III-R), chronicity, frequency of melancholic subtype, HAMD-score or CGI-score. Treatment strategies were optimization of current treatment (N = 14, successful in 9 cases), change to other type of antidepressant medication (N = 3, successful in 1 case), augmentation-treatment (N = 5, successful in 1 case), combination treatment of 2 antidepressants (N = 4, successful in 2 cases), ECT (N = 1, successful), sleep deprivation (N = 3, successful in 2 cases), light therapy (N = 1, not successful), cognitive behavior therapy (N = 4, successful in 3 cases).

'COMPARISON OF SEROTONIN LEVELS IN DEPRESSION TREATED BY NEW AND STANDARD ANTIDEPRESSANT REGIMES'

María B. Tomé, Michael T. Isaac. *Lewisham and Guy's Mental Health NHS Trust, London, UK; Department of Psychological Medicine, UMDS (Guy's Campus), London, UK*

Objective: We test the hypothesis that augmentation of paroxetine, a selective serotonergic re-uptake inhibitor, with pindolol, a specific 5-HTI_A blocker, increases levels of serotonin in the brain, as measured in the periphery, during the early phase of treatment. Open studies indicate that this combination may reduce the traditional latency of onset of substantive antidepressant action.

Method: Using high-performance liquid chromatography, we measured blood serotonin levels on days 0 and +7 of the 42-day trial period in 20 subjects from a randomised, placebo controlled, double blind evaluation of the pindolol/paroxetine combination. All subjects (n = 80; mean age 36 [range 19–65]) met criteria for major depression and received paroxetine (20 mg *o.d.*) plus, randomly, either pindolol (2.5 mg *t.d.s.*) or placebo.

Results: We observed accelerated antidepressant response in significant numbers of our patients, where 20% showed a fall in Montgomery-Åsberg Depression Rating Scale [MADRS] score > 50% by day 4 of the study; 30% by day 7; 40% by day 10 and 48% by day 14. We have attempted to correlate these clinical measures, and whether the subject was taking pindolol or placebo, with blood serotonin levels.

Conclusions: Central changes in serotonin, reflected in the periphery, may aid monitoring of antidepressant therapy.

SUPERIORITY OF LITHIUM OVER VERAPAMIL IN MANIA: A RANDOMISED CONTROLLED TRIAL

Shirley A. Walton, Michael Berk, Shlomo Brook. *Department of Psychiatry, University of the Witwatersrand Medical School, 7 York Road, Parktown, 2193, Johannesburg, South Africa*

Both case reports and small controlled studies suggest the efficacy of verapamil in the treatment of mania. Forty patients with DSM-4 mania were studied in a 28 day randomised controlled trial of either lithium or verapamil. The patients receiving lithium showed a significant improvement on all rating scales, Brief Psychiatric Rating Scale (BPRS), Mania Rating Scale (MRS), Global Assessment of Functioning (GAF) and Clinical Global Impression (CGI) compared to those receiving verapamil. The mean MRS score at day 28 in the lithium group was significantly lower than in the verapamil group (16.6 vs 23.2 respectively, p = 0.024, F = 5.57, d.f. = 1). A similar pattern was seen with the BPRS (11.9 vs 20.4, p = 0.002, F = 11.05, d.f. = 1), CGI (2.16 vs 3.22, p = 0.016, F = 6.40, d.f. = 1) and the GAF (45.5 vs 54.4, p = 0.049, F = 4.16, d.f. = 1). This study suggests that lithium is superior to verapamil in the management of acute mania.

NR17. Short communications: psychotherapy

Chairman: S Davidson

PSYCHOGENIC TRAUMA AND TRANSIENT PSYCHOSIS

Herbert Bower. *Department of Psychiatry, University of Melbourne, Parkville 3052, Victoria, Australia*

The hypothesis is advanced that the concept of psychotic reaction to overwhelming stress (brief psychotic disorder DSM4; psychogenic reactive psychosis ICD9) is accepted and widely used in continental psychiatry but largely rejected by English-speaking psychiatrists.

The history of the disorder in the 20th century is discussed and examples of transient psychoses in mythology, drama and literature and as a consequence of catastrophies (Hiroshima, Concentration Camp) are presented.

