

method, the anticipation is demonstrated as for the young generation, the observed age at onset (21.80 years) is smaller than the expected age at onset (24.95 years) ($p < 0.001$). This effect persists when successively taking into account proband effect, cohort effect, presence of an affected father or mother, and bilineality of the illness. Presence of anticipation may accelerate the search for pathological genes implicated in the genesis of schizophrenia.

THE ESF PROGRAMME ON THE MOLECULAR NEUROBIOLOGY OF MENTAL ILLNESS. PROGRESS AND PRELIMINARY FINDINGS

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The ESF programme coordinates the efforts of over twenty European centres attempting to map genes contributing to the aetiology of schizophrenia and manic depression. The programme has standardised procedures for diagnosis, selection of pedigrees and storage of data and, in addition to genotyping being carried out in individual laboratories, a systematic genome scan is being carried out in selected pedigrees on a centralised basis. This is taking place at the Genethon Laboratories near Paris who have been responsible for producing one of the currently most useful and detailed human genetic linkage maps. Preliminary findings will be presented.

S66. European psychopathology: yesterday, today and tomorrow

Chairmen: J Cutting, P Berner

PSYCHOPATHOLOGY AND BIOLOGICAL RESEARCH

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The relationship of psychopathology and research in biological psychiatry is analysed in this paper. As a historical background, the discussion on "brain mythology" is presented which took place at the beginning of the 20th century. More recent topics to be addressed are brain imaging techniques, neuropsychology and animal models of mental disorders. In conclusion, a better cooperation between research in psychopathology and biological psychiatry is suggested.

PSYCHOPATHOLOGY — FUTURE ASPECTS

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During the last decades psychiatry concentrated on inventories and categorizations of symptoms aiming at a high interrater reliability. The scales and operational criteria resulting from this approach have nevertheless not enhanced the establishment of aetio-pathogenetically homogeneous entities. This failure is mainly due to the fact that the psychopathological signs significant for particular primary dysfunctions are often discreet and difficult to define and therefore not included in these instruments. Under the impact of pathoplastic variables different basic disturbances may engender similar foreground symptomatology and, on the other hand, identical causes may evolve to different surface syndromes. Thus, interrater reliability obtained by diagnostic rules neglecting the discreet background symptomatology and the genesis of the actual clinical

picture does not guarantee aetio-pathogenetic validity. Therefore, the identification of significant signs becomes an urgent necessity. Referring to a series of distinctions such as understanding through empathy and observation, static and genetic understanding a framework for this task has been established in the past. Its reactivation and refinement based on progress in neurosciences and their extension to vulnerability markers offers better insights in the aetio-pathogenesis of mental disorders and elaboration of more precise integrative therapeutic strategies.

DEFINITIONS OF PSYCHOPATHOLOGY

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Psychopathology is the science of mental disorders. The term Psychopathology is often used synonymously with the term Clinical Psychopathology. Its main concern should be the description, terminology, systematic order and research of the relations of psychopathological phenomena and features. According to K. Jaspers the methods of clinical psychopathology are the "technical methods" on the one hand and "concrete logical evaluation methods" on the other hand. Since the first publications on psychopathology by Emminghaus, Störing and Jaspers different methodological approaches have been used to enlighten the phenomenology, pathogenesis, significance and nosological position of psychiatric disorders. Definitions and tasks of different psychopathological approaches and their role in contemporary psychiatric research will be discussed in this paper. It becomes clear that psychopathology has to be defined today as a basic integrative science of mental disorders. The main goal of psychopathology — the elucidation of the origin and nature of mental disorders — can only be reached by a close cooperation between clinical psychopathology and other sciences as for example genetics, biochemistry, brain imaging, sociology, psychopharmacology, psychotherapy, transcultural psychiatry etc. The clinical psychopathologist's task therefore is not only to provide the basic psychopathological knowledge for psychiatric research but also to act as an integrative factor in psychiatric research.

THE PSYCHOPATHOLOGICAL BASIS FOR RESEARCH AND PRACTICE

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Descriptive psychopathology is concerned with the meticulous observation of patterns of behaviour and the exploration of the subjective state of patients using empathy as a skilled clinical instrument. All clinicians use descriptive psychopathology in their clinical practice but extra benefits accrue from using the method with insight and precision. Descriptive psychopathology is useful in linking the different areas of psychiatric research: Biological, psychological and social, and it also has implications for the application of research findings to psychiatric practice. This paper will be concerned with showing how biological research and neuro-imaging techniques can be linked with refinements in psychopathology to make a more powerful research tool. There will be discussion of the increasing areas of experimental psychological research concerned with psychopathological entities such as delusions and hallucinations and their psychological treatment. Research into social aspects of psychiatric research and especially transcultural psychiatry will also be considered in relation to descriptive psychopathology. The paper will end with a short discussion concerning the dilemma of brain and mind. It is considered that "unconscious mind" is an unhelpful concept in the practice of psychiatry and that close observation of human behaviour

and knowledge of the subject's inner life is of more benefit both in research and clinical practice.

