

of Airola (Campania, Italy) and to describe the clinical and psychopathological profile of these subjects.

The subjects were evaluated by the structured diagnostic interview for the DSM-IV axis II disorders (SCID II), the Minnesota Multiphasic Personality Inventory (MMPI), the State Trait Anger Expression Inventory (STAXI) and the Eysenck Personality Questionnaire (EPQ).

At present our study shows a high frequency of paranoid (46%), narcissistic (35%) and borderline (35%) personality disorders.

The significant social consequences of PD and the need of an effective treatment call for more detailed epidemiological and psychopathological research aimed to develop well-targeted rehabilitation programs.

P36.10

A study of quality of life in outpatients with personality disorders

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Very few studies have examined the quality of life in personality disordered patients, but indicate reduced levels. Such studies of patients with anxiety disorders and depression have not considered comorbid personality disorders and compare the measurement of those found in a normal population. In addition, we also wanted to study the influence of comorbid axis I disorders on the QoL in PD, and the change of QoL over a two-years period in PD patients.

130 patients were included and 87 (66.9%) of them had PD as diagnosed by the IPDE, and they constituted the PD group. Sixty one (70.1%) of these patients also had at least one comorbid axis-I disorder as diagnosed by MINI. Forty-three (33.1%) patients had only Axis I-disorders. Among these patients 68 (78.2%) of those with PD delivered complete SF-36 forms at baseline and 36 (83.7%) of those in the axis I-group delivered such forms. Significant lower scores were found in the PD patients compared to the Axis I and control group.

P37. Philosophy and psychiatry

P37.01

Neurosciences, memory and self. Introduction to the work of G.M. Edelman

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G.M. Edelman (*1929) was nobel-prize winner in medicine/physiology in the year 1972 (antibody-structure). He first worked as physician in Boston and New York, where he was a Professor at the Rockefeller University since 1966. In 1981 he became Director of The Neurosciences Institute in San Diego, CA. He is founder of The Neurosciences Research Foundation. Together with G. Tononi, G. Reeke, and O. Sporns he developed and presented an empirical neuroevolutionary conception for a dynamic interpretation of brain and mind processes. The 'theory of neuronal group selection' is cornerstone of this concept, which allows to introduce the term 'Memory' and 'Self' into neurosciences within a methodological moderate constructivism. After the fundamental conception of 'The mindful brain' (1978), Edelman presented the monumental trilogy of I. 'Neural darwinism' (1987), II. 'Topobiology' (1988), and III. 'The remembered present' (1989). He added 'Bright air, brilliant fire' (1992). 'A universe of consciousness' (2000) finished the neuroscientific concept. The widespread discussion from neurosciences to psychoanalysis is documented in 'Selectionism and

the brain' (1994). The following considerations want to present a reconstruction of the basic lines in the work of G.M. Edelman.

P37.02

Diagnostic procedure in psychiatry: the structuralist approach

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This paper aims at making explicit the procedure a psychiatrist necessarily performs when taking a diagnostic decision. The ultimate goal of psychiatrist is to build a holistic model of the patient's pathological state, including symptoms of the disease, its dynamics, personality traits, protective mechanisms etc. In the diagnostic decision-making psychiatrists heavily rely on their professional knowledge, clinical experience, intuition etc. However, the components of the diagnostic procedure and their relationships seem to be inadequately explicated.

Three components of such procedure are defined: analysis of the narrative and/or behavior of the patient, approximation to the holistic understanding of the patient's state, i.e. of his/her 'inner world', and determining the conformity of the observed symptoms to the 'inner world'. In a clinical situation, pathology may and may not be found in any of these objects independently. We argue that a wide spectrum of cases under psychiatric diagnosis may be meaningfully described as a combination of (pathological) disturbances in one or more of these objects of analysis. Focusing on psychosis, an attempt is made to build descriptive categorization of psychotic and non-psychotic phenomena on the basis of the diagnostic triad.

P37.03

Contemporary history of psychiatry

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In this lecture I will describe the development of the last century's Western psychiatry, and attempt to show how cultural and political events together with psychiatric research findings have influenced the medical paradigm.

German psychiatry which until the 1930s had had a domineering worldwide influence, was after the war bankrupt both morally and institutionally, and became more or less isolated until the end of the 1950s. Thus, after the war Western psychiatry was coloured by American psychoanalysis, British social psychiatry, and from the mid-50s French psychopharmacology.

The 1960s was a time of political unrest and radical social critique with anti-authoritarian trends, which was also reflected in clinical practice. These years were characterised by new stimulating ideas, such as existentialism, communication theory and psychoanalysis, as well as a strong belief in the importance of environmental factors. This was also a time for anti-psychiatric critique of the psychiatric professions with its diagnostic culture and large institutions.

During the 1970s the psychiatric beds in the mental hospitals were drastically reduced, particularly in the United States and Great Britain. These years also heralded a culture change in psychiatry that was closely connected with the biological wave, which had influenced the intellectual climate of Western society during the last thirty years. Psychoanalysis declined in popularity, and an increasing interest in classification culminated with the American DSM-III of 1980. The new American diagnostics was rapidly employed internationally and had a revolutionary influence, not only on psychiatric classification, but also on psychiatric thoughts in