

narrative tools (e.g. extended scenes, no cuts, etc.) forces us to actively participate. Transcendental cinema fulfills the tenets of mindfulness, and during the screening we undergo a meditation session. What's more, this style in cinema allows an in-depth exploration of the psyche, it brings us closer to the metaphysical, emotional dimension of humanity what develops in us the ability to understand the psyche of others, as well as our own.

Conclusions: We claim that the similarity between the philosophy of mindfulness and transcendental cinema allows us to treat a film screening as a meditation session. Cinema enriches us not only with knowledge about disorders and the therapeutic process, but is in itself a supportive tool - screening can allow viewers to deepen their awareness and improve their health. What is more, David Lynch's work brings us closer to exploring the human psyche and the individualization of inner experiences, while also showing us what influence transcendental meditation has on characters and what happens when they undergo a kind of therapy; in the spirit of psychoanalysis or mindfulness philosophy.

Disclosure of Interest: None Declared

EPV0733

Philosophy of transcendental cinema and its applications in psychiatry. The case of lost highway by david lynch

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Introduction: Thanks to Paul Schrader, transcendental cinema was distinguished from the slow cinema trend. What distinguishes it from it are the precise psychological portraits of the characters and the aptly reproduced world of internal experiences. Transcendental cinema draws from the philosophy of existentialism, presenting the assumptions of the human psyche. In D. Lynch's cinematography, we can find faithful representations of mental disorders, such as dissociative fugue, depersonalization, mania or psychosis. Based on the "Lost Highway" (1997), we will prove that D. Lynch, with his cinematography, not only provides knowledge about mental disorders, but also gives patients humanity and dignity. The series also resembles a meditation session in the style of mindfulness, which, when practiced, helps a person affected by mental illness in his recovery process.

Objectives: The aim of this work is to indicate the accurate record of the inner characters' experiences in D. Lynch's cinematography, which provides us with knowledge about mental disorders of an individual. By creating a visual image that affects many senses, transcendental cinema sensitizes us and makes us aware of the suffering of a patient affected by mental disorders. The session, while drawing on the philosophy of mindfulness, becomes a meditative session, therapeutic for both us and the protagonist.

Methods: In this research we use the approach proposed by Paul Schrader and David Lynch to analyze transcendental cinema as an art that combines philosophy, cinematography and psychiatry. As a representation of the experiences of a person outgoing the therapy basen on psychoanalysis.

Results: Many studies indicate the positive impact of mindfulness meditation on physical and mental health. Through long scenes, transcendental cinema draws attention to individual stimuli reaching our body, non-judgmental noticing them, focusing on one thought and one sensation, draws from the philosophy of mindfulness, becoming a meditative session in itself. Therefore, a film screening provides us with knowledge about the internal experiences of a psychiatric patient, indicates the form of therapy and at the same time leads us through a therapeutic meditation session.

Conclusions: We believe that the transcendental cinema represented by David Lynch can be treated not only as a representation of mental disorders and the suffering associated with them, but also as a meditative, healing and liberating session. Not only for the person affected by the disorder, but also for us as viewers.

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EPV0734

Mental health support through transcendental cinema. "Mulholland Drive" By D. Lynch as an example of a mindfulness meditation session

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Introduction: Regular practice of mindfulness has proven effectiveness in the treatment of affective disorders (Cash and Whittingham, 2010), increases the level of satisfaction in life (Brown and Ryan, 2003), as well as the level of self-esteem (Rasmussen & Pidgeon, 2010). Using "Mulholland Drive" (2001) by David Lynch as an example, we will prove that transcendental cinema, through the unique slow character, the means of expression used and the emphasis placed on the metaphysical experiences of the characters, in which D. Lynch forces us to participate, makes the screening similar to a meditation session.

Objectives: The aim of this work is to indicate a new direction of research, linking cinema with psychoanalysis, philosophy and psychiatry and proving that a screening of transcendental cinema can be treated as a mindfulness meditation session.

Methods: This work is based on the film "Mulholland Drive" by D. Lynch and the understanding of transcendental cinema according to Paul Schrader. Using J. Kabat Zinn's scientific publications, we analyze cinema in terms of a meditation session and using the approach of first generation analysts (S. Freud, C. Gustav Jung, S. Spielrein) in terms of a therapeutic process based on psychoanalysis.

