Regular group-dynamic supervision is included to achieve a real multiprofessional team-work to create a common multidisciplinary professional language. The treatment process encompasses in-patient and out-patient settings as a single framework.

Religious belief is known to be an important factor in stress coping behavior and is widely associated with better mental health. The purpose of this study was to identify difference in religious belief level in patients with different cardio-vascular diseases (CVD).

Materials and methods. 185 patients with arterial hypertension (AH), coronary heart disease (CHD) and heart defects (HD) were enrolled in the study and completed “Individual Religiosity Structure (Shcherbatykh)” Questionnaire.

Results. Cardiac patients and healthy group comparison revealed that religiosity in cardiac patients is characterized by more pronounced belief in magical power of religious rites. They also demonstrate more...
certain religious ideas and values. AH patients display the lowest level of belief among all patients with CVD. They do not perceive religion as philosophical concept and do not believe in magic rituals, and less perceive religious teaching as model of moral norms of behavior. Questions of morality in religion are more important to CHD patients. They are more willing to follow Gospel truth in everyday life but try not to show their attitude to faith. The highest level of belief is present in HD patients who use religion not only in search of comfort and support but also consciously share religious values.

Discussion. Religiosity that is understood as set of personality traits and qualities that characterize features of religious consciousness, behavior, attitudes, beliefs, experiences, concerns forms an intrapersonal resource of adaptation that is differently present in cardiac patients and could be integrated into therapy process.

PREVENTING BOUNDARY VIOLATIONS IN PSYCHODYNAMIC PSYCHIATRY – AN INTERACTIVE
Olarte S., Alfonso C.
New York, USA
Mendoza, Argentina

Psychiatrists working in underserved areas, having to conduct brief clinical visits, and burdened with the complex practice of combining pharmacologic and psychotherapeutic treatment modalities could lose sight of the importance of the psychotherapy frame as a therapeutic vehicle for change, one that creates a sense of safety and security, essential to achieve symptomatic reduction and personal growth. Two psychoanalysts, who have collaborated in clinical practice for over two decades, often treating patients who are members of the same family, will lead this interactive workshop. After a brief power point presentation reviewing ethical guidelines in psychodynamic psychiatry, workshop co-leaders will provide examples of challenging clinical situations that could precipitate treatment impasses or boundary violations. Workshop participants are encouraged and expected to present clinical case material from their own practice for peer supervision. This workshop is open to both early career and experienced psychiatrists.

“THROUGH A GLASS, DARKLY” – REFLECTING ON REFLECTIONS IN FORENSIC SETTINGS
Patrick J.
Edinburgh, Great Britain

In this presentation, Dr Jon Patrick, a Consultant Psychiatrist in Forensic Psychotherapy, will focus on his therapeutic task of working within psychoanalytical and mentalisation-based frameworks in a high-secure hospital in Scotland. More specifically, this session will provide an opportunity to consider how these frames can be used as a lens to view the systems in a forensic environment from the micro level to the macro. The former representing the internal world of the patient and the latter the external foundation matrix context that Scotland finds itself in within the UK.

Dr Patrick will talk about his experience developing reflective spaces for himself, individual patients and staff of various disciplines as well as for groups of patients and staff. These spaces, although not always concretely labelled as therapeutic, are potential domains for those inside forensic organisations – as carers or cared for – to make sense of their experiences. Such work may form part of the metabolic functions of the high-secure hospital; echoing Winnicott’s idea of reverie and Bion’s of alpha-function, both concepts that Dr Patrick will consider during the session.

Linked with these ideas found within the psychoanalytical canon, Dr Patrick will also describe how his outlook and practice have developed as part of a multi-disciplinary team providing Mentalisation-Based Therapy in high-security. This latter section of the talk will look at how this way of working has afforded himself and colleagues, who are without a more traditional analytic training, an opportunity to be more alongside the patients and each other in, at times, fraught setting. The process of beginning to find a common language from uncommon experiences will be attended to.

Throughout the session, Dr Patrick will illustrate the theoretical material with clinical examples that show how the forensic world can be a mirror image of the world outwith it. The importance of counter-transferential experiences will be highlighted as being of continual and accelerated importance in both understanding the task as well as surviving it. At the end of the session, Dr Patrick hopes to have a chance to discuss his own and others’ thoughts and experiences in relation to the material presented.
REDUCTION OF IN-PATIENT PSYCHIATRIC CARE AND REAL SOCIAL CAPABILITIES OF SCHIZOPHRENIC PATIENTS’ FAMILIES

Petrov D., Petrov S., Landishev M.

Ryazan, Russia

Modern principles of organization of psychiatric care (decentralization, reduction of bedspace, growth of outpatient care) are sure to lead to the situation when a considerable part of in-patients will be treated outpatientsly. This tendency will primarily concern patients suffering from schizophrenia and organic mental disorders (66-70% of inpatient contingent). After being discharged most patients go back to their families (based on the results of the investigation more than 80%).

The family remains an important source of social care to a patient. The quality of psychiatric care can be estimated not only by keeping in mind patients’ quality of life, but also quality of life of their immediate family members or guardians who take care of mental patients. If the family doesn’t get social psychological support needed to cope with a difficult situation they found themselves in, it will be very hard for relatives to remain the helping hand to a patient.

We have questioned immediate family members (90 people), who take care, give financial and emotional support to hospitalized schizophrenic patients. The interview revealed: half the patients live in their “parents’” families; overwhelming majority of relatives nursing the patients are women; half of the interviewed relatives are disabled people and retirees; more than 50% of the pollees are divorced; there exists unsatisfactory estimation of financial situation and social and living conditions of patients’ families.

As a result, in reality schizophrenic patients’ families under the survey often don’t have full-fledged social “resources”, which can be used in treatment and rehabilitation work with patients. Often relatives, who are responsible for their sick family member, need assistance from social support and welfare authorities.

It goes without saying, that in prospect the use of rehabilitation measures based on microsocial(family) environment of a patient will further the increase of quality of psychiatric and psychosocial care to patients. Nevertheless, as it stands there is pressing need in search for new ways of organization of social and family rehabilitation of mental patients.

Due to that, optimization of bedsapce should consist not so much in reduction as in reorientation (treatment and rehabilitation ward, day patient facility, hostels for people who have lost social intercourse, “life in protected house”). It’s clear that hospital services can’t be replaced by extramural services, in present situation we should take into account functional capabilities of hospitals, community institutions, and also rehabilitative resources of microsocial environment (family) of patients, as integrated (complementary) system of care in mental health field.

MOTHER’S ROLE IN THE PSYCHOTHERAPEUTIC CARE TO A SERIOUSLY ILL CHILD

Polozhaya Z.

Moscow, Russia

According to modern views, in the treatment of children with severe physical illness take an important place measures of health and psychological problems that improve overall vitality of the child, to increase the possibility of his mind to improve the well-being and recovery. Unfortunately these medical and psychological interventions are hardly ever used in the practice of general medical hospitals, including, and due to lack of relevant professionals. The most appropriate approach seems to us the spiritual psychotherapy, and an important figure of the can and it should be the mother of the child patient. Currently in clinical medicine, there is a clear underestimation of the role of the mother in the healing process of the child. All care of it passed on to doctors performing medical treatment, but not having the capacity and are unable to provide spiritual and psychological component. The mother has a special derived from nature, the possibility of spiritual influence on the child, and the main part of the preservation of its spiritual and physical health is the love understanding and positive thinking. Our practical experience has shown improve treatment for seriously ill children connect their mothers in the process of spiritual psychotherapy.
SUICIDAL BEHAVIOR
AS A MULTIDISCIPLINARY PROBLEM
Polozhy B.
Moscow, Russia

Suicidal behavior is the subject of study of a number of biological, medical and humanitarian disciplines. This is due to its complex nature, including a wide range of different factors. Our many years’ studies have to allocate 3 groups of rank determinants of suicidal process. Determinants of the first rank (predisposing) include biological, personality and clinical factors. In other words, factors directly determine the very possibility of beginning of suicidal behavior. Determinants of the second rank (potentiating) lead to the loading of suicidal process. These include macrosocial, microsocial and ethnocultural factors. Determinants of the third rank (realizing) cause directly committing of suicidal acts. These include stresses of personal lives and other psychologically traumatic situations. Proceeding from foregoing, the prevention of suicidal behavior in the different stages of its development requires a multidisciplinary approach with the involvement specialists in different medical, biological and psychological disciplines.

