and knowledge of the subject's inner life is of more benefit both in research and clinical practice.

ANTHROPOLOGICAL PERSPECTIVES IN PSYCHOPATHOLOGY

Giovanni Stanghellini. *Dept. of Mental Health, Viale Mazzini 10, I-50125 Florence, Italy*

Anthropology is the discipline studying the way man fits into his own environment and shapes his own existence adopting or creating cultural models. *Philosophical* anthropology is mainly concerned with a definition of human nature, *cultural* anthropology with the description of human societies and customs. Applied to psychopathology, anthropology addresses the issue of the relationship between the person and its own vulnerability to mental illnesses. The anthropological style of thinking in psychopathology dates back to the epochal change in western society brought about by the Enlightenment and its emphasis on individualism and reason — as a matter of fact the 'citizen' Ph. Pinel was one of the first to demonstrate that the manifold pictures of mental illnesses were the result of the different *degrees of alienation* of the person. One century later, E. Bleuler relied on the same dialectic principle pointing out his theory of primary and secondary symptoms in schizophrenias — secondary symptoms, such as delusions, being for him the result of *personal reaction* towards more basic disorders. Bleuler's disciple Wyrsch developed this idea pointing out the role of the person in constituting psychotic phenomena, courses and outcomes. The Golden Age of anthropological psychopathology started in the 1930es, along with a strong cooperation with the Phenomenological Movement in philosophy, but in the last two decades the increasing emphasis on quantitative research supported by neo-empiricism contributed to relegate anthropological psychopathology into the limbo of unmeasurable and therefore 'mere' speculation. Such criticism, maybe too severe but not completely undeserved, can be the point of departure of non-reductionistic and *at the same time* quantitative research programs, such as the ones relying on the anthropological reformulation of the vulnerability paradigm.

S67. The pathogenesis and pharmacology of challenging behaviour in mental retardation

Chairman: WMA Verhoeven

BEHAVIORAL PHENOTYPES IN CHILDREN AND ADOLESCENTS WITH PRADER-WILLI SYNDROME AND WILLIAMS-BEUREN SYNDROME

L.M.G. Curfs [1], C.F.M. van Lieshout [2], J.P. Fryns [3]. [1] *Clinical Genetics Center Maastricht, The Netherlands;* [2] *University of Nijmegen, The Netherlands;* [3] *Center for Human Genetics Leuven, Belgium*

Over the life course persons with Prader-Willi syndrome in contrast to for instance Williams-Beuren syndrome, show problematic behaviors like hyperphagia, aggressive outbursts, self-injury, lability of mood and inactivity.

Both Prader Willi syndrome and Williams Beuren syndrome are examples of syndromes associated with biologically determined handicapping disorders.

Identification of distinct behavioral patterns, together with physical and neurological characteristics led to the demarcation of these syndromes, before genetic underpinning through molecular biology was possible. Reviewing the particularly problematic behavior of PWS-patients it is quite surprising to find that a few systematic studies on the effectiveness of drug treatment for these "specific" and "non-specific" maladaptive behaviors have been reported.

Although scientific inquiry in behavioral phenotypes associated with biologically distinct conditions is growing, it is also quite surprising to find that few systematic studies on personality characteristics have been reported.

Current knowledge about the combination of particular behaviors and cognitive patterns of the two syndromes will be reviewed with special attention to the result of a multicenter study aimed at personality profiles.

REGIONAL SURVEY OF ADULTS WITH LEARNING DISABILITIES (MENTAL RETARDATION) RECEIVING DEPOT NEUROLEPTICS: DRUG USAGE IN THOSE WITH CHALLENGING BEHAVIOURS

S.M. Gravestock. *Division of Psychiatry, UMDS, Guy's Hospital, London SE1 9RT, UK*

A regional survey of consultant psychiatrists in local learning disabilities (LD) services identified 79 adult service users receiving depot neuroleptics. Consultants completed a data checklist for each subject allowing patient, practice and service factors associated with depot usage to be analysed. Whilst 61 (77%) subjects had psychotic disorders, the other 18 (23%) had various aggressive, destructive, self-injurious, overactive and repetitive challenging behaviours (CB). Compared with subjects with psychotic disorders, those with CB were more likely to be male ($p = 0.02$) and aged under 40 years ($p < 0.02$) with moderate or severe LD ($p < 0.001$).

Compared with subjects with psychotic disorders, those with CB were more likely to experience medication side-effects ($p < 0.05$) and to be prescribed oral anti-cholinergics ($p = 0.02$). Those with CB were also more likely to be receiving concurrent oral neuroleptics ($p < 0.001$) and other psychoactive medications ($p = 0.03$). Discussion of the data's implications will focus on the improvement of psychiatric prescribing and monitoring practices.

STEREOTYPIES AND SELF-INJURIOUS BEHAVIOR; THE PATHOGENETIC ROLE OF STRESS HORMONES AND SEROTONERGIC VARIABLES

S. Tuinier, W.M.A. Verhoeven. *Vincent van Gogh Institute for Psychiatry, PO Box 5, 5800 AA Venray, The Netherlands*

In mentally handicapped persons, a high prevalence of stress related psychopathological disorders seems to be present, such as anxiety-, mood- and impulse regulation disturbances, that may present predominantly with stereotyped behavior (SB) or self-injurious behavior (SIB). It is for this and other reasons remarkably that relatively little attention is paid to the neurobiological systems which functional integrity is essential to cope with stressful stimuli.

