

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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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