

6 and 12 months to assess outcome for subjects and health care utilization.

The advances that the research seeks to make lie in clarifying the suspected differential prevalence and outcome of depressive illness in rural and urban settings and in the application of a low-cost, generalisable preventive package to improve the outcome of depressive illness, a major cause of long-term disability and loss of economic functioning.

S91. Efficacy of psychotherapy and what causes change

Chairmen: D Cremniter, M Patris

METHODOLOGY AND PRACTICE OF THE PSYCHOTHERAPY MEASUREMENT EFFECTS IN NEUROTIC DISORDERS

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The main methodological problem of therapy effect evaluation is what must be measured and when to measure. The answer to the first question depends on the current knowledge of psychopathology. Paper discusses the question of measuring different dimensions having not specific value in each specific psychopathological disease as well as other concepts like wrong choosen moment in waiting for therapy on waiting list or in follow-up. In every therapy, notably psychotherapy, the most important measurement results seem to be assessment of the changes in the main psychopathologic features. In the case of neurotic disorders, intensity of symptoms and personality desintegration are cotated, using symptom check-list and personal tests. Concerning therapeutical results collected, results are given before and after treatment. The paper presents methods of measurements as well as some data on different psychotherapeutic procedure, effects and variable causative factors.

CRITERIA OF EFFICACY IN PSYCHOTHERAPY. APPLICATION TO PSYCHOSIS

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Since Pinel with his "moral treatment", psychotherapy has frequently been used in the treatment of psychosis. Even if efficiency is more frequently known for non psychotic patients, many researches have tried to find out criteria of efficacy for psychotherapy in psychosis. These latter are generally characterized by reduction of rehospitalizations and improvement of the patient to cope in social life, whatever the different methods studied are: familial therapy, psychoanalysis, behavioural therapy, interactive therapy, etc... which are based on different theoretical approaches. Application of the criteria of efficacy to psychosis leads to take into account basic questions like (1) the introduction of psychotropic drugs in the last decades, which modifies the symptomatology, the contact with the patient and the evaluation of efficacy (2) the question of causality which modifies the conceptual approaches of clinicians and which has to be considered differently than in a classical opposition between psychodynamic, organic, or socio-familial theories.

CAUSATIVE FACTORS IN THE PSYCHOTHERAPY OF DEPRESSION

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Knowledge of putative causative factors in psychotherapy is necessary not only for effective and economic treatment but also for evaluation studies which go beyond pre-post-comparisons. The mediation process between intervention and change in the patient should be looked at. For this purpose first pathogenetic concepts of depression are discussed, then clinical evidence for causative factors and empirical results of evaluation studies.

Pathogenetic models of depression emphasize the premorbid and intermorbid personality's structural rigidity with stringent self-standards, reward dependency and an ambalance in favour of heteronomic orientation as compared with more autonomous behaviour. This 'typus melancholicus' [1] can develop as coping mechanism to safeguard the need for dependency and acknowledgement. Interventions in the acute severe depressive state of this personality should foster relieve from the patient's 'debet-situation' or 'being for others', the ensuing ambivalence towards therapy and the feeling of emptiness which in turn agitates again the effort for pleasing others.

Fallacies of too early cognitive interventions in this stage are discussed. In the long-term course it has to be decided whether the patient should be helped to readopt patterns of over-adaptation to social expectations or whether more autonomous behaviour and conflict resistancy can be fostered without depreciation of the patient's self-image. Details of possible intervention strategies are elucidated.

[1] Tellenbach, H. (1980) *Melancholy*. Duquesne University Press, Pittsburgh.

THE QUESTION OF EFFICACY IN THE HISTORY OF PSYCHOTHERAPY

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Psychotherapy is much older than the general opinion holds it. The first treatments were already in the beginning of the 18th century, and a clear cut theory and several techniques existed as early as 1750, long before Mesmer began to work. Right from the start it was clear that psychotherapy (which was already called psychological therapy) should be done together with pharmacotherapy, therefore the question did not arise, what would work better pharmacotherapy or psychotherapy. The influence was from philosophy of the time — as it is now — which considered the question of a comparative efficacy as useless. As long as the patient had to pay himself for any medical treatment, the question of efficacy remained undiscussed. Only when third party payment and national health plans came up and a struggle for their support began, the question of efficacy became interesting. Therefore the discussion about efficacy of psychotherapy in the historical view can be seen as being part of politics.

S92. Pregnancy related disorders

Chairmen: A Coen, I Brockington

Abstracts not received.