decisions (e.g., when to discharge a patient or whether to increase drug dosage) exclusively on patients' reports of their symptoms.

S17.02

Kinematic analysis of facial expression behaviour in psychiatric patients

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Background: There is a long tradition to develop valid instruments for the exact assessment of psychomotor dysfunctions in psychiatry. However, progress is hampered by the complexity of emotionally driven movements in psychiatric patients.

Methods: Methods used up to now either remains unspecific due to only qualitative measurements or focus on the neurophysiological aspects too much.

Results: Thus, the results accomplished so far are only very general unspecific concerning different groups of psychiatric patients. In this lecture, an own method are presented which are aimed to avoid the two poles above mentioned. Kinematic analyses of facial expressions provide quantitative and quite specific informations about psychomotor dysfunctions of psychiatric patients and the effects of psychotropic substances.

Conclusions: Thus, this methods are well suitable for relating them to other neurobiological parameters in order to contribute to the pathophysiological understandig of psychomotor symptoms and nonverbal behaviour in psychiatric patients.

S17.03

Poor nonverbal communication, negative interpersonal events, and recurrence of depression

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Background and Aims: Negative interpersonal events and social stress are well identified risk factors for the onset and course of depression. The mechanisms that explain why depression-prone people get entangled in these negative interactions, however, are insufficiently understood. In previous studies we have demonstrated that the more similar the nonverbal involvement behavior of depressed patients and of interviewers becomes during a baseline interview the more favorable the subsequent course of depression will turn out to be. Such nonverbal similarity has been shown to play a role in rapport and in satisfaction with interactions. We hypothesize that 1) lack of nonverbal similarity also underlies the occurrence of negative interpersonal events and 2) these events mediate the association between lack of nonverbal similarity and recurrence of depression.

Methods: From videotaped baseline interviews we registered the nonverbal involvement displays of 101 remitted depressed patients and of interviewers. The patients were followed up to 2 years.

Results: Lack of nonverbal similarity (cox regression: p=.031) and interpersonal events (cox regression: p<.001) predict recurrence of depression. Lack of similarity also predicts interpersonal events (cox regression: p=.003). The events mediated the association between convergence and recurrence of depression.

Conclusion: The findings indicate that nonverbal communication underlies the stressful events that in turn provoke a (new) depressive episode.

S17.04

Non-verbal behaviour and social cognition in schizophrenia spectrum disorders

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Background and Aims: Several studies have consistently shown that patients with schizophrenia spectrum disorders (SSD) display less expressive behaviours during social interaction. There is, however, a paucity of research into the underlying emotional or cognitive abnormalities in SSD. It is theoretically conceivable that patients engage less in social interaction, because they misinterpret intentions and dispositions or over-attribute desires and thoughts to their interlocutors.

Methods: We tested the hypothesis that the non-verbal behaviour of patients with SSD correlates with their understanding of other people's thoughts and intentions, known as "theory of mind" (ToM) and with their ability to decipher emotional expressions from faces. Standard ToM picture stories and pictures of facial affect were given to a group of 50 patients with SSD. The patients' nonverbal behaviour was measured using the Ethological Coding System for Interviews (ECSI; Troisi, 1999). In addition, intelligence, executive functioning and psychopathology using the PANSS were assessed.

Results: Preliminary results suggest that patients' nonverbal behaviour correlates with ToM, emotion recognition, verbal intelligence and cognitive flexibility.

Conclusions: These findings point to an important link of social cognitive abilities with the actual non-verbal behaviour of patients with schizophrenia.

Symposium: Psychopathology and classification - married or divorced?

S16.01

Psychopathology and classification: Married or divorced

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Psychopathology is a science of methods in psychiatry for evaluation of abnormal mental states and mental disorders based on psychic alterations. Different methodological approaches have been used to enlight the phenomenology, pathogenesis, significance and nosological position of psychiatric disorders resulting in an enormous amount of knowledge concerning explanation and understanding of mental disorders. But the more the monstrous contemporary classification systems, e.g. ICD-10 and DSM-IV gained importance in the last decades, the smaller the interest in accurate phenomenological and psychopathological analyses and knowledge became. The main requirement for diagnostics and classification systems is its clinical relevance with respect to treatment and prognosis. Various empirical studies showed that classical categorical classification systems of mental disorders were of minor value concerning pathogenesis-oriented treatment approaches. A possible alternative to the classical categorical approach may be a dimensional approach. Such diagnostics focus on the constellation of conditions of single psychopathological phenomena and/or symptoms and its meaning for the patient suffering from them. According to the results of recent phenomenological and psychopathological studies the pathogenesis of a mental disorder has to be considered as a multidimensional process in which various mental, physical and social factors and their meanings for the sufferer act as predisposing,