



# **ABSTRACT BOOK**

**21st INTERNATIONAL  
CONFERENCE  
Rotterdam 2019**



**iSPS**<sup>™</sup> 2019  
**CONFERENCE**  
August 28th - September 1st **ROTTERDAM**

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**Wednesday  
August  
28th**



**ISPS™ 2019**  
**CONFERENCE**  
 August 28th - September 1st **ROTTERDAM**

**Wednesday August 28<sup>th</sup>**  
**Preconference Workshops**

08.00 – 18.00		Registration for the conference					Foyer
	Van Weelde Zaal	Van der Vorm Zaal	Plate Zaal	Van Rijckevorsel Zaal	Ruys Zaal	Foyer and Rotterdam tour	Mees Zaal Whole day workshop
09.00 – 12.30	Dag van Wetter, Dienke Boertien & Dirk Corstens	Joe Oliver	Will Hall	Sam Ghane & Victor Kouratovsky	Amy Hardy	Devi Hisgen	Peter Dierinck & Stijn Vanheule
	Open Dialogue for people in crisis: from stranger to connection	Acceptance and Commitment Therapy for Psychosis	How to handle suicidal ideation?	Building bridges using the Cultural Formulation Interview. Towards a context sensitive treatment of psychosis	Breaking the silence: Talking about trauma in psychosis	Handling cannabis wisely (excursion)	Effectuating recovery: two perspectives Part 1
	300	301	302	304	305	307	306
13.30 – 17.00	Dag van Wetter, Dienke Boertien & Dirk Corstens	Joe Oliver	Will Hall	Sam Ghane & Victor Kouratovsky	Amy Hardy	Devi Hisgen	Peter Dierinck & Stijn Vanheule
	Open Dialogue for people in crisis: from stranger to connection	Acceptance and Commitment Therapy for Psychosis	Psychiatric Medication Withdrawal: A Harm Reduction Perspective	Building bridges using the Cultural Formulation Interview. Towards a context sensitive treatment of psychosis	Breaking the silence: Talking about trauma in psychosis	Handling cannabis wisely (excursion)	Effectuating recovery: two perspectives Part 2
	300	301	303	304	305	307	306



## 1. Dag van Wetter, Dienne Boertien en Dirk Corstens: Open Dialogue for people in crisis – from stranger to connection

### Abstract no 300

#### Two times the same half-day workshop.

Open Dialogue is a system of mental health care, developed in Finland by **Jaakko Seikkula** and his colleagues, with strong follow-up in other countries and regions.

This specific approach is focused on actively seeking connection and dialogue with all parties involved, starting from within the crisis situation itself, without hesitation or delay. Listening openly to all the various voices, experiences and perspectives makes it possible to find some new understanding together, with different goals, strengths and resources to carry on together – this way there's a future to be won. The particular Open Dialogue approach follows a number of crucial principles, which we're learning to develop together as professionals and peer-workers, translated into our own regional context and partnerships.

Based on our current practice and our further challenges, together with the participants of the workshop we will explain and exchange about the core of these Open Dialogue key principles and the impact of this approach on connecting people in real life.

In a roleplay with the participants of the workshop we will also experience how Open Dialogue challenges ourselves in our authenticity and self-reflective work – how to tolerate uncertainty, how to postpone making our own opinions and avoid premature decisions, how to listen carefully to all the different voices and themes, ... "Learn to listen so others are invited to speak, learn to speak so that others are invited to listen."

This preconference workshop is also a first taste aperitif for the program of the ISPS conference, with a lecture on Open Dialogue by **Nick Putman** (Open Dialogue UK and international) on Thursday and his participation in the final debate on Sunday.

#### About the presenters:

**Dag Van Wetter** is staff officer patient care and Open Dialogue facilitator in Psychiatric Center Sint-Amandus Beernem (Belgium), where he and many other colleagues and compagnons work together on the shift to recovery-oriented network care. Along other projects, Care Circuit Psychosis North-West-Flanders ([www.verbindendsprekenmetpsychose.com](http://www.verbindendsprekenmetpsychose.com)) is a regional collaboration of various facilities, services and other partners in the broader Bruges region, who work with and for people with a psychotic vulnerability. Seeking connection with and between people is the common purpose, with the further development of the Open Dialogue approach in the region as an important commitment.

**Dirk Corstens** is working as a social-psychiatrist and psychotherapist at METggz Roermond and vice chair of Intervoice, the charity that supports the International Hearing Voices Network.

**Dienne Boertien** is staff member on the topics Recovery and Experiential based Expertise at [Phrenos Center of Expertise for severe mental illness](#). She followed education for Peer Supported Open Dialogue and the mentor training POD at the NHS and fulfils a coordinating task in the partnership POD Netherlands.

Make yourself familiar with ACT in a few minutes, watch Demons on the boat:

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## 2. Dr Joe Oliver, Acceptance and Commitment Therapy for Psychosis

### Abstract no 301

#### Two times the same half-day workshop.

Do you work with clients who experience distressing psychosis? Are you wondering how acceptance and commitment therapy (ACT)—and mindfulness in general—can help? Do you want to help your clients more effectively manage distressing symptoms so they can lead full, rich and meaningful lives? *Acceptance and Commitment Therapy for Psychosis* (ACTp) is a powerful behavioral approach that incorporates acceptance and mindfulness techniques to help people to disentangle from difficult thoughts, feelings, or distressing experiences, to engage in behaviors that are guided by personal values.

Experiential avoidance, cognitive fusion, and a reduced capacity for perspective taking, all play major roles in the distress and disability associated with psychosis. ACT offers a pathway to better psychological health and wellbeing through the cultivation of experiential openness, self-awareness, engagement in life, defusion from hallucinations, delusions and other unhelpful cognitions, self-compassion, acceptance of pain, and actions based on personal values. Due to the emphasis on values-directed action and personal meaning ACTp is consistent with recovery principles, and is highly acceptable by clients.

In this workshop, **Dr Joe Oliver** will introduce the core skills and knowledge to help clients recover from psychosis, using ACTp.

#### Learning Objectives for the workshop:

1. Define how the challenges surrounding psychosis can be conceptualized using the ACT model
2. Identify at least 3 main tenets of the ACT therapeutic stance and describe their relationship to working with people with psychosis.
3. Define how ACTp can be a pragmatic treatment for people with early and established psychosis as well as carers of people with psychosis
4. Describe how to adapt ACT metaphors and exercises for people with psychosis
5. Learn the central acceptance and defusion skills in working with voices, paranoia and delusions.
6. Describe how to safely and usefully use mindfulness<sup>[1]</sup> and present moment exercises.
7. Summarize the main issues in doing values work in psychosis
8. Demonstrate key skills in facilitating ACTp in individual and group-based settings

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### About Your Presenter

**Dr Joe Oliver** is a Consultant Clinical Psychologist and course director for the post graduate diploma in CBT for Psychosis at University College London. He also works as a clinician within the UK National Health Service (NHS) and is Director for Contextual Consulting, offering ACT-focused training, supervision, and therapy.

**Joe** regularly delivers teaching and training on both ACT and cognitive behavioural therapies, in the UK and internationally and is an Association of Contextual Behavioural Science (ACBS) peer reviewed trainer.

**Joe** is co-editor of the textbook, "Acceptance and Commitment Therapy and Mindfulness for Psychosis" co-author the popular ACT self-help book, "ACTivate Your Life" and "ACT for Psychosis Recovery" ([www.actforpsychosis.com](http://www.actforpsychosis.com)).

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### 3. Will Hall

#### Abstract no 302

One time half- day

1. **how to handle suicidal ideation.**

Suicidal feelings are more common than we realize. Not a symptom of disease, the urge to die is often a desperate need for change conflicting with an overwhelming sense of powerlessness. How can we support others – and respond to these feelings in ourselves?

Discover latest research, hear about innovative practices, and learn useful tools. Clinicians, students, people who have struggled with suicidal feelings, and family/friends are welcome.

Video of Will Hall on handling medication

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### 3. Will Hall

#### Abstract no 303

One time half-day

##### 1. **Psychiatric Medication Withdrawal: A Harm Reduction Perspective**

Psychiatric medication such as antipsychotics, antidepressants, lithium, and other have become standard of care treatments, but little support or information is available on medication withdrawal. Author of the Harm Reduction Guide to Coming Off Psychiatric Drugs (in 14 languages), Will Hall works from a perspective that is not pro-medication or anti-medication, but pro informed choice. This workshop will address:

- Going off and reducing medications and developing medication alternatives
- Utilizing a Harm Reduction perspective to coming off psychiatric drugs.
- Recovery and Person-centered education frameworks for understanding medications as well as their risks and benefits.
- Building skills around medication empowerment and optimization in peer support and clinical settings.
- Supporting individuals to reduce and come off of their medications responsibly and safely.

Video of Will Hall and suicidal feelings

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## **4. Samrad Ghane, PhD (1, 2) / Victor Kouratovsky, PhD (1, 3, 4, 5.): Building bridges using the Cultural Formulation: towards a person- centered and context sensitive treatment of psychosis.**

### **Abstract no 304**

#### **Two times the same, half-day workshop**

- (1) Parnassia Psychiatric Institute- Cultural Psychiatry domain
- (2) Arq Psychotrauma Expert Group
- (3) ExpatPsy
- (4) Dutch Institute for Psychologists (NIP) Committee on Cultural Diversity
- (5) Board member ISPS Lowlands and member Organizing Committee Stranger in the City

Connecting to patients' sociocultural context as well as to their unique experience and view on illness and health is an important pre-condition for any effective treatment. This may even be more so in case of psychosis where patients' experiences are traditionally pathologized and their sociocultural context is often overlooked. Thus, methods and instruments that may assist patients and clinicians to explore personal and contextual dimensions of the illness can be of particular value.

The Cultural Formulation Interview (CFI) is part of the DSM-5 and entails a way to systematically assess and take notice of four relevant cultural dimensions: (1) cultural definition of the problem, (2) cultural perceptions of cause, context, and support, (3) cultural factors affecting self-coping and past help seeking, and (4) cultural factors affecting current help seeking.

In this the CFI makes it for instance possible to explore different ways of understanding, strengths and resources, and ways to deal with problems. Using the cultural formulation may prevent misdiagnoses and lead to a more personalized approach, a better working alliance, and a more positive outcome.

In this workshop we will introduce the Cultural Formulation Interview (CFI) as a way to come into contact and to start a dialogue. In an interactive presentation the history and structure of the CFI will be discussed while the participants will become familiar with the use of the CFI through role plays. Finally, the therapeutic potential of the cultural formulation will be explored by using different case descriptions.

#### Learning objectives

- Participants are familiar with the backgrounds and the structure of the CFI and can use it to start a dialogue;
- Participants are able to use the cultural formulation to adapt their treatment approach according to the particular backgrounds, needs and views of individual patients.

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## 5. Amy Hardy: Breaking the silence: Talking about trauma in psychosis

### Abstract no 305

#### Two times the same, half-day workshop

We now know that childhood adversities are associated with psychosis, and empirical evidence investigating the causal mechanisms underlying this association is accruing (Bentall et al, 2014; Gibson et al, 2016; Hardy, 2017; Varese et al, 2012). People with psychosis are also at an increased risk of revictimisation and are more likely to experience a range of post-traumatic stress difficulties. In line with these findings, it is recommended that trauma and post-traumatic stress reactions are routinely assessed in people with psychosis, and therapy offered when indicated (NICE, 2014). Unfortunately, it is rare for traumatic experiences and post-traumatic stress to be recognised in psychosis services, preventing access to psychological treatments (de Bont et al, 2015). The challenge is to effectively disseminate trauma-informed care within frontline services and ensure people's needs are met. This workshop will start by exploring the principles of trauma-informed care, and opportunities and challenges of implementation in psychosis services. A framework for talking about trauma and responding to disclosures will be outlined. Preliminary findings from a pilot project using this framework in early intervention and promoting recovery services in inner city London will be shared.

**Amy** is a Research Clinical Psychologist based in the Department of Psychology, Institute of Psychiatry, Psychology & Neuroscience, King's College London and the Psychology Lead for Posttraumatic Stress in the Psychosis Clinical Academic Group, South London and Maudsley NHS Foundation Trust. Her research investigates the role of psychological processes in post-traumatic stress in psychosis and she is interested in the development, testing and implementation of trauma-informed practice and trauma-focused CBT for psychosis. She set-up the first specialist NHS clinic offering psychological assessment and treatment for post-traumatic stress in psychosis, and provides supervision, consultation and training in trauma-informed care to therapists and clinicians working in inpatient and community services across the psychosis spectrum. She also collaborates with inclusive designers and technologists on digital projects to enhance the usability and outcomes of psychological ways of managing distress and improving quality of life.

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## 6. Peter Dierinck en Stijn Vanheule Effectuating recovery: two perspectives

### Abstract no 306

This workshop consists of 2 parts of half a day

During the first part **Stijn Vanheule** will focus on how Lacanian psychoanalytic therapy might engender a process of existential recovery. In the second part **Peter Dierinck** discusses how the practice of quarter-making (“kwartiermaken”) contributes to processes of recovery.

Starting from a theoretical perspective on psychiatric symptoms Stijn Vanheule will address how psychopathology implies existential challenges that might be addressed in psychoanalytic therapy. Focusing on psychosis he will discuss how the Lacanian approach aims at finding stabilizing solutions for maddening issues people are confronted with in their lives. Published examples as well as cases from his own practice will be discussed, and brought into dialogue with the audience.

As **Peter Dierinck** will discuss, quarter-making consists of finding and creating hospitable places for people that are being excluded because of intellectual disability, race, sexual orientation or mental vulnerability. Professionals engaged in quarter-making aim at effectuating recovery, starting from an attitude of equality between professional and patient. The entire process starts with the question as to what a patient values in life. Psychiatric hospitalization frequently entails social isolation, which might be countered by actively connecting with relevant social networks. With multiple specific examples from his own practice Peter Dierinck will address quarter-making, thus indicating how professionals can implement it.

#### Lecturers:

**Peter Dierinck** is a clinical psychologist in Belgium, and works in a psychiatric clinic (Gent-Sleidinge). For 25 years he worked at a ward for homeless people with mental vulnerability, and for 3 years in an ACT-team. In 2017 he published a book about these experiences (“Hoop verlenen”, 2017, Witsand). Currently he runs a pilot project on quarter-making (“kwartiermaken”).

**Stijn Vanheule** is a clinical psychologist, psychoanalyst (New Lacanian School), and professor of clinical psychology at Ghent University. He published widely on psychosis, assessment, and clinical practice, mostly starting from a Lacanian psychoanalytic and critical perspective (e.g. “The Subject of Psychosis: A Lacanian Perspective”, 2011, Palgrave Macmillan; “Psychiatric Diagnosis Revisited: from DSM to Clinical Case Formulation”, 2017, Palgrave Macmillan)

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## **7. Devi Hisgen information on handling weed wisely**

### **Abstract no 307**

#### **Tour, two times half-day**

Rotterdam is a big city with a lot of drugs related problems. 2 peers take you on a city tour on the bike to see how they lived in the city and what the role of drugs was in their live. Now they use this knowledge to support their (F)ACT teams. They are experts in recovery and they know that abstinence better for the patients but not always the attainable solution.

The use of drugs and psychiatric problems are more the rule than the exception. Drugs have a major impact on recovery. To much pressure on abstinence is often a reason for drop out. In order to come into contact as a healthcare worker, knowledge of drugs can be an ice breaker. How can we assist and advise our patients?

By increasing the knowledge of the assistance on the how and why of the use, the care provider gets more insight and tools to guide the client and to work on recovery.

This training provides tools for the healthcare worker to successfully deal with the problem. Through a combination of recent science about drugs and the experiences of the course leaders (both with recovery and with the use of drugs) the participant gets practical tools to achieve success with this target group.

**So come with us, see the city, learn about heath care, drugs and have a lot of fun together**

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**Thursday  
August  
29th**



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**KEYNOTE SPEAKERS**



Françoise Davoine



Sushrut Jadhav



Wim Veling



Brenda Froyen



Marcus Evans



Ingo Lambrecht



Wouter Kusters



Huub Mous



Mogobe Ramose



Inez Myin-Germeys



Ola Söderström



Nick Putman



Jen Kilyon



# ISPS<sup>TM</sup> 2019 CONFERENCE

August 28th - September 1st

## ROTTERDAM

### Day 1: Thursday August 29<sup>th</sup>

#### Relationship psychosis with migration, social exclusion and low status group

08.00- 15.30	Registration for the conference			Ground floor
08.30-09.15	Welcome ceremony	Chair: Jan Olav Johannessen Margreet de Pater		Willem Burger Zaal
09.15-09.30	Short coffee break			Willem Burger Foyer
09.30-09.45	Introduction	Chair: Jim van Os		Willem Burger Zaal
09.45-10.15	Keynote speaker	Wim Veling	311	Willem Burger Zaal
10.15-10.45	Keynote speaker	Sushrut Jadhav		Willem Burger Zaal
10.45-11.15	Keynote speaker	Francoise Davoine	261	Willem Burger Zaal
11.15-11.45	Coffee break			Willem Burger Foyer
11.45-12.30	Debate with speakers	Chair: Jim van Os		Willem Burger Zaal
12.30-13.30	Lunch and poster sessions			Willem Burger Foyer

	Willem Burger Zaal	Van Weelde Zaal	Hudig Zaal	Schadee Zaal	Van Beuningen Zaal	Mees Zaal	Ruys Zaal	Van Rijke-vorsel Zaal	Plate Zaal	Van der Vorm Zaal
13.30	Symposium 3 What explains the increased incidence of psychosis among migrants?	Symposium 6 Why the WHO and APA should drop the word Schizophrenia	Workshop 1 Stronger through diversity	Workshop 28 Recovery, envelopment and family	Workshop 38 Transcultural approaches of djinns and spirits	Workshop 33 Mutual listening and learning	Workshop 40 The challenge of implementation	Workshop 36 Reconnection after War Violence and Forced Migration	Orals 1 Loneliness, identity loss and social withdrawal	Orals 2 Relationship, transference and recovery
	201, 273, 255	131, 178, 97	59	116, 211	242, 81	245, 198	246, 27	222, 172	34, 42, 154, 229	54, 218, 270
15.00	Coffee break foyer									
15.30	Symposium 7 Recovery around the world	Symposium 16 Coming off psychiatric medications	Workshop 4 The culturally sensitive approach of Daar-na	Workshop 32 Relationships, peers and the process of diagnosis	Symposium 13 After the storm: the meaning of psychosis	Workshop 39 Being the stranger	Workshop 34 ISPS for whites only? Working with families from different cultures		Orals 4 Social exclusion and psychosis	Orals 3 Lacanian and other psycho-analytical approaches
	163, 72	46	76	98	86, 145	193, 248	188, 195		122, 134, 189, 220	4, 36, 53, 253

17.00-18.00	Keynote speaker and discussion	Nick Putman	318	Willem Burger Zaal
18.30	Social Program			

<b>Postersessions day 1 – Research posters</b>			
Posters linger during the whole conference, presentations during lunchtime			
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Poster 2	<u>Self stigma and social self-efficacy</u>	<u>Sladana Strkalj-Ivezic</u> , Zagreb H.K. Horvat	29
Poster 3	<u>An exploration of how men with "grandiose beliefs" understand their interpersonal relationships and self-esteem</u>	Lana <u>Renny</u> , Kent C. <u>Cupitt</u> T. Lavender	
Poster 4	<u>Perceptions of belonging in service users with psychosis living in linguistically mismatched communities in North Wales</u>	Sophie Baker, <u>Bangor</u> C.W.N. <u>Saville</u> , M. Jackson	67
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Poster 8	<u>Exploring dynamics in paranoia after a positive psychology group intervention: Network Analysis with Experience Sampling Methodology</u>	Alba Contreras, Madrid R. <u>Espinoza</u> , A. <u>Trucharte</u> , V. <u>Peinado</u> , C. <u>Valiente</u>	93
Poster 9	<u>The perception of well-being; Do people with severe mental illness and their therapists put themselves in each other's shoes?</u>	<u>Rocio</u> Caballero, Madrid R. <u>Espinoza</u> , A. <u>Trucharte</u> , A. Contreras, V. <u>Peinado</u> , C. <u>Valiente</u>	95
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Poster 11	<u>Auditory verbal hallucinations in schizophrenia: phenomenology of the mode of onset</u>	Janne-Elin <u>Yttri</u> , <u>Brøndbyvester</u> A. <u>Urfer-Parnas</u> , J. <u>Parnas</u>	121
Poster 12	<u>How Can a Psychosocial Rehabilitation Programme Change Behaviour Self-Regulation of Inpatients Diagnosed with Schizophrenia within a Forensic Low Secure Unit?</u>	Tatiana <u>Kishka</u> , St. Petersburg	
Poster 13	<u>Psychological interventions in Psychosis (PP) in Chile: Are there any training opportunities for Chilean therapists?</u>	Lucas <u>Gutiérrez</u> , <u>Javiera Leteler</u> , Puerto Montt	125





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## ROTTERDAM

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Poster 14	<b>The healing power of human reconnection: clinician and user's views on a unit for young adults with early mental difficulties</b>	Manuel Tettamanti, Geneva C.L. Curtis	127
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Poster 17	<b>How psychiatrists and artists collaboratively may lead creative writing-therapies in groups of people suffering from severe mental illness</b>	B. Rosenbaum, Copenhagen B. Bundesen	140
Poster 18	<b>Screening for the At-Risk Mental State in Educational Settings: A Systematic Review</b>	Clare Howie, Belfast C. Potter, C. Shannon, G. Davidson, C. Mulholland	143
Poster 19	<b>Psychodynamic day treatment programme for patients with schizophrenia spectrum disorders: Dynamics and predictors of therapeutic change</b>	Ondrej Pec, Prague P. Bob, J. Pec, A. Hrubcova	147
Poster 20	<b>Forgotten Features of Psychosis: The role of social isolation, trauma and personality</b>	Masa Micunovic, Madrid L. Martinez Prado	150
Poster 22	<b>Exploring the relationships between self-esteem and paranoia: is the jumping to conclusion a moderator of this relationship?</b>	Vanesa Peinado, Madrid R. Espinosa, A. Contreras, A. Trucharte, R. Caballero, C. Valiente	153
Poster 23	<b>Using the Method of Loci to improve episodic memory in psychosis: a feasibility study</b>	Ana Elisa Sousa, Montreal M. Lepage, M. Brodeur	167
Poster 24	<b>Time to medication discontinuation with different antipsychotic formulations in patients with schizophrenia: a claims-based study</b>	Ibrahim Onsesveren, Rotterdam A. van der Lee, A. Wierdsma, L. de Haan, C.L. Mulder	182
Poster 25	<b>Stigmatization of psychosis: a 10-year study of Flemish newspapers</b>	Erik Thys, Kortenberg Ludi van Bouwel	196
Poster 26	<b>Positive -, negative- and disorganized symptom drivers of cognitive/executive dysfunction in ultra high risk state for psychosis</b>	Ingvild Aase, Stavanger W. ten Velden, J.O. Johannessen, I. Joa, I. Dalen, J.H. Langeveld	197
Poster 27	<b>Asking clients regularly how they are - it changes treatment plans</b>	Eila Sailas, Hyvinkää T. Linderg, T. Säämänen	221

Poster 28	<b>Longitudinal Empathy Trajectories at Urban Community Child Centers and the Effects of Adolescents' Experience of Discrimination</b>	Hee-jung Lee, Seoul	224
Poster 29	<b>Peer support groups for paranoid and unusual beliefs: a qualitative analysis of members' experiences</b>	Roupen Baronian, Essex D.T. Taggart, L.W. Wood	239
Poster 33	<b>From Ancient Priest to Contemporary Witch Physician: A Road from Health Care to Hell Care?</b>	Rado Gorjup, Primorska	155
Poster 43	<b>Destigmatization programme for family members of people with psychotic disorders</b>	Mrs Vítková Daniela Šago, Zagreb, D. Chrtova	73
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**Abstract Nr:** 4  
**Internet ID:** 33

**Type of Presentation:** Oral Presentation

### **The Fear of Psychosis: Traversing the Gap Between Psychotic and Non-Psychotic Experience**

Bret Fimiani

Bret Fimiani, Psy.D., ALAMEDA, United States of America

#### **Learning Goal:**

Demonstrate three key elements that may predict an effective analytical treatment of psychosis.  
Identify two psychotic clinical presentations for which an analytically informed multidisciplinary approach may be an efficacious treatment for psychosis.  
Describe “the structure and experience of psychosis” as it is understood in contemporary Lacanian psychoanalysis.

#### **Abstract Text:**

My presentation will address the gap that characterizes the relationship between the clinician and the person experiencing psychosis. My point of departure is the position of the analytic clinician working in tandem with other providers and in conjunction with experts by experience. I suggest that current misunderstandings of psychosis stem from an underlying fear of psychosis. Operating from a place of fear leads to clinical approaches that stigmatize and punish those who have extreme experiences.

How do we traverse the gap between the clinician and the person experiencing psychosis so that a new type of relation is possible? I will address this question in terms of treatment approach and in terms of the problematic of the relationship. Neo-Lacanian (see W. Apollon, 2002), have provided us with a guide on how to listen to psychosis in a way that can create the possibility of a (symbolic) treatment. I will outline how the ‘dream-work’ is one path for the person experiencing psychosis to discover/produce a ‘question’ about their ‘delusion’. The dream-work can lead to a symbolic treatment of delusion thus opening a space for the subject to speak in other than delusional terms. I will provide clinical examples to illustrate the treatment of delusion by the dream-work.

However, there are shortcomings of the neo-Lacanian approach that need to be addressed in order for clinicians to make more authentic connections with people experiencing psychosis. The work of Davoine and Gaudilliere (2004) will be emphasized to discuss ways we can traverse the void that often separates psychotic and non-psychotic experience—a void that, if left unaddressed, can lead to a ‘transference impasse’. I will suggest an approach that, while relying on existing Lacanian approaches, integrates the vital role of experts by experience in order to further de-pathologize experiences that include voice hearing and distressing beliefs.

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**Abstract Nr:** 13  
**Internet ID:** 61

**Type of Presentation:** Poster

**Psychosis, trauma and dissociation - conceptual issues**

Markus Heinimaa

University of Turku, TURKU, Finland

**Learning Goal:**

To give the audience a clearer conception on the interface of psychoses and dissociative disorders.

**Abstract Text:**

The interface between psychoses and dissociative disorders presents us with both historical, theoretical and practical clinical problems. The psychopathological research traditions committed to these two concepts (psychosis vs. dissociation) share some historical roots from the beginning of the 20th century, but since then they have developed largely independently, without interaction, as two different ways of psychopathological seeing. In this presentation I will discuss the historical relations of these two psychopathological research traditions and investigate the opportunities for a more fruitful dialogue between these traditions, taking into account recent conceptual criticism of 'psychosis', modern conceptions of psychic traumatization and the conception of dissociation as a psychobiological phenomenon inherent in the theory of Structural Dissociation.

**ON THE HEALING POWER  
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**Abstract Nr:** 27  
**Internet ID:** 110

**Type of Presentation:** Symposium

**Impediments to the Implementation of Psychotherapy for Psychosis in Public Mental Health Centers**

MICHAEL GARRETT

SUNY Downstate Medical Center, BROOKLYN, NEW YORK, United States of America

**Learning Goal:**

Despite the NICE and PORT guidelines recommending psychotherapy for psychosis, psychotherapy for psychosis has yet to become the standard of care in practice. The presentation will familiarize attendees with obstacles encountered when trying to implement a psychotherapy for psychosis program in a large public psychiatry setting in the USA.

**Abstract Text:**

The presentation will examine what has been called the knowledge-service gap, where expert groups publish state-of-the-art evidence-based standards of care for psychosis (as in the NICE Guidelines in the UK and the PORT Guidelines in the US) that are rarely followed in hospitals and clinics. The best treatments are of no value if they are not put into practice. Political, social, and economic realities that contribute to the knowledge-service gap will be discussed, along with a detailed analysis of the impediments to implementing an adequate psychotherapy for psychosis program in a large public mental health center in the US. This institutional case study will address issues of organizational priorities, training, supervision, patient selection, clinician caseloads, and the individual professional aspirations of health center staff which it is hoped will provide a useful template for clinicians and administrators wishing to diminish the knowledge-service gap.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 29  
**Internet ID:** 127

**Type of Presentation:** Poster

**Self stigma and social self-efficacy**

Sladana Strkalj-Ivezic<sup>1</sup>, Karolina Horvat<sup>2</sup>

<sup>1</sup>University Hospital Vrapce, ZAGREB, Croatia  
Croatia

**Learning Goal:**

Self stigma has a numbers of negative consequences including the reduction of social self -efficacy related to obstacle to recovery and social exclusion.

**Abstract Text:**

Negative consequences of public stigma are well known and broadly investigated, but last decade focus of the researchers was shifted to the personal reactions of individuals who had to cope with the social stigma and discrimination. Perception of stigmatization of people with severe mental illnesses can induce a process of stigma internalization in persons diagnosed with schizophrenia. It has been shown that a considerable part of patients accept negative social beliefs and begin to think of themselves as less-worthy, dangerous or incapable to lead an independent life. Since internalization of stigmatizing beliefs implies a negative change in the individual's self-image, we were interested in the way this internalization is reflected on social self-efficacy of persons diagnosed with schizophrenia.

The procedure consisted in application of measures in individual examination of 80 patients :Perceived discrimination and devaluation scale, Internalized Stigma of Mental Illness Scale and The Scale of Perceived Social Self- Efficacy. The participants also answered sociodemographic questions and questions related to mental illness and psychiatric treatment. Multiple regression analysis showed contributions of personal stigma variables (perceived discrimination and internalized stigma), as well as contributions of socio-demographic and psychiatric variables which were determined and compared. Internalized stigma revealed as the only significant predictor of social self-efficacy, wherein was explained for about a third of variance in social self-efficacy. Detecting factors which predict functional and other negative outcomes of the illness can enhance the development of targeted therapy interventions. Our results imply that individuals who accept and internalize negative beliefs have increased risk of social deterioration and consequently social exclusion. There is a need for intervention that should prevent the development of negative self concepts and/or replace negative self- perceiving believes with more empowerment ones.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 34  
**Internet ID:** 139

**Type of Presentation:** Oral Presentation

**From loneliness to belonging ,objective and subjective feeling in Navigate program for first psychotic crisis.**

Laura dr Sharony, Rosanna Josman  
Mazor Mental Health Center, ACRE, Israel

**Learning Goal:**

We will focus on the sense of loneliness experienced by patients and try to answer whether is possible and how to alleviate loneliness and suffering during this period. How the therapist team can touch this experience in a way that can dispel the loneliness at least for some precious moments.

**Abstract Text:**

First psychotic crisis has potential to cause alienation of the person from himself, family, society ,community and eventually a sense of gap from the medical team.

The style of subjective and objective organization after first psychotic crisis determines and effects the style of coping later on. Inadequate coping raises the likelihood of anxiety, difficulty in processing the emotional experience, internalization of stigma, impairment of social cognition and distancing from community and family. Studies have shown that these factors contribute to a deep sense of loneliness that can affect interventions at emotional, social and occupational or educational level.

Early intervention is recommended in order to enable return to a course of life that is in accordance with ones objectives and values. What is needed in such an intervention to allow the person to return or build a normative life? What is needed to help him deal with the sense of loneliness that will probably accompany him? Is it possible to bridge the gap from the therapist?

The Navigate Program (a program adopted by the American Mental Health Association) for early intervention after first psychotic episode in young people includes individual, family, employment/educational therapy and psychiatric treatment. It is based on an integrative person centered approach with coordination between the team members. The program emphasise building personal resilience for both the family and the individual, processing of the psychotic crisis, coping with symptoms, coping with negative perceptions of oneself and the environment.

Our Navigate Clinic was opened at the end of 2017. During this period, we have been exposed to a lot of suffering and loneliness. Our clinic works according to all the original principles but also adds its personal aspect thanks to the dedicated caregivers available 24 hours, cultural sensitivity work, and the peer specialists that are integral part of our team.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 36  
**Internet ID:** 144

**Type of Presentation:** Oral Presentation

**Unstable Clinical Structure as a risk factor for Schizophrenia Spectrum Disorders: Findings from a seven-year follow-up study among help-seeking adolescents.**

Yair Tzivoni<sup>1</sup>, Danny Koren<sup>1</sup>, Parnas Josef<sup>2</sup>, Liat Schalit-Cohen<sup>1</sup>

<sup>1</sup>University of Haifa, HAIFA, Israel  
Israel

**Learning Goal:**

To present the basic Lacanian understanding of psychosis, including basic terminology and the differentiation of psychosis from neurosis.

To present the Lacanian-Psychoanalytic construct "Clinical Structure" and discuss its meaning for early detection of psychosis and early intervention.

To present the study and its implications

**Abstract Text:**

The overarching goal of this presentation is to introduce the notion that Unstable Clinical Structure is a core clinical feature of risk for schizophrenia-spectrum psychosis, and to present preliminary pilot data that supports it. Clinical Structure is a Lacanian construct that refers to one's relation to one's body, mind, language, and social order. It is closely related to one's mental stability. The basic structures are Psychosis, Neurosis, and Perversion. The assumption is that psychotic phenomena develop only when Psychotic Clinical Structure is present. This assumption has not been empirically tested before, and this was the goal of the study. The method was a seven-year follow-up study of help-seeking adolescents. Clinical Structure in adolescence was retroactively identified using interviews that were done as part of a study by Koren et al. (2013) that examined the disturbances of basic self and prodromal symptoms among nonpsychotic help-seeking adolescents. Some seven years later we re-evaluated 38 of the original 82 participants. We examined the Clinical Structure, Anomalous Self-Experiences, psychotic symptomatology, and psychiatric diagnosis. For reasons that will be presented, we referred to the commonly used Psychotic Clinical Structure as Unstable Clinical Structure. The results provide initial support for the assumption that Unstable Clinical Structure is a condition that predicts psychotic phenomena, and that in its absence the risk of developing such conditions is very low. If further validated and replicated, these results could be useful for the advancement of early detection and preventive intervention in risk for psychosis. As we observed in the study, these subjects already present substantial subjective difficulties that call for early intervention even without the overt manifestation of psychosis. This study supports empirical research in Psychoanalysis. Further research is in place into related psychoanalytic constructs such as personality organization and further exploration of the interrelation of other early detection research.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 42  
**Internet ID:** 158

**Type of Presentation:** Oral Presentation

### **Negative symptoms as relational phenomena**

Nienke Moernaut, Stijn Vanheule  
UGent, GENT, Belgium

#### **Learning Goal:**

Negative symptoms are not mere illness markers, but experiences that are embedded in social constellations, surrounding practices and interactions. Addressing negative symptoms is not only a question of finding the right treatment, but also of taking into account particular self-other experiences.

#### **Abstract Text:**

In social contexts, negative symptoms are often seen as a hindrance for relationships and interactions. Patients exhibiting negative symptoms are less expressive, feel less need for social contacts and lack motivation to undertake activities. However, such considerations are rooted in a traditional medical viewpoint, and approach negative symptoms solely as illness markers. In our presentation, we will argue that an important part of so-called negative symptom behavior can be framed differently from a first person perspective, and be understood as a mode of relational experiencing. Based on an Interpretative Phenomenological Analysis (Smith & Osborne, 2008) of interviews with psychotic patients at psychiatric wards, we will discuss patients' lived experience of negative symptoms, focusing on how they makes sense of their experiences. Apart from being a symptom of the illness, patients relate negative symptoms to side effects of medication and to general depressive feelings or a lack of energy after a psychotic episode. Furthermore, they also relate a lack of motivation to low expectations from others or to the effect of being hospitalized. Indeed, at a psychiatric ward people are actually encouraged to be quiet, to take things slowly. Also shame, caused by the psychosis itself or by medication side-effects such as weight gain, led people to isolate themselves. Next to that, for some, retreating from social interactions is a way of protecting themselves from a new psychotic episode. In terms of these experiences, negative symptoms should be seen as relational phenomena. These do not only constitute a hindrance for social contact, but are also an effect of social constellations. These insights imply that to enhance social contacts we should not only tackle negative symptoms, but also address experienced issues in interactions.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**





**Abstract Nr:** 46  
**Internet ID:** 170

**Type of Presentation:** Symposium

**Coming off psychiatric medications: Is tolerating uncertainty the next medical revolution?**

Peter Groot<sup>1</sup>, Will Hall<sup>1</sup>, Jim van Os<sup>2</sup>

<sup>1</sup>User Research Center, Maastricht University, MAASTRICHT, The Netherlands

<sup>2</sup>Brain Centre Rudolf Magnus, University Medical Centre, UTRECHT, The Netherlands

**Learning Goal:**

To learn that tolerating uncertainty will improve treatment outcomes

**Abstract Text:**

More than 70 years since antidepressants, antipsychotics, sedatives and other psychotropic drugs were first developed, doctors still have no guidelines or consensus clinical best practices on how to help patients withdraw from and stop using these medicines. Intolerance of uncertainty is a part of the problem. Clinical guidelines purport to eliminate uncertainty by relying on the highest forms of clinical evidence, termed "Evidence Based Medicine". In practice, this has led to an almost complete disregard of self-reported patient experiences, even in the absence of other research evidence. To resolve this, doctors as well as patients must learn to accept and deal with unavoidably unknown and unpredictable aspects of coming off medication. By tolerating uncertainty and embracing flexibility, tapering off medications will become a more natural endeavor with a much greater chance of successful outcome.

During the symposium inevitable sources of uncertainty and the use of tapering medication (tapering strips) as a tool to make shared decision making practically possible will be discussed.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 50  
**Internet ID:** 176

**Type of Presentation:** Oral Presentation

### **Cultural Differences and migrants' interpretations of their voices**

Roz Austin

York University, HESLINGTON, United Kingdom

#### **Learning Goal:**

The learning goal is to encourage an interactive discussion among conference delegates as to how migrant voice-hearers actively negotiate the gaps between their own understandings of voices and those of their family, society and/or the medical establishment.

#### **Abstract Text:**

My doctoral research was a qualitative study that involved interviews with thirty voice-hearers, who were largely recruited from mental health centres in North-East England and South-East England. Many of these voice-hearers had limited social networks. Berry et al. (2012) note that in cases where social networks are very limited, voices may function as attachment figures for people with psychosis. Strand et al. (2013) are in agreement with this, as their study showed that for those voice-hearers who heard voices that had a supportive content 'none [...] expressed wishes to be rid of these symptoms', as the 'voices were mainly referred to as substitutes for loneliness and longing' (Strand et al., 2013, p. 7). My presentation will explore how four voice-hearers who are migrants and/or from black and ethnic minority backgrounds understand the link between cultural displacement and mental distress, which may include voice-hearing. Religious and cultural beliefs lead to people holding different understandings of voices. In particular, I aim to focus my discussion on culture and religion in the case of people with migration experience, as I am interested in how they are resourceful in using these frameworks that are different from the majority culture to make sense of their voices. I pay careful attention to migrants' own testimonies when exploring how questions of displacement and migration are of particular relevance to understanding the connection between voice-hearing and emotion. I extend research on migration and psychosis by showing to what extent migrant interview participants' own agency is evident in them choosing frameworks which help them to make sense of their voices and emotions, and/or how they actively negotiate the gaps between their own understandings of voices and those of their family, society and/or the medical establishment.



**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 53  
**Internet ID:** 188

**Type of Presentation:** Oral Presentation

**Case Study of An Octogenarian Hoarder: Stuffing and Occupying any Space between Neurosis and Psychosis**

Burton Seitler

New Jersey Institute, RIDGEWOOD, United States of America

**Learning Goal:**

At the conclusion of this presentation, audience members will be able to:

- 1- Define hoarding.
- 2- Describe the particular meaning it holds for the octogernarian under discussion.
- 3- Provide an example of how hoarding *in extremis* can be devilitating.

**Abstract Text:**

Abstract

Until about 1984, the literature of psychotherapy with the aged was particularly meager. Descriptions of work with the aged who hoard was even more sparse. According to Welsted (2014), hoarding is “a complex form of psychopathology characterized by excessive accumulation of items and extreme difficulty parting with possessions...” which effects approximately 2 to 6 percent of the population. Even more recently, Brien, O’Connor, and Russell-Carroll (2018) qualitatively analyzed the experience of 5 patients who hoard. What emerged were themes involving ambivalence relating to others, attempts to conceal shame, and a suspension of meaning-making. They assert that the primary goal of people who hoard is to maintain a good object in the world and sustain relationships with that object. They concluded that a significant motif at the heart of these concerns was each individual’s attempt to manage inner emotions and “keep open the possibility of realizing a fantasized potential, and in doing so, to protect a vulnerable self.”

This presentation will attempt to fill in some of the gaps that previously existed in theory and treatment technique with special reference to one unusual case, a man whose hoarding was so obsessive it took on psychotic dimensions.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 54  
**Internet ID:** 189

**Type of Presentation:** Oral Presentation

**Watching Over Sleeping Beauty--Working with Psychic Stasis in the Transference-Countertransference Situation**

Andrew Leggett

New South Wales Health, CENTRAL COAST, NSW, Australia

**Learning Goal:**

Progress to verbalisation in psychotherapy as a means to connection and recovery, through persistent presence and adherence to the agreed parameters of the psychotherapeutic frame may assist a patient to emerge from malignant regression, from a psychotic state of mind.

**Abstract Text:**

This paper consists of reflections on fifteen years of work with a young adult patient seen thrice-weekly in psychoanalytic psychotherapy, without resort to pharmacotherapy. Comparative reference is made to the patient's internal world and that of the fairy tales of the brothers Grimm – 'Briar Rose' and 'Snow White' – and other versions of the story of Sleeping Beauty. Encounters with regressive pressures – threatened engulfment and psychic stasis – are discussed. This work is construed as a dynamic struggle towards the possibility of triangulation, in which the psychotherapist and significant others function for the patient as anchors to an awareness of the passage of time, the possibility of endings and the sustenance of life. The author discovers to his surprise, in the course of the work, that he has been struggling to establish and sustain connection with a patient who is suffering with a psychotic illness, alienated from herself internally, and functioning very poorly in her personal life, while apparently working well in her demanding occupational role as a clinician in a metropolitan hospital. The relational connection between therapist and psychotic patient, once established and expressed in spoken language, serves as a base from which the patient is able to internalise a sense of external reality and overcome her sense of alienation, establishing intimate relational connectedness beyond the therapeutic relationship.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 58  
**Internet ID:** 123

**Type of Presentation:** Poster

**An exploration of how men with 'grandiose beliefs' understand their interpersonal relationships and self-esteem**

Lana Renny<sup>1</sup>, Caroline Cupitt<sup>2</sup>, Tony Lavender<sup>3</sup>

<sup>1</sup>Kent and Medway NHS Trust, KENT, United Kingdom

<sup>2</sup>South London and the Maudsley NHS TRUST, LONDON, United Kingdom

<sup>3</sup>Canterbury christ church, KENT, United Kingdom

**Learning Goal:**

Participants will have:

- An awareness of the main theories of grandiose delusions
- An understanding of how difficulties in interpersonal relationships and self esteem can underlie these beliefs
- An understanding of how the findings may link to clinical practice and the wider social context.

**Abstract Text:**

Research suggests that interpersonal difficulties are reported by those who experience grandiose beliefs. This study aimed to explore the perceptions of interpersonal relationships and self-esteem of people who have grandiose beliefs and to explore if these accounts are consistent with existing theory. A qualitative design was employed to explore participants' subjective understanding of experiences. Semi-structured interviews were carried out with eight individuals, who were purposefully sampled. Transcripts were analysed using Interpretative Phenomenological Analysis (IPA). Four superordinate themes emerged: 'Others as disregarding'; 'Fragile sense of self'; 'Lost in a frightening world' and 'Surviving'. Participants' accounts were characterised by difficult interpersonal relationships in both early and adult life. The participants' sense of self was complex and lacking in coherence, with the result that previously used measures of self-esteem may have not adequately captured the subtleties of the experiences. The sense of self was set in a social context characterised by feelings of powerlessness, isolation and lack of trust. In the context of limited resources, the results suggest the beliefs function to make sense of experiences and to help the participants survive. These findings suggest that the belief may, in part, serve to protect participants from poor social self-esteem or low social rank.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 59  
**Internet ID:** 145

**Type of Presentation:** Workshop

**Stronger through diversity**

Caroline Verheijde-Zeijl<sup>1</sup>, Anna de Voogt<sup>2</sup>

<sup>1</sup>Emergis, GOES, The Netherlands

<sup>2</sup>Private Practice, AMSTERDAM, The Netherlands

**Learning Goal:**

Learning and applying concepts and methods from transcultural systemic psychotherapy

Ingredients of transcultural systemic therapy

Genogram and timeline

The transition model of migration

Protective wrapping (enveloppement)

**Abstract Text:**

Transcultural Systemic Psychotherapy (TSP) is based on concepts of anthropology and systemic psychotherapy. This approach is suitable for patients from diverse cultural backgrounds and empowers them (and their families) by turning diversity into strength. Other themes are circularity of interactions (vs linear causality), collectivism vs individualism, inclusion and exclusion, and the formation of a third culture by bicultural families.

The incidence of psychosis is higher under migrants, and we think that transcultural systemic psychotherapy is a way to support families and patients who are going through a psychotic episode.

TSP applies the “transition model” of cultural anthropology, viewing migration as an important life-cycle transition, comprising a separation stage, a liminal stage and a reintegration stage. The liminal stage is a vulnerable period. Migration can be seen as a vulnerable stage for families. A psychotic episode can also be seen as a transition, as a vulnerable stage. “Protective wrapping” helps families to get through this difficult stage. Protective wrapping is a verb and a noun. It stems from the French ethno-psychiatric concept of enveloppement: it means to re-embed a person or persons in one’s culture or social group, in everything from the left behind past. This may include the landscape, the smells and tastes, the traditions and rituals, the history, the music.

By constructing a “life-line” with the patient or family, we visualize important lifecycle transitions and make transparent how liminal stages get staggered and may lead to prolonged periods of vulnerability and imbalance. A genogram helps to identify figures of authority and wisdom, and sources of support in the family. These tools help the family to develop adequate protective wrapping(s).

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 67  
**Internet ID:** 209

**Type of Presentation:** Poster

**Perceptions of belonging in service users with psychosis living in linguistically mismatched communities in North Wales**

Sophie Baker, Christopher W N Saville, Mike Jackson  
Bangor University, BANGOR, United Kingdom

**Learning Goal:**

Studies suggest that minorities living in low own-group density neighbourhoods are exposed to increased minority stress and reduced access to social capital which renders them more susceptible to psychosis. Here we qualitatively explore whether these mechanisms extend to individuals with psychosis whose minority status is defined by their language profile.

**Abstract Text:**

**Background**

Belonging to a minority group confers greater risk for psychosis. However, studies have found that this risk is attenuated when minorities live in neighbourhoods that comprise a high proportion of the same minority group. In terms of underpinning mechanisms, high own-group density has been associated with increased access to social capital, for example community belonging and access to reciprocal support, which protect against minority stress such as discrimination and perceived outsider status. No studies have investigated these mechanisms in persons with psychosis whose minority group membership is defined by their language status.

**Method and aims**

Given the paucity of research in this area, semi-structured in-depth interviews will be conducted with participants with psychosis who are living in high density ( $\geq 50\%$ ) Welsh-speaking communities but whose first-learned and preferred language is English. Interviews will qualitatively explore participants' sense of belonging and their experiences living in their local community. Data will be analysed using thematic analysis.

**Preliminary results**

Thus far, four participants have completed interviews. Five main themes were derived from interim thematic analyses of the four transcripts (feeling a sense of belonging, outsider status, the Welsh language, psychosis and social interaction, and rural/urban comparisons). The Welsh language and Welsh national identity were perceived as largely interconnected and were conveyed as important determinants of belonging to a Welsh-speaking community. Half of the participants expressed that their language status contributes to their perceptions of not belonging to their communities.

**Conclusions**

For some individuals with psychosis, being linguistically mismatched to their local community might reduce their perceived access to social capital and contribute to the development and maintenance of their experiences of psychosis; however, further data are required to reach saturation of themes. A future study will also investigate sense of belonging in Welsh-speaking service users living in high-density English-speaking communities.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 72  
**Internet ID:** 224

**Type of Presentation:** Symposium

**'We drew a circle and took him in' - a sharing from India.**

Anuradha dr Sovani

S.N.D.T. Women's University, MUMBAI, India

**Learning Goal:**

The work highlights the unique project TRIDAL from Maharashtra India which has helped destigmatize psychosis in the community and bridge the gap between professionals and community on the one hand, and caregivers and people with psychosis on the other.

**Abstract Text:**

**"We drew a circle and took him in" A sharing from India**

Dr. Anuradha Sovani  
Professor and Head, Department of Psychology  
Associate Dean, Humanities, SNDT WU.  
Trustee, Consultant, Institute for Psychological Health, Maharashtra, India.

The Institute for Psychological Health, a Social enterprise and a Community mental health initiative in Maharashtra, India, runs an activity center called *Tridal* for the last 10+ years. We developed a beautiful initiative called *Saptasopaan* (seven steps to wellness) in collaboration with the Government of Maharashtra State, using their premises and our expertise. At present, the MoU with the State of Maharashtra is valid upto the year 2022.

The aim is to destigmatize and rehabilitate persons living with chronic mental illness and to help and support their caregivers, and empower them. We call them *Shubharthis* (people on the journey to wellness), and the caregivers are called *Shubhankars*. The symposium session will describe the various destigmatization efforts IPH has conducted over the last 30 years, in an attempt to demonstrate how the same can be translated across cultures.

Working with the Government offered an opportunity to utilize more space, scale up the program and offer it wider acceptability and a greater platform.

On the same premises, along with Saptasopaan, we run a Healthy Aging Project, Neuropsychological Nurturance Center.

In April 2018 we hosted a National conclave on Assisted Living for persons living with psychosis. The outcome gives assurance to the caregivers of people with psychosis that their loved ones will no longer have to live as a **"Stranger in the City"**, but will be well cared for even in their absence.

Edwin Markham wrote: "He drew a circle that shut me out - heretic, rebel, a thing to flout.  
But love and I had the wit to win: We drew a circle and took him In".

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**





**Abstract Nr:** 73  
**Internet ID:** 229

**Type of Presentation:** Poster

**Destigmatization programme for family members of people with psychotic disorders**

Marketa Vitkova, Dana Chrtkova  
Nationale Institute of Mental Health, KLECANY, Czech Republic

**Learning Goal:**

The learning goal is establish better communication and relationships between the family members and their "ill" relatives. It concerns on climate in family, recovery, empowerment. The aim of the contribution is to present preliminary results of a pilot study testing feasibility of a destigmatization program for people with SMI.

**Abstract Text:**

The learning goal is to show the good practise from established destigmatization programme for family members in the Czech Republic. It solves the problem of establishing of better communication and relationships between the family members and their "ill" relatives. It concerns on climate in family, idea of recovery, empowerment of people with psychosis. The aim of the contribution is to present preliminary results of a pilot study testing feasibility of a destigmatization program for people with SMI.



**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 75  
**Internet ID:** 233

**Type of Presentation:** Poster

**Redancia system: vision, clinical support and information system for the management of a 22 psychiatric residential treatment facility network**

Maurizio Peciccia<sup>1</sup>, Tiziano Stefanelli<sup>2</sup>, Giovanni Giusto<sup>2</sup>, Francesca Bonino<sup>2</sup>, Maurizio Peciccia<sup>2</sup>, Anna Codino<sup>2</sup>

<sup>1</sup>ISPS Italia - Redancia Group, VARAZZE, Italy

<sup>2</sup>Redancia Group, VARAZZE, Italy

**Learning Goal:**

This presentation aims to spread the word and introduce Redancia system as an original tool created by Redancia group, a network of psychiatric residential facilities based in Italy. Redancia system combines three different aspects in the management of its facilities: residential psychotherapy approach, record-keeping of patients and information management system.

**Abstract Text:**

Redancia group runs 22 psychiatric residential treatment facilities with various level of protection and care of our residents. Developed in the 1990s, then expanded and improved throughout the following years, the Redancia system is the tool used by professionals in all the units sharing the strategic vision defined as residential psychotherapy approach. Redancia system is the software for clinical record-keeping of each patient, as well as the information system for the entire network. Redancia system is composed by the following sections: admission, daily record-keeping, activities and staff meetings, rehabilitation program, general health awareness. It also contains a follow-up for discharged patients of up to five years after they have been dismissed, which includes information about their current housing, psychophysical conditions and treatment. Section 1 includes a psychodynamic map, which is an original instrument created by Redancia group aiming to focus on the relationship between patients and the professionals in charge of their case, as well as on defence mechanisms they might use and the distress behind those mechanisms. Through Redancia system, each unit provides annual reports containing information about patients, professionals and performances. In order to enhance the shared approach and the management skills, unit managers discuss the above mentioned reports in periodica meetings organized by the Redancia system representatives.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 76  
**Internet ID:** 236

**Type of Presentation:** Workshop

**How Lister Daar-na Utrecht takes a culturally sensitive approach to psychosis**

Sabah Nhass, Ahmed Salama, Karin Kraaij  
Lister, UTRECHT, The Netherlands

**Learning Goal:**

At the end of this workshop, participants will

- understand which factors lay behind the path to mental health care is not always followed or is delayed among Muslim men in the Netherlands who suffer from a psychosis
- understand which cultural sensitive interventions Daar-na uses.

**Abstract Text:**

Psychoses are in the Netherlands more common among migrants. Although the symptoms are often more serious, the path to mental health care is not always followed or is delayed. The extent to which the risk is increased differs per ethnic group and increases up to seven times higher among Moroccan men compared to native Dutch men. The risk is even higher for second-generation immigrants than for immigrants of the first generation. Statements for this increased risk can be found in the culture and social status. In the second generation factors such as identity crisis, caused by growing up in two different cultures and social defeat (exclusion and discrimination) play a role.

These kinds of fine examples and the (serious) results from research have prompted us to set up something for this vulnerable migrant group.

Lister, an organisation in Utrecht who gives help to people with a severe psychiatric disorder, and Ypsilon, an organisation in the Netherlands who helps families who are suffering with a family member with an psychiatric disorder, want to offer a culture-specific home for men with multiple (psychotic) problems. A place where the recognition and recognition of other clients with similar problems (peersupport), where connection is made with families and where specific attention is paid to cultural issues. At the end of March 2017, Lister, in collaboration with Ypsilon, started the first Family Supportive Living Form for men with a Muslim background and psychotic vulnerability. In the summer of 2017, this housing form was given the name 'Daar-na'. Daar-na means in Arabic 'Our House'. In this workshop we will tell you more about 'Daar-na', our goals, our bottlenecks and results.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 81  
**Internet ID:** 249

**Type of Presentation:** Workshop

**The Islamic perspective on Jinn, Evil Eye, and Black Magic and their impact on mental health presentations**

Sara dr Betteridge

Independent and East London NHS Foundation Trust, WESTCLIFF-ON-SEA, United Kingdom

**Learning Goal:**

For the audience to gain a basic level understanding of the Islamic concept of the self, and the Islamic concept of evil, and how the phenomena of Satan/Jinn, Evil Eye and Black Magic can affect the self with a focus on psychosis.

**Abstract Text:**

Over the past decade Dr Betteridge has combined her passion for working with acute and crisis mental health with that of incorporating faith and spirituality into mental health care. Whilst working as a Spiritual Care Advisor/Mental Health Chaplain in a Mental Health Trust she began receiving referrals for issues regarding Jinn, Evil Eye and Black Magic from multi-disciplinary professionals for their clients. Over the following four years this work culminated in developing a staff training around these issues. The training has proved hugely successful and now in her role as Senior Specialist Psychologist for the Tower Hamlets Black, Minority, and Ethnic Access Service she has been able to deliver the training not only to staff, but also through the local Recovery College, and developed local community groups on the Islamic concept of the self and mental health. This presentation aims to provide the audience with a basic understanding of the topic, give an overview of the work to date, and develop further discussion around the issues raised. Many of Dr Betteridge's clients who have received a diagnosis of psychosis believe that their diagnosis does not take into consideration their religious beliefs on the above topics mentioned. This leaves them feeling frustrated, unheard, confused, and disengaged from services. Dr Betteridge aims to develop the understanding of these issues for both mental health professionals/services, and Muslim clients, in order to promote a better-informed, more holistic, person-centred approach to mental health care.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 86  
**Internet ID:** 261

**Type of Presentation:** Symposium

**After the storm: conversations on psychosis and identity.**

Jef Lisaerde, Mariska Christianen, Freek Dhooghe  
UPC KULeuven VRINT, LEUVEN, Belgium

**Learning Goal:**

The listener gets inspired on a theme that is crucial in therapeutic sessions during the recovery from psychosis. Casuistic excerpts are alternated with theoretical findings to illustrate the process of the restauration of the identity after a psychotic episode.

**Abstract Text:**

After the psychotic storm, when the dust is settled down, people have to move on with these new experiences. Initially, the impact of an episode on someone's identity and self-concept can be enormous and patients are confronted with a deafening silence and a big void. In the past years, the authors became fascinated by the divers ways in which young people are able to reinvent themselves and overcome this crisis.

For this lecture the authors interviewed people after a psychotic crisis, on what helped them bridging the gap: the gap with whom they were before the crisis and the new gap between them and the environment. Special attention goes to the role of the environment: was the person 'a stranger in the city', or were the people around the first step to recovery? What is the role of the city in building up an identity?

Bottom-up, we studied every story on what were the key-elements in the restauration of the self-concept. What was the impact of the psychotic symptoms on the continuity of the self-concept. Inversely, top down, we studied the literature looking for inspiring models of identity. Models that could support the patient in dealing with the fault line a psychosis can be in the story of one person's life.

The authors all work in VRINT, an outpatient early psychosis treatment centre, located in the city of Louvain, Belgium, as a psychologist/therapist within a systemic and psychodynamic framework.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 91  
**Internet ID:** 270

**Type of Presentation:** Poster

**Development of the Structured Clinical Interview for Voice-hearers (SCIV)**

Radoslaw Tomalski, Igor Pietkiewicz

Research Centre for Trauma & Dissociation, SWPS University of Social Sciences an, KATOWICE, Poland

**Learning Goal:**

Qualitative research into phenomenology of auditory verbal hallucinations.

