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EV901

The mechanistic property cluster view of mental disorder: A tenable form of non-reductionist realism?

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Introduction The question what mental disorders are lies at the heart of the philosophy of psychiatry. In search of a valid taxonomy of mental disorders, it is a question that needs a proper answer. In recent work, Kenneth Kendler et al. (2011) have put forward the “mechanistic property cluster” (MPC) model of mental disorder. On this view, mental disorders are mechanistically mediated clusters of multi-level (bio-psycho-social) properties. Kendler et al. present the MPC-model as a non-reductionist form of realism – realist because it tries to account for mental disorders in terms of the causal structure of the natural world, non-reductionist because it views mental disorders as clusters of multi-level properties. For the project of psychiatric nosology, such non-reductionist realism would be a great step forward and indeed preferable to pragmatist and constructionist models of mental disorder.

Objective To critically assess the MPC-model in light of arguments against realism about mental disorders presented in the philosophical literature.

Aims To achieve a proper understanding of the ontology of mental disorders that can inform future psychiatric nosology.

Methods Literature study and conceptual analysis.

Results Despite appearances, the MPC-view fails to take into account the various (societal, practical, scientific) values that determine the delineation of mental disorders. It ultimately faces philosophical problems similar to those of more reductionist forms of realism.

Conclusions The MPC-model fails as a realist model of mental disorders. Its non-reductionism, however, is an important contribution to theories of explanation in psychiatry.

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EV902

On the Carlos Castilla Del Pino “Axiom of behavioral significance” and its relevance in philosophy of psychiatry: The unification of clinical neuroscience

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Carlos Castilla del Pino (1922–2009) was a Spanish psychiatrist and essayist with a wide work ranging from neuropsychiatry to social psychiatry. His essays include interesting psychopathological, anthropological and semiotic ideas.

The “axiom of behavioural significance” proposes that human behaviour is not an objective event but a meaningful act. As the objective of human behaviour is relation between human beings, it must be studied only under this communicative perspective. Based in this axiomatic approach of Castilla del Pino, some arguments of interest to philosophy of psychiatry will be exposed:

– Mind is based in language and language is a communicative acts system in need of a dialogic community, namely, in need of a group of interacting brains. So, referring to the “brains-mind problem” is proposed to be preferred instead of referring to the “brain-mind

problem”. Mind is a language-based emergent property of the social group, not a property of a single brain.

– The intention of human behaviour and the content of mental subjective phenomena should not be taken as a sign of any brain disease. Human behavior and mental representations always refers to a social group and a social context, not to a single brain. The only disease indicators we can take as disease signs are the formal aspects of behaviour and mind contents, as disexecutive syndrome or mental automatism are.

– As a corollary, it is proposed that neurology and psychiatry do not have any epistemic difference, leading to defence the unification of clinical neuroscience.

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EV903

The other, role theory, key elements on the development of one-self and psychopathology

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We plan to analyze the psychological and sociological concepts of the other and the role theory. We would describe the roles in psychopathology differentiating between the identity of the role and the identity of oneself and its entailment with the other, with respect to the development of the individual and its difficulties in the acquisition of roles, leading to different clinical entities. These pathologies show phenomenological differences observed in clinical situations such as schizophrenia, depression, bipolar disease, personality disorders and in psychopathological manifestations of epilepsy. We analyze the difficulties schizophrenic patients have in assuming roles, as well as in the recognition of “the other”, depressive patients and their over identification of roles, the link to manic states, and a poor identity observed in patients with hysteria. Special considerations are made in the social interactions of epileptic patients with “the other” which takes the form of “being with”, and the dynamics established by epileptics in their social roles. These characteristics are also found in epileptic psychoses. When a psychotic state ends, and patients recover from a clear or lucid epileptic psychoses, they return to work recovering their social roles and interaction with others. In the case of cognitive impairment and organic dementia, there is a difficult adaptation due to this disability. Experiences lived under the psychotic episode are maintained, even reinforced and influence how they consider themselves and the others, in particular in terms of moral and religious ideas.

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Posttraumatic stress disorder

EV904

Childhood physical punishment as risk factor for combat-related PTSD

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