Results: "Mulholland Drive" subjects the protagonist to a therapy session: the woman lives guided by the unconscious, a dream that seems real and finally at the end she reaches her own true self. On screen, she undergoes successfully the therapeutic process. The transcendental cinema focuses on metaphysical sensations, has elongated scenes, creates *dead time*, viewer remains in the frame even when the character comes out of it, and strives for *kenosis* - the reduction of sensory experience. All of these qualities are crucial in mindfulness: focusing on emotions and feelings experienced in the moment, non-judgmental and calmly concentrating on single

stimuli. This similarity allows us to treat a transcendental film show in the category of a meditation session.

Conclusions: Recognizing the similarity between the philosophy of mindfulness and transcendental cinema allows us to conclude that a film screening enriches us not only with knowledge about disorders and the therapeutic process, but is in itself a supportive element for mental health. Our work is the first to analyze cinema in the context of mindfulness meditation. In our opinion, culture should be more widely analyzed as a tool to support mental health and the development of one's own identity.

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Post-Traumatic Stress Disorder

EPV0735

Person-centered approach to suicide ideation in posttraumatic stress disorder in veterans: a latent profile analysis

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Introduction: While most research on suicidal ideation (SI) in veterans adopts a variable-oriented perspective, this approach often fails to capture the complex interplay of symptoms and comorbid disorders. We hypothesised that a person-centred approach can identify distinct subpopulations of veterans with varying profiles of SI, PTSD symptoms, depression, and agitation.

Objectives: To examine whether distinct subpopulations of veterans exists, characterized by different profiles of PTSD severity, depression and agitation, and intensity of SI.

Methods: We conducted a cross-sectional study in one big University Hospital Centre in Croatia on the sample of men, war veterans aged 30-65 years, undergoing treatment for chronic PTSD. Latent profiles indicators included the Clinician-Administered PTSD Scale (CAPS), Beck Scale for Suicide Ideation (SSI), Hamilton Depression Rating Scale-17 (HDRS-17) and Corrigan Agitated Behaviour Scale (CABS).

Results: We included 203 male participants with a median age of 47 (IQR 43-45) years. The optimal model, allowing variances of indicators to vary between profiles while constraining covariances to zero, yielded five distinct latent profiles. Notably, the highest SI was found in a subpopulation with elevated CABS scores, but moderate PTSD and depression symptoms (13% of participants). Next in SI intensity were 11% of veterans with severe symptoms across all assessed disorders. Next in SI severity were 21% of veterans with low levels of agitation but high levels of depression. The last two profiles, one with mild symptoms of all assessed disorders (43%) and the other with high agitation (12%), have low SI severity.

Conclusions: Our findings affirm the utility of a person-centred approach in identifying nuanced subpopulations of veterans with

diverse symptom profiles related to SI. This stratification can inform targeted interventions, thereby enhancing the efficacy of suicide prevention strategies.

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EPV0737

Analyze the factors that influence the therapeutic response to psychic trauma

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Introduction: Psychic trauma profoundly affects a person's confidence in himself and others. There is a sudden experience of helplessness, loss of control, fear for one's own life, and the humiliation of having been violated. The victim may run out of internal and external reference elements.

Objectives: Describe the factors that influence the development of Post-traumatic stress disorder after experiencing traumatic experiences.

Methods: Review in the literature of the different factors that influence the subject's response to the traumatic experience.

Results:

1) Predisposing and precipitating factors:

- characteristics of the traumatic event: severity of the stressor agent: dose-dependent, Characteristics of the same: sudden, prolonged, repetitive, intentional; decrease the ability to control the situation and develop effective coping strategies; they question basic cognitive schemas; the symbolic meaning of the traumatic event.
- characteristics of the person (predisposing factors of vulnerability): genetic-constitutional vulnerability, adverse experiences in childhood, previous traumatic events: increased vulnerability, personality characteristics, recent stressors or life changes, inadequate support system, use of alcohol, perception locus control more external than internal, pre-existing psychiatric symptoms: neuroticism, anxiety, depression, critical ages of development: time of greatest vulnerability (11-16 years).

2) Perpetuating and empowering factors: sharing traumatic events, seeking the logic of the facts, rupture of affective ties.

3) Elements of Resistance: tendency to selectively remember the positive elements in autobiographical memory, acceptance of a certain dose of uncertainty in life, perceiving themselves as survivors, perception of the stressful stimulus as less threatening, Less physiological reactivity to stress, use of humor, positive emotions counteracting during the traumatic process.

4) Elements of Resilience: ability to extract and assimilate positive elements from negative situations.

Conclusions: Trauma threatens 3 basic assumptions of life: the world is good, the world has meaning, the self has value. The knowledge of these mentioned factors allow a better psychotherapeutic approach to Psychic Trauma.

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