

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<sub>1</sub> agonistic compounds, including buspirone and eltoprazine.

#### DIAGNOSTIC BACKGROUNDS OF SEVERE BEHAVIORAL DISORDERS IN PERSONS WITH LEARNING DISABILITIES

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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

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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] Kaptein R. *Freedom in Relationships*. Queen's University, Belfast. 1986

[2] Girard R. *Things hidden since the foundation of the world*. Athlone Press, London. 1987

##### NEUROPSYCHIATRY AND THE UNCONSCIOUS FREE WILL

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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,