CBS013

Ethnoterritorial features of paranoid schizophrenia with comorbid dependence on synthetic cannabinoids: Description of cases

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Abstract: Introduction: it is indisputable that against the backdrop of the popularity of various addictions among patients with schizophrenia, a joint study of the clinical and pathomorphological deformation of two nosologically phenomena of paranoid schizophrenia and, depending on modern drugs that are gaining popularity, synthetic cannabinoids in various ethnoterritorial groups is relevant.
Objectives: to study the ethnoterritorial features of paranoid schizophrenia, comorbid with the abuse of synthetic cannabinoids, clinical dynamics, behaviour, and adaptation.
Methods: follow-up, clinical-psychopathological methods (PANS, SANS, CGI, MMPI, CGI, STAI, LSI, TPA, ICD-10), statistical (Python 3.11.0).
The results: of the examination of 193 patients (aged from 18 to 35 years): 142 – patients with paranoid schizophrenia dependent on synthetic cannabinoids F20.xx+F12.2xx and 51 – F20.xx without drug addiction. The study took place from 2018 to 2024 in the database of psychiatric institutions in Russia - Tomsk region, St. Petersburg, Noyabrsk and Nizhnevartovsk.
Conclusions: The leading position among patients with schizophrenia who use synthetic cannabinoids in the temperate continental climate zone of Russia was occupied by such ethnic groups as the hierarchy: Russians, Tatars; Uzbeks; Germans; Azerbaijanis, and Armenians.
The phenomenon of abuse of synthetic cannabinoids leads to the development of diseases. Persistent exogenous visual and delirious disorders are included in the complex of symptoms of exacerbation of schizophrenia; A new symptom of pseudohallucinoids appears - thought disorders of an associative (fantasy) disease that arose against the background of long-term exogenous (toxic) effects of the drug on the subject type, usually against the background of a primary endogenous schizophrenic process

Disclosure of Interest: None Declared

CBS014

Violent behaviour as a psychopathological symptom: phenomenological distinction from general violence

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Abstract: Violence is commonly conceptualized as a behavioural act, yet its phenomenological underpinnings reveal significant distinctions between its manifestations in psychopathological conditions and in the general population. This presentation explores how violent behaviour, when emerging as a symptom of psychiatric disorders, differs in its affective structure, intentionality, and embodiment from other forms of aggression. Drawing from phenomenological theories of emotions, we will examine how emotions such as anger, rage, resentment, and hatred manifest differently in psychopathology, particularly in psychotic states, mood disorders, and personality disorders. Emotions are not merely internal states but are lived experiences embedded in bodily spatiality, affecting contraction, expansion, and relationality. In psychopathological contexts, these emotions frequently exhibit disturbances in their anchoring point (what triggers them) and condensation area (where they settle), often leading to dysregulated, disproportionate, or delusionally overdetermined expressions of violence. By contrasting normative anger—typically goal-directed, normatively regulated, and socially embedded—with its pathological counterparts, we uncover crucial distinctions. In conditions such as paranoid psychosis, anger is fused with persecutory delusions, altering its structure from a transient reaction to an entrenched, self-perpetuating stance. Similarly, borderline personality disorder presents dysregulated anger as a core feature, where affective instability fosters reactive aggression that lacks modulation. In psychotic disorders, violent outbursts may emerge in a dissociative or hallucinatory framework, leading to actions detached from conventional interpersonal dynamics. Through a phenomenological analysis, we emphasize how aggressive emotions in psychopathology lack the typical integration of selfhood and social intelligibility, contributing to a distinct kind of violence —one that challenges legal and ethical frameworks regarding responsibility, intentionality, and treatment. By refining our understanding of these differences, we improve both clinical assessment and therapeutic interventions for patients at risk of violent behaviour.

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CBS015

Disturbance of Interaffectivity as a Precursor for Violence in Schizophrenia

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Abstract: Schizophrenia is associated with impaired mentalizing abilities, often conceptualized through Theory of Mind (ToM) paradigms, which highlight deficits in understanding cognitive and affective mental states. Empirical findings suggest that affective ToM impairments reduce the likelihood of violence, while deficits in cognitive ToM may increase its propensity. However, phenomenological approaches challenge the primacy of ToM, suggesting that schizophrenia's core disturbance lies in the embodied self, specifically in the domain of interaffectivity—the pre-reflective, affective resonance between self and others.
Interaffectivity, rooted in early embodied interactions, forms the foundation of social and emotional connectedness. In schizophrenia, disruptions in this fundamental capacity result in a disconnection from the social environment and a breakdown in shared affective states. This disturbance may contribute to violence by

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