date: neurosyphilis. Often the progression is uneven. For example, we have successful treatments for depression with only minimal understanding of mechanisms and causes. We have excellent understanding of mechanisms and causes for Huntington's Disease, but no treatments or preventions.

The unevenness of this course of medical progress suggests that we should consider defining disorders on multiple levels, especially since the "deeper" level of pathophysiology may be more heuristic in developing improved treatments and preventions. This presentation will illustrate these issues by discussing one mental illness in detail: schizophrenia. Dimensional vs unitary definitions will be compared, as well as definitions based on symptoms, cognitive processes, fundamental cognitive deficits, and abnormalities at the neural level. An approach will be described that goes back to the early work of Bleuler and seeks to define a fundamental deficit that defines schizophrenia. It will be argued that a parsimonious contemporary model of the fundamental deficit in schizophrenia should posit an abnormality in a basic cognitive process that could explain the diverse symptoms of schizophrenia and that is mediated by specific neural circuits. Connvergent evidence from MR and PET studies suggests that patients suffering from schizophrenia have disruptions in cortical-cerebellar-thalamic-cortical circuitry (CCTCC). Based on these findings, we have proposed a unitary theory of "cognitive dysmetria" that explains its broad range of symptoms. This approach offers one type of alternative to defining disorders that examines multiple levels, rather than focusing purely on symptoms.

S44.02

CULTURAL FRAMEWORK OF PSYCHIATRIC DIAGNOSIS

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Culture informs all aspects of life and health and therefore also the experience of illness and its context. This paper will review recent advances on enhancing the cultural validity of the various aspects of modern health assessment, including psychopathology, funcitoning, social environment, and quality of life. Standardized and personalized approaches to a culturally competent assessment will be disscussed.

S44.03

PSYCHOPATHOLOGY AND THE WHO INSTRUMENTS FOR CLINICAL ASSESSMENT

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Over the past twenty years the World Health Organization (WHO) has developed a number of semi-structured instruments to evaluate psychopathology.

The CIDI (Composite International Diagnostic Interview) is a fully structured diagnostic interview for use by lay interviewers as well as by clinicians. Its main interest lies in the assessment of large populations in epidemiological studies.

The SCAN (Schedules for Clinical Assesssment in Neuropsychiatry) is a semi-structured diagnostic interview for the assessment of axis-I disorders by clinicians.

The IPDE (International Personality Disorder Examination) is a semi-structured diagnostic interview for the assessment of axis-II disorders by clinicians.

More recently, WHO has developed an instrument for the assessment of disablement, the WHO-DAS II (Disability Assessment Schedule). The instruments will be presented and discussed.

S44.04

PATIENTS EXPRESS, PSYCHIATRISTS INTERPRET, WHAT ABOUT THE DIAGNOSTIC CATEGORIES? THE ISSUE OF ANXIETY COMORBID WITH DEPRESSION IN TURKEY

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The psychiatrist, as a clinician, apart from the theoretical orientation and the classification system he had adopted, practices at three levels: descriptive, explanatory and therapeutic. At the descriptive level he focuses on psychopathology. The current medical approach to psychopathology runs through the following steps: the description of the signs and symptoms; the categorization of what is described; the instrumentation of what is categorized; and the implementation of what is instrumentationized. Diagnosis comes out as an end product of this process, which undervalues the subjective experience of the patient. On the other hand, in the clinical encounter, the perception, the experience and the expression of the patient is interpreted by the psychiatrist to reach a diagnosis. So, the psychiatric diagnosis is the interpretation, made by the psychiatrist, of an interpretation made by the patient. As a result, the perspective of the patient and that of the clinician are two sides of the same phenomenon, where the diagnostic categories are assumed to be the external criteria of this phenomenon. In this presentation, in the context of a nationwide study on the clinical pattern of depression and of studies on the comorbidity of anxiety and depression in Turkey, we will discuss these two perspectives and compare them with the conventional diagnostic criteria of depression. We end up with a question: Is anxiety an intrinsic symptom of depression, or is it just a comorbid emotional state?

S44.05

PSYCHOPATHOLOGY, STILL THE CORE OF PSYCHIATRY

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Communication, research and treatment are the most important reasons why phenomenological descriptions and classification into specific mental disorders are important even without a full understanding of underlying causes an pathophysiologic mechanisms. Mental disorders are characterized by deviations from a socially defined norm in thoughts, perceptions, mood and behaviour that impair social functioning. Psychopathology is the study of these deviations, the symptoms and signs of mental disorders and their etiology and pathogenesis. In the second half of the 20th century, neurologists have relinquished their interest in the cerebral localization of mental functions to psychologists and psychiatrists. What is striking is the explosion of information in this area since this happened. Even if neuropsychiatry had been born toward the end of the 18th century, the renewed sense of the field appeared after the British inventor Sir Godfrey Hounsfield examined first patient with computed tomography at Atkinson Morley Hospital, Wimbledon in October 1971. Neuropsychology and basic neuroscience laid the foundation to cognitive neuroscience, the exacting and complex discipline based on the best and most stringent of observations about the mysteries of nature. It has the challenging goal to explore, in an intelligent and probing and verifiable way, how primary data speak to the issues of how brain enables mind. Psychopathology as the applied philosophy with unsounded depths is waiting for new explanations within the new philosophical and scientific framework.

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