The pathophysiology of a disease has to be known entirely to use a disease model in CNS drug development. *(this thesis)*

Spontaneous eye blink rate is not a biomarker for central dopaminergic activity of $D_2$ agonistic or antagonistic drugs. *(this thesis)*

Acute hypoxemia with a peripheral oxygen saturation of 80% does not impair cognitive function in healthy young adults. *(this thesis)*

Only an array of CNS biomarkers will be specific to the effects of a drug. *(this thesis)*

A dimensional approach to psychiatric pathology will lead to new pathophysiological concepts and the identification of new pharmacological targets.

The heterogeneity of DSM IV disease categories severely hinders the development of new psychiatric drugs.

In early phase CNS drug development, the inclusion of sub-syndromal healthy volunteers will allow more reliable predictions on a drugs therapeutic efficacy.

Clinical pharmacologists working in early phase drug development should increasingly focus on formulating their own research questions rather than on answering questions from pharmaceutical companies.

The quote “L’enfer c’est les autres” *(Jean-Paul Sartre, En huis clos, 1967)* helps to understand the origin of psychiatric symptoms in patients, and ourselves.

We confabulate our own biography, which is functional and healthy as long as it is done consistently and is credible to people around us.

More often than in somatic medicine, psychiatric patients are diagnosed after the start of treatment, or by their response to it.

The greatest and most important problems of life are all fundamentally insoluble. They can never be solved but only outgrown. *(Carl Gustav Jung)*