PSYCHOTHERAPEUTIC TREATMENT FOR ALCOHOL ADDICTION IN RUSSIA:
YESTERDAY AND TODAY
Ponizovskiy P.
Moscow, Russia

Psychotherapy is a critical component of a psychiatric skill set when it comes to treatment of alcohol addiction. Numerous studies have shown that a combination of psychotherapy with medication in treatment of dependent patients is more efficient than treatment based on psychopharmacotherapy alone.

As a specialization “psychotherapy” was officially recognized in Russia only in the late seventies of the 20th century, but the first contributions to the psychotherapeutic treatment of alcohol addiction were made by a number of leading Russian psychiatrists (A.A. Tokarsky, I.V. Vyazemsky, V.M. Bekhterev etc.) nearly 100 years before that. The first methods were based on suggestion during hypnotic sessions and in the state of waking. Both hetero- and auto-suggestion were applied. Later on V.E. Rozhnov came up with the concept of emotional stress psychotherapy developing in patients a gag reflex to the taste and smell of alcoholic drinks. Another method of aversion was inducing nausea by combining the intake of different emetic drugs with ethanol ingestion, but finally was abandoned for lack of positive results. In the 70's A.R. Dovzhenko introduced a suggestive method named “Coding”, designed to keep the patients from drinking by convincing them that during hypnotic-like session their brain has been altered to make the consumption of alcohol harmful or fatal. This “rapid” form of therapy and similar “placebo-mediated suggestions” turned out to be rather effective for a wide range of patients.

Nowadays there is a dramatic lack of professional psychotherapists working with addicted patients in Russia. The access to long-term psychotherapeutic and rehabilitation programs is very limited. Therefore different “placebo-mediated suggestion” methods are still widely used by doctors for treating alcohol addiction, despite being extremely commercialized and compromised. Most of psychotherapists in Russia are familiar with the main western psychotherapeutic approaches, but in general the practical experience in the application of these techniques is insufficient. However Russian psychotherapists are gradually becoming less directive and authoritarian. There is a shift from suggestion-based methods to the development of integrative psychotherapy that is focused on clinically accurate vision of an individual personality, with a possibility of planning psychotherapeutic interventions depending on a patient’s aims, values and resources. Furthermore it is important for the psychotherapeutic programs for alcohol addiction to be a creative integration of motivational, cognitive-behavioral and resource oriented techniques.

ARE YOU LIVING ON AUTOPILOT, TOO?
OR ARE YOU MASTERING YOUR MEMORY,
YOUR RESOURCES AND MOOD STATES?
Prüm U.
Innsbruck, Austria

The immense, vital importance of memory to our daily lives is the main focus of the presentation.
Several conscious and unconscious memory systems (Tulving & Markowitsch, 2003) are effectively
affected by mood states (mood-congruent memory; Blaney, 1986).

This topic covers on the one hand up-to-date, specific experiences of visitors of the “17th World Congress of the WADP 2014” in St. Petersburg. Which basic information from the considerable amount of papers respectively abstracts of this Congress you could recall?

On the other hand you will find a description of case studies on patients of varying ages, who experienced psychotherapeutic treatments of mental disorders (depth psychology, mindfulness meditation, hypnotherapy) that resulted in positive changes of (sub-)conscious memory processes (neuroplasticity).

Individual memory performance is influenced by a wide variety of factors, e.g., awareness, implicit priming (sometimes one could recall more information than he is aware of), individual abilities, motivational aspects, frequency, and significance of life experiences, that are affectively valenced (e.g., traumatic events), as well as several mood states. All this factors could cause positive or negative memory bias.

Special focus is given to the human capacity (of clients and researchers) to recall positive memories to improve sad mood (mood repair vs. mood-congruent memory) as well as (sub-)conscious resource factors and resilience.

These capacities might potentially play an important role in multidisciplinary teams from various cultural backgrounds, too.

AESTHETIC EXPERIENCE
AND PSYCHOANALYSIS:
TREATMENT AS ART

Rapaport A.
Munich, Germany

Treatment is an aesthetically organized realm of experience. The hypothesis for this is that art and the psyche are structured according to an aesthetic logic with an emphasis on development and the production of an emotional experience. Aesthetic experiences such as the perception of a painting or reading a literary text are always transformative experiences. In therapy as in art what is at stake is an unconscious communication that at first can only be felt. The first aesthetic experience in a person’s life is the affective experience of the baby’s relationship to the mother (Bollas). The therapist is both like a transforming mother and an artist that shapes the mental material of the patient. Yet in the therapeutic relationship an interactive field is created in which metaphors and phantasies instead of knowledge or fixed meanings are exchanged. Creative connections in a dialectical cooperation rather than unilateral directed interventions provide for psychic development, self-experience and the awareness of unconscious phantasies. Besides the comparison between art and therapy as well as the aesthetic aspects in the patient-therapist relationship, the question of the therapist’s (mother’s) desire for the patient, in the sense of Laplanche’s seduction, will be problematized.

THE DEVELOPMENT OF BODY-EGO-IDENTITY IN THE FRAMEWORK OF OUTPATIENT DANCE THERAPY

Reitz G.
Munich, Germany

Body-Ego-Identity has its roots in the very centre of person, in the unconscious. Disorders in this field are therefore always disorders of identity and can only be dealt with under this aspect. Any treatment of disorders in this field must therefore include the unconscious. Apart from the work with dreams this is possible especially in the human-structural dance therapy, as G. Ammon has developed it.

In the dance there is a permanent interaction of the conscious and the unconscious, the individual and the group, female and male as well as healthy and unhealthy aspects of a person; the aim of therapy is the integration of the different dimensions into the identity of the person concerned.

SPACE FOR DEVELOPMENT THROUGH DANCE AND THEATRE

Reitz G., Urspruch I., Kiem P.
Munich, Berlin, Germany

Using examples from instructional films, the authors of this workshop introduce the expressive therapy and self-experience methods of the dynamic psychiatry.
Formative actions, facial expression, gesticulation and movement comprise in themselves the immediacy and the wholeness of experience, perception and evolution. Therefore, integration of the body into therapeutic work belongs to one of the most important developments in psychotherapy.

Theatre and dance as means of expression, like music and art, are as old as mankind and have already been used in early medicine.

Psychoanalytical Theatre and Dance Therapy have been practiced in Dynamic Psychiatry for more than 30 years and are at one and the same time body therapy, group therapy and art therapy. This practice led to the development of the dance theater as self-experience.

The aim of these expressive therapies is to find ways to the unconscious, to detect repressed violations, to discover resources and to allow development, health and identity supported by the social energy of the group.

Identity, in other words the process of finding and realizing one’s self, the creative shaping of one’s life in the sense of a fulfilled existence, is a primary objective of man. Psychoanalysis, in combination with creative therapies, wants to open up this opportunity to patients to allow them to realize their individual potentials and perspectives in life.