**Abstract Text:**

According to literature, the experience of hearing voices (HV) is common for patients with dissociative disorders, psychosis, personality disorders, PTSD or eating disorders. HV is also reported in the non-clinical population. However, phenomenological research analysing qualitative characteristics of HV, explanatory models and coping strategies in different groups is limited in scope and number. Despite significant development of knowledge in HV field, there are few useful tools to be applied by clinicians in daily practice. To explore various aspects of auditory hallucinations in clinical and non-clinical groups, we developed a Structured Clinical Interview for Voice-hearers (SCIV), to be applied by healthcare professionals and researchers. In this presentation we demonstrate its structure and preliminary findings based on using this instrument. We discuss areas for further research and development.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 92  
**Internet ID:** 271

**Type of Presentation:** Poster

**Healing effects of well-being: a randomized control trial for people with schizophrenia**

Alba Contreras<sup>1</sup>, Almudena Trucharte<sup>1</sup>, Regina Espinosa<sup>2</sup>, Vanesa Peinado<sup>1</sup>, Rocio Caballero<sup>1</sup>, Carmen Valiente<sup>1</sup>

<sup>1</sup>Universidad Complutense de Madrid, MADRID, Spain

<sup>2</sup>Universidad Camilo José Cela, MADRID, Spain

**Learning Goal:**

The aim of this presentation is to describe a group protocol and the results of a RCT. The group included 11 weekly session of 90 minutes, divided into three psychotherapy modules: emotions, self-acceptance, values and purpose. Participants were evaluated before and after the intervention with measures of well-being and symptomatology.

**Abstract Text:**

The role of well-being in the process of recovery and prevention of psychosis has been clearly shown (Schennach-Wolff et al., 2010). In fact, some authors have recently started to advocate for a positivepsychiatry approach (Jeste et al., 2017). Unfortunately, psychological interventions for people with psychosis have mainly focused on positive symptoms and general psychopathology (Wykes et al., 2008) while showing low effectiveness on well-being (Valiente et al., 2019). We have developed a manualized group intervention focused on well-being, based primarily on positive psychotherapy (Slade et al., 2017) and ACT intervention for psychosis (Morris et al., 2013). The aim of this presentation is to describe the protocol and the results of a Randomized Control Trial.

138 individuals with severe mental illness were recruited from the recovery mental health network in Madrid and were randomly assigned to a group intervention or a waiting list control group. The group intervention included 11 weekly session of 90 minutes each, divided into three psychotherapy modules: a) emotions, b) self-acceptance, c) values and purpose. Participant were evaluated before and after the intervention with measures of well-being and symptomatology.

The results showed that the protocol was acceptable and feasible. In addition, the pre-post results of the dimensions of well-being and symptomatology for the experimental, as well as for the control condition will be presented.

In line with Keyes (2007), interventions need to have a specific focus on well-being to achieve a comprehensive recovery that incorporates connection with others, hope, positive identity, meaning and empowerment (Slade, et al., 2012).

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 94  
**Internet ID:** 274

**Type of Presentation:** Oral Presentation

**Cultural factors affect explanatory models for hearing voices and help-seeking pathways**

Igor Pietkiewicz, Radoslaw Tomalski, Urszula Klosinska

Research Centre for Trauma & Dissociation, SWPS University, KATOWICE, Poland

**Learning Goal:**

To understand how cultural factors affect the explanatory models of symptoms and help-seeking. To understand the role of religious coping in the process of help-seeking

**Abstract Text:**

Voice hearers may refer to cultural and religious beliefs in developing explanatory models (EMs) about their auditory hallucinations. These symptom interpretations are likely to influence help-seeking behaviour. During this presentation, we show a patient with psychotic symptoms who ascribes his cenesthetic and auditory hallucinations to spiritual possession, subsequently seeking exorcisms to substitute medical treatment. We discuss the role of spiritual guides as important and influential elements of help-seeking pathways. Possibilities and risks related to using religious coping will be stressed and a model for collaboration between clergy and healthcare professionals will be discussed.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**





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**Internet ID:** 274

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**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 95  
**Internet ID:** 277

**Type of Presentation:** Poster

**The perception of well-being; Do people with severe mental illness and their therapists put themselves in each other's shoes?**

Rocio Caballero<sup>1</sup>, Regina Espinosa<sup>2</sup>, Almudena Trucharte<sup>1</sup>, Alba Contreras<sup>1</sup>, Vanesa Peinado<sup>1</sup>, Carmen Valiente<sup>1</sup>

<sup>1</sup>Universidad Complutense de Madrid, MADRID, Spain

<sup>2</sup>Universidad Camilo José Cela, MADRID, Spain

**Learning Goal:**

The primary aim of the study was to evaluate the levels of well-being and life satisfaction in patients with serious mental illness (SMI). The second aim was to compare the levels of well-being reported by SMI patients and the corresponding well-being observed by their therapist.

**Abstract Text:**

Well-being (WB) has become popular topic in recent years and has been studied in a variety of target groups. Despite a traditional pessimistic view in psychiatry, there is now a positive movement that supports the focus on the WB. WB is a central factor in the prevention of the onset and recurrence of a mental disorder and a critical outcome in the recovery from severe mental illness (SMI). In the recovery process, a bidirectional and empathic understanding between patient and therapist is necessary and has been associated with better outcomes (Llewelyn, 1988). Thus, the primary aim of the study was to evaluate the levels of WB and life satisfaction in patients with SMI. The second aim was to compare the levels of WB reported by SMI patients and the corresponding WB observed by their therapist.

The WB of participants (n=150) was assessed with the Scales of Psychological Well-being (SPWB) and the Scale of Satisfaction with Life (SWLS). In addition, the main therapist of each participant completed the Gencat Scale of Quality of Life (Scharlok et al., 2007) to assess participant's WB.

First, the means of WB of people with SMI with data from general population were compared. Individuals with SMI showed significant lower levels than general population in satisfaction with life and the SPWB scales of autonomy, positive relationships and domain of the environmental mastery. In addition, participant perception of WB was compared to therapist's perception of their WB and no differences were found.

The results indicated that WB in SMI could be affected in some specific dimensions that should be the object of psychological interventions. Moreover, it seems that the professionals have a perception of the participant's WB that is consistent with the participant's ratings. This might indicate that they are in tune with the subjective experience of their patients.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 96  
**Internet ID:** 278

**Type of Presentation:** Poster

**Adult attachment styles and paranoia: a mediational analysis**

Almudena Trucharte<sup>1</sup>, Regina Espinosa<sup>2</sup>, Alba Contreras<sup>1</sup>, Vanesa Peinado<sup>1</sup>, Rocio Caballero<sup>1</sup>, Carmen Valiente<sup>1</sup>

<sup>1</sup>Universidad Complutense de Madrid, MADRID, Spain

<sup>2</sup>Universidad Camilo José Cela, MADRID, Spain

**Learning Goal:**

This study aimed to explore Experiential avoidance and self-acceptance as potential mediators between attachment and paranoia in a sample of people with severe mental illness (n=134).

**Abstract Text:**

Attachment styles has been identified as an important factor in models of psychopathology (Mikulincer & Shaver, 2012) and can help in understanding persecutory ideation (Sitko et al., 2014), although potential mediators mechanisms for adult psychopathology have not been sufficiently examined. Experiential avoidance (EA) and self-acceptance (SA) are relevant factors to understand how attachment styles lead to persecutory ideation. This study aimed to explore these factors as potential mediators between attachment and paranoia.

Participants with severe mental illness (n = 134) were assessed in terms of paranoid ideation as measured by the corresponding subscale of SCL-90-R (Derogatis, 1994 ), adult attachment style by the Relationships Questionnaire (RQ; Bartholomew y Horowitz, 1991), experiential avoidance by the Acceptance and Action Questionnaire (Bond et al., 2011) and self-acceptance by the corresponding subscale of the Scales of Psychological Well-being (Ryff & Keyes, 1995). An anxious attachment index was calculated by adding Fearful to Preoccupied attachment styles and subtracting the sum of the secure plus the dismissing-avoidant attachment styles as measured by the RQ.

Our analysis revealed that an anxious attachment was associated with higher levels of paranoia and was partially mediated by EA. However, we found that the relationship between a secure attachment and paranoia levels was inversely and totally mediated by SA.

Identification of mediating variables allows for increased understanding of persecutory ideation and the processes that should be targeted in the course of recovery in individuals with severe mental illness.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



Abstract Nr: 97  
Internet ID: 279

Type of Presentation: Symposium

### Changing society's understanding of psychosis: a call to arms

Anne Cooke

Canterbury Christ Church University, TUNBRIDGE WELLS, United Kingdom

### Learning Goal:

To learn about media coverage of psychosis together with recent attempts to improve it and to change society's whole understanding of the experiences sometimes labelled schizophrenia. To gain ideas and inspiration from other participants about how to contribute to this vital work.

### Abstract Text:

In 2017 the presenter was named British Psychological Society Practitioner of the Year for her work helping to change the public narrative about psychosis and to make available good quality public information, including the BPS report 'Understanding Psychosis and Schizophrenia'. Her presentation will analyse the current messages of mainstream media coverage, drawing on a recent study which she undertook with colleagues. It will then describe her own and colleagues' work to improve public understanding of psychosis, and in particular to ensure that psychosocial approaches are represented in the media. Finally, she will challenge audience members to become engaged in this work, and facilitate a discussion of people's own ideas and experiences.



**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 98  
**Internet ID:** 280

**Type of Presentation:** Workshop

**Working Relationally with Lived Experience: Evolving Consumer Led Clinical Services with Peer Support Workers**

Marko mr Turner, Prasuna ms Pradhan

Western Sydney headspace, MOUNT DRUITT, Australia

**Learning Goal:**

This presentation aims to contribute toward understanding the importance of working relationally with lived experience in promoting mental health service change. We share our learnings and challenges from the last two years integrating a youth and family carer peer workforce within Western Sydney headspace's Youth Early Psychosis Program (hYEPP).

**Abstract Text:**

Public Mental Health Services need to move beyond outdated, top-down conventions in how they are designed, delivered and evaluated. This presentation includes our contributions to the BPS Working Relationally series, which aims to assist practitioners and commissioners alike in understanding why and how lived experience plays a pivotal role in this sector change. The booklet includes our learnings from the last two years integrating a youth and family carer peer workforce within Western Sydney headspace's Youth Early Psychosis Program (hYEPP). Some applied psychologists are converging with counselling psychology on the importance of working relationally with personal experience and prioritising collaborative forms of formulation over reductionistic diagnostics. Likewise, segments of clinical psychology are developing socially contextualised understandings and practices (eg. Power Threat Meaning Framework). We argue that these shifts align with expanding multidisciplinary teams to include peer workers as a key way of improving user engagement, service design and delivery. Consulting lived experience can simultaneously prioritise working relationally with service users and promote more humane ways of delivering mental health services. Professionals, particularly applied psychologists, can play an important role in supporting the introduction and expansion of the peer workforce. Peer Support is distinct from therapeutic and counselling practices yet shares some commonalities, such as good communication skills, recovery practices and intentional use of the relational self. The service level challenges we have faced are offered as learning opportunities, in promoting organisational change and adoption. Key resistance to peer work is understood in part to be the administrative pressures placed upon care coordinators, alongside their personal priorities based upon professional strengths and preoccupations. Likewise, the prevailing risk mitigation mantra regularly overrules more open forms of dialogue. We conclude with our other major ongoing challenge of how we capture and evidence consumer engagement alongside promoting more meaningful outcomes.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 103  
**Internet ID:** 292

**Type of Presentation:** Poster

**Destigmatization process in the Czech republic from user's view**

Zbynek Roboch

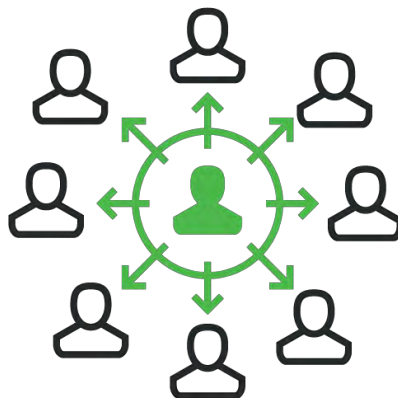
National Institute of Mental Health, KLECANY, Czech Republic

**Learning Goal:**

Learning goal is to introduce the Psychiatric Reform in the Czech Republic, mainly the process of destigmatization.

**Abstract Text:**

The aim of the presentation is to introduce the Psychiatric Reform that is taking place in the Czech Republic. How people with lived experience could be involved in this process. Why it is necessary for people with lived experience to be part of this change.



**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 116  
**Internet ID:** 318

**Type of Presentation:** Workshop

**Empowering family by strengthening the relationship with their loved one experiencing psychosis**

Leigh Murray

Auckland DHB Mental Health Services, AUCKLAND, New Zealand

**Learning Goal:**

The audience will hear about a New Zealand culturally responsive family education programme developed by family members in conjunction with lived experience, cultural and clinical experts. Drawing upon lived experience literature from New Zealand and overseas, the programme empowers family with skills and knowledge to promote recovery and wellbeing.

**Abstract Text:**

Family Psycho-education is based on the diathesis-stress theory that people with ongoing psychosis have an underlying biological vulnerability to developing symptoms which are worsened by excessive environmental stress. In this approach families are educated about the mental illness and taught communication skills by mental health experts to decrease stressful communication and reduce the likelihood of relapse.

These programmes tend to be developed by clinical experts with minimal input from the person who experiences psychosis. Perhaps as a result the focus is fairly bio-medical emphasising the caregiver role of family ie monitoring medication, observing early warning signs and valued as 'the eyes and ears of the service'. Most people with experience of mental distress have stated they want their family to be their family not their caregiver.

Many psycho-education programmes have generated data to indicate they reduce hospital admissions, however there are questions as to whether or not they promote recovery and positive family (whānau) relationships.

In New Zealand (Aotearoa) there is an emerging knowledge base from whānau members who have started to reflect on and write about learnings from their own experience. They are keen to see skill based whānau education provided that strengthens their relationship and supports their loved one's autonomy, rather than fostering alienation and distance .

One of these whānau members is the presenter who has been privileged to lead the development of a New Zealand whānau education programme around psychosis that aligns with recovery and cultural approaches, a strengths focus and holistic frameworks of health. Co-facilitated by a family member and a clinician, the 6 week group has allowed whānau to know what they can do to support recovery and wellbeing for their loved one and themselves. The presentation will focus on course development, content, evaluation and the case for change in family education approaches.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 121  
**Internet ID:** 336

**Type of Presentation:** Poster

**Auditory verbal hallucinations in schizophrenia: phenomenology of the mode of onset**

Janne-Elin Yttri<sup>1</sup>, Annick Urfer-Parnas<sup>2</sup>, Josef Parnas<sup>3</sup>

<sup>1</sup>Psychiatric Centre Glostrup, 2605 BRØNDBYVESTEN, Denmark

<sup>2</sup>Psychiatric Centre Amager, 2300 KØBENHAVN, Denmark

<sup>3</sup>Mental Health Centre Glostrup, COPENHAGEN, Denmark

**Learning Goal:**

To understand under what circumstances a person will disclose their auditory hallucinations to another person.

Aim: To bridge the gap between the hallucinating person and other people.

**Abstract Text:**

This study is a phenomenological investigation of a group of patients, diagnosed with schizophrenia and suffering from auditory verbal hallucinations (AVH).

We want to learn under what circumstances a person will disclose their AVHs to another person. We are also interested in the following questions:

The age of onset and duration of hallucinations before their disclosure and acquisition of their status as “voices”  
The patient's reaction to and her comprehension of these phenomena  
Reasons and circumstances for disclosure  
Description of preceding or accompanying experiences and the overall sense of subjectivity  
The presence and nature of insight in the pathological status of AVH  
Methods:

Phenomenological oriented qualitative interviews with 20 patients diagnosed with schizophrenia and suffering from AVH. Patients were randomly selected from a psychiatric hospital in the the Copenhagen area in Denmark.

**Results:**

Average duration of AVH before disclosure was 6,5 years. Disclosure took place when there was a need for care, the person was reaching desperation, were suicidal, or the voices had a big negative impact of the patient's life. Psychiatrists were the primary receivers of disclosures. Other receivers were other medical doctors than psychiatrists or other professionals. None of the adults in this sample disclosed to family or friends. The patients learned the word “voices” from psychiatry. In this sample, the symptom of AVH were a part of a more comprehensive gestalt, and AVHs emerged from a partial dissolution of the structures of self-consciousness.

**Conclusion:**

The persons with AVH lived with their experiences for several years before disclosing. This led to alienation from the social world, and immersion in the common world was almost impossible.

When a person starts talking about her experiences, it can be possible to bridge the gap between the hallucinating person and other people.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**





**Abstract Nr:** 122  
**Internet ID:** 338

**Type of Presentation:** Oral Presentation

**Snitches get stitches: A qualitative exploration of childhood bullying amongst individuals with early psychosis experiences.**

claire Wheeler<sup>1</sup>, Lisa Wood<sup>1</sup>, Ellis Quinlan<sup>2</sup>, Alison Spencer<sup>2</sup>

<sup>1</sup>Essex University, COLCHESTER, United Kingdom  
United Kingdom

**Learning Goal:**

To share new research and encourage wider thinking around the childhood experience of bullying when working with individuals who experience early psychosis. To highlight the gaps between social and professional conceptualisation of bullying and the traumatic impact described by the clinical population.

**Abstract Text:**

**Background:** There is a strong argument that childhood trauma and adverse experiences should be considered when working with individuals who experience psychosis. There has been a developing interest in the relationship between childhood bullying and psychosis, although the role of bullying remains unclear. Bullying is a pertinent issue for young people, therefore needing further consideration in early psychosis settings.

**Aims:** The aim of this research is to explore how individuals who access services for early psychosis experiences, recall bullying in childhood. It explores whether individuals consider their bullying, and the responses from the wider system (school, family, peers, services) as relevant to their own understanding of psychosis.

**Methodology:** Semi-structured interviews were conducted with eight young adults who had experienced a first-episode of psychosis. Interviews were analysed using interpretative phenomenological analysis (IPA).

**Results:** Four superordinate and accompanying subordinate themes emerged. The superordinate themes were facing daily threat, overcoming systemic mistrust, negotiating power imbalance and a process of evolving identity. The sample included participants from urban areas and minority groups who described experiences of alienation, racial discrimination and exclusion. The themes convey how participants made sense of current paranoia in relation to past experiences of threat and safety-seeking strategies and critical voice-hearing in relation to verbal attacks on identity. Complex power relationships were described within bully-victim relationships and social hierarchical structures. The minimisation of traumatic bullying within social and professional contexts was expressed as a systemic barrier to overcome. Clinicians in psychosis services rarely asked participants about bullying experiences and participants expressed hope for this to change.

**Clinical Implications:** Study findings highlight the importance of understanding psychosis in the context of personal history. The wish for individuals to discuss these issues was prominent. It is recommended that psychosis services and schools attend more to bullying to help bridge the gap.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 123  
**Internet ID:** 340

**Type of Presentation:** Poster

### **How Can a Psychosocial Rehabilitation Programme Change Behaviour Self-Regulation of Inpatients Diagnosed with Schizophrenia within a Forensic Low Secure Unit?**

Tatiana Kishka

St. Petersburg Mental Health Institution N1 named after Kaschenko, ST. PETERSBURG, Russia

#### **Learning Goal:**

The study aims to reveal significant changes in coping strategies, psychological defences, behaviour self-regulation, aggression and hostility in those with schizophrenia before and after participation in the extended psychosocial rehabilitation programme rendered in a forensic low secure inpatient unit, while also delineating the predictors of behaviour self-regulation.

#### **Abstract Text:**

##### **Background**

Participants have been tested before and after the programme, consisting of a motivation interview followed by group sessions of psychoeducation, cognitive & social skill, motivational and communication training. Every intervention is a succession of 10-15 sessions 50 min each. Additionally, patients could be prescribed individual sessions and other groups such as anger management training or art therapy.

##### **Hypothesis**

The programme impacts on the aforementioned parameters and the predictors of behaviour self-regulation.

##### **Methods**

Sample: 29 males with schizophrenic spectrum disorders, mean age of 36.5 years.

Measure: an adaptation of Bernese Coping Modes, the Life Style Index, the Style of Behaviour Self-Regulation Questionnaire, Buss-Durkee Hostility Inventory.

IBM SPSS Statistics 22 package was employed with respect to Wilcoxon Signed Rank Test and Regression Analysis carried out here.

##### **Results**

After the programme significant variations in Bernese Coping Modes are evident: increase in the unconstructive coping strategy "dissimulation" ( $p=0.015$ ) and decrease in semi-constructive "emotional dumping" ( $p=0.048$ ). The Life Style Index has shown only a tendency to decrease "compensation" level ( $p=0.064$ ), whereas the hostility level has significantly plunged ( $p=0.014$ ) as per Buss-Durkee Hostility Inventory.

Despite there is only a trend of enhancement in the overall level of behaviour self-regulation after participation in the programme ( $p=0.087$ ), multiple linear regression model has changed. Initially, 63% ( $R^2=0.632$ ) of its variance is explained by the model of "dissimulation" ( $\beta=0.593$ ), "establishment of self-esteem" ( $\beta=-0.44$ ) and "suppression" ( $\beta=-0.318$ ), whereas afterwards 63% ( $R^2=0.63$ ) of the variance hinges on "aggression" ( $\beta=-0.464$ ), "optimism" ( $\beta=0.476$ ) and "passive cooperation" ( $\beta=0.374$ ).

##### **Conclusions**

The footprint of the psychosocial rehabilitation programme proves to be controversial in terms of coping strategies. It has little influence on defences, but distinctively decreases the level of hostility. No massive changes are evident in behaviour self-regulation, although more positive model that predetermines its variance after participation in rehabilitation appears.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 125  
**Internet ID:** 344

**Type of Presentation:** Poster

**Psychological interventions in Psychosis (PP) in Chile: Are there any training opportunities for Chilean therapists?**

Carlos Gallardo<sup>1</sup>, Lucas Gutiérrez<sup>2</sup>, Cristian Mena<sup>1</sup>, Ruben Nachar<sup>1</sup>, Matias Monje<sup>1</sup>, Bárbara Iruretagoyena<sup>3</sup>, Juan Pablo Undurraga<sup>4</sup>, Camila Diaz<sup>1</sup>, Carmen Paz Castañeda<sup>1</sup>

<sup>1</sup>Early Intervention Program. J Horwitz Psychiatrc Institute, SANTIAGO, Chile

<sup>2</sup>Servicio de Salud de Reloncavi, PUERTO MONTT, Chile

<sup>3</sup>Pontificia Universidad Católica de Chile, SANTIAGO, Chile  
, Chile

**Learning Goal:**

As part of a broader analysis on psychosocial interventions for psychosis in South America, we have a first approach on the availability of training opportunities for therapists in Chile. We present a systematic search on formal Psychological Interventions in Psychosis training in Chile.

**Abstract Text:**

**Introduction:** PP have been widely studied and are recommended for people experiencing different stages of psychosis. Offering this kind of treatment depends not only on the availability of professionals but also on their expertise, which requires training. There are different PP training opportunities, especially in North America and Europe, but it is difficult to find them in South America. Chile has a nationwide Public Mental Health program and Guidelines for Schizophrenia (GES 2017) which include PP in their recommendations.

**General Objectives:** To review the availability of formal training opportunities for PP in psychology programs curricula in Chile.

**Method:** An electronic search of Chilean undergraduate and postgraduate psychological programs was performed to collect their curricula, gathering information from courses, workshops, postgraduate diplomas, masters and clinical internships offered between the years 2018 and 2019. Search words for each of these curricula were: psychosis, schizophrenia, psychotherapy in psychosis, early intervention in psychosis. Non-accredited programs were excluded. In this opportunity the individual content of each course listed in the curricula was not analyzed.

**Results:** None of the search words could be found in the curricula publicly available from undergraduate and postgraduate Psychological Programs in accredited Chilean universities.

**Conclusions:** The absence of results in this search suggests that formal training in PP is not available in Chile. Although the Chilean Schizophrenia Guidelines suggests that CBTp should be offered to people experiencing psychosis, replicating NICE Guidelines recommendations, these recommendations have not been accompanied by public health policies ensuring training for therapists. Future studies should be directed to review and analyze the individual programs of each course described in the publicly available curricula.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 127  
**Internet ID:** 159

**Type of Presentation:** Poster

**The healing power of human reconnection : clinician and user's views on a unit for young adults with early mental difficulties**

Manuel Tettamanti, Logos Curtis  
Geneva University Hospitals, GENEVA, Switzerland

**Learning Goal:**

To describe clinician and young service users beliefs about which components of care they deemed to be more helpful for patients with psychotic symptoms

**Abstract Text:**

Many specialized programs for young adults with first episode psychosis have been developed around the world. These programs offer need adapted treatment to restore the lost potential by combining psychosocial and psychopharmacological interventions. There is evidence for a beneficial effect of this multimodal care model (Marshall & Rathbone, 2011). However, it remains to be determined which of the specific modalities of the programs contribute to good outcomes. Moreover, differences exist between clinician, youth and parental beliefs about the helpfulness of interventions for early psychosis (Jorm et al., 2008). For example, clinicians deem antipsychotic treatment more helpful than the other two groups.

The aim of this study was to explore our multidisciplinary team (n=41) and our young service users (18-25 years) conceptions of which components of our program were the most useful. Our clinical staff and service users responded to a questionnaire and an open ended question on which components of our program they deemed to be more helpful for patients with psychotic symptoms.

Preliminary results showed that collaboration with the family (67% of respondents), restoring hope for the future (62%) and assisting social reintegration (61%) were seen as the main therapeutic factors. On the contrary, neuroleptic medication (39%) was only perceived as an important therapeutic factor for a minority of clinicians (i.e. essentially medical staff). However, complementary ANOVA's showed significant differences between the various medical structures of our unit (i.e. inpatients program staff esteemed the collaboration with families less than the outpatient staff, whereas, they valued psychoeducation more than the outpatient staff).

Our preliminary data suggests that clinical staff value the healing powers of relational interventions (especially related to families of patients) to assist in the treatment of psychotic symptoms of their patients. In our presentation we will compare our results with the feedback received from our service users.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 131  
**Internet ID:** 352

**Type of Presentation:** Symposium

**Why the World Health Organization and the American Psychiatric Association should drop the term 'schizophrenia'**

Brian Koehler

New York University, NEW YORK, United States of America

**Learning Goal:**

After hearing the benefits and objections, participants will be able to judge for themselves whether the term "schizophrenia" should be dropped from the ICD & DSM.

**Abstract Text:**

The term "schizophrenia" has become synonymous with dangerousness and non-recoverability. Dangerousness and non-recoverability seem to be hard-wired into the diagnosis. The term encompasses a heterogeneous group of people with different "symptoms," etiologies, course and outcomes. It is a static, traumatizing and stigmatizing term for those persons given it. It often takes away hope and a sense of agency because people are told that they have a genetic brain disease. The evidence for the latter will also be discussed. Hope, ongoing social and peer support, and a sense of agency and self-efficacy are needed to facilitate recovery. Nine world outcome studies and the World Health Organization studies on "schizophrenia" demonstrate recoveries. People have a better chance of recovery when given good care that is acceptable to them. Japan, Hong Kong, Taiwan and South Korea have dropped the term "schizophrenia." Surveys in Japan have shown that service recipients and professionals are pleased with the change. Prominent psychiatrists such as Robin Murray in the UK and Jim van Os in The Netherlands have presented convincing arguments as to why this term should be dropped. I believe the time is now to drop this stigmatizing, hope-disabling, scientifically controversial and compromised term which is saturated with myths of non-recoverability and dangerousness.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 133  
**Internet ID:** 354

**Type of Presentation:** Poster

**On Loneliness: Neuroscience, Social and Psychological Perspectives**

Brian Koehler

New York University, NEW YORK, United States of America

**Learning Goal:**

Participants will be able to have a deeper view of loneliness based on research across brain, mind and culture

**Abstract Text:**

Carter (2004) pointed out that new social attachments are more likely to be formed during or after periods of vulnerability, especially after periods of distress. She noted:

“Social relationships and social bonds have benefits not only for the future of the species, but also in the here and now, improving individual survival. There is increasing evidence that social bonds protect and allow growth and restoration in the face of stress of life and disease. ...in humans a sense of social support is associated with a more successful recovery from cardiovascular disease, cancer, and mental illness and reduces vulnerability to substance abuse. Epidemiological studies have repeatedly revealed that indices of social support are powerful predictors of vulnerability to many diseases” (p. 55).

This paper will discuss the phenomena of loneliness and its relationship to states of psychosis particularly from the perspectives of social and affective neuroscience research, psychodynamic theory and experience, and social factors believed to contribute to stigma and loneliness.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 134  
**Internet ID:** 355

**Type of Presentation:** Oral Presentation

**The Impact of Social Identity on the Qualitative Experience of Paranoia: a Systematic Review**

Robert Qi<sup>1</sup>, Ross White<sup>1</sup>, Jason McIntyre<sup>2</sup>, Richard Bentall<sup>3</sup>

<sup>1</sup>The University of Liverpool, LIVERPOOL, United Kingdom

<sup>2</sup>Liverpool John Moores University, LIVERPOOL, United Kingdom

<sup>3</sup>The University of Sheffield, SHEFFIELD, United Kingdom

**Learning Goal:**

To assess how social identity factors influence the qualitative experience of paranoid delusions.

**Abstract Text:**

Paranoia is the most common form of delusion in psychosis, and appears to be particularly elevated in minority groups. Such delusions, in terms of phenomenology or qualitative content, appear to reflect the social, political, and cultural factors relating to one's time and place. Similarly, there is evidence that particular social identity factors such as nationality, ethnicity, culture, gender and sexuality may influence the content of paranoid delusions.

The current study aimed to synthesise the existing literature on such social identity factors and the phenomenology of paranoid delusions. It is hoped that findings will improve the understanding of such experiences in terms of aetiology and also treatment of paranoid delusions, particularly in minority groups. A number of electronic databases were systematically searched in February 2019, including: PubMed, PsycINFO, Web of Science, and CINAHL. Search strategies utilised both keyword searches and also controlled vocabulary (i.e. MeSH terms) specific to each database. Search results were screened independently by two researchers. Inclusion criteria included the use of qualitative methodology, a focus on clinically relevant delusions, and the examination of delusions in relation to one of the predetermined social identity factors.

A total of 798 published journal articles were identified for screening. Preliminary findings indicate that social identity factors do appear to relate to the qualitative content of paranoid delusions across cultures. The implications of the findings in terms of understanding the experience, aetiology, and also potentially treatment of paranoid delusions will be discussed.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 140  
**Internet ID:** 362

**Type of Presentation:** Poster

### **How psychiatrists and artists collaboratively may lead creative writing-therapies in groups of people suffering from severe mental illness**

Bent Rosenbaum<sup>1</sup>, Birgit Bundesen<sup>2</sup>

<sup>1</sup>Psychiatric Center Copenhagen, Psychotherapeutic Clinic, Nannasgade 28, 2200 Cop, COPENHAGEN, Denmark

<sup>2</sup>Mental Health Care Center Amager, Copenhagen area, Digevej 110, 2300 Copenhagen, COPENHAGEN, Denmark

#### **Learning Goal:**

1. To inform about a new way of collaboration between authors, mental health professional and patients
2. To present examples of patient-evaluations of the creative-writing interventions as an adjuvans to psychiatric treatment
3. To present theoretical concepts to understand the helping transformations in the patients' minds.

#### **Abstract Text:**

##### **Introduction:**

"Writing cures" have shown positive effects on numerous psychopathological features.

Theoretical assumptions have been proposed to explain the causal mechanisms behind the effects. As yet, however, no consensus has been reached and more research is needed in the search for 'why' and 'how' therapeutic creative writing works in patients with different diagnostic pictures.

Phenomenological psychiatry has emphasized concepts like the ineffability of subjective phenomena in psychopathological states. Psychodynamic approaches have pointed at concepts as symbolization, ego-strengthening, integration of primary processes into secondary processes, and the ability to use more mature defence-mechanisms. Discussing the strengths of these concepts will also be part of the project.

##### **Aims:**

To describe changes in the persons' subjective experience when they participate in different groups of patients who go through the creative-writing experience, conducted by a qualified fiction author who follow a manualized approach.

**Design and Methods:** The study is designed as a qualitative explorative investigation. A pilot project has been conducted. Before the intervention the patients go through Indiana Psychiatric Illness Interviews and fill out self-report scales of TAS, RFQ, HEI. After the intervention, the patients are interviewed concerning their experience of changes in thoughts, feelings and social behavior, and they score themselves at TAS, RFQ HEI.

##### **Preliminary results:**

Patient's retrospective evaluations of the method of intervention and the group processes contain many interesting statements that signifies the importance of group processes, and shows how patients can transfer their work with texts in the group into a trust in themselves and reflections on their own words when they participate in social communications outside the group.

**Discussion:** Conceptualization of the therapeutic effects may lead to focus on how different states of mind and different diagnostic categories may profit from this kind of intervention as an adjuvant to other treatment methods in psychiatry.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**





**Abstract Nr:** 143  
**Internet ID:** 365

**Type of Presentation:** Poster

### **Screening for the At-Risk Mental State in Educational Settings: A Systematic Review**

Clare Howie<sup>1</sup>, Claire Potter<sup>2</sup>, Ciaran Shannon<sup>3</sup>, Gavin Davidson<sup>1</sup>, Ciaran Mulholland<sup>1</sup>

<sup>1</sup>Queen's University Belfast, BELFAST, United Kingdom

<sup>2</sup>Belfast Health and Social Care Trust, BELFAST, United Kingdom

<sup>3</sup>Northern Health and Social Care Trust, ANTRIM, United Kingdom

#### **Learning Goal:**

This is a systematic narrative review examining the screening tools that have been used in educational settings, with three key questions. Can screening in this setting detect individuals at-risk? What screening tools have been used in educational settings? Are there differences in threshold scores in screening tools in this context?

#### **Abstract Text:**

##### **Background**

The at-risk mental state provides a model which can allow clinicians to identify individuals at-risk of developing psychosis and intervene to prevent or delay onset. Early intervention is linked with better prognosis and recovery. At present, most screening is carried out within help-seeking populations, however screening within educational settings may allow clinicians to identify individuals at-risk earlier.

This is a systematic narrative review examining the screening tools that have been used in educational settings, with three key questions. Can screening in this setting detect individuals at-risk? What screening tools have been used in educational settings? Are there differences in threshold scores in screening tools in this context?

##### **Methods**

Searches were carried out on PsycINFO, MEDLINE, EMBASE, Scopus and Web of Science. The searches aimed to find any articles that detailed screening procedures for the at-risk mental state carried out within educational settings. Inclusion criteria were studies that were carried out in educational settings using a screening measure for attenuated psychotic symptoms with a follow-up assessment to assess for the at-risk mental state. All study types were included. Studies that did not include these three criteria were excluded.

##### **Results**

2097 references were identified for title and abstract screening. 104 articles were identified for screening by full-text. 13 articles are included in the review. Data extraction was completed using an adapted version of the template from the Cochrane Collaboration Data Collection Form for Intervention Reviews: RCTs and non-RCTs.

##### **Discussion**

The PQ-16 is the most commonly used screening measure in educational settings such as colleges and university settings and secondary schools. A full review will be presented and the potential benefits of identifying young people at risk of psychosis in educational settings will be discussed.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 145  
**Internet ID:** 368

**Type of Presentation:** Workshop

**How to connect during diagnostic interventions in psychosis?**

Margaux Sageot, Julie Vandamme  
Z.org KULeuven, KORTENBERG, Belgium

**Learning Goal:**

How can diagnostics create therapeutic opportunities?

**Abstract Text:**

How to achieve diagnostic relevant information without creating more of a threat in an already unsafe and fragmented world? To elaborate cohesion in psychosis is not to be confused with putting together different pieces of information. The different sources (anamnesic information, testing materials, questionnaires, and so on) surely are important, but the (long-term) journey that you make together with the patient even more. In our point of view, diagnostic interventions refer to the search of connections at a time where most connections are lost. In this search three concepts seem very important: presence, patience and trust. In our opinion, these concepts are required to provide some sort of mental space for the initially unthinkable connection and can lead to a much needed containment. To us, it seems important to procure this containment with significant others. At the same time, we try to attain sufficient information to understand what is happening to the patient and what the meaning of psychosis could be. Therefore, this whole process consists of a precarious balancing between the diagnostic view and maintaining the fragile cohesion. To do so, we get inspired by the concepts of Jim Van Os (2014). More specifically, we try to find answers to four questions in the diagnostic process: *What happened to you? What is your vulnerability and your resilience? Where do you want to be in your life? What do you need?* The first question refers to understanding the current mental state in a broader context. With the second question we search for biological vulnerabilities and strengths. Finally, we try to complete the diagnostic process by creating hope and space for recovery. In this search with the person we involve significant others to create an open dialogue.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 147  
**Internet ID:** 373

**Type of Presentation:** Poster

**Psychodynamic day treatment programme for patients with schizophrenia spectrum disorders: Dynamics and predictors of therapeutic change**

Ondrej Pec<sup>1</sup>, Petr Bob<sup>2</sup>, Jan Pec<sup>2</sup>, Adela Hrubcova<sup>2</sup>

<sup>1</sup>First Faculty of Medicine, Charles University and Clinic ESET, PRAGUE, Czech Republic  
Czech Republic

**Learning Goal:**

The learning goal is to show how group psychodynamic programme may improve quality of life of patients with schizophrenia spectrum disorders.

**Abstract Text:**

**Objectives.** The purpose of this study was to test whether a psychodynamically based group psychotherapeutic programme might improve symptoms, social functions, or quality of life in patients with schizophrenia spectrum disorders and to investigate factors that might predict clinical improvement or dropouts from the programme.

**Design**

A quantitative prospective cohort study.

**Methods**

We have investigated 81 patients with schizophrenia spectrum disorders who participated in a 9-month psychodynamically based psychotherapeutic day programme. The patients were assessed at the beginning and end of the programme, and then at 1-year follow-up. The assessment included psychotic manifestations (HoNOS), quality of life (WHOQOL-BREF), demographic data, and daily doses of medication. 21 patients dropped out from the programme, and 46 patients succeeded in undergoing follow-up assessment.

**Results**

The psychotic manifestations (self-rating version of HoNOS) and quality of life measured with WHOQOL-BREF (domains of social relationships and environment) were significantly improved at the end of the programme and at follow-up. However, the manifestations on the version for external evaluators of HoNOS were improved only at follow-up. Years of psychiatric treatment, number of hospitalizations or suicide attempts, and experience of relationships with a partner were negatively related to clinical improvement, whereas symptom severity, current working, or study activities were related positively.

**Conclusions**

The results show that a group psychodynamic programme may improve the clinical status and quality of life of patients with schizophrenia spectrum disorders. This type of programme is more beneficial for patients with higher pre-treatment symptom severity and the presence of working or study activities.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 150  
**Internet ID:** 382

**Type of Presentation:** Poster

**Forgotten Features of Psychosis: The role of social isolation, trauma and personality.**

Masa Micunovic, Leticia Martinez Prado  
IE University, MADRID, Spain

**Learning Goal:**

To explore the potential interaction between influencing factors of psychosis, specifically social isolation, trauma and personality disorders, and their impact on the symptoms of psychosis.

To acknowledge the multiple factors that have an impact on psychosis and to advocate for their consideration to improve treatment and standard of living.

**Abstract Text:**

Psychosis is stated to be aetiologically heterogeneous. Meaning that the exact cause of psychosis remains unclear, or at the very least multifaceted. This lack of a simple cause and effect relationship, can easily lead to misconceptions, lack of understanding and over-simplification of a complex disorder with a kaleidoscopic set of causes.

By analysing environmental and other factors, a clearer conception of psychosis can be gained. In order to elucidate these potential influencing factors this literature review and exploratory study focused on the roles of social isolation, trauma, and personality in the development and progression of psychosis. The literature review was done using 58 articles from an initial database result of over 600 related articles. The data used for the exploratory study was gathered at the Psychiatric Hospital of Kotor, in Montenegro with a total of 27 participants. All of these patients were diagnosed with psychosis (specifically schizophrenia) according to the ICD-10.

The data was analysed using a simple Pearson correlation in conjunction with an Exploratory Factor Analysis. It was found through this analysis that social isolation, trauma and personality (personality disorders in particular) all had significant links with psychosis. This conclusion was reached through both the correlational analysis and the exploratory factor analysis. These findings mimic previous literature conclusions and demonstrates that the call to approach psychosis more holistically is well founded.

This study shows the importance and impact that non-biological factors can have on the development and progression of severe mental illness. As such, demonstrating the increased need of focusing on these other factors for the effective prevention and treatment of psychosis.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 152  
**Internet ID:** 384

**Type of Presentation:** Poster

**What counts as care for racially and ethnically diverse young persons diagnosed with early psychosis in the U.S.?**

Neely Anne Laurenzo Myers

Southern Methodist University, DALLAS, United States of America

**Learning Goal:**

To bridge the gap between young people, families and clinicians by learning about ways to better engage diverse young people in care for early psychosis that is useful and meaningful for them.

**Abstract Text:**

About half of young adults never return to mental health treatment in the first six months after an emergency hospitalization for psychosis, but early, meaningful care can be important for recovery. We need to know what is important to young adults and their key supporters (often a family member) to make services more attractive to them. This presentation will rank and discuss the priorities that diverse young adults (n=37) and their key supporters (n=19) described as the most important for them during the critical period after an initial emergency hospitalization for a mental health crisis that was diagnosed as a first-episode of psychosis in the U.S. It will also ask how the care on offer is or is not meeting the priorities of young people and their loved ones and make some suggestions for designing care that is more attractive to diverse young people so that we can better bridge the knowledge gap between clinicians, families and young people. These findings are derived from a U.S. National Institute of Mental Health-funded, three-year ethnographic study (2014-2016) of young adults and their key decision-making partners in an urban area of the United States of America led by the first author.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 153  
**Internet ID:** 392

**Type of Presentation:** Poster

**Exploring the relationships between self-esteem and paranoia: is the jumping to conclusion a moderator of this relationship?**

Vanesa Peinado<sup>1</sup>, Regina Espinosa<sup>2</sup>, Alba Contreras<sup>1</sup>, Almudena Trucharte<sup>1</sup>, Rocio Caballero<sup>1</sup>, Carmen Valiente<sup>1</sup>

<sup>1</sup>Universidad Complutense de Madrid (UCM), MADRID, Spain

<sup>2</sup>Universidad Camilo José Cela, MADRID, Spain

**Learning Goal:**

This study aimed to explore the impact of jumping to conclusion data-gathering bias in paranoid ideation and its relation to self-esteem. Both self-esteem and probabilistic reasoning can be important therapeutic targets in paranoid ideation.

**Abstract Text:**

The defense model of paranoia (Bentall et al., 2001) propose that paranoia emerges as a consequence of a bias towards holding others responsible for negative events (an externalizing attributional bias) to reduce awareness of low self-esteem (SE). The paranoid ideation is, also, associated with a tendency to jumping to conclusion data-gathering bias (JTC; Bentall et al., 2009; Gareth & Freeman, 2013). Given the implications of SE and probabilistic reasoning bias in onset and maintenance of delusions, we carried analysis to explore the relation between these two key variables and paranoia in 122 people with severe mental illness (SMI). Paranoid ideation was measured by the corresponding subscale of SCL-90-R (Derogatis, 1994), and SE was measure by the self-acceptance subscale of the Scales of Psychological Well-being (Ryff & Keyes, 1995). Finally, JTC bias was measured by the bead task (Gareth, Hemsley & Wesseley, 1991).

Our results revealed that there was an inverse relationship between SE and paranoid ideation ( $p=0.001$ ). This relationship was moderated by the JTC bias in individuals with high levels of SE ( $p=0.005$ ), so individuals with high SE and presence of JTC had higher levels of paranoia than individuals with high SE and absence of JTC. This study highlights the importance of exploring self together with reasoning bias as possible therapeutic targets.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 154  
**Internet ID:** 393

**Type of Presentation:** Oral Presentation

**'who do I allow to accompany me?' Perspective Matters in Recovery, a qualitative study**

Thijs Burger<sup>1</sup>, Marjolein Lachmeijer<sup>2</sup>, Kimriek De Wilde<sup>2</sup>, Robin van Eck<sup>3</sup>, Astrid Vellinga<sup>4</sup>, Martijn Kikkert<sup>2</sup>, Jack Dekker<sup>2</sup>, Lieuwe de Haan<sup>1</sup>, Mariken de Koning<sup>4</sup>

<sup>1</sup>Arkin / Amsterdam UMC, AMSTERDAM, The Netherlands

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<sup>4</sup>Arkin, Mentrum, AMSTERDAM, The Netherlands

**Learning Goal:**

Distinguish the different perspectives on recovery that service users, relatives and healthcare professionals may have during the recovery process.

Exploration of the processes at play between service users, relatives and healthcare professionals during recovery.

Enable audience to identify with multiple perspectives.

**Abstract Text:**

**Background**

The concept of recovery has gained influence in care for persons with severe mental illness (SMI), including those with psychotic experiences. Recovery has been described as an intensely personal and unique process following severe mental illness, but it rarely is a journey undertaken without profound positive or negative influences of significant others (family, friends, health professionals). The perspectives on the recovery process conceivably diverge within the triad of persons with SMI, relatives and health professionals. They may be faced with conflicting views or internal conflicts when personal recovery needs, the perspective of friends/family and medical paradigms clash. Understanding the interface of recovery with these important others (i.e. the processes of recovery in a triad) may inform recovery supporting practices.

**Methods**

Our qualitative study "Perspectives on Recovery" has been designed triadically from the outset. We conducted semi-structured interviews with users with SMI of F-ACT (outreaching outpatient treatment teams) and long-term clinical services within a large mental healthcare institution in Amsterdam, their close relatives and health workers. Interviews were conducted by teams consisting of a researcher and an expert by experience from a personal or family perspective. We used thematic content analysis to identify processes of triadic recovery. We selected video fragments from follow-up interviews to voice participant's accounts of these processes, and illustrate our results.

**Results**

Preliminary results identify the following processes playing a part in triadic recovery. Alignment of perspective leading to (dis)agreement on interpretation of what is going on; the experience of connectedness; shared space and personal space in relationships within the triad; and agency to change. The role one takes on in the triad is informed by personal and/or professional background.

**Discussion**

Understanding each other's perspective may facilitate collaboration to recovery. Facilitating perspective-taking by all actors involved in the recovery triad may enhance the recovery process.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 155  
**Internet ID:** 394

**Type of Presentation:** Poster

**From Ancient Priest to Contemporary Witch Physician: A Road from Health Care to Hell Care?**

Rado Gorjup

Institute for Transdisciplinary Research and Development, PRIMORSKA, Slovenia

**Learning Goal:**

The goal of my presentation offers a new inside in how to effectively help Psychiatrists on one side and patients and their family members on the other side. I do so by systematic explanation of scientific facts on which I propose useful implications for contemporary neuroethics.

**Abstract Text:**

No chemical imbalances have been proven to exist in relation to any mental health disorder, no independent objective biological marker exist to date in support of any psychiatric diagnosis and last but not least no biological causes exist for the majority of "invented" psychiatric disorders. Given the above facts, psychiatric diagnostic manuals such as the DSM and ICD are school examples of what evidence-based science is not and represent nothing but a failed attempt to provide the legal road from Health Care to Hell Care by over medicalization and suffering of human and non-human animals. Furthermore, psychiatric drugs can have long-lasting effects on the brain and central nervous system, withdrawal from them can cause a range of severe physical and psychological effects, psychiatric drugs are extensively prescribed to children and adolescents even though they produce altered mental states, are very harmful and do not 'cure' diseases. There is a clear scientific evidence that many of psychiatric drugs do no better or little better than placebo pills and all the major classes of psychiatric drugs demonstrate little additional long-term effect, and some patients show significantly worsened long-term outcomes. . Psychiatric drugs can have effects that mimic the original symptoms of distressed person, which are difficult to distinguish, this lead to misdiagnosing as new psychiatric issues, for which additional drugs prescribed produce overmedication (intoxication) and lifelong use of harmful multiple psychiatric drugs. It seems that medicine/pharmaceutical industry in general and psychiatry/psychopharmaceutic industry in particular are caught in a trap, and they cannot find the way out. In order to resolve that puzzled situation and unnecessary suffering we propose some practical solutions that could have positive implications on both healthcare professionals and patients.

**Key words:** Medicine, Psychiatric drugs, Withdrawal effects, Contemporary Neuro-ethics.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**





**Abstract Nr:** 163  
**Internet ID:** 408

**Type of Presentation:** Symposium

**How can we prevent chronicity of psychosis and other (severe) mental health problems? A consultation of experts in the Netherlands**

Jaap van Weeghel, Chrisje Couwenbergh  
Phrenos centre of expertise, UTRECHT, The Netherlands

**Learning Goal:**

The objective of my presentation is to educate the participants about our research findings, and to start a discussion on how to prevent the negative consequences of psychosis and other severe mental health problems

**Abstract Text:**

How can we prevent the negative consequences (i.e. chronicity) of psychosis and other severe mental health problems? A consultation of Dutch experts

**Background:** In the Dutch action plan Crossing the bridge (2014) it has been proposed to realize 'a third less severe mental illness (SMI)'. To this end, in addition to the provision of recovery oriented care to people belonging to the SMI group, clients' problems should be prevented from becoming chronic. Objective: Research has been conducted into which mechanisms, according to Dutch experts, contribute to stagnated recovery processes and how chronicity can be prevented. Method: In a qualitative study, 34 experts from different subsectors of mental health care were interviewed. Results: The experts identified many factors that could stagnate the recovery of a mental illness. The improvement proposals differed widely, but there was consensus on some key principles for the prevention of chronicity. For example, everyone felt that practitioners should find a balance between providing good care and maintaining patients' own resources, encouraging patients' strengths, involving their social network in treatment, and helping to prevent loss of work, study and relationships. Conclusion: Many mental healthcare clients must receive integral care in an early stage in order to prevent far-reaching dependence on integrated care in a later stage. This requires that family members are fully involved and that there is effective cooperation across sectors.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 167  
**Internet ID:** 413

**Type of Presentation:** Poster

**Using the Method of Loci to improve episodic memory in psychosis: a feasibility study**

Ana Elisa Sousa<sup>1</sup>, Martin dr Lepage<sup>2</sup>, Mathieu dr Brodeur<sup>1</sup>

<sup>1</sup>McGill University, MONTREAL, Canada  
Canada

**Learning Goal:**

**To investigate the effectiveness and feasibility of the Method of Loci (MoL) for improving episodic memory in psychosis.**

**Abstract Text:**

Episodic memory (EM) is severely impaired in psychosis, compromising daily living activities and psychosocial functioning. Despite being one of the strongest predictors of psychosocial functioning, EM performance shows only small to moderate improvement following psychosocial interventions. The use of elaborative encoding strategies results in a richer memory-trace that increases recall when compared to shallow encoding strategies or simple repetition. However, people with psychosis tend not to spontaneously generate efficient strategies to facilitate recall. When trained in these, they tend to show better outcomes in EM performance.

We investigated the effectiveness and feasibility of a visuospatial mnemonic strategy, the method of Loci (MoL), for improving EM in psychosis. MoL uses mental visualization to facilitate encoding of disparate pieces of information, by relying on the “mental” allocation of the items to be memorized in several places. Its efficacy and superiority over other mnemonics have been demonstrated in healthy subjects, older adults and depression; however, no study to date has evaluated MoL use in psychosis.

We investigated whether MoL could improve EM performance in psychosis. The intervention involved learning of two 20-item lists, MoL training, then learning of two new lists using MoL. Five psychosis patients completed the study. We found no significant effect of MoL on recall (MD -1.1, SD=3.1;  $t(4) = -0.77$ ,  $p > .05$ ). Participants reported difficulty remembering their loci or their loci order during the post-test. The complexity of MoL, along with its heavy reliance on working memory and mental visualization, might have hindered mastering the strategy, resulting in fatigue and consequent stagnation or decrease in EM performance during the post-test. Future research should investigate MoL’s efficacy across a range of cognitive capacity in psychosis and assess less complex strategies (e.g. unitization), which are effective in populations with similar severity of cognitive deficits as those found in psychosis.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 172  
**Internet ID:** 430

**Type of Presentation:** Workshop

**Effects of War Violence and Forced Migration on Psycho-Social Developmental Systems Regression, Psychosis, and Reconnection**

Megan Levy  
ASeTTS, PERTH, Australia

**Learning Goal:**

To explore a proposed link between 3 different psychosocial development models to explain the emergence of psychosis after a potential developmental regression connected to torture and war trauma, forced migration, and acculturation challenges.

**Key Words:** Psycho-social Development, War violence, Forced Migration, Bronfenbrenner Ecological Systems, Maslow Hierarchy, Erikson Developmental Stages; Regression

**Abstract Text:**

This presentation proposes an interdependency among three different Psycho-Social Developmental Models, which, activated by the losses and trauma experienced by war survivors and forced migrants, may invite a regression in psychosocial development and elevate the chances of developing psychosis.

Torture and war are extreme traumatic events. Day to day life becomes unpredictable, aggressive, intimidating, hostile, a frightening spectacle of massive destruction, death, blood, and body parts. Severe mental illness may arise as a response to the dantesque scenery of war, as a coping mechanism, while psychosis and schizophrenia may lurk and arise once the war survivor is confronted by the vicissitudes of forced migration and acculturation.

Torture and war make use of extreme economic, physical, psychological, emotional, sexual, racial, and social forms of abuse, which will always produce in the victim: anxiety, fear, anger, confusion, shame, distrust, severe losses, sadness, isolation, guilt, grief, despair, doubt, feelings of inferiority, and worst of all the loss of self.

For someone escaping war violence and forced to migrate trauma and the above feelings might be the only personal belongings and constant company in their journey to the "safety" of a new country.

A new country where the individual might find him/herself void of meaningful relationships, personal identity, and purpose in life, in a new and unknown city, in an alien and sometimes hostile culture; where he/she is unable to communicate or understand, because even when highly educated, he has automatically become illiterate due the lack of oral and written language.

In this new world where the person cannot even trust his/her own skills and abilities, how can he/she trust the world? Here, immersed in a pool of anxiety, isolation and uncertainty, is the refugee client, with life and identity shattered, vulnerable, fragile as an infant, in dire circumstances where psychosis can just happen.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 177  
**Internet ID:** 412

**Type of Presentation:** Symposium

**Recovery around the world.**

Margreet de Pater<sup>1</sup>, Anuradha Sovani<sup>2</sup>, Jaap van Weeghel<sup>3</sup>, JoAnn Leavy<sup>4</sup>

<sup>1</sup>ISPS, DELFT, The Netherlands

<sup>2</sup>Institute for Psychological Health,, THANE, MAHARASHTRA., India

<sup>3</sup>Phrenos Center of Expertise for severe mental illness, UTRECHT, The Netherlands

<sup>4</sup>Leavey Consulting, Inc, TORONTO, Canada

**Learning Goal:**

Learn from and inspire each other

**Abstract Text:**

What is the best way to assist persons who had a psychosis on their road to a meaningful life in accordance with their own values and goals?

In various places in the world methods have been developed and implemented, helped by recovered people themselves.

What works in various cultures, what can be learned from each other?

Speakers, who are all experienced researchers, with very different cultural background will talk about their research and experience in different countries.

Dr. Anuradha Sovani: The Institute for Psychological Health (IPH), Thane a suburb of Maharashtra in India, worked with Government of Maharashtra to develop a beautiful project called Saptasopaan (seven steps to wellness). The aim of the project was to rehabilitate Persons living with chronic mental illness, whom we call Shubharthis, or people on the journey to wellness. IPH has run a Tridal center for rehabilitation on its own premises for a decade now, and this was an opportunity to scale up the service. De-stigmatization and community acceptance of persons with mental illness is the outcome of this effort.

Dr. Leavy will speak on her research published in Living Recovery: Youth Speak Out on Owning Mental Illness providing critical information for practitioners and educators in mental health services about the self-described needs of young people diagnosed with mental illness through the stages illness of the recovery model "ELAR" emergence, loss, adaptation, and recovery. When youth feel isolated, ignored, or shunned, the resulting shame and stress they may feel has the potential to exacerbate psychiatric illnesses. This findings will help clinicians to give meaningful care.

Professor Jaap van Weeghel will speak on his research in the Netherlands on how to prevent that psychiatric illnesses take a chronic course.

(speakers have submitted their more extensive abstracts separately)

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 178  
**Internet ID:** 437

**Type of Presentation:** Symposium

**DSM (5) and psychosis: the psychosis of DSM (5) ?**

Marc Calmeyn<sup>1</sup>, Jim Van Os<sup>2</sup>, Brenda Froyen<sup>3</sup>

<sup>1</sup>Private practice 'Lelieveld', LOPPEM ZEDELGEM, Belgium

<sup>2</sup>University Medical Center, UTRECHT, The Netherlands

<sup>3</sup>Psychosenet.be, LEUVEN, Belgium

**Learning Goal:**

On Belgian governmental level an expert committee group of the Higher Council of Health made an evaluation of the DSM (5) on epistemological, clinical and organisational level. The results and advices are presented and annotated - with emphasis on psychosis - by the speakers (members of the committee).

**Abstract Text:**

Since 2013 DSM (5) is the new edition of an influential psychiatric classification. Although it's only meant as a manual of classification, DSMManual, it's largely used for diagnostic clarification, treatment guidelines, scientific research and educational purposes.

The Superior Health Council of Belgium advises the Belgian government. It has installed a multidisciplinary expert committee to report on the problematic side of the use the DSM (5) in mental health care and possible alternatives. The expert committee consists of psychiatrists, psychologists, philosophers, sociologists and an expert by experience. This evaluation at government level is to be presented for the first time in the international professional community. This symposium presents the research results and advices of the expert committee.

Marc Calmeyn brings an overview and evaluation of the three levels of evaluation of the DSM (5). The epistemological, clinical and organizational levels are explored. The topics of concern on each level are explained. In this way the advices proposed by the expert committee for patients and significant others, experts by experience, carers and other professionals, researchers and government influencers are presented.

Jim van Os will examine the diagnosis-evidence-based-practice-symptom-reduction model of mental health care, focusing on the wider effects of presenting mental suffering in the context of a medical framework and on whether it is possible to bring together user knowledge and professional knowledge in a collaborative framework.

