

ments — an assistance to help the rational “part” of the psyche, its self at the highest integration level of the reality principal; to gain 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 Isn’t the debat out of date?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

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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 (BES), 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

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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

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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

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