The transient psychosis is defined in terms of symptomatology and psychodynamics and differentiated from conditions such as Post Traumatic Stress Disorder, Depressive Stupor, Conversion Reaction and two case histories are quoted. Results based on a survey of 3000 papers in psychiatric journals reveals the scarcity of relevant publications in Anglo-American literature and data based on psychiatric admissions to two psychiatric wards of general hospitals, a private psychiatric hospital and a large public psychiatric institution over a one year period show an extremely low discharge diagnosis of the disorder, supporting the study's specific objective.

TREATING PHYSICIANS WITH PSYCHOTHERAPY

Michael F. Myers. *Department of Psychiatry, St. Paul's Hospital, 1081 Burrard Street, Vancouver, BC V6Z 1Y6, Canada*

This paper represents one dimension of the author's twenty two year experience in treating over 750 medical students and physicians for a range of psychiatric problems. Observations include: resistance in physicians to accepting the patient role; denial and minimization of symptoms including self-neglect; fear of harboring major psychiatric illness; anxiety about breaches of confidentiality and reporting to licensing authorities; living with feelings of stigmatization and shame; guilt about letting others down (especially their families, patients, and colleagues); and avoidance of examining underlying or associated psychodynamic factors in their symptom genesis. Common transference dynamics include: avoidance; acting out; fears of dependency and giving up of control; and gender-related conflicts. Countertransference dynamics include: anxiety about treating physicians (including fears of "contagion"); underdiagnosing; overdiagnosing; intellectualization; painful identification with the vulnerability of physician-patients; boundary blurring and mishaps; and gender-based issues.

CONSULTING TO MENTAL HEALTH ORGANISATIONS

Anton Obholzer, Jon Stokes. *Tavistock Clinic, London NW3 5BA, Great Britain*

The Tavistock Clinic, founded in 1920 on multidisciplinary lines, has many years of experience consulting to organisations in the health and mental health field, as well as in public sector and voluntary organisations.

Clear patterns of staff behaviour in response to the pressures arising from work with mentally ill patients manifest themselves both within members of staff, within the staff group as such, and

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in how the organisation conducts itself in relation to other organisations. This paper outlines such patterns of behaviour and addresses the question of how and when to intervene through a process of consultancy to the organisation. The model used is the Tavistock Applied Psychoanalytic/Socio-technical one.

RELEVANCE-ORIENTED VIDEO THERAPY (ROVT). A THERAPEUTIC PLATFORM BASED ON HUMAN INFORMATION PROCESSING

Edward F. Sanford. *The Center for Optimal Human Information Processing, Baltimore*

Human Information Processing: The choices we make determine the course of our lives, our success or failure and our destiny. Mental health or mental illness are defined by the degree of adaptiveness of our behavior choice. Conscious or unconscious, our choices are made as a result of our ability to process information.

External and internal stimuli perceived by our senses and our Central Nervous System are transducted into patterns of neuronal firing and chemical modulation of neurotransmitters, encoding the information received. Human information processing is based on pattern matching, pattern recognition and feedback cycles that help our brain sort and assign personal meaning to what we perceive. This is achieved by an attempt to match incoming information patterns with expectation patterns accumulated during our lifetime and stored in our memory for easy selective retrieval. Our data base of expectation patterns, composed of cognitive and affective concomitant elements, serves as a reference in the process of identifying and assessing the nature of the stimulus source and in deciding our course of action by choosing, consciously or unconsciously, the most adaptive coping strategy (defense) and behavior script (schema) assumed able to master the situation to the benefit of our Self-System.

A pattern match confirms prior adaptive experiences with the incoming stimulus source and results, most of the time, in automatic (unconscious) processing. Unconscious motivation, decisions and choices are governed by extant coping strategies and behavior scripts. The automatization of such information processing serves adaptively the bio-economy of the brain since its biological potential for automatic processing exceeds by far the brain's capacity for conscious processing which is limited to twenty bits of information per second.

A no-match situation signals an unfamiliar stimulus source that challenges the Self-System competence. This adaptively-'relevant' event deautomatizes the Self-System soliciting conscious processing to obtain adaptive coping strategies and behavior choices.

