

along DD, PS and NPS categories; On the contrary, the proportion of negative subjects increased lineally along those categories (Mante-Haenszel- $X^2=18.02$ ;  $p=0.0001$ ). Our results question, on the bases of an empirical study, the current categorical division of paranoid psychoses.

### S35.04

Long-term outcome of schizophrenia

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Over the past two decades schizophrenia has become more treatable than ever before. A new generation of drug therapies, a renaissance of psychological and psychosocial interventions and a first generation of reform within the specialist mental health system have combined to create an evidence-based climate of realistic optimism. Progressive neuroscientific advances hold out the strong possibility of more definitive biological treatments in the near future. However, this improved potential for better outcomes and quality of life for people with schizophrenia has not been translated into reality in Spain. The efficacy-effectiveness gap is wider for schizophrenia than any other serious medical disorder. Therapeutic nihilism, under-resourcing of services and a stalling of the service reform process, poor morale within specialist mental health services, a lack of broad-based recovery and life support programs, and a climate of tenacious stigma and consequent lack of concern for people with schizophrenia are the contributory causes for this failure to effectively treat. This presentation tackle these various elements in the endeavour to reduce the impact of schizophrenia, particularly in long-term care elderly patients.

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## S36. Symposium: STATE OF THE ART OF PSYCHODYNAMIC PSYCHOTHERAPY FOR PERSONALITY DISORDERS

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### S36.01

The short-term treatment of narcissistic and other self-disorders

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The term narcissism when used clinically, is broad and its boundaries are diffused. Freud first referred to narcissism to describe a libidinal position in which cathexes were invested in the subject's own ego and not in objects. Dynamically, significant advances have been made in the clarification of the metapsychological dimensions of narcissistic disorders. Two authors, Otto Kernberg (1984, 1986, 1998) and Heinz Kohut (1971, 1977), have advanced well-developed metapsychologies for these disorders and proposed comprehensive techniques for their treatment through appropriately modified psychoanalytically based interventions. In both cases, treatment is deemed to be plagued by problems, to last long, and to result in uncertain outcomes. The metapsychological clarity achieved by authors such as Kohut and Kernberg has so far not generated a proportionate therapeutic optimism.

In this paper, a review will be presented of the current status of the outcome of the treatment, through short-term dynamic

psychotherapy, of a spectrum of psychoneurotic disorders, with special emphasis on the treatment of patients suffering from syndromes that reflect complex dynamic constellations resulting from the interaction of impulse problems and problems of object loss at key developmental moments, which affect the patient's relationships with developmentally key objects. Also presented will be techniques derived from this framework for the treatment of patients suffering from a range of narcissistic disorders, including Narcissistic Personality Disorder, as well as innovative techniques designed by the author to meet the unique treatment needs of self-disordered patients in shorter time frames than are common in the classically open-ended psychodynamic technique.

### S36.02

Mentalizing techniques in the treatment of borderline personality disorder

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Mentalization is the process by which we implicitly and explicitly interpret the actions of ourselves and others as meaningful on the basis of intentional mental states (e.g., desires, needs, feelings, beliefs, and reasons). The capacity develops during childhood within the context of an attachment relationship. It is suggested that the borderline patient shows a reduced capacity to mentalize and that this has resulted from disruption of the attachment relationship because of adverse interaction between biological and environmental factors.

We mentalize interactively and emotionally when with others. Each person has the other person's mind in mind (as well as their own) leading to self-awareness and other awareness. We have to be able to continue to do this in the midst of emotional states but borderline personality disorder is characterised by a loss of capacity to mentalize when emotionally charged attachment relationships are stimulated. This leads to misinterpretations about the motives of others, difficulty in managing emotional states, and self-destructive behaviour as the individual seeks some stability and tries to re-gain some mentalizing capacity. Therapy has to help a patient develop and maintain mentalizing even when emotional states are aroused. Some therapeutic techniques will be described to aid this process and some principles discussed which guide the naïve therapist on when to give which intervention.

### S36.03

Short term psychotherapy in borderline personality disorders

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The treatment of Borderline personality disorders continues to be a challenge for psychotherapists, because it is difficult to predict the successful clinical outcomes.

Scientific evidence about the efficacy of the long term psychodynamic oriented psychotherapy in Borderline personality disorders is now available. Nevertheless, it is necessary to look for effective types of psychodynamic psychotherapy which could be delivered in a limited or short time. The reason is that the long term psychotherapies are not accessible for the majority of borderline patients. The scientific literature about short term dynamic psychotherapy in borderline personality disorders is scarce.

The short term dynamic psychotherapy for this kind of patients sets out some practical and theoretical controversies: