

Background and aims: Self Psychology represents a recent development of psychoanalysis which puts a lot of emphasis on empathy.

Empathy is generically considered one of the necessary therapeutic tools of a good clinician but its use in psychiatry appears to be generic and vague. This article aims to review the Self Psychological concept of empathy and its place in the Self Psychological conceptualization of the therapeutic process. It also investigate how Self Psychology can be apply in the context of psychiatric setting.

Methods: Review of current existent literature regarding the concept of empathy in Self Psychology and Self Psychology application in psychiatry setting, utilising the main database research tools. Extrapolation of the main therapeutic factors proposed by Self Psychology and evaluation of their possible application in the context of the more significant psychiatric settings.

Results: Empathy appears to be central in Self Psychology conceptualization of the therapeutic process. Such therapeutic process appears to be reasonably applicable in different psychiatric settings.

Conclusions: Self Psychology can offer a considerable contribution to psychiatry in terms of better defining the role of empathy and emphatic attunement in the therapeutic process and thus enhancing the therapeutic outcome.

Nevertheless a lot questions remain open: can a treatment originally thought for a psychoanalytic setting being exported in the psychiatric setting? Can Self Psychology being applied by professionals who have not undergone a full psychoanalytic training?

Further empirical research is needed to evaluate possible contribution of Self Psychology in psychiatric setting.

P387

Group psychotherapy in the “acute cases” department of psychiatry clinic

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Aim: Aim of this study is to emphasize the value of group psychotherapy in a “acute cases” department of psychiatry clinic during the first days of unwilling hospitalization

Material and method: We studied an open group of patients of the closed department during the first days of their unwilling hospitalization, a doctor, a nurse and a social worker. Mini and BPRS scales were used. The diagnosis was determined by DSM IV.

Results: Although at first, group therapy was regarded to be too difficult for these patients, we tried to develop a climate of acceptance, safety and empathy and so, the group therapy was taking part twice a week. At first, patients were in embarrassment, they were suspicious, afraid, and unable to get in a discussion in the context of a group. Next weeks, patients who had taken part in the first groups of psychotherapy, started to help the other patients to participate in the group therapy. As the time passed, the patients and the four professionals were participating with the same ability. Patients exchanged opinions about the psychiatric illnesses, they expressed their emotions, their fears, and they worked out with their anger.

Conclusions: It was very helpful especially with patients who were concealed their symptoms and they understood that they had to be in treatment because of the best of their psychic health

Discussion: Group therapy is necessity not only for the therapeutic interventions in outpatients but for patients in closed psychiatric departments.

P388

Description of elements of psychoanalytic technique in a mental health center

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The Mental Health Center of Peristeri was established in 1990 and has gradually developed a range of clinical and therapeutic responses of psychoanalytic orientation. These responses are targeted on the treatment of disorders of DSM-IV Axis I and II and bear an educational, therapeutic and research character. Concerning duration, we follow Gabbard’s definition that sets a minimum standard of six months as a condition for regarding psychotherapy as a long-term one. Our work is based primarily on a transference-focused model, as it is defined by Kernberg. The theoretical equipment of our intervention consists mainly of object-relations theory and contemporary Kleinian technique for adult psychotherapy, as well as the theoretical models of post-Kleinian authors, such as Joseph, Ogden and others (Racher, Meltzer and Ferro). Generally, irrespective of the specific psychoanalytic theory adopted (Freud, Klein, Bion, Winnicott), we assume that psychic life is for the most part unconscious. As a result, transference represents the primary source for understanding the patient, while counter-transference provides unique information on patient’s intrapsychic life and, generally, on what the patient “places” to others. The main goal of this study is the description of a psychoanalytic intervention model that “absorbs” contemporary psychoanalytic theories, without being technically vague, and responds to a broad spectrum of pathology related to personality dysfunction.

P389

Anxiety disorder - Treatment with psychopharmacotherapy and cognitive and behavioural therapies

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Research goal of our study is to confirm the value of Cognitive-behavioral therapy (CBT) in patients with anxiety disorder. We compared a group of 20 patients age 37.15 ± 10.4 (65% were women) treated only with antidepressive and anxiolytic medications, with other group of 20 patients age 37.5 ± 10.4 (70% women) treated with psychopharmacotherapy and cognitive - behavioral therapy. For one year there have been used Beck Anxiety Inventory (BAI) on the beginning and at the end of treatment. Before the treatment most of the patients (13) in the group treated with drugs only expressed moderate anxiety (17-29 according the BAI), and after the treatment expressed minimal anxiety (0-9 according the BAI). Those patients treated with drugs and cognitive behavioral therapy showed 17 patients with severe anxiety before treatment, and 20 patients showed minimal anxiety after treatment. The group of patients treated with drugs only exposed significantly a lower levels of anxiety ($p=0.0001$) in comparison with the group treated with drugs and CBT. Mean value of BAI in the group treated only with pharmacotherapy at the beginning of treatment was 24.95 ± 8.2 and at the end 7.5 ± 4.3 , with an average benefit of 17.4 ± 8.2 . In the group of patients treated also with cognitive-behavioral therapy at the beginning was 35.6 ± 10.7 and at the end 3 ± 1.5 , with average improvement of 32.6 ± 10.1 . That is significantly higher than in first group ($p < 0.0001$).

Conclusion: Cognitive behavioral therapy in combination with appropriate psychopharmacotherapy represents sovereign therapeutic procedure in the treatment of patients with anxiety disorder.