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-

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ments — an assistance to help the rational "part" of the psyche, its self at the highest integration level of the reality principal; to sain ground on the pathological "part".

But conceiving the psyche in healthy and pathological parts is not a modern psychiatry invention. This metaphor, reifying but necessary to reflection, found an essential step of its advent in the maturation in Esquirol's work, of the Monomania concept or its synonym, the "partial madness".

In 1818, Esquirol describes it in a clip of the "Panckoucke". However, in both clips held in his treatise "Des Maladies mentales" published in 1838, other forms of the partial madness are proposed by the same author. Then, the madman is no longer a stranger to himself and it is possible to aim the healthy part in him. We are far away from the madman so totally different from the healthy man, that he is rejected out of the city walls.

Does the psychological confusion concern the whole mind or only a part of it? Isn't the debat out of date?

NR18. Clinical aspects of schizophrenia

Chairmen: F Holloway, E Joyce

PSYCHOEDUCATIONAL TRAINING IN SCHIZOPHRENIC PATIENTS

Wilhelm Classen [1], Peter Schwenkmezger [2], Marion Heinrich [2], Catherine Schäfer-Krajewski [1], Sybille Boesken [1]. [1] *Center for Psychobiological and Psychosomatic Research, Department of Biological Psychiatry, University of Trier, Friedrich Wilhelm-Str. 29, D-54290 Trier, Germany;* [2] *Department of Psychology, University of Trier, D-54298 Trier, Germany*

Many therapeutic techniques are involved in psychoeducational programs (Wright & Schrodt, 1989). The main goal is to reduce relapse rates of psychoses. (Hornung & Buchkremer, 1992). Psychoeducational interventions require patients to be competent to discuss their illness, their behaviour and preventive strategies.

In our study three group of patients: 1. a training groups of in-patients (n = 15; 10 sessions of 90 minutes, 1 session a week), 2. an out-patient group (n = 13), 3. a group of patients awaiting treatment (n = 8) were investigated with respect to psychopathologic symptoms (BPRS), subjective emotional state (BfS), understanding of their illness, protective strategies and attitude towards drugs.

As compared to the control groups psychopathologic symptoms, understanding of illness and protective factors improved in the training group, but their attitude towards drugs didn't change. Implications of these findings will be discussed.

In a long-term panel possible reduction of relapse rates will be studied.

THE ATTRIBUTION OF INTENTIONALITY, CAUSALITY AND DISPOSITION BY DELUDED PATIENTS

D.J. Done, V. Millard, H.A. Pattinson, M. Papanastasiou, and the Hertfordshire Neurosciences Research Group. *QEII Hospital, University of Hertfordshire, Wellhouse Trust, Hertfordshire, AL10 9AB, England*

Social reasoning has been extensively studied by psychologists but there has been limited application of methods and theory to understanding the abnormal social reasoning that is central to many delusions. We report results from a study in which deluded patients with a diagnosis of schizophrenia and normal control subjects watched video vignettes depicting negative outcomes occurring to one actor, with the intent of the provocateur manipulated to be either accidental, ambiguous or on purpose. The prediction that patients with delusions will infer intent more than normal controls was supported by the data but this did not result in any increased likelihood of making negative disposition statements about the provocateur as predicted by the Correspondent Inference Theory theory of Jones and Davis [1]. There was also no increased tendency by the patients to make person rather than situation attributions when asked to describe what had caused the outcome, unlike results reported in other studies. Deluded patients were also less affected by the intent manipulation suggesting a failure to perceive salient social information. The method used demonstrates that social reasoning in deluded patients can be readily investigated and the results suggest inappropriate use of information when making judgments about intentionality.

[1] Hewstone M. (1989) Causal Attribution. Oxford, Blackwell.

? A NEW AND FAMILIAL VARIANT OF SCHIZOPHRENIA

G.A. Doody, W.J. Muir, E.C. Johnstone, D.G.C. Owens. *University Dept. of Psychiatry, Royal Edinburgh Hospital, Morningside Park, Edinburgh. Scotland. EH10 5HF*

It is widely believed that the point prevalence of schizophrenia in individuals with mild learning disability is three times that of the general population. This large Edinburgh study seeks to explore reasons for this observation. Three sex and age matched populations are under study; subjects with a dual diagnosis of mild learning disability and schizophrenia (obtained from a National register, N = 20), subjects with DSMIII-R schizophrenia and normal premorbid I.Q. (randomly matched from the Lothian Psychiatric Case Register, N = 20) and subjects with mild learning disability alone (N = 17). A detailed family history has been obtained in 85% of cases.

40% of the schizophrenic group have a family history of schizophrenia in first or second degree relatives. One schizophrenic subject also has a first degree relative with a dual diagnosis of schizophrenia and mild learning disability. Only one subject with learning disability alone has a psychotic relative.

Over 60% of the dual diagnosis group have a family history of schizophrenia. 50% of these subjects with schizophrenic relatives have a family history of schizophrenia alone, and the remaining 50% have a family history of a dual diagnosis also occurring in relatives.

Karyotypic analyses of 16 of the 20 dual diagnosis probands show chromosomal variants to be common. The proband with learning disability, who has psychotic relatives, also shows evidence of chromosomal variance.

We wish to suggest that the excess of schizophrenia in the mildly learning disabled population may be partially explained by the existence of a highly familial sub-type of schizophrenia. The phenotypic appearance of which may be polymorphic in families who are multiply affected with mild learning disability, schizophrenia and a dual diagnosis. Genotypically, this sub-type of schizophrenia may be associated with chromosomal variance.

AUDITORY HALLUCINATIONS IN PROFOUNDLY DEAF SCHIZOPHRENIC PATIENTS: A PHENOMENOLOGICAL ANALYSIS

M. Du Feu, P.J. McKenna. *Queen Elizabeth Psychiatric Hospital, Mindelsohn Way, Edgbaston, Birmingham, and Fulbourn Hospital, Cambridge CB 1 5EF, UK*

Profoundly deaf individuals who develop schizophrenia sometimes claim to hear voices. Proposed explanations for this counter-intuitive