

## EV1097

**The birth of Athena – Psychodynamic formulation and case report**

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**Introduction** Athena possesses a special place among the Greek Gods, as she was born from her father, according to an extreme patriarchal model with a marked depreciation of the maternal role. Zeus had swallowed and absorbed the mother of Athena, Mites, because of an oracle that if Mites gave birth to a boy, the boy would take his throne. When the time comes, Zeus commands Hephaestus to cleave his forehead with an axe, and then Athena leaps fully armed and shouting her cry of war, in front of the astonished Gods. The next moment she puts her weapons down, as a token of obedience and devotion. The exceptionally close bond between father and daughter is evident through their uniquely confidential relationship. The ancient myth is paralleled, from a psychodynamic aspect, with the case of a narcissistic patient receiving psychodynamic psychotherapy.

**Methods** Case report.

**Results** A case of a woman with narcissistic personality features and depressive symptoms is described, presenting with the complaints of withdrawal, self-depreciation, passivity, and agoraphobia. Psychodynamic factors defining her pathology are her narcissistic and sexualized relationship with her father, whereas the relationship with her mother has been depreciated. The patient experiences an intrapsychic conflict of reciprocal idealization, against her anger and fear for her father, resulting in the symptoms of agoraphobia and passivity.

**Conclusion** Like Athena, who puts her weapons down, the patient resigns from her will for autonomy and moves to a passive position, as a result of her entrapment in her idealized relationship with the father.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

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## EV1098

**Emotional avoidance process in patients with schizophrenia and bipolar disorder. New module: Emotional body's sensations and meta-cognitive work on the interpretation of delusional thinking**A. Suchocka Capuano<sup>1,\*</sup>, A. Karar<sup>1</sup>, A. Ponseti Gaillochon<sup>1</sup>, A. Georgin<sup>1</sup>, C. Bungener<sup>2</sup>, G. Dorard<sup>2</sup>, S. Bouyakoub<sup>1</sup><sup>1</sup> Centre hospitalier intercommunal de Villeneuve–Saint-Georges, consultations de psychiatrie, Villeneuve–Saint-Georges, France<sup>2</sup> Université Paris Descartes, institut de psychologie, Boulogne-Billancourt, France

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**Introduction** Psychological processes play a mediating role in the development of psycho-pathological disorders depending on the Kinderman's model. Excessive use of emotional avoidance becomes, following the model of Barlow and Allen, the booster of emotional distress at long term. Dysfunctional meta-cognitive processes in turn influence the inadequate interpretations of life experiences.

**Objective** To improve identification, expression and emotional management in patients with schizophrenia (PWS) and patients with bipolar disorder (PWBD).

**Aims** Introduction of exposition for the emotional body's sensations. This work on emotional awareness by images and sounds prepare to role-playing and to exposure in real life.

**Methods** Groups of psychotherapy for adults PWS and PWBD was implemented. The techniques used are those of cognitive behavioral therapy CBT (Beck) and emotional therapies (Barlow): columns Beck tailored, role-playing, psycho-emotional and breathing. Four groups of four patients participated in six therapy sessions.

**Results** An increase in emotional flexibility is observed two weeks after the group work (Wilcoxon  $P=0.025$ ). Work on emotional identification facilitates the relaxation of the avoidance process while promoting social skills. The new format includes nine sessions three additional sessions on the emotional body sensations. Meta-cognitive work on the interpretation of the delusional thinking has been inserted.

**Conclusion** The experience of this pilot study provides encouraging results. The transdiagnostic approach referring to the alterations of this common psychological process finds use with PWS and PWBD.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

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## EV1099

**Significant weight loss related to Briquet syndrome: A case report**C.A. Welte-Santana<sup>1,\*</sup>, F. Trombini Nunes<sup>2</sup>, L. Carvalho de Toledo<sup>1</sup>, L. Oliveira<sup>1</sup><sup>1</sup> Hospital Municipal Jurandyr Manfredini, Ambulatório de Psiquiatria, Rio de Janeiro, Brazil<sup>2</sup> Instituto Municipal Philippe Pinel, Psiquiatria, Rio de Janeiro, Brazil

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**Introduction** Somatization Disorder is more prevalent in females and is historically known as Briquet Syndrome. It is characterized by complaints in several systems, has early onset and chronic fluctuating course, but without organic substrate. When the duration of symptoms is less than two years or they are less obvious, it is called Undifferentiated Somatoform Disorder.

**Objectives** This study reports the case of a female patient, previously healthy and with no psychiatric history, which abruptly presented lush somatic symptoms without organic origin.

**Case Presentation** Case report of a previously healthy woman of 32 years, followed up for 14 months, by a sudden onset frame of profuse diarrhea, tenesmus, fecal incontinence, vomiting, anorexia and weight loss (18 kilos in 2 months), associated with headache and autonomic signs of anxious origin, without clear physical and/or psychogenic trigger. She had only a mild response to drug therapy and excellent improvement in symptoms after psychotherapy.

**Results** Unconscious triggers came to light only after psychotherapy starts, justifying that the magnitude of autonomic somatoform symptoms surpasses the time period established by ICD-10 for Somatization Disorder. Therefore, the rapid resolution did not allow a diagnosis of Somatization Disorder, according to ICD-10. So, it was diagnosed as Undifferentiated Somatoform Disorder.

**Conclusion** It is suggested that the grandeur of clinical symptoms in this case is caused by psychogenic factors.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

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