schizo-affective disorder, schizophreniform disorder, delusional disorder, psychosis NOS or schizotypal personality disorder. These preliminary results lend support to the hypothesis of the genetic vulnerability which is broader than for narrowly defined schizophrenia but for a broader spectrum including nonschizophrenic psychotic illnesses and schizotypal personality disorder. The hypothesis of Gene-Environment-interaction will be explored in future papers.

BRAIN MORPHOLOGY IN FAMILIAL AND SPORADIC SCHIZOPHRENIA

A. Vita, M. Dieci, G.M. Giobbio. *Institute of Psychiatry, University of Milan, Ospedale Policlinico, Pad. Guardia II, Via F Sforza, 35, 20122, Milan, Italy*

The existence of different characteristics in sporadic and familial forms of schizophrenia represents a controversial issue in psychiatric research. The achievement of positive data in this direction would support the hypothesis of an even partial heterogeneity of the disease.

As for the cerebral neuromorphology in "sporadic" and "familial" forms of schizophrenia, we recently performed three different studies:

(1) A meta-analysis conducted on published data about cerebral ventricular dimensions in 325 schizophrenic patients without family history for schizophrenia (FH−) and 122 schizophrenic patients with family history for the disease (FH+), showed that the VBR for FH− patients was 21% higher than that for FH+ cases; this result just failed to reach the level of statistical significance ($p = 0.1$).

(2) In a sample of 229 patients we could demonstrate that in males, but not in females, VBR was significantly higher in FH− patients than in FH+ patients ($p = 0.024$) [1].

(3) In a sample of 56 patients we found a significantly increased prevalence of Epithalamus calcifications in FH− as compared to FH+ patients ($p = 0.018$).

These results are discussed relative to the clinical differential features of familial and sporadic schizophrenia.

[1] Vita A, Dieci M, Giobbio GM, Garbarini M, Morganti C, Braga M, Invernizzi G: A reconsideration of the relationship between cerebral structural abnormalities and family history of schizophrenia. Psychiatry Res., 53: 41–55; 1994.

S74. The best and worst of academic psychiatry — Part II

Chairmen: D Goldberg, A Hamid Ghodse

Abstracts not received.

S75. Violence in children and adolescents

Chairmen: JD Cordeiro, JA Costa e Silva

MEDIA VIOLENCE AND ADOLESCENT DEVELOPMENTAL ISSUES

António Barbosa. *Clínica Psiquiátrica Universitária, Hospital Santa Maria, 1699 Lisboa, Portugal*

Violence is around us, at home or in the street. Daily news about terrorism, war, murder, rape, torture invade us. We are confronted with neo-nazism, racism, nationalism and all the violence these beliefs bring. Our present cultural references are multiple and characterised by constant visual impact. They are imposed by media and we cannot integrate them harmoniously in our developing personality. Literature attests the power of the media in influencing childrens' and adolescents' beliefs and potentially their behaviour. Media influence adolescents in many ways that are analysed according to multiple perspectives and conceptual views (social learning, cognitive necessociation, cognitive scripting, arousal and catharsis theories). Some of these theories will be analysed in order to detect interrelated and compatible features regarding the short and long-term effects of violence. A critical review of methodologies of studying the effects of media violence is undertaken, mainly regarding attitudinal surveys, content analysis, naturalistic laboratory and field experiments and correlational studies. We detailed some clinical observations in which we show how television scripts teach adolescents about gender roles, conflict resolution, sexual gratification, methods of coping with stress and violence. We concluded that the cultural internationalisation and the information massification model the way we perceive and give meaning to individual and collective violent behaviours. Old identification models based on real object relationships developed in a specific space and time are now substituted by imaginary identification models referred to the idealized, omnipotent, magic and transgressive qualities. These models promote an intense stimulation (extreme violence, self-aggression, dissociated erotization) that (by their visual penetration and mitification) cannot always be contained and mentalized and so harmoniously integrated. These new references promote mainly imitation and fusional identifications through shared phantoms and do not allow the development of individual original diversifying and enriching personal phantoms. Some preventive cues are proposed based on the need to stimulate the quality of media programmes for children and adolescents, increasing media literacy and promoting a vigorous engagement of health professionals and parents in media advocacy.

BULLYING: THE VIOLENCE IN PEER GROUPS

M. Dabkowski. *Department of Psychiatry, Medical Academy ul. Kurpinskiego 19, PL-85096 Bydgoszcz, Poland*

The paper attempts to describe the most worrying violent social phenomenon in peer groups called bullying.

What is bullying? How much bullying takes place? Who might be at risk? What are the causes of bullying? And finally — what can be done? are the most important issues considered in the paper.

The term refers either to individual or to group violent actions against lonely victim. The definition is worth of interest for it has led to different ways of interventions. Common patterns describe bullying as pupil-to-pupil activity but there are teachers founded as bullies and controverely, some of them felt bullied by children. The bullying involves intimidations, extortions and physical threats,

the destruction of homework and psychological abuse. The victims are afraid not only of physical violence but also of constant condemnation, isolation and loneliness. There are schools with high and schools with low incidence of bullying however no one is free of this phenomenon. There are described both individual bullies and bullying groups of even seven years olds. In UK up to 1 mln pupils are involved in bullying. In Scandinavia over 25% children experienced bullying. In Poland 30% pupils aged 14–16 were involved in bullying since over 60% of them admitted of violence in peer conflicts. Any features could be picked on as a pretext for bullying. Physical characteristics are a factor, particularly differences in physical appearance and strength, but the importance of these are overestimated.