Data from preclinical research present compelling evidence that disturbances in the homeostasis of septo-hippocampal cortisteroid and serotonergic receptor systems are critically involved in the pathogenesis of SB and/or SIB and that these behavioral phenomena may be considered as mechanisms with a de-arousal function. The persistent character of these abnormal behaviors may be the result of a biologically deficient feedback mechanism, in which the 5-HT_{1a} receptor system is involved critically.

Supportive evidence for this hypothesis can be derived from the observations that plasma levels of the stress parameter beta-

https://doi.org/10.1016/0924-9338(96)88661-5 Published online by Cambridge University Press

endorphin in mentally handicapped persons are enhanced and may be associated with high intensity of stereotypies. In addition, some beneficial effects on self-injurious behavior and/or aggression have been reported with serotonin-modulating compounds like the azapirone buspirone and the selective serotonin reuptake inhibitor fluoxetine.

Data from our research are indeed suggestive for the potential therapeutic efficacy of 5-HT_1 agonistic compounds, including buspirone and eltoprazine.

DIAGNOSTIC BACKGROUNDS OF SEVERE BEHAVIORAL DISORDERS IN PERSONS WITH LEARNING DISABILITIES

W.M.A. Verhoeven, S. Tuinier. *Vincent van Gogh Institute for Psychiatry, PO Box 5, 5800 AA Venray, The Netherlands*

Although the application of the DSM classification system seemingly delineates psychopathological entities in general psychiatry, the nosological status remains clouded. The same holds a fortiori for persons with learning disabilities in whom a high prevalence of classical psychiatric diseases is established without a clear scientific base. It can be postulated that this group of subjects has a general, presumably biologically determined, vulnerability for anxiety-driven psychiatric symptoms as well as an increased risk for the development of psychopathological disorders with atypical presentations or related to epilepsy, organic brain dysfunction and specific syndromes.

In our survey, including 70 persons with mostly moderate to profound mental retardation, a substantial number was referred for behavioral abnormalities associated with aggressive spectrum disorders, mood disturbances and anxiety. For the classification of psychopathological features, the ICD-10 criteria were applied since this classification system includes easily understandable diagnostic guidelines and is more differentiated than the quite rigid DSM.

In this group of patients, a high prevalence of mood related disorders was diagnosed and, to a lesser extent, psychotic disorders including transient or cycloid psychoses.

Concerning the etiology of mental retardation, in 53 percent no causal factors could be discovered. Interestingly, in about one third of the patients, severe adverse drug reactions had occurred in their recent history, including delirium, neuroleptic malignant syndrome and serotonin syndrome.

S68. The best and worst of academic psychiatry — Part I

Chairmen: D Goldberg, A Hamid Ghodse

Abstracts not received.

S69. Philosophy, neuroscience and the mind

Chairmen: KWM Fulford, P Mullen

POSITIVE MELANCHOLIA AND THE PHILOSOPHIC TEMPERAMENT

P. Bech. *Psychiatric Research Unit, Frederiksborg General Hospital, DK-3400 Hillerød, Denmark*

Already Aristotle noticed that all men outstanding in philosophy, poetry, or arts, e.g. Plato and Socrates, are melancholics. An association between bipolar illness and the artistic temperament has recently been outlined [1].

An association between unipolar melancholia and the philosophic temperament seems evident when the concept of positive melancholia is applied to the philosophers of mind. Positive melancholia is a state of less than major depression with a score between 1 and 2 of the Hamilton suicidal item; the brooding: is life worth living? This melancholic brooding has produced philosophic insight into works of Hume, Kant, Schopenhauer, Kierkegaard, James, Eliot, Wittgenstein and Camus.

Recent research [1] has shown that observations and beliefs produced in mildly depressed states are closer to reality than are normal mood states. Positive melancholia is a combination of less than major depression and personality dimensions such as ego strength and self-actualizing [2] or quality of life.

[1] Jamison KK (1993) Touched with fire. New York, Free Press.
[2] Maslow AH (1968) Toward a psychology of being. New York, Van Nostrand.

INTERPERSONAL PROCESSES AND BRAIN SCIENCES — A NEW ANTHROPOLOGY

R.J. McClelland.

'We are fascinated by all forms of rivalry, by so-called love, by fighting, by violence, by chaos. These are all aspects of the mimesis of desire which is all around us and in us.' [1].

This paper introduces a new anthropology developed by Roel Kaptein and Rene Girard [2] and examines its relevance for mental health. For all living forms existence is only possible when we have a place. For the rest of the animal Kingdom, dominance patterns provided that place. For emerging human kind because of the strength of rivalry, the dominance pattern failed. Culture with its scapegoat mechanism, its rituals, rites and prohibitions, provided a solution. The solution was never perfect and again it failed. The winner in the rivalries got their place. The losers eventually fall ill. In the mimetic model, all therapy has the task to bring the loser out of her/his position, out of the results of the rivalry which made them ill.

[1] 1 Kaptein R. Freedom in Relationships. Queen's University, Belfast. 1986
[2] 2 Girard R. Things hidden since the foundation of the world. Athlone Press, London. 1987

NEUROPSYCHIATRY AND THE UNCONSCIOUS FREE WILL

Sean A. Spence. *MRC Cyclotron Unit, Hammersmith Hospital, Du Cane Road, London W12 OHS*

Traditional notions of Free Will appear to equate choice with consciousness. However, a number of strands of evidence clearly support the contention that willed action is initiated out of consciousness,

https://doi.org/10.1016/0924-9338(96)88661-5 Published online by Cambridge University Press