

EV0965

Client versus patient – The clinical, Economical, moral, legal and other implications of a choice

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The presentation discusses the overt and hidden meaning of the terms between “patient” or “client” regarding persons undergoing psychotherapy and implications of using these terms. Some historical and recent opinions and points of view are presented. As the outcome of the discussion, it is concluded that to weigh pros and cons and to decide on which name would be more appropriate, one must resort to taking into consideration the definitions of therapy, suffering, and healing. It is suggested that the criterium should be the level and nature of suffering experienced by the “taker” and the level and nature of care performed by the “giver” (provider). The relations between both parties are also discussed in terms of existential phenomenology—as opposed to dualistic approach – and holism versus atomism. It is the intention of the author to deliver some practical and not only theoretical contribution to clinical practice.

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EV0966

I choose, therefore I am. The Jaspers concept of choice and implications on the ability to act

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Introduction According to Jaspers, with the term of choice you should not be understood the possibility to choose between objects but freedom as a choice for themselves. Because I choose, then I am; in fact, I feel my freedom in my mind. Choose what is best for the psychiatric patient in different contexts (relational, occupational, social, therapeutic) is the ability to act. The best practices provide that psychiatrists, nurses, social workers, rehabilitation professionals are committed to enhancing the capacity to choose but the legal protection measures are likely to be a contradiction.

Objective We try to explore the theme of choice based on the capacity to act or failure to act from a phenomenological approach.

Method Through some concrete cases, extrapolated from clinical practice, highlight the contradictions between enunciation of principles and procedures for responding to the problems of psychiatric patients who are not able to choose.

Conclusions Protections of health and individual freedom are the weights of a balance poised, since there is uncertainty about the anthropological paradigm of the mentally ill.

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EV0967

Challenging patient-doctor interactions in psychiatry – Difficult patient syndrome

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Introduction The factors contributing to a challenging interaction between the roles of patient and physician may come from several sources. Each interrelation has its own modus operandis in which one of the individuals may not condone the persona the other individual is portraying. A mental illness or diagnosis is often stigmatised by the burden of stereotypical bizarre associations. That means the patient is generally not guilty and this is not another label they should carry. Though the mental health professional should be impervious to this, some degree of discomfort may throw some shadow on the clinical mediation of the interview and management of the pathology.

Objective To provide an overview of what is beyond the label “difficult patient” in mental health care.

Aims Evaluation of conflicts inside the patient-illness-physician triad.

Methods Search for articles in Pubmed, Athens, Google Scholar databases, along with the hospital library.

Results Characteristics of problematic interactions in psychiatric care were described consistently across our references. Causality for these difficulties is vast and surpasses the patient’s behaviour. Plus they are not unique in psychiatry. They can be explained by individual, interpersonal, and social factors.

Conclusion Situational issues, along with patient and physician characteristics, modulate and frame what should potentially be a productive encounter. To become aware of what contributes to difficult clinical encounters and to be prepared to address them while cultivating good interpersonal communication skills is fundamental.

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EV0968

Mental illness is an inevitable consequence of the singular diversity of human beingsM. Schwartz^{1,*}, M. Moskalewicz², E. Schwartz³¹ *Texas A&M Health Science Center College of Medicine, Psychiatry and Humanities in Medicine, West Lake Hills, USA*² *University of Oxford, Philosophy, Oxford, United Kingdom*³ *George Washington University School of Medicine, Psychiatry, Washington DC, USA** *Corresponding author.*

Nowadays, we increasing value the broad physical, ethnic, racial, and cultural diversity of human beings. “How wonderful that humans come in all sorts of sizes, shapes, colors, ethnic groups and cultures.” So long as we conduct our behaviour within sanctioned norms. This presentation will focus upon the above paradox: In stark contrast to our delight in the physical, ethnic and cultural expressions of human diversity, there is, at the same time, a perhaps increasingly narrow tolerance for a variety of behavioural and experiential human differences. In such human realms, present-day cosmopolitan societies increasingly call for behavioural and experiential conformity rather than diversity. And if we cannot conform? We propose that the phenomenon of mental illness arises as a consequence of the phenomenon of human diversity coming up against constraints and limitations in expressed and experienced mental and behavioural realms. This presentation will focus upon the primary role that human diversity plays in mental illness. We will discuss adaptive strengths associated with the extraordinary diversity of humans (and our pets and domestic animals) as well as vulnerabilities accompanying this diversity. For example, diversity associated with skin pigmentation has enabled humans to extend across the globe. A consequence, however, is an enhanced vulnerability to skin cancer for some with fair skin and to Vitamin D deficiency for others with dark skin. Psychological diversities can be viewed in an analogous, pervasively more problematic man-

ner. And furthermore, unlike physical diversities, often increasingly celebrated, mental and psychological diversity are – with notable exceptions, increasingly problematic.

