self-evaluation task. The task comprised a self-reflection, close other-reflection, and a semantic (baseline) condition. We compared correlates of Expressive versus Social amotivation factors (summed items from the PANSS interview) for the contrasts self-baseline and self-other. Significance threshold was set at $P < 0.05$ family-wise error (FEW) corrected.

Results Social amotivation correlated significantly with self-evaluation vs. baseline in right and left ACC, and in the sulcus of frontal lateral lobe between inferior frontal triangularis and middle frontal gyrus. This was also significant, but less pronounced, in the direct comparison of social amotivation vs. expressive deficits scores (for the self-baseline contrast). No activation differences survived critical thresholds for the self-other contrast.

Conclusion Differential neural correlates for the two dimensions of negative symptoms support the validity of this distinction based on factor analyses. Intact functioning of brain circuitry for self-referential processing may be of relevance to actively seek social interaction.

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S85

The social self in schizophrenia: A neural network perspective on integrative external and internal information processing

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Social impairment is recognized as a basic aspects of schizophrenia. Although the nature of aberrant self-other relationship in schizophrenia is still poorly understood, it has been suggested that some social impairments could have their roots in self-disturbances typical of schizophrenia. For instance, experiencing otherness could become problematic with anomalous self-recognition. Furthermore, deficits in the processing of self-relatedness of social stimuli disconnect the self from its social environment. On the one hand, this could lead to problems in self-other distinction caused by misattributions of ownership of experience and agency in social interaction. On the other hand, this could result in feelings of isolation and reduced intersubjectivity due to interrupted self-referential processing of social stimuli, likely also mediated by memory and emotion. Brain networks involved in self-referential processing, sense of ownership, and agency also have been implied in social cognition. Whereas cortical midline structures are associated with self-referential processing of external stimuli including social information, sensorimotor and affective networks involved in bodily and interoceptive self-processing are also involved in the ability to share others' experiences. Schizophrenia has been linked with a reduced integrity of these networks underlying various aspects of self and social impairments, though rather separately. Recent neuroimaging findings will be highlighted explaining how self-disturbances can pervade the social domain in schizophrenia. In particular, disruptions of the social self in schizophrenia will be addressed from a neuronal network and connectiomics perspective providing a unifying framework.

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S86

Psychopathology of the self and the altered cortical midline structures in psychiatric disorders – a marriage?

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The self is central in our mental life and disturbances of the self-figure most prominently in psychopathological symptoms. The cortical midline structures (CMS) have been associated with self-related processing and its changes in schizophrenia, depression and other psychiatric disorders. However, the exact neuronal mechanisms underlying self-related processing in CMS and its changes in psychiatric disorders remain unclear. Especially the neural overlap between high resting state activity levels and self-related processing in CMS is rather puzzling. I present recent data on the rest-self overlap in healthy subjects showing that resting state activity in CMS can predict self-relatedness. The implications for psychological symptoms as in depression and schizophrenia are pointed out.

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S87

Brain networks sub-serving self-referential processing in depression

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Introduction Persistent pondering over negative self-related thoughts is a central feature of depressive psychopathology.

Objectives In the present study, we sought to investigate the neural correlates of abnormal negative self-referential processing (SRP) in patients with major depressive disorder (MDD) and its impact on subsequent cognitive control-related neuronal activation.

Aims We hypothesized aberrant activation dynamics during the period of negative and neutral SRP in the rostral anterior cingulate cortex (rACC) and in the amygdala in patients with MDD. We assumed abnormal activation in the fronto-cingulate network during Stroop task execution.

Methods Nineteen depressed patients and 20 healthy controls participated in the study. Using an event-related fMRI design, negative, positive and neutral self-referential statements were displayed for 6.5s and followed by incongruent or congruent Stroop conditions.

Results In contrast to controls, patients did not exhibit valence-dependent rACC activation differences during SRP. A novel finding was the significant activation of the amygdala and the reward-processing network during presentation of neutral self-referential stimuli relative to baseline and to affective stimuli in patients. The fMRI analysis of the Stroop task revealed a reduced BOLD activation in the right frontoparietal network of patients in the incongruent condition after negative SRP only.

Conclusions Thus, the inflexible activation in the rACC may correspond to the inability of depressed patients to shift their attention away from negative self-related stimuli. The accompanying negative affect and task-irrelevant emotional processing may compete for neuronal resources with cognitive control processes and lead thereby to deficient cognitive performance associated with decreased frontoparietal activation.

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