Depression in Chronic Diseases: It is Time for a Synergistic Mental Health and Primary Care Approach

Richie W.
Nashville, Tennessee, USA

Depression in Chronic Diseases: It Is Time for a Synergistic Mental Health and Primary Care Approach.

Objective: (1) To identify the growing significance of depression as a global leading cause of years lost to disability and its role as a major independent risk factor in many chronic illnesses. The distinct effects of depression on morbidity and mortality in cancer, diabetes, heart disease, and stroke are investigated, including behavioral factors and plausible biological mechanisms (psychoneuroimmunology of depression). (2) To raise interdisciplinary awareness between mental health and primary care to the importance of concerted efforts in regard to depression. The current US regulatory and clinical approaches are investigated, available screening methodologies and instruments are discussed. Data Sources: PubMed articles in English were searched from 1992 to 2012 (20-year span) using the following search criteria: psychoneuroimmunology of depression, immune-mediated inflammation, depression treatment recommendations, depression screening, years lost to disability, underserved populations and depression, chronic illnesses and depression, and selective serotonin reuptake inhibitors and immune system. Data Synthesis: Evidence of the robust bidirectional relationship between depression and individual chronic diseases is presented and discussed. A brief overview of currently recommended psychotherapeutic and psychopharmacologic treatment approaches in regard to depression in chronic diseases is provided.

Results: Discordance between mental health and primary care within the US public health system is a systematic problem that must be addressed. This situation leads to a potentially high hidden prevalence of underdiagnosed and undertreated depression, especially in the underserved populations.

Conclusion: Measures must be implemented across the communities of mental health and primary care practitioners in order to achieve a synergistic approach to depression.

Supervision is a useful instrument in psychodynamic psychotherapy as well as in a multi-disciplinary teamwork. Precondition is a confidential setting in which the trainee is able to open him/herself in the relationship to his/her supervisor. Institutional conditions and rules as well as the personal background and professional experience of the trainee play an important role. The specific interest of the authors is the phenomenon of what happens within the trainee-supervisor-relationship, in particular the mirror processes: In general, the patient’s emotions, wishes, fantasies may induce in the therapist specific reactions which psychoanalysts call “counter-transference”. These processes are both
conscious and unconscious. The counter-transference feelings can be used in a constructive way as important information about the actual state of the patient’s feelings or can deliver hints to relationship experiences in his life history. These phenomena may take place between patient and psychotherapist as well as between therapist and supervisor. The authors aim to find out in what way trainees can be sensitized for these mirror processes in a cognitive and emotional manner. A short empirical questionnaire will be applied to trainees in psychodynamic training to give short examples.

**PSYCHOLOGICAL ASPECTS OF PSYCHOSOCIAL REHABILITATION: GENERAL STRATEGY, DIFFERENT TACTICS**

Semenova N., Kulygina M.

Moscow, Russia

The psychological theories that support psychosocial rehabilitation are described to trace its foundations back to well-known theoretical models in neuropsychology, educational psychology, self-determination theory and rehabilitation psychology. Psychological aspects are mainly focused on the interaction of personal and environmental variables in the recovery process. Different types of recovery programmes are used to provide tactically an appropriate psychosocial care for the patients, while a key purpose as a general strategy of rehabilitation is to promote a better quality of their life and self-functioning. By addressing recovery as a process, as opposed to just targeting some issues, rehabilitation psychology considers the interrelationship between and among factors related to the patient’s recovery and the relevant social environment.

The concept of protective and preventive psychosocial rehabilitation (PSR) [Gurovich 2007], designed specifically for psychiatric patients is described. In both theoretical principles and corresponding practical applications, the concept’s approach places a premium not only on improving functional outcomes but also improving the remediation process by enhancing the patient’s social capacities, addressing the patient’s social losses and prevention of these losses in future. Social deficit and social deterioration are found in more than half of schizophrenic patients already in pre-manifested phase. Whereas it was once thought that rehabilitation in psychiatry is associated with a more complete reestablishing of chronic patients’ position in the society, PSR has refocused the field on the other factors that also have an impact on functional outcomes. The mandatory tasks are consisted of not only informing and compliance improvement but also of enhancing motivation in patients, training of social skills, facilitating of psychosocial adjustment. Multidisciplinary approach and collaboration with the patients and their environment are the necessary conditions for organizing the recovery process.

**UNDERSTANDING CONVERGENCE OF PSYCHO-ANALYSIS AND NEUROSCIENCE**

Sharma S.

Delhi, India

To understand Freud’s basic concepts of psychoanalysis, namely his assumption of unconscious mental process and his techniques of free association etc. in the present day growing knowledge of neuroscience are complex but interesting and revealing. Freud and other psychoanalysts spoke of unconscious mental activity like unconscious desires, ideas, feelings and perceptions.

My aim in this paper is to consider present day scientific understanding of the basic issues of unconscious mind and memory. I believe that present advances in neurosciences permit us, to revisit Psychoanalytical theories, while coming to meaningful conclusions. We know human mind is one of the most complex organs of our body and influences all our activities in every day life. My perspective of the subject would be both from a psychoanalytical viewpoint and the biology one, in keeping with the latest knowledge in the field. The primary objective of the talk is to clarify the concept of mind and to present a frame work to understand the relationship between mind and brain both from psychoanalytical and neuroscience point of view.

However there is a mystery about how this relationship takes place and which neural events are in liaison with self conscious mind which not only scans but also influence the dynamic pattern of individual neural performances. Some of these research works are fascinating in the area of neuro-physiology, neurochemistry and neuro-cognitive field. Scientists have made heartening breaks to explore some of the uncharted area to
converge the viewpoints of psychoanalysis and neuroscience. So, what can be gained from neuroscience to understand mind and psychoanalysis will be focused in the conclusion?

**THE METHODS OF DETECTION OF INTERNAL RESOURCES OF MENTALLY DISEASED ADOLESCENTS**

Shcherbakova A.  
*Moscow, Russia*

The lecture describes a study dedicated to finding psychological problems of children with mental illnesses who undergo an extended treatment in an environment of a hospital. Based on the results of the study we give a characteristic of an environment at a hospital from the point of view of children. The connection is shown between revealed environmental aspects and the definition of quality of life.

The use of art techniques “My dream House” helped to get “not forcibly”, indirectly a holistic view of personality, needs, values teenagers with mental disorders, explain their perception of themselves and their immediate surroundings, clarify the teens’ representation about their future.

Finally, we give recommendations directed at increasing friendliness of the environment towards children who experience extended hospitalization.

**TREATMENT OF MENTAL DISORDERS IN PRIMARY CARE WITH “SPECIALTY-RELATED PSYCHOTHERAPY”**

Siepelmeyer N.  
*Berlin, Germany*

Growing numbers of patients suffer from mental disorders and do not become adequate help. Either they do not find a free psychotherapist or they do not see the need for consulting one. Primary care physicians are often overwhelmed by these patients. Many of these patients could be helped, treated and referred to adequate treatment by psychotherapeutically trained primary care doctors. “Specialty-related psychotherapy”, introduced 2007 by the german medical council, with a reduced psychotherapeutic training program for primary care physicians, could help solving this problem. The gap between somatic and psychological care will be reduced. Trained physicians will learn valuable tools for their own burn-out prophylaxis. The author presents his experience with “specialty-related psychotherapy” in his office.

