

Objectives: The following hypotheses arising from the relevant literature were formulated so as to explore the above aims of the study empirically.

Hypothesis 1: Women therapists experience more negative feelings than males.

Hypothesis 2: There will be a statistically significant difference between males and females in experiencing gratification feelings.

Hypothesis 3: Therapists with psychodynamic training will experience lower levels of dysphoric feelings compared to therapists of other orientations.

Hypothesis 4: The proportion of psychodynamic therapists that disclose sexual and erotic feelings towards a client in supervision will be significantly higher than that of therapists of other orientations.

Since the present is the first conducted in the cultural environment of Greece and the first one correlating quantitative data from a psychometric test with handling of erotic and sexual feelings questions, the study will investigate in addition further questions correlating years of experience, sexual orientation, therapist age, with measures of emotional reactions.

Methods: Over two months, 139 adult psychotherapists completed an anonymous online survey. The demographics and attitudes of psychotherapy participants toward sexual and erotic feelings were collected. The Therapists' Attitude toward Sexual and Erotic Feelings Scale measured emotions.

Results: Results showed that male therapists felt more enjoyment than females, who were more afraid of the erotic or sexual. When controlling for therapist age, gendered difference in terror disappears. CBT and integrative therapists, who scored high on Aversion, also experienced higher threat levels. The present investigation showed no correlation between psychotherapeutic orientation and therapist erotic or sexual disclosure to supervised clients. Additional secondary analysis was done.

Conclusions: The findings of the study imply that therapists' emotional reactions to sexual and erotic sensations in psychotherapy are multifaceted and relate to their professional and personal identities. Psychotherapeutic training, licensure, supervision, and therapist implications are examined.

Disclosure of Interest: None Declared

EPV0847

Involuntary hospitalization for purpose of treatment - experiences and viewpoints from patients with schizophrenia

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Introduction: Coercive methods in psychiatry have been a matter of intense public debate for many years. Involuntary hospitalization (IH) for purpose of treatment is a major intervention with the purpose of providing care for individuals, who, during psychotic episodes, are not immanently dangerous to self or others but unable to take care of themselves and at risk of significant deterioration.

The intervention is, however, not yet fully examined from patients' perspectives.

Objectives: To examine views and experiences of patients with schizophrenia, involuntarily hospitalized in a psychotic state for purpose of treatment.

Methods: Nine patients were interviewed at discharge with a semi-structured instrument on the following: If IH can be justified in general and in the context of their own admission, how IH can be prevented, and finally, how they would react if confronted with a person in a similar condition as their own as described in their chart at the time of IH. The patients were reinterviewed after the interviewer had read their chart to obtain their reactions on others' descriptions of their condition.

Results: None of the patients considered their involuntary hospitalization necessary in its entirety or as an act of caregiving, and they believed that community support could have prevented it. Some described improvement in their condition attributed not to the hospitalization itself but to positive interactions with staff and other patients. They did not view their condition as psychotic but rather as angry, stressed, or even entirely well. They stressed that psychiatric patients should be able to refuse treatment in the same way as patients with somatic illnesses can.

Conclusions: We discussed the patients' experiences and negative view of IH, how their opinions can be related to the concept of psychosis and insight, possibilities of increased community support, and ethical issues concerning caregiving when the person being cared for does not feel a need. A better understanding of the role of psychopathology and patients' subjective experiences may provide a foundation for a patient-doctor dialogue on joint interventions in the future. More options for community support and acute outpatient interventions could be a possible way to reduce IH of patients, who are not dangerous to self or others.

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The Hidden Dangers of Diagnostic Overshadowing in Psychiatric Patients: A Case Study

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Introduction: Diagnostic overshadowing, or the tendency to attribute physical symptoms to mental illness, poses a significant risk to psychiatric patients, significantly delaying diagnostic and treatment possibilities. This case study highlights the potentially life-threatening consequences of dismissing physical complaints in patients with a history of mental health disorders.

Objectives: To examine the impact of diagnostic overshadowing on patient care and outcomes, emphasizing the need for comprehensive, unbiased medical assessment, regardless of psychiatric history.

Methods: We present the case of a 72-year-old female patient with an extensive history of multiple psychiatric admissions, primarily