When abused, automatic (unconscious) information processing may lead to unintended, maladaptive decisions and self-defeating behavior choices. Prevalence of such choices characterizes mental and emotional disorders in patients in need of therapy.

Relevance-Oriented Video Therapy. A Therapeutic Platform Based on Human Information Processing

Based on present knowledge of human information processing Relevance-Oriented Video Therapy (ROVT) blends contemporary scientific theories, electronic technology and innovative clinical strategies to create a new therapeutic platform meant to accelerate, enhance and abbreviate therapy. ROVT also generates data that render some of its effects measurable, allowing thus for a more objective assessment of its own efficacy.

ROVT extends the psychotherapist's skill and reach. It obtains acceleration, abbreviation and enhancement of therapy by addressing the Self directly, through provision of a self-selected, individually-specific and relevant, audiovisual feedback of past sessions, which deautomatizes the operation of the Self-System. It quickly extinguishes routine defensive maneuvers and gains immediate access to conscious, human information processing, motivating for revision of old defenses and behavior schemas or creation of new coping strategies and behavior scripts that enable adaptive changes, if needed.

ROVT uses a video system offering the capability of identification and retrieval of any needed, one second long video scene. It involves the participants actively in the evaluation of content and process of audiovisual feedback, while engaged in a relentless search for the 'relevant'. The 'relevant' is intentionally, vaguely defined to the patients, to allow them to projectively define it. Actually the 'relevant' stands out in each patient's Gestalt as a foreground figure against a contextual background with which it forms an integrated, cognitive and affective whole. It is identified as a strikingly different information pattern when matched with other, experientially accumulated, pertinent templates stored in the participant's memory as expectation patterns.

All sessions are video recorded and then played back just one hour before the next session. All participants log the numerical designations of 'relevant' tape segments, in time-elapsed (hh:mm:ss) initial and final, second-long video scenes, generating numerical, process related data that can be measured and compared. Later, during the session proper, any 'relevant' video- segment is played back at request engendering spontaneously active, conscious and shared processing by all participants.

The information patterns carried by a percept generated by the physical reflection (audiovisual feedback) of the Actual Self in Action have specific relevance to the Self-System's image of competence and self-esteem. They promptly engender cognitive-affective reactions that either proudly validate the reality of competence in self-assessment, in case of a match with the Subjectively-Perceived Self's expectation patterns, or anxiously motivate for attempts at prompt change of behavioral expression when there is no match. An adaptive change results in an information pattern match between the two aspects of the Self-System revalidating competence in self-assessment and bringing about relief of anxiety. Whenever behavior change alone cannot achieve the desired validation of competence, expectation patterns become negotiable to attain the same goal.

ROVT reflects the intense process of negotiation of percepts, concepts and decision making. Eventually, the corrected behavior choice redeems the competence of the Self-System. As the adaptive choices of behavior become more pervasive in the selected 'relevant' of the audiovisual feedback, feelings of satisfaction, security, pride and increased self-esteem provide strong reinforcement and augment the momentum of therapeutic change.

The measurability of the selection of the 'relevant' built into the matrix of ROVT and its computerized serial analysis facilitate clinical objective monitoring of changes in human information processing, as therapy evolves, offering a measure of the therapeutic process itself.

In congress with the natural flow of human information processing, it is the Self-System's deautomatization by the Self-specific content of the audiovisual feedback and the unencumbered accessibility to conscious information processing and to its highly motivational affective and cognitive concomitants, that account for the enhancement and acceleration of therapeutic change in Relevance-Oriented Video Therapy.

WHAT ABOUT THE PRESCRIPTION OF A PSYCHOTHERAPY 150 YEARS AFTER ESQUIROL?

M. Zins-Ritter [1], M. Sanchez-Cardenas [2]. [1] *44 Boulevard Gabriel Guist'Hau 44000 Nantes, France;* [2] *42 rue Mellier 44000 Nantes, France*

Receiving a patient in 1996 means — for the psychiatrist — being able to balance the indications of a well-adapted follow-up treatment, to prescribe — particularly when dealing with psycho-dynamic treat-