**PSYCHODYNAMIC ASPECTS IN INTERDISCIPLINARY COUNSELLING AND THERAPY OF STALKING OFFENDERS**

Siepelmeyer O.  
*Berlin, Germany*

Stalking – unwanted or obsessive attention by an individual toward another person – has been recognized in many parts of the world as a specific form of psychic violence. Stalking can take place in every sphere of human interaction and as a relational phenomenon is a known reaction to intrapersonal and interpersonal conflicts. The impact of stalking on victims’ psychological and social functioning can be devastating. Some studies of traumatic distress among victims of stalking show that the posttraumatic effects of stalking on victims can be compared to those of the flight crash survivors. In a number of countries of the world stalking has been criminalised and is punished by law. The experience shows, however, that legal steps only are not sufficient to interrupt the stalking dynamics and to prevent the escalation or recurrence of stalking. Systematic therapeutic work with stalking offenders, helping them overcome their obsessive behaviour, represents a highly effective form of victim protection. This work remains challenging and is unfortunately rare. The lecturer informs the audience about the phenomenon of stalking, its psychodynamics and the recent developments in the field of victim and offender counselling and therapy. The focus of the presentation is the unique interdisciplinary counselling and treatment concept of the Berlin center for stalking offenders “Stop Stalking”. The psychodynamic aspects of the concept are offered for discussion.
THE DOUBLE-EDGED REMEDY:
OCCUPATIONAL THERAPY AND HOW IT WORKED
IN A SOVIET PSYCHIATRIC HOSPITAL

Sirotkina I.
Moscow, Russia

In one of the oldest mental hospitals in Moscow, which in Soviet times was named after the psychiatrist, P.P. Kashchenko, and now bears the name of the Moscow pre-revolutionary major, N.A. Alekseev (a relation of Stanislavsky), stand two empty buildings. They are workshops with 1300 work places, part of the system of occupational therapy which flourished in Soviet psychiatric institutions after the Second World War. It was indeed, or it was intended to be, a comprehensive system which combined therapeutic purposes with teaching mental patients new skills and finding them a job once they were out of the hospital. The system also included gardening on the many acres of the hospital’s land (the gardens still survive, and in summer they make the territory look like paradise). Why, then, after perestroika, did the occupational therapy decline? I will start by examining the motives for its introduction in the first place: the Protestant ethic inherited from the York Retreat and similar institutions, which served as a model for the Russian mental facilities at the end of the nineteenth century; the Communist Party ethics which gave priority, if only in words, to work and workers; the objective, first articulated by the proponents of social medicine in Russia, to rehabilitate mental patients; the shortages of the hospital’s economy which used free labour of the patients. Then I will consider the possible reasons for the decline of the occupational therapy, such as complaints from the patients about the hardship of working under drugs, the accusation that they were exploited, changes in the law system and, finally, lack of funding. One may find pros and cons in the way occupational therapy was organized in the Soviet Union, and psychiatrists continue to reflect on what has happened.

NEUROCOGNITIVE DEFICIT IN SCHIZOPHRENIA:
POSSIBLE WAYS OF CORRECTION,
REHABILITATION AND PATH PROGNOSIS

Sofronov A., Spikina A., Savel’ev A.
St. Petersburg, Russia

Currently, neurocognitive deficits in patients with schizophrenia is a major health and social problem of modern psychiatry. Medico-social significance of the problem lies in the fact that among patients with schizophrenia there is a lot of patients of working age, as well as a high enough percentage of their disability.

Objective: To study the influence of neurocognitive training as well as long-term use of psychopharmacological drugs with serotoninergic mechanism of action (serdolect, fluvoxamine) on higher cortical function in patients with schizophrenia and to evaluate their effectiveness in the treatment of schizophrenia.

Material and methods: 4 groups of patients diagnosed with paranoid schizophrenia were formed with stable therapeutic remission. All patients had symptoms of neurocognitive deficits. For revealing the symptoms of neurocognitive deficits, we used standard tests such as learning the 10 words, Benton Test, Stroop Test, Test “Encryption. To assess the attention: The test for the visual and motor coordination (parts A and B).

The first group of patients received serdolect as monotherapy in middle doses, the second group received fluvoxamine in combination with conventional antipsychotics as the treatment of cover in middle doses, the third – took place at the complex of neurocognitive training in combination with conventional antipsychotics as the treatment of cover in middle doses, the comparison group received only conventional antipsychotics. We used clinical (advanced clinical psychopathological interview), paraclinical (psychological study of neurocognitive deficits with a battery of standard tests listed above, the study of the social functioning of patients – the scale of PSP).

Study design: Initial evaluation of patients was carried out at the first call, prior to the neurocognitive training. Follow-up study was conducted one month after completion of training programs and the final examination, after a year. In the comparison group surveys were conducted with the same frequency.

Structure of classes: Intensive training is conducted during the stay of patients in the department.
of rehabilitation at a frequency of at least two times a week. The total number of classes at the stage of intensive training was 10 or 12. Supporting phase is aimed at maintaining and strengthening depleted during an intense phase of cognitive skills, as well as strengthening of the studied material, with the next inclusion of patients in social programs. It was performed with a frequency of 1 every 2 weeks for six months.

**Results:** After training the cognitive processes in schizophrenia patients were obtained by increasing the tempo of the performance, improving the concentration, the adequacy of long-term thinking and memory have been identified trend towards an increase in operational short-term memory. According to the survey indicated an increase in all indicators (the difference with the control group ranged from 3% to 26%), the maximum improvement falls on visual memory, and minimal attention to the function. Patients receiving serdolect and fluvoxamine have shown significant improvement in neurocognitive profile in comparison with the control group, and, better indicators such as verbal associative productivity, selective attention, working memory and motor coordination was significantly higher in patients treated with serdolect.

**Conclusion:** The neurocognitive training showed itself as an effective method of correcting neurocognitive deficits. Inclusion of data classes in the rehabilitation program helps to reduce the term of stay of patients at the Department and rapid integration into society. Using drugs with serotonergic mechanism showed significant improvement in neurocognitive profile of schizophrenia patients. Serdolect showed statistically significant improvement in the basic neurocognitive parameters in comparison with Fevarin.

**COMMUNITY SUPPORT TO PATIENTS WITH SCHIZOPHRENIA: EXPERIENCE OF TEAM WORK**

**Solokhina T.**

_Moscow, Russia_

The community model of the psychological and social support to patients with schizophrenia was worked out and practically implemented within the activity of Public organization “Family and Mental Health”.

**Purpose:** to analyze results of the support, features of professionals’ team work, to detect problems and to offer ways of their decision.

**Material and methods:** patients with schizophrenia (n=80), family members (n=250), team of experts (n =38). The battery of specific techniques for different groups of participants included clinical and psychological tests.

**Results.** The conceptual basis of support is based on biopsychosocial model and professionals’ team collaboration with patients and their family members. The multidisciplinary team includes psychiatrists, psychologists, social workers, nurses and provides comprehensive support. The following forms of care are carried out: of psychiatrists’ counselling, psychoeducation for patients and relatives, psychological counselling, social skills’ trainings, group-analytical psychotherapy, art therapy, dance-, music- and environment- therapy. The fundamental principles of the team work include thorough patients’ examination in clinical-biologic, psychological and social categories that provides planning the needs-based support; orientation on the patients’ personality, continuous character of psychosocial therapy with consecutive change of different forms of support; development of the relations maintaining the hope of recovery and conditions, promoting development of the relations. It was demonstrated that multidisciplinary approach promotes improvement of social functioning and quality of life of patients and their relatives, improves the compliance. The multidisciplinary approach also imposes certain obligations for the professionals’ team work. Considering it, the following forms of support were proposed: monthly meetings of the whole community, weekly meetings of professionals, individual and group group-analytical supervisions, training programs on new forms of psychosocial interventions. These forms of support satisfy the following needs of specialists: professional growth, coherence to team work, more understanding of patients’ problems and feelings; experience of psycho-traumatic professional situations management. Experience of the community support to the mentally ill by multidisciplinary team of professionals demonstrated its efficiency.
Psychiatric Morbidity and Chronic Pelvic Pain in Patients with Endometriosis

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Zurich, Switzerland

Introduction: Endometriosis is a chronic gynecological disorder which can affect women at reproductive age. Chronic pelvic pain (CPP) is a common symptom accompanying endometriosis. CPP is associated with comorbid psychopathology and lower health-related quality of life. Moreover, women who suffer from CPP report physical or emotional abuse during childhood more frequently than women without pain. In a cross-sectional study in a university hospital we assessed differences in the health status and psychiatric morbidity between women with endometriosis and a healthy control group.