Brenda Froyen will focus on the possible psychological impact on patients of the DSM, as it is used nowadays. Furthermore she will expose how the council's advice creates opportunities to rethink mental health.

This symposium ends with a question. Is the DSMMedical viewpoint a trustful guide for understanding psychopathology, especially psychosis, or is it a classification based on scientific psychosis?

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 182  
**Internet ID:** 446

**Type of Presentation:** Poster

**Time to medication discontinuation with different antipsychotic formulations in patients with schizophrenia: a claims-based study**

Ibrahim Onsesveren<sup>1</sup>, Arnold van der Lee<sup>2</sup>, André Wierdsma<sup>1</sup>, Lieuwe de Haan<sup>3</sup>, Niels Mulder<sup>1</sup>

<sup>1</sup>Erasmus Medical Center, ROTTERDAM, The Netherlands

<sup>2</sup>Kenniscentrum, Zilveren Kruis Achmea, LEUSDEN, The Netherlands

<sup>3</sup>Academic Medical Centre, University of Amsterdam, AMSTERDAM, The Netherlands

**Learning Goal:**

To determine the time to medication discontinuation with different antipsychotic formulations (oral-daily, oral-weekly, depot, combination) in patients with schizophrenia stratified by treatment duration preceding follow-up (long-term, short-term treatment).

**Abstract Text:**

**Background:** Medication discontinuation due to non-adherence in patients with schizophrenia is common and associated with potentially severe adverse outcomes. Currently, different medication formulations (oral-daily, oral-weekly, depot injections) are available on the market with depot formulations playing a significant role in case of non-adherence. However, depot formulations are related with dissatisfaction due to its invasive character. Penfluridol is currently the only oral antipsychotic drug which has to be taken once a week. To date, time to discontinuation with Penfluridol (oral-weekly formulation) and the effect of long-term medication administration preceding follow-up on discontinuation are unknown.

**Methods:** Real world health insurance claims data, 2013-2016, were used in a retrospective longitudinal cohort study. Time to discontinuation in schizophrenia patients, 18-70 years old, with different antipsychotic formulations on 31-12-2015 and stratified based on treatment duration (less or more than 60 days) preceding follow-up was analyzed using survival analyses.

**Results:** 8257 patients were selected for analyses. Considerable discontinuation during follow-up for all medication formulations was observed. Overall, time to discontinuation for patients with long-term drug treatment preceding follow-up was longer as compared to short-term drug treatment. After adjustment for patient characteristics and history of psychiatric treatment, the long-term oral formulation showed the longest time to discontinuation. Time to discontinuation with oral-weekly and depot formulations showed a similar pattern. Furthermore, number of prior discontinuations was negatively associated with time to discontinuation with the least negative effect on long-term oral formulation.

**Conclusion:** Time to discontinuation showed a considerable difference between different antipsychotic formulations. Duration of drug treatment preceding follow-up is strongly associated with the outcome: long-term medication treatment preceding follow-up showed a longer time to discontinuation as compared to short-term treatment. Penfluridol (oral-weekly) and depot formulations showed similar discontinuation trends. Therefore, penfluridol could be considered an alternative in case of non-adherence, given the beneficial administration route.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 187  
**Internet ID:** 436

**Type of Presentation:** Oral Presentation

**Psychosis, delusion and identity loss.**

Saïd Kadrouch

Lister, VOORBURG, The Netherlands

**Learning Goal:**

Personal story how i experienced my psychoses as a Dutch adolescent born in Morocco.

**Abstract Text:**

Raised in a traditional Moroccan family with Islamic values, i experienced growing alienation and distance towards Dutch people and society in general during my (pre)adolescent years. I felt i was different and I had trouble coping with it.

In my adolescent years (20-25) my identity was mainly externally determined. If you would ask me at that time about who or what I was, I would give a very vague answer if I would give one at all. I knew how to behave and how not to, when I was among mainly Dutch people or mainly Moroccan or muslim people.

After 2001 (the year my mother died and 9/11 happened), this feeling of not belonging, not being part of society grew even more.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 188  
**Internet ID:** 461

**Type of Presentation:** Workshop

**Working with families from different cultures**

Martin Atchison

Meriden Family Programme, BIRMINGHAM, United Kingdom

**Learning Goal:**

People attending the workshop will gain an understanding about the issues relating to working with families from various cultural backgrounds

**Abstract Text:**

The Meriden Family Programme formed in 1998 with the aim of improving the experience of families in contact with mental health services. One of the key elements to this has been the training of clinicians in Behavioural Family Therapy (BFT), a model of family intervention developed by Ian Falloon.

To date, over 6000 people have been trained in BFT across the world. These people work in different services with different populations. The programme continues to link up with people who have been trained and can hear directly about their experience of working with families in their communities.

The workshop will look at cultural considerations to be mindful of when working with families based on members of the Meriden Family Programme's experiences over the years. The focus will then move on to exploring in more detail the implementation of BFT in Japan and Uganda, two countries with differing cultures but both where BFT has benefitted families.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**





**Abstract Nr:** 189  
**Internet ID:** 463

**Type of Presentation:** Oral Presentation

### **Social defeat and psychosis in young Caribbean immigrants to Rotterdam**

David Vinkers<sup>1</sup>, Jim Van Os<sup>2</sup>, Wijbrand Hoek<sup>2</sup>

<sup>1</sup>D.J. Vinkers, ROTTERDAM, The Netherlands  
The Netherlands

#### **Learning Goal:**

1. To understand the concept of social defeat and its relation with psychosis in immigrants.
2. To understand the relation between social defeat, psychosis and crime in Caribbean immigrants.

#### **Abstract Text:**

**Rationale:** The social defeat hypothesis posits that the negative experience of being excluded from the majority group is the common denominator of major schizophrenia risk factors, namely migration, urban upbringing, childhood trauma, low intelligence, and drug abuse. The social defeat theory is furthermore supported by the high frequency of perceived discrimination, a weak or negative ethnic identity and social problems in psychotic immigrants. Moreover, psychotic disorders in immigrants have the highest incidence in neighbourhoods where they form a minority or where there is little support from ethnic peers. The relation between social defeat and psychosis has, however, never been examined prospectively.

In a similar vein, social problems as unemployment, dropping out of school, financial problems and broken family structures have been related to crime in immigrants. Social defeat may also increase crime rates through psychotic symptoms, which are an independent risk factor for crime.

**Objective:** To assess the prospective relationship between social defeat on one hand and psychosis and crime on the other hand in Caribbean immigrants to Rotterdam aged 18 to 24 years.

**Main study parameters/endpoints:** Acculturation, perceived discrimination, sense of mastery and the evaluation of self and others, psychotic symptoms and crime through annual online questionnaires. The municipality of Rotterdam delivered data about Caribbean immigrants.

**Results:** will be presented during the congress. This study examines social determinants that may be important and relatively cheap targets for prevention in high-risk immigrants, for example, through community programmes reducing discrimination or stimulating ethnic disfragmentation of neighbourhoods.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 193  
**Internet ID:** 467

**Type of Presentation:** Workshop

**Being a black professional in white mental health institutes**

Felizberto Lopes Martins da Ve<sup>1</sup>, Victor Kouratovsky<sup>2</sup>

<sup>1</sup>Anima, ROTTERDAM, The Netherlands  
The Netherlands

**Learning Goal:**

terrible question; getting to know experiences

**Abstract Text:**

**Being a black professional in white mental health institutes**

Experiences from an immigrant from Cabo Verde who worked himself up from an unqualified menial worker to a Msc. Clinical Health as well as to a master's degree in advanced nursing practice and has been working in diverse Dutch psychiatric (emergency) settings since 1996.

Experiences, among others, include working with discrimination and abuse, and misdiagnosis of psychosis and forced treatment.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 194  
**Internet ID:** 468

**Type of Presentation:** Poster

**Islands of Safety: Psychosis, Intimacy and Animals**

Serena Thomas

ACT Team, Goddard Riverside Community Center, NEW YORK, United States of America

**Learning Goal:**

Learning Goal: Creative ways of bridging the gap between family, friends and clinicians with someone living with psychosis

**Abstract Text:**

Many who live with experiences of psychosis speak of feeling lonely and moving towards people, then feeling fearful and moving away from people (Karon 1994, McWilliams 2011,). Bertram Karon shares with us that, "these patients are so overwhelmed that they can only try to resolve the problem symbolically in a realm seemingly far removed from the critical problem" (Karon, 1994). Karon is telling us that intimacy has become dangerous and can only be redefined in a symbolic safe realm. How do clinicians and loved ones co-construct this symbolic safe realm? How do we creatively assist in this process of redefining intimacy as safe? Animals, for many living with psychotic experiences, have represented safety. Animals are consistently there in silence loving, as they are loved. There is an innocent gaze that they reflect back to the individual which often seems to say "You exist. You are here. I see you." Animals also seem to have the power to pull one out of painful, frightening worlds and back into the here and now.

How do we creatively theorize and integrate animal work into our clinical work? How can family members and friends of those with experiences of psychosis use pets to create increased intimacy and connection in their lives?

This presentation grapples with these questions through exploring the role animals have played in the inner and relational lives of several clients living with psychotic experiences. There will be a specialized focus on K, a 21 year old, Black American, inner city, male student who this writer met when he was having a psychotic episode, alongside intense suicidal ideation. The presentation will outline the clinical usage of K's pet in assisting him to reconnect with the world and with the desire to live.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 195  
**Internet ID:** 476

**Type of Presentation:** Workshop

**ISPS for Whites only? - What's next?**

Val Jackson

APOD, WAKEFIELD, United Kingdom

**Learning Goal:**

Val ran a successful workshop titled **ISPS for Whites only?** at the International conference in Liverpool. despite it being programmed early on Sunday morning. Since then ISPS UK has undergone changes around increasing diversity. This workshop will explore these changes and invite the audience to help develop them further.

**Abstract Text:**

When Val joined ISPS several years ago she was aware that the committee and the membership did not reflect the community it represents in terms of diversity. A working party was created and we were fortunate to receive a grant from ISPS International that led to several steps being taken towards improving diversity both within the committee and within the membership. The workshop will look at the steps taken since then including an exciting one day workshop entitled 'Psychosis and Institutional Racism' in November last year. The audience will be invited to join discussion groups on what needs to happen next, not only in the UK but internationally.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 196  
**Internet ID:** 477

**Type of Presentation:** Poster

**Stigmatization of psychosis: a 10-year study of Flemish newspapers**

Erik Thys, Catharina Struyven  
UPC KU Leuven, KORTENBERG, Belgium

**Learning Goal:**

This study aims to elucidate the stigmatization of psychosis, as expressed in public media. It proves to be blatant and it increases over time. As stigma is a source of suffering, injustice and suboptimal treatment, it urgently needs to be addressed with the media.

**Abstract Text:**

Psychosis is one of the most stigmatized psychiatric conditions. To assess stigma in the media, we compared the coverage of "autism" and "schizophrenia" in the Flemish newspapers regarding stigma over a 10-year period (2008-2017), by scoring all articles containing these terms published in all seven Flemish newspapers for their stigmatizing content. In the 8.357 collected articles, the coverage of autism was mostly positive and the coverage of schizophrenia was predominantly negative. The contrast is very substantial ( $p < 0.0001$ ) and the negative coverage of both disorders increased over time. For the last five years, we added the search term "psychosis". The aim was to see if the fatally stigmatized term "schizophrenia" could be replaced by "psychosis". The results are ambiguous: in the newspapers, the term "psychosis" is much more often used in a positive context than the term "schizophrenia", but at the same time as often used in a negative context as "schizophrenia". The newspapers differ only marginally in their stigmatising use of the term "schizophrenia", while the term "psychosis" is used more positively by broadsheet than by tabloid newspapers. The observation that a somewhat similar condition such as autism is covered in a clearly more favorable way indicates that a more positive image of psychosis is not only desirable but also possible.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 197  
**Internet ID:** 482

**Type of Presentation:** Poster

**Positive -, negative- and disorganized symptom drivers of cognitive/executive dysfunction in ultra high risk state for psychosis.**

Ingvild Aase, Wenche Ten Velden, Jan Olav Johannessen, Inge Joa, Ingvild Dalen, Johannes Hendrik Langeveld  
Stavanger University Hospital TIPS, STAVANGER, Norway

**Learning Goal:**

To explore how positive-, negative-, and disorganized symptoms in young subjects with ultra high risk for psychosis drive cognitive deficits.

**Abstract Text:**

**Positive -, negative- and disorganized symptom drivers of cognitive/executive dysfunction in ultra high risk state for psychosis.**

**Background**

Ultra high risk (UHR) for psychosis is a state defined by subthreshold psychotic symptoms. Different studies have demonstrated a cognitive decline in UHR subjects regarding a wide array of cognitive functions (executive functions, general intelligence, verbal and visual memory, verbal fluency, attention, working memory, social cognition). However, it is still unclear if cognitive deficits in UHR subjects are associated with any specific type of symptoms. As in psychotic disorders, symptoms in UHR subjects are usually described as positive, negative or disorganized, but at a subclinical level. This study aimed to elucidate the relationship between cognitive functions and subclinical positive, negative and disorganized symptoms in UHR subjects with a specific focus on executive functions.

**Methods**

"The Structural Interview for psychosis syndromes" (SIPS) and a neuropsychological test battery were administered to 53 UHR subjects (female=31) with a mean age of 17.7 (SD 4.6). Partial Spearman's rho correlations with age and gender as covariates were conducted to establish the associations between levels of positive-, negative- and disorganized symptoms and cognitive functions including executive functions.

**Results**

We found elevated levels of positive symptoms to be markedly associated with impairments in executive functions. Increased levels of disorganized and negative symptoms were associated with impaired language functions. Compared to subjects with high levels of positive and disorganized symptoms, subjects with elevated levels of negative symptoms demonstrated better performance on certain aspects of visuospatial abilities and cognitive flexibility.

**Discussion**

Deficits in cognitive functioning in UHR subjects might be driven by specific symptom patterns, e.g., executive functions by positive symptoms. Clinical implications of our findings are discussed briefly.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 198  
**Internet ID:** 484

**Type of Presentation:** Workshop

**Accept what you cannot change and change what you cannot accept**

Tofik Bouhrini

Lister, UTRECHT, The Netherlands

**Learning Goal:**

Sharing my experience of my recovery process and my work as peer support worker  
Making a poetic form about the theme of the congress together with the attendees  
Explain what WRAP is and how they can use it in their own lives no matter what your difficulties are.

**Abstract Text:**

**“Accept what you cannot change and change what you cannot accept”**

Are you curious about what it's like for someone with a migration, islamic background and psychic vulnerability to go through disruption and alienation?

Then please continue to read this abstract.

Due to several psychoses in the course of 5 years, I was hospitalized in a psychiatric ward several times. I became alienated from society, friends and family I experienced a lonely and depressed time which resulted in a deep feeling of unworthiness.

During my stay in the psychiatric institution the psychiatric nurses noticed that the islamic religion was very important to me. They decided to invite an islamic spiritual worker to come visit me.

He turned out to have been an important source of support during my disruption.

He also turned out to be important for me to practice the islamic religion on a healthy way during my rehabilitation.

My road to recovery was a slow and intense process. In treatment I got in contact with a experience worker and at the same time I moved to assisted living where I met my residential counselor. These 2 people contributed a lot to my recovery.

What constantly helps me in my recovery is a self-management plan called the Wellness Recovery Action Plan (WRAP).

What I would like to achieve during this workshop is that attendees learn more about what it's like to not only recover but also be an ambassador for destigmatisation.

I would like to do that by:

Sharing my experience of my recovery process and my work as peer support worker  
Making a poetic form about the theme of the congress together with the attendees  
Explain what WRAP is and how they can use it in their own lives no matter what your difficulties are.

Picture 1:



Caption 1: Tofik Bouhrini

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



Abstract Nr: 201

## What explains the increased incidence of psychosis among first-and second generation migrants?

### 1. Social disadvantage, linguistic distance, ethnicity and first episode psychosis: results from the EU-GEI case-control study

**Hannah E. Jongsma**<sup>1,2\*</sup>, Charlotte Gayer-Anderson<sup>3</sup>, Ilaria Tarricone<sup>4</sup>, Eva Velthorst<sup>5,6,7</sup>, Els van der Ven<sup>8,9,10</sup>, Diego Quattrone<sup>11</sup>, Marta di Forti<sup>11</sup>, Miguel Bernardo<sup>17</sup>, Julio Sanjuán<sup>18</sup>, Jose Luis Santos<sup>19</sup>, Manuel Arrojo<sup>20</sup>, Lieuwe de Haan<sup>7</sup>, Andrea Tortelli<sup>21</sup>, Andrei Szöke<sup>22</sup>, Robin M. Murray<sup>23</sup>, Bart P. Rutten<sup>10</sup>, Jim van Os<sup>10,23,24</sup>, Craig Morgan<sup>3</sup>, Peter B. Jones<sup>2,25</sup>, James B. Kirkbride<sup>1</sup>

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<sup>24</sup> Department of Psychiatry, Brain Center Rudolf Magnus, Utrecht University Medical Centre, Utrecht, the Netherlands.

<sup>25</sup> CAMEO Early Intervention Service, Cambridgeshire and Peterborough National Health Service Foundation Trust, Cambridge, England

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**





## **Abstract (268 words)**

### *Background*

Black and minority ethnic (BME) groups face increased risk of psychotic disorders, but causes are complex and not fully understood. We investigated whether social disadvantage, linguistic distance and discrimination contributed to these patterns.

### *Methods*

We used case-control data from the EUropean network of national schizophrenia networks studying Gene-Environment Interactions (EU-GEI) study. Cases, aged 18-64, with first episode ICD-10 psychotic disorder (F20-F33) were recruited from 16 centres in six countries (England, France, the Netherlands, Spain, Italy, Brazil) with population-based controls recruited using quota sampling. Exposures (ethnicity: white majority, black, mixed, Asian, North-African, white minority and other; generational status; social disadvantage; language distance and fluency; discrimination) and confounders (age, sex, paternal age, cannabis use, childhood trauma, parental history of psychosis) were added sequentially to multivariable logistic models, following multiple imputation for missing data.

### *Results*

We included 1,088 cases and 1,495 controls. BME participants had a crude excess odds of psychosis (odds ratio [OR]: 2.03, 95% confidence interval [CI]: 1.69-2.43), which remained after adjustment for confounders (OR: 1.61, 95%CI: 1.31-1.98), being most pronounced in the North African group (OR: 3.11, 95%CI: 1.72-5.62). BME risk was progressively attenuated following further adjustment for social disadvantage (OR: 1.52, 95%CI: 1.22-1.89) and linguistic distance (OR: 1.22, 95%CI: 0.95-1.57), a pattern mirrored in several specific ethnic groups. Linguistic distance and social disadvantage had stronger effects for first and later-generation groups, respectively.

### *Discussion*

Markers of social disadvantage and linguistic distance contributed to elevated odds of psychotic disorders in several BME groups. If confirmed, sociocultural exclusion may represent a modifiable target to reduce longstanding ethnic inequalities in psychosis risk. Full implications will be discussed at the conference.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 210  
**Internet ID:** 510

**Type of Presentation:** Symposium

**Struggling hard intergenerationally from within a closed religious community**

Felizberto Lopes Martins da Ve<sup>1</sup>, Sil Hol<sup>2</sup>, Yvonne de Jong<sup>3</sup>

<sup>1</sup>Anima, ROTTERDAM, The Netherlands

<sup>2</sup>Flexible Assertive Community Treatment (FACT), Antes Rotterdam (Parnassia Group), ROTTERDAM, The Netherlands

<sup>3</sup>Youz Child and Adolescent Psychiatry Rotterdam (Parnassia Group), ROTTERDAM, The Netherlands

**Learning Goal:**

Early intervening in psychotic processes, a case presentation

**Abstract Text:**

Struggling hard intergenerationally within a closed religious community. Early intervening in psychotic processes, a case presentation

This case presentation describes early intervening in psychotic processes and strong melancholic death wish by reconstructing meaning from family history and intergenerational family dynamics and patterns. As in other cases, the psychosis appears to be the expression of the identified patient of unspoken hurt, pain and frustration living within the family as a whole.

Yvonne de Jong, Clinical psychologist (BIG)

Team Early Intervention for Psychosis (VIP), Youz Child and Adolescent Psychiatry Rotterdam (Parnassia Group)

Sil Hol, family therapist (BIG)

Flexible Assertive Community Treatment (FACT), Antes Rotterdam (Parnassia Group)

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 211  
**Internet ID:** 511

**Type of Presentation:** Workshop

**An attempt at integrating: Envelopment**

Felizberto Lopes Martins da Ve<sup>1</sup>, Victor Kouratovsky<sup>2</sup>

<sup>1</sup>Anima, ROTTERDAM, The Netherlands  
The Netherlands

**Learning Goal:**

This workshop presents a possible integrative model for psychotic vulnerability and optimal care

**Abstract Text:**

An attempt at integrating: Envelopment

This workshop presents a possible integrative model for psychotic vulnerability and optimal care that is called *envelopment* and that is based on extensive transcultural experience and expertise with many cultural backgrounds. The model aims to account for the combined effects of stress on epigenesis, neurodevelopment, infant mental health, as well as on social identity formation and the effects of mixed cultural backgrounds, migration and trauma.

Participants of this workshop will be invited to reflect critically on this model using their own experiences and knowledge.

Dr. Victor Kouratovsky is a Clinical psychologist BIG and a Child & adolescent psychologist Specialist NIP and co-organizer of this conference. He also represents the Specialist Group Cultural Psychiatry Parnassia Mental Health and the Special Committee on Cultural Diversity from the Dutch Institute for Psychologists (NIP).

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 218  
**Internet ID:** 528

**Type of Presentation:** Oral Presentation

**Where there is a will, there is a way (into and out of psychosis)**

Cynthia Dorrestijn

Expert-by-experience, ENSCHEDE, The Netherlands

**Learning Goal:**

The auditor acquires new vocabulary to interact with clients, drawn from this first-hand personal story.

**Abstract Text:**

During my life I faced three episodes of psychosis. Each time, prior to the psychosis, I felt I did not belong and my way to deal with the situation was to try even harder, which ultimately led to a flight from reality. In our society, I sense that competences such as persistence or will power are valued highly, on the other hand, being able to recognize boundaries and acting accordingly by giving up an activity is not even considered to be a competence at all. Mastering the skill of being a worthy quitter has helped me to live a balanced life though.

Society seems to advertise: keep going, no matter what! And so I did. For example, I managed to study maniacally for days, I persisted in doing chairman's work without support, and in my job, I kept on going, even while faced with a sick-making working climate. In those three situations, I endured and persisted which led to psychosis. Later, however, I learned a better response to resistance: when facing a non-supportive supervisor and when facing an all-consuming fear to fail breastfeeding, I quit, and I did not become psychotic.

Implementing my willpower to face pressure and endure disappointment, feelings of shame and failure and to seek support has proved to be a wiser and more successful way to deal with the situation. What does this mean in a society telling me: Where there is a will, there is a way?



**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 220  
**Internet ID:** 532

**Type of Presentation:** Oral Presentation

**ALI: FEAR EATS THE SOUL - STRANGERS IN THE CITY**

Beverly Gibbons

Psychoanalytic Associates, KNOXVILLE, TN, United States of America

**Learning Goal:**

Attendees at this paper will confront the mechanisms and impacts of social exclusion and trauma as illuminated by theory, research, and a close examination of a major work of cinema. They will encounter the potential healing in social connection, and the obstacles to be overcome.

**Abstract Text:**

A great deal has been written in epidemiological, medical, sociological and psychoanalytic literature about the corrosive effects of social exclusion, alienation, and humiliation – arising from perceived “otherness,” whatever its source. In his 1974 film, “Angst Essen Seele Auf,” Rainer Werner Fassbinder vividly traces this process through the lives and improbable love of two characters, each a stranger - forgotten, neglected or foreclosed from meaning, importance, and nurturant social connections.

As the film opens, it is raining. Seeking shelter, an awkward older German woman ducks into a bar – a local hangout for the displaced Arabian men who have come to Germany as euphemistically named “guest workers.” As Arabian music plays on the jukebox, the group taunts Ali, a Moroccan man 20 years her junior, to ask the older woman to dance. When she accepts, a halting but genuine conversation and connection begins -a connection immediately assaulted by the stigma, humiliation, and shunning arising from each of their fragile social worlds toward this intruding “other,” and toward the group member who has dared to violate the rules and boundaries that create precarious safety.

Immersed in such a corrosive experience, one is excluded from the social link that offers both support and the possibility of speech and thought (Davoine and Gaudilliere: “History Beyond Trauma”). Unrecognized and unacknowledged loss, pain, loneliness, and fear find their expression in action and symptoms – are spoken in madness or experienced in the body. Psychotic or bodily expression points to and communicates the unexpressed, unthought trauma that has been and continues to be lived wordlessly.

Using Fassbinder’s visually powerful and emotionally inescapable film, this paper will trace the embodiment of these forces in the lives of the two protagonists, examine their personal and social cost, and illuminate the human struggle for community, understanding, and self-worth.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 221  
**Internet ID:** 533

**Type of Presentation:** Poster

### **Asking clients regularly how they are - it changes treatment plans**

Eila Sailas, Teija Lindberg, Timo Säämänen  
Helsinki University Hospital, Psychiatry, HYVINKÄÄ, Finland

#### **Learning Goal:**

We present an example of continuous measurement of clients' psychological well-being in a psychosis outpatient clinic. Clients report symptoms that are not always related to the diagnosed disorder, they appreciate being asked about them. With an accumulating dataset we can link the results to treatment choices.

#### **Abstract Text:**

In psychiatric healthcare, demands to assess and report the quality and effectiveness of different treatments are increasing. Recovery model emphasizes positive mental health and clients' own appraisals of their health and happiness. CORE-OM is a widely used, well-documented measure of overall psychological well-being. It is based on clients' self-report and easy to use. We have implemented a continuous CORE-OM measurement in a psychosis outpatient clinic in order to get regular feedback from our clients. CORE-OM is filled in every three months, the results are discussed with the clients, and treatment plans are revised if necessary. For each patient treatment choices (i.e. CBT, CRT, SCIT group) can be linked to CORE-OM results. At the end of March, we have data from 158 CORE-OM measurements from 102 clients. Our preliminary results indicate the following:

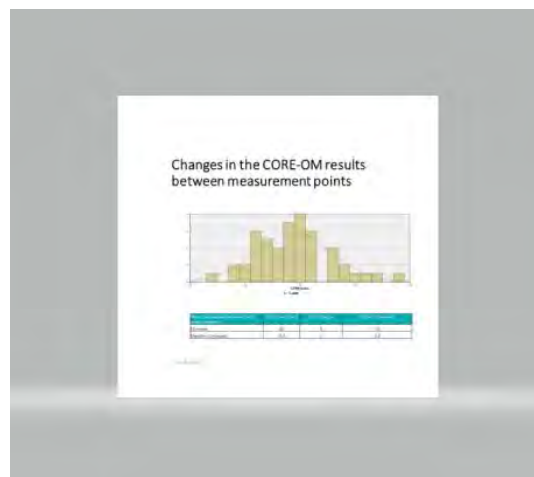
Clients do not complain of typical psychotic symptoms, but of anxiety, trauma-related symptoms, hopelessness and difficulties in everyday coping.

CORE-OM is easy to use also with persons with severe mental disorder and they appreciate being asked about overall well-being.

With early data, we can detect a trend for psychosocial treatments to improve self-assessed well-being.

CORE-OM produces information that the personnel does not usually gather and gives new insights to clients' problems.

In Rotterdam, we can present data from a larger dataset and give examples of the type of treatment options that are linked to better CORE-OM results.



**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 222  
**Internet ID:** 534

**Type of Presentation:** Workshop

**A psychiatric treatment programme for unaccompanied minor refugees: The ResCareRefugees project**

Lies Missotten<sup>1</sup>, Jakob Versteele<sup>2</sup>, Lucia De Haene<sup>1</sup>

<sup>1</sup>KU Leuven - Faculty of Psychology and Educational Sciences, LEUVEN, Belgium

<sup>2</sup>UPC KU Leuven - Child and Adolescent Psychiatry, KORTENBERG, Belgium

**Learning Goal:**

During this workshop, the project will be presented and we would like to engage in a fruitful discussion about the pillars underlying the therapeutic vision of the project and how these pillars translate into therapeutic practices.

**Abstract Text:**

The ResCareRefugees project aims to install **transcultural adolescent psychiatric and trauma care** for unaccompanied minor asylum seekers with severe psychological/psychiatric symptoms. It involves the formation of a therapeutic day care unit for unaccompanied minors in asylum procedure near the site of an academic psychiatric hospital in Flanders, the northern part of Belgium, with evening and night reception of the patients in nearby youth welfare facilities.

The ResCareRefugees project is initiated by University Leuven (Belgium) and funded by the Asylum, Migration & Integration Fund (AMIF) of the European Commission. The team consists of the following organizations and persons:

Refugee Trauma Care – Faculty Clinical Centre PraxisP (Faculty of Psychology & Educational Sciences), Prof. dr. Lucia De Haene (supervisor – family therapist), dr. Lies Missotten (project coordinator – clinical psychologist, family therapist);

UPC KU Leuven – Child and Adolescent Psychiatry. Prof. dr. Marina Danckaerts (co-supervisor – Head of unit Child and Adolescent Psychiatry UPC KU Leuven), Prof. dr. Peter Adriaenssens (co-supervisor - child and adolescent psychiatrist), Dr. Jakob Versteele (child and adolescent psychiatrist)

Fedasil - Federal Agency for the Reception of Asylum Seekers; Dr. Annemie Hoogewys (MD, coordinating physician), Hedwige de Biourge (coordinator unit UMs)

During this workshop, the project will be presented and we would like to engage in a fruitful discussion about the pillars underlying the therapeutic vision of the project and how these pillars translate into therapeutic practices.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 224  
**Internet ID:** 536

**Type of Presentation:** Poster

**Longitudinal Empathy Trajectories at Urban Community Child Centers and the Effects of Adolescents' Experience of Discrimination**

Hee-jung Lee

Seoul Social Welfare Graduate University, SEOUL, South-Korea

**Learning Goal:**

This study aimed to explore the importance of empathic worker-adolescents-relationship at urban community child centers.

**Abstract Text:**

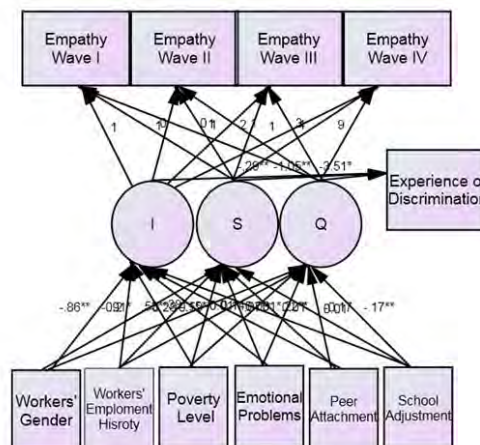
**Objectives:** The present study investigated the longitudinal empathy trajectories of social workers and adolescents relationship at urban community child centers gathered from the Korean Panel of Community Child Centers.

**Methods:** Adolescents-reported level of poverty, emotional problems, peer attachment, school adjustment, behavior of being discriminated and four times of empathic workers and adolescents relation were examined, and also workers' gender and years of workers' employment history were examined. This study utilized latent growth model as a major analytic method.

**Results:** Findings were as follows: First, four times longitudinal empathy trajectories of workers and adolescents relationship were quadratic patterns. Second, workers' gender, adolescents' perceived level of poverty, peer attachment, and school adjustment had significantly important to the initial level of longitudinal empathy trajectories of workers and adolescents relationship. Workers' gender, years of workers' employment history, adolescents' emotional problems, and school adjustment explained the slope and quadratic changes of longitudinal empathy trajectories of social workers and adolescents relationship. Third, empathy trajectories of social workers and adolescents relationship latent growth model explained adolescents' experience of discrimination.

**Conclusions:** Based on these results, this study discusses the importance of empathic relationship among workers and adolescents and practical implications for preventing discrimination attending urban community child centers.

**Keywords:** longitudinal empathy trajectories of social workers and adolescents relationship, urban community child center, latent growth model, adolescents' experience of discrimination.



**ON THE HEALING POWER OF HUMAN RECONNECTION**





**Abstract Nr:** 229  
**Internet ID:** 543

**Type of Presentation:** Oral Presentation

**Treatment of a young woman suffering from psychosis with a history of adoption at an early age**

Yaacov Rosenthal

Clalit Health Services, NEVE MICHAEL, Israel

**Learning Goal:**

To gain a deeper understanding of the influence of being given up at birth and of adoption on the development of psychosis. The presentation will further attempt to link the specific psychotic symptoms to the aforementioned developmental issues.

**Abstract Text:**

This lecture will be a case presentation of the treatment of a young woman who presented with a diagnosis of schizophrenia. She was adopted at the age of four after being put in foster care at birth by unmarried parents who were unable to, and had no interest in raising her. Both biological parents struggled with drug and alcohol addiction. She suffered abuse in one of the foster homes in which she had lived. After being adopted into a relatively stable home she was able to maintain a close relationship with her adopted family. In her teenage years she began to exhibit prodromal symptoms of psychosis and after searching for, finding, and being rejected again by her biological parents she developed full blown psychotic symptoms.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 239  
**Internet ID:** 561

**Type of Presentation:** Poster

**Peer support groups for paranoid and unusual beliefs: a qualitative analysis of members' experiences**

Roupen Baronian, Danny Taggart, Lisa Wood  
University of Essex, LONDON, United Kingdom

**Learning Goal:**

This is the first study exploring the Hearing Voices Network approach to unusual beliefs. It is hoped that the findings of this study will help increase awareness of the potential benefits of these user-led groups among both experience-based experts as well as anyone supporting people with distressing or overwhelming beliefs.

**Abstract Text:**

Typically referred to as delusions, unusual beliefs are commonly regarded as symptoms of a psychotic disorder, requiring treatment. Drawing on the Hearing Voices Network's approach to voice-hearing (Romme & Escher, 1993), peer support groups for unusual beliefs aim at providing mutually supportive environments where members can feel less isolated and explore the meaning of their experiences. Different ways of seeing reality are not pathologised and groups are based on the premise that people may have different explanations about the nature and causes of their beliefs (May, 2012). Despite the growth of an active network of peer support paranoia and beliefs groups, to date, there has been no research in this area. **Aims:** The present study aimed at exploring participants' experiences of attending peer support groups for paranoid and unusual beliefs and the impact of participation, as perceived by members. **Methods:** The study adopted a qualitative research design. Individual semi-structured interviews were conducted with 11 participants and data were thematically analysed. The research team consulted peer facilitators from the London Paranoia and Beliefs Network in order to ensure that the approach was respectful to members' experiences and adhered to the ethos of the groups. **Results:** Four preliminary themes have been constructed from the data: (1) Having our stories heard, describes the humanising impact of finding a voice and sharing one's stories in the witnessing presence of others; (2) It's a little oasis, reflects the feelings of safety and non-judgmental acceptance that the group afforded; (3) From the I to the We, captures the sense of community that the group forged for participants; and (4) It's a learning platform, explores the role of the group as a repository of information and knowledge. **Discussion:** Implications and directions for future research will be outlined and suggested.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 242  
**Internet ID:** 565

**Type of Presentation:** Workshop

**Diagnosis and management of spirit-possession, culture, psychosis or dissociation?**

Marjolein Van Duij

Amulet Mental Health Consultancy, Centrum voor Transculturele Psychiatrie, Balkbrug.

**Learning Goal:**

The participants will achieve tools to:

- deal with different explanatory models for spirit possession in a transcultural setting;
- learn how to differentiate between normal cultural experiences, psychotic features and trauma related dissociation;
- and reflect on options for management of pathological experiences of spirit possession.

**Abstract Text:**

In the context of conflict, disasters, insecurity and migration patients seeking help can present with spirit possession experiences in many cultural settings. When mental health professionals are confronted with pathological spirit possession experiences and cultural explanations western diagnostic categories and treatment models however seem limited. Differentiation between psychotic disorders, traumarelated dissociation or cultural idioms of distress is often confusing. There is increasing evidence however that spirit possession presenting as dissociative trance and possessive trance disorders, are related to traumatic experiences.

This workshop will give more insight in recognition, diagnosis and management of spirit possession in the transcultural setting. The applicability of diagnostic criteria for dissociative disorders in the DSM-5 will be discussed and practiced in the workshop. Differential diagnosis with e.g psychotic disorders will be discussed. Case histories from the African and Dutch clinical setting with refugees, migrants and prisoners will be discussed to illustrate different idioms of distress, explanatory models and culturally sensitive interventions. Presenters' research findings on classification, help-seeking and explanatory models of patients with spirit possession in Uganda will be referred to, as well as recent relevant literature. A side step will be made to the interrelation of the recent Ebola emergency outbreak in West Africa with former war experiences and the functioning of traditional and modern health care systems.

**ON THE HEALING POWER  
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**Abstract Nr:** 243  
**Internet ID:** 568

**Type of Presentation:** Symposium

### **Recovery Around the World**

Dr. Jo-Ann Elizabeth Leavey

University of Western Ontario / Leavey Consulting, Inc., LONDON, Canada

### **Learning Goal:**

What is the best way to assist persons who have experienced psychosis have a meaningful life in accordance with their own personal set of values and goals?

What works in various cultures and what can be learned from each other?

### **Abstract Text:**

Dr. Leavey will speak on her research published in *Living Recovery: Youth Speak Out on Owning Mental Illness* providing critical information for practitioners and educators in mental health services about the self-described needs of young people diagnosed with mental illness through the stages of the recovery model "ELAR" emergence, loss, adaptation, and recovery. Youth aged sixteen to twenty-seven were interviewed from an international perspective in Canada, Australia, and the US, charting the price of the stigma surrounding mental illness, especially for young people. The research examines the youth-described "social illness" of stigma and the resulting self-marginalization they say is necessary to survive stigma and social isolation. When youth feel isolated, ignored, or shunned, the resulting shame and stress they may feel has the potential to exacerbate such illnesses as obsessive compulsive disorder, psychosis, anxiety, and/or various mood disorders, and lessens their ability to survive and thrive as people, no matter their socioeconomic background, culture, or belief system. The findings from this research anticipate and identify interventions that may be useful for youth living with mental health challenges. If programs and systems of care take into account youth experience such as the experiences presented in this research, interventions may become more meaningful and help reduce problems related to identity loss/changes, depersonalization experiences, social isolation and stigma, and culturally motivated emotional distresses.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 245  
**Internet ID:** 570

**Type of Presentation:** Workshop

### **Practicing Conversations Across our Differences**

Berta Britz

United States of America

#### **Learning Goal:**

Participants will be able to describe a change in their awareness of “other” that they will use to build belonging as they engage in their communities and systems.

#### **Abstract Text:**

This experiential workshop intends to facilitate mutual listening and learning as a step towards building more equal, sustainable societies and preserving the planet. We will create a space that is “safe-enough” to explore the impact of social inequality on ourselves, our communities and the planet. We will welcome and honor the experiences and voices of all present and recognize our ancestors as well. The facilitator will speak from her lived experience of having been designated “other” by those in authority, diagnosed with psychosis, and having learned and accepted a less-than human identity. Changing her relationship with dominance led to her current perspective that race, class, gender, immigration, and mental health diagnostic categories are social constructions which cause harm. Promoting access to systems that harm cannot support healing and wholeness. Those who have been “marginalized” can facilitate learning and respectful collaboration, demystify power relationships, and contribute to transforming the “mainstream” for mutual liberation. Workshop participants with diverse experiences, identities, cultural backgrounds, and social roles will be invited to listen to one another, to resonate, reflect, and step into our shared power. Within the small container of this workshop we will begin where we are, face and voice our fears, desires, and ambivalence with mutual respect and begin learning differently. It will be a small opportunity to grow awareness and inspire coalition building and solidarity for beginning to co-create societies where individual and social well-being align synergistically and form sustainable bridges across our differences.

**ON THE HEALING POWER  
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**Abstract Nr:** 246  
**Internet ID:** 572

**Type of Presentation:** Symposium

**The challenges and opportunities of implementing psychological and social interventions with adult people suffering from severe mental distress**

Matteo Mazzariol, Fergus Callagy, Sean Foy, Michael McGeough  
Mayo University Hospital, CASTLEBAR, Ireland

**Learning Goal:**

The symposium will help staff from different disciplines and service users to engage in a constructive discussion and reflection regarding the real and concrete challenges and opportunities of implementing psychological and social interventions for people with severe and enduring mental distress in any catchment area.

**Abstract Text:**

Over the last years the service in which I currently work as Consultant Psychiatrist, a Rehabilitation and Recovery Service in Castlebar, co Mayo, Ireland, has undergone a decisive shift towards a recovery approach, implementing new psychological and social interventions for people suffering from severe and enduring mental distress. As it happened in many different parts of the world, such a shift is not happening without a series of challenges and opportunities, which involve different aspects of our practice: the difficulty on behalf of the existing staff to modify the previous therapeutic style, mostly bio-medical, which was applied for many years; the difficulty of creating a constructive and productive multidisciplinary collaboration among workers with different roles; the difficulty of shaping a coherent and cohesive psychological and social approach with workers coming from different trainings inside the same discipline; the difficulty of establishing a collaborative net and a good coordination among all agencies, public and private, involved in the prevention, cure and maintenance of mental health in our catchment area. From our own observation and experience it appears evident that a proper implementation of psychological and social interventions necessarily encompasses the development of an inclusive culture which cannot be limited to the tertiary services represented by Mental Health Units but must involve the whole community in which people are living. Specific agencies like schools, training centres, cultural, sportive and leisure facilities, that traditionally have been kept outside the realm of mental health, need also to reconsider their position and become part of a much wider net in which the psychiatric tertiary services can principally play a role of coordinator and facilitator.

These are the main topics which we will discuss in our symposium from a multidisciplinary perspective, hopefully engaging in a constructive and interactive dialogue with the public.

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**Abstract Nr:** 248  
**Internet ID:** 573

**Type of Presentation:** Workshop

**The Stranger at the University .....the struggle with student life encountered by some freshers (and older students too).**

Jane Herington

Kent NHS Early Intervention in Psychosis Services, KENT, United Kingdom

**Learning Goal:**

Object

The learning goal for the presentation is an understanding of the issues in relation to diversity and difference, that result in the psychological distress that some students' relocation for a university education causes. In addition the increased likelihood of psychosis and other serious mental health problems occurring.

**Abstract Text:**

I have worked as principal psychotherapist and operational lead for the Kent NHS Early Intervention in Psychosis Services and I am therefore aware of the higher level of referrals occurring in Canterbury, Kent a city with 3 universities. I currently supervise the University of Kent's Wellbeing and Psychotherapy/Counselling team providing services for the student population of 52,000 (with a high percentage of overseas students). Students arrive at the university and the city of Canterbury as strangers to one another and sometimes themselves.

Aspects of difference and diversity are varied and issues of culture, religion, race, class, finance, academia, sex and gender all impact on the new student. Increasingly the term stranger can be extended to the young people who question gender and sexuality issues and who are disproportionately represented in mental health services within the university, presenting as strangers to their old friendship groups and families. The LGBTQ group at the university is supportive of overseas students but many who are questioning their gender or sexuality would not join such a group because of perceived stigma or a fear of being outed to other students from their country of origin. The themes of being a Stranger in the City applies to the young people who study with us and who often experience levels of dislocation and disassociation and for whom university is a difficult and isolating experience.

I would like to explore with the workshop attendees, the diverse ways of supporting these students. We provide at the university a range of support options. I wish to respectfully examine how we could share what is exemplary in our service and improve our approaches by adopting thinking from other student services.

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**Abstract Nr:** 253  
**Internet ID:** 526

**Type of Presentation:** Oral Presentation

**The syndrome of Capgras revisited**

Jos de Kroon

Rotterdam, ROTTERDAM, The Netherlands

**Learning Goal:**

To learn about the psychology of seeing doubles as a manifestation of psychosis.

**Abstract Text:**

Summary

The syndrome of Capgras or the Delusional Misidentification Syndromes (DMS) are submitted to an analysis that shows us another aspect of this psychotic structure. Recent articles account this syndrome brain injury. This is true in 40% of the cases; the other 60% is supposed to be also organic. This is a mental error. In this presentation we are interested in these 60% of cases where we are looking for a psychological background. With the help of a case of the syndrome of Capgras within a patient sees doubles in other persons, we give a lacanian interpretation of this phenomenon. Symbolization of objects and the own body plays an important component in this theoretical background. The patient in this presentation is affected by the Capgras syndrome where containing the supremacy of the imaginary and an absence of the transition of the symbolic flowing into a redoubling of the perception for lack of the instrument to be able making difference. This instrument is language in his symbolic quality.

Keywords: Capgras syndrome, Delusional Misidentification Syndrome (DMS), symbolization, Lacan.

**ON THE HEALING POWER  
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**Abstract Nr:** 255  
**Internet ID:** 582

**Type of Presentation:** Symposium

### **A Sociodevelopmental Pathway to Psychosis: Update and Refinements**

Craig Morgan

Institute of Psychiatry, Psychology, and Neuroscience, King's College London, LONDON, United Kingdom

#### **Learning Goal:**

To re-appraise and refine our proposed sociodevelopmental model of psychosis.

#### **Abstract Text:**

##### Background

There is strong evidence that a range of adverse socio-environmental exposures, particularly during childhood, increase risk for psychoses (across the spectrum). In synthesising these findings, we have previously proposed a sociodevelopmental pathway, in which exposure to social adversity, over the life course, explains why some develop a psychotic disorder. We have further hypothesised that a higher prevalence of these exposures among some minority ethnic groups and in some northern European cities may, partly at least, underlie the elevated rates of psychotic disorder observed in these populations.

##### Aim

To re-appraise and refine our proposed sociodevelopmental model of psychosis.

##### Method

Literature review and analysis of data from recent population-based incidence and case-control studies of first-episode psychosis.

##### Results

Evidence has continued to accrue implicating various forms of social adversity in the occurrence of psychotic experiences and disorder. Alongside this, strong evidence has emerged suggesting plausible biological (i.e., via dysregulation of the HPA axis and dopamine system) and psychological (i.e., via effects on social cognition) mechanisms that may mediate social adversity and psychosis. Our analyses of data from recent population-based incidence and case-control studies of first-episode psychosis suggest some degree of specificity for adverse experiences involving severe hostility (including discrimination), threat, and violence. These findings fit with other studies, including of mechanisms (e.g., animal models that link hostility and threat with dysregulation of the dopamine system; psychological models that suggest exaggerated appraisals of threat underlie several psychotic experiences).

##### Conclusion

Developing evidence continues to support a sociodevelopmental pathway to psychosis and further suggests a critical refinement: that what is specific for psychosis is exposure to severe hostility. Higher levels of exposure to hostility, threat, and violence, especially against a background of disadvantage, may explain higher rates of psychotic disorder among some minority ethnic populations.

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Abstract Nr: 261

Type of Presentation: Keynote speaker

**Stranger in the city The circular relationship between alienation and psychosis and the healing power of human reconnection. The relationship of psychosis with migration, social exclusion and low status groups.**

#### Abstract

During forty years, Jean Max Gaudillière and I held a seminar entitled “Madness and the social link” in our Institute of Social Sciences, the École des Hautes Etudes in Paris. At the same time we were psychoanalysts in public psychiatric hospitals where patients were immigrants not only from far away countries but also from rural areas which had been wiped out of the maps when they came to the city. From that experience we considered madness as a co research with our patients on broken social links, at the junction of their stories of abuses and of the catastrophes of History. This co research does not fit with classical psychoanalysis as the symbolic chain is broken by a ruthless agency which treat people like things. In the “psychotic transference”, the unconscious at work is not repressed with signifiers for there is no otherness. We deal with a cut out unconscious made of surviving images, which are triggered also on the side of the analyst especially in critical moments when the ruthless agency suddenly takes her place. I will give the example of Aby Warburg for this specific transference, as an interference through which “a transitional subject”, coined by Benedetti, may emerge and transform the stranger in the city into a visitor greeted by a host. And I will conclude with quotes from literature, showing that this new paradigm in psychoanalysis is as old as the wars.

#### I. Madness is a mode or research

As faculties in a sociological “Center of studies of Social Movements” in the Ecole des Hautes Etudes in Paris, my husband, the late Jean Max Gaudillière and I, entitled our weekly seminar which was mandatory: “Madness and the Social link” which lasted during forty years. At the same time we had joined the École Freudienne founded by Jacques Lacan and worked also as psychoanalysts in psychiatric hospitals during thirty years.

From that experience we contended that classical psychoanalysis was indeed irrelevant for psychosis since time stopped and anamnesis did not work. Besides the analyst cannot stay neutral. Coming from social sciences, it was obvious for us that in the case of madness and trauma, objective observation or neutrality meant objectification. With our patients we discovered that madness is a research on broken social links and historical catastrophes and we are its co researchers. That I tell to my patients: your delusion is an inquiry let me be your second investigator.

Immigration is a major issue, since we deal with erased traces and the disappearance of names, of lands, of ancestors. People go in exile to big cities from far away countries, fleeing poverty and dictatorships, but also they come from rural countries of which their descendants do not speak. They have a vague impression that something terrible happened there, with a feeling of shame. Psychoanalysts who greet children in public settings coming from all over the world often wait a long time until the parents start talking about their history. Some work with abandoned babies with no history. Often, the analysts whom I see in supervision have themselves a story of immigration which was not addressed in their own analysis and which is triggered during their work.

Same thing happened to me when I felt pushed to work with crazy people whom I met in public psychiatric hospitals, outdoor consultations and in my office. I used to ask the newcomers in the ward: whom are you looking for in that asylum? Regularly they looked for ghosts of a past which did not pass – unburied people, *desaparecidos* as they call them in Argentina, but also “unclaimed experience” as says Cathy Caruth<sup>1</sup>, of abuses and tortures, to be acknowledge by another. Still, to my question they often asked me back: “And you, what are you doing here? Progressively I realized that I was born during the war in 1943, in a combat zone in the Alps and was part of roundups, imprisonment, hostage taking, escapes in other villages and finally in another province down in the plains. When I came to Paris, to study, it was the loneliest place I could imagine, I was scared to speak in public and thought it was only a problem in my guts, as I had no clue by then about psychoanalysis. After joining Lacan’s School, I decided out of the blue to train as psychoanalyst in a psychiatric hospital although I was neither a psychologist nor a psychiatrist. There I met “strangers in the city ready to share their quest with me, for my Lacanian analyst had not s not interested by the war.

In the ward used to sit in the common room besides people who had renounced any hope. We would go to an office, only

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<sup>1</sup> Cathy Caruth, *Unclaimed experience*

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when they asked for more privacy. What was at stake was a Proximity and an Immediacy, here and now, - which created coordinates of space and time in a no space and no time -, along with an Expectancy which opens the future, and a Simplicity: no jargon. Those are the four principles coined by Thomas Salmon, whom I did not know at that time, for what is called Forward Psychiatry during WWI, completely absent in France. Although he was a civilian, he had been sent in 1917, for a mission to the war front by the American army, before they entered the war, to give some directions for the treatment of future psychic casualties. He was chosen because of his experience with immigrants. As a psychiatrist in Ellis Island he had created a special ward for "Strangers in the city", where he had experienced those principles, and he continued when he was drafted on the front lines in France, in the regions where my grandfather had been a stretcher bearer I have always greeted such patients in my office for a few euros for usually they are broke, for I had my salary for a living.

## 2. The healing power of reconnection

We met in a common quest of truth, on my side too. Some parts I discovered past 60 years old. "The subject of historical truth" is the aim given by Freud to psychoanalysis in "Moses and Monotheism" written at the end of his life, when his books were burnt by Goering in Berlin and his life threatened. <sup>2</sup>Beyond the limits of the repressed unconscious, "the discourse of the Other" according to Lacan, the subject of erased truth is exiled for there is no otherness. The symbolic chain is broken by a ruthless agency which treats people like things. We deal with an unconscious which is cut out, not constituted by signifiers for speech does not hold, but by vivid images, voices and visions, bodily sensations which testify of cutout truths. Our job in analysis is to validate them in order to get out of a perverse social link. But we cannot avoid the entrance of the lawless agency in the sessions, which will sooner or later take our place in the transference so that we may name it and get rid of it. The etymology of the word therapy is: *therapon*, an old Greek word attested in Homer's Iliad, which has two meanings: the second in combat and the ritual double in charge of funeral duties. In that respect, I discovered much later, that Netherland was a pioneer country in that respect, since the aftermath of the war, greeting the returning deportees, completely estranged from home by the survival tools of "dissociation".

I will give an example of the healing power of reconnection, about the historian of Renaissance art Aby Warburg, who became mad at the beginning of WWI. He calls the images stemming from the cut out unconscious "surviving images, *nachleben*". Haunted by such images, he was able to heal and get out of his confinement in Binswanger clinic. But this was not due, as the saying goes, to Binswanger who did not believe in his recovery. In a letter to Freud, dated of November 1921, he writes that his famous patient "will never resume his scientific activities". Aby was healed thanks to his connection with his disciple Fritz Saxl who was just demobilized from WWI, whose experience of the traumas of war made him trust the integrity of his teacher's intelligence. He brought him books regularly, telling him that his research was still at work through madness. When Aby Warburg shouted in the clinic at the beginning of the twenties, that all the Jews would be assassinated and that Binswanger was the chief butcher, he just showed what could not be said. As Hannah Arendt noted, mass anti-Semitism started in Germany in the aftermath of the 1870 Franco Prussian war. During his childhood and adolescence, he had witnessed the threat against his Jewish family of bankers in Hamburg, and "his body kept the score"<sup>3</sup>. When he cried in the clinic that he wanted to get out of this hell, Binswanger challenged him: he would discharge him if he was able to give a conference during one hour in front of the staff and the patients, to prove that he was not nuts.

That he did with the help of Fritz Saxl his genuine therapist. His own renaissance was achieved through his now famous Conference on the Ritual of the Snake among the Hopis whom he had visited at the end of the XIXth century. Like other tribes, they had been in exile into reservations, immigrant on their own land and threatened by genocide like the Jews After his conference, Binswanger kept his promise to discharge him and Aby resumed his scientific activities.

This story shows two major issues in the psychoanalysis of psychosis and trauma. First the turning moment of the analysis when I embody the ruthless agency, usually after I made some blunder. By acknowledging the part I play in that critical moment, by manifesting some erased parts in my own story, I take responsibility in the present time for the exile of the subject on a precise event. Then the "psychotic transference" becomes a host for homeless images and "thoughts without a thinker", as Bion calls them after his war experience, in a co research transmitted by words. The symbolic chain is knitted again. The word symbolic comes from the Greek verb *sumballô*: I put together, and from a custom linking a host to a visitor for the times to come. When they are going to part, they break a piece of clay, keeping each a broken bit, which their descendants will be able to adjust when they meet in the future, *sumballein*, and acknowledge their alliance. Time can flow, even it has been frozen by attacks on linking.

The main issue is a first mirror for ghosts which are beyond the looking glass when mirrors explode with the destruction of the

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<sup>2</sup> Freud *Moses and the Monotheism*

<sup>3</sup> Bessel Van der Kolk

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symbolic order by ruthless agencies at work in abuses and in wars. Then the self is no more reflected and cannot reflect in the cognitive sense, without the presence of a witness, says Dori Laub<sup>4</sup>, who is engaged in an analogous process. Patients manifest an underground intelligence which scans the analyst's faults, to provoke her to speak out and connect timeless events in a common narrative.

"My delusion stems at the crossroad of my little story and the big History" said one of my patients. Transference then is an interference, at the crossroad of the analyst's story and History, giving birth to "a transitional subject" as Benedetti calls the subject of erased historical truths. This interference happens by chance. Patients often ask me: by what luck did I meet you? And also they add: "What was useful was not your theories but the stories you told and especially little bits of your own story. Indeed, those bits were triggered by their search and had not been addressed in my own analysis but had remained in exile until they were interwoven in the transference.

Each analyst works with his own hobby horse. When I greet patients who are immigrants, from far away countries, or from the country where their ancestors land has been erased, I take a map and look with them at places which were once familiar, now estranged. Even if they are mentioned everyday in the news, they are no more inscribed in a transmission. When I greet analysts for supervision I ask also: "Where do your patient comes from?" The answer is often very vague: Africa, Sri Lanka, China, Syria or a village in France out of nowhere. But those places are really big I say. Where in Africa, in the Middle East, in which province in France etc...? I don't know say the supervisees not because they are dumb: they manifest the absence of inscription and the destruction of intergenerational transmission.

So I tell them to take a map of the region and look at it with their patients. When human cannot speak, the names of rivers, woods, paths, mountains, will speak at their place and offer a plural body of survival. That is my experience. Nobody survives alone, and in a total loneliness, things, clouds, plants, flowers, trees, insects, birds, animals talk to the lonely one. The analyst may be attuned or not with this old animistic ways of connecting with a once safe environment.

### 3. Telling stories from literature

As I told you, I am not a psychologist nor a psychiatrist, but trained in classical literature and sociology. Our Institute of social science was founded by historians like Marc Bloch who had been assassinated by the Nazis in 1944. I joined Lacan school, for his insistence on the Other, big and small. But a limit was reached when I read in the *Écrits* he refused to address the question of transference in psychosis<sup>5</sup>. So Jan max and I migrated like the birds, every summer to Austen Riggs Center, where that kind of transference had been discovered again and again, from the time of WWI. We discovered the names of Frieda Fromm Reichmann and HS Sullivan, unknown in France There we met once, Benedetti who was also unknown in our country. We invited him in our Institute of research and in our hospital and he invited us to join the ISPS.

The inventors of a new paradigm for psychoanalysis were often immigrants, or descendants of immigrants such as Harry Stack Sullivan. His grand parents were boat people fleeing the potato famine in Ireland. On the boat, his grand mother had lost her husband and her first child. Frieda Fromm Reichmann too arrived at Chestnut Lodge for a summer job in 1935, fleeing the Nazis persecution of the Jews in Germany. During WWI, she had been in charge of a ward in a military hospital in Königsberg, the town of Hannah Arendt, for soldiers injured in the brain. Thomas Salmon's father too was an immigrant. Now, I am dumfounded by the periodical erasure of their findings as if psychoanalysis had to be reinvented from scratch at each catastrophe, as if we must rediscover the wheel. This is a property of the field of madness and trauma where time stops, and the subject of speech has to be regenerated out of annihilations. "The circular relationship of alienation and psychosis and the healing human reconnection is as old as the wars", and always forgotten in the long week end between two wars. Since antiquity, the cut out unconscious made of vivid bodily images which come back as reviviscences, searches another to weave its crazy elements to other resonant elements.

