

central symptoms. Interestingly, cognitive and perceptual disturbances, included in basic symptom criteria, appeared to develop across attenuated symptoms to frank positive psychotic symptoms. Concerning the finding of three clusters of symptoms, “subjective disturbances”, “positive symptoms and behaviors”, and “negative and anxious-depressive symptoms”, the predominately attenuated hallucinations of both SIPS and PANSS joined the basic symptoms in “subjective disturbances”, therefore underlining the importance of insight in separating true psychotic hallucinations from other hallucinatory experiences and not justifying antipsychotic medication.

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## SP098

### The phenomenology of dysphoric mood: exploring the lived experience

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**Abstract:** Dysphoria is a complex phenomenon, which must be defined in the framework of different forms of affections. It belongs to the broader field of emotions, which are characterized by some essential features: i.e. movement, passiveness, transitoriness, and reference to the others. All these four essential features of emotion are specifically altered in depression. In discussing dysphoria, a first distinction is made between particular and global affections. The first type encompasses emotions and feelings, while the second one includes humor, mood and temper. Dysphoria belongs to one of these global affective states: the humor, which has to do with the spatial dimension of existence. In dysphoria, the patient experiences the world as oppressive and invasive of his/her intimacy; the others are lived as persons demanding answers or actions he/she is not able to fulfill. Finally, the phenomenology of dysphoria is analyzed through the four essential features described above and examples are given. Irritability – as Kraepelin taught us more than 100 years ago – is the most frequent psychic condition of these patients. The humor is very instable and depending, above all, on the interpersonal relationships. It is a typical humor of premenstrual disorder, but also of the borderline personalities, as Stanghellini and Rosfort (2013) have so clearly showed. We have also observed dysphoria in two other conditions, depression and mania, though with different nuances in the form of presentation. Finally, we would like to show how the different features characterizing emotion in general, which are derived from the etymology of the word, are present in dysphoria. First, the movement appears in dysphoria as a corporal restlessness always accompanying irritability. The dysphoric state is the opposite of being in peace with oneself and with the world. It is being under pressure, urgency, loss of control, impulsivity. Second, passivity: the subject cannot decide to be in one state or the other: dysphoria happens without notice and invades the subject, who is unable to defend himself against it. Borderline patients are unable to take distance from their emotional states and particularly from dysphoria, blaming others for the consequent discomfort. The third element is transitoriness. This feature is particularly observed in premenstrual

disorder. Menstruation begins and the state disappears. Something similar occurs with pre-depressive dysphoria. In manias, by contrast, dysphoria only diminishes with the treatment. The last element we infer from the etymology of emotion is commotion, that is, its permanent reference to the other. The active participation of the other in the dynamic of dysphoria is particularly evident in borderline personalities, but also in depressive and manic dysphoria, but not in premenstrual syndrome.

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## SP099

### Decoding dysphoria and violence: phenomenological insights to diagnosis and therapeutic interventions

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**Abstract:** Aggressive emotions—such as anger, rage, envy, and resentment—play a complex role in human experience, spanning personal, social, and psychopathological dimensions. While anger can serve as a protective, communicative, or motivational force, it can also escalate into destructive emotions such as revenge, hatred, or resentment. This talk explores the phenomenology, psychology, and psychopathology of aggressive emotions, drawing from philosophical, psychoanalytic, and neuroscientific perspectives. These have a bodily-affective nature, shaping perception, behavior, and interpersonal dynamics (Schmitz, 2019; Landweer, 2020). While anger is often a reaction to a perceived transgression, it also functions as a regulatory mechanism for social norms and personal boundaries (Berkowitz, 1962; Bandura, 1973). I examine the ontological independence of emotions, showing how their spatial and embodied qualities influence their regulation and transformation (Fuchs, 2005). A key focus will be the transformation of anger into resentment and revenge, using Nietzsche and Scheler's theories of resentment to explore how powerlessness fuels hostility (Nietzsche, 1887; Scheler, 1912). We discuss how pathological resentment differs from normative anger, leading to chronic hostility, ideological fixation, and moral superiority complexes. Finally, I analyze the role of aggressive emotions in psychopathology, considering their manifestations in personality disorders, trauma-related disorders, and psychotic states (Novaco, 1979; Cameron, 1943). From paranoia's persecutory anger to the dysregulated aggression of borderline and antisocial personalities, the keynote explores how anger-related emotions are structured, experienced, and acted upon across clinical categories.

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## SP100

### Phenomenology of Gender Dysphoria

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