Material & methods: 156 women aged between 19 and 54 completed psychometric questionnaires evaluating depression, anxiety, health-related quality of life and adverse experiences during childhood. 96 (62%) women had laparoscopically diagnosed endometriosis. Among the endometriosis patients 31 (32%) were symptom-free whereas 64 (67%) reported CPP. The analyses of psychological well-being were stratified by the presence or nonpresence of endometriosis and in the second step the presence or nonpresence of CPP among patients with endometriosis. Health-related quality of life was measured by the Short Form Health Survey (SF-8). Depression was assessed by the Prime MD Brief Patient Health Questionnaire (PHQ) and anxiety was assessed by the General Anxiety Disorder Scale (GAD-7). Adverse childhood experiences were measured by the Childhood Trauma Questionnaire (CTQ).

Results: 53.1% of the women with endometriosis reported to attend psychotherapy, among the control group 26.7% received treatment ($\chi^2 = 10.55$, p=.001). Psychotherapeutic treatment was not related to age (r=.11, p=.157). Women with endometriosis reported more traumatic experiences during childhood compared to healthy controls (T=4.43, p<.001). They also displayed more depressive symptoms (T=3.48, p=.001), a higher level of anxiety (T=3.25, p=.001) and lower health-related quality of life (T= 5.68, p<.001) for the physical component and T= 4.09, p<0.001 for the mental component. Among the women with endometriosis there were also significant differences on four of the five variables (except for the mental component of health-related quality of life) with higher scores within the subgroup with CPP. The frequency of CPP was positively related to depressive symptoms (r=.39, p=.002) and negatively to health-related quality of life (physical component) (r=-.56, p<.001). Within the study sample adverse childhood experiences were positively related to present symptoms of depression (r=.38, p<.001), anxiety (r=.45, p<.001) and negatively to the mental component of health-related quality of life (r=-.34, p<.001).

Conclusions: Women with endometriosis were more impaired in their mental and physical health status compared to healthy controls. However, this group revealed to be heterogeneous depending on the presence of chronic pelvic pain. Pelvic pain was related to self-reported adverse childhood experiences and higher rates of psychopathology. Further research is necessary to assess the longterm relations between chronic pain and mental health as well as possible beneficial effects of psychotherapy in the treatment of endometriosis patients.

The Contribution of Families in Understanding and in the Treatment Towards Recovery of Severe Mental Disorders

Svettini A.

Bolzano, Italy

Families have been seen for too long – in past days – as playing a fundamental role in the determination and maintenance of severe mental disorders. Today it is widely demonstrated that families are not responsible for causing psychiatric disorders and deserve the respect, support, attention, and education that they need to participate constructively in the management and treatment of their mentally ill relatives.

Starting from the assumption that all stakeholders, family members included, do the best they can to help limit the devastating effects of severe mental illness and to foster recovery from its disabilities, families can offer an unique perspective and represent an important source for understanding the person affected by the illness, the weaknesses but also the strengths, in order to facilitate a more person-centered approach to the mental health problem.
While pharmacotherapy can reduce or eliminate symptoms, stress-related relapse and functional decompensation require psychosocial services, including the mobilization of families and their resources to protect the ill relative from relapse and dysfunctional life. In fact, family and carers represent the primary source of companionship, involvement in activities and assistance for the mentally ill person in coping with day-to-day problems, ensuring continuity of support and advocacy.

Moreover, when family members become collaborators in treatment, their stress levels and burnout are reduced and their morale is lifted, and they become more effective “extenders” of professional services, making the goal of recovery from psychiatric disability more attainable.

THE INPATIENT TREATMENT OF PERSONALITY-DISORDERED OFFENDERS: MULTIDISCIPLINARY SUCCESSES AND TENSIONS

Taylor C.
London, Great Britain

This paper will describe an inpatient treatment service for high risk personality disordered offenders. Patients referred to the unit have much in common, but at the same time present with complex and differing needs. For this reason, a flexible, integrated therapy programme has been developed, which operates within the containing framework of a therapeutic community. Its efficacy relies upon collaborative multidisciplinary working. The benefits and rewards if this approach will be described, as well as the splits and rivalries that can develop within the clinical team. Our approach to understanding and processing these dynamics from a psychodynamic perspective will be presented.

BRAIN AND SOCIETY

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By understanding the constantly interactive constructive process which leads to the creation of our brain structure the roots of cultural phenomena become evident. This process starts long before birth and the traces of these earliest stages of subjective world creation can be recognized in different areas. Not only many cultural phenomena can be elucidated by integrating our knowledge of the interactivity of the brain-structureBrs build-up, but also the creation of political systems can be understood as a result of psychological needs deriving from the brainBrs functioning. E.g. like any form of behaviour also trauma tends to be passed on from one generation to the next. As a result trauma can persist as a constant source of violence in highly traumatised parts of the world. In general human evolution has shifted from being mainly genetic to being mainly cultural (transmitted through conscious and subconscious knowledge) and thus can be actively shaped.

Abstract: By understanding the constantly interactive constructive process which leads to the creation of our brain structure the roots of cultural phenomena become evident. This process starts long before birth and the traces of these earliest stages of subjective world creation can be recognized in different areas. This not only includes near death phenomena, concepts of “paradise” and the great variety of reactions onto various forms of trauma but even the earliest stages of representation in the brain, e.g. the bodily surface in the cortex. Not only many cultural phenomena can be elucidated by integrating our knowledge of the interactivity of the brain-structureBґs build-up, but also the creation of political systems can be understood as a result of psychological needs deriving from the brains functioning. Unvealing these often subconscious needs it becomes visible what the future of politics has to take into account in order to be accepted by its people. A central aspect of the dynamics determining the evolution of political systems as well as of conflict is psychodynamic splitting, which is at the core of any violent conflict and radical ideology. While a normal step in the development of individual psyches, the persistence of splitting in the adult psyche usually is linked to traumatic experiences which are stored in the subconscious and re-enacted later in life. Like any form of behaviour also trauma tends to be passed on from one generation to the next. As a result trauma can persist as a constant source of violence e.g. in highly traumatised parts of the world. Yet the understanding of this dynamic makes it potentially possible to address and change the political path of conflict from seemingly never ending to fundamentally resolving it. In humans evolution has shifted from being mainly genetic to being mainly cultural (transmitted through conscious and subconscious knowledge) and thus can be actively shaped.
NEW CONSIDERATIONS ON PERSONALITY DEFICIT, REGULATION, DISSOCIATION AND DEVELOPMENT STAGNATION
Thome A.  
Munich, Germany

To mobilize or initiate new possibilities for psychic development. What does it mean?
The communication discuss this question by proposing a psycho-physiological understanding of the stagnation of personality development. It refers to former research results oft he dynamic-psychiatric hospital Melterschwaige.

