

S42 *The educational medical programme in psychiatry: ...*
PERSPECTIVES: DYSTHYMIA AND SOCIAL PHOBIA

A.E. Nardi, *Institute of Psychiatry, Federal University of Rio de Janeiro, R. Visconde de Pirajá, 4071702 Rio de Janeiro, 22410-003 Brazil*

Two workshops on dysthymia in various Brazilian cities resulted in a major workshop with 2 participants from each city for training in new "multiplicands". These psychiatrists were chosen by their personal interest and their existing practice in the diagnosis of dysthymia. The possibility of training for GPs was also considered. During the 3-day meeting, participants received a book (*Dysthymia: from the bad mood to the sickness of the mood*) with all the theoretical and clinical considerations about dysthymia, 5 lectures with a slide programme and video discussion concerning 4 clinical cases (one with pure dysthymia, one with dysthymia + social phobia, one dysthymia + substance abuse and the last one on double depression). A presentation was made on training techniques at the end of the dysthymia specific programme. "*Dysthymia: from the bad mood to the sickness of the mood*" is the title of the book written by Brazilian specialists on the topic covering history, diagnosis, comorbidity, personality and treatment.

The Programme for Continuous Education in Psychiatry will be starting a project on social phobia in 1997, including regular meetings in different cities, meetings with adolescent educational experts and the press. At the end, a new book will be written with the object of bringing both psychiatric disorders - dysthymia and social phobia - under the control of psychiatrists in the different cities and to show how profoundly it can affect the lives of the patient and their families.

S43 *Longitudinal and dynamical perspectives of schizophrenia*
LONGITUDINAL AND DYNAMICAL PERSPECTIVES OF SCHIZOPHRENIA

H.D. Brenner, *W. Tschacher, Psychiatric Services/UPD, University of Bern, Laupenstrasse 49, 3010 Bern, Switzerland*

Objective: This symposium aims to present an approach towards schizophrenia which addresses the temporal variations in the course of this disease. We suggest that this approach may yield a way by which the gap between schizophrenia theory and therapy may be bridged.

Method: Various projects and methods are presented which have been implemented in our institution. These studies rest mainly on observational psychopathological data which can be collected non-invasively in a clinical setting.

Results: The specific circumstances of each project presented in the symposium are discussed. In general, results of a dynamical approach towards schizophrenia may form the basis of an individualized treatment as the dynamical idiosyncrasies of single patients are recognized. Additionally, the specificity of different stages of a psychopathological course is worked out, motivating flexible treatment strategies to meet the requirements of each stage.

Conclusion: The quality of psychiatric treatment will be enhanced only if research-advised practice meets practice-relevant research. We propose that this goal may be approached by recognizing the importance of the dimension of time in psychiatry.

S43 *Longitudinal and dynamical perspectives of schizophrenia*
Nonlinear Multivariate Analysis of Psychological Time Series

Christian Scheier and Wolfgang Tschacher

AI Lab, Computer Science Department, University of Zürich, Winterthurerstrasse 190, CH-8057 Zürich

Objective: For the implementation of a dynamical and longitudinal perspective in schizophrenia research the development of new methods is warranted. Most nonlinear time series methods reside on univariate analyses. Typically, Taken's theorem is used to reconstruct the hypothetical phase space from the univariate data. Psychological and psychiatric data sets, in contrast, are in most cases multivariate. **Method:** In this talk we present extensions of the univariate nonlinear time series approach to the multivariate case. More specifically, we show how multivariate psychological time series can be analysed with nonlinear prediction and surrogate test methods. **Results:** We present experiments with benchmark as well as psychological and psychiatric data sets showing the innovative potential of the new methodology. The recent discussion in psychopathology (see refs) points to the relevance of this approach. **Conclusions:** Dynamical methods are capable of evaluating single time series in a statistically grounded manner. This shows how to the orientation of practitioners towards single patients may be linked with the recent methodological discussion.

S43 *Longitudinal and dynamical perspectives of schizophrenia*
LEVEL OF FUNCTIONING, INTERACTIONAL EMOTIONS, SOCIAL INTEREST AND SELF-EVALUATION IN THE DYNAMICS OF VOCATIONAL REHABILITATION

Z. Kupper, *H. Hoffmann, University Psychiatric Services Bern: Mid and West Sectors, Laupenstrasse 49, 3010 Bern, Switzerland*

Objective: Vulnerability-stress-coping-competence models suggest complex dynamical interactions between factors in psychosocial rehabilitation. Intensive longitudinal studies could play an important role in elucidating these processes, indicating crucial dimensions in the dynamics of rehabilitation.

Method: In this study, time-series from 30 schizophrenic and 10 non-schizophrenic patients were examined using weekly behavioural ratings, interactional ratings and self-report.

Results: The 17 measures used were found to form the following stable factors, "level of functioning"; "interactional emotions", "social interest" and "self evaluation". Deviations from the standard structure were found to be related to specific phases of treatment or to subgroups of patients. Psychopathology, cognitive performance, measures of cognitions, coping and work performance as measured at the start of the programme, were all related consistently to the mean scores of the four factors which were themselves related to the outcome of rehabilitation.

Conclusions: Level of functioning clearly is central to the process whereas interactional emotions might play an important mediating role. Social interest proved to be inconsistent in its meaning, while self evaluation was significantly related to patient characteristics and might merit more attention. The interactional pathway from patient characteristics to outcome can be clarified considerably by using a dynamical design.