

to TFP on all other measures. On cost-effectiveness ratios, SFT was superior with respect to recovery, and equivalent when quality-of-life was considered. Functional MRI and other indices indicated that recovery from BPD was associated with normalizing of emotion regulation.

Conclusions: The results indicate that it is possible to successfully and cost-effectively treat these difficult patients by prolonged psychotherapeutic treatment. Assessment of attentional bias and amygdala/hipocampal responses to threat cues indicates that ‘symptomatic’ cure is accompanied by normalizing of these processes, suggesting a deep and fundamental change. Moreover, results of a 1-year follow-up indicate that recovery continues.

Symposium: Psychopathology: Phenomenology, nosology and cultural diversity

S31.01

Western postmodern thinking and psychopathology: Dangers and chances

M. Musalek. *Anton Proksch Institute, Vienna, Austria*

In modern psychiatry a main task is the exploration and explanation of the nature of mental disorders and its treatment. Post-modernity with its change of paradigms opens up new perspectives in diagnosis and treatment of mental disorders. Not only the nature of disorders but also the narratives creating our world of illnesses and the dialogue with the patient suffering from it becomes more and more the main interest of medical and psychotherapeutic measures. It is no longer the disorder itself but the human being suffering from it which will be the main target of diagnostic and therapeutic procedures. The human being is not only a disorder producing physico-psycho-social apparatus. In postmodern medicine the human being cannot be longer considered as a machine which can be explored and repaired; it is much more the expression of active and reactive processes. As individuals we are not only complex machines reacting to external and internal stimuli; we are on the contrary “doers”, “makers” and “creators”. As cosmopoets we constitute and design our world and ourselves. But this creation is not a creation out of nothing. Our patients suffering from mental disorders are thrown in a world not of their choosing; but nevertheless they are able to (re)construct their life and their narratives. As psychiatrists, it is our duty not only to analyze the conditions and nature of mental disorders but also to enter into a dialogue with the human being suffering from the disorders’ nature and its narratives.

S31.02

European and african psychopathology. What differences express the same subjectivity

P. Varandas. *Hospital Miguel Bombarda, Lisbon, Portugal*

This presentation will be introduced by the different disease conceptions between Europe and West African cultures.

The classical assumption of universality of neurological substrate will be discuss in confront with cultural relativist perspectives going back to nosology.

Some questions will be adress in the fields of compared subjectivity and phenomenology.

Some final remarks about the importance of Ethno-psychiatry will be done.

S31.03

When the healer is ill

A.M. Ulman^{1,2}. ¹ *Beer-Yaacov Mental Health Center, Beer Yaacov, Israel* ² *Sackler Faculty of Medicine, Tel-Aviv University, Tel-Aviv, Israel*

Since countries have relaxed immigration policies, mental health professionals have been confronted with clinical pictures necessitating a different reflection on their practice of psychiatry based on a western system of reference. Misdiagnosis can be the source of unnecessary hospitalization, harmful drug treatment and inadequate management of cases. From the perspective of migrating populations, they undergo a process of change with the necessity to cope with the host culture while preserving their previous cultural values. Sometimes migration awakens new hopes like the belief seen lately among Israeli Ethiopians that spirits won’t migrate with them and won’t anymore require their attention. It soon becomes apparent that the reality is different and Zar spirits pathology appear, provoking questions about its meaning. Beer-Yaacov Mental Health Center is located south of Tel-Aviv in an area where 20% of the Ethiopian community lives. Patients of Ethiopian origin, unresponsive to “traditional” Western treatment are referred to the hospital outpatient clinic for examination at the ethnopsychiatric consultation service. With the help of three clinical vignettes we will describe the psychopathology due to the issues of healers that can’t heal or of people meant to be healers that couldn’t fulfill their apprenticeship because of migration. We will show how an ethnopsychiatric-oriented interview combined with an ethnopsychiatric analysis of the clinical picture, allow a better diagnosis even in the context of a conventional institutional frame.

S31.04

Towards a cultural psychopathology

A. D’angio’. *University of Naples, Naples, Italy*

The research we are striving to foster in Italy, aims at identifying the nature of the spaces linking the well-known neurobiological paths of interpersonal experience and the less-known psychological and phenomenological paths of the intercultural relation. The challenge consists in understanding the experience of plurality and therefore how you can pass from a “relational” to a “multicultural” mind.

An approach, to be really multicultural, intercultural and transcultural, must be based on the dialogue between different disciplines. Therefore, if European psychiatrists will not be opened to cultural anthropologists, psychologists, sociologists, ethnologists, they will not progress and there will be the risk of closing themselves in a conclave detached from the interconnections of globalisation.

We hope that this first symposium between psychopathologists and cultural psychiatrists may prompt a debate between experts in the field of psychopathology and cultural anthropology to deconstruct Western culture seen as a repository of the “medical basic knowledge”.

Today, more than ever, it is increasingly important to consider not only the Western culture models (e.g. the neurobiological point of view) but also specific models of other cultures. The latter either

disregard our medical background or they “do not let themselves be colonised”.

Those who work in the field of psychopathology are confronted to systems of thought different from the system of thought studied by Western psychopathologists. This makes to think that the right way to consider “psychopathology” is as a “cultural psychopathology”.

