

- S66** PERCEPTION OF COGNITIVE IMPAIRMENT AMONG ALCOHOLICS
David Davis MD., FRCPsych., F.A.C.P., DPM. University of Missouri-Columbia School of Medicine, Columbia, Missouri, U.S.A.

Cognitive impairment among alcoholics has been accepted as a traditional consequence of excessive drinking. However, recent research has shown the complexity of the effects on memory and abstractive ability. The association between cognitive factors and emotional states has been considered before but in an experimental drinking study conducted by the author with eight volunteer alcoholics to consider differences before, after and between alcohol consumption in a programmed and free-choice paradigm (analysed by the Least Squares analysis of variance and the Duncan Multiple Range Test), the results tend to indicate the role played by cognitive loss and to point up the possible association between cognitive factors and emotional states. Further, in a more recent study (with the present author as co-author) of 524 cases of antisocial personality disorder it was demonstrated that anxious and/or depressed psychopaths (25% of whom were also suffering from alcoholism) showed significantly more difficulty in intellectual functioning on a standardized mental status inventory than did matched non-dysphoric psychopathic subjects or matched dysphoric controls. It may well be that it is not just the drinking effects alone that cause the cognitive decrease but the presence of anxiety or depression may be a predisposing or exacerbating factor in the cognitive impairment.

- S67** MEMORY FUNCTIONS IN ORGANIC BRAIN DISEASE

V.A. Kral, M.D. The University of Western Ontario, London Ontario

Memory dysfunction is common in chronic as well as in acute brain disease. The most frequent type is the amnesic syndrome as found in Korsakoff's psychosis, senile and multiinfarct dementia and in localized lesions involving the hippocampal area bilaterally. It is characterized by shortened retention time, impaired recent and remote memory and disorientation, in some cases also by confabulations. The same syndrome is also found in acute confusional states and deliria, but is usually overshadowed by the more dramatic signs of clouded consciousness such as perceptual changes, pathological thought processes and emotional and behavioral abnormalities. Second in frequency is "benign senescent forgetfulness" which is symptomatologically, as well as regarding the outcome, essentially different from the amnesic syndrome. While in the latter, events and experiences cannot be recalled, in benign senescent forgetfulness only unimportant details of the experience are unavailable for recall on certain occasions but can easily be recalled at other times. The third type of memory impairment involves the partial memories for specific automatized functions. This type is due to localized focal lesions in the relevant areas of the cerebral cortex.

Analysis of these various forms of organic memory dysfunction allows for a hypothetical view of the processes of remembering and forgetting.

- S68** PSYCHOPATHOLOGY AND PSYCHODIAGNOSTIC FINDINGS IN PATIENTS WITH FRONTAL LOBE TUMORS

P. GERSTENBRAND, G. RANSHAYR, S. FLÖRER

Tumors of the frontal lobes represent a symptomatology that comprises very often typical changes of personality, mood and character. Depending on the extension of the space occupying lesion and its progression, the localization, the age of the patient and individual factors mostly psychomotoric activity, drive and affect are reduced. Abstract and prospective thinking as well as concentration are often diminished. This symptomatology is called the frontoconvex syndrome. On the other hand in fewer cases psychomotoric acceleration, increase of drive and affect, irritability associated with sociopathic behaviour are seen, called the frontobasal syndrome. Clinical data, symptomatology, CAT scan and EEG findings as well as psychodiagnostic results are presented.

S III.3 Psychopathology of Self-Destructive Behaviour

- S69** INTRODUCTION TO THE PSYCHOPATHOLOGY OF SUICIDE

Kalle Ahté, M.D. Department of Psychiatry, University of Helsinki, Finland.

One of the essential questions in the suicide research is: can a suicide really be prevented? Those who are the most critical would claim that in some individual cases this is possible but not in the larger scale so that it would affect the statistics.

If suicides could be prevented through the more effective psychiatric care or the more specific preventive measures new factors will turn up within the society that would increase suicidal behavior and thus nullify the positive development. One of these special phenomena is an international movement that has organized societies in different countries informing the public of how to commit a successful suicide.

The methodology of the suicide prevention has advanced well and judging by the growing interest in this work there is great demand for training and personnel in this field. Attention is now also being paid to indirect self-destructive behavior.

- S70** ON PSYCHODYNAMICS OF SUICIDE

Heinz Henseler, Prof., M.D., Univ. Tübingen

1. A lot suicidal persons suffer from an unstable narcissistic regulation system.

2. It has proved useful to differentiate: (a) problems with regard to psychosexual identity; (b) problems with regard to value and power; (c) problems with regard to being accepted in general (corresponding to the phallic, the anal-sadistic and the oral stages of development).

3. The patients in question usually compensate for their narcissistic disorders with the defense mechanisms of denial and of idealization, with narcissistic object relations and with splitting off their aggression.


4. If this compensation cannot be achieved any more, these patients resort to acting out a fantasy of giving up individuality in favour of a fusion with a diffuse archaic object. That is the unconscious significance of the suicidal act.

5. Exactly the same expectations which before were directed to the disappointing objects, are transferred to the therapist, giving the experienced psychoanalyst an insight into the nature of the narcissistic problems and the opportunity to work on them.

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