

Mon-P102**WORK EXPERIENCE INSTEAD OF OCCUPATIONAL THERAPY — EVALUATION OF THE TUEBINGEN MODEL**

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During in-patient and partial in-patient treatment there is the opportunity for patients of the University Clinic to try coping with work in businesses in the general workplace.

A preliminary analysis of the ongoing evaluation of 41 patients produced surprising results: The participants in this programme do not profit any more than the control group in the area of fundamental occupational abilities (concentration, agility, perseverance; measuring according to the Vienna test apparatus). However, they improve compared to the control group in all tested psychometric processes (BPRS, GAF, SCL 90 R, BDI).

There is a high level of acceptance of the programme and satisfaction with its implementation among the patients. According to the perceptions of the patients, the programme promotes self-confidence and perceptions of reality, confidence in one's own ability to achieve and in the recovery process. This evaluation remains constant even 6 months after the programme.

Mon-P103**RHYTHMICAL CHANGES OF THE CUTANEOUS BLOOD-FLOW UNDER THE CONDITION OF FUNCTIONAL RELAXATION**

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Relaxation techniques are very popular in the fields of prevention and clinical use, e.g. as a co-therapy for anxiety diseases as well as for "psychosomatic diseases". Experience proves however, that each patient benefits in a different way from certain relaxation techniques, e.g. *autogeneous training* ("*Autogenes Training*" nach J.H. Schultz) or *functional relaxation* ("*Funktionelle Entspannung*" nach M. Fuchs). The aim of the study was to evaluate a new physiological criterion - the "approx. 0.15 Hz-waves" - to determine the most appropriate individual technique.

Therefore perfusion of the skin in the forehead side was investigated non-invasively with laser Doppler fluxmetry in 50 healthy subjects before and during a practice phase using elements of *functional relaxation*. Rhythmical fluctuations of the bloodflow were observed with a typical frequency of about 0.15 Hz. This rhythm, which is suggested to mirror the close functional connection of the centres of respiratory and circulatory systems on the neuronal level, was set in relation to the respiratory rhythm. Under control conditions we found only in 9 of 50 subjects an adjustment of spontaneous respiration frequency to the described autonomic rhythm of bloodflow; under the condition of *functional relaxation* this phenomenon occurred in 18 of 50 subjects. We consider this "synchronization" as a physiological correlate of re-finding the individual rhythm ("*Wiederfinden des Eigenrhythmus*", M. Fuchs). We conclude, that the increased "synchronization"-rate under *functional relaxation* may demonstrate the efficiency of this technique.

Further studies should evaluate the clinical relevance of the described blood flow rhythm and if the correspondence of respiration and rhythm of the "approx. 0.15 Hz-waves" may predict the selection of the individually adequate relaxation technique.

Mon-P104**SEMIOLGY AS A SCIENTIFIC BASIS FOR THE THEORY OF MEDICINE AND PSYCHIATRY**

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Semiology may be a scientific basis for originating the theory of medicine and for psychiatry in particular first of all, in its part, pertaining to Subject and interpersonal relations. For the purpose of my research I make use of the theoretical premises F. Soussure (notion of "Sign"), R. Barthes (Mythology), et A. Thostov (Illness as a semiotics system). Range of problems that are incontradictory explained by means of semiology:

- Issue of differentiation of material and psychic worlds
- Some effects of psychotherapy, paramedical practice (healers, magicians etc.) and "Placebo-effects".
- Some mechanisms of selfidentification and issue of mutual incomprehension of two subjects, schools, social groups etc.
- Issues of unconscious (not psychoanalytical approach).
- Some issues of psychopathology formation.

Conclusions:

1. Semiology have a claim on the title "theory", that helps to uncontradictory explain many phenomena of medicine (above).
2. It has an integrating quality - consolidates as particular cases such theories as the Psychological Set D. Uznadze, interrelation of Consciousness/Unconsciousness as "Figure and Background".
3. Gives methodological examples e.g. shows demarcations between material and psychic world.
4. Open opportunities to develop curative technologies - healing myths.

Mon-P105**HANDICAP PSYCHIQUE ET SPORT**

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Pour le choix et la réalisation de n'importe quelle intervention il est très important de considerer le contexte socio-culturel du client, ou de celui qui établit une relation avec le service qu'il fréquente, il faut connaître son histoire et s'assurer de sa participation qui est toujours mise au centre de la réhabilitation. Les caractéristiques du sport l'ont fait reconnaître comme une des techniques à adopter pour la réintégration de l'usager des services psychiatriques dans le territoire, dans son lieu d'origine, parmi ses concitoyens pour un recouvrement de sa "normalité" et de la qualité de vie de manière qu'il puisse se considérer satisfait. Par la suite d'une attentive et directe observation de la pratique du sport et avec la participation à des événements sportifs de groupes de patients, les auteurs en analysent la fonction formative, d'échange, de respect des règles et des liens qu'il fait naître et les conséquences positives que ces stimulations provoquent à l'individu et à son esprit.