Low self-esteem seems to be a common traits of victims. Other personality factors and the role of early learning particularly a tolerance of aggressive behaviour seems to be the key features as well. The groups of bullies and victims vary on a number of personality, physical and social dimensions. Some founded roots of bullying in familial, economical and political backgrounds. It is stressing close relationship between social deprivation and bullying.

The schools own role and parental attitudes and practices in reducing bullying are considered.

WHEN PREGNANCY BECOMES A SOURCE OF VIOLENCE

A. Danion-Grilliat, E. Bécache, A. Gras Vincendon, C. Burstejn. *Service Psychothérapique pour Enfants et Adolescents, Hôpitaux Universitaires de Strasbourg, 1 Place de L'Hôpital, 67091 Strasbourg Cédex, France*

Although pregnancy and violence may sound like two antinomic terms, with pregnancy usually associated with the happy expectation of a child, yet the psychic work that a pregnant women has to accomplish all through her pregnancy until her child's birth is not free from a certain amount of violence: such violence may be due to the unconscious reviviscence of former oedipian conflicts from childhood, to her ambivalence with regard to the child, to the questioning of the image of her own body, or to a structuring crisis the couple might be going through. In some particular cases, violence may also be inherent to pregnancy: emotional or socio-economic conditions that surround the mother-to-be, incidents or accidents occurring during pregnancy, that have to be studied in the light of child-desire and mourning, whether a pessimistic pre-natal diagnosis, the threat of premature birthgiving, in-utero death, a medical interruption of pregnancy, a still-born baby or medically assisted procreation and so on ... It is essential to take into account the psychic suffering of mothers who experience such violence, especially when one bears in mind that, if built-upon, if failed to be resolved, this violence might lead to postnatal depressive states, to the building up of a bad quality parent/child relationship, to pathologic mourning with the expectable consequences those pathologic behaviours are bound to have on the child's emotional development. It is therefore of capital importance to train and inform the medical staff on those subjects; those are one of the main stakes in therapy and prevention in the field of perinatal psychiatry.

INFANTICIDE

R. Kumar. *Institute of Psychiatry, De Crespigny Park, London SE5 8AF, UK*

The Infanticide Act (1938) of England and Wales codifies the concept of diminished responsibility when a woman kills a child aged less than 12 months. The offence may be regarded as manslaughter if, at the time, the balance of her mind was disturbed by reason of not having fully recovered from childbirth, or by reason of lactation. Thus, the law seems to acknowledge a link between the biological changes associated with childbirth and lactation and mental illness, and that this combination of factors contribute to the homicide of infants by their mothers. In England and Wales, a child under 1 year of age is four times more likely to be the victim of homicide than a child older than a year or the general population [1]. However, clear evidence of severe maternal mental illness is lacking in most cases of infanticide and infants older than a day are slightly more likely to be killed by their fathers. We know relatively little about the psychopathology and characteristics of parents who kill their infants or who subject them to non-fatal harm. Some relevant evidence will be reviewed and the possibility explored of setting up comparisons between nations.

[1] Marks MN & Kumar R (1993) Medicine Science & The Law 33: 329–340.

ATTEMPTED SUICIDE AND PSYCHIC TRAUMA IN ADOLESCENCE

François Ladame. *Service Médico-Pedagogique, 16–18 Boulevard Saint George, Case Postale 50, 1211 Geneva, Switzerland*

On the basis of clinical cases of suicidal adolescents, I illustrate the analogy between nightmare and psychic trauma. Sideration occurs when a traumatic experience strikes the mental apparatus. The latter is then no longer able to cope with excitement provoked by instincts. Suicidal teenagers try to avoid situations liable to trigger and "identity topsy-turvy" in which the psychic apparatus is unable to ensure the binding activity and thus unable to think. The possible reasons for this feeling of identity vacillation and for its potentially lethal character will be discussed. Attempting suicide would seek to suppress an unacceptable identity as well as the own body and its instincts, and would try to restore a certain feeling of self-esteem.

S76. Diverse applications of psychotherapy

Chairmen: T Sensky, M Crowe

Abstracts not received.

S77. 20 years of functional neuroimaging: neurochemistry

Chairmen: G Sedvall, L Pilowsky

PET D_1-RECEPTOR STUDIES IN SCHIZOPHRENIA

P. Karlsson, L. Farde, C. Halldin, G. Sedvall. *Karolinska Institutet, Dept of Clin Neurosci, Psych section, S-17176 Stockholm, Sweden*

Previous post mortem studies in schizophrenic patients gave inconsistent results concerning striatal D_1-receptor densities [1]. In the present study we examined D_1-receptor binding in vivo in the striatum of healthy subjects and drug naive schizophrenic patients using PET.

https://doi.org/10.1016/0924-9338(96)88687-1 Published online by Cambridge University Press