S29.03
THE FAMILY OF THE SCHIZOPHRENIC PATIENT: OBJECTIVE AND SUBJECTIVE BURDEN AND COPING STRATEGIES

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This study aimed to explore: a) the family burden and coping strategies of key-relatives of patients with schizophrenia living in five European countries; b) the relationship of family burden and coping strategies with patients' symptoms and disability; c) the changes in the levels of burden and coping strategies over time.

A sample of 236 relatives of patients with schizophrenia was followed up prospectively for one year with regard to burden and coping strategies, using validated questionnaires.

Relatives experienced high burden when they had poor coping resources and social support. Relatives in Mediterranean centres were more resigned, and more often used spiritual help as a coping strategy. Resignation and reduction in social interests correlated with burden. In the sample as a whole, the burden was stable at one-year follow up. A reduction of family burden over time was found among relatives who adopted less emotion-focused coping strategies and received more practical support from their social network. In addition, family burden decreased in relation to the improvement of patient's social functioning.

These data indicate that: a) family burden and coping strategies can be influenced by cultural factors; b) when relatives are able to improve their coping strategies, it is possible for burden to be reduced even after several years. This points to the need to provide families of psychotic patients with interventions emphasising the adoption of an effective coping style.

S30. Behavioural pharmacology and MDMA ("Ecstasy") – the importance of human subjects

Chairs: C. Schuster (USA), M. Tancer (USA)

S30.01
BEHAVIOURAL PHARMACOLOGY OF MDMA IN NON-HUMANS

C.-E. Johanson. *USA*

No abstract was available at the time of printing.

S30.02
EFFECTS OF MDMA (ECSTASY) ON SENSORIMOTOR GATING (PREPULSE INHIBITION) IN HUMANS AFTER PRETREATMENT WITH CITALOPRAM, HALOPERIDOL, OR KETANSERIN

F.X. Vollenweider, M.E. Liechti, M. Geyer, D. Hell. *Switzerland*

No abstract was available at the time of printing.

S30.03
SUBJECTIVE AND REINFORCING EFFECTS OF MDMA AND mCPP COMPARED TO d-AMPHETAMINE IN HUMANS

M. Tancer, C.-E. Johanson. *USA*

No abstract was available at the time of printing.

S30.04
FUNCTIONAL BRAIN IMAGING AFTER ACUTE AND CHRONIC EXPOSURE TO MDMA ("ECSTASY")

A. Gamma, A. Buck, T. Berthold, M.E. Liechti, F.X. Vollenweider. *Switzerland*

No abstract was available at the time of printing.

SES11. AEP Section "Psychotherapy": Psychoanalysis and psychiatry: treating borderline patients

Chairs: G. Vaslamatzis (GR), R. Broca (F)

SES11.01
CAUSALITY OF PERSONALITY DISORDERS AND THERAPEUTIC INTERVENTION: A REVIEW OF THE PSYCHOANALYTIC LITERATURE, 1908-1990

F. Sauvagnat. *University of Rennes (35), France*

In recent years, personality disorders have been recognised as a major therapeutic issue – and a challenge for many "evidence" based therapists who contend to bring rapid ameliorations through interventions restricted to a limited goal. On the other hand, it has been show (P Fonagy 1996) that psychoanalytic therapies were generally efficient in the treatment of personality disorders. In fact, this issue has been discussed in psychoanalytic literature as far back as 1908, and it can be expected that a number of these elaborations can still prove to be relevant for such patients. We will review the main trends of this abundant literature, and compare three aspects:
1. causality of personality disorders,
2. modes of therapeutic intervention,
3. what sort of change is expected to be brought forth.

SES11.02
EMERGING FROM BORDERLINE STATE OF MIND: PSYCHOANALYTIC VIEW

M. Sebek

No abstract was available at the time of printing.

SES11.03
REPAIRING THE TRAUMA: THE INTERNALIZATION OF THE ANALYTIC RELATIONSHIP BY THE BORDERLINE PATIENT

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The psychoanalytic experience with borderline patients, through the transferential reliving and rememoration that allows, reveals the double – according to the freudian theory – dimension of trauma.

https://doi.org/10.1016/S0924-9338(00)94184-1 Published online by Cambridge University Press