

**P0059**

Negation to execute conditioned reflexes: Origin of the mental illness

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**Objective:** Correct handling of the extinguishment of conditioned reflexes orientates toward the restitution of the lucidity and incorporation at the homeostasis again.

**Method:** Planned introspection and meticulous evolved record of all internal conflicts triggered after the tireless search of the I, during 30 years.

**Results:** Association and reinforcement of the punishment with the freedom and disobedience, for allowing the appearance of the I, considered like a transgression, and the recompense, with the obedience, allowing the arising of a false personality or I', which value : The Social Conditioning.

Exact equivalence between the punishment gave to a child and the obsessive-compulsive disorder. Persistent disobedience of a child, for pretending Being Himself, opposite a infuriate father for losing his authority, precise reproduction of all the nosologic psychiatry's classification.

**Conclusion:** The First step toward the real being search points out the beginning of the Mental Illness. The conditioned reflexes extinguishment —with full consciousness— unchaining unrecognizable internal contradictions, is onset of the RESURRECTION OF THE I, but its incorrect handling is cause of 'Dead in Life' or Mental Illness: Structure and dynamic repeat invariably in all the clinical cases. Religion and Schizophrenia are improved, stylized and sophisticated polar extremes of the social conditioning.

**References**

[1] Vargas J: Scientific Theory "Something, that, my, self: Origin of the Other Life". *Conditioned Reflexes* 2004; 3: 30.

**P0060**

From personality disorders towards personality development disorders

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The so-called Axis II disorders consist of a series of socially deviant prototypical formulations of disorders, without a known etiology. The usefulness of these diagnoses has been challenged from the start of their inception in DSM-III. Usefulness has to be understood in terms of administration, research, education and last not least treatment. The criticism focused on the imprecise boundaries between disorder and non-disorder, the well-known problem of co-morbidity, the dimensional and not categorical nature of personality variations and the overlap with axis-I disorders. A major problem is however the absence of treatment tools implicit in the diagnostic formulations. This has undoubtedly promoted certain pessimism with respect to the treatment of patients with personality disorders, a pessimism that is not corroborated by prospective studies. For instance a majority of patients diagnosed with borderline personality disorder achieve a remission over a period of 4-6 years. These data counteracted the marginalization in healthcare systems of individuals with severe personality disorders. Along with this the expectations about effectiveness of treatment have changed with the introduction of dialectical

behavior therapy and psychodynamically oriented interventions. In the case of borderline personality disorders new treatment procedures have been outlined by e.g. Fonagy, who focuses on the role of mentalization in the psychological treatment. In this presentation the nature and effectiveness of the different psychotherapeutic treatment procedures will be compared and illustrated with some patient vignettes.

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## Poster Session I: Schizophrenia and Psychosis

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**P0061**

Survey of relation between positive and negative symptoms in schizophrenic patients with history and risk of suicidal attempt

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**Objectives:** To evaluate the relation between positive and negative symptoms in schizophrenic patients with history and risk of suicidal attempt.

**Method:** This case-control study was carried on 65 Schizophrenic in-patients during the years 2006-2007 and 65 major depressive disorder patients as control group. Both of these groups were evaluated and compared on base of clinical assessments and California diagnostic tests and PANSS (positive and negative syndrome scale).

**Results:** There was significant relationship between positive symptoms in schizophrenic patient and both the California number test ( $r=0/708, p<0/0001$ ) and history of suicidal attempt ( $r= 0/558, p<0/0001$ ).

Also there was significant and reverse relationship between negative symptoms and both the California number test ( $P<0/0001, r= -0/529$ ) and history of suicidal attempt ( $P<0/0001, r=-0/512$ ). That means rising negative symptoms decrease the risk and history of suicidal attempt.

**Conclusion:** Regarding the results of this survey, schizophrenic patients with positive symptoms such as paranoid schizophrenia have more insight to their illness and probability of depression and increased risk of suicide .

Schizophrenic patients with negative symptoms such as deficit Schizophrenia , have less insight to their illness and low probability of depression and risk of suicide.

**P0062**

Nursing demands of patients with schizophrenia after hospital treatment

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**Aim:** There were approximately 20.000 patients with schizophrenia facing various psychosocial problems according to the State Mental Health Center's 2004 year's data. One of the most serious problems