A MODEL OF GROUP PSYCHOTHERAPY INTEGRATION SOMATO-PSYCHIC, EVEN IN SUBJECTS WITH SEVERE PSYCHIATRIC DIAGNOSIS
METHOD BERTOSA
Tosarelli L., Berti C., Martelli C.  
Bologna, Italy

The BerTosa method takes its origin within a multidisciplinary domain study between psychological sciences and those of human movement. It has the objective of realizing and sustaining the patient’s somatopsychic integration. The method consists of an approach of a psychotherapy-group that integrates the body movement with the emotional one. The human body, is permanency and consistency of living, is place of perceptions, sensations and emotions, it embodies identity of each. The body is territory and the border, place of listening, of its own interior perceptions. The body is a structure, it is alive, warm and sonorous. But in the presence of a psychiatric pathology, it often becomes silent, cold, disorganized, almost “dead”. The patient’s identity with psychiatric disorder, is embodied in a trauma, especially if it’s precocious.

In the light of recent studies, lets us assume that the trauma can break into primitive motor-patterns, impairing their the formation by means of appearance of precocious contractures and consequent disharmonies in the body movements. With the BerTosa method, starting from the re-proposition of the experience of the infant, such as in the stretch its, in the her roll over and breathing, quietly protected from traumatic outside interferences, we arrive at a recovery of motor patterns and the development of itself thought. The BerTosa method intends to become a method of treatment for patients with severe psychiatric disorder, for patients with severe psychic disorder, through the development a body that can express its identity, in an experiential continuum of himself physical-emotional, concept already exhibited at the conference in Monaco in 2011.

HOW SPECIFIC IS PSYCHOTHERAPY? COMPLEX RELATIONSHIPS BETWEEN SPECIFIC AND COMMON THERAPEUTIC FACTORS
Tschuschke V., Blawath S., Koemeda M., Crameri A., von Wyl A., Schulthess P.  
Cologne, Germany  
Zurich, Switzerland

The paper refers to data from a major Swisswide psychotherapy research project. The naturalistic study includes 10 different psychotherapy concepts from psychodynamic, humanistic, and integrative orientations, involving 88 psychotherapists and 350 patients from outpatient therapeutic settings. The study includes complex process-outcome relationships, amongst others e.g. aspects of therapeutic working alliance, professional experience, initial psychological burden of patients, therapeutic intervention characteristics such as interpretations, confrontations, and emotional support in their relation to gender issues and outcome, as well as treatment integrity and its relationship with outcome etc.

Path analyses and complex statistical analyses reveal process-outcome-related patterns which are stable across different therapeutic concepts. Treatment integrity of therapeutic interventions do not play a significant role in regards to treatment outcome. The role of treatment integrity (adherence) of therapeutic interventions in psychotherapy is being discussed in the light of these results and involving arguments from the perspective of the “Dodo Bird Verdict”.

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DYADIC PARENT-INFANT VERSUS TRIADIC TWO PARENTS-INFANT PSYCHOTHERAPIES FOR EARLY PSYCHOPATHOLOGY

Tyano S.
Tel Aviv, Israel

The intrapsychic and interpersonal processes between parent and very young child are very much intertwined: the parent’s internal world is reflected in the way she/he interacts with the child, which in turn, influences the development of the child’s inner world, through processes of projective identification. In clinical practice, we encounter what Stern has named the “clinical infant”, i.e. the symptoms that reflect the distorted parental perception of their child. Dyadic parent-infant psychotherapies have been the most common modality of treatment for many years. The observed clinical fact that co-parenting is very often problematic has led to the inclusion of both parents in the therapy room with the infant. Like dyadic psychotherapies, triadic psychotherapies can focus on the interactional level – the here and now, as well as on the psychodynamic level – links with parents’ past experience of co-parenting. The specific goals of the triadic father-mother-infant psychotherapy are: To identify with the parents focuses of dissonance and lack of solidarity in their co-parenting patterns, to explore the underlying psychodynamic and trans-generational themes, to improve co-parenting functioning, and through it, in some cases, to impact on the marital difficulties, to facilitate the experience of a new schema-of-being-with-Mummy-and-Daddy- in the infant’s mind.

AN ALTERNATIVE TO PSYCHIATRY – DOES IT WORK? 6 YEARS OF EXPERIENCE IN THE MAISON D’ESPERANCE IN THE SOUTH OF FRANCE

Urban M.
Stuttgart, Germany

Hospitalisation in psychiatry is not a comfortable experience. Many patients are looking for alternatives – and some professionals do so as well. The author founded “La maison d’espérance” as a small, private institution of alternative care or aftercare for “people in a life crisis”. He will explain experiences and results of 6 years in this institution.

1. The setting: local, care-giving, organizational and financial conditions
2. Various types of alternative institutions, such as Soteria units, retreat houses, self-help groups with crisis intervention teams.
3. Our guests: age, diagnosis, life situation.
4. Results: To whom was the stay helpful?
Where are the limits for such a setting as the Maison d’Espérance.
5. Consequences: Developing psychiatric care in a different direction?

THE DEVELOPMENT OF PEACE CAPACITY: MYTH OR REALITY

Urspruch I.
Munich, Germany

To achieve and to maintain peace it assumes the inner peace capacity. The author performs thoughts about the meaning of inner peace capacity from the view of psychoanalysis.

Sources of inner peace capacity respectively their hindrance is the primary constructive or destructive dynamic of the child’s family under the influence of the surrounding society.

From her longlasting experience as a psychoanalyst and theatre therapist, the author demonstrates how psychoanalytic treatment can be a contribution for the achievement of inner peace capacity.

She looks at inner peace capacity as a prevention from interpersonal traumatic dynamics and therefore as well as a prevention for the severe traumatic results caused by the never ending wars between the people of the world and the resulting destruction of our world as living space.

FAITH AND HEALING

Verma J.
Patna, India

Coming from a country where people are likely to have invincible “faith” in some deity, (i.e., divine power), supreme influence, and even ‘mantras’ prayers, religious rituals, and faith healers, the author proposes to address to a basic question namely, ‘what
is faith”? Further the interest extends to the question, ‘if faith heals how does it facilitates the healing process?’ At this instance ‘faith’ needs to be examined as one of the multiple approaches for healing negative affective states and predominance of ‘negativity’ in one’s thoughts, action and feelings. Similarly, one would like to understand whether those who strongly hold on to their faith and choose to surrender to the foundation of their faith were in an advantageous position for regaining and reaching the state of overall wellbeing than those who choose to be skeptical and remain non-believers?

The other important concern would be to examine the process of faith healing and to understand what ‘faith’ does to the believer which the skeptical and non-believers might lack and would perhaps remain deficient in their efforts towards healing the mind and the body.

Drugs, medicine doctors, surgeons or medical science in general are very important for health and healing concerns but for a poor country where the presence of professionals is far less then the desirable numbers, it may be argued that the role of faith healers needs to be critically evaluated and examined as a viable multiple approach for addressing to the health and healing issues. The ultimate aim is to understand whether “faith” seems to have a role in the therapeutic process and in activating the resources (inner power) of the “self”.

A social scientist’s concern seems to be in asking whether “faith” can be safely considered important for igniting the process of healing and whether this works because the tormented self regains its healing powers by throwing and connecting itself with the enigmatic powers of the one in whom he/she believes and therefore can rest assured that help will come. In sum the paper would like to examine whether having faith in some unseen divine power/ authority/deity/or supreme energy, etc. creates favourable conditions for initiating self-empowering processes which facilitates self-healing and the capability to beat negativity, affective states like anxiety, depression, agitation, fear of desertion and loneliness, etc. a generally, negative and hopeless approach towards life?