ANTHROPOLOGICAL PERSPECTIVES IN PSYCHOPATHOLOGY

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Anthropology is the discipline studying the way man fits into his own environment and shapes his own existence adopting or creating cultural models. *Philosophical* anthropology is mainly concerned with a definition of human nature, *cultural* anthropology with the description of human societies and customs. Applied to psychopathology, anthropology addresses the issue of the relationship between the person and its own vulnerability to mental illnesses. The anthropological style of thinking in psychopathology dates back to the epochal change in western society brought about by the Enlightenment and its emphasis on individualism and reason — as a matter of fact the 'citizen' Ph. Pinel was one of the first to demonstrate that the manifold pictures of mental illnesses were the result of the different *degrees of alienation* of the person. One century later, E. Bleuler relied on the same dialectic principle pointing out his theory of primary and secondary symptoms in schizophrenias — secondary symptoms, such as delusions, being for him the result of *personal reaction* towards more basic disorders. Bleuler's disciple Wyrsh developed this idea pointing out the role of the person in constituting psychotic phenomena, courses and outcomes. The Golden Age of anthropological psychopathology started in the 1930es, along with a strong cooperation with the Phenomenological Movement in philosophy, but in the last two decades the increasing emphasis on quantitative research supported by neo-empiricism contributed to relegate anthropological psychopathology into the limbo of unmeasurable and therefore 'mere' speculation. Such criticism, maybe too severe but not completely undeserved, can be the point of departure of non-reductionistic and *at the same time* quantitative research programs, such as the ones relying on the anthropological reformulation of the vulnerability paradigm.

Identification of distinct behavioral patterns, together with physical and neurological characteristics led to the demarcation of these syndromes, before genetic underpinning through molecular biology was possible. Reviewing the particularly problematic behavior of PWS-patients it is quite surprising to find that a few systematic studies on the effectiveness of drug treatment for these "specific" and "non-specific" maladaptive behaviors have been reported.

Although scientific inquiry in behavioral phenotypes associated with biologically distinct conditions is growing, it is also quite surprising to find that few systematic studies on personality characteristics have been reported.

Current knowledge about the combination of particular behaviors and cognitive patterns of the two syndromes will be reviewed with special attention to the result of a multicenter study aimed at personality profiles.

REGIONAL SURVEY OF ADULTS WITH LEARNING DISABILITIES (MENTAL RETARDATION) RECEIVING DEPOT NEUROLEPTICS: DRUG USAGE IN THOSE WITH CHALLENGING BEHAVIOURS

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A regional survey of consultant psychiatrists in local learning disabilities (LD) services identified 79 adult service users receiving depot neuroleptics. Consultants completed a data checklist for each subject allowing patient, practice and service factors associated with depot usage to be analysed. Whilst 61 (77%) subjects had psychotic disorders, the other 18 (23%) had various aggressive, destructive, self-injurious, overactive and repetitive challenging behaviours (CB). Compared with subjects with psychotic disorders, those with CB were more likely to be male ($p = 0.02$) and aged under 40 years ($p < 0.02$) with moderate or severe LD ($p < 0.001$).

Compared with subjects with psychotic disorders, those with CB were more likely to experience medication side-effects ($p < 0.05$) and to be prescribed oral anti-cholinergics ($p = 0.02$). Those with CB were also more likely to be receiving concurrent oral neuroleptics ($p < 0.001$) and other psychoactive medications ($p = 0.03$). Discussion of the data's implications will focus on the improvement of psychiatric prescribing and monitoring practices.

S67. The pathogenesis and pharmacology of challenging behaviour in mental retardation

Chairman: WMA Verhoeven

BEHAVIORAL PHENOTYPES IN CHILDREN AND ADOLESCENTS WITH PRADER-WILLI SYNDROME AND WILLIAMS-BEUREN SYNDROME

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Over the life course persons with Prader-Willi syndrome in contrast to for instance Williams-Beuren syndrome, show problematic behaviors like hyperphagia, aggressive outbursts, self-injury, lability of mood and inactivity.

Both Prader Willi syndrome and Williams Beuren syndrome are examples of syndromes associated with biologically determined handicapping disorders.

STEREOTYPES AND SELF-INJURIOUS BEHAVIOR; THE PATHOGENETIC ROLE OF STRESS HORMONES AND SEROTONERGIC VARIABLES

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In mentally handicapped persons, a high prevalence of stress related psychopathological disorders seems to be present, such as anxiety-, mood- and impulse regulation disturbances, that may present predominantly with stereotyped behavior (SB) or self-injurious behavior (SIB). It is for this and other reasons remarkably that relatively little attention is paid to the neurobiological systems which functional integrity is essential to cope with stressful stimuli.

Data from preclinical research present compelling evidence that disturbances in the homeostasis of septo-hippocampal cortisteroid and serotonergic receptor systems are critically involved in the pathogenesis of SB and/or SIB and that these behavioral phenomena may be considered as mechanisms with a de-arousal function. The persistent character of these abnormal behaviors may be the result of a biologically deficient feedback mechanism, in which the 5-HT_{1A} receptor system is involved critically.

Supportive evidence for this hypothesis can be derived from the observations that plasma levels of the stress parameter beta-