

## borderline personality disorder: Its' powerful role in the lives and suicides of people with BPD

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Shame, a central emotion in borderline personality disorder (BPD), has been overlooked despite its' relationship to self-injurious behaviour, chronic suicidality, self-esteem, quality of life, and angry-hostile feelings. Patients describe shame when explaining acute feelings of emotional pain. There is a paucity of research exploring the impact of shame on the person with BPD's sense of self and behaviors. BPD symptoms may be the expression of and defenses against this painful emotion. Shame-proneness is related to anger arousal and the tendency to externalize attributions for one's own behavior by blaming others or not taking responsibility for one's behavior. The relationship between shame-proneness and BPD has important implications for treatment. TARA for BPD, an educational and advocacy organization, developed a Family Psycho-education program teaching how shame is often the common denominator of BPD responses, triggering escalations, emotional shifts, volatile reactions, anger and misperceptions. Shame is the response to perceived negative evaluations (judgment, criticism, or blame) and general misinterpretation of social situations. Shame is an impediment to thinking clearly, exaggerates ambiguity and overwhelms cognitive ability in the moment. As shame is often confused with guilt, raising awareness of shame responses is essential for improving family relationships. Families can learn to recognize shame responses and implement evidence based techniques from dialectic behavior therapy (DBT) and mentalization based therapy (MBT) to decrease its' impact on their loved one with BPD. Demonstration of methodology to address shame in family interactions and data from a TARA Internet survey of The Experience of Shame will be presented.

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EV0956

### Stability of results of treatment and therapeutic compliance of patients with organic non-psychotic mental disorders

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*Introduction* Non-psychotic mental disorders of organic register tend to have protracted progressive course, to respond poorly to treatment. Traditionally it is explained by features of cerebral-organic process. However, affective, behavioural and cognitive disturbances can be complicated by medico-social problems including treatment-related.

*Objective* To analyse efficiency and stability of results of the therapy of organic mental disorders and propose approaches and means of their improvement.

*Methods* Clinical-psychopathological, epidemiological, clinical-dynamic, catamnestic, experimental-psychological, medical statistics.

*Results* The most frequent causes of decompensations of organic mental disorders in patients with positive results of the therapy were analyzed. Sixty-four percent (58 patients) after 6 months showed partial recurrence of symptoms and after a year the condition practically returned to the initial one. However, only 12.22% (11 patients) passed recommended course of maintenance therapy to sufficiently full extent, 23.33% (21 persons) have discontinued it due to subjective causes during a month after discharge, about 2/3 of patients during the first two months of the therapy. Patients showed low indicators of therapeutic compliance, low level of therapeutic alliance, little familiarity with the illness and treatment and unrealistic expectations about prospects of the therapy. During insignificant difficulties in the therapy, it usually was discontinued and renewed during relapse of symptoms. A medico-social approach with support of psychotherapeutic and psycho-corrective work and information educational programs were developed.

*Conclusion* Proposed psychotherapeutic and educational approach heightens efficiency and stability of treatment and can serve a basis for further improvement of psychiatric, psychotherapeutic and medico-social assistance for patients with organic mental disorders.

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## e-Poster Viewing: Philosophy and psychiatry

EV0957

### Working with anxiety and depression from a Buddhism framework

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Buddhism as a spiritual discipline is concerned with freedom from suffering, conceptualizing suffering as originating in false views about the nature of self and reality. Buddhist psychology conceptualizes emotions and mental habits as being wholesome or unwholesome based on the tendency of these habits to promote or hinder the quest for enlightenment, and contains a rich diversity of methods to transform unwholesome emotional tendencies. Many of these emotions, such as anger, fear, and despair, are commonly dealt with in clinical or therapy settings. Buddhist ideas about the genesis and cessation of suffering can be used as an overarching model to organize a diversity of therapeutic techniques, bridge different therapy models, and select particular techniques at particular times in the treatment of emotional disorders. Learning objectives: after this session, participants will be able to use the Buddhist Yogacara model of mind and karma as a model of how negative emotions are transformed. After this session, participants will be able to describe indirect methods (evoking wholesome feelings) in order to transform negative emotional tendencies and how this overlaps with current therapy models such as supportive and compassion-focused therapy. After the session, participants will be able to conceptualize how Buddhist "direct methods" of mindful awareness and contemplating right view overlaps with methods used in cognitive behavioural therapy, marital therapy, or acceptance and commitment therapy. Self-assessment questions: according to Buddhist psychology, what is the primary cause of neg-

ative emotions? Broadly speaking, what are 3 types of techniques for transforming emotional habits?

