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Introduction: Intentionality constitutes an essential phenomenon of psychic life (Brentano, 1874; Husserl, 1917). Its disturbance can be expected in schizophrenia and depression.

Objectives: To study how such fundamental psychic function is altered in these two diseases.

Methods: Phenomenological method allows to deepen in the structure of complex phenomena. Husserl's analysis of "consciousness of immanent time" helps in studying how intentionality functions in schizophrenia. In depression, we appeal to own previous phenomenological researches revealing three fundamental features: a specific change in body experience; inability to act, feel, think, etc. (inhibition); and alteration, inversion, and suspension of biorhythms.

Results: The intentional arc connects the beginning and the end of a phrase. This arc will keep tensor, the bigger is the potency of the aim of my speech and my capacity to exclude inadequate associations. In schizophrenia intentional arc expands and appear "lax associations" (Bleuler, 1911) and "overinclusion" (Cameron, 1968). Fuchs (2005) argues that also the rest of schizophrenic symptoms represent disturbances of intentionality, e. g., in paranoid ideas an inversion occurs. In depression, its three essential phenomena can be interpreted as different forms of intentionality failure: the compromise of lived body and its consequent loss of transparency lead to incapacity of projecting oneself toward action and future. "Not being able to" (inhibition) means a detention of intentionality. Closely related appears the inability to anticipate. Finally, the alteration, inversion or suspension of biorhythms is temporal and insofar implicates a disturbance of intentionality.

Conclusions: The main features of schizophrenia and depression represent specific forms of alteration of intentionality.

Disclosure: No significant relationships.

Keywords: intentionality; phenomenology; schizophrenia; depression

EPV0453

Borges and the art of forgetting

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Introduction: In 2005 Elizabeth Parker and fellow researchers described the first case of Hyperthymestic Syndrome, a woman going by initials AJ. Thereafter, a handful more of such cases have emerged. Older descriptions of extraordinary memory in medical literature mainly considered semantic and working memories. Jorge Luis Borges in his 1930s short story 'Funes, his Memory' writes about his, presumably fictitious, encounter with a man named Ireneo Funes who possessed an extraordinary memory and a knack for keeping track of briefest of passing moment. Among many qualities that Funes and AJ share are their extraordinary memories, obsession for keeping track of time, and their problems

with abstraction. After describing his extraordinary memory, Borges says of Funes, 'I suspect nevertheless, that he was not very good at thinking. To think is to ignore (or forget) differences, to generalize, to abstract.' Similarly, AJ has been described to have impaired abstraction, hypothesis formation and conceptual shifting. Moreover, both Funes and AJ see their capability as a burden rather than a gift. "My memory, sir, is like a garbage heap." Says Funes.

Objectives: A brief exploration of Jorge Luis Borges' works in the context of autobiographical memory.

Methods: The comparisons between Borges' description of his character's autobiographical memory and findings of modern research techniques will be done qualitatively.

Results: Effort is made to undersatnd Borges philosophy in context of mordern memory research.

Conclusions: An in depth look into Borges' philosophies linking perception of time, coding of memory, abstraction and language can inform further line of research regarding autobiographical memory.

Disclosure: No significant relationships.

Keywords: Jorge Luis Borges; literary work review; Hyperthymestic Syndrome; Autobiographical Memory

Posttraumatic stress disorder

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Posttraumatic stress disorder with psychotic symptoms. A case report

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Introduction: We present a 29-year-old man with a family psychopathological history of depression and a personal history of Posttraumatic Stress Disorder after sexual and psychological abuse in childhood, depressive symptoms and substance use (cannabis), who experienced delusions that made him feel threatened and in danger, with huge anxiety and insomnia for one year after a heartbreak. In addition, the patient was dysphoric, verborrhic and presented ruminative thoughts and flashbacks of abuse suffered in childhood.

Objectives: To review the literature of Posttraumatic Stress Disorder with Psychotic Symptoms (PTSD-PS) and study the difference between PTSD-PS and other psychotic disorders.

Methods: Literature review of scientific articles searching in Pubmed and Medline. We considered articles in English and Spanish.

Results: Pharmacological treatment with antipsychotics and mood stabilizer was started with remission of anxiety and insomnia and recovery of euthymia. Delusions persisted but without affective and behavioral repercussions. With psychotherapeutic work in a psychiatric Day Hospital, complete remission and proper processing of traumatic experiences were achieved. The main psychotic symptoms in PTSD are hallucinations and delusions which tend to