Symposium: Self-injurious behavior and suicidal behavior in adolescents

S24.01

The neurobiology and genetics of suicidal behavior in adolescence

G. Zalsman^{1,2}. ¹ *Child and Adolescent Division, Geha Mental Health Center, Tel-Aviv, Israel* ² *Neuroscience Division, Columbia University, New York, NY, USA*

Gene-environment interactions (GEI) were recently found to contribute to the etiology of mood disorders and suicidal behavior in children adolescents and young adults. Childhood adversity may produce a biological and clinical diathesis for mood disorder and suicidality that endures into adulthood. Life events predict depression and suicidal ideation or a suicide attempt in children, adolescent and young adult carriers of the S allele of the 5-HTTLPR polymorphism. This finding was replicated in children, adolescents and young adults. We reported on a third functional allele in the serotonin transporter gene (A triallelic polymorphism) that may give a new clue to the GEI in depression and suicide. Some new biological data supporting the validity of this interaction will be presented.

S24.02

Epidemiology and psychological correlates of deliberate self-harm in adolescents

F. Resch¹, P. Parzer¹, J. Haffner¹, R. Steen², J. Roos³, M. Klett², R. Brunner¹. ¹ *Department of Child and Adolescent Psychiatry, University of Heidelberg, Heidelberg, Germany* ² *Public Health Department, Community of Heidelberg, Heidelberg, Germany* ³ *University of Education, Heidelberg, Germany*

Aims: The primary aim of our study was to determine the prevalence of deliberate self-harm in adolescents using an exact definition of DSH (intentional self-mutilative acts like cutting, burning and suicidal ideation, plans and attempts). Our second aim was to evaluate a wide range of internalizing (withdrawn, somatic complaints, anxiety/depression) and externalizing behavior problems (delinquency, aggression), as well as possible gender differences which may be associated with DSH.

Methods: Self-report cross-sectional survey. A representative sample of school students of the 9th grade (n = 5759, mean age = 14.98 (SD=0.73), 49.8% female adolescents) from the Rhein-Neckar-District in Germany has been investigated.

Results: Moderate forms of intentional self-mutilative acts in the previous year was reported by 630 of 5759 (10.9%) school students. Additional 229 (4.0%) students reported repetitive forms of self-mutilation. With regard to suicidal behaviour 14.4% of the adolescents reported suicidal ideas and 7.9% one or more suicidal attempts during their life time. Compared with participants without a history of DSH, adolescents with DSH scored significantly higher on the YSR-

subscales of somatic complaints, anxiety and depressive symptoms and delinquent behaviour.

Conclusions: Moderate forms of intentional self-mutilative acts and severe forms as well as suicidal behaviour were found to be associated with pronounced emotional and behavioral problems. In particular female adolescents are at higher risk for DSH in comparison to male adolescents. A better understanding of the associated psychiatric and psychosocial concomitants of deliberate self-harm is an important contribution for the development of prevention and intervention programs.

S24.03

Emotion regulation; Temperament and self-injurious behaviour in female adolescent with borderline personality disorder

R. Brunner, P. Parzer, I.A. von Ceumern, F. Resch. *Department of Child and Adolescent Psychiatry, University of Heidelberg, Heidelberg, Germany*

Aims: The primary aim of our study was to investigate the capacity for emotion regulation and personality factors and its relationship with in female adolescents with borderline personality disorder (BPD).

Methods: A consecutive sample of adolescent psychiatric patients has been studied in comparison to 29 adolescents patients with other psychiatric diagnoses, and to a control group of 30 healthy subjects. Axis I diagnoses were surveyed with the German version (Delmo et al., 2000) of the semistructured diagnostic interview of the Schedule for Affective Disorders and Schizophrenia for School-Age Children—Present and Lifetime Version (K-SADS-PL; Kaufman et al., 1997). Axis II diagnoses were assessed by using the German version (Fydrich et al., 1997) of the Structured Clinical Interview for DSM-IV Axis II Personality Disorders (SCID-II; First et al., 1996). To measure emotion regulation the emotion control questionnaire (ECQ; Roger & Neshoever, 1987) has been used. To investigate the personality factors the German version (Schmeck et al., 2001) of the Junior Temperament and Character Inventory (JTCI, Cloninger et al., 1994) was used.

Results: A lower degree of capacity for emotion regulation, high degree of impulsivity and novelty seeking as well as more character problems were related to the group of patient with a diagnosis of BPD and self-injurious behaviour in comparison to the control groups.

Conclusions: The investigation of personality factors and its relation to distinct psychiatric symptoms in BPD may lead to a better understanding to different subtypes of BPD in adolescents.

9 April 2008 Symposium: EPOS - further results of the completed study

S55.01

Course of psychopathology in putatively prodromal subjects in the EPOS study

S. Ruhrmann¹, F. Schultze-Lutter¹, H. Graf von Reventlow¹, H. Picker¹, M. Neumann¹, R.K.R. Salokangas³, M. Heinima³, D. Linszen⁴, P. Dingemans⁴, M. Birchwood⁵, P. Patterson⁵, G. Juckel², A. Morrison⁶, J. Klosterkoetter¹, the EPOS group⁷. ¹ *Department of Psychiatry and Psychotherapy, University of*