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### The time perception in contemporary

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With the advent of new technologies, the man begins to experience a significant change in the perception of the other, time and space. The acceleration of time promoted by new technology does not allow the exercise of affection for the consolidation of ties, relations take narcissists hues seeking immediate gratification and the other is understood as a continuation of the self, the pursuit of pleasure. It is the acceleration of time, again, which leads man to present the need for immediate, always looking for the new – not new – in an attempt to fill an inner space that is emptied. The retention of concepts and pre-stressing of temporality are liquefied, become fleeting. We learn to live in the world and the relationship with the other in a frivolous and superficial way. The psychic structure, facing new phenomena experienced, loses temporalize capacity and expand its spatiality, it becomes pathological. Post-modern inability to retain the past, to analyze the information received and reflect, is one of the responsible for the mental illness of today's society. From a temporality range of proper functioning, the relationship processes with you and your peers will have the necessary support to become viable and healthy.

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#### EV0959

### CBT waves through the lens of Complex Systems Theory: A tentative way toward integration and sustainability

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*Introduction* In the last 15 years, several new waves have been described within CBT. At the same time, two constraints seem to define the role of psychotherapy: an integrative theoretical trend; an increasing incidence of chronic psychiatric disorders and psychiatric morbidity in chronic conditions.

*Objectives* We discuss the viability of a Complex Systems Theory perspective in fostering the theoretical integration of the new wave of CBT and in promoting the healthcare sustainability in facing with chronicity.

*Aims* The aims of the present study are to:

- frame a few recurrent and relevant theoretical dimensions in psychotherapy;
- outline a preliminary cost-effectiveness analysis of a Complex Systems Theory approach to psychiatric chronicity.

*Methods* We performed a non-systematic review and a meta-synthesis of selected references (identified through a citation analysis per single reference and per single scholar) of the new wave of CBT. We especially focused on theoretical handbooks, meta-analyses and reviews, clinical trials.

*Results* Complex Systems Theory describes an approach to theoretical and operational models based on adaptability, interde-

pendency and self-organization. In defining a few integrative trends in psychotherapy, we highlighted the focus on:

- interpretation of events vs. events per se;
- processes vs. contents;
- transdiagnostic vs. pathologized models.

Furthermore, we framed economic, organizational, and educational implications of such an approach in promoting the adaptability of psychotherapy-as-a-system in dealing with the so-called double crisis of welfare state: continuous cutbacks in response to recession; longer-term pressures on health and social care.

*Conclusions* Despite further studies are needed, we maintain that psychiatry may benefit from a Complex Systems Theory perspective.

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#### EV0960

### The experience of time in habitual teenage marijuana smokers

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The research is qualitative; it studies the experience of time in young people who smoke marijuana in excess, given the high rate of smoking in the teenage years, a delicate stage regarding the planning of the future. Our objective is to see how the relationship between past and future plans is manifested in their biography, through goals and actions, in light of their ability to anticipate themselves. Our guiding principle is the ability to “anticipate oneself”, proposed by Sutter, a phenomenological psychiatrist. The information was obtained from the analysis of autobiographies of young persons through the hermeneutical phenomenological method developed by Lindseth, based on Ricoeur. The results reveal that in the biographies the past temporal dimension is characterized by poor descriptions, the present is where they extend themselves most, describing tastes, how they visualize themselves, but showing a lack of clarity in their interests. In the future, we see the absence of reference, giving the impression of no progression from the past, and without awareness of the fact that the future possibilities or lack thereof are heavily dependent on present actions.

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#### EV0961

### Psyche in historical context: Identity and existence in Captain Ahab and King Lear

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*Introduction* What ties Ahab, the notorious captain of the Pequod in Herman Melville's 1851 novel, Moby-Dick, to King Lear, the desperate old regent from William Shakespeare's eponymous play published in 1608, is not only their overabundant quest for meaning, or their obsession with pursuing their targets, but their idiosyncratic experiencing of themselves in their personal realities.

*Aims* Captain Ahab is put in relation with King Lear, in order to show in what way issues of identity and of existence emerge in the course of their fictional lives. Lear is considered to have had deep influence on Melville the author in creating the character of Ahab. Since, in terms of present-day psychopathology, both fictional characters present with symptoms, their issues when put in historical context can untangle their personal realities.