

dominated Psychiatry for most of the time. With the advent of early intervention studies, longitudinal models of disease have been emphasized. The concept of a transition to disease was then operationalized but also highly criticized. Recently, McGorry proposed a staging model for psychiatric disorders in continuum with the non-clinical population. Finally, a dynamic systems approach to diagnosis in Psychiatry will be discussed.

**Conclusion** Driven by research in early phases of mental illnesses, current models of disease propose a longitudinal approach that emphasizes the complex and non-linear course of symptom clusters.

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## EV898

### Justice in psychotherapy

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**Introduction** Justice is one of the fundamental concepts of right ordering of human relationships. Justice is a regulative idea for the arrangement of society preceding the law and already seen in animals; the sense of justice is observed as early as in young children. The ability to altruistic behavior, sense of fairness, reciprocity and mutual help are probably genetically determined as a disposition, which may further develop or be deformed by education. Although justice issues are common in psychotherapy, they may not be reflected and processed in the course of therapy.

**Method** Review of psychotherapeutic text and reflection of experiences of the authors.

**Results** In psychotherapy, justice issues appear directly in what the client says (mostly about injustice), but more frequently, the issues are implicitly contained in complaints and stories against a background of conflicts and problems. They may be related to the client's story, his or her problems with other people, and the therapeutic process itself, including client's selection of therapy, therapeutic relationship, and therapeutic change strategies. Problems with justice between the therapist and the client may be revealed by honest therapist self-reflection or high-quality supervision.

**Conclusions** Although justice issues are common in psychotherapy, they may not be reflected and processed in therapy. By increasing receptiveness to the issue of justice, the therapist may improve the therapeutic process.

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## EV899

### Phenomenology of ADHD

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**Introduction** Phenomenology is a term borrowed from philosophy which refers to the study of the structures of experience and consciousness. Founded as a school by Edmund Husserl in the early 20th century, it was later expanded and modified by many others, including Martin Heidegger, to include the analysis of existence and hermeneutics.

**Objectives and aims** To explain the clinic phenomenology of ADHD based on the historical bibliography regarding this term, making references to the heterogeneity of its phenomenological presentation depending on social context, age and gender.

**Methods** To go over the historical considerations of phenomenology and its evolution, as well as its clinical applications, in order to use this knowledge in a clinical context based on the observation of different cases in clinical practice.

**Results** We try to apply the phenomenological method as first inaugurated by Karl Jaspers' General Psychopathology (1913) to analyse the different clinical phenomena that can be observed in patients diagnosed with ADHD.

**Conclusions** We think that watching the psychiatric conditions, in this case ADHD, through the phenomenological lens can lead to a better understanding of the heterogeneity of their appearance in the clinical practice.

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## EV900

### Wittengstein's private language argument: Does it pass the schizophrenic mind challenge?

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**Introduction** The private language argument was introduced by Ludwig Wittengstein in his *Philosophical Investigations* (1953). For Wittengstein, language is a rule-governed activity and a language in principle unintelligible to anyone but its originating user is impossible, as even the originator would fail to establish meanings for its putative signs. The private language argument is of paramount significance in modern debates about the nature of language and mind and continues to be disputed. Language disorder has been described since the first accounts of Schizophrenia. Multiple studies have reported anomalies at multiple levels of language processing, from lexical and syntactic particularities to the discourse field, as well as structural and functional abnormalities in brain regions that are involved with language perception and processing.

**Objectives and aims** We aim to critically assess the Wittengstein's argument in the light of recent developments in neuroscience of language.

**Results and conclusions** We conclude that in some patients diagnosed with schizophrenia, presenting a significant language impairment, one can infer a dysfunctional process, in which the language becomes progressively more private and the meaning of utterances harder to ascertain in the realm of interpersonal communication. The privatization of language might contribute to the social cognition deficits and the so-called negative symptomatology of these patients.

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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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