

in 1999. Now under way in twelve countries in different parts of the world the programme has assembled sufficient knowledge and experience about the ways of dealing with stigma and discrimination because of schizophrenia to be able to offer training about the programme to teams from other countries.

The objectives of the course are: (1) to make participants aware of possible ways of fighting stigma and discrimination because of schizophrenia; (2) to enable them to use the WPA instruction manuals describing the steps necessary to build up a programme in their country; and (3) to establish working relationships between the participants in the course and teams fighting stigma and discrimination because of schizophrenia in the framework of the WPA programme.

The faculty of the course will be composed of representatives of centres that are carrying out anti-stigma programmes in their countries. Participants: (1) psychiatrists and other mental health workers from settings in which preliminary action concerning the development of antistigma programmes has been carried out. Such groups will be given priority for inscription at the course; (2) others engaged or likely to become engaged in teaching or other action related to stigma and discrimination because of mental illness.

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## FC11. Schizophrenia II

*Chairs:* M. Kirsten-Krüger (CH), J. Libiger (CZ)

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### FC11.01

#### PHENOMENOLOGY OF SCHIZOPHRENIA IN DIFFERENT GENDER

M. Afzal Javed. *The Medical Centre, 2 Manor Court Avenue, Nuneaton, Warks, CV11 5HX, UK*

Schizophrenia still poses controversy regarding its different dimensions. The difference of opinion varies across a number of parameters ranging from aetiology to treatment, causes to manifestations and treatment to outcome. When it comes to the issue of gender, schizophrenia also plays a different role. It not only strikes men and women at different ages, but, it follows a different course and displays a significant gender difference in phenomenology. This paper describes the data from a study which has been completed at a local psychiatric facility in the UK looking at different aspects of this illness. The information was collected from a cohort of schizophrenic patients diagnosed as per I.C.D. 10 using BPRS and PANSS. The results support the findings suggesting a different clinical picture with reference to gender. Significant differences were observed among male and female patients in many symptoms. Female patients showed more affective symptoms, somatic concern, anxiety, tension and depressed mood as compared to male patients. The results are discussed with reference to the practical implications of this difference. An attempt is also made to argue whether we are dealing with two distinct types of schizophrenia or there is only one disorder with variations in its presentation and occurrence in different sexes.

### FC11.02

#### THE LANGUAGE OF SCHIZOPHRENIA IN XXTH CENTURY: FROM PHENOMENOLOGICAL TO ILLOCUTIONARY APPROACH

J. Zislin\*, V. Kuperman, R. Durst. *Close Department, Kfar Shaul Mental Hospital, Givat Shaul B. 91060 Jerusalem, Israel*

As strange as it may seem, psychiatrists contrary to psychoanalytic have seldom made attempts to analyze the significance of language in mental illness. This is particularly surprising in view of the fact that language is their principal instrument in attempting to assess the condition of patients. Psychiatrists tend to interpret language in a phenomenological manner. But here the following should be noted: when language is looked upon as an instrument/symptom the *linguo-philosophic* principle is being ignored. Clearly, another approach to the understanding of psychotic speech is needed, one that takes into account the role of language in the generation of psychosis. Our idea that the speech act theory makes it possible to realize it. According to the illocutionary acts theory (J. Austin), a distinction should be made between utterances that constitute statements or descriptions, and utterances that constitute acts of creation. It is assumed here that psychotic discourse should be viewed as an illocutionary act and that language itself is able to create a new psychotic reality. The peculiarities of this approach are the following: a) Psychotic discourse can be defined ignoring true-false dichotomy. b) In the frame of the theory a new vision of the thought – language – reality triad language itself has the power to create a new psychotic reality.

### FC11.03

#### FOUR-YEAR STABILITY OF POSITIVE AND NEGATIVE SCHIZOTYPAL TRAITS IN NORMAL ADOLESCENTS FROM THE GENERAL POPULATION

N. Barrantes-Vidal\*, J.E. Obiols. *Facultat de Psicologia, Universitat Autònoma de Barcelona, Spain*

**Background:** Schizotypal traits are considered risk markers for schizophrenia spectrum disorders. One study (Champan et al., 1994) has so far shown their predictive value. However, little is known about their stability and even less at an early age such as adolescence. It is important to know of their stability 1) to be able to properly conceptualise them as 'risk markers', and 2) since adolescence is an important stage in which to assess 'trait-like' risk indicators.

**Methods:** We initiated a biobehavioural high-risk study for schizophrenia spectrum disorders in 1993 with adolescents from the general population. We did an initial screening with the sustained attention measure CPT-IP with 1498 subjects. We then chose 301 subjects, half poor and half normal CPT-IP performers (T1). After 4 years, in 1998, we re-assessed the working sample (T2). We were left with 138 subjects. In T1 we assessed schizotypal personality with 3 of the Chapman scales: Perceptual Aberration, Physical Anhedonia, Social Anhedonia Scale. In T2 we did a multidimensional assessment with the O-LIFE, which also taps positive and negative factors and contains an important number of items from the Chapman scales.

**Results:** Pearson correlations between T1 and T2 schizotypal traits were significant for the total sample and both groups separately. However, subjects with attentional deficit present more negative traits than control subjects 4 years later. The pattern of associations is the expected one between positive and negative dimensions.

**Conclusions:** These data point to the reliability of schizotypal traits measurement at 13 and 17 years old. Furthermore, our