It is not I who says that but Socrates in the *Theaetetus*<sup>6</sup>, who calls "alogia, without reason", the primary elements, which may be "woven" with other elements and create the "logos, speech and reason". The process of this interweaving occurs through a special kind of transference of which he speaks in the *Symposium*, through the mouth of a woman, Diotima. She gives a filiation to this transference: Eros in this case is the son of *Poros*, Porosity, and *Penia*, Penury. The porosity of the analysts meets the poverty of the immigrants who come to see them. At the end of the Dialogue, Socrates is praised as a veteran by Alcibiades who enters the symposium completely drunk, telling Socrates' story. He took part in the wars between cities in Greece; he was brave and a wonderful healer for Alcibiades himself who was their general, when he was wounded on the battlefield, and for his companions .

<sup>4</sup> Dori Laub

<sup>5</sup> Lacan *Écrits, Question préliminaire à tout traitement de la psychose* ;

<sup>6</sup> PLaton

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For the subject of our meeting, I have two more quotations from literature.

Jack Kerouac first book: "The Town and the City"<sup>7</sup>, is a tale of disintegration of the little town where he was born, Lowell Massachussets, when the depression and the war sent "on the roads" he says millions of Americans. His family ended in New York where they exploded. He writes relentlessly to testify on this errant reality, silenced under the American dream.

And a last story of an immigrant, stranger in the city, from Virgil epic the Aeneid<sup>8</sup>. Aeneas and his friend Achates are landing as boat people do, in Carthage fleeing the disaster of Trojan war across the Mediterranean. While he waits for the queen Didon, he is completely numb, and looks at a temple she is building, watching the bas relief. They represent episodes of the Trojan war. Suddenly he sees himself, pictured in three dimensions on the stone. Only then he can cry for the first time. The fact that a perfect stranger, the queen Dido, - herself an immigrant from Phoenicia where her brothers wanted to kill her -, connects him with the dissociated parts of his story.

I leave you with the famous verse which he says while crying. It summarizes my talk:

*"Sunt lacrimae rerum et mentem mortalia tangunt.* There are tears in the universe and sometimes, mortal things touch the mind. He emphasizes the importance of "*mentem*", the mind which can be touched when another is present.

In our work of psychoanalysts with trauma and psychosis, the healing power, is not only the words we say, but the rhythm of resonances between analyst and patient, which is the rhythm of poetry, sometimes soft, sometimes harsh, giving life to silenced matters for the first time.

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<sup>7</sup> Kerouac

<sup>8</sup> Virgile Eneid Iv. 462.

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**Abstract Nr:** 270

**Wilfried Ver Eecke**

**Abstract Text:**

**Schizophrenia as the result of a defective development in childhood.**

*I could present ideas of my book or I could give a talk, explaining schizophrenia as the result of a defective development in childhood.*

Lacan argues that it is the result of the absence of the paternal function. Vergote argues that it is also the result of a defective maternal function.

Lacan argues that the child develops two fantasies as a little child. It imagines that its mother is omnipotent, otherwise it is not safe under the protection of the mother.

The child also imagines that it is everything the mother could want otherwise it is not certain that the omnipotent mother will take care of her. If the child keeps those two fantasies while being a late adolescent the danger is that such an adolescent identifies with an adult who has maternal protective features. When that admired maternal figure imposes some limit then the child is in front of a human experience she cannot deal with; limit setting ( Hölderlin). Hallucinations and delusions are used to cover over the unacceptable experienced limit. If the mother had shown respect for a third, normally the father, the child would have been invited to deal with its two unrealistic fantasies.

Vergote argues that schizophrenic persons also have a defective relationship with their bodies. They do not fully inhabit their body. Vergote argues that the ability to inhabit one's body is the result of the maternal care provided to the child. Being bodily loved by the mother invites the child to love its own body.

I thus will prove that important features of schizophrenia can be explained by developmental factors. We do not need to claim that they are genetic. I will prove this further by the research of Tienari who discovered that no child of a psychotic mother became psychotic if it had been adopted by a normal family.

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**Abstract Nr: 273**

**Strengths and limitations of the social defeat hypothesis of non-affective psychosis.**

Author: **Jean-Paul Selten**<sup>1,2</sup> (presenter)

<sup>1)</sup> Dept of Psychiatry, University of Maastricht, The Netherlands.

<sup>2)</sup> GGZ Rivierduinen, Leiden, The Netherlands.

Background: The social defeat hypothesis (2005) posits that the experience of subordinate position or outsider status leads to sensitization of the mesolimbic dopamine system and places the individual at an increased psychosis risk. It may explain the increased risks for migrants, city residents, individuals with a low IQ, a history of childhood trauma and/or hearing impairment.

Aims: 1. To review epidemiological and neuro-receptor imaging studies that tested the hypothesis; 2. To discuss criticisms raised; 3. To evaluate the social disadvantage and cultural distance hypotheses.

Method: Literature review.

**Results:**

1. Epidemiological studies have shown increased risks for other excluded groups: homosexuals and individuals with autism. Neuro-receptor imaging studies have demonstrated dopamine sensitization among non-psychotic individuals with hearing impairment, a history of childhood trauma or migration.
2. Criticism concern (i) the impossibility to measure the experience of defeat and (ii) reverse causality: defeat could be the consequence of a genetic disorder in neurodevelopment, already present before the onset of psychosis. The first point is valid, because individuals tend to give socially desirable replies. Consequently, the hypothesis is based on group comparisons. The second point is less adequate, because it is unlikely that the genes that contribute to a defective neurodevelopment also code for migration, urban upbringing, hearing impairment, etc.
3. A strength of the social disadvantage hypothesis is the possibility to measure the relevant phenomena (e.g., low level of education, unemployment). A limitation is that these phenomena can also be the consequence of disease. The operationalization of cultural distance (i.e., self-assessment of language competence) is not convincing. The social disadvantage-cultural distance hypothesis does not explain the ethnic density effect, because migrants in ethnic dense areas are more disadvantaged and less fluent in the dominant language than other migrants.

Conclusion: the social defeat hypothesis provides a link between epidemiology and biology.

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### **Abstract 311**

**Wim Veling**

For many years, high rates of psychotic disorders have been reported among ethnic minorities in Europe. The increased risk seems not to be explained by methodological issues such as selective migration or misdiagnosis. It can be understood by taking into account the social and cultural context in which ethnic minorities live. The increased psychosis risk is likely to be determined by factors on multiple levels, including society, the neighborhood, the ethnic group, and the individual. Specifically, living in a context of low ethnic density, belonging to a group that experiences a high degree of discrimination and social exclusion, and having a weak and negative identification with one's own ethnic group may increase the risk of psychotic disorders. It is bad for mental health to grow up in a negative social position relative to peers, with limited possibilities to change that position, and lack of social resources to cope with this social stress. Solutions for the increased psychosis risk among ethnic minorities should address the social and psychological causes at individual, neighborhood, group and societal level.

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## **Abstract 312**

Nick Putman

### **Finding agency amidst all the voices - Open Dialogue and the reweaving of social fabric.**

And here is a biography:

Nick is the founder of Open Dialogue UK. He is a psychotherapist and Open Dialogue practitioner and trainer who specialises in working with people experiencing psychosis and their families.

Nick spent around 10 years living and working in a variety of community based services for people experiencing psychosis and other extreme states, including those run by the Philadelphia Association, the Arbours Crisis Centre, the Richmond Fellowship, and Windhorse in Massachusetts. Inspired by the values at the heart of these projects, he has been working over the past seven years to create more opportunities for people experiencing psychosis to meet with professionals/teams who are willing to 'be with' them in a time of crisis and find meaning in their experience, largely through the development of Open Dialogue in public mental health services and elsewhere.

Nick first undertook Open Dialogue training with Mary Olson, Jaakko Seikkula et al. in the US, and has spent considerable time with the Open Dialogue teams in/from Western Lapland. He has also spent time with the Parachute Project in New York, which drew heavily on the Open Dialogue approach, studying their community-based services and training programme. He was instrumental in establishing the first three year Open Dialogue training programme to be run outside of Finland (in London), and has been a trainer on several international Open Dialogue programmes.

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### **Abstract 318**

#### **Finding agency amidst all the voices - Open Dialogue and the reweaving of social fabric**

**Nick Putman**

Founder of Open Dialogue UK. Psychotherapist and Open Dialogue practitioner and trainer who specialises in working with people experiencing psychosis and their families.

Abstract:

The Open Dialogue approach from Western Lapland is now being developed in as many as twenty countries. Though the approach is not focused primarily on people diagnosed with psychosis (as it is used with all those presenting to services in Western Lapland), the research in Western Lapland has focused on first episode psychosis, and shows by far better outcomes than we tend to see in public mental health services. This alone could account for the growing interest in the approach, and the investment in new research in a variety of international settings in recent years. And yet, at least as significant is the passion with which professionals speak and write about their experience of working dialogically with families and networks, not to mention the growing number of service users and family members advocating for the use/development of the approach.

In an Open Dialogue service, family/network members have the opportunity to express themselves in a supportive setting, and to address issues that they have been facing, including traumatic experiences, such that they can start to experience their agency more fully as well as a greater sense of connectedness. This is not easy work, and yet it holds much promise - the potential for finding meaning in so-called 'madness', but also for a reweaving of social fabric, such that those involved can move forward individually and collectively. The Open Dialogue approach, a fine blend of common sense and skilful presence/practice, rooted in human relations, has the potential to transform our mental health services. As a need-adapted approach, it is naturally inclusive of a wide variety of professionals and practices, and so it also has the potential to address the divisiveness that too often affects the possibilities for collaborative practice.

In this presentation Nick Putman will briefly introduce the approach, including related theory/philosophy, and the research that has been undertaken to date. He will argue that, if we comprehensively develop the approach in our services, they should be cheaper to run than conventional services, leading to less reliance on public services in the long-run. He will share something of his experience of developing the approach over the last six years, largely through co-ordinating/running training programmes, both in terms of the current politics, but also the possibilities for developing the approach in services/practice.

Nick is the founder of Open Dialogue UK. He is a psychotherapist and Open Dialogue practitioner and trainer who specialises in working with people experiencing psychosis and their families.

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**Friday  
August  
30th**



# ISPS™ 2019 CONFERENCE

August 28th - September 1st **ROTTERDAM**

## Day 2: Friday August 30<sup>th</sup>

### Lived experience takes the lead

	Willem Burger Zaal	Van Weelde Zaal	Hudlig Zaal	Schadee Zaal	Van Beuningen Zaal	Mees Zaal	Ruys Zaal	Van Rijkze-vorsel Zaal	Plate Zaal	Van der Vorm Zaal
08.00	Symposium 17 The healing community according to the MSI	Symposium 11 Psychosis as a structure	Symposium 2 Creativity and art for treatment purposes	Symposium 18 A refuge for the stranger in the city	Workshop 6 Building communities of healing	Workshop 7 Reducing hospitalization by using Emotional CPR	Workshop 25 CBT and psychoanalysis	Workshop 15 The challenge of leaving the hospital and regaining the city	Workshop 42 Biomedical model versus Open Dialogue	Orals 6 Trauma
	35	137	101, 56	262, 263, 264, 265	80	87	26, 24, 25	151	258	51, 212, 213

09.15	Short coffee break foyer										
09.30	Introduction Chairs			Debra Lampshire & Irene van der Giessen				Willem Burger Zaal			
09.45	Keynote speaker			Brenda Froyen				275 Willem Burger Zaal			
10.15	Keynote speaker			Jen Kilyon				313 Willem Burger Zaal			
10.45	Keynote speaker			Marcus Evans				272 Willem Burger Zaal			
11.15	Coffee break foyer										
11.45	Debate with the audience & speakers			Chairs: Debra Lampshire & Irene van der Giessen				Willem Burger Zaal			
12.30	Lunch and poster sessions										

	Willem Burger Zaal	Van Weelde Zaal	Hudlig Zaal	Schadee Zaal	Van Beuningen Zaal	Plate Zaal	Mees Zaal	Ruys Zaal	Van Rijkze-vorsel Zaal	Zeelenberg Zaal	Van der Vorm Zaal
13.30	Symposium 5 What language is best to speak of psychosis?	Symposium 14 Psychotic Transference	Symposium 1 The use of creative writing	Symposium 20 Soteria in Israel	Madness meets creativity Lived Experience Festival Part 1	Workshop 10 Family work: what works?	Workshop 3 The Young Ones!	Workshop 29 Self disclosure	Workshop 22 Working with voices	Orals 7 Labeling and stigma	Orals 10 Making Sense of Voices
	184	65, 171	214, 199, 107	223, 113	274	165	70	129, 41	5, 90	19, 17, 71, 124	89, 100, 254
15.00	Coffee break foyer										
15.30	Symposium 19 Weaving the web of belonging and OD	Symposium 15 History Beyond Trauma; return of repressed	Symposium 12 Family ghosts and strangers in the family	Symposium 21 Soteria and making the stranger feel at home	Madness meets creativity – Lived experience Festival Part 2	Workshop 12 Calling All Family Members!	Workshop 16 See all of me	Workshop 31 Therapeutic Partnership	Orals 8 Group Approaches and psychoanalysis	Workshop 44 Two creative and practical approaches to social inclusion and personal recovery	Orals 9 Alternatives for residential treatment & healing effects of well bei
	49, 120	1, 69	84	2, 237	274	183	200	135, 21	15, 79, 104, 106	278, 279	92, 179, 209

17.00-18.00	Keynote and discussion			Ingo Lambrecht				317 Willem Burger Zaal			
18.30	Conference Diner										

### Postersessions day 2 – Experience based Posters

Posters linger during the whole conference, presentations during lunchtime

	TITLE	WHO	
Poster 30	<b>“Being an Expert” and Psychosis: Encounters with Lives on the Margin</b>	Ms Arpita Gupta, Kanpur	112
Poster 31	<b>Psychosis and the Prophetic Sense</b>	H. O’Neil, Bronx	144
Poster 32	<b>Racial Trauma and Soul Retrieval: Existential Kink as a Tool for Shamanic Healing</b>	H. O’Neil, Bronx	156
Poster 35	<b>The influencing machine is real</b>	Trevor Temmen, Cobram	181
Poster 36	<b>Eterotopie</b>	Assunta Maglione, Napoli A. Ranieri	216
Poster 37	<b>Run with It! My story of running with my voices to foster reconnection and fight stigma.</b>	P. Hickman, Canada T. Fogl, N. Wright, L. Murata	238
Poster 38	<b>Each personal story as a brick in the bridge? Is dialogue possible? The free choice of human reconnection.</b>	Joanna Obiegalka, Warsaw Anonymous, therapeutic, J. Group	240
Poster 39	<b>Evil injustice</b>	Marietje Lemmens Jeanny Severijn, Jan Verhaegh, Monique de Koning	260
Poster 52	<b>Psychosis and Planetary Destruction</b>	Barbara Beatson	241



**Abstract Nr:** 1  
**Internet ID:** 16

**Type of Presentation:** Symposium

### **History Beyond Trauma: The Enduring Legacy of Davoine and Gaudilliere**

James Gorney

William Alanson White Psychoanalytic Society, KNOXVILLE, United States of America

#### **Learning Goal:**

Attendees at this Symposium will learn key concepts developed in *History Beyond Trauma* which explicate the multigenerational transmission of trauma; learn how to implement the clinical approach of Davoine and Gaudilliere; and understand the role of individual and intergenerational trauma within psychotic experience.

#### **Abstract Text:**

The purpose of this Symposium is to explicate the profound, original illuminations of trauma and psychosis contained within *History Beyond Trauma* by Francoise Davoine and Jean-Max Gaudilliere. Over the course of this ambitious volume these psychoanalysts integrate 30 years of clinical and theoretical research on psychotic experience. Drawing upon their studies in philosophy and classics and experience as professors of sociology, the authors approach madness not as a symptom, pathology, or diagnosis in a manual, but rather as a Place. This is the Place where the Symbolic Order which guarantees an individual's connection to language, history, and social relations has ruptured, exploded or disappeared. Consequently, one of the most important insights found in this work is that the psychotic is engaged in a research investigation into the nature and history of this Place; he or she is a seeker. The authors radically locate psychosis within a social and historical field. Within psychotherapy the therapist is second in command to the patient – the Principal Investigator – who desperately attempts to articulate an unspeakable dimension of trauma and catastrophe, which has come to be foreclosed in individual or social history. Drawing upon their own memories, as well as their European identities, the authors develop a model of trauma rooted in the paradigm of war; the psychotic patient thus brings a war zone into the consulting room. Ultimately, principles derived from war psychiatry are employed as salient clinical tools in approaching trauma and madness. Each of Davoine's and Gaudilliere's major theoretical concepts will be here illustrated via vivid clinical material. It will be the intention of this Symposium to communicate the propositions of *History Beyond Trauma* with great clarity, and to demonstrate their broad relevance for those engaged in the investigation and treatment of psychosis.

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**Abstract Nr:** 2  
**Internet ID:** 21

**Type of Presentation:** Symposium

## **Soteria Emergis - collaboration between 'someone with psychosis and the others' in inpatient early psychosis care**

Pien Leendertse

Soteria - Emergis, KLOETINGE, The Netherlands

### **Learning Goal:**

How the Soteria paradigm offers an inpatient treatment model of acute psychosis in which alienation from self and others can be prevented, illustrated from the perspective of both patient, family and healthcare providers.

### **Abstract Text:**

Soteria is an inpatient treatment model for acute, early psychosis. It arose in the 70's, as a counterpart of regular psychiatry, by Loren Mosher, but has evolved towards a treatment model closely related to current perspectives in early psychosis care. The focus is on a phenomenological (non-medical) approach of psychosis, enabling people to integrate the psychotic crisis into their lives. Treatment takes place in a homelike, calming environment, where interventions on biological, social and psychological level can be adopted in an integrated way. Low-dose medication strategies are combined with a range of psychotherapeutic and psychosocial interventions. Less familiar is the strong emphasis on collaboration between patients, staff, and family members/ persons of significance. Inspired by Luc Ciompi and the Soteria Netzwerk in Germany and Switzerland, we put up our own Soteria house at Emergis, so far the only Soteria facility in the Netherlands. It is aimed at young people suffering from acute psychosis where hospital admission could not be prevented and general admission wards don't seem to fit the needs of this vulnerable group. Recovery is promoted from an innovative milieu therapeutic setting, with a shared responsibility for household between patients and staff and jointly following of a structured week programme outside the mental healthcare facilities. We have been successfully working with Soteria since 2011, showing from satisfying experiences by both patients and family members regarding their (sometimes involuntary) hospital admission. In this workshop we want to share our experiences with the Soteria model, from a patient-, family- and staff-perspective, in dialogue with the audience. It is illustrated by a short film and brief description of the currently running scientific research into the effects of treatment according to the Soteria model compared to treatment as usual within the Dutch context.

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**Abstract Nr:** 3  
**Internet ID:** 29

**Type of Presentation:** Symposium

**'Sometimes the Structure Around Us Fails.' Parents' Subjective Understandings of How Their Psychosis Affects Parenting**

Jennifer Strand, Karin Grip, Petra Boström  
Department of Psychology, GOTHENBURG, Sweden

**Learning Goal:**

The results show a number of difficulties in parenting faced by patients with psychosis. We suggest that it is important for healthcare staff to build an alliance with the parent that includes communication about parenting and childcare at an early stage of treatment, before problems become acute.

**Abstract Text:**

Parental psychosis poses a risk factor for a child's well-being. Few studies have focused on the parents' views of how their psychosis affects their parenting, and results for parenting ability in this group are contradictory. The present study aimed to explore how parents with psychosis experience the effect(s) of their illness on parenting. In-depth and semi-structured interviews were conducted with 15 parents who attended service units specializing in psychosis. The transcripts were analyzed using thematic analysis. Data related to the research aim were analyzed deductively according to the protection, reciprocity, control, guided learning, and group participation model of parenting. Data in each domain were then coded inductively to form subthemes. Results show that all domains of parenting appear to be affected by psychosis. The parents specifically mentioned that depression, fatigue, and difficulty focusing because of hearing voices had negative impacts on their abilities to provide protection, reciprocity, and control. The parents also expressed difficulties in maintaining routines in the child's everyday life. Furthermore, the theme "Unpredictable absences" crosses all domains and highlights the parents' recurrent mental and physical absences from their children during psychotic episodes. In conclusion, parents with psychosis could benefit from interventions that aim to improve their mentalizing capacity in relation to their child. Some parents may also need support to maintain the daily structure of childcare during psychotic episodes.

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**Abstract Nr:** 5  
**Internet ID:** 34

**Type of Presentation:** Workshop

### **The Maastricht Approach of Hearing Voices**

Dirk Corstens

MET ggz, MAASTRICHT, The Netherlands

#### **Learning Goal:**

What the Hearing Voices Movement means.

How you can establish a relationship between the voices and the personal history of a person.

To learn that the content of voices is significant and how you can help people to establish a constructive relationship with their voices.

#### **Abstract Text:**

The Hearing Voices Movement is a network of voice hearers and allies that connect around themes like emancipation, human rights, survivors connection and recovery. Intervoice is a charity that provides hopeful information around hearing voices and supports the organisation of annual world hearing voices congresses. We promote inclusive selfhelp groups and personal connections and support worldwide.

On a personal level voices are often related to overwhelming life circumstances and I will present a tool, developed by Romme and Escher (Making Sense of Voices, 2000), that systematically provides insight in who the voices represent and what problems they represent. From this so-called construct we can develop strategies for recovery.

One of these strategies is to relate to the voices and establish a constructive relationship between voice hearer and his voices.

#### **References:**

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**ON THE HEALING POWER  
OF HUMAN RECONNECTION**





**Abstract Nr:** 15  
**Internet ID:** 62

**Type of Presentation:** Festival

### **Fear of going crazy along with the patient**

Giuseppe Caserta

Istituto Gaetano Benedetti, PERUGIA, Italy

#### **Learning Goal:**

- showing the importance of dreams in psychotic patients
- learning how the psychotherapist is threatened by patient's psychotic nuclei
- learning the concept of "transitional subject" created by Benedetti to explain relationship in the therapy room

#### **Abstract Text:**

Fear of going crazy along with the patient is very common in psychotherapy of psychosis. Assuming the point of view of Gaetano Benedetti, the therapist must lend his unconscious to the schizophrenic patient to allow him to "appersonify", using the images in it to rebuild the capacity of using symbols and to finally help the Ego to recover and to regain the former unity in psychic life. During this process, eventually the analyst will enter in contact with the patient's powerful psychotic nuclei, and he will be eventually scared by the possibility of going mad, poisoned by the patient's overwhelming unconscious. As magistrally described by Searles in his work on psychotherapy of schizophrenia, the fear of mutual madness in transfert is linked to the patient's familiar history, where the pathological relationships may force one of the members to psychosis, in order to save the others, to punish for unacceptable desires or for vengeance. The repetition of this mechanism in the therapy room offers the unique possibility to bring it to light in real time and to elaborate all the suffering related to it. Through a clinical report of a young man affected by paranoia, we'll see, using a significative dream, how the oniric images are contaminated by this fear, and we'll see how, thanks to Sincronicity, the deep relationship between the patient and the analyst affects the reality "outside the room".

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 17  
**Internet ID:** 75

**Type of Presentation:** Oral Presentation

**Why the genetic brain disease model of schizophrenia is scientifically incorrect**

Colin Ross

The colin A. Ross Institute for Psychological Trauma, RICHARDSON, United States of America

**Learning Goal:**

Participants will be able to describe how the genetic brain disease model creates a gap between a person with a diagnosis of schizophrenia and everyone else, and explain why research on the genetics of schizophrenia proves that schizophrenia is not a "genetic brain disease."

**Abstract Text:**

The genetic brain disease model of schizophrenia dominates psychiatry today. However, the data in the literature on the genetics of schizophrenia prove conclusively that: schizophrenia is at most only a little bit genetic; there is no specific genetic profile for schizophrenia; hundreds of genes contribute to the genetic risk for schizophrenia, but each gene by itself contributes only 1%-2% of the risk; altogether these genes contribute only a small amount to the overall causes of schizophrenia; and most of the causes of schizophrenia come from the environment. The presenter will review twin studies, adoption studies, heritability estimates, high expressed emotion studies, genome-wide association studies and polygenic risk scores to prove that schizophrenia is not very genetic. He will also explain how statistics are used by researchers to make schizophrenia seem more genetic than it actually is. The genetic brain disease model is not completely wrong - genes do contribute a little bit - but the effects of the model are a diversion of research funds away from trauma and environmental causes and treatments. Also, the genetic disease model puts people with schizophrenia in a different category from "normal" people, defines them as defective and abnormal to the core, and thereby creates a gap between patients and everyone else. It contributes to alienation, isolation and hopelessness. How else would someone feel, after being told that they are genetically abnormal? So-called genetic counseling for schizophrenia needs to include much more emphasis on trauma and the environment. Treatment needs to involve less emphasis on medications and more emphasis on psychotherapy and social interventions.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 19  
**Internet ID:** 84

**Type of Presentation:** Oral Presentation

### **The Role of Stigma and Demographic Characteristics in Clinical Conceptualizations of Psychosis**

Lauren Gonzales

Adelphi University, NEW YORK, United States of America

#### **Learning Goal:**

Understand and consider how stigma and marginalized identity status may influence provider and community member attitudes regarding psychosis.

#### **Abstract Text:**

Research suggests that persons with psychosis and schizophrenia diagnoses experience disproportionate access to and benefit less from mental health care, particularly when they are of minority racial/ethnic status and low socioeconomic status (SES). Provider stigma may influence clinical decision-making and indirectly contribute to these health disparities. A total of 250 community members and treatment providers will complete measures of mental illness stigma and their attitudes regarding a hypothetical "patient" presented in vignette format. It is hypothesized that stigmatizing attitudes toward mental illness will negatively influence attitudes about recovery and lead to more coercive treatment decision-making, and this will vary by demographic characteristics of the "patient" (e.g., race, housing status, and justice involvement). Findings will be discussed as related to mental health disparities for individuals with psychosis.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 21  
**Internet ID:** 88

**Type of Presentation:** Workshop

**Working with Psychosis: A Paradox of Relatedness**

Nardus Saayman

University of the Witwatersrand, JOHANNESBURG, South Africa

**Learning Goal:**

To show how psychotherapists' experiences of working with psychosis affects the process of establishing a therapeutic relationship.

**Abstract Text:**

The psychotic patient, hindered by their unresolved primary narcissism, frequently struggles to relate to others, including their psychotherapist. This does not imply that there is no attempt at relating, but rather that the attempt does not seem to acknowledge the full existence of the psychotherapist as other. If the patient's attempt at relating is missed, they are abandoned to the dread of their separation and loneliness. Psychotherapists see the process of establishing some form of relationship with their patient as a key component of a viable therapeutic endeavour – a need that is often driven by narcissism in some way. The point at which the psychotic patient and the psychotherapist meet marks the beginnings of relatedness disturbed by conflicting needs and wishes, creating a paradox of relatedness. In this paper, psychodynamic psychotherapists' accounts of engaging therapeutically with psychosis are used to highlight therapists' experiences of this paradox of relatedness. This dynamic is looked at through the lenses of Freud's formulations of primary narcissism, and Kernberg's understanding of narcissism.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 24  
**Internet ID:** 107

**Type of Presentation:** Workshop

**Cognitive-Behavioral Therapy for Psychosis (CBTp) in a Psychoanalytic Frame**

MICHAEL GARRETT

SUNY Downstate Medical Center, BROOKLYN, NEW YORK, United States of America

**Learning Goal:**

Attendees will understand the rationale for integrating CBTp and psychodynamic psychotherapy to assist patients in their recovery, with the ultimate goal of restoring interpersonal relationships in personal life and work.

**Abstract Text:**

CBTp is a superior method for considering the *literal falsity* of delusional beliefs. Psychodynamic psychotherapy is a superior method for examining the *figurative truth* of the same beliefs and other psychotic symptoms. The presenter will describe the integration of CBTp and psychodynamic psychotherapy, where early in treatment, CBTp techniques are used to encourage doubts about a person's delusional beliefs, followed by a psychodynamically-oriented exploration of psychotic symptoms that express the personal meaning of adverse life experiences. The presenter will outline this approach by discussing a man who believed a dog could see through his clothing who was convinced the dog was shaming him with its glance. A number of familiar CBTp techniques will be listed, followed by an in-depth description of their use in the successful treatment of a 40-year-old woman who had suffered from a chronic paranoid psychosis that had for 20 years been unresponsive to neuroleptic treatment-as-usual. Two brief videotape clips will be presented, in which she describes the value of psychotherapy in her treatment.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 25  
**Internet ID:** 108

**Type of Presentation:** Workshop

**The Utility of Melanie Klein's Concept of a Persecutor In Understanding Paranoid Psychosis**

MICHAEL GARRETT

SUNY Downstate Medical Center, BROOKLYN, NEW YORK, United States of America

**Learning Goal:**

Attendees will gain a clear and commonsense understanding of the psychology of persecutory delusions and see the relationship between paranoid psychosis, normal childhood development, and ordinary mental life, a perspective that will show persons suffering from psychosis to be "more simply human than otherwise".

**Abstract Text:**

The presentation aims at a clear explanation of the ideas of Melanie Klein, which relate psychosis to normal development and ordinary mental life in a way that demonstrates that psychotic persons are "more simply human than otherwise". It is hoped that family and friends of persons suffering from psychosis may gain a better commonsense understanding of the mental life of persons suffering from psychosis. Melanie Klein, a contemporary of Freud who originated child psychoanalysis, described how, early in development, the mental representation that normal children form of people tends to split into all positive images of "all good" images of people and negative "all bad" images of people, because it is psychologically impossible at a young age to be angry at and seek comfort from the same parent at the same time. The familiar wicked witch in fairy tales represents the "bad mother" who in the fairy tale wishes the child ill. Klein's thinking gave rise to psychoanalytic object-relations theory, which examines the structure of and relationship between mental representations of the self and others in the mind. Adults suffering from psychosis often believe that they are in relationship with a persecutor (a government agency, the Mafia, a neighbor, or the deceased) who is the bane of their existence, standing between them, success, and happiness. The presentation will examine the developmental origin of persecutory delusions and describe how psychoanalytic object-relations theory can be useful in understanding the characters that populate delusional beliefs, and how Klein's ideas are useful in the conduct of psychotherapy for psychosis.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 26  
**Internet ID:** 109

**Type of Presentation:** Workshop

**Why Is Cognitive-Behavioral Therapy Successful With Some Persons Suffering From Psychosis and Not Others?  
Resistances to Using Logic in CBTp**

MICHAEL GARRETT

SUNY Downstate Medical Center, BROOKLYN, NEW YORK, United States of America

**Learning Goal:**

CBT for psychosis relies on logic to achieve positive therapeutic outcomes. Attendees will become familiar with eleven psychological resistance that therapists may encounter when they are trying to help psychotic persons to use logic to examine maladaptive beliefs and other psychotic symptoms.

**Abstract Text:**

Persons in psychotherapy often resist knowing painful truths about life and themselves that are difficult to apprehend. Analysis of psychological resistance is a mainstay of psychodynamic treatment, though not so in cognitive-behavioral therapy (CBTp). CBTp relies on the psychotic person using logic to examine evidence for and against maladaptive beliefs, yet many psychotic persons resist the use of logic in CBTp, undermining the efficacy of this logic-based form of treatment. The presentation will list and discuss 11 psychological resistances encountered in the psychotherapy of psychosis which may undermine the use of logic in CBTp. These include the person in therapy claiming to be an exemption to logic, or claiming to be a master logician who monopolizes the logical high ground. The use of logic in CBTp may be dissociated from the emotional implications of logic. The presenter will describe these 3 resistances, 4 other resistances to the use of logic in CBTp, and 4 other resistances best considered from a psychodynamic point of view.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 35  
**Internet ID:** 142

**Type of Presentation:** Symposium

**The healing community according to msi (Integrated Structural Model) The virtuous circle for the cure of Psychotic patients.**

Fernando Del Prete, Grazia Marchesiello, Tommaso Biccardi, Simona Di Gaetano  
Sipi (Italian Society Integrated Psychoth.), CASORIA (NEAPLES), Italy

**Learning Goal:**

Healing Psychosis with Restructuring Psychotherapy, Restructuring Pharmacotherapy and integrated interventions for Restructuring Rehabilitation according to a sole model of care

**Abstract Text:**

**The healing community according to msi (Integrated Structural Model)**

*The virtuous circle for the cure of Psychotic patients at the start, after chronicity and in the prevention of their disease*

Prevention, Onset and Chronicity of Mental Illness are the stages in which an intervention is required to provide not to exclude anyone who has the motivation to heal.

The caring Community of Casoria (Naples - Italy) responds to this need through three tools: Restructuring Psychotherapy, Restructuring Pharmacotherapy and integrated interventions for Restructuring Rehabilitation according to a sole model of care, the msi (Integrated Structural Model)

The Rehabilitation Residence, the Daycare, the Outpatient Psychotherapy Service together, constitute a sole community that drives the patient in the different phases of the disease. Starting from the need for disease awareness, without losing hope, the patient can succeed in healing.

Through the description of clinical cases (video, slides, discussion), we will follow the path of the patients within the community and in crossing the different services, to reach the objectives:

Ability to build/ know an own vision of Self, of the Others and the World and being able to share it

Elimination of Voluntary and Forced Hospitalization

Elimination of psychiatric drug administration

Elimination of Symptoms

Treatment continuation with the sole Clinic Psychotherapy

Personal and Working Autonomy

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**





**Abstract Nr:** 37  
**Internet ID:** 146

**Type of Presentation:** Oral Presentation

**Archetypal themes in the the experience of auditory hallucinations**

Debbie Holderle

Debbie Holderle Ph D. LPC, SAINT LOUIS MISSOURI, United States of America

**Learning Goal:**

1. Explore and identify common archetypal themes in the experience of hearing voices.
2. Utilize archetypal themes as possible tools in helping individuals understand the meaning of their lived experience of hearing voices.

**Abstract Text:**

D3 (Themes of psychosis connecting to the atmosphere in society, psychosis and evil, psychosis and world destruction)

**Title: Archetypal themes in the experience of auditory hallucinations**

**Abstract**

This presentation suggests that the use of archetypal themes—guided by Jungian perspectives—could be an effective tool in understanding the lived experience of hearing voices. Archetypal themes that appear to present themselves in hallucinations will be explored for meaning and coherence. Contrary to the common belief in modern psychiatry that auditory hallucinations primarily contain negative images and therefore have to be ignored, archetypal themes such as that of the hero and the Great Mother, and other primal images embedded in the voices, appear to carry messages of hope and redemption, reflecting one's struggle for coherence in a destructive world. The voices of an omnipotent God, or of the crucified and resurrected Jesus, as well as the voices of Satan and the devil, all contain characteristic archetypal symbols that are universal in nature and serve as compensatory images, providing balance and organization to a fragmented and disorganized mind. Psychotic experiences—particularly the phenomenon of hallucinations—not only manifest pain and suffering, but also serve as evidence of the process of healing and rebirth—an idea that is still very unpopular in mainstream psychology. As one struggles to understand the pain and injustice of the outside world, one has to rely on internal mechanisms that would make the chaotic world bearable. Exploring the meaning of archetypal themes in hallucinations would serve as working tools in understanding individual suffering and the struggle for meaning.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 38  
**Internet ID:** 147

**Type of Presentation:** Symposium

**A refuge for the stranger in the city.**

Ludi van Bouwel<sup>1</sup>, Sophie Guiot<sup>1</sup>, Lucas Joos<sup>2</sup>, Bart Reynders<sup>2</sup>, Dirk Bryssinck<sup>3</sup>

<sup>1</sup>UPC KULeuven, campus Kortenberg, LEUVEN, Belgium

<sup>2</sup>Emmaus, ZOERSEL, Belgium

<sup>3</sup>Villa Voortman, GENT, Belgium

**Learning Goal:**

When a person with psychotic experiences has no possibility to stay in his natural environment at home, how can we organize a warm place where he can feel welcome and accepted? How do we create a holding and containing environment where internal growth is possible with respect for his identity?

**Abstract Text:**

The psychotic person often feels inhabited by alien forces, by strangers. He feels alienated from himself and from the world around him. How do we welcome that stranger? How do we meet him? And above all, how can we best respond to his alienation. The symposium proposes three examples of welcoming places (two in a traditional mental hospital, one in a low threshold meeting place in a house in the city) where psychotherapeutic work and a milieu therapeutic attitude are combined. Based on theories of psychoanalysis, institutional psychotherapy (antropo-psychiatry) and psychodynamic family-work, a holding environment is created in which transformations can become possible and the person can grow with respect for his own identity. The stranger in the city is a good metaphor to think the frictions: how can we offer the stranger a hospitable place where something of the wildness and the strangeness can be domesticated and contained without being tamed into alienating adaptation?

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 41  
**Internet ID:** 156

**Type of Presentation:** Workshop

**Therapist Self-Disclosure in Group Acceptance and Commitment Therapy for Psychosis Recovery**

Julia dr Nicholls

Alfred Health, MELBOURNE, Australia

**Learning Goal:**

To demonstrate how therapist self-disclosure can be used to teach ACT concepts, build therapeutic rapport and normalise human suffering in group ACT for clients experiencing psychosis.

**Abstract Text:**

Acceptance and commitment therapy (ACT) has a growing evidence base in promoting recovery for individuals experiencing psychosis. Recovery in ACT is focused on reducing engagement with distressing experiences so individuals can connect with and act on their values. Within an innovative group protocol 'ACT for Psychosis Recovery' (Donoghue, Morris, Oliver & Johns, 2018), which has recently been rolled out in our public mental health service, therapist self-disclosure has been used to promote learning of ACT concepts, build therapeutic rapport and normalise human suffering. In this presentation, the judicious use of therapist self-disclosure will be presented as one way to help bridge the gap between therapists and clients who are experiencing psychosis. Concrete examples of the use of therapist self-disclosure in group ACT for Psychosis Recovery will be highlighted through the ACT 'passengers on a bus' metaphor. Furthermore, this metaphor will be used to demonstrate how therapist self-disclosure can be used to promote learning of how all human beings, with or without lived experience of psychosis, can act on their values in spite of distressing private experiences (such as thoughts, feelings, memories or hearing voices) that will invariably show up in our lives. Lastly, the potential challenges and opportunities associated with using self-disclosure in therapy will be discussed. Given the dearth of clinical literature available on the use of therapist self-disclosure and therapeutic outcomes this is an area of clinical practice that requires more research.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 49  
**Internet ID:** 175

**Type of Presentation:** Symposium

**Weaving the web of belonging: networks supporting networks**

Zelda Alpern, [James Ashenfelter](#), Lisa Dobkowski  
Counseling Service of Addison County, MIDDLEBURY, United States of America

**Learning Goal:**

Participants will: recognize that to support clients in social networks, staff must feel supported by a network; identify dialogic practices to cultivate connections across the system of care; express the significance of “now moments” in galvanizing individual and group agency; and envision how to cultivate them in varied professional contexts.

**Abstract Text:**

Workers are often contacted by family to respond to concerns about someone who is perceived to be in an extreme state. As calls and worry increase we find ourselves in an abyss of uncertainty and prone to make decisions based on worse case scenarios and fear. We fill in the uncertainty with our professional certainty as we look for a way out of this abyss. The more certain and fear-based professionals and families become, the more we distance ourselves from the person who is worried about. Through our study of Open Dialogue at the Counseling Service of Addison County (CSAC), a community mental health center in rural Vermont, we have found that slowing down, hearing all the voices and openness to unanticipated possibilities make all the difference in responding to crisis, and are preconditions for what Daniel Stern has termed “now moments” - reducing risk and increasing personal agency. Being with each other in this way is both made possible by and makes it possible to hear all the voices and thereby increase understanding across the network.

But in times of perceived crisis, what supports us to slow down and listen; to respond with openness rather than to react with fear; to be with ourselves and others in ways that encourage connection rather than distance?

To offer connection to others, we must be connected ourselves. We have been tending to relationships across our system of care: bridging inpatient and outpatient programs, and connecting across departmental, agency, state and national boundaries. We will discuss the varied strategies we have used to cultivate “now moments” among staff, and offer vignettes that illustrate how doing so has enabled us to foster presence, openness and connection with clients, families and other members of the social network, leading us all out of crisis in unforeseen ways.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**

**Abstract Nr:** 51  
**Internet ID:** 183

**Type of Presentation:** Oral Presentation

**Psychological mechanisms mediating the link between childhood trauma and suicidality in patients with first episode psychosis**

Young Chul Chung<sup>1</sup>, Yohan Lee<sup>2</sup>

<sup>1</sup>Chonbuk National University Hospital, JEONJU, South-Korea  
Nederland

**Learning Goal:**

- Role of rumination and negative schema in the development of suicidal ideation in first episode psychosis
- Prevalence of suicidal ideation and rumination in first episode psychosis

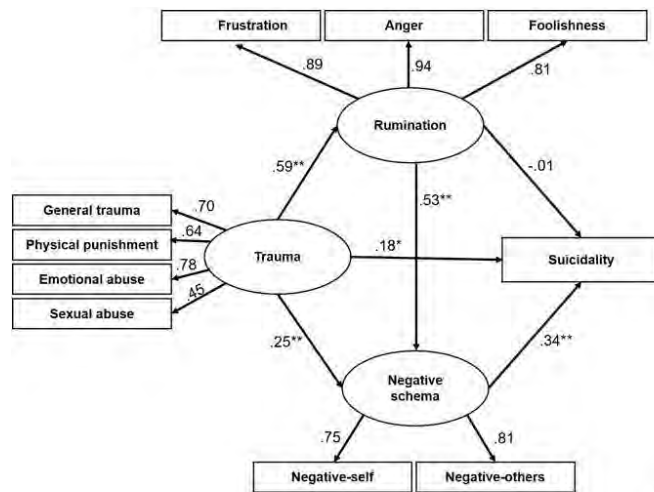
**Abstract Text:**

**Background** Several studies have investigated childhood trauma (ChT) and suicidality in cases of psychosis. However, psychological mechanisms mediating the link between ChT and suicidality are not well understood. The aims of this study were to explore the mediating roles of negative schema and rumination in the relationship between ChT and suicidality in patients with first episode psychosis (FEP).

**Methods** The subjects consisted of 306 patients with FEP who were enrolled in the Korean Early Psychosis Cohort Study, a prospective naturalistic observational cohort study. ChT, suicidality, negative schema, and rumination were evaluated with the Early Trauma Inventory Self Report-Short Form, the Columbia Suicide Severity Rating Scale, the Brief Core Schema Scale, and the Brooding Scale. In addition, psychopathology and depression were also evaluated. A structural equation model and phantom approach were used to analyze the pathway from ChT to suicidality.

**Results** We found close associations between ChT, negative schema, and suicidality. Importantly, negative schema played a direct mediating role in the relationship between ChT and suicidality in patients with FEP.

**Conclusions** Our findings suggest that targeting the negative schema in patients with FEP who are exposed to ChT is an effective strategy for reducing suicidal events.



**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 56  
**Internet ID:** 193

**Type of Presentation:** Symposium

**Movement, dance and the imaginal: an experiential workshop**

Mary Coaten

Durham University, DURHAM, United Kingdom

**Learning Goal:**

To experience at first hand the importance of the connection between, movement, dance, altered space and time and the imaginal realm and to explore different ways to use creative body-based approaches in working with these aspect.

**Abstract Text:**

For the past 12 years I have danced in the acute adult mental health setting, culminating in a curiosity about the healing power of dance and its ability to reconnect. Further to this, I have been researching this work and approach at doctoral level at Durham University. This workshop provides at first-hand the experience of connecting through the dance, through rhythm, through music and how by so doing there is a reconnection between self and other. Body-based approaches help to address feelings of alienation. My work through sustained witnessing of sensation, emotion and image is to inspire and help create a sense of trust, restoring hope to people who feel alienated, broken, lost and 'torn in pieces' even.

I adopt a Jungian approach to my work as a Dance Movement Psychotherapist, which looks at the unconscious from a personal and collective view. It has a focus on depth-imagery, dreams, symbol and metaphor all of which figure in the presentation of severe mental distress.

This workshop focuses on the importance of moving together with the other. What seems to be clear concerning the outcomes from the study, is that there is a freedom that creativity brings. Being in the flow of life in this way through movement and dance, it is possible to be responsive to the images and dances which arise while moving. There is a feeling of being more physically alive, where one is more in contact with the here and now, and subsequently more in contact with the other, with the potential for sensing a different way ahead.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 65  
**Internet ID:** 206

**Type of Presentation:** Symposium

**Psychotic transference as a bridge over the abyss of time**

Dag Söderström,MD<sup>1</sup>, Françoise Davoine<sup>2</sup>, Katarzyna Prot-Klinger, MD, PhD<sup>3</sup>, Anne-Catherine Pernot,MD<sup>4</sup>, Maurizio Peciccia, MD<sup>5</sup>, Barri Belnap,MD<sup>6</sup>

<sup>1</sup>Isp-sch Switzerland, CLARENS, Switzerland

<sup>2</sup>EHESS, PARIS, France

<sup>3</sup>Maria Grzegorzewska University,, WARSAW, Poland

<sup>4</sup>Trauma and dissociation association, PARIS, France

<sup>5</sup>Istituto Gaetano Benedetti, PERUGIA, Italy

<sup>6</sup>Austen Riggs, STOCKBRIDGE, United States of America

**Learning Goal:**

Learn how to :

- discover the importance of transference phenomena in therapeutic relationships
- bridge the abyss of despair due to lack of meeting history and trauma in therapy
- include therapists' own perceptions and history in a therapeutic coresearch setting

**Abstract Text:**

Learning from psychoanalysis, we know that psychosis is linked with the presence of images and sensory perceptions recorded in a non repressed unconscious. We also know that transference phenomena are critical moments necessary for the therapeutic process. These critical moments occur in an arrested time and are like crossroads opening a way for a new loyalty which put time into motion.

In the traumatic dimension, time and space get lost and traumatic memories (individual and collective) are acted out in the hope to find an other who will witness. When this encounter is missed, and the therapist does not disclose the resonance on his side, the patient is at risk to despair of meeting any one, although psychosis multiplies its efforts to be heard.

The patient suffering with psychosis is in the strongest search for psychodynamic psychotherapy because of the need for understanding the unknown in himself, the other and the environment. So psychotherapy has to become a co-research setting (including therapeutic team).

We consider the most difficult part of the psychotherapeutic approach is to dare to tell about these critical moments we call transference. The different papers presenting have this courage, starting with the transitional subject described by Benedetti and Peciccia. Secondly, we will hear the political issues, when the erasure of history traces in Poland return in the psychotherapist's office. Thirdly, we will see how unwelcomed bodily perceptions in the analyst during transference witness of unspeakable abuse and finally, how becoming alive and experience feelings is the cornerstone of therapy.

The abyss of time, manifesting itself in an everpresent catastrophe could be put into motion thanks to the psychotic transference. It can bring back the freedom to the subject and fight the perversion that blurred the limits and erased the truth.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 69  
**Internet ID:** 214

**Type of Presentation:** Symposium

**Return of repressed. How history returns in the psychotherapist's office.**

Katarzyna Prot-Klinger

Maria Grzegorzewska University & Institute of Group Analysis „Raszow,, WARSAW, Poland

**Learning Goal:**

I will try to determine what symptoms of the patient and what experience of the therapist may suggest the presence of “internal crypt”. On the part of the patient, psychotic or psychosomatic symptoms, suicide attempts are of special importance. On the part of psychotherapist - strange, “crazy” associations and feelings.

**Abstract Text:**

In my presentation I would like to refer to the processes taking place in Poland in the context of the heritage of World War II. Especially Holocaust is the part of history very difficult to working through.

The research of historians clearly shows that the term “bystander” – an indifferent witness – is not appropriate to a situation in Poland. After the liquidation of the ghettos in Poland, there was a hunt for other Jews who then died at the hands of or as a result of denunciation by Poles. In addition, Poles benefited materially from the Holocaust by occupying houses and social spaces previously occupied by Jews.

Poland is also a country in which, since 2000, a public debate about the Holocaust has been taking place. The suppressed subject of the Holocaust in Poland has re-emerged in studies by historians, but also in a strengthening of calls for the defense of the “good name” of Poles. There are actions of individuals and state institutions attacking historical research that are a threat to specific formulas of historical memory and national identity.

Based on my therapeutic experiences, I believe that the most important, unresolved problem residing in our patients’ subconscious minds is the Holocaust heritage being ignored. Work by cultural researchers shows that what we see in our offices not only concerns individual patients, but also feature in Polish society.

I would like to give some example from my therapeutic work with the psychotic and non-psychotic patients and from the workshop for the psychotherapists regarding the social memory suppression of the Holocaust. I give also the example from the group work with the group of psychotic patients.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**





**Abstract Nr:** 70  
**Internet ID:** 215

**Type of Presentation:** Workshop

**The Young Ones! #transdiagnostical #grouptherapy #youngsters #buildingbridges #humor #changetheculture #mentalhealth**

Kim Helmus, Sophia van Ghesel Grothe  
AMC, afdeling vroege psychose, AMSTERDAM, The Netherlands

**Learning Goal:**

You will learn how an ACT-based 'out-of-the-box' transdiagnostical group initiative for young people with mental health problems was implemented within a mental health organization in Amsterdam, and will most of all experience this training method to learn how to work with ACT and people with different backgrounds and struggles.

**Abstract Text:**

In this fun and active workshop you will learn about and experience how a practice-based initiative for young people with different kinds of symptoms and struggles works. Initiative-taker and researcher Kim Helmus shares how she and her colleagues implemented this initiative five years ago within the biggest mental health organization in Amsterdam, the Netherlands. The Young Ones is an initiative that helps to change the organization from within towards more flexibility, defusion around 'mental health diagnoses', spreads humor, increases the joy within the departments and helps young people to cope with life differently.

The two researchers will present how this initiative was implemented within an organization that is relatively new to ACT and transdiagnostical treatments and about the results. Furthermore, the research connected to this initiative will be shared shortly. You will then experience parts of the initiative, where we will also practice with some of the Young Ones methods of ACT in order to learn how to work with ACT and people with different backgrounds and struggles.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 71  
**Internet ID:** 217

**Type of Presentation:** Oral Presentation

**'Quite a lonely illness': service-user perspectives on stigma, services, solidarity and social isolation.**

Victoria Vass<sup>1</sup>, Richard Bentall<sup>2</sup>, Kate Bennett<sup>1</sup>, Andrew Boardman<sup>3</sup>

<sup>1</sup>University of Liverpool, LIVERPOOL, United Kingdom

<sup>2</sup>University of Sheffield, SHEFFIELD, United Kingdom

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**Learning Goal:**

Stigma has been repeatedly shown to influence innumerate measures of wellbeing and functioning, and actively diminishes prospects for recovery (Vass et al., 2015, 2016). However, stigma and internalised stigma remain an overlooked aspect of the psychosis experience which is rarely acknowledged by individuals' social networks or clinical services and interventions.

**Abstract Text:**

Experiences of psychosis, particularly post-diagnosis, too often result in changes to personal and social identity, lengthy engagement with mental health services and psychiatric medication.

Limited qualitative research has explored service-users' experiences of stigma as a response to (1) living with a psychosis diagnosis in their social environment; (2) engaging with mental health services and medication; and (3) how these impact on recovery. This research formed part of a mixed methods project on stigma and recovery, and used data from 19 semi-structured interviews with individuals who had received a psychosis diagnosis within the past 5 years.

We found three themes impacted by stigma in the social world: reactions and responses to diagnosis; relationships; and recovery. Five overarching themes were identified in relation to stigma and service use: living with medication; reinforcing stigma; involvement in care; unmet needs; and positive aspects of care. Service-users made positive reports of some aspects of medication and clinical services, and focused on solidarity and empowerment through relationships based on shared experience. However, participants had extensive concerns about the use of medication, and felt limited in their choice of alternatives.

Moreover, service-users felt they lacked autonomy, were not involved in care decisions, and thought their contact with services and their social networks could be invalidating and frustrating. Participants struggled to cohesively incorporate diagnosis with their previous social identity and sense of self, causing emotional turmoil and a sense of loss. Stigma remains a barrier to recovery and a largely unacknowledged aspect of the psychosis experience in terms of clinical intervention. Services need to work in a stigma-informed way and actively work to reduce the impact and internalisation of stigma post-diagnosis. Clinical services additionally need to reduce behaviours that reinforce stigma, and work collaboratively and transparently with service-users, ensuring that goals for treatment correspond between clinicians and consumers.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 79  
**Internet ID:** 247

**Type of Presentation:** Oral Presentation

**When is the right time to end long term group psychotherapy for psychotic patients**

Majda Grah<sup>1</sup>, Branka Restek-Petrovic<sup>1</sup>, Nataša Oreškovic-Krezler<sup>2</sup>

<sup>1</sup>Sveti Ivan Psychiatry Hospital, ZAGREB, Croatia

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**Learning Goal:**

Duration of group psychodynamic long term psychotherapy for patients with psychosis.

**Abstract Text:**

Psychotherapy with psychotic patients is a very difficult and demanding task. The partial biological determination of the illness that demands a multidimensional therapeutic approach, the pathway with exacerbations and remissions, the personality damage that occurs after psychotic episodes, the fragilities of achieved improvements and the long waiting for small steps forward put the therapist's emotional capacities, patience and consistency to test. Many years of positive experience of our hospital's group therapists in treating psychotic patients through long term psychodynamically oriented group psychotherapy resulted in an improvement of the social functioning of psychotic patients and in a reduction of rehospitalizations.

In group work we notice the achievement of stable remission, with often reach different levels of psychodynamic development in different patients. Some patients stay in a position of stable state in which they understand the psychodynamic background of their own psychotic disorder, but they do not notice the possibility of further progress in interpersonal relationships. Acquired knowledge emotionally as they can not continue to digest and continue life with more freedom. They are constantly relying on the psychotic disorder as a security guard. Therefore, the question arises: When is the right time to complete long term group psychotherapy for psychotic patients?

Examples of the group process are described in the paper.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 80  
**Internet ID:** 248

**Type of Presentation:** Workshop

**Building diverse communities of healing- bridging silos and cultivating connected culture.**

Megan Mateer, Grazyna Frackiewicz  
Empatiko, AMSTERDAM, The Netherlands

**Learning Goal:**

Appraise creative play as a unique way to discover more about yourself and others. Infer how sharing vulnerability connects others to your own experience. Experience reflective listening as a method of increasing empathy and clarity of others' experiences. Discover the healing potential of reciprocal attention.

**Abstract Text:**

Societies and institutions need an enormous shift in the way people relate to one another in order to truly thrive. Limited, cognitive-focused, and fear-driven environments are contributing to rising social isolation and compartmentalization. Community support systems are decreasing amidst an overemphasis of professionalized care. Finally, in times of crisis, we miss the opportunity to learn from the wisdom that lies within extreme state experiences as a gateway to improving our broader global community.

Empatiko emerged to be a catalyst for a cultural shift from disengaged to deeply connected. We're an organization driven by progressive ideas and inspiring people to take action. We humorously critique elements of society and find opportunities for empowerment and social change through creative positive protest. We design workshops that empower new social activism using elements like Improv Theater, Cultural Anthropology, Jungian Psychology, Design Thinking, and Open Dialogue.

In this workshop you will have the chance to step outside of your default mode and shift social patterns that you believe are not serving society. Discover your needs in connection, and embrace them in a playful, safe, creative space. Experiment with your own authenticity while being mirrors for each other. Together we will build a diverse community of people through embodiment, experience sharing, and creative inspiration.



**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 84  
**Internet ID:** 257

**Type of Presentation:** Symposium

**Family ghosts and strangers in the family : experiences os Badaracco's multifamily psychoanalysis groups in Argentina, Belgium, Italy and Spain.**

Caterina Tabasso<sup>1</sup>, Andrea Narracci<sup>1</sup>, Maria Elisa Mitre<sup>2</sup>, Martine Lambrechts<sup>3</sup>, Rafael Arroyo Guillamòn<sup>4</sup>, Claudia Tardugno<sup>1</sup>, Katherine Walter<sup>2</sup>, Mariana Fuxman<sup>2</sup>

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<sup>4</sup>Hospital de Día de Psiquiatría, Hospital Universitario Infanta Sofía, MADRID, Spain

**Learning Goal:**

To provide informations about what Multifamily Psychoanalysis Groups are, how they work and why they can be considered a useful tool for the approach to the relationship between psychosis and family relationships, intergenerational dynamics, past events. Different experiences and applications from Argentina, Belgium, Italy and Spain will be described.

**Abstract Text:**

The symposium will compare different experiences from Argentina, Belgium, Italy and Spain of Badaracco's Multifamily Psychoanalysis Groups (MFPG).

MFPGs groups gather families and facilitators in order to share experiences focusing on relationships and their functioning. The method allows to identify those features of the relationships in which a psychotic (i.e. fragmented, confused, symbiotic) functioning is at work between two or more people, getting them stuck in a repetitive mechanism (pathogenic and pathological interdependence). The aim of MFPG is to reflect on and improve such functioning, through the exchange of different views and perspectives and experiences in the group, and the reactivation of healthy elements from each participant.

The respectful atmosphere of the MFPG is the key to the deep attention each participant can experience during the sessions. Intergenerational, social and dynamic factors are all taken into account in Multifamily Psychoanalysis.

Presentations from the four countries aforementioned will describe the basics of Multifamily Psychoanalysis, its development and spread in different countries, and the different applications of MFPGs.

The topic of the "ghosts" in the MFPG will also be addressed. Secrets or taboos or intergenerational aspects or past events that cannot be mentioned, can be family ghosts. Psychosis and its onset in the "psychic economy" of the family can also be a ghost. Ghosts are also those unbearable parts of one's psyche or experience that happen to be unconsciously given to children by their parents to be managed. Ghosts can also happen in the group of facilitators, depending on its structure and history. The very foundation of a MFPG, given its peculiar and somehow revolutionary functioning (everybody must be listened to, what is said by a family member or a facilitator has the same relevance) can also have ghosts surfacing in the institution where the group is beginning to work.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 87  
**Internet ID:** 264

**Type of Presentation:** Workshop

### **Reducing Hospitalization by Using Emotional CPR in Communicating with People in Altered States**

Oryx Cohen, Dan dr. Fisher

National Empowerment Center, GRAFTON, United States of America

#### **Learning Goal:**

Participants will learn:

1. The basics of Emotional CPR: Connect, Empower, Revitalize.
2. To communicate with their heart through responding with facial expression, eye contact, gestures, etc.
3. How Emotional CPR can be used to communicate with people experiencing “psychosis” or altered states and how that leads to fewer hospitalizations.

