

MORTALITY AMONG PSYCHIATRIC INPATIENTS SUFFERING FROM ORGANIC BRAIN SYNDROME OR MENTAL RETARDATION

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Several studies in many countries have demonstrated that hospitalized mentally ill people have a higher risk or mortality than the general population. The aim of the present study is to investigate the risk of mortality of patients suffering from organic brain syndrome or mental retardation in the Psychiatric Hospital of Attica (PHA), in Athens, during a three-year period (1984–1986). The PHA is the largest Psychiatric Hospital in Greece. The total number of occupied beds was 2039 and the mean number of hospitalized patients was 5527 per year. 815 deaths occurred in the PHA during the period 1984–86. Deaths were traced by a scrutiny of death certificates, medical records and hospital discharge records. The causes of death and the psychiatric diagnoses were listed according to the ninth revision of the International Classification of Diseases and Causes of Death. Standardized Mortality Ratios (SMR) representing the ratio of observed to expected mortality were calculated. The SMR gives the relative risk for the inpatients. The significance of any excess in observed over expected mortality was tested by χ^2 analysis or by the Kolmogorov-Smirnov test. Since only excess was tested, one-tailed tests were used. The statistical analysis showed that patients suffering from organic brain syndrome ($p < 0.01$) or mental retardation ($p < 0.05$) died more often than the general population. As for the causes of death, inpatients suffering from organic brain syndrome more often died from cardiovascular ($p < 0.001$) or cerebrovascular ($p < 0.001$) diseases.

COGNITION OF OTHER PEOPLE'S PSYCHIC STATES

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Contemporary psychology and psychiatry in the face of narrowly conceived experience and accepted a priori and not clearly explained assumptions concerning the problem of objectivity and subjectivity and some methodological superstitions in natural history science have fallen into a crisis of their development and cannot explain many obvious facts known from daily practice.

The present study is a confrontation of opinions of two outstanding men from Krakow: Roman Ingarden, a philosopher and phenomenologist. Edmund Husserl's pupil and Antoni Kepinski, a doctor of psychiatry, humanist and natural history scientist.

The confrontation resulted in stating a field of phenomena which appear in contacts between people and in presenting a method which allows to obtain cognitive results from the point of view of the truth.

It also resulted in pointing out that if science is conceived in a narrow way, based on mathematical–scientific model and becomes a criterion for scientific evaluation and science objectivity in general, then it is an apparent mistake of theoretical thinking, which is unfortunately made too often.

"INCESTUOUS FAMILY" — ADEQUACY OF MODEL FOR CLINICAL PRACTICE (CASE REPORT)

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Incest is well known phenomenon in time and space continuum. From Antic days incest is present as: accepted legal reality (marriages of Pharaohs in Egypt), myth (Oedipal myth), taboo, and again (or continually?) reality but illegal one, hidden in families (psychopathology

as family secret). Interest for incest is rising phenomenon in our population, more in public (as a sensation) than in professionals. However, we can say that the last decade of this century is characterised with systematic work on this problem. This research is the product of today public receipt of existence and expansion of this phenomenon, its recognition, detecting, and developing protective (preventive and therapeutic) strategies. The crucial questions as Why? (family structure and family dynamic), Where? (family type, family characteristics), When? (the phase of family life cycles) Who? (individual psychopathology) found their answers through systematic researches, and that results in hypothesis such as systematic responsibility for incest, family isolation causes incest, family fear separation and loss, pathological fathers and inadequate mothers. This paper analyse (at deferent level and from the aspect of family systematic theory), 4 families with problem of incest.

CLINICAL PSYCHOPATHOLOGY IN A FUTURE PERSPECTIVE. A SYNTHETIC MODEL FOR ANALYSIS AND STUDY

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In some scientific environments it is considered that the main objective of clinical psychopathology is to describe the symptoms and syndromes (Scharfetter, Sims). Still, traditional views (Jaspers, Schneider, Janzarik) also include in this field "etiopathogenic" directions. This study wishes to gather the contributions of the last years in this field in a synthetic model. From an etiopathogenic perspective, we wish to suggest the distinction between: 1. Ground; 2. Increased vulnerability period; 3. Determinant factors, or onset factors; 4. Management factors. The interrelations between the below mention factors and theories are grouped in a synthetic model (in a matrix derived from the Sheet 2 of AMDP). These factors and theories are: a). Vulnerability/stress theory; b). Biography and life cycles (revealing the vulnerable and non-vulnerable periods related to age and endogenous bio-psychic rhythms) Life cycles are revealed not only in relation with age but also analytical differentiating between: the family cycle, professional-educational cycle, housing cycle, social cycle. c). Psycho-social influences which can play an active role in 1., 2., 3., or 4. These psycho-social influences can be differentiated in: psychotrauma; life changes implying readaptation; interpersonal stressors and exhausting psychic tasks; frustrations; failures; intrapsychic conflicts; life satisfactions, relaxation, leisure. d). Social support network and, generally, the social support. For long term cases can also be mentioned e). Compliance, treatment, patient's collaboration as cotherapist. All above mentioned factors correlate with genetic and inborne factors, and, on the other hand, with personality structure traits. Interrelations between all these aspects are indicated in the suggested matrix, from the perspective of future synthetic studies.

SUBJEKTIVITÄT; OBJEKTIVITÄT UND ETHISCHE APORIEN IN DER FORENSISCH-PSYCHIATRISCHEN PRAXIS

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In der Arbeit werden die fundamentalen ethischen Probleme herausgearbeitet, die sich aus der spezifischen Position der forensischen Psychiatrie, die im Spannungsfeld von Medizin und Gesellschaft steht, ergeben. Der forensische Psychiater ist sowohl an medizinisch-wissenschaftliche, aber auch an ärztlich-ethische Vorstellungen gebunden, zugleich jedoch einem rechtlich-normativen Regelwerk verpflichtet.