

Conclusion: Psychiatric disorders may be better understood and treated as the natural consequence of one's existing personality which can be transformed through 'Breakthrough Intimacy'.

P0366

How does group therapy do

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Therapeutic change is an enormously complex process and it occurs through an intricate interplay of various guided human experiences which Yalom called therapeutics factors. Natural lines of cleavage divide the therapeutic experience into eleven primary factors: instillation of hope, universality, imparting of information, altruism, the corrective recapitulation of the primary family group, imitative behavior, interpersonal learning, group cohesiveness, catharsis and existential factors.

Members of inpatient groups select a wide range of therapeutic factors reflecting heterogeneous composition of groups, and differ from one another in ego strength, motivation, goals, type and severity of psychopathology. In the early stages of development, the group is concerned with survival, establishing boundaries and maintaining membership. In this phase, factors as instillation of hope, guidance and universality seem especially important. Factors such as altruism and group cohesiveness operate through therapy. Early in therapy, altruism takes the form of offering suggestion or helping one another. Later, it may take the form of more profound earing and "being"-with. Group cohesiveness operates as a therapeutic factor at first by means of group support, acceptance and the facilitation of attendance and later by means of the interrelation of group esteem.

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Mindfulness-based interventions in psychotherapy - current research on psychological and neurophysiological change

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Background: The term "mindfulness" has its roots in contemplative meditation traditions. Recently however, mindfulness has entered the scientific discussion in clinical psychology, psychiatry, and in the neurosciences. Moreover, various mindfulness-based interventions have been developed in psychotherapy and psychosomatics.

Aims: In this presentation we give a brief overview of some psychological and neuroscience approaches to mindfulness and discuss possible implications for clinical interventions and for research.

Results: Mindfulness practice requires (1) a constant, non-avoiding direction of attention towards an object, mostly an inner object, regardless whether it is pleasant or unpleasant for the individual or not, (2) a relaxing setting, in which experiences are observed and it usually involves (3) regular repeated practice. Neuroscience studies on neuroplasticity showed the relevance of similar factors for learning processes through facilitating the reorganization of cortical networks. Mindfulness meditation practice was found to be associated with brain activity corresponding to a more positive and approach oriented affective style. Consistent with this, several authors found mindfulness meditation to be related to a better modulation of experimentally induced negative emotions. Clinical interventions involving mindfulness meditation were found to influence prefrontal brain activity. 8-

week mindfulness based programs showed to induce positive changes in the asymmetry patterns of prefrontal brain activity.

Conclusions: Clinical and basic research on mindfulness provides opportunities to investigate domains of mental functioning that are crucial in many mental disorders and were underresearched in the past. Psychological and neuroscience approaches are complementary in this research into helpful change.

P0368

Assessment of the therapeutic factors of group psychotherapy in a sample of Egyptian opiates addicts

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Objectives of the study: 1- To study the therapeutic factors of group psychotherapy among opiates dependent patients. 2- To study the relation between the therapeutic factors of group therapy and the relapse/sobriety outcome on opiates dependent patients.

Methodology: The study includes 75 patients in two groups. Group I: 45 opiate dependent patients attending the group sessions of this research. Group II: 30 opiate dependent patients receiving other modes of treatment other than group psychotherapy. Group psychotherapy formed of 15 sessions is conducted for group I. Assessment Tools: Group I and II were subjected to the following: All patients are diagnosed according to the ICD10 discipline, Structured Interview (ICD10), Addiction Severity Index, Rotter Test for locus of control, Eysenck Personality Questionnaire, Personality Assessment Scale (PAS), group I were subjected to Yalom test for assessing group therapeutic factors.

Outcome: The outcome of the group I of the study who received 15 sessions of relapse prevention group therapy was more favorable, and relapse rate was lower than group II who received modes of treatment other than psychotherapy.

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Different types of psychotherapy in local war participants

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Objective: The aim of the study was to compare the effectiveness of different types of psychotherapy in local war participants.

Method: Consecutive adult patients from 18 to 60 (mean = 40.3), who took part in local wars (N = 153) were assessed for inpatient treatment at the Smolensk regional hospital for veterans of war.

All of them received pharmacological treatment according to attending doctor's prescriptions.

They had divided into three equal groups (N = 51). In the first group the ericsonian hypnotherapy been used. In second one we used NLP. And the third groups were control. We applied BDI, Spilberger-Hanin, K. Leonhard and complex pain questionnaires during the evaluation of treatment effectiveness. Patients also were followed up 6-8 months after the treatment (N = 43).

Results: The reduction of depression level for both groups of psychotherapy in comparison with control (pharmacological treatment only) had been demonstrated. Catamnestic parameters of subjective pain feeling, levels of depression and personal anxiety in both experimental groups were lower than in control one too.