#### **Abstract Text:**

The presenters will share their personal experiences with being in altered states (which are labeled psychosis) and helping others in those states. Those experiences have helped us and others with lived experience to develop Emotional CPR.

In traditional therapy, students are taught that you cannot communicate with someone when they are in altered states. One of the presenters was told during his psychiatric residency that “you cannot talk to an illness” and he should look for the pathology. He was nearly kicked out because he was always looking for the person’s strength and finding ways to nonverbally engage.

Believing that people cannot be reached, professionals and families feel helpless and reflexively hospitalize and medicate the person in distress. We are learning verbal and nonverbal ways of communicating with persons in altered states that can reduce use of hospitalization and medication.

We urge the support person to refrain from questioning, labeling, advising, or getting caught up in the who, what, when of story, at least initially. We call this nonverbal conversation “emotional dialogue.” We have discovered at least five ways to facilitate emotional dialogue by “being with” and resonating with rather than doing to or for. These will be presented and discussed during the workshop.

This approach often involves unlearning traditional training, which emphasizes the verbal dimension while admonishing the sharing of one’s own feelings. However, the eCPR way comes naturally and the eCPR “training” is often a reinforcement of our instincts. We have found that eCPR can reduce the need for clinical intervention. By teaching the eCPR way of communicating, every community resident can become a support to one and other and thereby build a more caring and respectful community.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 89  
**Internet ID:** 267

**Type of Presentation:** Oral Presentation

**A simple technique to eliminate the most common type of voices**

Thomas Gagey<sup>1</sup>, Grant McFethridge<sup>2</sup>

<sup>1</sup>Institute for the study of Peak States, YVERDON LES BAINS, Switzerland  
Switzerland

**Learning Goal:**

'Voice hearers' make up between 5-15% of the general population. In this talk we will speak about a non-drug psychological technique that permanently eliminates, one at a time, this type of voice. Treatment is done using a very simple verbal technique.

**Abstract Text:**

**Background**

'Voice hearers' make up between 5-15% of the general population. The most common type of voices is easily identified - they are experienced as being in fixed locations in space in or around the client, each having only a single emotional tone regardless of its 'verbal' content.

In this talk we will explain a simple, non-drug psychological technique that quickly and permanently eliminates, one at a time, this type of voice.

**Methods**

Treatment is done using a very simple verbal technique. It only takes a few minutes to eliminate a voice.

This method works by relaxing a particular type of trauma that is relevant to the presence of a 'voice'. Called a 'traumatic body association', this is the same underlying mechanism that causes Pavlov's dog to salivate at the sound of a bell.

**Results**

This technique is extremely robust, working successfully since 2012 to eliminate targeted voices in almost all of the several hundred typical clients we've tested it on. However, our testing on severely mentally ill clients only includes about a dozen people (depending on the criteria used for defining schizophrenia or psychosis) due to a lack of test clients.

There are three potential side-effects: 1) some clients may get a feeling of loneliness when their voices are eliminated (which can be dealt with by using simple trauma-therapy techniques); 2) all clients lose their dysfunctional sexual attraction to individuals who exhibit the same emotional tone as that of the eliminated voices. 3) some clients find that they may get new voices as they lose their old ones.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 90  
**Internet ID:** 268

**Type of Presentation:** Workshop

**Working with hostile voices**

Dolores Mosquera

Instituto INTRA-TP, A CORUÑA, Spain

**Learning Goal:**

Understand a structured approach to the work with hostile voices, learn skills to understand the motivations behind self-harming behaviors such as self-mutilation and other hostile or critical dynamics. Also gain understanding on how to dialogue with the unintegrated parts of Self and how to reduce the internal conflict.

**Abstract Text:**

Many people have difficulties with voices that are hostile and critical. The internal conflict is sometimes so strong that the person will even have difficulties carrying on with an ordinary conversation. One factor that affects this conflict is how the patient deals with the voices or parts of the self.

Most approaches to helping people with hostile or critical voices have something to do with either trying to get rid of the voice, such as by taking drugs until it fades away, or trying to ignore the voice or distract attention away from it. One problem with these strategies is that they all involve avoiding issues or emotions the voice may be bringing up. A key aspect to the work with hostile parts of the personality and voices is to understand their function and the meaning behind their disruptive behaviors.

A comprehensive approach is needed with the most complex cases where internal conflict can lead to harmful behaviors for the self and others. In these cases, transforming conflict through dialogue, compassion and understanding is essential. Specific procedures to work with the conflict in these clients, will be illustrated through case examples.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**





**Abstract Nr:** 92  
**Internet ID:** 271

**Type of Presentation:** Poster

**Healing effects of well-being: a randomized control trial for people with schizophrenia**

Alba Contreras<sup>1</sup>, Almudena Trucharte<sup>1</sup>, Regina Espinosa<sup>2</sup>, Vanesa Peinado<sup>1</sup>, Rocio Caballero<sup>1</sup>, Carmen Valiente<sup>1</sup>

<sup>1</sup>Universidad Complutense de Madrid, MADRID, Spain

<sup>2</sup>Universidad Camilo José Cela, MADRID, Spain

**Learning Goal:**

The aim of this presentation is to describe a group protocol and the results of a RCT. The group included 11 weekly sessions of 90 minutes, divided into three psychotherapy modules: emotions, self-acceptance, values and purpose. Participants were evaluated before and after the intervention with measures of well-being and symptomatology.

**Abstract Text:**

The role of well-being in the process of recovery and prevention of psychosis has been clearly shown (Schennach-Wolff et al., 2010). In fact, some authors have recently started to advocate for a positive psychiatry approach (Jeste et al., 2017). Unfortunately, psychological interventions for people with psychosis have mainly focused on positive symptoms and general psychopathology (Wykes et al., 2008) while showing low effectiveness on well-being (Valiente et al., 2019). We have developed a manualized group intervention focused on well-being, based primarily on positive psychotherapy (Slade et al., 2017) and ACT intervention for psychosis (Morris et al., 2013). The aim of this presentation is to describe the protocol and the results of a Randomized Control Trial.

138 individuals with severe mental illness were recruited from the recovery mental health network in Madrid and were randomly assigned to a group intervention or a waiting list control group. The group intervention included 11 weekly sessions of 90 minutes each, divided into three psychotherapy modules: a) emotions, b) self-acceptance, c) values and purpose. Participants were evaluated before and after the intervention with measures of well-being and symptomatology.

The results showed that the protocol was acceptable and feasible. In addition, the pre-post results of the dimensions of well-being and symptomatology for the experimental, as well as for the control condition will be presented.

In line with Keyes (2007), interventions need to have a specific focus on well-being to achieve a comprehensive recovery that incorporates connection with others, hope, positive identity, meaning and empowerment (Slade, et al., 2012).

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 100  
**Internet ID:** 282

**Type of Presentation:** Oral Presentation

**Hearing Voices Groups: A safe place to (re)connect**

Barbara Schaefer<sup>1</sup>, Jenny Boumans<sup>2</sup>

<sup>1</sup>Parnassia Psychiatric Institute, THE HAGUE, The Netherlands

<sup>2</sup>Netherlands Institute of Mental Health and Addiction. Trimbos Institute., UTRECHT, The Netherlands

**Learning Goal:**

It seems that we need more safe places where people can be themselves and can share experiences regarding hearing voices without fear of rejection, prejudice or people wanting to take immediate action to try to stop the voices. However, creating such places can prove to be a challenge.

**Abstract Text:**

Hearing voices that others do not hear often leads to a sense of alienation and can be very confusing and frightening. Society generally regards these experiences as strange and deviant. Because of the stigma, many people who hear voices do not talk about them and feel that they have no safe place to speak openly about their experiences. Hearing Voices Groups can offer them such a safe place. As these groups continue to spread across the world, the demand for research into these groups increases.

The present study explored participants' experiences of attending Hearing Voices Groups in the Netherlands. Thirty one participants of eight Hearing Voices Groups across the country were interviewed about their experiences using semi-structured interviews. Interviews were transcribed and analysed using a grounded theory approach to identify main themes and concepts. The main goal of the study was to better understand the different meanings that groups can have for participants and what the individual voices hearers gain by attending these groups.

Preliminary results will be presented and discussed in the context of the topic of the day (how to bridge the gap between the person who hears voices and family, friends and clinicians). For example, it appears that many participants share experiences in the Hearing Voices Group they never told others before or tell them in much more detail than they do outside the group (also often much more than they do with loved ones or their clinicians). This is a relieving experience. Participants are invited to discuss what they want to say to others and learn how to start sharing more with people outside the group. However, creating a place where everyone can say almost anything can be a challenge, especially regarding a Hearing Voices Group situated within a mental health care organisation.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 101  
**Internet ID:** 284

**Type of Presentation:** Symposium

### **Creativity and art for treatment purposes**

Maurizio Peciccia<sup>1</sup>, Giovanni Giusto<sup>2</sup>, Simonetta Porazzo<sup>3</sup>, Caterina Vecchiato<sup>3</sup>, Roberto Carrozzino<sup>3</sup>, Francesca Bonino<sup>2</sup>

<sup>1</sup>ISPS Italia - Redancia Group, VARAZZE, Italy

<sup>2</sup>Redancia Group, VARAZZE, Italy

Italy

### **Learning Goal:**

The healing power of art as well as the connections between psychosis and social environment. How much the quality of discomfort response and effectiveness of defence mechanisms could be higher within friendly, responsible and lively local communities in which each actor is carrying both needs but also creative talents.

### **Abstract Text:**

We aim to describe how encouraging the creativity of our patients expresses through art could play a crucial role when it comes to help them cope with mental suffering; a circular and dynamic process implying creativity, distress tolerance and capacity of thinking together that enable them to deal with their original trauma. Starting from the freudian motivation theory, we linger over Gaetano Benedetti and the results of his pulis on treatment using psychosis through art therapy including Gaetano Benedetti's therapeutic progressive mirror drawings. We present a cultural program including a unique sailing experience as well as various sensorial workshops. Our project with the Leonpancaldo ship aims to promote emotional and spiritual growth of patients and professionals by using the sea and the ship as the mean to accomplish the objective, and the group as the main factor involved in the process. The ship is also used an original venue to exhibit graphic artwork, paintings and sculptures made by the patients. We organize sensorial workshops in order to stimulate the five sensory channels through which we get to know the world, we build an idea of it, try to think, understand and design the world itself. The workshops are about native and medical plants in the Liguria region, as well as having a full corporal expression experience through theatre, dance, photography, pottery and music. One of our goals was learning by experience, combining emotional and cognitive dimensions. The various projects present, in many ways, a connection between art and helping others. We see art as an expression and representation of an inner dialogue that is made possible thanks to the externalization process, the communication with others that enables to convey feelings and knowledge both in the relationship with psychiatric patients as well as their families and society.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 104  
**Internet ID:** 293

**Type of Presentation:** Oral Presentation

**Alienation and psychosis: a narrative of my family experience and the integrating function of group analysis**

KALLIOPI PANAGIOTOPOULOU

ALLERGIST-CLINICAL IMMUNOLOGIST MD PhD, GROUP PSYCHOTHERAPIST, ATHENS, Greece

**Learning Goal:**

The goal of this oral presentation is to enhance the empathy of the professional caregivers for the patients suffering from psychosis and to familiarize them at the same time with the therapeutic bridging function of group-analytic psychotherapy.

**Abstract Text:**

Belonging to a family with a member suffering from psychosis promotes paradoxically simultaneously alienation and integration, estrangement and approach. This phenomenon unfolds in three concurrent dimensions: in the relationship with one's self, with one's family, with one's social environment and is permeated by trauma and solitude. The dread of psychosis occurring in some communities is connected with stigma, shame, guilt and separation anxiety as well as fear of death. It is the sense of the 'uncanny' that stimulates what was once unconsciously known. This menacing feeling of the unknown and differentness, concerns our relationship with our own unconscious. The deficit is scary and requires notification. The inclusion of people suffering from psychosis in conjunction with family caregivers and professional caregivers as members in heterogenous group-analytic groups, conducted with modified technique, offers a valuable experience to all sides. The intercommunications in the group improve understanding and acceptance, together with amelioration of the modus the care is offered and received. The fermentation in the group of members arriving from different starting points leads to maturation, insight and better management of primitive fears and anxieties inherent in everyone. The resolution of stereotypes by all sides gradually increases empathy. The interactions within the group convey a possible application in real life terms.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 106  
**Internet ID:** 297

**Type of Presentation:** Oral Presentation

**The trauma of being a member of a minority and the therapeutic impact of the group-analytic group**

KALLIOPI PANAGIOTOPOULOU

ALLERGIST-CLINICAL IMMUNOLOGIST MD PhD, GROUP PSYCHOTHERAPIST, ATHENS, Greece

**Learning Goal:**

The goal of this oral presentation is to highlight the mechanisms through which an increased incidence of psychosis in child or adults minority groups occurs and to demonstrate how group-analytic group techniques enhance prevention, inclusion and management of psychosis in such populations.

**Abstract Text:**

The trauma of residing in an adult or child minority group with low status – such as refugee, poor, unemployed, having a visible body defect, etc – imbues the person with anxiety, shame, guilt, deficiency of self acceptance and integration, low self-esteem, sense of not belonging, not deserving and emptiness, lack of vision and dreams, disappointment, frustration, anger, depression, leading to the appearance of psychotic-like symptoms more frequently than in other social groups. These people feel fundamentally voiceless, as if speaking without being heard, isolated, having nowhere to turn to. They find no space and suffer in silence. Especially the young ones become adult children, parentified young persons, exposed to harmful conditions. The shame inherent in disability is stimulated by the presence of others. Working through is possible with the availability of others in the group-analytic group. Heterogeneous groups including members of minority groups with low status, inhabitants of the neighborhood, nurses, social workers, psychologists, and psychiatrists may contribute to both the prevention and management of psychosis. As far as the younger ones are concerned, it would be particularly beneficial to organize such groups in schools, with the participation of pupils and their families, teachers, neighbors and professionals, so as to enhance inclusion and therefore to decrease psychosis incidence rates.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 107  
**Internet ID:** 298

**Type of Presentation:** Symposium

**Creative writing and group analysis in a group of people suffering from psychosis**

KALLIOPI PANAGIOTOPOULOU

ALLERGIST-CLINICAL IMMUNOLOGIST MD PhD, GROUP PSYCHOTHERAPIST, ATHENS, Greece

**Learning Goal:**

It will be possible to apprehend how the combination of modified creative writing with the application of group analytic methods in a group of people suffering from psychosis enhances therapeutic improvement.

**Abstract Text:**

For a two year period the author conducted an outpatient group of people suffering from psychosis; they wrote texts and talked about their experience. Writing was used as a transitional object, whereas the group was conducted in a group-analytic manner, adjusted to the patients' special needs. The group members answered a questionnaire at the end of the first and of the second year, reporting that they were helped by the group process in different ways, such as improvement of their communication with others, increase of their self esteem, amelioration of their opinion expression, ability to achieve their goals. They realized that they were not alone in their mental difficulties. They managed to try different behaviors, to deal with anxiety, to plan and organize, to acquire useful skills. The group offered to its members experiential learning, mirroring potentiality, interaction ability, enhancement of self esteem and self awareness, ability of contact with emotion, imagination growth, instillation of hope, insight in other people understanding, description and presentation of self, cultivation of new skills, mutual help, confidence and acceptance.

During the workshop the theoretical background of this attempt will be presented and a demonstration of the technique will be carried out with the participation of the attendants, followed by questions and discussion.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 112  
**Internet ID:** 312

**Type of Presentation:** Poster

**'Being an Expert' and Psychosis: Encounters with Lives on the Margin**

Arpita ms Gupta

Indian Institute of Technology Kanpur, KANPUR, India

**Learning Goal:**

To recognize self-reflexivity as a tool in qualitative research.

**Abstract Text:**

Psychosis is a confusing, stigmatizing, and demoralizing experience. Being a clinical psychologist qualifies one to identify, understand, and intervene. However, the training can manifest a sense of detachment from the suffering and struggles of the mentally ill by its exclusive focus on the signs and symptoms of the illness to secure an efficient and effective treatment. This therapeutic stance is paradoxical given the lifetime nature of the diagnosis and 'irrecoverable' nature of the recovery. Traditionally, expertise is located within the clinician or the caregiver in the context of psychosis. The know-how, knowledge, and skills of people living with psychosis are usually overlooked. Their expertise becomes visible only beyond the bounds of the biomedical models. In this paper, I aim to share my experiences of endorsing the paradigmatic shift from 'patienthood' to 'personhood' while locating myself as a clinical psychologist researching the lived experiences of psychosis. I also aim to illustrate the alternate narratives of agency exercised through 'art' and 'pretence' utilizing two case studies. The presentation is a reflexive exercise in my journey towards establishing meaningful connections in the context of psychosis to allow visibility to these alternate discourses.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 113  
**Internet ID:** 313

**Type of Presentation:** Symposium

**'Being-With' at Soteria House - The Healing Power of Human Connection**

Sivan Bar On

Open Dialogue Israel, TEL AVIV, Israel

**Learning Goal:**

"Being-With", a main component of the Soteria House care, is far more than an empty slogan. It is an interpersonal expertise required in complex situations where the "I" meet the "Other".

**Abstract Text:**

The original model of Soteria was founded by L.R. Mosher who was influenced by the concepts of existential-interpersonal psychotherapy. As such, a central component of Soteria care is the establishment of relations through the empathic presence of "Being-With". Originally, "Being-With" was described as an attentive way of getting oneself "into the other person's shoes" so that a shared meaning of the psychotic experience can be established via a relationship. In a qualitative study I conducted on the experiences of the staff working in Soteria House in Israel, I discovered that the concept of "Being-With" arises different types of questions and complexities under different circumstances. It also looks different in the men's house and in the women's house, bringing in a dimension of gender to the experience of "Being-With".

I discovered three main categories of "Being-With". The first category is "Being-With" in areas between dream and reality. This category refers to staffs' experience when joining tenant's subjective reality and coping with questions of how to bring in the "agreed upon reality" into the dialogue. The second category is "Being-With" in areas of danger. This category portrays itself differently based on gender. While at the men's house the staff is mainly required to "Be-With" tenants' outward expressions of aggression, in the women's house the staff is mainly required to "Be-With" tenants' inward expressions of aggression such as self-harm and suicidality. The third category is "Being-With" in areas of trauma. This category came almost exclusively from the staff working in the women's house and mainly in the context of sexual trauma. It aroused interesting questions about interpersonal and organizational boundaries in a model that aspires to flatten hierarchy.

In short, "Being-With" is far more than an empty slogan. It is an interpersonal expertise required in complex situations where the "I" meet the "Other".

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**





## Abstract 120

### From Lapland with love : Open Dialogue ‘the Bruges experience’

#### Learning Goal

An introduction and explanation of the development and implementation of the Open Dialogue approach on several treatment levels (ambulant, daycare, residential) in the Bruges region.

#### Abstract Text

The Belgian government decided in 2010 to reduce significantly the amount of hospital beds from 152/100000 inhabitants to 100/100000 inhabitants.

For mental health care this was the beginning of an important shift from residential treatment to community health care. With the regional organization ‘Zorgcircuit Psychose Noord-West-Vlaanderen’ (<http://www.verbindendsprekenmetpsychose.com/>) we started with the implementation of the Open Dialogue approach of the Finnish professor Jaakko Seikkula. This approach was a perfect match with the popular new ‘concepts of networking with patients, family and peer counselors.

Since April 2016 the organization of the network has taken several steps.

- Organization of 2 conferences with Prof. Seikkula (Finland) and Professor Stijn Vanheule (Belgium),
- Foundation of the Open Dialogue Academy in the region of North-West-Flanders (Bruges region),
- SWOT analysis on the further organization and development of Open Dialogue under guidance of Dorte Elleby and Sune Kragelund (DK)
- Participation in the founding meeting of the Open Dialogue Trainers Network in Helsinki,
- Commitment Day Open Dialogue for managers, directors, psychiatrists and organizing committee of the ‘Zorgcircuit Psychose Noord-West-Vlaanderen under guidance of Nick Putman .

We started the first ‘Open Dialogue Meetings’ in practice since November 2017.

Dr. Carmen Leclercq, psychiatrist, will comment on the implementation of the Open Dialogue approach in the early detection team of psychosis and in the acute admission ward for psychosis in the psychiatric hospital pzonzelievevrouw in Bruges.

Dr Marc Calmeyn, psychiatrist, will reflect on the advantage to work with Open Dialogue in the daycare centre and the long -Term ward in the above-mentioned psychiatric hospital.

Mrs Christine Van Damme, staff officer at pzonzelievevrouw, will explore the effect on the organization of the wards and the need and installation of continuously education for the teams.

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Topic D1: High incidence - (Intercultural) Therapies

Presentation Preference Symposium\*

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 124  
**Internet ID:** 343

**Type of Presentation:** Oral Presentation

**Flipping between cultural worlds: a qualitative exploration of stigma experiences of British Asian people using Psychosis Services**

Anisha Vyas

University of Essex, ESSEX, United Kingdom

**Learning Goal:**

I am keen to meet and learn from those interested in minority groups experiencing psychosis. I hope to develop more understanding on engaging with minority groups in urban areas. I hope to share my doctoral research to encourage thinking about alienated minority groups experiencing psychosis.

**Abstract Text:**

**Background**

In the United Kingdom (U.K.) there is an under-representation of minority groups using mental health services. To date, there are no qualitative studies specifically on the experiences of second-generation British Asians (those born in the U.K. rather than migrants to the U.K.).

**Aim**

The current study aimed to explore the stigma experiences of second-generation British Asian people using Early Intervention in Psychosis services in London.

**Method**

The present study took a critical realist ontological position and a contextualist epistemological position. A qualitative research methodology was employed, using a thematic analysis approach by Braun and Clarke (2006). Semi-structured interviews were conducted with a total of 10 participants. Recruitment took place in Early Intervention in Psychosis Services in urban and diverse areas of London.

**Findings**

Four themes and twelve sub-themes were constructed. Themes described how parts of participants' identities and experiences are often missed, such as dual identities, generational differences and straddling eastern and western frameworks of understanding. Themes captured 'othering' experiences that participants faced like discrimination, islamophobia, racism and social deprivation. Fear, safety, exclusion and isolation featured in the themes, alongside internalised distress, stigma and conflict. The importance of connection was also captured within the study.

The concept of intersectionality was overarching across the findings. Multiple stigmas such as mental health, race and social class were reconsidered using intersectionality. Consequently, results are discussed in the context of historical, generational, social and racialised power structures as it is argued that individuals cannot be separated from their environment. The importance for clinicians to understand intersectional influences when working with British Asian people experiencing psychosis is highlighted. The current study adds novel insights and serves as a learning point about an under-researched minority population who have experienced historic and present-day stigmatisation, alienation and marginalisation in society.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 129  
**Internet ID:** 332

**Type of Presentation:** Workshop

**Self-disclosure: Are boundaries barriers to connecting with people who experience psychosis?**

Lauren McCormack<sup>1</sup>, Jane Faulkner<sup>1</sup>, Zabelle Aslanyan<sup>2</sup>

<sup>1</sup>Talking Sense, LONDON, United Kingdom

<sup>2</sup>Psychiatrist, BRISTOL, United Kingdom

**Learning Goal:**

To encourage participants to:

- reflect on how and when they self-disclose and for what reasons
- explore how disclosure can impact others' perceptions
- examine the impact of self-disclosure on mental health professionals and service users
- consider how self-disclosure (or lack of) can influence the connection with people who experience psychosis

**Abstract Text:**

When supporting people experiencing psychosis, how can implicit and explicit self-disclosure impact the relationship, both as carers and professionals?

We disclose information about ourselves and our lives every day. Sometimes intentionally, other times unavoidably and occasionally accidentally. While we can choose not to declare our relationship status, wearing a ring immediately holds an assumption. Though a woman may not want to tell people she is pregnant, there will come a point where it is hard to hide.

We cannot escape self-disclosure, but how can we do it better? How do we decide when, how or whether to disclose? And can our decisions about self-disclosure help break down barriers and improve relationships with people who experience psychosis?

In this workshop we will consider different types of self-disclosure and discuss what makes self-disclosure positive or negative. Participants will consider how new approaches to self-disclosure might improve personal and professional relationships with people who experience psychosis.

Particular attention will be given to the topic of self-disclosure of lived experience of mental distress by people with psychosis, their supporters, and professionals. Lived experience of mental ill health is common in the mental health workforce and with an increasing number of peer support workers employed in mental health services, the traditional professional/patient roles seem less discrete.

We will consider whether a professional with lived experience can or should leave it at the door and whether this approach perpetuates stigma. How can professionals with lived experience expect people living with psychosis to open up when they are too afraid to "come out" at work?

Finally, participants will think about how we can build bridges by creating an environment that makes people feel able to disclose their experiences of psychosis.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 135  
**Internet ID:** 356

**Type of Presentation:** Workshop

**Therapeutic Partnership in Psychosis and Beyond**

Brian Koehler

New York University, NEW YORK, United States of America

**Learning Goal:**

Participants will be aware of the history of research and clinical experience on the important role of the dyadic therapeutic relationship in psychotic states

**Abstract Text:**

The paper will begin with a discussion on the research on the therapeutic alliance in psychosis and then will discuss historical examples of the importance of the therapeutic relationship in the work and theories of such psychoanalysts and psychotherapists as HS Sullivan, Silvano Arieti, Harold Searles (e.g., patient as therapist), Gaetano Benedetti and Maurizio Peciccia, Martii Siirala, Françoise Davoine and Jean-Max Gaudilierre, Irvin Yalom, and Aaron Beck. Disguised vignettes from the author's psychotherapy practice will be discussed, including interactions surrounding what we call "delusions" and "voices."

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 137  
**Internet ID:** 358

**Type of Presentation:** Symposium

**Psychosis as structure: a phenomenological-empirical investigation of double reality and its manner of expression in schizophrenia spectrum disorders**

Helene Stephensen<sup>1</sup>, Sara Linstow<sup>2</sup>, Annick Urfer Parnas<sup>3</sup>

<sup>1</sup>Mental Health Center Glostrup, BROENDBY, Denmark

<sup>2</sup>Psychiatric Hospital of Nordsjælland, University of Copenhagen, HILLERØD, Denmark

<sup>3</sup>Mental Health Center Amager, COPENHAGEN, Denmark

**Learning Goal:**

This symposium aims to elucidate psychosis in schizophrenia spectrum disorders (SDD) as an altered structure of human experience and existence through the notion of *double reality* (originally Bleuler's notion double bookkeeping), which stands in opposition to the biomedical approach to the illness as a cluster of independent psychotic symptoms.

**Abstract Text:**

We argue that *double reality* is a crucial yet overlooked feature of the structure of psychosis in schizophrenia. In its most developed form *double reality* refers to a sense of simultaneously existing in two incommensurable dimensions of reality, the shared everyday world, from which the patient feels profoundly alienated, and the world of psychotic experiences. Elyn Saks describes it the following way:

my life truly began to operate as though it were being lived on two trains, their tracks side by side. On one track, the train held the things of the real world [...] On the other track: the increasingly confusing and even frightening inner workings of my mind  
*Double reality* can be grasped as an intrinsic aspect of the core disturbance of SDD, a global alteration of the structures of experience and an interconnected vulnerability of the basic relation to the world. We argue that a better understanding of this phenomenon may help bridge the gap between a person who is psychotic and clinicians or caregivers and help to conduct more adequate therapy.

The symposium will present three different on-going qualitative studies all consisting of semi-structured phenomenologically-oriented interviews with individuals suffering from SDD.

The first study focuses on the lived experience of *double reality* and how it relates to what is considered illness. Many patients seem to display their psychotic experiences in another realm of reality and such experiences cannot be judged false. The second study examines auditory verbal hallucinations (AVH) and their mode of onset – often associated with the experience of a breakthrough to another dimension of reality. The third study consists of interviews with patients close to their discharge and who have been exposed to forced admissions and treatments. It sheds light on ambiguity in relation to treatment.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 144  
**Internet ID:** 366

**Type of Presentation:** Poster

### **Psychosis and the Prophetic Sense**

Helen O'Neil

Order of the Grey Mystic, BRONX, United States of America

#### **Learning Goal:**

In this workshop, participants will learn about the prophetic sense, what constitutes it, and how to use it. We will discuss the history of prophecy and how it is accessed, and discuss its relationship to mental health.

#### **Abstract Text:**

Throughout history, mystics, prophets and saints have relied on the prophetic sense to navigate their relationship with the world. This sense allows them to move between the inner and outer world, serving as a major influence in decision-making and informing their life paths.

Prophecy is used to encourage people to repent and step back onto their Path. Within this context, the prophetic sense can be directed at the individual, the family, the community or the society. It acts as a healing tool to ensure that people stay on the proper path in life and carry out their life missions.

The prophetic sense can be expressed using several senses:

Clairvoyance Clairaudience Claircognizance Clairempathy Clairtagency Clairsalience Clairgustance Clairsentience Psychic revelation Psychic premonition Intrusive thoughts It is based in deep intuition that has no grounding in objective truth. In fact, the prophetic sense is innately flawed in that it relies upon intuitive knowing instead of empirical truth. For this reason, as St. John of the Cross describes, it can be deceptive. Some prophecies come from dimensions of knowing, or spirits, that have an orientation of anger, hatred or confusion. For this reason, they represent potential threats rather than pure prophetic revelations.

It is these deceptive prophecies that mainstream psychiatry often pathologizes as mental illness. While mental illness has many causes, the prophetic sense often leads to psychosis, depression, anxiety, obsessions and even mania. These prophecies must be understood and integrated into the fabric of society or the personality for the psychiatric symptoms to cease.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 151  
**Internet ID:** 383

**Type of Presentation:** Workshop

**'Chronic and resistant symptoms: the challenge of leaving the hospital and regaining the city'**

Ifigeneia Skyllakou, Marie-Anne Brisard, Marie-Cecile Lallement, Pierre Lequin, Fabrice Herrera  
CHUV, LAUSANNE, Switzerland

**Learning Goal:**

Our care program, called "Edgar Morin", has been developed to specifically meet the needs of patients resistant to treatment, to speak to this "symptom" of resistance to leaving the hospital and reintegrating the city and the shared public space.

**Abstract Text:**

Our Hospital Unit cares for patients with resistant psychiatric symptomatology that does not allow them to meet the minimum requirements for living in a mental home, protected apartment or in a private home in the city. These patients have severe psychiatric symptoms, which do not allow them to "reclaim" their external life and leave the hospital, resulting in long-term hospital stays. These patients and their caregivers then appear to be caught in "dead ends", with patients appearing unable to leave the hospital. The city seems to reject them, and in a dialogical way, they seem to reject the city. These patients need close and proactive support: we rely in particular on an interdisciplinary assessment of their capacities, needs and expectations. After interdisciplinary discussions involving patients, their families and caregivers, we try to set up "tailor-made" projects that take their situation into account as much as possible. The objective is, alongside the patient, to understand his difficulties in investing a place and a role in the city. The aim is, in particular, with him, and through the creation of an anamnesis of the accommodation, to understand his difficulties in integrating a new place after the hospital, and to try to give meaning to his journey. Reflecting on the "Home" of these patients leads us to visit with them their relationships with their loved ones and with themselves, with their history since leaving their family home. Our objective is to build a sustainable project that respects the patient, to avoid rehospitalisation and hospital "revolving door" phenomena.

We will illustrate our presentation of clinical examples and the first statistical results of the evaluation of the implementation of this new care program.

(Based on the results of two years of activity and the collection of data on 137 stays for 116 different patients).

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 155  
**Internet ID:** 394

**Type of Presentation:** Poster

### **From Ancient Priest to Contemporary Witch Physician: A Road from Health Care to Hell Care?**

Rado Gorjup

Institute for Transdisciplinary Research and Development, PRIMORSKA, Slovenia

#### **Learning Goal:**

The goal of my presentation offers a new inside in how to effectively help Psychiatrists on one side and patients and their family members on the other side. I do so by systematic explanation of scientific facts on which I propose useful implications for contemporary neuroethics.

#### **Abstract Text:**

No chemical imbalances have been proven to exist in relation to any mental health disorder, no independent objective biological marker exist to date in support of any psychiatric diagnosis and last but not least no biological causes exist for the majority of "invented" psychiatric disorders. Given the above facts, psychiatric diagnostic manuals such as the DSM and ICD are school examples of what evidence-based science is not and represent nothing but a failed attempt to provide the legal road from Health Care to Hell Care by over medicalization and suffering of human and non-human animals. Furthermore, psychiatric drugs can have long-lasting effects on the brain and central nervous system, withdrawal from them can cause a range of severe physical and psychological effects, psychiatric drugs are extensively prescribed to children and adolescents even though they produce altered mental states, are very harmful and do not 'cure' diseases. There is a clear scientific evidence that many of psychiatric drugs do no better or little better than placebo pills and all the major classes of psychiatric drugs demonstrate little additional long-term effect, and some patients show significantly worsened long-term outcomes. . Psychiatric drugs can have effects that mimic the original symptoms of distressed person, which are difficult to distinguish, this lead to misdiagnosing as new psychiatric issues, for which additional drugs prescribed produce overmedication (intoxication) and lifelong use of harmful multiple psychiatric drugs. It seems that medicine/pharmaceutical industry in general and psychiatry/psychopharmaceutic industry in particular are caught in a trap, and they cannot find the way out. In order to resolve that puzzled situation and unnecessary suffering we propose some practical solutions that could have positive implications on both healthcare professionals and patients.

**Key words:** Medicine, Psychiatric drugs, Withdrawal effects, Contemporary Neuro-ethics.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**





**Abstract Nr:** 156  
**Internet ID:** 396

**Type of Presentation:** Poster

**Racial Trauma and Soul Retrieval: Existential Kink as a Tool for Shamanic Healing**

Helen O'Neil

Order of the Grey Mystic, BRONX, United States of America

**Learning Goal:**

In this workshop, participants will learn about the philosophical dualism of race and ethnicity, understand consciousness and soul orientation as it pertains to race, and learn about soul contracts and the shifting imperatives of sacred duty as they pertain to race solidarity and patriotism.

**Abstract Text:**

Birth is an initiation into an identity characterized by things like race, religion, political orientation, ethnicity, etc. This initiation constitutes a nondual initiatory path into a consciousness premised on Oneness, like the Kabbalah's Tree of Life. As part of this path, we are born into a racialized body and start forming our sense of racial identity in childhood, even as early as infancy. This sense of racial identity is informed by our parents, peers, the media, the educational system, and our community. As a result, we develop an entire moral framework around how we and the people around us interpret race. This framework results in a moral orientation that informs all of the choices we make.

As a person moves through life, they are constantly faced with moral dilemmas that require them to make difficult choices, on a micro and macro level. These choices either advance or detour them on the Path of their soul's purpose. People can also be detoured from their soul Path by the actions of others, as well as their ancestors' actions and previous life karma.

Racial trauma is one of the main factors that can detour a person from their soul Path. It can happen within many contexts, including the family, educational system, community, or larger society. Usually, when racial trauma occurs, it results in deep shame and a rejection of the Self characterized by sound morality.

Soul retrieval is a shamanic healing technique that uses Existential Kink to reestablish people on their soul Paths. Existential Kink operates on the premise that people who are stuck in self-destructive behavior are often getting off on some aspect of their situation. Through exercises customized to reintegrate an authentic sense of racial identity, the person rediscovers a healthy sense of Self and is reestablished on their Path.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 165  
**Internet ID:** 262

**Type of Presentation:** Workshop

**Open dialogue between different therapists, people with lived experience and family members, what works?**

Margreet de Pater<sup>1</sup>, Nick Putman<sup>2</sup>, Brian Martindale<sup>3</sup>, Claudia Tardugno<sup>3</sup>, Val Jackson<sup>3</sup>, Ruth Smith<sup>3</sup>, Bas van Raay<sup>3</sup>, Brenda Froyen<sup>3</sup>, Jen Kilyon<sup>3</sup>, Chris Mansell<sup>4</sup>

<sup>1</sup>ISPS, DELFT, The Netherlands

<sup>2</sup>Open Dialogue UK foundation, LONDON, United Kingdom  
, United Kingdom

<sup>4</sup>Meriden Family Programme, BIRMINGHAM, United Kingdom

**Learning Goal:**

Inspire each other and learning from each other

**Abstract Text:**

By Margreet de Pater, Nick Putman, Brian Martindale, Claudia Tardugno, Chris Mansell, Jen Kilyon, Val Jackson, Bas van Raay(maybe) and Brenda Froyen

During the last 50 years various types of family work have been developed. There are many similarities in the methods but also large differences. We do know family work makes a large difference. People who had a psychosis are less hospitalized and less in protected living years later. Probably they function better, like in work. We don't know which method is best, it was never researched in an RCT.

What can we learn from each other? Every speaker will hold a small speech: What has he or she learned from the other methods? What would he or she like to give the others from experience of the own method? (Mention 1). Then we will discuss with active participation of people with lived experience and family members, and when the discussion is finished repeat the same speeches again.

**The methods which will be compared are:**

Behavioural Family Therapy

Psychodynamic work with families

Multifamily psychoanalysis approach

Open Dialogue

Transmural Family Guidance

The Mat, Training for family members

Literature: <http://www.isps.org/index.php/learning-resources/learning-resources/specific-methods-of-therapy/family-work>

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 171  
**Internet ID:** 428

**Type of Presentation:** Symposium

**Distinguishing identification in the field of psychosis: On transference psychosis and psychotic transference**

Ivan Urlic

Private practice, SPLIT, Croatia

**Learning Goal:**

To distinguish transference phenomena from reality elements in relationship with person suffering from psychosis. Special attention should be paid regarding transference psychosis and psychotic transference.

**Abstract Text:**

Psychotic processes that are intertwined in the transference have some constant features: repetition compulsion, the object on which the emotions are transferred, projection with transferred emotions, transference situation and regression. The characteristics of the transference are its inadequacy, intensity, ambivalence, instability and persistence. The patients showing this kind of phenomena are not communicating with a coherent, integrated ego and do not seek to establish a working alliance but the direct contact with various introjects.

Transference includes three persons: the subject, the object from the past, and the present object. In essence, the matrix of transference relationships is the primal union of mother-child.

The transference phenomena are based on two elements: the capacity of differentiation between self and the world of objects, and to transfer emotional reactions from object representations from then past to the present object. The more the transference is regressive, the more space will be occupied by aggressive instincts. Psychotic transference means not only a repetition of the past, but also the real relationship which conceals the new beginning.

In this symposium I will present some experiences from the psychodynamic point of view, representing the mentioned features and how they appear in the dynamic of psychotherapy with patients suffering from psychosis. The special accent will be put not only on transference and countertransference features of the kind, but also on transference psychosis and psychotic transference.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 179  
**Internet ID:** 438

**Type of Presentation:** Oral Presentation

**New ways of sheltered living, the best of both worlds (by Jan van Blarikom)**

Jan van Blarikom

Zeeuwse Gronden, TERNEUZEN, The Netherlands

**Learning Goal:**

The participant gets to know new, optimal forms of sheltered living from the perspective of the client, the family and the professional.

**Abstract Text:**

Sheltered living takes a historic position between a long-term stay in a psychiatric hospital and complete independent living. We have known forms of sheltered living since the fifties of the twentieth century. In many Western countries the demand for safe, sheltered living has become more urgent, since the psychiatric hospital is no longer a refuge for even the most vulnerable people. Zeeuwse Gronden, a Dutch mental welfare institution of which the policy is determined by clients, family and professionals collectively, has developed a unique concept concerning sheltered living. Safety, small scale and social interaction in the heart of society constitute the core values that prevent loneliness and alienation. After all, elaborate studies of the WHO have taught us that autonomy alone does not guarantee the recovery of a person with a severe mental disorder. Social interaction within a coherent, social system is an important condition.

The new form of sheltered living has developed so rapidly in the Province of Zeeland in the Netherlands, that by now small scale living facilities are situated all over the province. It is an answer to the question how people with a severe mental disorder can lead an independent life, as much as possible, within a safe, social environment.

In this story, told from the perspective of the client, the family and the professional, autonomy (the Western value) meets the mutual solidarity and the coherent family systems of non-Western cultures: the best of both worlds.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 181  
**Internet ID:** 442

**Type of Presentation:** Poster

**The influencing machine is real**

Trevor temmen

Cornishes pty ltd, COBRAM, Australia

**Learning Goal:**

a new diagnosis for the dsm

**Abstract Text:**

concerns about the erosion of privacy and invasion of the mind are increasing concerns in this highly technological era among both people diagnosed with psychiatric conditions and the general population. mind reading computer technology that can influence one's behavior is no longer the stuff of science fiction and fantasy, but is already present and being developed by the military. Privacy of speech emails, confidential medical and personal data can no longer be taken for granted, I'm trevor temmen a self identified subject of government telepathy, i will describe my experiences of telepathy and uncomfortable sensory experiences and will link evidence to link the theory as well as share experiences that may otherwise be mistaken for psychotic in nature.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 183  
**Internet ID:** 452

**Type of Presentation:** Workshop

**Calling All Family Members!**

Pat Wright

Isps, MPLS, United States of America

**Learning Goal:**

This session will explore issues regarding the roles, rights and responsibilities of family members to help inform the new isps executive committee's goal of increased family involvement.

**Abstract Text:**

We are ready to have our voices heard as family members.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 184  
**Internet ID:** 453

**Type of Presentation:** Symposium

**What Language Is Best To Speak Of Psychosis?**

MICHAEL GARRETT<sup>1</sup>, Debra Lampshire<sup>2</sup>, Brian Koehler<sup>2</sup>, ONE ONEADDITIONALPERSONTOBENAMED<sup>2</sup>  
<sup>1</sup>SUNY Downstate Medical Center, BROOKLYN, NEW YORK, United States of America  
, United Kingdom

**Learning Goal:**

Attendees will develop an enhanced appreciation for the interpersonal impact of the language (vocabulary) used when discussing psychosis.

**Abstract Text:**

It can be said that when one group aims to exert control over another, defining what language is permissible is a high political priority. Most, if not all, ISPS members would agree that viewing psychosis as a biological illness diagnosed as “schizophrenia” can do considerable harm to an individual’s personhood. Nevertheless, it is a fact of life that the word “schizophrenia” has dominated medical discourse for a century, and currently dominates clinical practice, research, and reimbursement for medical services for psychosis. What language is to be preferred by whom? If “psychosis” better than “schizophrenia” is “extreme states” better yet? Is “expert-by-experience” better than “client” better than “patient”? Should we speak of “recovery” rather than “treatment”? Is any “clinical” language permissible? Is there a consensus about when and how different language may be used to forward the cause of a psycho-social perspective? The panel, which will include mental health providers and experts-by-experience, will examine what is lost and what is gained by the use of particular language when speaking of psychosis.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 199  
**Internet ID:** 485

**Type of Presentation:** Festival

### **Restoring human connection through poetry**

Mica Gray

N/A, BIRMINGHAM, United Kingdom

#### **Learning Goal:**

- 1) To understand how writing poetry can be a therapeutic reflective practise for people with lived experience of psychosis, professionals or community members
- 2) To understand how poetry can help us to reduce alienation by restoring human connection that reaches beyond labels through authentic self-expression

#### **Abstract Text:**

Creative writing is a therapeutic narrative approach which allows you to explore, identify and express your emotions. Through poetry events in local communities based on the experience of psychosis, I have found that poetic expression has formed a bridge to understanding by inviting people into the psychosis experience to meet it with their own similar experiences. Alienation occurs where an exchange of response and validation does not happen and instead of finding connection, expression meets a barrier that serves to separate one person as 'ill'. This workshop will provide a model that can be used in groupwork to break down barriers between communities, professionals and those experiencing psychosis through a poetic narrative exercise that does not focus on one narrative, but is inclusive of the collective. It will encourage each person to connect to the shared humanity that lies beneath the labels we wear and move into a perspective where we are not seen as 'psychotic' or 'therapist' but where we can be 'human' in our shared experiences of isolation, fear, rejection, love and joy. Attendees will hear feedback from poetry events based around psychosis that have been held in local communities. They will then be grouped (group 1 = lived experience, group 2 = professionals and 3 = family and community members) and invited to listen to a selection of poetry readings based on the experience of psychosis. They will then be asked to respond to what they have heard by writing a short reflective poem and selected participants will share what has been written. Following this, the groups will create another reflective piece in response to has been shared. Selected people will be asked to share their responses and a short discussion will follow.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**





**Abstract Nr:** 200  
**Internet ID:** 488

**Type of Presentation:** Workshop

**SEE ALL OF ME - an online dialogue based learning program for the understanding of psychoses**

Olav Løkvik<sup>1</sup>, Gunnar Brox Haugen<sup>2</sup>

<sup>1</sup>VID Specialized University/SEPREP TU, Oslo, OSLO, Norway

<sup>2</sup>SEPREP Foundation/VID Specialized University, OSLO, Norway

**Learning Goal:**

Through this online dialogue based tool, we share knowledge from the inside perspective of psychosis. After showing a sample of video clips, we reflect together in plenary and in smaller groups upon the impressions we get. We surely assume that the narratives and the animations will enhance understanding of psychosis.

**Abstract Text:**

On the last ISPS International conference in Liverpool, 2017 the TV documentary “Stemmene i hodet” (eng. Hearing Voices) was presented by the director Gunhild Asting. During 2018, SEPREP foundation (Center for Psychotherapy and Psychosocial Rehabilitation of Psychosis) and Asting have collaborated on transforming the TV documentary into an online learning program. The program was released in Norway, November 2018.

We are pleased to have the opportunity to present parts of this program in Rotterdam. By then, we’re planning to subtitle parts of the videos and texts mediated by the main characters from the learning program, entitled; “SE HELE MEG” ([www.sehelemeg.no](http://www.sehelemeg.no)). (Eng.): “SEE ALL OF ME”. The program aims to be an effective tool for dialogue between patients, families and professionals what comes to understand the nature of psychoses, recovery and the significance of relational work. This is an opportunity to get to know the narratives of Maria, Ruth A and Benjamin. They have all experienced psychosis and they point out for us what is important in treatment and in recovery-processes. Gradually we hope to share this program internationally, with english subtitles, to all who are interested in the inside perspective of psychosis.

During our presentation here in Rotterdam, we want to show you short video clips from SEE ALL OF ME, containing narratives, helpful dialogues and animations, which make deep expressions of how psychotic images and experiences disturb social life, and how frightening and stressful they can appear to be. In connection to the videos we want to open up for reflection and discussion in groups.



**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 209  
**Internet ID:** 509

**Type of Presentation:** Oral Presentation

**The role of mental health centres in navigating deranged spaces**

Martin Novák

Masaryk University, Department of Sociology, BRNO, Czech Republic

**Learning Goal:**

The mental health care reform in the Czech Republic is hoped to “humanize” the psychiatric practice by focusing on the development of community-based services. The presented research questions processes in developing community outreach services and explore how an empowerment-based practice can be cultivated rather than reproductions of total institution practice.

**Abstract Text:**

The presentation will discuss current developments of the community mental health care in a larger Czech city in the context of an ongoing psychiatric care reform. The reform aspires to “reorganize” and “humanize” the psychiatric care by means of establishing a network of mental health centres providing community outreach care to people diagnosed with severe mental illness. Community-based care is not new to mental health field in the country, however so far it has been developed mostly within the social work context, far away from the medical care. Now the worlds of social work and medical care are starting to cooperate thoroughly. However, professionals from both backgrounds worry that their perspective may be put aside. Despite the reform documents using words such as “recovery” or “empowerment” some professionals as well as some people with SMI diagnoses also worry that practices known from psychiatric hospitals will prevail and community-based care become an extended hospital reaching as far as home.

Ethnographic research in a new centre will be discussed. We will mostly focus on the experience of its team members. It will be shown how they deal with autonomy of their clients, with sharing, supporting or overtaking responsibility. How do they frame their decisions in this context? For instance, based on what assumptions are the clients supported to work or take disability pensions? Yet in big cities the importance of autonomy for mental health recovery may be lessened by the experience of loneliness.

Therefore we also have to ask how does the team manage to support connectedness and a sense of belonging to the community. It will be discussed how the centre itself is interweaving with a life of the city and also whether it's members are managing to meaningfully invite the lived experience to their daily practice.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 212  
**Internet ID:** 512

**Type of Presentation:** Oral Presentation

### **REPAIRING THE WOUNDS: TRAUMAS OF ORIGINS, JOURNEY AND ADAPTATION**

Fulgenzio Rossi<sup>1</sup>, Dania Piras<sup>2</sup>

<sup>1</sup>Isp Lombardia, BERGAMO, Italy

<sup>2</sup>ISPS Lombardia, BERGAMO, Italy

#### **Learning Goal:**

The learning goal of this work would be checking if this new ethnoclinical approach for psychosis may improve the effect of therapy for this kind of patients.

#### **Abstract Text:**

The massive arrival of migrants in Italy has raised important questions, not only of practical, political and administrative nature, but also of a socio-welfare nature, such as the treatment of mental illnesses. This is particularly related to the complex events at the origin of migration, the often traumatic nature of the journey and the issues connected to the requests of adaptation posed to a culture of a geographical and cultural area experienced as “other”, and therefore considered as alien.

The presence of particularly vulnerable people and seekers for international protection, victims of torture and/or suffering from mental distress, requires the creation of places of care able to think of the migrant in his/her complexity, promoting coherent answers to their needs. This is particularly difficult for the organization of services in our country where the facilities are thought and organized in order to give a response to the needs of health and social cohesion to a sufficiently homogeneous population sharing the same history, tradition, culture and religion.

Since January 2016, Cooperative Ruah (Bergamo – Italy) have been hosting in their premises migrants in situations where the urgency of psychosocial distress or mental disorder makes it necessary to provide specifically targeted assistance and support, with particular attention to cultural and ethnic variables.

In this Presentation the characteristics of the therapeutic approach, the ethnoclinic device, the epidemiological data on the cases followed from 2016 to 2018 will be described.

Author: Dr. Rossi Fulgenzio

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 213  
**Internet ID:** 514

**Type of Presentation:** Oral Presentation

**Using Eye Movement Desensitisation and Reprocessing (EMDR) to Heal Trauma in People with a Label of Psychosis and their Families.**

Cathy Thorley

North East London Foundation Trust, LONDON, United Kingdom

**Learning Goal:**

Eye Movement Desensitisation and Reprocessing (EMDR) is a therapy used to heal Trauma. Participants will hear what EMDR is and get an understanding of what happens in EMDR sessions. They will also hear how it is being used to help people labelled with psychosis and others close to them.

**Abstract Text:**

Trauma in psychosis tends to feature highly. This can be, for example, trauma in childhood or adolescence and also trauma associated with receiving a psychosis label and inpatient admissions. Trauma is also likely to feature when people are disconnected from their home through emigration and associated negative experiences such as racism. Witnessing a family member or friend going through trauma is also likely to be traumatising for them.

In this workshop the links between trauma and Psychosis will be considered and how EMDR can be particularly useful in this area.

The author will explain how EMDR is thought to work, what the therapy looks like and how it can be used with family members. Some simple preparation exercises will be demonstrated in which the audience will be invited to join. The workshop will also explain how EMDR works both with the persons thinking and also at a deeper level to free trauma that is held within the body. The research for using EMDR in this area will be discussed and also how it is being used in teams that work with people with a psychosis label.

The author is a Family Therapist working in a large London NHS Trust where she is also the Clinical lead for Peer Supported Open Dialogue. She is nearing EMDR consultant status.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 214  
**Internet ID:** 516

**Type of Presentation:** Symposium

**Art and Psychosis - The use of creative writing-therapies in groups of people suffering from severe mental illness**

Bent Rosenbaum<sup>1</sup>, Birgit Bundesen<sup>2</sup>, Borut Skodlar<sup>3</sup>

<sup>1</sup>Psychiatric Center Copenhagen, Psychotherapeutic Clinic, Nannasgade 28, 2200 Cop, COPENHAGEN, Denmark

<sup>2</sup>Mental Health Care Center Amager, Copenhagen area, Digevej 110, 2300 Copenhagen, COPENHAGEN, Denmark

<sup>3</sup>: University Psychiatric Clinic Ljubljana, University of Ljubljana, Slovenia, LJUBLIANA, Slovenia

**Learning Goal:**

1. Learning about phenomenological and psychodynamic understanding of creativity and its importance in creative writing
2. Learning about the creative-writing experience, conducted by qualified fiction authors who follow a manualized approach
3. Learning about the importance of group processes in the effective use of creative writing

**Abstract Text:**

**Introduction:**

Psychoanalytical and phenomenological theories have been proposed to explain how creative writing in groups may influence reflective functioning, empowerment, feelings of agency and symbolic integration.

Phenomenology has emphasized concepts like the ineffability of being, resonance and atmosphere as well as the simultaneity of language and being while psychodynamic approaches have pointed at symbolization, ego-strengthening, integration of primary processes into secondary processes, and the ability to use more mature defence-mechanisms.

**Aims:**

To describe basic concepts in relation to research projects of creative writing in groups of persons in in-patient and out-patient settings. Individual as well as group processes will be taken into consideration. Special attention will be given to creative-writing experience, conducted by qualified fiction authors who follow a manualized approach.

**Discussion:**

The panel invites participants to discuss further the ways in which patients can transfer their work with texts in the group into a trust in themselves and reflections on their own words (symbolization and mentalisation) when they participate in social communications outside the group.

Conceptualization of the therapeutic effects may furthermore lead to focus on how different states of mind and different diagnostic categories may profit from this kind of intervention as an adjuvant to other treatment methods in psychiatry.

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**Abstract Nr:** 216  
**Internet ID:** 523

**Type of Presentation:** Poster

**Eterotopie**

Assunta Maglione<sup>1</sup>, Alessia Ranieri<sup>2</sup>

<sup>1</sup>ASL Na 1 centro, Laboratorio di Psicoanalisi Multifamiliare, NAPOLI, Italy

<sup>2</sup>Alessia Ranieri, Gesco Privato Sociale, Laboratorio psicoanalisi Multifamiliare, NAPOLI, Italy

**Learning Goal:**

Confronto, Discussione, Riflessioni, apprendimento di altro dispositivo di cura della comunità

**Abstract Text:**

Il manifesto si comporrà di riflessioni e foto effettuate durante il progetto ancora in corso.

Grazie,

Assunta ed Alessia



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**Abstract Nr:** 223  
**Internet ID:** 535

**Type of Presentation:** Symposium

**Soteria in Jerusalem: replacing the hospital ward with a therapeutic community**

Pesach Lichtenberg, Avraham Friedlander, Ori Bar-Sinai, Oren Blass

Soteria Israel, JERUSALEM, Israel

**Learning Goal:**

- To understand the history and principles of Soteria
- To learn about its current implementation
- To view psychosis as an extreme but accessible human experience
- To appreciate Soteria's potential to catalyze change in the system

**Abstract Text:**

Soteria opened its first home in Jerusalem in September 2016, and its second a year later. It operates according to the principles of Soterias everywhere: cultivating a therapeutic community; viewing extreme states as human experiences requiring humane responses; striving to be with the person in these states; a reduction of hierarchy and boundaries; open and honest communication. We also work intensively with families using Open-Dialogue-inspired approaches. We will discuss the special challenges of working in a home as opposed to an institution, softening boundaries while providing a sense of safety, reducing dependence on pharmacological interventions, and hearing the voices of all in the community.

What began as a semi-underground service funded by philanthropy and out of pocket payments acquired governmental recognition under the newly-minted category "stabilizing houses". Since then such houses have begun sprouting elsewhere in Israel and are challenging the institutional paradigm for acute psychiatric care.

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**Abstract Nr:** 237  
**Internet ID:** 557

**Type of Presentation:** Oral Presentation

**Making the stranger feel at home, A place to be recognized, to recognize oneself, Reflections on the 'transitional' hospital space**

Fabrice HERRERA, Marie-Cécile LALLEMENT, Ifigeneia SKYLLAKOU, Hubert WYKRETOWICZ  
University Hospital Centre in Vaud (CHUV), Department of Psychiatry, LAUSANNE, Switzerland

**Learning Goal:**

We aim to understand strangeness as it shows up in the transitional space of the psychiatric hospital.

We point out the process of familiarization as an institutional process that involves much more than the sole psychiatrist and the "narrative" cure.

**Abstract Text:**

Neither a dwelling space nor a place for an ambulatory care, psychiatric institutions are places that must be firmly present and reliable to welcome patients in all their states. They are specific places that keep at bay men and women who are lost in the ongoing daily life. They are spaces that bring back at least some of the hospitality that is no longer available for people who don't feel at home anymore.

Therefore the psychiatric institution seems to be the one of the last places left where a process of re-familiarization can take place. It is a kind of in-between space where we can dwell on the world but where we should however not settle down, a place where we are often forced to go, with the paradoxical objective of leaving it. It is where madness and the city come together in a way that there is enough time and space to put it together, at least for a while.

We want to address some of the issues regarding this transitional space. What can of space should it be? How can it remain a helpful place while hospitality is increasingly meant to be efficient and productive? How can psychiatry still welcome strangeness and initiate a re-familiarization process while it is asked to assess behaviour and set targets and goals? What kind of re-familiarization are we seeking for? In the end, what do we mean when we want our strangers to feel at home in the world?

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**Abstract Nr:** 238  
**Internet ID:** 560

**Type of Presentation:** Poster

**Run with It! My story of running with my voices to foster reconnection and fight stigma.**

Peggy Hickman<sup>1</sup>, Tomas Fogl<sup>2</sup>, Nicola Wright<sup>1</sup>, Lisa Murata<sup>1</sup>

Canada

<sup>2</sup>Royal Ottawa Mental Health Centre; University of Ottawa, OTTAWA, Canada

**Learning Goal:**

Learn how persons with lived experience of psychosis can use fitness and their passions to cope and move towards a fuller life, as well as reconnect to the wider community. Equally, you will learn how running groups can help alleviate stigma.

