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EV901

The mechanistic property cluster view of mental disorder: A tenable form of non-reductionist realism?

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Introduction The question what mental disorders are lies at the heart of the philosophy of psychiatry. In search of a valid taxonomy of mental disorders, it is a question that needs a proper answer. In recent work, Kenneth Kendler et al. (2011) have put forward the “mechanistic property cluster” (MPC) model of mental disorder. On this view, mental disorders are mechanistically mediated clusters of multi-level (bio-psycho-social) properties. Kendler et al. present the MPC-model as a non-reductionist form of realism – realist because it tries to account for mental disorders in terms of the causal structure of the natural world, non-reductionist because it views mental disorders as clusters of multi-level properties. For the project of psychiatric nosology, such non-reductionist realism would be a great step forward and indeed preferable to pragmatist and constructionist models of mental disorder.

Objective To critically assess the MPC-model in light of arguments against realism about mental disorders presented in the philosophical literature.

Aims To achieve a proper understanding of the ontology of mental disorders that can inform future psychiatric nosology.

Methods Literature study and conceptual analysis.

Results Despite appearances, the MPC-view fails to take into account the various (societal, practical, scientific) values that determine the delineation of mental disorders. It ultimately faces philosophical problems similar to those of more reductionist forms of realism.

Conclusions The MPC-model fails as a realist model of mental disorders. Its non-reductionism, however, is an important contribution to theories of explanation in psychiatry.

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EV902

On the Carlos Castilla Del Pino “Axiom of behavioral significance” and its relevance in philosophy of psychiatry: The unification of clinical neuroscience

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Carlos Castilla del Pino (1922–2009) was a Spanish psychiatrist and essayist with a wide work ranging from neuropsychiatry to social psychiatry. His essays include interesting psychopathological, anthropological and semiotic ideas.

The “axiom of behavioural significance” proposes that human behaviour is not an objective event but a meaningful act. As the objective of human behaviour is relation between human beings, it must be studied only under this communicative perspective. Based in this axiomatic approach of Castilla del Pino, some arguments of interest to philosophy of psychiatry will be exposed:

– Mind is based in language and language is a communicative acts system in need of a dialogic community, namely, in need of a group of interacting brains. So, referring to the “brains-mind problem” is proposed to be preferred instead of referring to the “brain-mind

problem”. Mind is a language-based emergent property of the social group, not a property of a single brain.

– The intention of human behaviour and the content of mental subjective phenomena should not be taken as a sign of any brain disease. Human behavior and mental representations always refers to a social group and a social context, not to a single brain. The only disease indicators we can take as disease signs are the formal aspects of behaviour and mind contents, as disexecutive syndrome or mental automatism are.

– As a corollary, it is proposed that neurology and psychiatry do not have any epistemic difference, leading to defence the unification of clinical neuroscience.

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EV903

The other, role theory, key elements on the development of one-self and psychopathology

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We plan to analyze the psychological and sociological concepts of the other and the role theory. We would describe the roles in psychopathology differentiating between the identity of the role and the identity of oneself and its entailment with the other, with respect to the development of the individual and its difficulties in the acquisition of roles, leading to different clinical entities. These pathologies show phenomenological differences observed in clinical situations such as schizophrenia, depression, bipolar disease, personality disorders and in psychopathological manifestations of epilepsy. We analyze the difficulties schizophrenic patients have in assuming roles, as well as in the recognition of “the other”, depressive patients and their over identification of roles, the link to manic states, and a poor identity observed in patients with hysteria. Special considerations are made in the social interactions of epileptic patients with “the other” which takes the form of “being with”, and the dynamics established by epileptics in their social roles. These characteristics are also found in epileptic psychoses. When a psychotic state ends, and patients recover from a clear or lucid epileptic psychoses, they return to work recovering their social roles and interaction with others. In the case of cognitive impairment and organic dementia, there is a difficult adaptation due to this disability. Experiences lived under the psychotic episode are maintained, even reinforced and influence how they consider themselves and the others, in particular in terms of moral and religious ideas.

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Posttraumatic stress disorder

EV904

Childhood physical punishment as risk factor for combat-related PTSD

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Introduction Risk and protective factors for PTSD can be grouped into pretraumatic, peritraumatic, and posttraumatic. Reported childhood abuse has predictive risk effects for PTSD than most other pretraumatic risk factors.