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EV0969

Relations between Minkowski and Levinas, a look beyond the phenomenology in the construction of the psyche

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Introduction Both Minkowski and Levinas introduced in France phenomenological thinking, psychopathology and metaphysics, respectively.

Objectives It is in this context that interested raise the similarities and differences in relation to the study of time these authors in their link to the construction of the self (soi-même).

Aims Both authors take up the relevance of temporality in the construction of the psychic, overtaking Husserl's phenomenology, the distinction between thinking and intuition discursive and theoretical thinking and sensitivity.

Methods Comparative analysis of the problem of time and its relation to the psyche, Le temps vécu of Minkowski, Autrement qu'être of Levinas.

Results You can set a break with Husserl's phenomenology, inspired by the philosophy of Bergson, based on the living back in the studio. At the same time, among the authors reviewed, there is an irreconcilable discrepancy in the notions of activity and passivity in relation to the construction of the self (soi-même).

Conclusions Phenomenology applied to the psychic needs to return to its original inspiration to go beyond a methodological rigid reading, which ends up betraying its spirit, which leads her to forget the living world in its complexity.

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EV0970

Three forms of intuition in Eugène Minkowski

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Introduction Eugène Minkowski is one of the great authors of structural phenomenological psychiatry. However, it has stressed only its influence on the study of schizophrenia, however, the scope of its investigations is much coarser, while addresses issues that attempt to illuminate the way they are set life and humans.

Objectives It is interesting to pose as the author emphasizes the importance of intuition, on more than one level, giving an epistemologically worthy rank in the constitution of the self (soi-même), in psychopathology and even in the ontology.

Aims It is shown that in Minkowski research on intuition it appears as a study of a symptom called autism, as a psychopathological diagnostic method called empathy, and even as an ontological understanding that purpose of the study time.

Methods Reconstruction of the uses of the notion of intuition in the work of Minkowski.

Results Three ways clearly appear in different planes but complementary, pointing not only to a clinical trial, but take a glimpse metaphysical aspects.

Conclusions The conclusions aimed are highlighting how Minkowski think intuition not only as a dignified way to understand the suffering, or establish a knowledge, but necessary for a clinic and even an approximation of what we are.

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e-Poster Viewing: Post-traumatic stress disorder

EV0971

Alexithymia in war veterans with post-traumatic stress disorder

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Introduction Alexithymia consider a cluster of cognitive and affective characteristics that include: inability of recognizing and describing emotions, difficulties in distinguishing feelings and physical sensations during emotional arousal, narrowed capacity for imagination and externally oriented cognitive style. Several studies links alexithymia with increased risk for physical and mental damage. Symptoms of alexithymia are documented in persons who develop PTSD in response to different types of traumatic events.

Objectives To examine alexithymia in war veterans.

Aims To determine whether alexithymia is significantly more present in war veterans with PTSD.

Methods Cross-sectional study of 205 war veterans tested by Harvard Trauma Questionnaire and by Toronto Alexithymia Scale (TAS-20).

Results Out of 205 war veterans 89 (43.4%) of them have alexithymia. Significantly more veterans with PTSD (78 or 75%) than without PTSD (11 or 10.9%) has alexithymia ($\chi^2 = 88.955$, $P < 0.001$) was found a statistically significant difference between the two groups in the total score of alexithymia (t -test = -10.676 , $P < 0.001$) statistically significant difference was found in all three domains of alexithymia.

Conclusions Alexithymia is significantly often in war veterans with than without PTSD.

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EV0972

Residual sleep disturbance in Tunisian military patients with post-traumatic stress disorder

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Introduction Sleep disorders such as nightmares and insomnia are among the most frequently reported symptoms in patients with post-traumatic stress disorder (PTSD).