**Abstract Text:**

My name is Peggy. I have been living with psychosis for many years. This is the story of how discovering and following my passions led me on my adventurous journey of recovery. My psychosis continues: my voices and my fears have not gone away completely. In fact, sometimes they can seem worse than ever, but I run with it. I also with others who are sources of support and whom I encourage "to run with it." In this interview-style presentation I will narrate my story, through words and multimedia. I will show the brief documentary "A Mental Marathon" about how running became a passion & a tool, that has allowed me to deal better with voices, frightening ideas, anxiety and depression. Running has also led me to explore & discover other passions. I started a running group; "**RUN WITH IT**" for persons with lived experience of psychosis. I will talk about how sometimes poverty, marginalization and stigma often make it hard to participate in something so simple as running. I continue to work with organizations to promote fitness, running and following one's passions as a way of bridging the gap between persons with lived experience of psychosis and the city at large. I use my story and my races as a way to raise awareness and money toward the cause of de-stigmatization of persons living with psychosis. In Ontario, Canada, where I live, psychosis is often not in the spotlight, when it comes to public awareness of mental illness and fighting stigma. I also wish to help the healthcare system, the media and the general community reconnect with those with psychosis in a more human and de-stigmatizing manner, so we can all "run with it" together.

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**Abstract Nr:** 240  
**Internet ID:** 562

**Type of Presentation:** Poster

**Each personal story as a brick in the bridge? Is dialogue possible? The free choice of human reconnection.**

Joanna Obiegalka<sup>1</sup>, Jagielloni Anonymous, therapeutic group<sup>2</sup>

<sup>1</sup>ISPS Poland, WARSAW, Poland  
, Poland

**Learning Goal:**

How to listen and how to be heard? How to be among others and with self. How to share attention and time? How to accept and be accepted? How to be healed and by who? Is it possible?

**Abstract Text:**

Six to twelve people in one room, one and a half hour together, once per week for couple of years. Expectations, hopes, many questions, silence, conversations about job market, social services, advices, anger, shame, guilt, fear, pain, daily routine, problems, misunderstandings, lack of hope, sometimes sharing of life experiences, maybe feelings, jokes, candies, smiles, small gifts (nice, handmade soaps).

At the end, maybe at the beginning question how to listen and how to be heard? How to be among others and with self. How to share attention and time? How to accept and be accepted? How to be healed and by who? Is it possible? Many questions don't you think? Do you know the answer? Let's talk about it?

As an anonymous, therapeutic group of people with the experience of psychosis and two psychotherapist, we would like to share our persoanl stories.

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**Abstract Nr: 241**

**Title: Psychosis and Planetary Destruction.**

The inherited pattern of parenthood may lead humans to Planetary Destruction.

The Lived Experience: The Healing Power of Human Reconnection to the Earth

**Learning Goal:**

Do the generational patriarchal patterns become the political patterns which will lead to the destruction of the Planet?

Have these parental patterns separated humans from NATURE and disconnected us from knowing Earth as a conscious intelligent system supporting ALL life?

Could such human disconnect be considered as a collective psychosis resulting in the destruction of the Planet, our host?

**Abstract Text:**

How alien do we feel on the planet when we haven't been raised with a profound connection and belonging to the Earth? In the developed world, we are raised with the parental patterns of loyalty, allegiance and belonging to 'THE FAMILY'.

It was during a psychotic episode, I was given insight and understanding that this disconnection from Nature has resulted in control, exploitation and manipulation of Nature and Mother Earth. We call this a 'marketing opportunity.' It exists in opposition to the Lore of NATURE and thus ourselves, a distortion of reality. I am making connections to the patriarchal system of parenting and the detrimental effects humans are having on Earth's sustainability.

The Poster includes artwork of the 'lived experience' of psychosis. It connects the theme of the ISPS Conference from psychosis to personal insight that, 'The Healing Power of Human Reconnection to the Earth' may be our only salvation.

Author: Barbara J Beatson, Australia.

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**Abstract Nr:** 254  
**Internet ID:** 581

**Type of Presentation:** Oral Presentation

**The recovery and emancipation oriented to hearing voices 'Omgaan met Stemmen Horen'**

Robin Timmers

RIBW, ROTTERDAM, The Netherlands

**Learning Goal:**

Learning about recovery and emancipation oriented practice 'Omgaan met Stemmen Horen'. In this practice voicehearers, family and friends of voicehearers and mental health care workers are informed and supported by experts by experience on topics like hearing voices, learning from experience, recovery, support, giving meaning, emancipation and human rights.

**Abstract Text:**

Expert by experience Robin Timmers has developed a recovery and emancipation-oriented approach to voice hearing called 'Omgaan met Stemmen Horen'. This approach is practiced at the 3 Hearing Voices Support Centers in The Netherlands (in Nijmegen, The Hague and Leiden) and in a course for voice hearers, family & friends of voice hearers and mental health care workers. The support centres and the course are facilitated by experts by experience, but the approach can be practiced by anyone. Central to 'Omgaan met Stemmen Horen' is the belief that you can learn how to live with voices by learning from your experience about what helps and what doesn't. Another central value is the belief that you have the right to give your own meaning to your experiences, to choose your own ways to live with voices and to choose the persons and type of support that you want. Another central value is the belief that hearing voices needs to be emancipated as a human variation through open and respectful dialogue. This approach seems to meet a deeply felt need of many people. Robin Timmers recently premiered the book 'Learning to Live with Voices: A recovery and emancipation oriented approach' (2018). The book informs the reader in an easy-to-read way about all aspects of hearing voices. The book has met a lot positive reactions. Dr. David van den Berg: 'I think this book will have a big impact on the Dutch Mental Health Care and that it will stimulate the emancipation of hearing voices in a huge way.'

'Omgaan met Stemmen Horen' has been financially supported by RIBW N&R and MIND / Fonds Psychische Gezondheid.



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**Abstract Nr:** 258  
**Internet ID:** 588

**Type of Presentation:** Oral Presentation

**Biomedical Model versus Open Dialogue - Mother's and Carer's Dilemma**

Satu Beverley  
, Nederland

**Learning Goal:**

See below for abstract

**Abstract Text:**

Listeners will learn through my experience:

How biomedical model instead of curing mental illness may lead to the development of a chronic treatment resistant mental illness; The role of medication in the development of my daughter's mental illness since childhood to mature age; My credentials in relation to biomedical model and Open Dialogue approach; How my view of biomedical model has changed to favour the Open Dialogue approach.

How my daughter's condition turned around when her psychiatrist realised that the medications on their own will never lead to recovery; How her life changed after OD principles and psychosocial treatments were added to her treatment.

How working out the meaning of psychosis improves recovery; A group of listeners have an opportunity to participate in a role play of the first Open Dialogue network treatment meeting to give a demonstration of how OD works in practise and how people can use OD in their everyday life.

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**Abstract Nr:** 260

### **Evil injustice**

16th. February 2018

Marietje Lemmens

PERSONAL STORY

Marietje Lemmens grew up as one of sixteen children in a small village in Limburg. Ever since she was six years old she had been sexually abused and this went on until she left home at the age of sixteen to become a nurse. She was the mother of two young children when she became psychotic. The medicine she received then caused her further trauma. With the help of her twin sister, trained in women's health care and who was also one of the initiators of self-help groups, she managed to recover. She discovered that many other women had had similar experiences: abuse and feelings of guilt, fuelled by the Catholic Church.

Michi Almer recorded her story.

### **Devil in the mirror**

I really want to explain about being possessed by the devil. The church has convinced us of this in so many ways. It was only later that I could unmask the way in which it affected me.

When I was psychotic, my inner world was in fact my outside world. I became a life-size devil complete with claws and red horns. I found myself repulsive when I looked in the mirror. It shocked me, it drove me absolutely crazy. My husband Jan was extremely shocked when he saw me walking around the house in the middle of the night with a rosary. I told him that I was possessed by the Devil and that he must make me a cup of coffee because I was caught in a horrendous nightmare and couldn't wake up.

### **Traumatized and overburdened**

Jan had been depressed for months and we had two young children. Perhaps I was bit overstressed too. Jan was given Halcion, a strong sleeping pill, for his depression. It even said on the leaflet that it could make you feel suicidal. He was a teacher and during the day he went to work and every evening he would talk to me about suicide. One day he dropped one of his pills on the bathroom floor and our five year old son found it and thought it was a sweet and ate it. He reacted as if he was very drunk and we had to rush him to the doctors. It was such strong medicine. It was all extremely intense.

There was something more than this going on. Our first daughter died shortly after she was born. As a child I was abused by my eldest brother for many years. I was in fact also depressed. I had depression even as a child. I couldn't go to school and there was always something the matter with me. I only learnt how to tell the time much later in life. My father couldn't understand this and made me a clock with a big hand and a small hand, I never managed to get to grips with it. I didn't understand Mathematics either, I was inhibited, extremely inhibited. I just lived with it until the psychosis came along.

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### **Growing up**

At home there was always a big difference between the boys and the girls. The boys were idolized and were always right. The girls had to obey their brothers. We had to do whatever they asked, get things from upstairs, fry eggs for them. This of course opened for them the door to abuse.

However, my mother was the boss at home. She had a large poker which laid on the table and this is what she would hit us with. Once my eldest brother told her that I had laid down with a boy, next to the stream. I didn't do anything with that boy but my mother believed him and I got a terrible thrashing. I was also shut up in the cellar as punishment. It was so dark in there, it was terrible. I was so angry, I smashed all the glass storage jars in one go. Afterwards I of course received a good beating from my mother. My father never ever hit me. I was a recalcitrant child and I was also strong. When we needed to mow we had to help, I walked across the field with my bare feet. The stubble used to cut into your feet but that didn't bother me at all. I sometimes think that I enjoyed the pain because I could actually feel something.

### **The Church**

Five years ago I was suddenly able to feel again how I felt as a child of seven at my first Holy Communion. I had a rosary and little white gloves and a white veil but I didn't feel at all like the bride of God. I was the Devil, I was pitch black, I was going to Hell while all the time I was standing there as an angel. That was a contradiction. I now know how seriously depressed I was standing there at Communion. I was a very anxious child and often wasn't able to take part in things because of my poor motor skills. I saw a sea of flames which called to me while at the same time I stood there as an angel. Since then I have carried this stress around with me.

After this I had to go to confession every month. Each time my eldest brother abused me he said "you will go to Hell and you need to go to confession and pay penitence". Exactly the same thing happened to my twin sister. All that time we were left with the feeling that we had committed a mortal sin and would go to Hell. As a child you believed that, you were indoctrinated, it was so awful. The priest gave me exercises to do for repentance and for hope. You had to do a certain number of Hail Mary's. Going there every month was terrible. Everything meant shame and humiliation. I felt completely black inside. Afterwards you were free for a while but the abuse still kept happening three times a day.

### **The perpetrator**

It lasted from when I was six until I was sixteen. I had more than one bad brother but my eldest brother was the one who affected me the most. Once he took me on the back of his motorbike to Cologne. I think I must have had an abortion there. I thought that I'd become fat and didn't understand why. Nobody ever told us about these things. I remember that when I came back I had lost my white pair of trousers and I was covered in blood.

Later on my brother abused his own children and after that even his own grandchildren. That's when I went to the police but even then the police did nothing. His son beat him up so badly that he landed up

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in hospital. When he died his daughters said: “we’ll carry him ourselves to his grave to make sure that he’s six feet under”.

When I was sixteen I went into nursing, this was with the nuns. They said: “Marietje, there is something wrong with you”. Of course there was something wrong with me! I was depressed and there were lots of things going on but this only came out much later.

I managed to find some peace with the nuns although it still had connections with the church. I just tried to do my work. Do you know what? I think I just tried to silence myself, to hide it away. I hid myself in a cellar surrounded by iron fences. There I was, Marietje, who came outside now and then if it was safe enough.

### **Psychiatry**

It was therefore no surprise that, during my psychosis, I became the Devil. I went to see my G.P. and he prescribed Haldol. It was awful. I knew however that I needed something in order to relax so I went and picked them up from the Pharmacy. What I really wanted was to be admitted to hospital but at that time I had a really good psychologist who thought it would be better for me if I stayed at home with the children. I was however then treated for depression. So that’s why Jan and I biked every day to the day-care clinic. It was here that I became further traumatized by all the pills. I was already taking Haldol and they should have given me some other medicine to control my urge to keep moving but they didn’t give it to me. What’s more I was given anti-depressants, tranquilizers and strong sleeping pills. This combination knocked you out immediately only to suddenly wake up later. I wasn’t able to move or think anymore. I was constantly hungry and ate a lot which led to diabetes and very high blood pressure. I was full of pills and I became obese.

I was made to take part in sports and I received music and creative therapy, in the beginning I couldn’t do anything. I couldn’t even read I could only look at the pictures in the magazines.

I was that far gone. And yet it worked really well: swimming, sport, music. Creativity worked well at that time. I did handcrafts, I worked with black yarns and it had to be a black hole because that’s where I was, in a black hole. During the music therapy we were accompanied by a really good pianist. One day I decided to take fate into my own hands and began to sing a song from an opera. That’s how I found once again found my creativity and began to break down the barricade that I had been building around me for all those years.

### **Self-Help**

At some point I began to realize that I was the victim and that they had been making a diagnosis about me. I realised that I was becoming more of an object and that everything was being suppressed by medication. It felt as if I was being abused all over again. I wanted to talk about everything but instead I had to just accept it all.

This is what I told the psychiatrist: I belong here, not at home, I need to talk to someone who can help me to process all of this.

I also wanted to stop taking the pills. Jan tried to talk me out of this. The psychiatrist led him to believe

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that I was seriously ill and needed the pills. I stuck to my guns! Fortunately I knew, because of my nurses training, how this needed to be done. I have heard that today they have pills which you can gradually take off the layers. That's the way I did it and got to the point where I didn't need any pills at all. I walked a lot. I walked and walked and walked. My twin sister gave me her support and in fact was the one who pulled me through. My sister was of course also traumatized but she was being treated by a woman from the women's healthcare association. She went every week and was given a top to toe massage and that really helped her. She studied women's healthcare in Nijmegen and set up a group here in Limburg. She asked me to go to such a group. I didn't think I was ready for it but she kept asking until I finally went with her. We sat there amongst all the women who had experienced the same things that we had, physical and sexual abuse. Some of those had been, just like me, possessed by the Devil.

### **Exorcists and Psychiatrists**

When we talked to each other about this we discovered that it was all lies. Being possessed by the Devil is the result of repression and a way to hide the repression and continue hiding it. You are a victim of abuse but you receive no support whatsoever. Instead you are made to think that you have sinned, that you are bad and must repent. As a child you especially think all the stories about angels and devils. The terrible things that happened to you must surely be the work of the Devil? Then you must also be the work of the Devil.

In the groups were women who had sought help through the church. One of these women ended up being sent to an exorcist in Tegelen. She was made to stand in a pigsty full of pig faeces while she and the exorcist prayed together. The idea was of course that the Devil would then go into the pig. This whole episode was of course terribly humiliating for her. Another woman told of how the priest had strangled her with a scarf until she almost suffocated in order to drive out the Devil. Instead of recognition for what had been done to them they suffered a new kind of abuse and humiliation. I'm glad I didn't fall into the hands of an exorcist. It is however very disturbing that the Vatican still trains exorcists. Other religions also have similar stories and rituals: stories where the blame is laid on the victim and does nothing to help recognise what really happened.

Psychiatry does more or less the same thing: it's not what actually happened to you that is important but the chemicals in your brain that could be out of balance. I slowly began to realise that psychiatry for women like me is not what is needed. What we need we found with each other, in self-help groups where we gave each other the opportunity to find out what we had been through.

Illustrations: Marietje Lemmens

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**Abstract Nr:** 262

**Learning Goal:**

When staying in a natural environment, at home, is no longer an option, how can we organize a warm place for psychotic people where they feel welcome and accepted? How do we create a holding and containing environment where mental growth is enhanced?

**Abstract Text:**

**A refuge for the stranger in the city.**

How to organize a warm place where people feel welcome and accepted?

The psychotic person often feels inhabited by alien forces, by strangers. They feel alienated from themselves and from the world around them. When hospitalized or treated, they often feel as if in a foreign country where they know neither the language nor the culture. It is a major challenge to respectfully welcome them, in all their strangeness and to not increase their alienation.

The symposium proposes three examples of welcoming places in Flanders, Belgium for people with psychosis. One is an open meeting place in the city of Ghent, another a closed treatment ward in a psychiatric hospital for young adults with an acute psychotic episode, and the third is a psychotherapeutic in-patient ward in a psychiatric hospital for young adults with psychosis and psychotic vulnerability.

Although three very different settings, their work is based on a psychotherapeutic attitude in a milieu-therapeutic climate. Based on theories of psychoanalysis, institutional psychotherapy (antropo-psychiatry) and psychodynamic family-work, holding environments are created in which transformations can become possible. The metaphor of the Stranger in the City invited us to reflect on our treatment units: Can we be like a multicultural open city, rather than a tower of Babel?

**Authors:**

Ludi Van Bouwel, Sophie Guiot, Niel Van Cleynenbreugel, Lucas Joos, Bart Reynders en Dirk Bryssinck.

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**Abstract Nr:** 263

**Abstract Text:**

**Building the hospital atmosphere good enough to meet the stranger?**

One of Lacan's adages with regard to treating people suffering from psychosis was "être secrétaire de l'aliené". After all, alienation is an essential characteristic of a psychotic breakdown, in which the person feels alienated from himself. This stranger in the city is often sent to treatment centers under section. How do we welcome that stranger, how do we meet him? And above all, how can we best respond to this sense of alienation? Experience shows that it is a major challenge not to reinforce alienation through implementing strange rules in the hospital, or through treatments such as forced medication, isolation and restraint, which happens more frequently when we have a limited understanding of what is going on with the patient.

In this talk, we discuss the effects of a paradigm shift in a closed residential treatment program for young adults dealing with psychotic episodes. This paradigm shift was the result of our thinking about how to organize a welcoming city, based on theories from psychoanalysis and institutional psychotherapy (or anthropopsychiatry). Specifically, it deals with understanding psychosis, and understanding the environment as an important player to counter alienation. We wish to re-establish a connection, a true meeting, which facilitates the psychotherapeutic process.

We illustrate the effects of this paradigm shift with experiences of patients and staff and offer quantitative data on isolation and restraint.

**Authors:**

Lucas Joos and Bart Reynders

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 264

**Abstract Text:**

**Sint-Joris, psychotherapeutic unit for young adults with psychosis.** How to contain wildness and strangeness, without taming it into alienating adaptation?

Sint-Joris is a psychotherapeutic unit for young adults (18 to 35) with psychosis and 'at risk state' (stage 1 –some- and 2 –most- Mc Gorry) , in a large academic psychiatric hospital (KULeuven, Belgium). People are admitted during a psychotic crisis (without needing a closed ward) or in post crisis state. They can stay anything between 2 months and a year. We offer full admission, daycare and part-time care and post-cure (a package of 2 psychotherapy sessions a week, a visit to the psychiatrist and community moments on the ward). Our work and thinking is inspired by psychoanalysis and milieu-therapy, particularly by the work of W Bion and, more recently, by the rich work of Francoise Davoine. Working as a psychotherapeutic community in a large hospital, we function a bit like a stranger in a city.

The psychotic person carries around undigested facts, thoughts that cannot be thought or symbolized and therefore are shown both in action (aggressive, suicidal, fugitive etc) and in hallucinations and delusions. These undigested facts are like alien bodies, incorporated rather than introjected. The psychotic person feels inhabited by alien forces, by strangers in the night. We focus on group therapy, both verbal and non-verbal (music therapy, art therapy and bodily oriented therapy) to enhance transferences to circulate, and to contain the split off and fragmented parts of raw mental material. We work intensively with the families and have recently started up a multi-family group. The psychotic patient carries around split off contents, strange parts of a family history or undigested traumatic events. With both our therapeutic work and our milieu-therapeutic attitude we aim to create a holding environment, an in between space, in which transformations can become possible. This means a careful balance between respecting and containing the strangeness and the stranger, to tolerate the otherness which always resists integration, and transforming alien parts of the psychotic world into something more habitable and lived through. 'The stranger in the city' is a welcome metaphor to think through the frictions: how can we offer the stranger a hospitable place where something of the wildness and strangeness can be domesticated and contained, without it being tamed into alienating adaptation?

**Authors:**

Sophie Guiot and Niel Van Cleynenbreugel

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 265

**Abstract Text:**

**Villa Voortman, a meeting house in the city.**

Villa Voortman is an open meeting place in the city of Ghent. It provides services for vulnerable people with a dual diagnosis who, for many reasons, do not connect with standard provisions. They have difficulties in several areas such as serious psychiatric and legal problems, addiction, stigma and homelessness.

Villa Voortman practices harm reduction and provides asylum or refuge - a warm place where people feel welcome and accepted. The focus is on meeting with respect for everyone's identity. It is a permissive, non-compulsive, 'open waiting' environment, which enhances personal growth and relationships and, thereby, attaches importance to empowerment. It is a place where people can develop themselves through artistic workshops and other activities offered by artists, volunteers and the visitors themselves. We advocate social inclusion and improved life perspectives by supporting inclusive citizenship, with respect for the individuality of visitors.

Under the motto: "minimum structure, maximum responsibility", in which equality, participation, consultation and destigmatisation are central, relationships with visitors are slowly built up. In this way, they become more and more people with a story to be heard, which leads to solidarity and desire, and to a gradual return to the society from which they were excluded.

**Author:**

Dirk Bryssinck

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



## **Nobody speaks my language.**

Marcus Evans

Serious and enduring mental illness and/or personality disorder can make it hard for the individual to face the extent of their difficulties and suffering. This can lead to an evacuation of painful mental states, and a withdrawal from the world of shared reality into an internal world of the individual's own creation. These states of mind are often connected with fragmented thinking and concrete communications that lack emotional resonance. On the one hand, these communications can have a deadening effect on the recipient's mind leading to a concrete response, while on the other hand, it can provoke 'over forceful' attempts to control the psychotic mind. These responses can lead to a breakdown in communication that threatens the therapeutic relationship between patient and his/her relatives and mental health professionals.

An interest in the meaning of symptoms and behaviours should be seen as a cornerstone of mental health treatment and care. Psychoanalytic thinking and insight provide a model for thinking about the unconscious forces that operate within therapeutic relationships, as well as throwing light on the meaning of symptoms. While psychoanalysis is neither an appropriate nor practical treatment for many patients with a severe and enduring mental illness, it does offer a model for thinking about psychotic states of mind. As Richard Lucas used to say, it helps us "tune into the psychotic wavelength" thereby providing understanding of the anxieties that drive us 'out of our minds'. Above all, it encourages professionals to remain curious about their patients.

In this presentation, using clinical examples, I will outline some psychoanalytic ideas that can help throw light on the "Psychotic Wavelength". This understanding can provide a means of communication between psychotic and non psychotic states of mind, reducing feelings of alienation and isolation.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



## **ABSTRACT ISPS 274**

### **Madness meets Creativity**

Friday 8-30-2018 - Mandela Hall - 13.30-17.00

### **Madness meets Creativity**

During the meeting of Madness meets Creativity the speakers will take you through a journey where art meets psychiatry.

At the Beautiful Distress conference held in November 2017 the audience gave input to connect different disciplines to formulate recommendations to fight stigma and promote social inclusion and participation of those who suffer from a mental vulnerability ..

The audience was a mix of patients, health care professionals, family and friends, artists, policy makers and students, representing all areas of life. In 2019 the results were published in the book; Beautiful Distress.

In this workshop we will present some of the strongest recommendations. We will present art which was made as a result of the Beautiful Distress activities, and invite the audience to work on those recommendations with the intention to develop earlier results and apply those in daily life.

In the discussion we hope to give the audience tools to take home inspiration to discuss stigma and support social integration. We hope to receive material from the audience to go on with our mission. The audience will also hear and see more of the work Beautiful Distress is doing.

### **Talk about ART & PSYCHIATRY - Residency and Summer School**

The Fifth Season (Het Vijfde Seizoen) is an artist residency located at one of the oldest mental health institutes in The Netherlands in the province of Utrecht. In The Fifth Season professional artists work for one season. Since 1998 many artists have worked in The Fifth Season It is an inspiring place. The line between sick or not sick sometimes seems to disappear for the artists and the patients. Each artist picks his own angle and approaches psychiatry from a personal point of view. By inviting a different artist every season to work at the residency, a contribution is made to our goal of bringing society closer to psychiatry. Through their works of art the artists contribute to the imaging of the psychiatric patient and psychiatry in general.

The Fifth Season runs an exhibition space together with Beautiful Distress Foundation @ NDSM wharf in Amsterdam

- In 2017 the residency started a Summer School for young artists. The Fifth Season organize the summer school to challenge a new generation of artists to collaborate and work within the field of psychiatry and create 'new' images about mental health
- Starting point of this year's edition is the subject of privacy in mental health in the future. We use the year 2050 as a point of focus to develop speculative artistic proposals for our future. In the talk Esther Vossen show the work of the residency as well as the summer school.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



### **Short biography Wilco Tuinebreijer**

Wilco Tuinebreijer studied medicine at the University of Amsterdam. He studied psychiatry at Mentrum Amsterdam. His career covers a wide field of public mental health activities. His work contains emergency psychiatry, public psychiatry and health politics. After working for the GGD as psychiatrist and medical director, he now works for Arkin. He is currently working on a city wide project to provide good mental health care for refugees who have a history of loss and violence a chain of care is built to reduce psychological symptoms and to promote integration in society

Besides his professional work he has been involved in many projects where culture and psychiatry meet each other, and integration of the new citizens of the city of Amsterdam is an important goal.

He is founder and chairman of the Beautiful Distress foundation. Beautiful Distress strives to create more awareness and acceptance in society for the mentally ill. Through creating and promoting awareness, community willingness to achieve effective professional help for psychiatric patients will increase, within and beyond the established health care sector. By removing stigmas Beautiful Distress hopes to help foster understanding for the problems that patients face. By bringing different worlds together, Beautiful Distress wishes to validate the world and experience of the mentally ill. Beautiful Distress is active in The Netherlands in collaboration with The fifth Season, Belgium the US, the UK and Japan, where Beautiful distress creates artist in residencies, exhibitions and lectures against stigma and stereotyping.

Wilco Tuinebreijer

[www.beautifuldistress.org](http://www.beautifuldistress.org)

+31(0)6 38685482

<http://theartofimpact.nl/projecten/beautiful-distress-kunstmanifestatie/>

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### **Short biography of Angèle de Jong**

Angèle de Jong studied Child Development and Education at the University of Amsterdam. She worked for several years for diverse film & tv programs/organisations like Sesamstreet, the Cinekid Festival and Eye- the Dutch Film Museum. Later on she worked as a projectmanager and spokesman for Dutch Ministeries and European projects about Education, Life- and Career development and Diversity policy in HR management.

Several years ago she choosed to be open about her lived experiences in Psychiatry and Mental Health Care and combine this with main subjects in her work: Imaging and Didactics. She works for Arkin, a big Mental Health Care Organisation in the region of Amsterdam, on Peer Recovery and Training and Development.

Since the Beautiful Distress Conference, she works together with this foundation and is coordinator of the Project 'Madness meets Art' . From September '19 till Januari '20, six meetings will take place in the Beautiful Distress House, created by artists and people with lived experience, people from their social networks, and employees of the social domain and mental health care and social organizations. Art and creativity is used as unifying language for more awareness and understanding for people that suffer from mental problems.

### **Short biography Esther Vossen**

Esther Vossen is director / curator of The Fifth Season, an artist residency in the mental health institute Altrecht (Utrecht, The Netherlands). At Altrecht she is as well arts advisor and in this function responsible for art commissions and the art collection of the organization.

Beside this she is co-founder and curator of Beautiful Distress House, the exhibition and projectspace of the organization Beautiful Distress and The Fifth Season.

Vossen is board member of the Association of Corporate Art Collections Netherlands (VBCN) and committee member of the various national funding bodies. She studied Journalism and worked as a program maker for a Dutch national broadcast company (VPRO). Hereafter she studied at the Art Academy Amsterdam, followed by art history at the University of Amsterdam. Since 1998 she was project manager and curator contemporary art at several visual art institutions, like de Appel Arts Centre, the State Academy of Fine Arts in Amsterdam and the Dutch national museum of psychiatry, museum The Dolhuys.

**ON THE HEALING POWER  
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**Abstract Nr:** 275

**Abstract Brenda Froyen**

After giving birth to her third son, Brenda suffers a post-partum psychosis. She starts to experience hallucinations, with the boundary between illusion and reality becoming increasingly vague. Her psychosis disrupts her entire life and that of everyone around her. In this lecture Brenda will tell her story, a story of a mother, a story of a family.

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**Abstract Nr:** 278

**Title: Is a good neighbor worth more than a distant friend?  
Experiences of an assisted living model.**

**Presenter:** Geeske Van der Weerd, nurse practitioner en Joey Tamminga, living in a supported living house

**Introduction:** About 7% of the people with SMI require some form of supported living as a consequence of their illness. They often experience problems on a variety of domains, such as persistent complaints due to medication resistance, cognitive disturbances, physical health and self-care problems, and psychosocial dysfunctioning.

**Objectives** The current project aims to improve social and community functioning in this group of service users.

**Methods:** 'Noaber Goud' is an innovative project, which means 'good neighbours are worth gold'. In Groningen (The Netherlands), the project has been set up in the form of an assisted living group. 35 people with psychiatric conditions live there, together with four students, who joined the project in August 2018. These students can live in 'cheaper than normal' accommodation, in return for four hours a week of their time helping the residents to join in with society. **Results** All sorts of activities are organised in the neighbourhood, such as a neighbour-day, a guided tour of the factory down the street and a repair café. The assisted living residents have an active role in the project group, and also in the selection of the students that will come to live with them. The students are enthusiastic and see it as a small village, and the residents are also enthusiastic.

**Conclusions** We conclude from this pilot project that integrated assisted living is feasible and acceptable to service users as well as students and people in the community close to the residence. More research is needed.

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**Abstract Nr:** 279

**Exploring your personal identity: development of a new intervention for service users with people with complex mental health needs.**

Presenter: Tessa Jonker

**Introduction** As a human being we give meaning to our stories, in relation to the social and physical context. When you have been dependent on (intensive) psychiatric support for a long time, it is possible that talents and qualities disappear because this part of your identity has been buried under a long psychiatric history. This can result in people's identity becoming limited to 'patient'.

**Objectives** For this specific group, few interventions that are aimed at personal recovery are available that match their cognitive and communicative skills. In this project, we aim to develop a new psychosocial intervention to stimulate self-reflection and personal recovery.

**Methods** The development of the intervention took place in an iterative process with service users, significant others, mental health professionals, peer support workers, artists and researchers. In the iterative process focus group meetings and brainstorm sessions were organized with all stakeholders and individual meetings with service users. **Results** A new psychosocial intervention entitled "This Is Me" was developed into a journey of discovery through the life of a service user at both verbal and non-verbal levels. The journey of discovery consists of jointly engaging in experiences and reflecting on these experiences. All this to (re) discover roles, talents and characteristics to broaden the identity from only 'patient' to 'human'.

**Conclusions** We will share the process of developing this intervention. In addition, we will present the first results of a pilot study in which we assess the feasibility and effectiveness of the intervention.

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### **Abstract 313**

**Jen Kilyon**

#### **A family perspective on psychosis and alienation**

In commenting on Brenda's talk I will use my experiences over 20 years as a family member of someone experiencing psychosis. As a campaigner for more compassionate, trauma informed and family friendly services I have got to know many others in a similar situation so I will draw on their experiences too. I will include comments about how this may impact on siblings and other relatives.

Speaking out publicly can at times cause conflict with our loved ones and increase any estrangement that may exist. Making complaints about poor services can also result in deterioration of relationships including those with providers. I believe this dilemma may sometimes prevent us from saying what we really think about the way we see psychosis being treated and what could make it better.

This is why we need organisations like ISPS to bring us together so that we can all share our perspectives, understand each other better and work together to make real change happen. Thank you for giving me the opportunity to be here today speaking to you all and I look forward to some interesting discussions throughout the conference.

Jen Kilyon

Jen@empathywithcarers.co.uk

Twitter @mothermindful

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**Abstract: 317**

**Abstract for Keynote Dr Ingo Lambrecht  
ISPS Rotterdam 2019**

## **Scaffolding ‘psychosis’: holding it lightly with culture and compassion.**

Abstract:

No matter how diligently we look for psychosis in the genes, amongst neurotransmitters, or in the brain, psychosis is also an experience of consciousness. Hence the importance of the lived experiences of psychosis. An experiencer of psychosis, however, is neither pure nor privileged, but rather is determined by culture and history. To separate psychosis, and our reasoning about it, from culture and history leads ultimately to the dead ends of absolutes. The lens of culture, along with compassion, may create a space to wonder about psychosis differently.

Biography: Ingo Lambrecht PhD

Dr. Ingo Lambrecht is a consultant clinical psychologist at Manawanui, Māori Mental Health Service in Auckland, New Zealand. His special interests include children and adolescents, psychosis and personality issues, as well as trauma, mindfulness, and compassion. He has also written on the cultural-clinical interface through his clinical work in different cultural settings, and was privileged to undergo an intense shamanic training as a sangoma, a South African traditional healer. In addition to his book, *Sangoma Trance States* (2014), based on his PhD research, he has contributed articles and chapters on the relationships between culture, psychosis, and spirituality, presenting at national and international conferences on these themes.

**ON THE HEALING POWER  
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**Saturday  
August  
31th**



# ISPS™ 2019 CONFERENCE

August 28th - September 1st **ROTTERDAM**

## 'Day 3: Saturday August 31<sup>th</sup>

### Psychosis, (forced) migration, society and politics

	Willem Burger Zaal	Van Weelde Zaal	Hudig Zaal	Schadee Zaal	Van Beuningen Zaal	Mees Zaal	Ruys Zaal	Van Rijke Vorsel Zaal	Plate Zaal	Van der Vorm Zaal
08.00	Workshop 20 Peer Supported Open Dialogue for people in crisis	Workshop 23 Models of relationships	Workshop 9 Multifamily psychoanalysis group	Symposium 4 Voices in Psychosis	Symposium 10 Survivors of Romanian orphanages	Workshop 2 Mental health nursing in psychosis	Workshop 13 Exercise to reconnect!	Orals 20 Cultural differences and psychosis	Orals 11 Helpful methods for recovery	Orals 12 Feelings of self, body and parenting
	6	22, 233	109	191	149	63	202	50, 94	142, 244	18, 105, 160, 3

09.15	Short coffee break						Foyer			
09.30	Chair			Tina Rahimy		276		Willem Burger Zaal		
09.45	Keynote speaker			Huub Mous				Willem Burger Zaal		
10.15	Keynote speaker			Wouter Kusters		314		Willem Burger Zaal		
10.45	Keynote speaker			Magobe Ramose		319		Willem Burger Zaal		
11.15	Coffee break						Foyer			
11.45	Debate with speakers			Chair: Tina Rahimy				Willem Burger Zaal		
12.30 - 13.30	Lunch and poster sessions			Formal General ISPS Meeting				Foyer		

	Willem Burger Zaal	Van Weelde Zaal	Hudig Zaal	Schadee Zaal	Van Beuningen Zaal	Mees Zaal	Ruys Zaal	Van Rijke Vorsel Zaal	Plate Zaal	Van der Vorm Zaal
13.30	Symposium Education, Ex/Inclusion and Mental Wellbeing Part 1	Symposium intersubjectivity, urban life and psychosis Part 1	Workshop 5 How personal encounter evaporates evil	Workshop 30 Openness for a new balance	Symposium 8 Virtual Reality	Workshop 11 Let's talk about Psychosis	Workshop 26 Reading groups (partly in Dutch)	Workshop 18 A mindset shift and bipolar breathwork	Orals 14 Philosophical Anchorpoints	Orals 13 Art and Recovery
	268	269	77	217, 225	168, 170, 138, 169	173	83, 192	252	40, 48	10, 20, 85, 203
15.00	Coffee Break foyer									
15.30	Symposium Education, Ex/Inclusion and Mental Wellbeing Part 2	Symposium intersubjectivity, urban life and psychosis Part 2	Workshop 21 Bridging the gap with self work exercises	Workshop 37 Care about carers	Symposium 23 Hamlett-study To continue or not to continue	Workshop 8 Film 'I could also be Miranda'	Workshop 41 Film 'Open the door'	Orals 15 Mysticism and spirituality	Workshop 14 Herstel-Ondersteuning (in Dutch)	Orals 16 Therapeutic Homes
	268	269	39	230, 32	62	102	266	146, 148, 162, 204	219, 271	11, 31, 235

17.15 - 18.00	Keynote speaker and demonstration		Jennifer Canary Nicolov(a)		277		Willem Burger Zaal			
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### Postersessions day 3 – Therapy posters

Posters linger during the whole conference, presentations during lunchtime

	TITLE	WHO	
Poster 40	Psychotherapy resulted in successful release of a schizophrenic patient after 9 years of hospitalization	Satoshi Ueda, Tokyo	43
Poster 41	Extreme Music for Extreme States: How Heavy Metal Music Can Help with Experiences Conceptualised as 'Psychosis'	Mary Coaten Kate Quinn, Wakefield	60
Poster 42	Transparency in care- Handbook for patients and their families in early intervention service for patients with first episode of psychosis	Hanna Nokio, Helsinki O.N. Niemi, M.K. Karjalainen	61
Poster 44	The group after group – what happens after the long-term psychotherapy group ends	Branka Restek-Petrović, Zagreb M. Grah, N. Orešković-Krezler	82
Poster 46	The intersubjective struggle in psychosis and the healing power of dialogue	Laura Galbusera, Berlin M. Kyseló	139
Poster 47	Getting in touch with pain in psychosis: Multifamily Psychoanalysis experiences in Rome	Chiara Matera, Roma	141
Poster 48	The oldest Social Psychiatry Rehabilitation Center in Poland after 15 years of activity	Lukasz Szostakiewicz, Warsaw A. Czechowska	234
Poster 49	Day hospital as early intervention program for individuals with first psychotic episode	Daniela Šago, Zagreb Višnja Martić, K. Habus, E. Ivezić, D. Šmida, V. Komesarović, D. Varga, M. Žanko, R. Fiolic, V. Lovretic, I. Filipic	236
Poster 50	At Risk Mental State (ARMS), the application of CBTp, a treatment which works and reconnects people	Mark Andrews, Spalding	247
Poster 51	From hopelessness to possibility: a journey from marginalization to belonging through reconnection to family and healing of trauma	A. Hun	259





**Abstract Nr:** 3  
**Internet ID:** 29

**Type of Presentation:** Symposium

**'Sometimes the Structure Around Us Fails.' Parents' Subjective Understandings of How Their Psychosis Affects Parenting**

Jennifer Strand, Karin Grip, Petra Boström  
Department of Psychology, GOTHENBURG, Sweden

**Learning Goal:**

The results show a number of difficulties in parenting faced by patients with psychosis. We suggest that it is important for healthcare staff to build an alliance with the parent that includes communication about parenting and childcare at an early stage of treatment, before problems become acute.

**Abstract Text:**

Parental psychosis poses a risk factor for a child's well-being. Few studies have focused on the parents' views of how their psychosis affects their parenting, and results for parenting ability in this group are contradictory. The present study aimed to explore how parents with psychosis experience the effect(s) of their illness on parenting. In-depth and semi-structured interviews were conducted with 15 parents who attended service units specializing in psychosis. The transcripts were analyzed using thematic analysis. Data related to the research aim were analyzed deductively according to the protection, reciprocity, control, guided learning, and group participation model of parenting. Data in each domain were then coded inductively to form subthemes. Results show that all domains of parenting appear to be affected by psychosis. The parents specifically mentioned that depression, fatigue, and difficulty focusing because of hearing voices had negative impacts on their abilities to provide protection, reciprocity, and control. The parents also expressed difficulties in maintaining routines in the child's everyday life. Furthermore, the theme "Unpredictable absences" crosses all domains and highlights the parents' recurrent mental and physical absences from their children during psychotic episodes. In conclusion, parents with psychosis could benefit from interventions that aim to improve their mentalizing capacity in relation to their child. Some parents may also need support to maintain the daily structure of childcare during psychotic episodes.

**ON THE HEALING POWER  
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**Abstract Nr:** 6  
**Internet ID:** 35

**Type of Presentation:** Workshop

**Peer-supported Open Dialogue for people in crisis**

Dirk Corstens, Yvonne Willems  
MET ggz, MAASTRICHT, The Netherlands

**Learning Goal:**

Acquire the essentials of Open Dialogue developed in Finnish Western Lapland.  
To learn why peer-supported open dialogue emerged from the Finnish Open Dialogue approach.  
To participate in a role play that gives you an idea of network conversations.

**Abstract Text:**

Peer-supported Open Dialogue was developed by Russell Razzaque and Mark Hopfenbeck in the UK from the original Open Dialogue approach in Western Lapland. The participation of peers in network conversations opens novel opportunities. Mindfulness is a fundamental attitude for fascilitators to be able to reflect in the conversations on their own personal experiences in the present moment.

We will present a roleplay with the participants of the workshop to get an idea of the key elements of Open Dialogue and the opportunities of the peer worker.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 10  
**Internet ID:** 52

**Type of Presentation:** Oral Presentation

**'Those who feel the breath of sadness, sit down next to me' Choir with No Name - belonging & music.**

Polly Mortimer

LONDON, United Kingdom

**Learning Goal:**

To have raised awareness of the effect of community, and of singing communally, on mental health.

To have contributed to the ongoing debate around non-pharmaceutical approaches to supporting those with psychosis and other mental health issues.

To have investigated the growing movement for social prescribing and how it might help the marginalised.

**Abstract Text:**

Periods of psychosis in my 20s, and the trauma that preceded them, left deep traces which have taken a lifetime to unpick.

Abiding feelings include regret – regret that a lot of the tools available for 'treatment' are so blunt, damaging and traumatic.

While a sectioned inpatient I was lucky enough to access music – the chaplain allowed me (an atheist) to play the harmonium for his Sunday service. At another key point of my life I found a 'world' music choir – which was simply lifechanging, and a huge support in many different ways.

As a music student in my 60s I was privileged, in 2018, to join Choir with no Name, a choir in Central London whose members come from many different backgrounds, and include people with addiction issues, mental health issues, and who may be homeless. I was carrying out Observation in Practice for a final Project as part of an Open University/Trinity Laban conservatoire course Certificate in the Practice of Music Making.

The power of singing, and the sense of wellbeing and community to be gained from and by the group, is enormous and almost unquantifiable. I would like to present part of my story, and the story of the choir, with video and sound clips, as an illustration of this power.

**ON THE HEALING POWER  
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**Abstract Nr:** 11  
**Internet ID:** 56

**Type of Presentation:** Oral Presentation

**Suppose 'Mental Health' is a Reductionist View for 'Soul Health'...**

Beatrice Birch

Inner Fire, Inc., BROOKLINE, VT, United States of America

**Learning Goal:**

**Learning Goals:**

How to help people practically in distressed states and psychosis?

To remember how to recognize and appreciate the human being before us: what do we see, hear, feel, think...

How we can learn from those we seek to support?

The importance of understanding someone's behavior in a context...

**Abstract Text:**

Suppose Mental Health is a Reductionist view for Soul Health...

Introducing a view of the Human Being as a *Creator* able to *think* creatively, able to *feel* and work freely with feelings and to *act* intentionally.

However, the pressure to homogenize human beings for reasons of finance and convenience has created psychotic societies where only the Head (intellect) is developed thereby alienating individuals from the Wisdom of their Heart and the Wisdom of their Will.

The term Mental Health suggests that human beings, like machines, consist of parts. The medical model with its innumerable diagnosis, anti-psychotics and other medications suggest parts of us can be fixed in isolation. Human Beings are incredibly complicated. Supporting the healing journey calls for wisdom and is also an artistic process. What we do know, is that medicating people against their will rather than assisting them to work through traumatic and debilitating life experiences, is not working. People are choosing suicide over living the life of a zombie, disconnected from their inner fire: their clarity of thinking, heartfelt feeling and creative doing; from all that makes us human.

Inner Fire is a proactive healing community in southern Vermont offering striving individuals the choice to recover from traumas without the use of the mind altering, psychotropic medications. We are not anti medications but believe in *choice*. Inner Fire's comprehensive program taps all aspects of the human being: via biodynamic gardening, cooking, cleaning and forestry, artistic therapies and peer work, meditation and study.

Inner Fire, an alternative to suicide, was founded with the sole purpose of helping struggling individuals to taper and begin connecting with their unique, creative, resilient Self. By digesting and working through life's challenges, empowered individuals are reclaiming their lives and better able to appreciate the wonder and joyful mysteries of life.



**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 18  
**Internet ID:** 83

**Type of Presentation:** Oral Presentation

### **Intimacy and the Sense of Self - on Sexuality and Psychosis**

Cecilie Brovig Almaas

ARA FACT, Sorlandet Hospital, KRISTIANSAND, Norway

#### **Learning Goal:**

The issue of intimacy and sexuality is highly relevant for people struggling with psychosis, especially the longing for intimacy yet the threat of being overwhelmed by it. It will be given examples from therapy on how health care professionals can address the issue.

#### **Abstract Text:**

Intimacy and the Sense of Self - on Sexuality and Psychosis

During my work as a psychologist in the field of psychosis and severe mental illness, it has been surprising to experience the lack of focus and awareness on our patient's management of their sexuality and partnership with others. When I have searched for literature on the subject, I mainly find literature focused around risky behaviors, HIV/AIDS and the stigma associated with that, and how medications affects sexual functioning. Even though the latter might be one of the major factors contributing to noncompliance with antipsychotic medication, it still has received surprisingly little attention within standard psychiatric care for psychotic patients.

What we meet in our clinic is people obviously traumatized and sometimes deeply psychotic, with no feeling left of who they are or if they even exist. Many are still longing for partnership and intimacy, yet overwhelmed by the threat it represents.

Borut Skodlar and collaborators did a retrospective qualitative, phenomenological study over some basic categories of manifestations of sexuality in the therapy room (2009), and they stress that there are a lack of literature and research on the subject. Many clinicians, researchers and authors agree upon the fact that the needs of intimacy and sexuality amongst people suffering from psychosis remains unrecognized and unfulfilled and is a much neglected topic amongst them (de Jager & McCann, 2017, De Jager et al., 2017, Træen & Schaller, 2013).

In my practice as a clinical psychologist I have had to trust myself and learn from my patients as I've gone along. In this speech I will describe how sexuality and the longing for intimacy is a very prominent issue for many persons experiencing psychosis, how important it is for their recovery and how I address it in the therapy room.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 20  
**Internet ID:** 85

**Type of Presentation:** Oral Presentation

**Stranger in a Strange World: Visiting the Divine Kingdom of Nek Chand Saini**

Trudy Clutterbok

Psychoanalyst in private practice; Counsellor with Relationships Australia, MELBOURNE, Australia

**Learning Goal:**

Gain an understanding of the work of Nek Chand. Develop an appreciation of how engaging with art and literature can enhance work in the clinic.

**Abstract Text:**

Stranger in a Strange World: Visiting the Divine Kingdom of Nek Chand Saini

For the past three or four years I have participated in a clinical research seminar called “My Barbaric Yawp” – the name of which comes from a poem by Walt Whitman, *Song of Myself*. In this psychoanalytic seminar we work with the voice and what impels it, and we consider various forms of inscription of this urgent voice – in art, literature and in our clinical work or artistic practices. My paper discusses how, in clinical work with those who experience a sense of estrangement, taking the stance of the stranger oneself can enable inscriptions which, though they might be somewhat unintelligible, can nonetheless be well-received. I take the life and work of Indian artist Nek Chand Saini to be instructive in this respect. Following the partition of India in 1947, his Hindu family was forced to flee their village because it fell within the borders of Muslim Pakistan. By 1955 he had settled in Chandigarh, the site of Le Corbusier’s ideal city. Impelled by a sense of inexorable necessity, Chand began building an alternative city in a nearby forest. He used discarded material from his day job as an inspector of roads. He named his city “the divine Kingdom of Sakrana”. In 2018, I visited Chand’s so-called rock gardens in Chandigarh, and also now in the Southern state of Kerala. In my paper, which arises from my work in the “Yawp” seminar, I draw on Chand’s story, but also on my own experience of visiting his divine kingdom.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 22  
**Internet ID:** 100

**Type of Presentation:** Workshop

**Leary's Rose A model to manage psychosocial Interactions together within a complex society**

Bettina Jacobsen

Pro Persona department of psychosis and serious mental illness, NIJMEGEN, The Netherlands

**Learning Goal:**

In this workshop you will get insight how the Rose of Leary can be used.

After a short presentation we will use exercises, starting with simple and ending with complex situations.

**Abstract Text:**

People with serious mental problems can get into troubles with a large impact on family, work, school, housing, financial support and more.

We need to work all together, client, family, professional network to turn this in a good direction.

But there may be discomfort and disagreement how to do this .

In 1957 Leary, an English Psychologist, developed his famous model of interaction, called Leary's Rose. He defined peoples behavior as a result of interaction with one another. In this theory people interact by two dimensions: People want to have power and people want to be accepted, to feel connected. People differ in the way of focusing on one of these two aspects But also ones position defines the position of the other and vices versa.

Leary's Rose, first described for therapeutic purposes is nowadays adopted by different fields like education and human resource management and is forgotten a bit in psychotherapy. But you can use the model as a family intervention or in cooperation with other people in society or hospital as wel. In this workshop you will get insight and exercise how the model can be used.

The main goal means recovery and growth by working all together (everybody feels powerfull and satisfied, in connection).

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 23  
**Internet ID:** 105

**Type of Presentation:** Workshop

**Spiritual Awakening/Crisis: A Means for Growth and Transformation**

Judy Murray

D.A.N. Dignity and Advocacy Network, EAST HAVEN, United States of America

**Learning Goal:**

1. Participants will be able to identify three triggers for a Spiritual Awakening/or crisis
2. Participants will be able to identify three positive approaches to their experiences of voices, visions and other different perceptions.
- 3 Participants will be able to identify significant outcomes of a Spiritual awakening/or crisis

**Abstract Text:**

Judy Murray, R.N., Founder of Dignity and Advocacy Network, Advocacy Unlimited Board Member and HVN facilitator for youth will share the story of her family's struggles with our traditional mental health system ending in her son Dan's suicide just two weeks after discharge from the psychiatric hospital. She will talk about the unusual experiences associated with a spiritual crisis along with triggers and effective approaches in guiding one through this misunderstood transpersonal process. You will learn, in detail, how this process affects the mind, body and spirit through the journey toward spiritual growth and enlightenment. You will also learn ways in which the medical model continues to pathologize these events thereby interfering with the process toward spiritual growth causing more harm than good.



**ON THE HEALING POWER  
OF HUMAN RECONNECTION**





**Abstract Nr:** 31  
**Internet ID:** 130

**Type of Presentation:** Oral Presentation

**BOTS, where people meet!**

Joris Corthouts

St Hiëronymus, ST NIKLAAS, Belgium

**Learning Goal:**

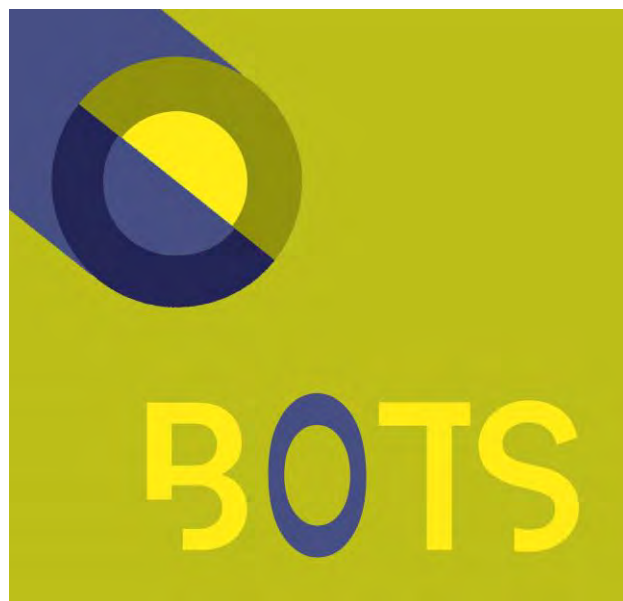
- Learn how to approach severe psychological experiences from the perspective of functional contextualism
- Learn from each other in setting up services in a changing mental health context
- Meet others that are doing innovative projects outside the residential care

**Abstract Text:**

During this workshop we - a BOTSer from the residential care and a BOTSer with lived experiences - want to present "BOTS" from St Niklaas, Belgium. BOTS is a project that is supported by St Hiëronymus (psychiatric centre), VDIP (early detection service), volunteers and people with lived experiences that started up in 2017.

Its goal is to bring together people who experience severe psychological experiences (like "psychosis"), outside the regular care. It's located in a regular shop, as part of the shop. People can drop by for a coffee, or participate in leisure time and more skill building activities: if you are interested, just come in!

In this workshop we want to present this project, and talk about the philosophy (functional contextualism and recovery) behind it and its translation into everyday-practice. We also want to have an interaction with the audience about the strengths, weaknesses, challenges and threats linked with projects like this. Besides that we want to hear and learn from other people setting up analogue projects in different countries.



**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 32  
**Internet ID:** 132

**Type of Presentation:** Workshop

**When should we care about carers? Identifying barriers and facilitators to supporting someone at high-risk of psychosis: A qualitative study**

Emma Izon<sup>1</sup>, Katherine Berry<sup>2</sup>, Heather Law<sup>3</sup>, Karmen Au-Yeung<sup>3</sup>, Paul French<sup>3</sup>

<sup>1</sup>University of Manchester & Greater Manchester Mental Health NHS Foundation Trust, MANCHESTER, United Kingdom

<sup>2</sup>The University of Manchester, MANCHESTER, United Kingdom

<sup>3</sup>Greater Manchester Mental Health NHS Foundation Trust, MANCHESTER, United Kingdom

**Learning Goal:**

A qualitative-approach was utilised to enable an in-depth exploration of relevant issues, the challenges and needs of each carer, whilst not confined by a limited set of predetermined questions. The current study aimed to investigate the barriers and facilitating factors for people who provide support to individuals with an ARMS.

**Abstract Text:**

**Background**

Providing support to family or loved ones with physical or mental health difficulties can be demanding and is associated with increased financial, emotional and psychological distress.

**Aims**

We aimed to investigate the barriers and facilitating factors in supporting an individual at high-risk of psychosis.

**Method**

Qualitative investigation of 14 semi-structured interviews using thematic analysis.

**Results**

We constructed three themes within barriers and facilitators to providing support: interpersonal factors, intrapersonal factors and external factors.

**Conclusions**

The findings are the first of their kind, recognising the unmet needs of carers, which resulted in worry, distress and a negative impact on their health and wellbeing. Clinical teams should include strategies to provide more support to carers as an important component of clinical care. Considering the carer as a target of intervention could lead to improved outcomes in their quality of life and therefore also benefit the individual at risk of psychosis.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 39  
**Internet ID:** 152

**Type of Presentation:** Workshop

**Bridging the gap with self work exercises**

Val Jackson, Cathy Thorley  
APOD, WAKEFIELD, United Kingdom

**Learning Goal:**

Participants will hear about and experience for themselves a range of exercises that are used routinely in Peer-supported Open Dialogue. These exercises help to create safe spaces that strengthen relationships not only between practitioners but also enable an authentic connection between the practitioner and the person(s) seeking help.

**Abstract Text:**

Self work exercises are used routinely during the training and practice of Peer-supported Open Dialogue (POD) as practiced in the UK. Our peers (the P in the POD) have lived experience of mental health distress including psychosis and work alongside the rest of the team. POD practitioners participate in a range of exercises usually in small groups, all of which encourage them to reflect on their personal beliefs and values and the origin of them. These can range from discussing something that has a special meaning for them e.g book, art work, photo or song etc. to sharing thoughts about the values that guide them in their work and who or what influenced them. Self work encourages the participant to 'listen' to and be guided by their body and how it responds. Workshop participants will hear how self work is used in the training and practice of POD and also be invited to participate in exercises. There will be an emphasis on discussion and sharing of ideas. Self work exercises generally lead to strengthened relationships with colleagues and those seeking help. For some they can be an emotional experience, one that may take someone by surprise but one that routinely leads to a significant increase in job and personal satisfaction. Participants are free to choose their level of involvement in the exercises. This workshop is open to all.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract: 40**

**Open Dialogue, Psychoanalysis, Institutional Psychotherapy: three ways to heaven for psychosis?**

**Learning Goal**

Exploring resemblances and differences in three therapeutic approaches (Open Dialogue, Psychoanalysis and Institutional Psychotherapy) for the treatment of psychosis reveals the importance to fight the social and existential alienation of the psychotic person and his significant others. Stranger in the city indeed.

**Abstract Text**

The founders of Open Dialogue (OD) are very respectful to their family therapy ancestors, yet holding different views in some respects though. This is partly due to the philosophical inspiration by Bahktin, social construction theory and systemic epistemology. On the other hand, the psychoanalytic premises and psychoanalysis in general are not expressed quite clearly enough in the writings by OD authors. The Need Adapted Treatment developed by psychoanalyst Alanen is recognised as an important forerunner of OD and the influence of Jukka Aaltonen, nowadays an emeritus psychiatrist psychoanalyst from Finland, cannot be underestimated either.

Lesser known is the movement of Institutional Psychotherapy (IP). It was developed in France from the 1950's onwards focusing on working through and preventing psychotic alienation (cf. infra). Because of the lack of acquaintance with I.P. this symposium sheds a light – not exhaustive - on its history, core concepts, resemblances and differences from O.D.

*Psychosis* is the 'via regia' to explore the similarities and differences between OD, PA and IP. 'Je est un Autre' (Arthur Rimbaud) is a metaphor for the understanding of psychosis as the psychopathology 'par excellence' of (not) being me. Josef Parnas coins this as the existential problem of 'ipseity'.

By exploring the 'ipseity' of OD (e.g. the polyphony of voices), PA (e.g. psychic reality and free association) and IP (e.g. restoring and preserving the particularity of the individual in the collective) in this workshop, the common ground of working against social and psychopathological alienation, not only in the city, is made clear.

OD, PA and IP are brothers in arms and sisters of mercy.

