

about the psychiatry and its action field, can be a useful strategy to understand the views of the general population in a given era.

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The cultural products analysis in medicine and psychiatry

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Introduction As the psychopathological constructs have been influenced by scientific and cultural paradigms of its time, culture reflects and determines the way of understanding health and disease. The knowledge generated is integrated to the cultural wealth and it continues its development by interacting with culture, thus the ideas of mental illness and its treatment vary according to culture and beliefs of a given population in a given time.

Objectives To propose a framework for analysis through the examination of cultural products. We argue that this strategy can give us some clues about how the general population understands mental illness and the psychiatric work.

Methods A review of the literature available about social representations of science, medicine, illness and psychiatry, through cultural products analysis.

Results There are many works that address the presence of these issues in the social imaginary by analyzing cultural products. In the field of psychiatry, the analysis of films, literature and music (the last, in a lesser extent) are the most frequent.

Conclusions The analysis of cultural products can be a source of additional knowledge that connects us with the social representations of our profession and its scope of practice, favoring a better understanding about what psychiatry and mental illness means for our patients and general population.

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Depression

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The relationship between anxiety, depression and hopelessness among nonclinical sample

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Introduction This research aims at examining the relationship between anxiety, depression, and hopelessness among nonclinical Kuwaiti sample using Beck Anxiety Inventory, Beck Depression, and hopelessness inventories.

Objectives highlighting the relationship between anxiety, depression, and hopelessness among nonclinical sample of females and males and the common factor/s.

Methods The participants were 616 (308 females & 308 males), Kuwait University students. The two genders were matched in age (18.15 ± 0.36 & 18.18 ± 0.38 , $t = 0.94$, $P > .05$) and BMI (24.12 ± 3.27 & 23.50 ± 4.85 , $t = 0.54$, $P > 0.5$). The Arabic versions of the Beck Anxiety Inventory (BAI), Beck Depression Inventory-II (BDI-II), the Beck Hopelessness Scale (BHS), and demographic surveys were administered to participants during classes. All participants read and signed a consent form before participating. The correlation matrices, exploratory factor analysis, and reliability analysis are used in this study.

Results Internal consistency of scores were satisfactory for the BAI, BDI-II, & BHS inventories respectively (Cronbach's alpha (M)=0.88, 0.75, 0.74 & (F)=0.89, 0.84, 0.88). A correlation of ($r = 0.53$) between the BAI and BDI-II and ($r = 0.43$) with BHS. Meanwhile a correlation of ($r = 0.58$) between BDI-II & BHS. A principal-axis factor analysis with oblique rotation suggested one factor accounting for 67.73% of the common variance.

Conclusion The results indicate that there is a strong relationship between anxiety, depression and hopelessness. This highlights the important of examining common factors between anxiety, depression and hopelessness among nonclinical sample.

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EW175

Can somebody listen to me?

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Given the increase in depressive symptoms, as a mental disorder combined with an organic disease, we suggest a therapeutic approach based on group therapy. The effectivity of this kind of therapy has been confirmed by multiple studies as a way to decrease the pressure in mental health units. The results reached in various studies confirm at least an equal effectivity as individual psychotherapy, thereby it optimizes the increasingly limited public health resources. The objective of the group therapy is to promote an active attitude in the patients and make them responsible of their condition and their treatment process too. The program is aimed to female patients with various kinds of clinical depression, ranging from 40 to 60, who come to the USMC Hospital Vazquez Diaz in Huelva. The group had 12 participants, it was led by a Clinical Psychologist with the help of the Clinical Psychology residents. The program consisted in 8 bimonthly sessions of 90 minutes with an assessment test/retest at the beginning and end of it. The work in the group therapy was based on the constructivist orientation. Different areas were treated as: identification and adaptive expression of emotions, strengthening self-esteem and providing adaptive coping strategies to the psychological distress. As a conclusion we can see how the individual changes in the patients go socializing and enhancing the change in the rest of the participants in a mutual support that promote a more active role that take the patients away of the initial passivity.

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