

Average age was about 50 years old.
 Proximal marital status: 40% single, 60% formalized relationship (about 20% were divorced).
 Among participants, 50% were employed, and 80% have completed at least 12 years of education.
 About 40% had been victim/witness of domestic violence.
Conclusions The patients with PD had often experienced the domestic violence in childhood. Higher risk of impaired personality development with patients, who had been violence victim or witness is possible and they need to be advised accordingly. Research did not reveal PDs' influence on the education level. To define correlation between employment or marital status and PD further researches are needed.
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Philosophy and psychiatry

EV892

Vulnerability and psychopathology. Reviewing a model in theory of psychiatry

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Introduction The vulnerability model is prevalent in the current Theory of Psychiatry. Systematic reflection after reviewing the historical proposition of this model can enrich its contents.

Objectives Complete and deepen the meaning of the concept "vulnerability" in Psychiatry.

Aims Review historical approaches to the concept of vulnerability in Psychopathology. The study starts with Zubin & Spring and reaches contemporary approaches especially in the writings of Giovanni Stanghellini.

Seek sources to deepen its meaning looking back to Karl Jaspers and Ludwig Binswanger's classical Psychiatry. They offer psychopathological notions that can be used to enrich a model of vulnerability.

Methods This is research in the context of Theory of Psychiatry, its method implies a historical literature review and a systematic philosophical reflection.

Results Vulnerability is still revealed to be the best concept to organize a model of mental illness. This study proposes to avoid any simple identification of vulnerability with statistical or genetic risk. Vulnerability in psychopathology should always be confronted with the horizon of human subjectivity. To keep in view this horizon – a limit impossible to grasp – is indispensable for clinicians and researchers if they want to understand patients who suffer mental illness. This process is helpful to avoid any reductionism about the image of mental illness and about the human being who suffers that illness.

Conclusion "Vulnerability" is shown as a concept that needs to be thought over thoroughly and to be present in psychopathology to overcome reductionism and to understand the very possibility of psychiatric illness.

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EV896

Veiling existence with clothing

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Our aim is to discuss the notion of freedom in severe depression. We will address it considering several phenomenological conceptions of the matter, from Binswanger's *nicht können* to more recent Ratcliffe's loss of existential feelings and also by clinging to our own clinical experience, in particular a case of melancholic depression in a 67-year-old woman.

Our patient suffered a clear melancholic syndrome, with an intense psychomotor inhibition, she felt incapable of doing anything, spent hours brooding over menial tasks and thought much about dying, because she sensed the world as being devoid of possibilities and the future closed, experiences she considered "not related to disease" but to her own "incurable moral failure".

In order to discuss the notion of freedom in depression, we will particularly focus on one of her psychopathologic phenomena, the impoverishment delusion-like experience of having run-out of proper clothing, which we consider was based on a inhibited "perception" of reality, an unreflective experience of corporeal "not being able", a loss of the motivational force of intentionality. However, we will argue that this unreflective, pre-given experience showed striking connections to the patient's sub-depressive personhood, a classical Tellenbach's *typus melancholicus*.

An hermeneutical analysis of her existence will be performed using the anthropologic person-centered dialectic model developed by one of the authors, and building on it, we will introduce the distinction between lived experience (*Erlebnis*) and factual experience (*Erfahrung*) which we consider it is essential to enlighten the nature of the loss of freedom that severe depression entails.

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On becoming ill: An exploration of the concept of "transition" to a mental disorder

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Introduction As a general problem in nosology, the moment when one becomes ill may be hard to define. In Psychiatry, the boundaries of disease may be more difficult to establish. In the last decade, we've been observing a growing interest in early diagnosis in this field, and the concept of "transition" to a mental illness became an important topic of discussion with implications in clinical practice.

Objective To review different author's models of evolution of symptoms and transition to mental illness and discuss their advantages and limitations in the actual context of Psychiatry research and clinical practice.

Aim To increase understanding on the different paradigms of becoming ill and their relevance to present and future psychiatric practice.