Author: Calmeyn, Marc, Private practice 'Lelieveld' , Loppem Zedelgem, Belgium (Presenting Author)

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 43  
**Internet ID:** 160

**Type of Presentation:** Poster

**Psychotherapy resulted in successful release of a schizophrenic patient after 9 years of hospitalization**

Satoshi Ueda

University of Tokyo Health Sciences, TOKYO, Japan

**Learning Goal:**

Although clinicians tend to consider that pharmacotherapy is much more important than psychotherapy for schizophrenia, they should put more emphasis on psychotherapy or psychological intervention in its treatment, whether it is acute or chronic phase.

**Abstract Text:**

**Introduction:** Not a few psychiatric patients have been hospitalized for a long time in Japan. Most of them have been taking many kinds of psychotropic agents. The author reports a case that was successfully discharged after nine years of hospitalization.

**Case report:** A 49-year-old unmarried woman with depression was admitted to a psychiatric hospital. Her diagnosis was soon changed to schizophrenia because she developed auditory hallucination and delusion of negation. Despite many kinds of pharmacotherapy, she did not improve. At age 56, she was put in the care of this clinician (author). She had been taking several kinds of conventional antipsychotic agents and was excessively sedated. Parkinsonism caused appetite loss, marked salivation and gait disturbance. These antipsychotics were discontinued, and quetiapine and lithium carbonate were gradually increased up to 750mg/day and 800mg/day, respectively. Two months later, she had become active and had a good appetite with her parkinsonism greatly reduced. She still had hallucination and delusion, and said, "I cannot live until tomorrow." The clinician listened to her for 30 minutes once a week, and told her that she had improved both physically and psychiatrically. While she did not deny her degree of improvement, she complained of a shortened life. After dialogues with her continued for several months, she demanded to go shopping for the first time. Her ban of going out was lifted, and she often went to a neighboring supermarket. Six months later, she was allowed to go out alone to eat sushi. Most complaints except a shortened life were reduced. After some rehabilitation training, she was discharged from hospital after nine years.

**Discussion:** Antipsychotics added to the schizophrenic patient seemed to have worsened her symptoms. Psychotherapy may have been effective. Clinicians tend to prefer pharmacotherapy to psychotherapy for schizophrenia. Clinicians need to pay more attention to psychotherapy.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 48  
**Internet ID:** 90

**Type of Presentation:** Oral Presentation

**The error of William Shakespeare; To be or to become....that's the question**

Eduard Rats

Regenboog groep, AMSTERDAM, The Netherlands

**Learning Goal:**

To show the audience with a little help from physics and Gaussian mathematics that our personal will to be in full control of our own life has a nasty dark side which can end in psychotic behavior.

**Abstract Text:**

To realise complete recovery of my sensitivity to becoming psychotic i was able to apply my engineering skills in my search for a cure. I was through the skill of pattern recognition able to determine patterns by comparing the experience of being psychotic with the experience of not being psychotic. This way of self research happened during ten psychotic episodes over a period of twenty years. After a while i realised that the psychotic experience was from an engineering perspective was comparable with a common pattern in nature we call resonance rise. So to me the psychotic episode became some contextual form of self-resonance. After I was convinced that this was the case which seemed real to me i tried to Solve the puzzle by applying mathematics. This mathematical jigsaw seemed to fit some existing psychological theory. Just by understanding myself from a meta point of view I realised I was regaining my ability to self regulate my own psychology through being aware of my mood- information relationship in every situation. Avoiding a psychosis is avoiding a mood increase by avoiding the topic that is connected to the mood increase. I found out that I had discovered a way to understand myself and at the same time act as a complex adaptive system. Complex adaptive systems are all about positive or negative feedback. This way of self-understanding helped me in being able to completely cure myself from my sensitivity. My recovery stays stable for the last six years without any treatment. Just recently I discovered that the knowledge I used to cure myself was already researched by the late William T Powers who was also an engineer. From his research they developed Perceptual control theory(PCT). His research is being continued by Warren Mansel at the University of Manchester.



**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 50  
**Internet ID:** 176

**Type of Presentation:** Oral Presentation

### **Cultural Differences and migrants' interpretations of their voices**

Roz Austin

York University, HESLINGTON, United Kingdom

#### **Learning Goal:**

The learning goal is to encourage an interactive discussion among conference delegates as to how migrant voice-hearers actively negotiate the gaps between their own understandings of voices and those of their family, society and/or the medical establishment.

#### **Abstract Text:**

My doctoral research was a qualitative study that involved interviews with thirty voice-hearers, who were largely recruited from mental health centres in North-East England and South-East England. Many of these voice-hearers had limited social networks. Berry et al. (2012) note that in cases where social networks are very limited, voices may function as attachment figures for people with psychosis. Strand et al. (2013) are in agreement with this, as their study showed that for those voice-hearers who heard voices that had a supportive content 'none [...] expressed wishes to be rid of these symptoms', as the 'voices were mainly referred to as substitutes for loneliness and longing' (Strand et al., 2013, p. 7). My presentation will explore how four voice-hearers who are migrants and/or from black and ethnic minority backgrounds understand the link between cultural displacement and mental distress, which may include voice-hearing. Religious and cultural beliefs lead to people holding different understandings of voices. In particular, I aim to focus my discussion on culture and religion in the case of people with migration experience, as I am interested in how they are resourceful in using these frameworks that are different from the majority culture to make sense of their voices. I pay careful attention to migrants' own testimonies when exploring how questions of displacement and migration are of particular relevance to understanding the connection between voice-hearing and emotion. I extend research on migration and psychosis by showing to what extent migrant interview participants' own agency is evident in them choosing frameworks which help them to make sense of their voices and emotions, and/or how they actively negotiate the gaps between their own understandings of voices and those of their family, society and/or the medical establishment.



**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 60  
**Internet ID:** 195

**Type of Presentation:** Poster

**Extreme Music for Extreme States: How Heavy Metal Music Can Help with Experiences Conceptualised as 'Psychosis'**

Kate Quinn<sup>1</sup>, Mary Coaten<sup>2</sup>

<sup>1</sup>NHS, WAKEFIELD, United Kingdom  
United Kingdom

**Learning Goal:**

To provide information about ways of working clinically on a number of levels using heavy metal music with people experiencing what might be described as 'psychosis'; community psychology via the internet and social media, integrating ideas into individual work, and during more acutely distressing states in inpatient settings

**Abstract Text:**

Listening to, dancing to or performing music can all be useful therapeutic strategies for people who experience extreme states of mind such as hearing voices or having unusual/unshared ideas. This poster describes the possible role of engagement with extreme or heavy metal music as helpful for people who have such experiences. There is discussion of our role as clinicians working with people directly, and the wider social media and web-based community psychology project Heavy Metal Therapy, which is informed by the empowerment and peer support movements. We will reflect on inpatient work in dance movement psychotherapy where people have selected heavy metal music as the genre that they would like to engage with in dance when experiencing more acutely distressing extreme states. In addition, we will discuss how the use of extreme music can be integrated into one to one clinical work as part of adapted idiosyncratic approaches to supporting people who have distressing experiences that may be conceptualised as psychosis, such as the use of playlists, lyrics or listening together to describe feelings or past experiences. Finally, we will describe the peer support project Heavy Metal Therapy which is an online community resource comprised of recovery stories, playlists and research, supported by a psychologically informed social media presence. We will reflect on what individuals and the metal community say about what is helpful to them about extreme music when it comes to enhancing wellbeing such as aspects of community, catharsis and emotional regulation. While this is principally a description of the work we are involved in, where possible we will show links to relevant research in the area. We hope to encourage discussions about adapted and creative practices for supporting both people in distress, and those who seek to maintain general wellbeing.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**





**Abstract Nr:** 61  
**Internet ID:** 199

**Type of Presentation:** Poster

**Transparency in care- Handbook for patients and their families in early intervention service for patients with first episode of psychosis**

Hanna Nokio, Olli Niemi, Marjaana Karjalainen  
Helsinki University Central Hospital, HELSINKI, Finland

**Learning Goal:**

Attendants will be encouraged to use transparency as a tool to build up a collaborative relationship with patients and their families.

**Abstract Text:**

Early psychosis clinic in Helsinki University Central Hospital, Helsinki, Finland (catchment area 592.000 inhabitants) is designed to assess and treat patients with first episode psychosis (FEP), age between 18-40 years. Another aim is to detect young people at ultra high risk of developing psychosis (UHR). We treat approximately 152 FEP-patients per year. Service is designed by means of Need Adapted – and Open Dialogue approaches to support patients' and their families' recovery not only by treatment meetings but also by different interventions e.g. CBT, multifamily groups, SCIT- and CRT-groups.

2017 we noticed that we needed a tool to help discussions and decision making which interventions would be need specific for patient and the family.

The handbook was invented in order to widely introduce various interventions and how they are carried out. It also contains descriptions of the principles of care and how the treatment itself is organized.

First version of the handbook was published in May 2018 and it was immediately brought into use. The process of translation into English started in January 2019. Feedback of the handbook will be collected in May 2019 and presented in the poster presentation.



**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 62  
**Internet ID:** 166

**Type of Presentation:** Symposium

**To continue or not to continue? The impact of (dis)continuation of antipsychotic medication on social functioning in first-episode psychosis**

Marieke Begemann<sup>1</sup>, Iris Sommer<sup>1</sup>, Wim Veling<sup>1</sup>, Filip Smit<sup>2</sup>, Lieuwe De Haan<sup>3</sup>

<sup>1</sup>University Medical Center Groningen, GRONINGEN, The Netherlands

<sup>2</sup>Trimbos, UTRECHT, The Netherlands

<sup>3</sup>AMC, AMSTERDAM, The Netherlands

**Abstract Text:**

Antipsychotic medication is effective for symptomatic treatment in schizophrenia-spectrum disorders. After remission, continuation of antipsychotics is associated with lower relapse rates and lower symptom severity compared to dose reduction/discontinuation. Most guidelines recommend continuation with antipsychotic medication for >1 year. In clinical practice, patients often have a strong wish to stop earlier due to side-effects, affecting everyday social functioning. Recently, the guidelines have been questioned as one Dutch study found that more patients achieved long-term (social) functional remission in an early discontinuation condition. Yet, sample size was relatively small and their finding was not replicated in another recently published study. Psychiatrists, patients and family are unsure which regime to follow: to continue or not to continue?

The HAMLETT study is a multicenter pragmatic single-blind randomized controlled trial in two parallel conditions (1:1), investigating maintenance treatment versus discontinuation/dose reduction of antipsychotic medication after remission of first-episode psychosis on personal and social functioning, psychotic symptom severity and health-related quality of life. 512 participants will be included, recruitment takes place at 24 Dutch sites.

Main research question: Is long-term social functioning better if patients reduce/discontinue antipsychotic medication at an early stage (3-6 months after remission of their first psychotic episode), than when they continue medication >1 year?

Four workpackages (WP) will be presented during the symposium:

**WP 1:** Trial-based Hypotheses Testing

*The effects of (dis)continuation on social recovery, subjective wellbeing, relapse rates; identifying factors predicting successful early discontinuation.*

**WP 2:** Ecological Momentary Assessment

*The early psychological effects of (dis)continuation, as reflected in ecological momentary assessments (EMA) in terms of mood, motivation, energy, paranoia and anxiety in individual patients.*

**WP 3:** Health-Economic Evaluation and Prognostic Modelling

*The costs and benefits of (dis)continuation, regarding medical treatment use, and quality of life.*

**WP 4:** Implementation

*Implementing our trials results in daily practice.*



**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 63  
**Internet ID:** 200

**Type of Presentation:** Workshop

**Bridging our own gaps mental health nursing in psychosis**

Gert Wouters<sup>1</sup>, Sofie Braems<sup>2</sup>, Arne Brebels<sup>2</sup>, Leen Lambrechts<sup>2</sup>, Christine Leyskens<sup>2</sup>, Matthew Ball<sup>3</sup>, Hezron Danstan Benguye<sup>4</sup>, Kudra Issah Kalebela<sup>4</sup>, Jan Erik Nilsen<sup>5</sup>, Mohammed Ibrahim Yimir<sup>6</sup>

<sup>1</sup>Ligant - UCLL, ALKEN, Belgium

<sup>2</sup>UPC Kuleuven Campus Kortenberg, KORTENBERG, Belgium

<sup>3</sup>Humane Clinic, MORPHET VALE, Australia

<sup>4</sup>Kabanga Referral Hospital, KASULU, Tanzania  
, Belgium

<sup>6</sup>Gefersa Mental Health Rehabilitation Center, GEFERSA, Ethiopia

**Learning Goal:**

*In this workshop we want to discuss the importance of nursing work with persons with psychotic experiences. Our main goal is to get in contact with nurses all over the world and to share knowledge and experiences.*

**Abstract Text:**

Since mental health nurses take on a key role in the treatment for persons with psychosis, the International Executive committee of ISPS is encouraging mental health nurses to join the large ISPS family.

What this key role entails will most likely vary -both nationally and internationally- depending on the differences in training level, socioeconomical and cultural background of the mental health nurse. Also the differences in treatment facilities (eg inpatient vs outpatient, open vs closed wards, therapeutic perspective on treatment) will influence the job content. The goal of this workshop is not only to talk about our differences, but through the search for things that bind us, we would like to bridge the professional gap between mental health nurses worldwide.

To kick off the discussion we will start by showing video-interviews with nurses from Australia, Belgium, Ethiopia, Norway and Tanzania questioning them about their approach towards the person with psychotic experiences and what they rate as good practice. We will also inquire them about their needs to provide better care.

In the second part of the workshop we want to engage in dialogue with the participants of the workshop. We believe that this exchange of knowledge and views can benefit us as health care practitioners and more importantly the person with psychotic experiences. With the knowledge that a good discussion will give rise to even more interesting questions, we will incite the participants to continue the discussion through the platform ISPS created for mental health nurses.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 73  
**Internet ID:** 229

**Type of Presentation:** Poster

**Destigmatization programme for family members of people with psychotic disorders**

Marketa Vitkova, Dana Chrtkova  
Nationale Institute of Mental Health, KLECANY, Czech Republic

**Learning Goal:**

The learning goal is establish better communication and relationships between the family members and their "ill" relatives. It concerns on climate in family, recovery, empowerment. The aim of the contribution is to present preliminary results of a pilot study testing feasibility of a destigmatization program for people with SMI.

**Abstract Text:**

The learning goal is to show the good practise from established destigmatization programme for family members in the Czech Republic. It solves the problem of establishing of better communication and relationships between the family members and their "ill" relatives. It concerns on climate in family, idea of recovery, empowerment of people with psychosis. The aim of the contribution is to present preliminary results of a pilot study testing feasibility of a destigmatization program for people with SMI.



**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 77  
**Internet ID:** 237

**Type of Presentation:** Workshop

### **Psychosis and evil**

Margreet de Pater  
ISPS, DELFT, The Netherlands

### **Learning Goal:**

Getting tools on how to handle difficult situations evoked by psychosis. Fit for clinicians, familymembers, people with lived experience and worried public

### **Abstract Text:**

When culture is absent, or when you have grown out of the authority of your parents, you realize that you can act in an evil way. The devil or Hitler appears. So what prevents people to do other people harm?

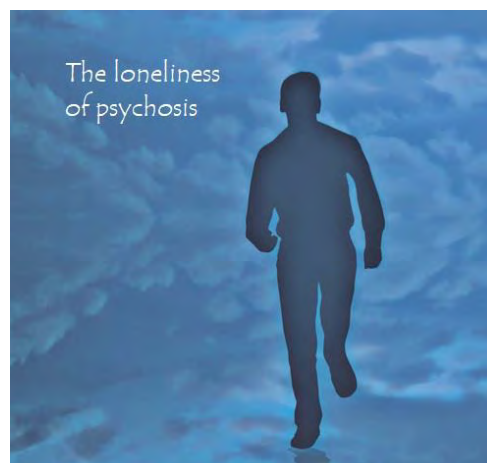
Listen to the tale of the scorpion and the frog: A scorpion wants to cross the water, he meets a frog and asks him to ride on his back. The frog says: "What if you sting me?" " Oh no," the scorpion says, "I will not do that." Then the frog takes the scorpion on his back, halfway he feels the burning sting and they both sink in the water. " What did you do? "the frog cries, "Now we will both be dead! 'The frog says: "I can't help it, it is in my nature! ".

It is in the nature of humans to help. For the very simple reason that people are social animals, they have to survive in a group. To do harm is more difficult than one thinks. To commit the mass murder on Jews (and psychiatric patients) Nazis did have to do tricks to persuade the German people to put Jews in concentration camps. Systematically for years and years they isolated the Jews and made propaganda to convince people that Jews were a despicable race.

When people really meet in person, they realize that the other is a person like themselves. Then the social instinct is awakened. In a psychosis people are living in a world of their own, other persons don't really exist. Psychotic persons can therefor act in an annoying way. (Or the other way around they can hurt because they seem to long for really meeting the other?)

What is needed is a real encounter.

Attendants can practice it in a roleplay.



**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 82  
**Internet ID:** 250

**Type of Presentation:** Poster

**The group after group - what happens after the long-term psychotherapy group ends**

Branka Restek-Petrovic<sup>1</sup>, Majda Grah<sup>1</sup>, Nataša Oreškovic-Krezler<sup>2</sup>

<sup>1</sup>Sveti Ivan Psychiatric Hospital, ZAGREB, Croatia

<sup>2</sup>Private practice, ZAGREB, Croatia

**Learning Goal:**

Maintenance of social and interpersonal functioning of schizophrenic patients after the ending of long-term psychotherapy groups.

**Abstract Text:**

Schizophrenia and other psychotic conditions are life-long processes with potentially chronic or debilitating outcome. Psychosocial dysfunction in psychosis is the primary concern of therapeutic engagement and interventions in psychodynamic psychotherapy. Because these patients often experience hallucinations and delusions, have difficulties testing reality, lead isolated lives group psychotherapy seems a natural treatment consideration. With all this in mind, life-long psychotherapy should be a natural choice, although in practice it is not indicated or possible. In this paper the social and interpersonal functioning of schizophrenic patients after the ending of long-term psychotherapy groups is described. The former group members provide the reality testing function when needed or function as the part of the supporting social network for each other years after the completion of psychotherapeutic treatment. The groups were the part of the outpatient program for patients with psychosis in Psychiatric hospital "Sveti Ivan".

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 83  
**Internet ID:** 253

**Type of Presentation:** Workshop

**Reading together as a way of enveloping suffering**

Mileen Janssens

Private practice as a psychotherapist + benevolent, GHENT, Belgium

**Learning Goal:**

introducing a literature (Shared Reading) *atelier* in a psychiatric setting, as a way of being together and of contact

**Abstract Text:**

About reading aloud and together literature (a short story, a poem, chosen by me), in a Shared Reading *atelier* in an open psychiatric unit in Ghent, with a little group of (long term) psychotic (and autistic, or melancholic) people.

**Shared Reading** : “These sessions bring people together through weekly read aloud groups where members are invited to read and give personal responses in a relaxed and inclusive environment.” What is said about Shared Reading: *it is not psychotherapy, but it is therapeutic.*

Context: **Psychiatric Unit** in Ghent: inspired by the ideas of (*Psychoanalytical*) *Psychothérapie Institutionnel* : a huge portion of energies of the staff goes to: “thinking about the state of health of the hospital”; the antropopsychiatrical “state” of each patient as the starting point for “interventions”; *work* around this states can be: “the club”, “the transferential constellations”, an array of “ateliers” to choose from.

One of this “ateliers” is the “Shared Reading” atelier. I am the reader, and facilitator of Shared Reading dynamics and I present my choice of a short story, of a chapter or part of a work of literature, followed by a poem. Last week I read two chapters of Dostojewski’s *Notes from the Underground*, followed by a story of Toon Tellegen about a whale, by way of a poem. The psychic state of the protagonist of Dostojewski was very appealing to the patients. The contrast with the story of Tellegen couldn’t be bigger, but was very emotional to some of them. The aloneness very recognizable. One patient continued to read the whole book, and talked about it with me in her individual psychotherapy. Some weeks later, she wrote a story by herself.

Shared Reading, individual reading, identification with literary personages, talking about the recognized other, writing ones history... it can contribute to make life more bearable.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 85  
**Internet ID:** 258

**Type of Presentation:** Oral Presentation

**Finding sanctuary, welfare, and social networks: stories from art therapy suggest refugees and people who hear voices, have parallel lives.**

Chris Wood

Sheffield Health and Social Care NHS & Sheffield University, SHEFFIELD, United Kingdom

**Learning Goal:**

Parallel societal themes in the lives of refugees and people who hear voices. How these parallels facilitate an understanding of human connection. The response and historical adaptation of therapeutic approaches in art therapy. What we have learnt from service user movements. Art Therapy stories that illustrate some of this.

**Abstract Text:**

Finding sanctuary, the wherewithal to live, and social networks are the key elements of survival for most people. Parallels, between asylum seekers finding refuge, and people grappling with strange experiences in psychosis, help me as an art therapist think about what to do and about the conversations that might be helpful. Refugees and voice hearers struggle with finding safe human connections in the midst of loneliness and poverty.

Art Therapy history has moved through adaptations of its therapeutic approach and briefly I will indicate these. Whereas I acknowledge how an understanding of 'terror' and 'attacks on linking': concepts from psychoanalysis may be of value in understanding a period of intense distress. I think cuts in services and the loss of societal safety nets, mean it is often wise to adapt, and to focus on service-user agency.

The focus on self-agency in the Hearing Voices Movement (HVM) has provided inspirational change in the lives of many people across the world. The HVM approach has pointed to a recognisable range of human solutions. Using art therapy, maybe from a base within inner-city community studios, could help some people consolidate the gains and the healing.

I have permission to share art therapy stories that illustrate the parallels between the lives of refugees and the lives of people who hear voices. Within the stories there are shared themes. There is a strong sense of the need to hide usually with an idea of keeping safe. One form of hiding is to be silent in the company of people with power. Another strong theme is loneliness, often compounded by the need to hide, and by poverty. Finally there is shame: it seems to underline all themes.



**ON THE HEALING POWER  
OF HUMAN RECONNECTION**





**Abstract Nr:** 102  
**Internet ID:** 286

**Type of Presentation:** Workshop

**Documentary 'I could also be Miranda'**

Miranda Van den broek<sup>1</sup>, Nynka Delcour<sup>2</sup>, Jolanda Seinen<sup>2</sup>, Paul Delcour<sup>3</sup>

<sup>1</sup>Lister, CULEMBORG, New Caladonia

<sup>2</sup>Kracht van beleving, SNEEK, New Caladonia  
New Caladonia

**Learning Goal:**

The documentary "I could also be Miranda" is shown in this workshop. It contains several personal stories, from the perspective of experience and next of kin. The focus is on living with psychosis and recovery. A professional view on these stories is included. Afterwards there's a conversation with the audience.

**Abstract Text:**

Nynka is a theatre maker and sister to a brother with the diagnosis of schizophrenia. She has taken her experiences as next of kin and put them in a number of plays and a documentary. For her last play, "Vind je het gek?" ("You think that's crazy?") she interviewed six other people with a psychiatric vulnerability and constructed a vibrant and touching play out of their stories. Miranda is one of these people. She suffers from bipolar I disorder and especially from the psychoses that she had a number of times. She is also a researcher, mother, policy officer, expert by experience and sometimes for fun: an improv-actor.

Upon meeting, Miranda and Nynka felt an immediate connection. As 'sister of', Nynka has always been intrigued by the question why the one person does and the other one does not develop a psychiatric disorder. What defines this border between so called "crazy" and "normal"? Miranda in her turn would like to look beyond her and others condition: What does recovery look like and what is needed for it to happen? Can one go back to being "normal"?

Their personal searches have led to the documentary "Ik zou ook Miranda kunnen zijn" ("I could also be Miranda"). Apart from interviews with Miranda and Nynka, giving both the family perspective and that of lived experience, also the professional perspective is represented in an interview with a well known Dutch professor in psychiatry. The film therefore combines two very personal stories with more general views on psychosis and recovery.

For this workshop we would like to show the documentary (50 minutes), followed by a conversation by the film makers with the audience on the film itself and the themes in it. In the future, the film will be available on internet.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 103  
**Internet ID:** 292

**Type of Presentation:** Poster

**Destigmatization process in the Czech republic from user's view**

Zbynek Roboch

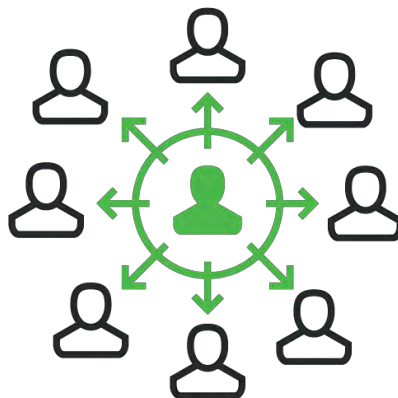
National Institute of Mental Health, KLECANY, Czech Republic

**Learning Goal:**

Learning goal is to introduce the Psychiatric Reform in the Czech Republic, mainly the process of destigmatization.

**Abstract Text:**

The aim of the presentation is to introduce the Psychiatric Reform that is taking place in the Czech Republic. How people with lived experience could be involved in this process. Why it is necessary for people with lived experience to be part of this change.



**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 105  
**Internet ID:** 294

**Type of Presentation:** Oral Presentation

**Pregnancy and psychosis: A stranger in the strange land.**

Daria Dembinska-Krajewska<sup>1</sup>, Lech Kalita<sup>2</sup>, Magdalena Chrzan - Detkos<sup>3</sup>

<sup>1</sup>ISPHS, PTPP, POZNAN, Poland

<sup>2</sup>PTPP, PTP, GDYNIA, Poland

<sup>3</sup>Institut Psychologii UG, GDANSK, Poland

**Learning Goal:**

We want to think about in what conditions pregnancy (felt as something unknown and thus threatening), or phantasies about it can cause psychotic crises. The goal is to show psychosis in the context of bodily roots of identity and phantasies containing images of internal objects.

**Abstract Text:**

The presentation is an attempt to refer to issues related to pregnancy (real and imagined) and psychotic functioning. We refer to the concepts emphasising the occurrence of psychotic states weakening the relationship of mind with the reality of the body and the progressive withdrawal into phantasies. Phantasies about pregnancy can affect the mind, especially those who find it difficult to endure differences and accept losses - unable to understand and tame an imagined child. We consider several possible variants: those in which the phantasies and fantasies about pregnancy are the starting point, and those in which patients react to the fact of being pregnant.

The first group of situations includes those in which the depressive experience of pregnancy comes to the fore: difficulties in reconciling with multi-dimensional losses included in the situation of the emergence of a new child. We believe that in the case of certain women depressive experience is experienced with a large share of psychotic functioning, which may result in a known phenomenon of perinatal psychosis or episodes of psychotic mania. In some situations, these reactions are a response to actual changes and loss included in the physiological fact of being pregnant, in others - to disturbing phantasies about pregnancy.

The second group includes people in whose functioning areas or more extended periods of psychotic functioning were marked. In such patients, typical for the psychotic functioning, the loosening of clear ties with reality, including the reality of the body, can lead to horror and chaos in the face of sudden transformations entered into pregnancy. Also in this group, the reaction may concern both physiological and emotional transformations in the case of a real pregnancy, as well as emotional reactions to the fantasies of pregnancy.

We will illustrate our considerations with case studies.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 109  
**Internet ID:** 306

**Type of Presentation:** Workshop

**Multifamily Psychoanalysis Group: let's go learning about ourselves, the others, and the others in ourselves.**

Caterina Tabasso<sup>1</sup>, Andrea Narracci<sup>1</sup>, Martine Lambrechts<sup>2</sup>, Maria Elisa Mitre<sup>3</sup>, Rafael Arroyo Guillamòn<sup>4</sup>, Claudia Tardugno<sup>1</sup>, Katherine Walter<sup>3</sup>, Mariana Fuxman<sup>3</sup>, Esther gara De Bustamante<sup>5</sup>

<sup>1</sup>LIPsiM-Laboratorio Italiano Psicoanalisi Multifamiliare, ROME, Italy

<sup>2</sup>Universitair Psychiatrisch Centrum KU, LEUVEN, Belgium

<sup>3</sup>Centro Ditem - Fundaciòn Mitre, BUENOS AIRES, Argentina

<sup>4</sup>Hospital de Día de Psiquiatría, Hospital Universitario Infanta Sofía, MADRID, Spain

<sup>5</sup>Hospital of Getafe, MADRID, Spain

**Learning Goal:**

Participants will fully experience a Multifamily Psychoanalysis Group, together with a group of facilitators from Argentina, Belgium, Spain and Italy. Comparing different experiences about family relationships in a respectful atmosphere leads to a deeper comprehension of how psychotic mechanisms work in a family and how reflecting on them can help.

**Abstract Text:**

Joining a Multifamily Psychoanalysis Group (MFPG) is very easy: anybody can sit anywhere in the circle of chairs, there is no need for introductions, and one can talk or just listen just as one likes.

The only rule is that when somebody is talking, she or he cannot be interrupted, and she or he can talk until it is needed. Anybody who wants to talk just has to raise a hand: facilitators will keep in mind turns and everybody will have the chance to talk and to listen and to be listened to.

Listening is an essential part of experiencing a MFPG: while I listen, I can compare the experiences of others with mines, I can identify with others and I can experience and then talk with others as if they were also members of my own family. Through this multiple transferences, deep relational dimensions can be worked through, and especially those repetitive, everlasting relational mechanisms that keep two or more people stuck in the same roles can be better understood and improved.

MFPGs gather families units, but everyone can join as one wishes: together with the whole family or part of it, together with those one considers as family even though they are not relatives (friends, neighbors, pets), and of course also on one's own, since all of us have an inner family we have relationships with.

The founder of MFPGs, Jorge Garcia Badaracco, before starting a group used to: say let's go learning! MFPGs are a big chance to learn a lot about oneself, about one's family, about the others, about emotions and about respect and the importance of listening. Such chance involves participants as well as facilitators, as everybody has the same relevance in a MFPG. Facilitators from Argentina, Belgium, Italy and Spain will join the group.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 118  
**Internet ID:** 327

**Type of Presentation:** Oral Presentation

**'Film versus photo'; Dialectical philosophy to address fundamental problems of biological reductionism in psychiatry**

Jan Verhaegh

Not applicable, MAASTRICHT, The Netherlands

**Learning Goal:**

Learning goal of this presentation is to introduce dialectical philosophy as a promising and innovative theoretical approach for understanding psychosis.

**Abstract Text:**

My research question is:

how can the theoretical perspective and method of dialectical philosophy help to improve the analysis and understanding of complex, multi factorial, embodied and contextual situated psychiatric mental health problems such as psychosis?

This question is important because there is a fundamental problem with the current dominant theoretical scientific model of biological reductionism in medical science in general and psychiatry in particular.

-1. The approach of biological reductionism only works for simple, single-factor, linear, cause-effect problems. However, it does not scale to complex problems.

-2. The perspective of biological reductionism obscures from sight many other factors which play an important contribution to psychiatric health problems.

-3. Biological reductionism is based on a scientific model which is static as a photo, and does not capture the dynamic nature of reality for which a film, consisting of many multiple successive picture frames offer a more apt metaphor.

All these three fundamental problems of biological reductionism can be addressed by developing a theoretical framework based on dialectical philosophy for understanding psychiatric problems in their context, such as people suffering from psychosis in a city environment.

To answer my research, firstly I build on the dialectical philosophy tradition, in which the German philosopher Hegel (1770 -1831) in modern times for science is the most important. He pioneered a scientific model based on the millennia old tradition of dialectical philosophy.

Secondly, I build on the more recent oeuvre of the French philosopher Catharine Malabou. She shows how fruitful it is to apply the dialectical concept of plasticity from Hegel in the context of neuroscience.

Thirdly, also the tradition of psychodynamic theory and practice is rooted in the history of dialectical thinking although not directly based on the work of Hegel.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 132  
**Internet ID:** 353

**Type of Presentation:** Oral Presentation

**Improving Employment Outcomes for NEET, Ethnic Minority, and Low SES young adults with a FEP**

Shannon Blajeski<sup>1</sup>, Tamara Sale<sup>2</sup>, Greg Townley<sup>3</sup>

<sup>1</sup>University of Washington, SEATTLE, United States of America

<sup>2</sup>Oregon Health & Science University, PORTLAND, United States of America

<sup>3</sup>Portland State University, PORTLAND, United States of America

**Learning Goal:**

- Introduce the critical issue of engagement and employment services tailored to those who present with a FEP who are NEET, ethnic minority status and in a position of poverty.
- Explore recent research on NEET young adults in a U.S. early intervention program.

**Abstract Text:**

Recent evidence shows that Supported Employment & Education (SEE) programs are effective for approximately 60% of young adults in first-episode psychosis programs. However, less is known about the approximately 40% of young adults who struggle to enter an employment trajectory. Adverse employment outcomes are higher for those young adults who are not in employment, education, or training (NEET) prior to the first-episode and for those that have an early onset of psychosis before completion of compulsory high-school education. In addition, being in a position of poverty and being a member of an ethnic minority group presents further obstacles to employment outcomes for FEP young adults.

This oral presentation will review the literature on NEET young adults involved in first-episode psychosis programs, present descriptive data on FEP young adults who were NEET at intake to a FEP program, and explore two recent NEET cases from a critical case study. Findings implicate early intervention programs in becoming more effective in reducing poverty trajectories for young adults with FEP through special consideration and intervention for those with early onset (before age 18), low family SES and/or ethnic minority populations, and those who are NEET. Implications for services include training for early intervention programs regarding structural barriers to employment and social justice for oppressed populations, and improvements to employment services such as focusing on entry into the primary labor market.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 138  
**Internet ID:** 360

**Type of Presentation:** Symposium

**New technologies: virtual reality interventions and simulation experiences for psychotic disorders**

Chris Geraets<sup>1</sup>, Saskia Nijman<sup>1</sup>, Simon Riches<sup>2</sup>, Jennifer Canary<sup>3</sup>

<sup>1</sup>University Medical Center Groningen, GRONINGEN, The Netherlands

<sup>2</sup>King's College London, LONDON, United Kingdom

<sup>3</sup>Labyrinth Psychotica, WORMERVEER, The Netherlands

**Learning Goal:**

The aim of this symposium is to gain insights in the use of new technologies for interventions and the simulation of psychosis. Virtual reality and simulating technologies can form powerful tools for educational purposes and offers a unique possibility to incorporate social interactions and environments in therapy.

**Abstract Text:**

New technologies have been introduced as a tool for mental health for treatment and educational purposes. Virtual reality (VR) and simulating technologies enable us to design realistic situations or scenarios that can elicit psychological and physiological responses similar to those in the real world. VR can be used for people with a psychotic disorder to provide a safe training environment, that is interactive, controllable and can be personalized. Moreover, new technologies can be used for clinicians and the general public to gain a better understanding of what it feels like to have psychotic symptoms. Findings from pioneering research will be presented. Results of a pilot on VR social cognition training for patients with a psychotic disorder will be shown. Immersive virtual narratives and interactive scenarios were used in this therapy to improve social functioning. Next, results from a RCT of VR based cognitive behavioral therapy (VR-CBT) will be presented. Outcomes were measured with the experience sampling method, a diary application. Exercises in virtual environments were found to be effective in reducing paranoia and negative mood in everyday life. The third presentation shows results of a novel voice hearing simulation which was designed to increase public awareness of voice hearing, and can be used as a clinicians training tool. Findings on the potential of the simulation for clinicians and the general public with regard to stigma and understanding will be presented. Finally, a closer look will be taken at psychosis simulations. A tool of analysis and reference guide for communicating, representing, simulating or imagining what it is like to experience psychotic phenomena will be presented. This symposium shows how new technologies can be used for interventions and educational purposes. VR therapies and simulations have a great potential for increasing the understanding of psychosis and expanding the therapeutic toolbox.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 139  
**Internet ID:** 361

**Type of Presentation:** Poster

**The intersubjective struggle in psychosis and the healing power of dialogue**

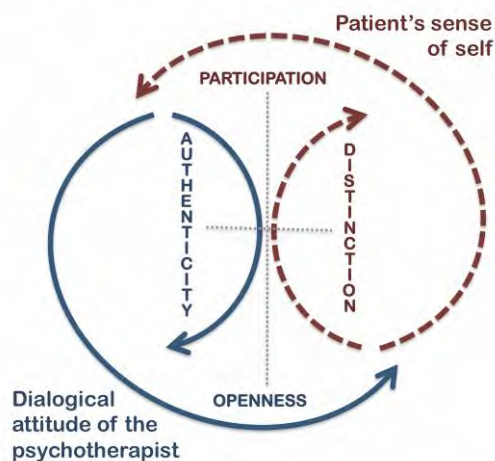
Laura Galbusera, Miriam Kyselö  
 Technical University of Berlin, BERLIN, Germany

**Learning Goal:**

By bringing together clinical and theoretical perspectives, this work aims at better understanding the effectiveness of dialogue in the treatment of psychosis. Because it touches upon fundamental structures of the therapeutic relationship, we believe that this analysis of the Open Dialogue approach might also usefully inform general psychiatric practice.

**Abstract Text:**

In this poster, we present a theoretical interdisciplinary work in which we link a clinical approach for the treatment of acute psychosis, the Open Dialogue (OD), and a theoretical view of the human self, based on enactive cognitive science. The aim of this work is to shed light on the effectiveness of OD by drawing on recent theoretical accounts of the human self. More specifically, we ask why and how the intersubjective process of dialogue might support and strengthen a person's sense of self and thus have a therapeutic effect in the case of psychosis. To this aim, we first focus on a dialogical therapeutic attitude as a core healing aspect of the OD practice and we describe it as being constituted by two intertwined and necessary aspects: *openness* and *authenticity*. We then introduce the enactive perspective, which conceives of the self as a self-organizing system, brought forth through interactional processes. These interactional processes have been specified in terms of *distinction* and *participation*. Based on this approach, we draw clinical implications for psychosis, emphasizing at its core an intersubjective existential struggle between being a distinct subject and participating with others. Finally, we bring the OD approach and the enactive approach together by suggesting that dialogue might be a specific kind of relation that (in principle) supports individuals in the processes of social participation and individual differentiation. At the core of this link is the suggestion that the very constitutive structure of a dialogical stance, i.e. openness and authenticity, per se entails an aspect of distinction (authenticity) and of participation (openness). A dialogical therapeutic stance (because of its very structure) might thus foster and support the recovery of a sense of distinct and yet open self.



**ON THE HEALING POWER  
 OF HUMAN RECONNECTION**





**Abstract Nr:** 141  
**Internet ID:** 363

**Type of Presentation:** Poster

### **GETTING IN TOUCH WITH PAIN IN PSYCHOSIS: MULTIFAMILY PSYCHOANALYSIS EXPERIENCES IN ROME**

Chiara Matera

Scuola di Specializzazione in Psicologia Clinica „La Sapienza,, ROMA, Italy

#### **Learning Goal:**

Gruppo di psicoanalisi multifamily, “vivencia”, Argentina, borda, Garcia Badaracco, “transfert multiplo”, “interdipendenze patologene e patologiche”, crisi, salute mentale, “mente ampliada”, autenticità della relazione terapeutica.

#### **Abstract Text:**

Clinical exemplification will be the narrative “fil rouge” with which we can observe, in a Multifamily Psychoanalysis Group, the change that occurs in the minds of patients, family members and operators. Participants become active on the “vivencia”, that is getting in touch with “the current feeling”, but also with their own personal history and suffering. Multifamily Psychoanalysis Groups (Argentina, Badaracco), allow, through “multiple transfert”, to observe and to dissolve the family mess or the “pathogenic and pathological interdependencies” that led to the crisis.

The family turns to the central mental health institute on the one hand communicating a need for delegation of care and on the other hand with the need of a “resolution of the problem that inexplicably damaged a child who was perfect”. Families then go to the weekly groups telling of “unexpected collapses of anti-seismic buildings” but after months they begin to tell the micro-seizures, the lesions and real earthquakes that sometimes occurred even before the buildings arose. The chasms appear.

In the group is created a “mente ampliada” which allows to “think together what we cannot think of on our own”; the group becomes the container for traumas, mourning and unresolved experiences, which cannot be recounted outside of that specific conformation in which even the multiple concentric circles created by the chairs in the room could be seen symbolically as protective sheaths: “For my mother I am not never existed and I need to say it because if I say it, I put it there “.

The active presence of the operators is a resource for the healing process: the possibility of coming into contact with one’s own history brings the operator closer to the patient’s pain, reaching the authenticity of the therapeutic relationship.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 142  
**Internet ID:** 364

**Type of Presentation:** Oral Presentation

**Effectuating Recovery: Through Structure and Support of Strength-Based Community.**

Alan Gary

Fountain House, NEW YORK, United States of America

**Learning Goal:**

Learning goal is to bring attention to the effectiveness of psycho-social clubhouse modality. Beginning with Fountain House New York City in 1947 and now in countries throughout the world, more education is needed to broaden the awareness of the efficacy, cost effectiveness and life re-affirming attributes. Evidence based and person-centric.

**Abstract Text:**

**Effectuating Recovery: Through Structure and Support of Strength-based Community** by Alan Gary

Freedom to choose for oneself, be it, work, education, basic necessities, health and wellness or social direction are mainstays of independence. Medical modality constructs have traditionally paralleled the so-called healthful development of the individual. Classic institutional settings all too often have stripped the individual of their personhood by eliminating choice. The infamous "Bedlam" which has become synonymous as the antithesis of wellness; that is, punishment, torture, stigma of the person as "less than."

Contemporary models often maintain a hierarchy as well, although less malignant in intent. Doctor-centric psychiatry in which the patient is given more pills than minutes in a sometimes, monthly session.

Hope springs eternal in the human heart, even if seems at a snail's pace, at times. There is the clubhouse model, which affords the neuro-diverse an opportunity to DECIDE to participate in their own course of recovery toward what THEY, THEMSELVES, deem Wellness.

The psycho-dynamic of community is not new. But it is effective. It springs forth from the individual. And therein lies, its strength. For empowerment to be effective, it must be organic. Grassroots efforts from one to one to one, stem from the realization that each of us matters. But first, we must, to paraphrase the words of the late, great, immortal Ms. Aretha Franklin, "Respect each other." If one can achieve it, as Dr. Mark Vonnegut or a Winston Churchill or Abraham Lincoln, then others can do it. We are all people first and foremost. No one is greater than another and no one is less. We have different gifts and challenges. Let us put the puzzle together and discover our strengths. United. More than the sum of our parts.



**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract: 146**

**An Ethnography of UK Spiritual Peer-Support Networks: Narratives and Experiences of Mental Health / Spiritual Crisis**

**Learning goal:**

This presentation will be based on my MSc thesis, which was an ethnography of what I call Spiritual Peer-Support Networks' (SPSNs) community in the UK, as an umbrella term encompassing organisations such as the Spiritual Crisis Network and Emerging Proud. I will briefly introduce the topic, its relevance in anthropological research (and what anthropological research entails), as well as a couple of my main findings.

**Abstract text:**

These networks provide support – mostly through peer-support groups – for individuals who identify as having experienced a mental health and / or spiritual crisis. This type of crisis can range from what psychiatrists could label a psychotic episode, to what religious or spiritual authorities could label a mystical experience, enlightenment, awakening – as well as everything in between these. I use “and / or” or simply “/” in this paper to encompass this diversity of experiences without pinning them down. The SPSNs in fact promote seeing these psychotic and spiritual experiences as located on a spectrum, rather than as separate ontological categories.

There is a growing body of literature on these types of experiences, sometimes called “psychotic-like phenomena” (Heriot-Maintland et al., 2011), “psychotic-like anomalous experiences” (Brett et al., 2013), “hallucination-like events” (Luhmann, 2017), which consider both clinical groups (ie. diagnosed with a psychotic disorder and / or in psychiatric services) and non-clinical groups (not diagnosed or in psychiatric services) reporting these experiences. These studies point towards the need for a shift in diagnostic categories of psychosis, notably schizophrenia, often advocating for a psychotic continuum to better understand the diversity of experiences (Van Os, 2016).

In this research, I spoke to a group composed of a majority of individuals who had encountered psychiatric services (ie. clinical) as well as a few who had not (ie. non-clinical). They all identified as having experienced a mental health and / or spiritual crisis, sometimes calling themselves “experiencers” within SPSNs.

I took part in activities such as events and meetings, conducted participant observation of peer-support groups as well as interviews with individuals, in different locations and mostly in the UK.

In this thesis, I delve into the narratives and experiences of mental health and / or spiritual crisis, explore how these can become types of knowledges, and the extent to which these can be beneficial or healing for individuals.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 148  
**Internet ID:** 378

**Type of Presentation:** Workshop

**Crazywise, crazy...or wise?**

Angèle De Jong<sup>1</sup>, Jose Hoekstra<sup>2</sup>

<sup>1</sup>Mentrum & Crazywise, AMSTERDAM, The Netherlands  
The Netherlands

**Learning Goal:**

People learn about the traditional wisdom of indigenous cultures by seeing parts of the documentary CRAZYWISE and two stories of people with lived experience about how integrative treatment turned their psychological crisis into a positive transformative experience.

**Abstract Text:**

The traditional wisdom of indigenous cultures often contradicts modern views about a mental health crisis. Is it a 'calling' to grow or just a 'broken brain'? The documentary CRAZYWISE explores what can be learned from people around the world who have turned their psychological crisis into a positive transformative experience.

**José Hoekstra:** In 1992 I experienced what I now know was a kundalini/vital energy awakening during meditation, that led to psychosis and later on bipolar disorder. A 25 year road of healing followed in which I had to follow my intuition and integrate many spiritual experiences. An experience after regressionexercise in dancetherapy triggered a rebirth experience that enabled healing. After not having any connection to my feelings, I could first express myself in dance, and years later in words. Slowly different traumas surfaced and were worked out, which finally opened up the way towards connection with the outside world and other people. José is a mother and recovery worker.

**Angèle de Jong:** I experienced a few severe traumas, which led to a first psychosis and a psychiatric confinement. At my 26th, they told me I had a serious disease, and had to cope with that as well as taking medicine the rest of my life for my bipolar disorder. One year later I was treated by a psychiatrist which was also an homeopathic therapist. I was treated by telling my livestory, that she analysed, dream analyses, bodyscans and homeopathic medicine. At the end she gave me a healing session, in which she took stress away with her hands from my body. This treatment in 1993 was the best I ever had, and took place in a regular mental health organisation, nowadays Mentrum.

Angèle de Jong is educationalist and works as a teacher and peer worker on recovery.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 149  
**Internet ID:** 381

**Type of Presentation:** Symposium

**An internment camp called 'home for children'. Therapeutic interventions for survivors**

Stefania De Cesare<sup>1</sup>, Silvia Fidanno<sup>2</sup>, Manuela Nistor<sup>1</sup>, Carmen Scripcaru<sup>1</sup>, Maurizio Peciccia<sup>2</sup>

<sup>1</sup>Asociatia Il Chicco, IASI, Romania

<sup>2</sup>Gaetano Benedetti Institute and Sementer Amnios, PERUGIA, Italy

**Learning Goal:**

Knowing the story of a group of ninety young people; they were of both sexes, various ages, with different types of disabilities, living in condition of absolute loneliness, fear, neglect and darkness, in a Romanian orphanage called home for children. Knowing the remarkable results of 25 years of therapeutic interventions.

**Abstract Text:**

We are going to tell the story of a group of ninety young people you could hardly recognize as human beings; they were of both sexes, various ages, with different types of disabilities, living in condition of absolute loneliness, fear, neglect and darkness, as they were housed in an old and cold castle looking like an internment camp, despite being called home for children. On the 26<sup>th</sup> of October 1996 the life of some of those children was going to change for good. A loved, looked after and respected child opens up his heart without any fear, being aware he belongs to someone who makes him feel safe. The remarkable results of 25 years of therapeutic interventions are both the effects of a specific cause (such as rehabilitation activities or a specific level of arousal ) and the inevitable result of a re-established intersubjective relationship in which subjects received affective responses, exchanged emotions and smiles, responded each other to positive environmental stimulation exceeding the level of their expectations, as a trusting relationship allows each of us to develop our individual potential. We analysed thoroughly the subject of trusting relationships with the help of amniotic therapy. A group of survivors of the above mentioned concentration camps was able to experience the warm and welcoming embrace of a therapeutic womb by plunging into warm waters where they found and gave love to the group. A kind of love that could repair the wounds of the soul, taking comfort from a life full of hatred and giving hope towards life and the human race despite the worst human cruelty they could have experienced.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 160  
**Internet ID:** 402

**Type of Presentation:** Oral Presentation

**Patient and therapist, what stowage arrangements? Psychosis, metapsychology and transfer phenomenology**

Marie-Cécile LALLEMENT, Hubert WYKRETOWICZ, Régis MARION-VEYRON  
University Hospital Centre in Vaud, LAUSANNE, Switzerland

**Learning Goal:**

Our objective is to think about the possible types of connection between therapists and patients suffering from psychosis. The notion of the self in phenomenology and more precisely its concept of "*habitus*", will be considered as a mobilizing category to discuss the psychoanalytical concept of transfer.

**Abstract Text:**

How does the patient, immersed in an experience of strangeness, grasp the therapeutic process? How does he catch the therapist? How does the therapist get gripped and connect to the patient?

Freud initiated the notion of transfer and the psychoanalysts afterwards developed this object of analysis to be interpreted, constituting the transfer-counter-transferential relationship.

The phenomenological movement conducts a descriptive analysis of the deployment of the self. Paul Ricoeur laid the foundations for a *narrative self* that is discovered and constructed through the experience of narratives, of which the therapeutic narrative is a part. Other authors conceptualize the notion of *minimal self* that would precede and make possible the constitution of the narrative self. The minimal self refers to the pre-reflective and first-person dimension of any form of human experience.

By mobilizing the concept of *habitus*, as mentioned by Husserl, an intermediate layer between these two self formations could emerge. It would be a *dispositional self*, an "identity basis" that would give an aura of familiarity to each situation.

How does the *dispositional self* unfold, does it bend when the patient with psychosis loses "his stable plate"? How can the therapist welcome the strangeness that breaks the patient's *habitus* and re-ties him to a narrative self? How can he avoid rigidifying his therapist dispositions, learned during his training?

By taking up this concept of *habitus* in Husserl's work, we could shed light on the transference phenomenon, especially the basic one, which would be established at the preconscious level, but also the triad theorized by Lacan around the real, the symbolic and the imaginary.

We will be keen to engage in a dialogue between phenomenological and transfer concepts through the Freudian and Lacanian psychoanalytic movements in order to shed light on the phenomenon of therapeutic anchoring in the constellations of psychosis.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 162  
**Internet ID:** 404

**Type of Presentation:** Oral Presentation

### **Tantric Spirit Mourning for Mental Health**

Helen O'Neil

Order of the Grey Mystic, BRONX, United States of America

#### **Learning Goal:**

In this workshop, we will discuss psychosis as an expression of mourning for a fallen world. We will talk about the nature of grief and its importance in world healing and discuss Tantric Spirit Mourning as an innovative new technique for resolving ancestral wounds and moving forward.

#### **Abstract Text:**

As the world of psychology learns to open its doors to the insights of Jung and other metaphysical masters, the ways in which we think about mental illness are changing. While mental illness has many causes, one of the main causes in this day and age is grief. In fact, so many have died or are suffering as a result of humanity's traumas that the mentally ill are more accurately described as mourners of the dead or dying.

Symptoms like hallucinations, clairsentient hallucinations, paranoia, delusions, and the like often hold key healing wisdom that can transform the individual, family or society if properly assimilated. Often, such symptoms are a function of the individual or spirit's deep anguish about the suffering in society. These symptoms cannot be cured unless the spirit/s are healed and released from the person's awareness - or humanity itself is released from the covenant that trapped the spirit/s in their current state of suffering.

As a profession, we need to stop thinking of many of these people as "sick" and see them for what they are - shamans shepherding the spirits of the living and the dead into the "Light." As such, we need to stop trying to "cure" these illnesses and respect the sacred healing processes that they represent. Tantric Spirit Mourning is an innovative new therapy that uses shamanic techniques to help clients process spirits, suffering and global tragedies for the purposes of resolving personal traumas and healing society.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 168  
**Internet ID:** 415

**Type of Presentation:** Symposium

**The effect of virtual reality cognitive behavioral therapy on paranoia and mood states**

Chris Geraets<sup>1</sup>, Evelien Snippe<sup>1</sup>, Marije Van Beilen<sup>1</sup>, Roos Pot-Kolder<sup>2</sup>, Mark Van der Gaag<sup>3</sup>, Wim Veling<sup>1</sup>

<sup>1</sup>University Medical Center Groningen, GRONINGEN, The Netherlands

<sup>2</sup>VU University, AMSTERDAM, The Netherlands

<sup>3</sup>VU university, AMSTERDAM, The Netherlands

**Learning Goal:**

Gain insights in a novel virtual reality intervention, and the effects of the intervention on mental states as measured by daily diary assessment.

**Abstract Text:**

**Background:** Recently, the efficacy of a novel virtual reality based cognitive behavior therapy (VR-CBT) for paranoia was demonstrated. Evidence is growing that the maintenance of psychosis may be influenced by affective processes. This study examined how treatment with VR-CBT influenced paranoia and emotional states, and whether the interplay between mental states was affected.

**Methods:** The sample consisted of 91 patients with a psychotic disorder randomized either to 16-session individual VR-CBT or treatment as usual. The experience sampling method (ESM; a structured diary technique) was used to assess mental states at baseline, post-intervention and 6-month follow-up. Mixed model analyses were conducted to study treatment effects. Lagged associations between mental states were estimated at baseline and post-intervention, and were visualized with networks.

**Results:** VR-CBT, but not treatment as usual, resulted in reduced levels of paranoia and negative affect. At pre-intervention networks depicting the dynamic interplay between mental states over time had very limited significant connections, with most stable connections being auto-relations. I.e., paranoia was best predicted by paranoia at the previous moment. The dynamic interplay between affective states did not change over time after VR-CBT.

**Conclusion:** We found that VR-CBT specifically targets paranoia and there are indications that VR-CBT had an enduring effect on negative emotions. This positive effect of the treatment does not seem to transfer to positive affective states. We did not find evidence that negative mental states such as feeling down or lonely triggered paranoia in the next moment even at pre-intervention, and these temporal relations between mental states did not change over time in response to treatment.



**ON THE HEALING POWER  
OF HUMAN RECONNECTION**





**Abstract Nr:** 169  
**Internet ID:** 416

**Type of Presentation:** Symposium

**Feasibility, acceptability and preliminary efficacy of DiSCoVR, a virtual reality intervention to improve social cognition in people with psychotic disorder**

Saskia Nijman<sup>1</sup>, Wim Veling<sup>2</sup>, Kirstin Greaves-Lord<sup>3</sup>, Maarten Vos<sup>2</sup>, Elsbeth Zandee<sup>4</sup>, Marije Aan het Rot<sup>5</sup>, Chris Geraets<sup>2</sup>, Marieke Pijnenborg<sup>5</sup>

<sup>1</sup>GGZ Drenthe, ASSEN, The Netherlands

<sup>2</sup>University Medical Center Groningen, GRONINGEN, The Netherlands

<sup>3</sup>Jonx (Lentis), GRONINGEN, The Netherlands

<sup>4</sup>GGZ Delfland, DELFT, The Netherlands

<sup>5</sup>University of Groningen, GRONINGEN, The Netherlands

**Learning Goal:**

Gain insight in the possibilities that virtual reality offers for social cognitive interventions, gain insight in user and therapist experiences.

**Abstract Text:**

Social cognitive deficits have been linked to social dysfunction in people with a psychotic disorder. Social Cognition Training (SCT) has received substantial research attention as a method to remediate social dysfunction by practicing with social stimuli and teaching compensatory strategies. Meta-analyses indicate that social cognition can be improved with SCT. However, current approaches may insufficiently incorporate application of social cognitive skills in real-life social interactions, which may limit generalization to social functioning. Virtual Reality (VR) can simulate social interactions very realistically, but can also be controlled and personalized, making it a promising tool for SCT.

We conducted a pilot study (n=22) on the feasibility, acceptance and preliminary effects of DiSCoVR (Dynamic Interactive Social Cognition Training in Virtual Reality), a 16-session individual VR SCT, on social cognition and psychiatric symptoms. Emotion perception, social perception and theory of mind, and social interaction are practiced in immersive, interactive virtual environments. Feasibility and acceptance were evaluated using a survey for participants and therapists. Social cognition was assessed using picture, video and story tasks. Psychiatric symptoms were measured using interviews and questionnaires.

Participants (completers: n=17) indicated that they enjoyed DiSCoVR (M=7.3 out of 10), liked the combination of VR and a therapist (M=7.9) and considered it to be helpful for daily social contact (M=7.0). 70% indicated that the opportunity to practice with social situations in VR was the most important strength of DiSCoVR. Emotion perception improved significantly ( $t=-4.79$ ,  $p<.001$ ). No change was found on the other measures.

