FC99 *Philosophy, ethics and psychiatry*

Métaphorisation et éthique dans la clinique des démences.

A Sprimont

Le destin d'un patient atteint d'un processus démentiel dépend de l'expression et de l'évolution de phénomènes pathologiques à l'origine de la démence et/ou qui y sont associés.

Au cours des processus alzheimeriens, la pensée connaît une régression formelle et topique lorsque la secondarisation défaille. La métaphorisation devient cahotique et met en question l'efficacité symbolique des psychothérapies. Néanmoins, à l'intérieur d'une théorie du sujet qui ouvre en lui l'autre scène des fonctions présymboliques, le thérapeute peut servir d'étayage pour réarrimer le sémiotique.

Par contre, des lésions des lobes frontaux entraînent un tableau dont un élément majeur voire prédominant est un changement radical vis-à-vis de l'éthique, avec l'apparition de conduites répréhensibles et l'incapacité de contrôler les pulsions. Ces anomalies contrastent avec la conservation du niveau intellectuel, des capacités logiques et techniques.

A partir d'une pratique clinique, nous essayerons d'entrevoir les implications des modifications de métaphorisation sur l'espace thérapeutique.

D'autre part, nous appréhenderons la multiplicité du questionnement éthique dans la clinique différentielle des démences.

FC100 *Psychopathology and psychotherapies*

POSTTRAUMATIC STRESS DISORDER AND EGO DEFENSE MECHANISMS

P. Birmes, P.-A. Delpha, P. Cadilhac, S. Calahan, H. Sztulman, L. Schmitt. *Psychiatric Service, C.H.U. Purpan, Hôpital Casselardit, Place du Docteur Baylac, Toulouse, France.*

The purpose of this study is to examine the Ego defense mechanisms predicting the development of posttraumatic stress disorder. Victims of traumatic events were recruited from a general university hsopital. 23 participants completed the Impact of Event Scale of Horowitz. 8 were diagnosed as PTSD as compared to 15 not considered as PTSD. All the subjects completed the Defense Style Questionnaire 40 (Andrews et al.) in order to appreciate the different mechanisms ranked in three levels: mature, neurotic and immature. Among PTSD subjects reaction formation appears significantly higher from non PTSD subjects. Reaction formation is included in neurotic defenses. All other mechanisms, suppression, denial and acting out did not differ. These findings suggest that Ego defense mechanisms are indicative of risk for the development of posttraumatic symptoms. Further studies are indicated in order to check the impact of childhood or adolescent traumatisms in the prediction of PTSD.

FC101 *Psychopathology and psychotherapies*

DYNAMIC PSYCHIATRIC TREATMENT OF SCHIZOPHRENIA

J. Burbiel. *Dynamic Psychiatric Hospital, Menterschwaige, Geiselgasteigstr. 203, Munich, Germany.*

The author's concern is to discuss a structural and dynamic understanding of schizophrenia. Her background is Günter Ammon's Dynamic-Psychiatric understanding of man, from which understanding of disease and health, the model of personality and the group-dynamic theory of development are derived. G. Ammon's basic understanding for a development of schizophrenia is connected with an unsuccessful de-symbiotization in the pre-oedipal stage within a group-dynamically and social-energetically disturbed primary group. This leads to a developmental arrest. In terms of structure it leads to a "hole in the ego" in the sense of partially disintegrated personality structure, "filled" by various symptoms. Severe early disturbances in human structure prevent adequate coping with the oedipus complex, coming up later. The therapeutic consequence of this consideration leads to the assumption that successful therapy of schizophrenia involves a retrieval of identity in the process of giving up early symbiotic capacity and strengthens the capacity of integration and regulation of the patient's personality structure (human structure). For this view an integrating, group-dynamic and constructive socialenergetic field of treatment is necessary into which not only verbal but also non-verbal methods of therapy are integrated. Some essentials of treatment of schizophrenia in this sense are demonstrated by the author with inpatient therapy of psychoses in the Dynamic-Psychiatric Hospital Menterschwaige in München given as example.

FC102 *Psychopathology and psychotherapies*

COGNITIVE THERAPY OF THE ELDERLY: FROM THEORY TO PRACTICE

D. Campus Souche, L. Bizzini, V. Bizzini, C. Favre, L. Myers-Arrazola, A. Zinetti.

Unité de Thérapie Cognitive de l'Âgé (UTCA), Clinique de Psychiatrie gériatrique
Département de Psychiatrie, HUG
2, ch. du Petit-Bel-Air, CH-1225 Chêne-Bourg

For several years, short-term psychotherapies have demonstrated their effectiveness. The psychotherapeutical approach of the elderly has also benefited from the development of these treatments as they are much more focused on the hic et nunc and considered to be effective in the management of everyday problems. The model developed at the Cognitive Therapy Unit for the Elderly (UTCA) integrates psychiatric, psychopathological and psychogerontological approaches. UTCA articulates theoretical reflexion, research, teaching and cognitive psychotherapy. UTCA offers psychotherapeutical treatment, either individually or in group setting, to both in- and out-patients suffering from depression, anxiety, with or without personality disorders, and to patients with initial encephalopathy. We essentially use the following modalities: classical cognitive psychotherapy, focusing on the awareness of the link between thought and emotion in order to modify the cognitive distortions, cognitive therapy with decentering strategies (CTDS, group setting), cognitive pre-therapy, designed for preparing some patients to begin a psychotherapy. A clinical case presentation will illustrate a short-term treatment in the context of consultation liaison psychiatry. This 70 years old patient was addressed for aggressive behaviour, visual hallucinations and delusions. The cognitive exploration has shown that his behaviour was linked with the cognitive distortions developed in the context of his Parkinson disease.