

medications, so EMDR treatment was introduced. We assess negative cognition: why do I have to die twice? "Subjective unit of disturbance regarding the traumatic event (SUD) was 9". Adhering to the EMDR protocol, the therapist helped the patient to re-process the traumatic event (the very moment when he was told that "he was died"). Complete desensitization and reprocessing were accomplished, SUD was 0, VoC was 7. Patient reached pre-morbid level of psychosocial functioning, doing his demanding job, and enjoying his social life.

Conclusion Near death experience has high traumatic potential with serious psychological consequences. EMDR is efficacious treatment for variety of anxiety disorders caused by psychologic trauma due to physical illness.

Keywords EMDR; Clinical death; Panic disorder

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The use of "pliable media" in promoting symbolization in the psychoanalytical psychotherapy of psychosis

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Introduction In psychosis, the capacity of symbolization is lost to different extents and patients live in a concrete world of objects. Moreover, the lack of boundaries between self/other, inside/outside severely impairs the capacity of these patients to understand and recognize reality from the delusional dimension.

Objectives Working through psychotic concreteness and accessing a first subjectivation of this experience, that leads to the development of a first symbolization.

Aims Achieving the possibility to access a first symbolization and begin a delicate process of appropriation of the emotional experience with the establishment of the boundaries between inside/outside.

Methods The use of "pliable media", such as drawing, as therapeutic mediation allows a partial defraction of the violent transference dynamics from the therapist and let unsymbolized material to emerge less destructively in the treatment fostering a first figurability.

Results The Squiggle game as "pliable medium" facilitates a first encounter in the therapeutic relationship and represents a primal transitional area that allows a gradual working through process to take place where the establishment of the boundaries between inside/outside could begin.

Conclusions We suggest that the use of "pliable media" in the early stages of the psychotherapy of psychotics can significantly favor a first encounter between patient and therapist and, at the same time, provides the first experience of a transitional space where a working through process leading to first representations can take place.

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Interoceptive exposure at the heart of emotional identification work in psychotherapy

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Introduction Emotional avoidance is a target process, offered by modern psychotherapies. Emotional exposure is often difficult to put in place when there is a major cognitive and behavioral avoidance. Education on emotional processes is necessary but often insufficient during individual follow-up.

Objectives The longitudinal study seeks to verify whether work on exposure and emotional identification influences the decreased level of anxiety and depression.

Aims Introduction of interoceptive exposition in psychotherapy decreases the frequency of emotional avoidance.

Method Group psychotherapy composed of two modules: interoceptive exposure and emotional identification was proposed to patients with anxiety and depressive disorders. A group of 6 participants was evaluated at three times: T0 before the start of the group, T1 post-module 1 and T2 post-group. Assessments of HAMA anxiety, MADRS depression, QEC cognitive avoidance, UPPS impulsivity, MCQ-30 metacognition and emotional regulation REQ-21 have been proposed.

Results Significant differences were observed between pre- and post-intervention scores (Friedman test). The HAMA anxiety rate ($P=0.006$) and the MADRS depression ($P=0.047$) decreased. Participants in the group were less likely to use QEC thought substitution ($P=0.009$) and urgency in their UPPS reactions ($P=0.03$). Moreover, their external dysfunction REQ-21 decreases ($P=0.03$).

Conclusion Faced with emotional avoidance, work on emotional identification requires prior interoceptive exposure. It is a first stage of work that involves sensitizing to the presence of emotional bodily sensations. Group work facilitates exposure to emotion and its identification; decentration leading to emotional intensity decrease. The work on the interoceptive exhibition facilitates the emotional exposure while participating in the deactivation of the associative emotional network.

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Borderline personality disorder – dilemmas and therapeutic challenges

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Treatment of borderline personality disorder has some specifics relative to other disorders, which are deriving from nature and structure of those people. Treatment is very slow, often with interruptions, and it presents a special challenge for contratransferential feelings but at the same time offers a possibility of continuous learning, for the patient and the therapist. Main characteristics of this personality disorder are the diffusion of identity, primitive defence mechanisms concentrated around the cleft and relatively preserved ability to rest reality. As classical psychoanalysis and psychoanalytical psychotherapy did not give results in therapy of this