**UNUS PRO OMNIBUS, OMNES PRO UNO:**
**GROUP WORK IN A COMMUNITY MENTAL HEALTH CLINIC IN A BI-NATIONAL TOWN**

Vielnisky-Garber J., Gil T., Bar-El J.
Acre, Israel

We present therapeutic group work in a community mental health clinic. Acre is a small town in the north of Israel, populated by a small majority of Jews and large minority of Arabs, and is surrounded by rural catchment area which comprises mostly by Arabs. Consequently the clinic’s profile of referrals affects the nature of interventions taken, amongst is group therapy. Beside its universally accepted principles (Based on Bion, Foulkes, Yalom, and McKenzie, among others), we focus on some more unique characteristics of our clinic’s work, which are: (1) Heterogeneity in patient’s diagnoses lead to either homogenous groups (e.g., DBT group for Borderline, dynamic group for anxiety disorders) or heterogeneous groups (e.g., group for mixed personality disorders). (2) Heterogeneity in patient’s demographic properties leads to either heterogeneous groups (e.g., women and men together, Arabs and Jews together) or to homogeneous groups (e.g., Arabic speaking group for spouses or mothers of Arabic mentally-ill men). (3) Heterogeneity of professionals working together as a team (psychiatrists, psychologist, social workers etc), each brings upon its unique knowledge and professional heritage. and (4) Heterogeneity of treatments (individual, group, psychopharmacologic, psychotherapeutic, dynamic, CBT, and so on) strive to integrate, not without difficulties. Our discussion will try to give special attention to the unique encounter of people of two nationalities having being treated by therapists who themselves belong to two nationalities. The team processes may reflect patients’ processes in the therapeutic groups, and probably vice versa…

**WAGNER, FREUD**
**AND THE END OF MYTH**

Welldon E.
London, Great Britain

Freud once asserted that his intention was to re-interpret myths and stories as products of the inner world, and thus ‘transform metaphysics into metapsy-
chology’. But had Wagner got there before him? By taking the mythic dimension and bringing it into the human realm, Wagner anticipated Freud in his depiction of unconscious processes of the mind, while Freud’s ‘science of the unconscious’ gives unprecedented insights into Wagner’s monumental achievements. I shall concentrate on the psychodynamic development of Brunhilde in the Ring as a means of demonstrating Wagner’s enormous capacity to understand the substantial complexity and power of femininity and the related capacities of change. This conference is a result of the conviction that, like Freud, “Wagner was grappling … with fundamental psychosexual issues that affect us all” (Barry Millington, 2013) and that a fruitful dialogue can exist between their two bodies of work.

A MULTIDISCIPLINARY APPROACH TO THE PROBLEM OF REHABILITATION OF CHILDREN AND ADOLESCENTS WITH MENTAL DISORDERS
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St. Petersburg, Russia

Objectives: Treatment to children and adolescents with mental health disorders is a multidisciplinary problem. A team approach is the most effective method, because the joint efforts of various specialists to allow decide multiple questions (I.I. Gurovich, A.B. Shmukler, 2002; E.V. Koren, 2011; Iu.V. Popov, Iu.A. Iakovleva, S.V. Semenova, 2012). One of them is the low tolerance of society towards children with mental illness.

Aim: To examine the need for a multidisciplinary approach to rehabilitation of children with mental disorders.

Material and methods: 80 parents of mental disease’s children & 86 teachers of cities schools and children gardens were examined by special questionnaires were developed in the department of Child and Adolescent Psychiatry of St. Petersburg Bekhterev Research Psychoneurological Institute

Discussion and results: According to a survey, most of teachers 56,9% (39) formed their understanding of children with mental disorders on the basis of data media (television, Newspapers). 41.9 % (36) of the teachers believed that children and adolescents with mental disorders may attend mass child garden and the school. 32.6 % (28) didn’t agree with that. 25.6 % (22) – difficult to answer. 37.2 % (32) of the teachers believed that intercourse with a sick child is unlikely to be useful and pleasant for children. Therefore, following an acute problem is the fear of parents to contact a psychiatrist. We found that the 28 parents (32,6%) took their children to psychiatrist by their own initiative, some other professionals (pediatrician, general practicioner, neurologist or psychologist) encouraged applying to a psychiatrist in 44 cases (51,2%), 8 parents (9,3%) asked for advice after strong recommendations from teachers. One of the main signs of psychiatrist’s competence for 64 parents (71,8%) was the appointment of additional medical research techniques and expert advice related specialties, an attentive attitude to the patient for the 56 persons (65,1%). 53 parents (61,6%) were convinced that a doctor for a diagnosis of mental disorder had to examine the child several times, 21 (24,4%) agreed with the diagnosis after several evaluations of different mental health professionals only, 6 (6,9%) found that difficult to answer the question.

Conclusions: Thus, the turning point of the work of various specialists allows solving the problem of interaction with the parents.

GROUP CBT PROGRAM FOR INPATIENT TREATMENT OF DEPRESSION: DEVELOPMENT, EFFICACY ASSESSMENT AND IMPLEMENTATION*
Yaltoskaya A.
Moscow, Russia

Purpose of the study was to develop the protocol of group CBT for depression and to assess its efficacy applied in combination with standard psychopharmacotherapy (PT) for inpatients with depressive disorders in comparison with the standard psychopharmacotherapy.

Materials and methods. Based on the systematic analysis of the literature and exciting protocols of group CBT for depression an original protocol in the Russian language was created, adapted and used in the research. Sample contained 121 inpatients (Mean age 41.0 ± 11.6, M/F -52/48%) diagnosed with depression (F 32-37.2%; F 33-33.1%; F 41.2-24.8% and F 34.1-5% according the ICD-10 criteria). All patients were randomly divided into two groups. Socio-demographic and clinical characteristics of two groups were similar. The main group undertook 8 sessions of group CBT each
for a 2.5-hour duration on top of the standard pharmacotherapy with antidepressants. The control group received only standard psychopharmacotherapy. For outcome measures, the Russian versions of following instruments were used: Beck Depression and Anxiety Inventories (BDI & BAI), Dysfunctional Attitude Scale, Automatic Thoughts Questionnaire. The outcome was assessed after the completion of the course of treatment and followed-up after one year.

Results. Before treatment the level of the depression severity measured with BDI was higher in the main group (25.8 vs. 20.4). After the treatment it statistically significantly dropped in both groups and reached a similar level (9.6 vs. 11). After one-year the level of BDI remained significantly lower in the group of gCBT+PT in comparison with PT group only (5.3 vs. 10.4).

A similar trend was observed for the level anxiety, level of automatic thoughts and dysfunctional attitudes. Only 5.6% of patients from the main group and 28% from the control group were rehospitalized in a psychiatric hospital during the year of the study. However the dropout level from the group CBT was quite high and comprised 26%.

Conclusion. Group CBT in combination with pharmacotherapy is more effective for the treatment of inpatients with depressive disorders than pharmacological treatment alone. One of the most significant and clinically important advantages of Group CBT in a complex treatment is its positive impact for stable remission and relapse prevention.

*The study was performed at the Department of Psychiatry, Addiction and Psychotherapy Moscow State University of Medicine and Dentistry named after A.I. Evdokimov under supervision of Prof. B.Tsygankov

DISABILITY AND ANXIETY-DEPRESSIVE STATES IN PATIENTS WITH CHRONIC HEART FAILURE
Yenel A., Sunbul M., Sunbul E.
Istanbul, Turkey

Summary: Anxious and depressive symptoms are frequent in cardiac disorders. This study estimates the prevalence of disability among patients with chronic cardiac disorder and identifies important correlates of disability among this population.

PSYCHOPATHOLOGY, TEMPERAMENT AND ATTACHMENT STYLES OF PARENTS WHOSE CHILDREN AND ADOLESCENTS HAVE BEEN SEXUALLY ABUSED
Yenel A.
Istanbul, Turkey

Summary: The parents of the children and adolescents, who have been sexually abused, are the subject of many studies. There are few studies that analyze the first axis the second axis, the temperament and the attachment styles diagnose systematically.