Objective To examine childhood physical abuse history in war veterans.

Aims To determine whether childhood physical abuse is risk factor for PTSD in war veterans.

Methods Cross-sectional study of 205 war veterans tested by Harvard Trauma Questionnaire and sociobiographic Questionnaire (with data of childhood physical punishment).

Results A significant difference in reported childhood physical punishment between war veterans with and without PTSD was found. Veterans with PTSD were identified as recipients of childhood physical punishment.

Conclusions Childhood physical punishment has positive correlation with development of PTSD in war veterans.

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EV905

Metamorphosing histories: The narrative as a tool for psychological trauma's recovery

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Considering psychological traumatism as a subject in constant discussion, this study approaches the recovery of the patients that suffered violent events. Based on studies about the reflection of disasters and wars, we present trauma as a consequence of the unexpected event from where is originated intense fear. Trauma is a violation, an abruption, which disorganizes and incapacitates the victim. When a violence situation is experienced, the physical and verbal abuses are not alone as the elements that interfere in the trauma's establishment, but also their representations. Thereby, the event that produces trauma is imposed, although its meaning depends of the history and beliefs of the subject. Understanding that the accident's representation is the cause of the trauma's establishment, we introduce the narrative as tool for psychological trauma's recovery, because it allows the victims relive their past and reframe their feelings. Regarding it, we highlight the relevance of the sociocultural context – before, during and after the trauma –, once it has direct influence over the way the person deals with adversities, as it can stimulate or stop a resilience process. This study takes in consideration that resilience is not something static, a faculty that the subject has or not, but a process that can be developed, improved or reduced. Thus, the narrative is presented as essential to initiate a resilience process, empowering the victims to confront the trauma and to rewrite their history and their return to life.

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EV906

Prevalence of post-traumatic stress disorder and associated events in adults victim of displacement in the Colombian Caribbean

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The forced displacement in Montería, a region from the Colombian Caribbean could become a risk factor for the existence of Post-Traumatic Stress Disorder (PTSD), nevertheless, there isn't data of the prevalence of this disorder.

Aim To identify the prevalence of the PTSD and associated events in adults victims of the displacement in the city of Montería.

Method Transversal and explorative study, 117 adults (M: 40,41; SD: 13,14). The PTSD was verified with the checklist for PTSD (Weathers, Litz, herman, Huska & Keane, 1993) and according to criteria of DSM-5 (APA, 2014). The 3 factors associated with the disorder were analyzed according to age groups. To evaluate the events associated to the disorder was used the checklist of events (Blake, Weathers & Nagy, 1990). Occurred and witnessed by the subject events were analyzed. Descriptive were used to determine the existence of the PTSD and an ANOVA to contrast the symptomatology of the PTSD by age groups.

Results The 26,49% (n=31) of the sample had the clinic criteria of PTSD. An ANOVA of a factor evidenced that the activation was present in a biggest proportion in the range of 53-59 years old (M = 18.73); intrusion and avoidance was shown mostly in the range of 60-71 years old (intrusion M = 14.00; avoidance M = 14.85). In relation to the associated events occurred to the subjects, there was found that the highest incidence were: natural disasters (42.7%) and unexpected death (35.9%); the witnessed events with higher percentage where: unexpected death (19.70%) and traffic accidents (15.4%).

References not available.

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EV907

Posttraumatic stress disorder, violence and war

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Introduction In a globalized world, violence, present in all forms and in all places, is a public health problem with serious early or late consequences for the mental health of those who are direct or indirect victims. Violence is avoidable and preventable and is not evenly distributed by population groups or regions being among the top 20 causes worldwide of years lost due to disability and with a projected increase by 2030 according to the World Health Organization (Mathers, Fat & Boerma, 2008).

Methodology The search was made on ScienceDirect database, using the following keywords: posttraumatic stress disorder; violence and war. It was included documents in English published between 2004 and 2015; as well as textbooks and documents officers.

Discussion Violence is a risk factor for the disorder of post-traumatic stress disorder (PTSD) which, in turn, is also a risk factor for perpetrating violence. The PTSD can occur when a person faces or faces an unexpected traumatic stressor, such as war, violent personal assault, have been held hostage or kidnapped confinement as a prisoner of war, torture, terrorist attack, or serious car accidents (Javidi & Yadollahie, 2012). The costs of violence are high and its routinization for a living have important effects on mental health.