Methods Non-systematic review of literature devoted to the creation of models that describe the establishment of a mental disorder.

Results One of the first accounts of becoming mentally ill was developed by K. Jaspers within a phenomenological life-history analysis. Nonetheless, a cross-sectional approach to diagnosis has

dominated Psychiatry for most of the time. With the advent of early intervention studies, longitudinal models of disease have been emphasized. The concept of a transition to disease was then operationalized but also highly criticized. Recently, McGorry proposed a staging model for psychiatric disorders in continuum with the non-clinical population. Finally, a dynamic systems approach to diagnosis in Psychiatry will be discussed.

Conclusion Driven by research in early phases of mental illnesses, current models of disease propose a longitudinal approach that emphasizes the complex and non-linear course of symptom clusters.

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EV898

Justice in psychotherapy

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Introduction Justice is one of the fundamental concepts of right ordering of human relationships. Justice is a regulative idea for the arrangement of society preceding the law and already seen in animals; the sense of justice is observed as early as in young children. The ability to altruistic behavior, sense of fairness, reciprocity and mutual help are probably genetically determined as a disposition, which may further develop or be deformed by education. Although justice issues are common in psychotherapy, they may not be reflected and processed in the course of therapy.

Method Review of psychotherapeutic text and reflection of experiences of the authors.

Results In psychotherapy, justice issues appear directly in what the client says (mostly about injustice), but more frequently, the issues are implicitly contained in complaints and stories against a background of conflicts and problems. They may be related to the client's story, his or her problems with other people, and the therapeutic process itself, including client's selection of therapy, therapeutic relationship, and therapeutic change strategies. Problems with justice between the therapist and the client may be revealed by honest therapist self-reflection or high-quality supervision.

Conclusions Although justice issues are common in psychotherapy, they may not be reflected and processed in therapy. By increasing receptiveness to the issue of justice, the therapist may improve the therapeutic process.

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EV899

Phenomenology of ADHD

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Introduction Phenomenology is a term borrowed from philosophy which refers to the study of the structures of experience and consciousness. Founded as a school by Edmund Husserl in the early 20th century, it was later expanded and modified by many others, including Martin Heidegger, to include the analysis of existence and hermeneutics.

Objectives and aims To explain the clinic phenomenology of ADHD based on the historical bibliography regarding this term, making references to the heterogeneity of its phenomenological presentation depending on social context, age and gender.

Methods To go over the historical considerations of phenomenology and its evolution, as well as its clinical applications, in order to use this knowledge in a clinical context based on the observation of different cases in clinical practice.

Results We try to apply the phenomenological method as first inaugurated by Karl Jaspers' General Psychopathology (1913) to analyse the different clinical phenomena that can be observed in patients diagnosed with ADHD.

Conclusions We think that watching the psychiatric conditions, in this case ADHD, through the phenomenological lens can lead to a better understanding of the heterogeneity of their appearance in the clinical practice.

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EV900

Wittengstein's private language argument: Does it pass the schizophrenic mind challenge?

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Introduction The private language argument was introduced by Ludwig Wittengstein in his *Philosophical Investigations* (1953). For Wittengstein, language is a rule-governed activity and a language in principle unintelligible to anyone but its originating user is impossible, as even the originator would fail to establish meanings for its putative signs. The private language argument is of paramount significance in modern debates about the nature of language and mind and continues to be disputed. Language disorder has been described since the first accounts of Schizophrenia. Multiple studies have reported anomalies at multiple levels of language processing, from lexical and syntactic particularities to the discourse field, as well as structural and functional abnormalities in brain regions that are involved with language perception and processing.

Objectives and aims We aim to critically assess the Wittengstein's argument in the light of recent developments in neuroscience of language.

Results and conclusions We conclude that in some patients diagnosed with schizophrenia, presenting a significant language impairment, one can infer a dysfunctional process, in which the language becomes progressively more private and the meaning of utterances harder to ascertain in the realm of interpersonal communication. The privatization of language might contribute to the social cognition deficits and the so-called negative symptomatology of these patients.