Method. It was analyzed that 80 mothers and 66 fathers were the parents of children who have been sexually abused. Diagnostic interviews were done with SCID-I and II, temperament and attachment forms were rated with Temps-A Temp. Parents of children without sexual abuse history were included to this study as a control group. Scale and with Adult Attachment Forms Scale. In this study, 11.4% of cases, the perpetrators are the fathers themselves (n=12).

Results. In these, parents attachment forms do not differ from the control group but the temperament forms are found to be more in depressive-anxious and cyclothymic in mothers (p<0.05). The percentage is 81.3% in mothers and 47% in fathers who have sexually abused children as first axis clinical disorders. These percentages were found to be 100% for second axis personality disorders in both mothers and fathers. The most seen diagnoses are anxiety disorders (in mothers 40%, in fathers 21.2%) and affective disorders (in mothers 32.5%, in fathers 9.1%). The most seen personality disorders are addiction (20%) in mothers and obsessive-compulsive (10.6%) and passive aggressiveness in fathers (28.8%) and avoidant personality disorders in both (in mothers 20%, in fathers 13.6%). Self-defeating personality disorders for mothers, 8.8% which are set C personality disorders.

Discussion. This study shows the lack of protective properties of mothers of the children and adolescents that have sexual abuse. This study also showed that it is harder to get in contact with fathers and that they are recessive to talk about sexual abuses as another remarkable fact which makes the study limited.
Method: Disability was assessed among 51 participants of the Marmara University Cardiology Clinic’s outpatient department at the 2013 follow-up using the brief disability questionnaire-BDQ. Demographic and health measures were related to disability status using logistic regression models (none or mild vs. moderate, severe, or extreme disability). When the sex, education, occupation, the hospitalizing clinic and the HAD mean points were compared, the difference was found to be statistically significant (p<0.01).

Results: Patients with Coronary Artery Disease have $10.5 \pm 2.7$ depression level and $11.5 \pm 2.3$ anxiety level on scale. Mostly patients reported moderate to extreme global disability. depressive symptomatology were associated with global disability. Obesity, and hypertension were only associated with disability for the mobility domain (getting around).

Discussion: The prevalence of disability is relatively high among this population of chronic cardiac patients. While planning the treatment of patients with cardiac illness, evaluating them mentally will help to provide optimal treatment and care services.

FROM MYTH TO THE REALITY OF THE NEUROLOGICAL SUBSTRATE: THE PATH TO PSYCHO-NEUROLOGIC PSYCHOTHERAPY
Zaccagnini E.
Firence, Italy

Accepting the essential mind-brain unity does not reduce reality. A scientific approach to the brain entails studying its physiology and using it as a building block for the treatment of mental disorders, refraining from any arbitrary interpretation and making an effort to integrate the various discipline studying man’s brain and mental disorders.

A multidisciplinary approach to mental disorders and their treatment is not a myth. It is a Reality-imposed requirement.

Experiments supported by neuroimaging brain monitoring are proving that our brain can repair psychological injuries as well as our body is geared to respond to injuries from the environment. This is the starting point of The Adaptive Information Processing Model (AIP). Brief presentation of two of the most recent findings supporting the AIP model will be provided: the Default Brain System and the validity of the Episodic memory Constructive Theory.

THE ALGORITHM OF OPERATION OF THE INTEGRATED MULTIDISCIPLINARY BRIGADE
Zrazhevskaia I.A., Israelyan A.Y., Berezkin A.S., Koryakov A.V., Kozlov T.N.
Moscow, Russia

Objective of research: to develop the algorithms of the work of multidisciplinary team on the basis of the activities of the psychosomatic and narcological departments.

Methods of research: clinical (anamnetic, psychopathological, dynamic, catamnetic) in combination with elements of system-analytical approach, selectively – paraclinical (psychological, including pathopsychological; instrumental; laboratory & etc.).

Results of the research: The experience of departments work of psychosomatic and narcological profiles was generalized. The information about the used technology of integrated multidisciplinary team was provided. The issues of organization and training of specialists brigade, interaction of various specialists inside the team, overcoming the difficulties of group work were considered. The characteristics of features of the use of this approach in psychosomatic and narcological departments were specified. The possibilities of achieving a qualitatively new level of providing specialized assistance through the use of multi-axis diagnostics were demonstrated. The examples of specimens of medical documentation were presented. The models of brigadier interaction, the technology of organization and management, particularities of multi-disciplinary team and intrabrigade interaction, the minimal material-technical equipment were described. The distinctive signs of successfully working team of specialists were indicated. The algorithms of work of multidisciplinary brigades for the departments of psychosomatic and narcological profiles were elaborated.

Conclusions: Mass introduction of models of complex multidisciplinary brigades into the work of health facilities will allow to reduce the number of hospitalized patients, considerably shorten the dura-
tion and improve the effectiveness of treatment, i.e. will raise specialized assistance to a qualitatively new level, to personalize it, to make it a more integrated, flexible and cost-effective, and, therefore, more accessible to the general population. Confidence of patients and their relatives in relation to mental health services will increase, mutual understanding will improve.

FOLK CONCEPTS IN PSYCHIATRY AND CULTURAL BIZARRENESS

Zislin J.
Israel

The terms Culture-bound delusions (CBD) as a part of Culture-bound syndromes (CBS) and Bizarre delusions (BD) belong to widely used but “badly or not defined at all” (M. Cermolacce) categories in psychiatry.

The term “bizarreness” was adopted from naive [folk] concepts of normality and insanity and the “CBS” concept is a product of the modern multicultural and biosocial-cultural psychiatric model.

It is quite unclear what kinds of clinical phenomena fall in these categories. Are delusions of possession, Dybbuk, for example, bizarre delusions or a culture bound syndrome? Is the same phenomena to be understood as bizarre or culture-bound depending on different cultural situations? If it is possible to say that culture-bound delusions are simply culturally accepted bizarre delusions? (Cultural Bizarreness according to R. Mullen) Do non cultural (or extra cultural) phenomena really exist in clinical practice?

We propose that common basic assumptions for CBS and BD are:

The psychiatrist has a correct and full knowledge about reality
The psychiatrist has a correct and full knowledge about boundaries of culture

“Cultural phenomena” and “non cultural phenomena” in clinical practice (co)exist

The same symptom may by pathological in one culture and “normal” in another

More specifically this article argues that:
We can use these principals in routine clinical practice;
We use these principals implicitly;
These postulates are based upon naive realism theory and folk concepts that belong to the psychiatrists
The epistemological and descriptive concepts for CBS and BD are common and based upon naive realism theory.

PATIENTS AND ARTISTS: REVISITING THE BOUNDARIES BETWEEN ART AND PSYCHIATRY

Zubaran C.
Sydney, Australia

In this presentation, the artistic manifestations of individuals suffering from mental disorders will be reviewed from a historical and conceptual point of view. The author will address seminal publications in the 1920’s including study by Dr. Walter Morgenthaler on the artworks by Adolf Wölfli as well as the study by Dr. Hans Prinzhorn on the artistic manifestations of numerous patients. The influence of this unconventional mode of artistic manifestation on the creative process of avant-garde artists associated with Dadaism and Cubism will also be reviewed. Finally, the author will present the case of Arthur Bisp do Rosario. His journey from a psychiatric asylum in Brazil to a posthumous recognition as an innovational and inspiring artist in major art fairs in the world will also be discussed. The presenter will show images of artworks that may have challenged the aesthetic canons separating patients from artists.
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В ПОНИМАНИИ И ЛЕЧЕНИИ ПСИХИЧЕСКИХ РАССТРОЙСТВ:
МИФ ИЛИ РЕАЛЬНОСТЬ?

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Под общей редакцией Н.Г. Назнанова