The intervention was considered to be feasible and acceptable by participants and therapists. While emotion perception improved, no change was observed in higher-order social cognition. We are currently studying a new version of the DiSCoVR treatment protocol and software in a multicenter randomized controlled trial.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 170  
**Internet ID:** 421

**Type of Presentation:** Symposium

**Impact of a voice hearing simulation on the general public and clinical psychologists**

Simon Riches<sup>1</sup>, Rich Maskey<sup>2</sup>, Patrick Dishman<sup>2</sup>, Rachel Waddingham<sup>3</sup>, Jonny Benjamin MBE<sup>4</sup>, Charlie Tebrook<sup>5</sup>, Eve Mundy<sup>3</sup>, Phoebe Roberts<sup>6</sup>, Fareeha Khan<sup>7</sup>, Shifaa Kwieder<sup>1</sup>, Helen Fisher<sup>1</sup>

<sup>1</sup>Institute of Psychiatry, Psychology & Neuroscience, King's College London, LONDON, United Kingdom

<sup>2</sup>Independent artist, LONDON, United Kingdom

<sup>3</sup>Voice Collective, Mind in Camden, LONDON, United Kingdom

<sup>4</sup>Independent mental health campaigner, LONDON, United Kingdom

<sup>5</sup>School of Psychology, University of Bedfordshire, LUTON, United Kingdom

<sup>6</sup>Independent producer, LONDON, United Kingdom

<sup>7</sup>South London & Maudsley NHS Foundation Trust, LONDON, United Kingdom

**Learning Goal:**

To increase public and clinician awareness of the subjective experience of hearing voices

**Abstract Text:**

Despite common occurrences of unusual perceptual experiences in the general population, stigma about psychosis remains high. Targeted approaches may benefit stigma-reduction; and art has been shown to increase mental health awareness. Furthermore, simulation training is an effective teaching tool for clinicians to gain subjective understanding. Our aim was to reduce stigma through increased public awareness of voice hearing and to gain clinician feedback on a newly-designed voice hearing simulation as a future training tool. Members of the public (N=150) and trainee and qualified clinical psychologists (N=25) attended a London-based immersive art exhibition, *Altered States of Consciousness*, which aimed to improve understanding of what it feels like to hear voices by providing an individualised voice hearing simulation. Co-production was incorporated into all development stages, including workshops with people with lived experience; training actors to perform 'voices', based on voice hearer testimony; and developing simulation technology. Participants completed pre-/post-exhibition measures of mood and attitudes towards voice hearing and other unusual perceptual experiences. Six months later, a subgroup of psychologists (N=15) took part in a semi-structured interview and completed post-exhibition questions. Post-exhibition, there were significant increases in both general public and psychologists' understanding what it feels like to hear voices, compassion towards voice hearers, and comfort talking to people who hear voices. Participants enjoyed the simulation, felt they learned from their involvement, and did not find it stressful. A production team meeting (N=10) identified exhibition strengths, challenges, and potential modifications. At six-month follow-up, psychologists' scores were partially maintained. Thematic analysis of interviews showed that psychologists identified cognitive, emotional, and behavioural responses; and reported that the simulation provided benefits to their training and clinical practice. This simulation enabled visitors to 'hear voices' and reduced stigma about psychotic experiences. Findings indicate the simulation has potential for public engagement and clinical training for healthcare professionals.



**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 173  
**Internet ID:** 432

**Type of Presentation:** Workshop

**Let's talk about Psychosis**

Brenda Froyen, Inez Germeys, Wim Simons, Rob Sips, Lieselot Nollet  
 Psychosenet, 9180, Belgium

**Learning Goal:**

In this workshop we will introduce you to the E-health tool Psychosenet. Besides that we will exchange opinions and ideas about psychosis related issues. Our expert panel and the audience will debate on several topics. Let's agree or disagree. That's probably the best way to improve mental health care.

**Abstract Text:**

PsychoseNet.be and psychosenet.nl are e-health tools and websites where objective and hopeful information about psychosis can be found. It's a collaboration between the Netherlands and Belgium.

**PsychoseNet** distances itself from the discourse in which a mental illness is reduced to a brain disease and the lack of conclusive results means that disorders are chronic. PsychoseNet brings the psychological problems back to its origins, in a context, with a multitude of interpersonal relationships and an ambition, not to find one conclusive answer but many answers, different for every person. PsychoseNet presents itself as a form of mental health care that pays more attention to personal diagnostics and the use of multidisciplinary expertise.

**PsychoseNet.be** and psychosenet.nl both have their own focus. In this workshop webeditor of PsychoseNet.be will guide you through the website and introduce you to the 'digital' expertteam. This is a group of professionals and peers who answer your questions within a few days. Besides that Psychosenet.be also organises congresses and masterclasses in order to inform people about psychosis but also to 'reform' people's sometimes fatalistic ideas about psychosis and mental health care in general.

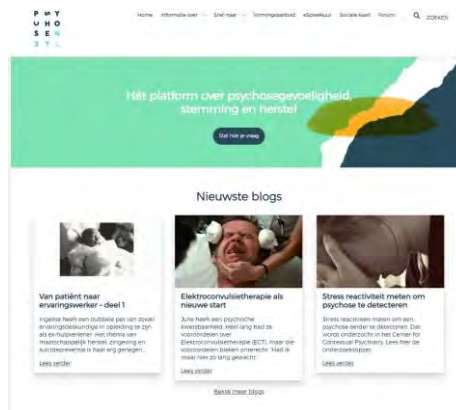
**PsychoseNet.be** is unique in a way that it is a private initiative, completely funded by a private shoecompany Cortina. A collaboration between professionals, peers and familymembers. We are happy to introduce you to this new way of mental health care. In this workshop four of our e-experts will debate, together with the audience, about psychosis related topics and issues we might disagree on. Exchanging ideas and opinions is in the DNA of Psychosenet. You are welcome to join.

**Moderator**

Inez Germeys, professor Contextual Psychiatry  
 Rob Sips, researcher, personal experience with psychosis  
 Wim Simons, Psychiatrist  
 Lieselot, family carer

**Experts**

Brenda Froyen, webeditor of Psychosenet.be



**ON THE HEALING POWER  
 OF HUMAN RECONNECTION**



**Abstract Nr:** 191  
**Internet ID:** 465

**Type of Presentation:** Symposium

**Voices in Psychosis: An interdisciplinary investigation of relationality, insecurity and meaning-making in experiences of hearing voices**

Angela Woods, Ben Alderson-Day, Felicity Deamer, Patricia Waugh  
University of Durham, DURHAM, United Kingdom

**Learning Goal:**

Presents new insights into what voices reveal about experiences of relationality, insecurity and meaning-making among users of early intervention in psychosis services

Demonstrates the value of an interdisciplinary approach to the experience of hearing voices

**Abstract Text:**

“Voices in Psychosis” (VIP) is a mixed-methods longitudinal study conducted by Durham University’s “Hearing the Voice” project. This symposium presents findings from the first year of research with users of Early Intervention in Psychosis services in the cities of the North East of England. 40 voice-hearers participated in in-depth phenomenological interviews exploring the spatial, emotional and embodied qualities of voices; their perceived characterfulness, agency and change over time; and their relation to urban precarity, insecurity, and social and material hardship.

Research into the experience of hearing voices has recently moved away from a focus on auditory phenomenology to considering voices as personified in some way – whether as people, characters, spiritual entities or other kinds of social agents. So how do varieties in ‘personification’ relate to voice-hearers’ wider experiences of social connectedness, precarity, security, isolation and meaning-making?

Our symposium – presented by a psychologist, a linguist, a literary theorist and a medical humanities researcher – will explore this question in relation to the VIP project. After introducing the study, we will outline various ways of understanding “personified” voices and the challenges this poses for “bridging the gap” between voice-hearers, clinicians and society. We will look in detail at the language used by voice-hearers to describe experiences which are intensely difficult to describe, and the role of approximation in those descriptions. Expanding our focus to include interviews with voice-hearers conducted in the second year of the study, we will consider how the characterful qualities of voices change over time and in relation to people’s social and material circumstances. Finally, we analyse themes of home and identity in voice-hearers’ accounts of their experiences, showing that these interviews speak literally and metaphorically of a radical ‘unhousing’ that disturbs boundaries between inside and outside, real and imaginary, past and present.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 192  
**Internet ID:** 466

**Type of Presentation:** Workshop

### **Mad Studies reading groups**

Grietje Keller

Stichting Perceval, AMSTERDAM, The Netherlands

### **Learning Goal:**

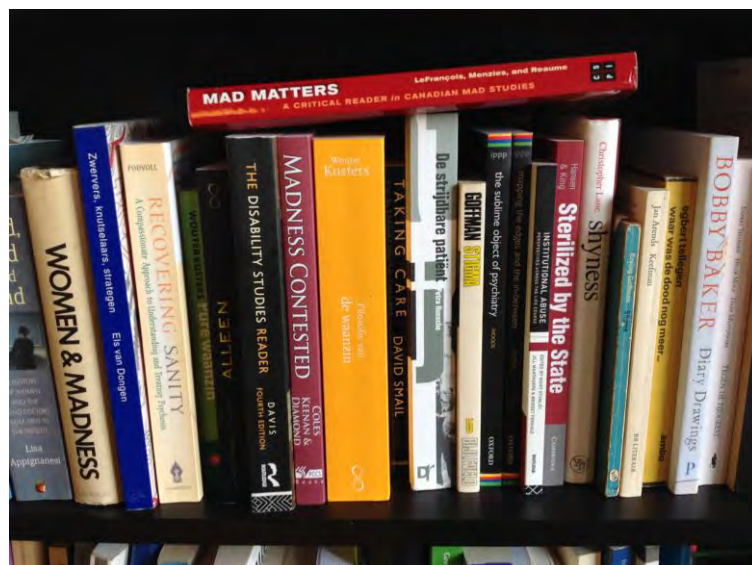
To inform service users, professionals and the public about the possibility of organizing Mad Studies-reading groups.

### **Abstract Text:**

Foundation Perceval – a service user initiated organisation in The Netherlands- offers since 2014 Mad Studies reading groups. A group of twelve participants reads and discusses during ten meetings Mad Studies texts. The majority of the group are service users. Through the texts the participants are exposed to words and ideas that describe our experiences with other vocabularies and concepts than that of the dominant medical discourse of psychiatry. Mad Studies gives us a treasury full of words, theories and new ideas. This enables us to question and critically view the dominant views on madness. It is a laboratory for the participants to construct new identities outside the bio-medical discourse.

There is this idea floating around that mad people can not think or should not think too deeply. These groups are challenging these unspoken ideas. There is a need for these reading groups. The groups fill up easily and the participants are very enthusiastic.: *“Through this group I experienced that madness is not only a problem, it is also an interesting subject to read and discuss about.”*

My paper will be on how the reading group is organized: what do the meetings look like. The ideas and inspirations of the pedagogy of the groups. Other possible subjects that can be discussed: the attempt to de-centre whiteness in our groups; how to make a Mad Studies community; what about shy people; racist and sexist talk by participants, supporting other Mad Studies groups; making money and the co-optation that may bring; diversity in intellectual disability.



**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 202  
**Internet ID:** 495

**Type of Presentation:** Workshop

**Exercise to Reconnect! Integrating CBT for exercise and psychosis, community resources and peer advocacy to promote exercise and human reconnection.**

Tomas Fogl<sup>1</sup>, Peggy Hickman<sup>2</sup>, Nicola Wright<sup>2</sup>, Lisa Murata<sup>2</sup>

<sup>1</sup>Royal Ottawa Mental Health Centre; University of Ottawa, OTTAWA, Canada  
Canada

**Learning Goal:**

1) Understand how exercise can benefit persons with psychotic-spectrum disorders (PSD); 2) Integrate CBT for exercise with CBT for psychosis, including third-wave approaches; 3) Learn how persons with lived experience, the mental health system and community resources can cooperate to promote and maintain exercise and foster reconnection and de-stigmatization.

**Abstract Text:**

Exercise is increasingly shown to improve mental health and general well-being. Recently, some of these benefits are being studied in patients with psychotic-spectrum disorders (PSD). Exercise can be a powerful force for fostering human reconnection between alienated groups, such as persons with lived experience of psychosis, their families, their communities and the mental health system. Doing exercise can be challenging for someone with PSD. In this highly case-based workshop we will describe how positive, negative and cognitive symptoms, medical and psychiatric comorbidities, as well as social adversity, such as poverty and lack of transportation, present obstacles to those suffering with severe PSD. We will present several cases, where CBT for psychosis, medical management, hospital and community resources, as well as support and advocacy of other persons with lived experience were employed to encourage and maintain exercise. We will describe in detail how CBTp can be directly incorporated into exercise itself by the therapist. We will focus in particular on the power of behavioural activation; cognitive restructuring of self-defeating, permissive and psychotic thoughts; acceptance and commitment therapy to formulate valued goals; compassion approaches; in vivo graded exposure and behavioural experiments; role playing, modelling, practice and overlearning; reinforcement strategies; and work with paranoid thoughts and voices as they arise on the spot during exercise. Finally, we will show how family, mental health workers, and peers can be engaged in improving the success of these strategies. One of us (Peggy Hickman) will show a brief documentary, "A Mental Marathon," describing her journey. She will share how running became a passion that allowed her to deal with voices and distressing thoughts. This became a catalyst for her peer-led running group and her advocacy work to decrease stigma and bridge the gap between those with lived experience, the mental health system and community in general.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 203  
**Internet ID:** 498

**Type of Presentation:** Oral Presentation

**Reconnecting to self and others: Person Centred Therapy for psychosis, a mixed method study of helpful practice and change process**

Wendy Traynor

University of Salford, MANCHESTER, United Kingdom

**Learning Goal:**

To consider the helpful and unhelpful practice and change process in clients with unusual or psychotic processes who receive person-centred therapy including restoring the connection to self and others

**Abstract Text:**

This research investigated helpful and unhelpful practices, changes and contextual factors in clients who experience psychotic processes in the form of three studies.

Study 1 involved semi-structured interviews with 20 person-centred practitioners working with clients with psychotic processes, focusing on helpful or hindering practice and observed changes.

Study 2 involved 20 adult clients who had self-identified as hearing voices, having other unusual experiences or psychotic processes were interviewed mid- or post-therapy using the Change Interview protocol. Studies 1 and 2 used grounded theory analysis.

Study 3 consisted of a hermeneutic single case efficacy design study (HSCED; Elliott, 2001) with a client who was experiencing psychotic processes and who received 22 sessions of PCT. Qualitative and quantitative data was presented to a sceptic adjudicator and debated in a quasi-judicial forum with five independent judges: two therapists, a carer and two experts by experience. Conclusions were reached regarding therapy impact and causal efficacy.

Overall results indicated that most practitioners incorporated pre-therapy into practice, with positive results. Practitioners often worked in multidisciplinary contexts with attention to supervision, self-care and boundaries. Person-centred values and real relationship were important. Unconditional positive regard (UPR) was the most critical condition named by practitioners and clients. Unhelpful factors included practices such as judgement and unwanted directivity.

All studies showed improvement in social abilities, positive sense of self, and an increase in aspects of wellbeing. There was evidence of improvement in mood and reduction in unusual experiences.

Clients engaged in a real relationship in therapy. Most clients were active agents in their own change process. Findings demonstrate that person-centred therapy can be helpful for adult clients with psychotic processes.

Limitations of the study include the dual therapist-researcher relationship in study 3, data reliability, the homogeneity and small size of the samples and limitations in measures.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 204  
**Internet ID:** 500

**Type of Presentation:** Oral Presentation

### **Psychotic, mystical and the question of self**

Borut Skodlar<sup>1</sup>, Jan Ciglenečki<sup>2</sup>

<sup>1</sup>University Psychiatric Clinic Ljubljana, LJUBLJANA, Slovenia

<sup>2</sup>Department of Philosophy, University of Ljubljana, LJUBLJANA, Slovenia

#### **Learning Goal:**

We would like to present research findings and reflection on the potential, which phenomenological research of psychotic and mystical experiences offers for psychotherapy and recovery of psychotic disorders.

#### **Abstract Text:**

Every strong differing experience, as was famously captured by Karl Jaspers in his *limit situation*, is transforming person's whole view of the world and of one's self. Psychotic and mystical experiences are surely such worldview- and self-transforming experiences. There is a long history of interest in both of them and in the interrelations between them with many important works in the field. However, there is a relative paucity of thorough phenomenological explorations of experiential horizons opened by psychotic and mystical experiences and in what ways they might be compared shedding some mutually illuminating perspectives on each other. Our research work (Škodlar & Ciglenečki, 2013; 2015) focuses on precisely this intriguing intersection between the two experiential worlds. We have in detail interviewed ten patients with psychotic disorder, who reported mystical-like experience at some point in their lives. We have qualitatively, phenomenologically studied the interviews, trying to elucidate the nature of both experiences, i.e. psychotic and mystical-like, experienced by our informants. Our findings are compatible with findings of other researchers (e.g. Parnas & Henriksen, 2016), i.e. that both experiences share phenomenological affinities like epiphanic or self-revelatory nature of experience with revolutionary or life-transforming characteristics. On the other side, there are also clear differences, which gravitate around the question of the self, being radically hypertrophied in psychotic and radically dissolved in mystical experiences. The question of the self will be addressed from the longitudinal perspective of the psychoanalytic-developmental theories as well as from the cross-sectional perspective of phenomenological-contemplative theories. Through them, we would like to give our view on the problem of the self, insightfully expressed by Engler (2003) as "you need to be somebody in order to be nobody" with the scope to present the potential of both, psychotic and mystical experiences, for psychotherapy and recovery.



**ON THE HEALING POWER  
OF HUMAN RECONNECTION**





**Abstract Nr:** 207  
**Internet ID:** 507

**Type of Presentation:** Workshop

### **SIMULATING THE SUBJECTIVE EXPERIENCES OF PSYCHOSIS WITH ART AND TECHNOLOGY TOWARDS EDUCATIONAL TOOLS OF EMPATHY**

Jennifer Canary

Roomforthoughts- Labyrinth Psychotica, AMSTERDAM, The Netherlands

#### **Learning Goal:**

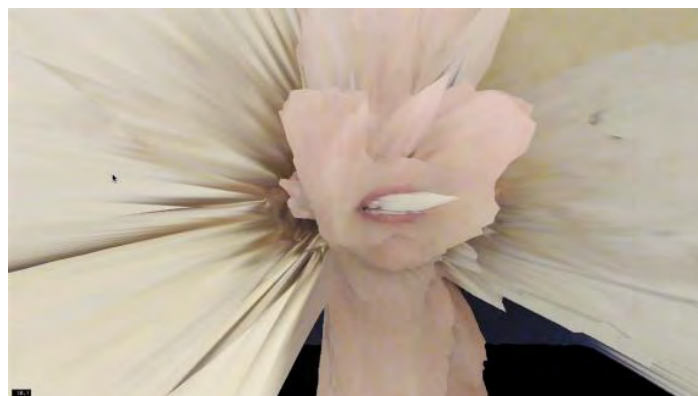
The aim of this presentation is to share insights into design principles that come with simulating psychosis for educational purposes. Presenting a practical guide on how to use technology to simulate particular subjective experiences of psychosis as well as provide insights into the value of an art perspective.

#### **Abstract Text:**

Understanding what it is like to experience psychotic phenomena is difficult. Those who have experience with it find it hard to describe, and those who do not have that experience find it hard to envision. Yet, the ability to understand is crucial to the interaction with a person struggling with psychotic experiences, and for this help is needed. In recent years several psychosis simulation projects have been developed as teaching and awareness tools for mental health workers, police, students and family members, so that they can better understand psychotic phenomena. These projects are aimed to improve an understanding of what a person in psychosis is going through.

During ISPS I would like to introduce my thesis that introduces a tool of analysis, as well as an important reference guide to anyone interested in communicating, expressing, representing, simulating and or imagining what it is like to experience psychotic phenomena. My thesis represents a journey into taking a closer look at their designs and comparing them to biographical and professional literature. In doing so I created a set of considerations and design challenges that need to be taken into account when simulating psychosis. After a series of artistic case studies, two final 'do-it-yourself-psychosis' projects have been created that have taken the aspects collected into account. Together these two projects form experiences that may be considered analogous to psychotic experiences.

The original contribution to knowledge of my thesis lies, on the one hand, within the function that both projects have on a person's ability to gain a better understanding of what it feels like to be in psychosis, and on the other hand within the background information provided on the context and urgency of psychosis simulation, how the existing simulations may be improved, and how labyrinthine installation art may contribute to these improvements.



**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 217  
**Internet ID:** 527

**Type of Presentation:** Workshop

**OASV: Openness About Strength and Vulnerability**

Monique de Koning<sup>1</sup>, Clara Koek<sup>2</sup>

<sup>1</sup>Municipality of Utrecht, public health, UTRECHT, Belgium

<sup>2</sup>GGZ Noord Holland Noord, ALKMAAR, Belgium

**Learning Goal:**

The theoretical background of self-disclosure and professional distance and closeness are being discussed. That way, the participants of the workshop can make a substantiated choice whether and how they want to deploy their life experience as a contribution to the recovery of their clients.

**Abstract Text:**

Apart from scientific knowledge and practical experience, the professional within the GGZ and the social domain has a third source of expertise that can contribute to the recovery of our clients: personal life experience.

This is a source that we do not yet use sufficiently. The idea that personal experience should be kept outside the professional role is disappearing. We are entering a new age where the dialogue between client and practitioner is between two experts, who want to learn together. Knowledge derived from personal experience has added value for all professionals and fits within the view on recovery. It is the gold we all carry with us, yet use insufficiently.

Monique de Koning (municipality health advisor) and Clara Koek (psychotherapist GGZ) share their own stories of recovery and their practical experiences by deploying self-disclosure in their work. Their stories of recovery include the experiences of alienation and self-stigma and also the healing role of openness about vulnerability and strength. The theoretical background of self-disclosure and professional distance and closeness are being discussed. That way, the participants of the workshop can make a substantiated choice whether and how they want to deploy their life experience as a contribution to the recovery of their clients.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 219  
**Internet ID:** 531

**Type of Presentation:** Workshop

**Herstelondersteuning (Recovery support, workshop in Dutch )**

Wil Buis<sup>1</sup>, Dikkie Roelofs<sup>2</sup>

<sup>1</sup>Buis en Brugman Psychiatrisch Advies, 'S-HERTOGENBOSCH, The Netherlands

<sup>2</sup>Howie the Harp, ARNHEM, The Netherlands

**Learning Goal:**

Deelnemers de mogelijkheid bieden om:

- informatie op te doen over wat herstelondersteuning inhoudt en waarom het van belang is
- zicht te krijgen op wat verandert in de aanpak vergeleken met de traditionele manier van werken
- te ervaren hoe verrijkend herstelondersteunende zorg kan zijn.

**Abstract Text:**

Inhoud:

Het perspectief en de wensen van patiënten zullen in sterke mate bepalend zijn voor de toekomst van de psychiatrie. Deze ontwikkeling is al gaande en heeft geleid tot standaarden voor goede zorg van het Netwerk Kwaliteitsontwikkeling GGZ die gebaseerd zijn op wat mensen met psychische klachten en hun naasten belangrijk vinden als het gaat om kwaliteit van zorg. De generieke module Herstelondersteuning maakt sinds 2017 deel uit van deze standaarden.

Herstelondersteunende zorg is ontwikkeld en bepleit door ervaringsdeskundigen. Met herstel wordt hierbij niet bedoeld op het verdwijnen van symptomen, maar op het leiden van een betekenisvol leven ondanks symptomen, beperkingen of kwetsbaarheid. Bij herstelondersteuning staat niet de diagnose, maar de mens in zijn omgeving centraal. Wanneer slechts gefocust wordt op de stoornis bestaat het risico dat patiënten zich gereduceerd voelen tot hun aandoening. Veel ervaringsdeskundigen zeggen dat de vertaling van hun verhaal, ervaringen en klachten naar een psychiatrische diagnose eerder belemmerend dan bevorderend was voor hun herstel.

Hulpverleners die herstelondersteunende zorg bieden ervaren dit vaak als een verbetering van de kwaliteit van zorg en een verrijking van hun werk.

Vorm:

Een inleiding op het onderwerp van Dikkie Roelofs vanuit het perspectief van de ervaringsdeskundige en een inleiding van Wil Buis vanuit het perspectief van de psychiater / hulpverlener.

Daarna oefenen in kleine groepen, gevolgd door een plenaire terugkoppeling van ervaringen.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 225  
**Internet ID:** 537

**Type of Presentation:** Workshop

**From crisis and misbalance to a new equilibrium**

Sam dr. Deltour

UPC KULeuven, TERVUREN, Belgium

**Learning Goal:**

To change peoples view on psychosis from one of fear and anxiety to one of hope and understanding.

To share a roadmap from crisis to a new feeling of balance.

To see psychosis in a broader context through stories of indigenous tribes and examples in nature.

**Abstract Text:**

I'm a psychiatrist in training who has spent a lot of time in nature. I travelled two winters on the back of a dogsled in Alaska and I did a 90 day expedition with kites on Antarctica. After I came back I finished my medical studies and started working as a resident in psychiatry. It was quite a shock exchanging life in the outdoors for the hectic life in the hospital. After a couple of months I went through my first psychotic episode. Ever since I've been trying to understand what happened to me and I'm working on my own process of healing.

In this keynote I share experiences and insights drawing the parallel with my life out in nature looking at a mental crisis as the start of an intra-psychoic adventure. I am inspired by indigenous tribes and their view on psychosis. I had close contact with a Lakota-medicine man for many years. They consider mother nature an encyclopedia and I use examples from natural processes to better understand psychosis. The central theme throughout this lecture is: A mental crisis signals misbalance within the person, the environment he lives in and the world at large. How does this help us to better understand psychosis? And how do we restore balance?

The way we look at people and illness defines much of how their lives will evolve. I try to offer a story of hope if the right sacrifices are made so psychic vulnerability can be transformed into a powerful sensitivity. At the moment I'm in my fourth year of training to become a psychiatrist and I'm dreaming of creating a Soteria-inspired place out in nature where people can recover from their crisis and find healing.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 230  
**Internet ID:** 544

**Type of Presentation:** Workshop

**Isolation and Alienation for Family Members of Those Experiencing Psychosis- and What Can Help**

Jen Kilyon<sup>1</sup>, Ruth Counter Smith<sup>2</sup>

<sup>1</sup>ISPS UK, BRADFORD, United Kingdom

<sup>2</sup>Soteria Brighton, BRIGHTON, United Kingdom

**Learning Goal:**

Having a better understanding of family perspective on psychosis

**Abstract Text:**

“When psychosis comes to a loved one you soon find out who your real friends are” I’ve heard this so many times from family members. Other relatives can be uncomfortable and confused when this happens and even sometimes question our parenting skills which can cause difficulties and rifts. For some carers, giving up work can lead to loss of income as well as connection with colleagues. All this can lead to feelings of being an ‘Outsider’ with not much common ground to share with people who are living a so-called ‘normal life’.

At times we can find ourselves at a distance from our loved ones who may be terrified by distressing voices or visions and completely change in the way they relate to us.

We frequently feel completely excluded and alienated from mental health services when we seek help and support. Our worry and anxiety about the impact/adverse effects on our loved one by medication and institutionalisation is not recognised or validated.

We often feel very isolated and in despair as very few people understand our situation. I’ve known some family members feel suicidal and beginning to lose all sense of themselves.

It’s when we meet others in the same situation that we can truly feel we’ve found a friend- someone who we know ‘gets it’.

A group of family members in the UK who have knowledge and experience of Open Dialogue have come together with a common cause - campaigning for inclusive family friendly services. Our group is called Open Dialogue Champions and our mission is to bring an Open Dialogue Service to all Mental Health Trusts in the UK. We have been meeting and communicating since August 2018 on a regular basis and are passionate about our endeavour to bring about change.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 233  
**Internet ID:** 551

**Type of Presentation:** Workshop

**The use of chess pieces in a dramatic game for people with psychotic suffering.**

Carolina Alcantara  
UNB, BRASILIA, Brazil

**Learning Goal:**

Promote a qualitative psychodramatic instrument to analyze the interpersonal relationships between people with psychotic suffering.

**Abstract Text:**

This work resumes the contributions of the psychodramatist Reiko Schwab, who proposes the use of chess as a technique for identifying conflicts in relationships. An articulation of the use of the chess is constructed as a psychodramatic and sociometric instrument and the contributions of Moreno. Chess can be used as 1) warning-up to elicit emotions and identify conflicts; 2) instrument of diagnosis of the social atom and; 3) tool to perform the sociometric test, helping to understand the dynamics of the individual, their relations and sociometric choices. A protocol of application of chess in the construction of the social atom in individual attendance is presented as a way to assist the therapist in the application process and to train his observation for important information that chess can provide.

Key words: Psychodrama. Interpersonal Relations. Role Playing. Social Networking.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 234  
**Internet ID:** 552

**Type of Presentation:** Poster

**The oldest Social Psychiatry Rehabilitation Center in Poland after 15 years of activity.**

Lukasz Szostakiewicz<sup>1</sup>, Agnieszka Czechowska<sup>2</sup>

<sup>1</sup>Institute of Psychiatry & Neurology, WARSAW, Poland

<sup>2</sup>Mazovian Center of Neuropsychiatry, ZAGORZE, Poland

**Learning Goal:**

Making community to work therapeutically in community.

Inventing therapeutic and safe environment for young (15-23 y.o.) patients with very different diagnosis.

**Abstract Text:**

**Hostel** works since 2002, inspired by the Scandinavian psychiatric solutions is the oldest such center in Poland.

The program is aimed at young pupils aged 16-23 with diagnosed psychotic disorders, mood disorders, and for this youths who don't have possibilities for normal life in their environment.

They have experienced situations that have led to the loss of confidence in their peers and adults, the lack of self-confidence, the feeling of exclusion from life. In their lives they met a serious crisis, and the Hostel try to return them to balance. Residents of Hostel continue their education in the middle and high school. There is a psychosocial program in the Hostel based on a therapeutic community and individual therapeutic support. We offer social skills training, psychoeducation, individual and group psychotherapy, occupational therapy, music therapy, cognitive therapy, social activity, sport and leisure activities. Young people participate in the social and cultural life of the local community and Warsaw. A special role is the cooperation with families and supporting them. Family therapy family educational groups is part of a treatment.

Staying at the Center is about healing and strengthening your personality, taking into account the needs of young people and helping them being an independent person.

Since 2003 lot of changes happened: conditions of the Hostel's operation, political, cultural and socio-economic situation in Poland.

simultaneously there were changes in psychiatry itself - the National Mental Health Program in Poland was implemented, some programs and psychiatry facilities in community therapy started to deal with youngsters. Dissemination of specific diagnoses in children and adolescents' psychiatry has changed.

The authors try to look at how the Hostel Patient was changing, what are the reasons for staying at the hostel (diagnosis, socio-economic conditions, family conditions) and how in connection with these factors looks the current therapeutic offer.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 235  
**Internet ID:** 553

**Type of Presentation:** Oral Presentation

**In between.**

Guido Walpot, Anne-France Deschrijver, Ernst Van Camp, Patricia Kestens, Isabelle Anthoon  
AZT/CMS, LEUVEN, Belgium

**Learning Goal:**

Alienation/adaptation in a changing environment is a basic threat/challenge, common to the psychotic person and the healthcare provider.

**Abstract Text:**

Stranger in the City.

In between.

Treating psychosis requires an intricate network of care services. As an independent partial hospital, the PSC has gained a unique place in that set-up: as stranger within the existing care facilities. For over more than 40 years, it is a house in the city where in-patient care is offered for people dealing with psychosis.

Important basic principles in regard to this are proximity, approachability, homeliness, contact, customized care, connection with the own social environment and family. The practice of Institutional Psychotherapy has been a guiding influence in this, corresponding to the reviving ideas of Soteria, supported by a phenomenological body of thought.

That way, the place of the *part-time hospital* has always been an 'in between': between residential and ambulatory care, between homeliness on the one hand and clinical standards and expectations on the other, between all surrounding facilities of the network, between people. A continuous search for a proprietary position in and connection to the medical and clinical approach to psychosis, which is often experienced as alienating. With this central problem of alienation that is essential to the psychotic and his struggle, this then seems a parallel process. A process that never ends and will never offer a definitive solution.

For some years now, the PSC has therefore ceased to exist as an independent entity to become part of a psychiatric hospital: De Alexianen Zorggroep van Tienen. PSC is now AZT/Campus Mechelsestraat. The setting remains the same, just like the ambition. But the identity changed as the relationship focusses on a more clinical and scientific approach.

Accordingly, the search for a proper interpretation is still up for discussion.

As a 'necessary' parallel to the quest of the psychotic condition?

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**





**Abstract Nr:** 236  
**Internet ID:** 556

**Type of Presentation:** Poster

**Day hospital as early intervention program for individuals with first psychotic episode**

Daniela Šago, Višnja Martić, Kristina Habus, Ena Ivezić, Dominik Šmida, Kaja Komesarović, Vanesa Đogaš, Deana Varga, Maja Žanko, Renata Fiolic, Vanja Lovretić, Igor Filipčić  
Psychiatric hospital „ Sveti Ivan, , ZAGREB, Croatia

**Learning Goal:**

Day hospital as early intervention program for individuals with first psychotic episode

**Abstract Text:**

Day hospital is a time-limited structured program of diagnostics, treatment and rehabilitation based on various psychotherapy and socio-therapy techniques. The day hospital for early intervention at Psychiatric hospital "Sveti Ivan", Zagreb, Croatia was established five years ago and practiced an eclectic approach in a way that combines different psychotherapeutic techniques with psychoeducation. The day hospital for early intervention encompasses psychodynamic group-oriented psychotherapy, multi-family group, cognitive behavioral workshop, metacognitive training, psychoeducation, occupational therapy, art therapy, literary workshop, nutrition workshop, recreational therapy, consultation with the social worker, and integration in society. The basic idea of day hospital is to live in reality and maintain contact with the family and the social environment. Providing optimal care improves treatment outcome not only for patients, but also for their families. The first episode of psychotic disorders usually occurs in young people who have interrupted the present way of life and projections into the future. In order for dreams and fantasies to be rebuilt, nonadherence and lack of insight are additional aggravating factor. A safe therapeutic environment in which the individuals with psychotic disorder are directly involved in treatment decisions allows them to empower, emancipate, and develop a therapeutic alliance. Feelings of belonging, understanding, acceptance and utility change their previous feelings of isolation, insignificance, inferiority, and thus a negative image of oneself. Mirroring as well as positive feedback from others motivate patients to change. Improving everyday functionality affects the quality of their lives while at the same time reducing family burden. Remission and recovery are achieved for many patients by being well informed, provide adequate treatment and careful monitoring.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 244  
**Internet ID:** 569

**Type of Presentation:** Oral Presentation

**Growing insight and deepening connection at every stage of the extreme**

Chelsea Bagias

Private Practice, SACRAMENTO, United States of America

**Learning Goal:**

Participants will learn to differentiate between multiple stages of cycling into and out of extreme states.  
Participants will gain skills to implement curiosity around identifying and discussing symptom changes.  
Participants will learn to incorporate family members reactions into self-awareness as a benefit to insight.

**Abstract Text:**

Terms like relapse prevention, self-monitoring, and communicating with your support network are important descriptions but can tend to come across as detached at times. We are really talking about a beautifully deep interest in the subtle shifts in our own lives and what they mean. Basically, how do we identify our experience accurately at any point in time and then what to do with that information.

This talk is about how to notice the intricate pieces of each increasing moment as we elevate into extremes, even if that elevation eventually makes us out of touch with the ability to monitor it or communicate to others. And how to do that respectfully and with curiosity, not fear.

We will focus on the initial stages, increases towards extreme states, awareness during such, and the time period following the experience. Each provide so much opportunity for growing insight, chances for compassion, and ability to communicate what we choose to share. Also how to take the reactions of others as feedback to incorporate for our own decision making instead of the potential to feel controlled or shamed by those around us.

Noticing the breadth of the detail among increasing symptoms can be greatly overlooked as onlookers often react out of the fear of escalation. This can lead to missing out on awareness of how intricate our own personal experience truly is.

Self-curiosity is an important aspect of strengthening our recovery because it helps others understand that we are present and deserve to be understood and heard at all levels, not just those times when so called symptoms are absent. It is at the very heart of whether we share our experience with those around us and if we believe in ourselves enough to seek the hidden nuances of change.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 247  
**Internet ID:** 222

**Type of Presentation:** Poster

**At Risk Mental State (ARMS), the application of CBTp, a treatment which works and reconnects people**

Mark Andrews

Lincolnshire Partnership NHS Trust, SPALDING, United Kingdom

**Learning Goal:**

The learning goals of this presentation are to; give clients, families and carers confidence that psychological approaches to trauma and psychosis are safe and effective.

I plan to share my experience of working with clients, to be able to offer safe, effective psychological treatment (which is evidence-based and works).

**Abstract Text:**

This presentation will be an account of how therapy was delivered to a young man who was assessed as having ARMS (At risk mental state), his struggles, his recovery journey, his narrative and opportunity to share his experience, giving advice and inspiration to others in a similar predicament.

The presentation will draw on the developing evidence base, discussions with other therapists and healthcare professionals and most importantly, the client's own experience.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 252  
**Internet ID:** 580

**Type of Presentation:** Workshop

**The integration of your psychosis: a mindset shift and bipolar breathwork (Sean Blackwell's approach)**

Tim Knoote

Knootense (freelancer), ALBLASSERDAM, The Netherlands

**Learning Goal:**

The main objective is to give you a glimpse of Tim's story straight from his heart and how he integrated his psychosis. Sharing the power of a positive mindset, cultural differences and the potent of breathwork to connect with your (higher) self.

Video (Dutch): <https://vimeo.com/304461973>

**Abstract Text:**

*"This is the first time during my study that I hear the other side of a psychosis, something positive"* - social worker student (3<sup>rd</sup> year).

*"It almost seems that you enjoyed being psychotic, don't you miss that state?"* - frequently asked

At first it's overwhelming, you lose your ground, a complete shift in consciousness occurs. But whilst adjusting to that shift, you have to become one with your own script to eventually integrate it. This workshop is about unraveling the gift of a psychotic break into a transformation, without romanticizing it. A story of a guy in his twenties who looks at his psychosis as an opportunity of growth combined with a mission.

Tim: "I'm currently in the same state I was during my first manic episode, but balanced, I can hover between these different realms. As long as you completely accept the past, you can learn from the experience and reshape your current self. It's like an answer to a deep desire, is this what my life is about? There must be something more, I just can't see it yet"

"The more I'd been framed and the more someone tried to take away my hope, the more my motivation grew to break out of it. Even though I was not aware of this at the time, being heavily drugged".

Subjects being addressed:

- The underlying reasons, why this happened
- A temporary migration: contrasts between Ghana (first psychosis) and the Netherlands
- Psychosis, epiphany or spiritual emergency/crisis?
- The power of documenting the entire process of your psychosis
- A different mindset: symptoms of your 'illness' or a map to recovery?
- The healing potential of bipolar breathwork (Sean Blackwell's approach)
- A vision about the mental health system

*One glimpse of light can offer a perspective on hope*

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract: 259**

**From hopelessness to possibility: a journey from marginalization to belonging through reconnection to family and healing of trauma**

**Author: A. Hun**

Learning Objectives:

Participants will

1. Consider creative interventions for engaging reluctant family members of people who have been disconnected from their families in some way.
2. Become aware of the link between healing of trauma of individuals and of families.
3. Observe that change and recovery is still possible despite decades of institutionalization.

Abstract Text:

We present a case of a 63 year-old Latino man with psychosis and intellectual disability including illiteracy hospitalized for 41 years after committing a violent act within his family. The family as well as the consumer suffered severe unprocessed trauma, leading to estrangement of some family members for three decades of his hospitalization. In addition to this family situation, the cultural, socioeconomic, and structural issues prevalent in the high-stress, low-resource environment of a major urban area presented significant challenges to the recovery of this consumer and family.

Once stabilized, because he exhibited no behavioral problems, the consumer languished on a chronic unit in a state psychiatric facility for 30 years. Ten years ago, he was transferred to a residency training unit which had the resources to provide intensive milieu, individual, group, and family therapy. While some of the family visited the consumer regularly, they were reluctant to meet with members of his treatment team. By making persistent efforts at outreach to the family and validating their distrust of the system, psychiatric residents were able to build alliances with the family and initiate accompanied home visits. The consumer came to life, began attending a literacy program and participating actively in all aspects of the milieu. Concurrently, we assisted the family and consumer in beginning to process their shared traumatic history in the comfortable, safe environment of their home. The consumer was gradually able to move through the forensic system to the point of discharge, which is imminent.

In this poster we hope to demonstrate that the power of creative thinking, attention to the total context, and belief in human possibilities can be transformative. Through perseverance and hope in the face of trauma and serious psychiatric disability, we have seen that reconnection can indeed serve as a profound vehicle for recovery and for healing of trauma.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 266

**Ftah al-bab: open the door**

Dutch Moroccans with psychiatric problems: three portraits  
Workshop with short movies (English subtitles)  
Housnia el Mimouni, Cosbo Stad Utrecht  
Huub Beijers, Steunpunt GGZ

- The story of Amina
- The story of Badia and Abdelkader
- The Story of Redouan

**Abstract Text:**

**Ftah al-bab: Open the door**

Dutch Moroccans with psychiatric problems: three portraits

**Amina's story**

Amina's life apparently runs smoothly for the outside world. The physical aftermath of a car accident at her forties confronts her with the psychological pains she suffered in the course of her life. She is working on her recovery through creative therapy. While painting, her life story becomes visible.

**The story of Badia and Abdelkader**

When his wife leaves him, the voices in Abdelkader's head become increasingly grim and violent. Previously he has been admitted to a psychiatric clinic. Now his sister Badia decides to take care of him. Every day she goes to his house.

**Redouan's story**

In this portrait, Redouan films his own life, partly from the balcony of his mother's apartment, and partly in contact with (health) authorities. He has just been released from prison and tries to get his life back on the track again. Every day he hears and sees a 'sahir'(sorcerer) who harasses him.

The three films were commissioned by Steunpunt GGZ Utrecht (2010), and aim to stimulate an open dialogue within the Moroccan community about psychiatric problems and to fight prejudice.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**

## Symposium Education, Ex/Inclusion and Mental Wellbeing

Program:

13.30 – 13.40	<b>Spoken word: Britney Lindo</b>
13.40 – 14.20	Keynote speaker: <b>Femke Kaulingfreks: Learning Communities</b>
14.20 – 15.00	Keynote speaker: <b>Aminata Cairo: Regaining balance and harmony as a means of restoring mental well-being in an inclusive environment</b>
15.00 – 15.30	Coffee break
15.30 – 16.45	<b>Documentary: <i>A place at the table</i></b> <b>&amp; Q&amp;A with Teana Boston-Mammah, Aminata Cairo</b> <b>&amp; Femke Kaulingfreks</b>
16:45 – 17:00	<b>Tina Rahimy: Many chapters to come</b>

**Also with Britney Lindo and Shaylesh Jaggi**

### **Femke Kaulingfreks**

#### *Bio*

Femke Kaulingfreks received her Master's degree in Political Philosophy at the University of Amsterdam and completed her PhD at the University for Humanistic Studies in Utrecht in 2013. She is a philosopher, anthropologist and youth studies specialist. In her research she combines political-theoretical analyses with ethnographic fieldwork and neighborhood-based action research. She currently works as Professor of Youth and Society at Inholland University of Applied Sciences in Amsterdam. She published "Uncivil Engagement and Unruly Politics" (Palgrave Macmillan) in 2015 and "Straatpolitiek" (Boom) in 2017.



#### *Abstract*

Hogeschool Inholland is an institute of higher education which is characterized by a very diverse student population, comprising of a large number of first generation students and students of migrant descent. A large number of students choosing the BA program of Social Work have personal experiences with youth services and/or mental health issues. Despite the fact that Inholland aspires to be a place where all students can develop their talents and where diversity can be celebrated as a strength, the achievement gap between students in a more vulnerable position and students with a large support network has not been sufficiently bridged yet. In this talk Femke Kaulingfreks will discuss how small, intensive learning communities can enhance student's sense of belonging in their study program and enhance their study success. The work in the learning communities is based on peer-to-peer mentoring. Under supervision of older graduate students first year students engage in the sharing of life histories and claim their role as a student. They work in a safe space with storytelling methodologies and other activities to enforce their resilience and capabilities. This enables students to co-research each others' stories and pathways and by focusing, in these stories, on the goals they identify; the risks and challenges they encounter; the personal qualities and resources in

the environment they identify and the ways to mobilize and utilize these qualities and resources. This is particularly important for students who have been affected by mental health issues and consequent social stigmas, and for students who have been affected by social stigmas and consequent mental health issues. Kaulingfreks will discuss how practices of intensive mentoring, storytelling and roadmapping to resources can help students entangle the intricate and often limiting knot between mental health issues and social stigma.

## **Aminata Cairo**

### *Bio*

Aminata Cairo is the Lector of Inclusive Education at The Hague University of Applied Sciences. Born and raised in the Netherlands to Surinamese parents, she left for the US to pursue her college education. She obtained Master's Degrees in Clinical Psychology and Medical Anthropology and a Ph.D. in Medical Anthropology. As an international woman of colour she experienced firsthand the challenges of diversity and inclusion. In her applied anthropological work with students and community organizations she has continually strived to promote inclusion at both the academic and the community level. She received the Martin Luther King Jr. Humanitarian award at Southern Illinois University Edwardsville in 2013 for her efforts. In 2016 she received the Honorary Order of the Palm, a state decoration by the Government of Suriname for her contribution in culture.



### *Abstract*

For the Surinamese people, to live in a state of harmony with ourselves and our environment, we need to live in harmony with all we are connected with. Our standard educational system is based on and maintained through a structure of inequality. As such, pursuing an educational path requires more than just learning, it requires us to negotiate and come to terms with inconsistencies we encounter. We must learn to counter some of the associated (abnormal) behavioral patterns and some of our own destructive coping skills with these inequalities that affect our mental well being and our educational experience. How do we do that?

### **Documentary *A place at the table***

A group of recent graduates, who were setting up *amovementnotacollective* was followed for this documentary, because they felt unsafe inside and outside the academy. By working together they were looking for ways in which to care for and speak out their differences. The Willem de Kooning Academy asked them to explore their perspective on the lack of inclusiveness within the institute and their experiences of this in this documentary. The film focuses on longstanding discussions / conceptualisations about identity.

## **Teana Boston-Mammah**

### *Bio*

Teana Boston-Mammah is a sociologist, who worked as a sociology teacher in tertiary education in London, for ten years after gaining her bachelor degree in Sociology from Essex University. She then moved to The Netherlands, to study Women's Studies (MA) at Utrecht University. After this she worked in Rotterdam for diverse non-governmental foundations: Scala-expertise Centre for Emancipation & Diversity, Formaat- Workplace for Participative Drama, Het Peutercollege pre-school education. Teana completed her MA in Urban Studies and Policy at Erasmus University in 2012. She has been working at Rotterdam University, as a researcher and teacher at the Willem de Kooning Academy (WdKA). Her areas of interest are found at the





intersection of discourses on gender, race and class which she teaches in the Social Practice: Cultural Diversity. Teana has published articles on inclusion and exclusion mechanisms within education and gender gap in urban sociology .

### **Tina Rahimy**

#### *Bio*

TINA RAHIMY is a political philosopher. She studied at the Philosophy Faculty of Erasmus University, Rotterdam, and obtained her PhD for research into various forms of political action with regard to inclusion and exclusion. Rahimy has been involved in research and education at Erasmus University and various colleges. She was previously active in urban developments related to art and culture, and currently Professor in Social Work at Rotterdam University of Applied Sciences.



### **Links with Tina, Teana, Aminata and Femke:**

- Tina: <https://www.hogeschoolrotterdam.nl/onderzoek/projecten-en-publicaties/talentonwikkeling/inclusie/openbare-lessen/openbare-les-tina-rahimy/>  
[https://www.npostart.nl/de-boeddhistische-blik-food-for-thought/07-07-2019/KN\\_1707191](https://www.npostart.nl/de-boeddhistische-blik-food-for-thought/07-07-2019/KN_1707191)  
<https://repub.eur.nl/pub/103266>
- Teana: <http://wdkamakesadifference.com/teana-boston-mammah/>
- Aminata: <https://www.dehaagsehogeschool.nl/onderzoek/lectoraten/details/inclusive-education#over-het-lectoraat>
- Femke: <https://www.dehaagsehogeschool.nl/onderzoek/lectoraten/details/inclusive-education#over-het-lectoraat>



**Abstract: 269**

Program Symposium Filosofie en Psychiatrie

**Intersubjectivity, urban life and psychosis: a phenomenological approach**

Saturday August 31st, 14.00 – 17.00 h

In traditional (phenomenological) psychiatry psychotic experiences are located in the individual. Psychosis is assumed to be first and foremost a matter of an individual's consciousness, psyche or mind-brain, rather than being embedded in larger (sociocultural) structures.

In this workshop, we will examine the place and role of sociocultural factors, especially of urban life. Are migration and city life only triggers to an otherwise self-contained, separate psychotic journey? Do city interactions, and various city values merely supply the themes or 'content' of a psychotic transformation? Or does the breakdown of shared value systems and cohesive social ecologies in globalized cities of the 21st century also trickle down, to be expressed on the individual level? That is, does psychotic form, or phenomenological structure reflect urban-societal form or structure and can they be understood as a response to this?

In short, how do the conference themes of alienation, psychosis and (re)connection relate to each other, on both individual and societal levels? And, how do we adapt current models of psychosis to fully account for this interaction?

These questions will be discussed by four experts who have wide experience both in philosophical and psychiatric analyses of the concept of psychosis, as well as in direct or indirect acquaintance with the lived experience of psychosis.

**Moderator:** Wouter Kusters

**Speakers:** Rob Sips, Jasper Feyaerts, Elizabeth Pienkos, Ana Gomez

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract: 271**

## **THE LOST ME**

In the nineties of last century I lived in a flat in Maastricht near the centre of the city. I had a job in administration at home and received outpatient mental health care assistance. From 1997 onwards, in addition to my depression, I suffered from serious psychotic symptoms. I saw all kind of visions that other people could not see and thought I was the devil. It was getting worse and that is way I asked myself to be admitted to an institution.

After insistence, I was placed in a RIBW (Regional Institution for protective Housing types); I would spend the next 9 years here.

The housemates and the caregivers did not understand much of my condition and after a while I did not expect much from that side. After a few years I started investigating the content of my psychosis on my own initiative. It took a lot of courage and perseverance, but in the end I won the battle and could let go of my delusions and start a new life.

A transfer to a Protected Living Form followed in another city, where I had more opportunities to building an independent life. Apart from careproviders, I developed my own set-up schedule that was to help to regain connection with my environment.

I started paying attention to my motor skills, which had deteriorated due to lack of movement. I also focused on contacts outside the institution. My recovery led to great joy.

I could focus again on the future. Looking back, I was satisfied to find that some values of my life had changed after that severe psychotic episode.

**Jeanny Severijns**

**Learning objective:**

**A delusion that “naturally” passes away, or not?**

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 276

**Tina Rahimy**

*Bio*

TINA RAHIMY is a political philosopher. She studied at the Philosophy Faculty of Erasmus University, Rotterdam, and obtained her PhD for research into various forms of political action with regard to inclusion and exclusion. Rahimy has been involved in research and education at Erasmus University and various colleges. She was previously active in urban developments related to art and culture, and currently Professor in Social Work at Rotterdam University of Applied Sciences.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 277

## ABSTRACT

During this presentation, you will be introduced to the artistic research Ph.D. project Labyrinth Psychotica. THE WEARABLE will take a volunteer on a journey of 'do-it-yourself' psychosis. What is it like to hear voices? What is it like to see things that others do not see? What is it like to lose contact with 'reality'? THE WEARABLE simulates an array of subjective experiences of psychosis. The Live Demo provides a rare opportunity to see a volunteer experience THE WEARABLE and learn what it might feel like to be challenged by your senses and straddle several universes at the same time. Showing 'symptoms' such as apathy, cognition loss, loss of concentration, altered mobility as normal reactions that happen within minutes to anyone experiencing an altered state of the senses. The artist will take you on a journey of how the project began, and how it grew into the social creative entrepreneurship that it is today.



## BIO

Jennifer Canary Nikolov(a) is a Canadian born mind-warrior based in The Netherlands. She is the founder of Roomforthoughts, an artistic research practice that uses multi-media to address mental health issues. She was an artistic researcher-in-residence at the National Psychiatry Museum in Haarlem (5 months), and Waag Society Institute for Art, Science, and Technology, Amsterdam (2 years). She was a tutor of the Honours Programme ART and RESEARCH of the University of Amsterdam and the Gerrit Rietveld Academie (3,5 years). Jennifer is most known for Ph.D. project Labyrinth Psychotica. Labyrinth Psychotica is a wearable interactive mixed reality psychosis simulation tool that simulates approximately 33 elements of the subjective experiences of psychosis, helping to better understand what a person experiences in psychosis and how it affects functional abilities, cognition, and social interactions. Labyrinth Psychotica has trained over 16.000 professionals in 20 countries, helping teams to build on their empathy skills in a way that helps to better understand, reduce and de-escalate stressful situations.

Introduction video: [Labyrinth Psychotica THE WEARABLE \(short trailer\)](#)



**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



### **Labyrinth Psychotica THE WEARABLE (short trailer)**

Labyrinth Psychotica THE WEARABLE is an interactive augmented reality cinema walk that functions as a do-it-your...

[PSYCHOSIS SIMULATION - a psychiatrist, a psychiatric nurse, and a medical student...](#)



### **PSYCHOSIS SIMULATION - a psychiatrist, a psychiatric nurse, and a medica...**

Labyrinth Psychotica and the social impact we aim to achieve...

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract 314**

**Madness in the Anthropocene  
or, *Acceptance is bullshit*  
Wouter Kuster**

In pre-anthropocenic psychopathology it seemed clear who was mad and who was functioning well in his or her social environment. Now, in the 21st century things have become different. Society and humanity are on a crash course with their natural environment, global warming seems unstoppable, and catastrophic not to say apocalyptic prospects are part of common sense scenarios of the natural sciences.

The general public reacts in various ways, from denialism and escapism, to obsessive behaviour, panic, anxiety, depression, grief and all ways of acting out. What can we expect from mental health workers? What should they do, what should they treat, and who will be the patients, and who will be the doctors? Who will we take care of, who can take care of us?

In this talk I will examine how concepts like trauma, psychosis, depression and anxiety receive new meanings, and I will argue that in our times of climate crisis we can no longer separate the psychic from the social. Instead of treating those with climate anxiety as the problem, I will seek in the inhuman realms that the psychotic mind is dwelling in, parts of the solution, or at least, a way of dealing with catastrophe.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 319

### **The mentally ill doubt the sanity of the mentally sane**

Mogobe Ramose

Life is the unfolding tragi-comical drama of insanity claiming sanity by appeal to rationality. The brain is not the mind but reified rationality is the dominant approach to reason. It makes reason quantifiable and measurable. It recognises the mind or the soul as separate from the body and, of a quality different from the body. This dualism is yet to establish the connection between body and mind. But Western psychology, understood as *sielkunde* (art of the soul), rests on the presumption that this connection has already been proven and established. By contrast, *tsa semoya*, (matters of the soul or spirit) in Africa proceeds from the premise that the human being is a wholeness; body-mind, living life not as a body and a mind. According to this perspective, whispers of the spirit impact upon reason and influence human conduct. Insanity is the announcement of turbulence in the whispers of the spirit. It is not necessarily a leap beyond the boundary of reason. It invites the community to calm down the turbulence in the spiritual ocean. And so, even when they are in psychiatric asylum, the insane can have their musings about the sane.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**





**Sunday  
September  
1st**



# ISPS<sup>™</sup> 2019 CONFERENCE

August 28th - September 1st **ROTTERDAM**

## Day 4: Sunday September 1<sup>st</sup>

### Looking back and looking forward

	Willem Burger Zaal	Ruys Zaal	Van Rijckevorsel Zaal	Van der Vorm Zaal	Plate Zaal	Mees Zaal	Foyer
08.00	Oral 19 Feinsilver Award Arpita Gupta  What is lost? A qualitative inquiry into narratives around SMI	Workshop 27 Citizenship and Recovery	Workshop 42 Psychosis simulation	Orals 18 New Research		Orals 17 City and Identity	Wrap up space  Network and meeting place: Now What!?
	110	115	208, 207	30, 215, 232		44, 78, 108, 190	With Empatiko

09.15	Short coffee break			Foyer
09.30	Introduction	Chair: Jan Olav Johannessen		Willem Burger Zaal
09.45	Keynote speaker	Ola Söderström		316 Willem Burger Zaal
10.15	Keynote speaker	Inez Myin-Germeys		267 Willem Burger Zaal
10.45	Keynote speaker	Jone Bjørnstad		315 Willem Burger Zaal
11.15	Coffee with snacks			Foyer
11.45	Action message for change			Willem Burger Zaal
12.00	Debate with the audience: Looking back and looking forward	Chair: Jan Olav Johannessen		Willem Burger Zaal
12.45	Award Ceremony	Feinsilver Award, Poster price and Honorary membership		Willem Burger Zaal
13.00	Announcements	The ISPS conference 2021 and the new EC of ISPS		Willem Burger Zaal
13.15 – 13.30	Closing Remarks	Jan Olav Johannessen		Willem Burger Zaal



**Abstract Nr:** 30  
**Internet ID:** 128

**Type of Presentation:** Oral Presentation

**Themes of Experience in the Treatment of Psychosis: Relationship Anecdote Interviews with Therapeutic Staff**

Christian Sell, Miriam Henkel, Cord Benecke  
University of Kassel, KASSEL, Germany

**Learning Goal:**

The presentation introduces the use of relationship anecdote interviews with clinicians as an innovative method to study the relational aspects of psychosis. Learning goals include an understanding of the method and its foundations, possible research applications, and first results from an ongoing study.

**Abstract Text:**

Current diagnostic categories for psychosis have repeatedly been criticized for their lack in clinical usefulness and their stigmatizing nature. A major gap in our knowledge of psychosis is that we do not sufficiently understand the relational and affective dynamics associated with these conditions. Therefore, authors from the phenomenological and psychoanalytic traditions (e.g. Atwood, 2012) have proposed to map psychotic disorders not in terms of symptoms but in terms of content and themes of experience. In order to implement and test such an approach, we introduce a modified version of the relationship anecdote interview as a method to assess and group themes of experience as they manifest within therapeutic relationships. The relationship anecdote interview has originally been introduced to psychotherapy research by Luborsky (1990). During a 30-50-minute interview, a person tells several relationship episodes. These are narratives about actual events in which an interaction with another person took place. For our research we conducted relationship anecdote interviews with different staff members in psychiatric and psychotherapeutic hospitals. Each interview focused on relationship episodes with one specific patient that had been diagnosed with a psychotic disorder. For each patient, three different staff members were interviewed. We transcribed the interviews and performed a qualitative content analysis to assess which reoccurring themes therapists and nursing staff had experienced in relationship with a given patient. Further aggregation of the data across N = 12 patients (n = 36 interviews) with different psychotic disorders led to a first tentative typology of themes of experience in relationship with patients with psychotic disorders. We believe that developing and elaborating such a typology further can facilitate our understanding of the interpersonal dynamics in the treatment of psychosis and thereby contribute to a more comprehensive clinical model of these disorders.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 44  
**Internet ID:** 162

**Type of Presentation:** Oral Presentation

### **Reshaping urbanism for integrating the fragmented mind**

Jacques Quintin

University of Sherbrooke, SHERBROOKE, Canada

#### **Learning Goal:**

- Recognizing place as integral to one's personal identity
- Accepting the value of reshaping place in ways that sustain mental health
- Recognizing the active role played by architects

#### **Abstract Text:**

##### **Reshaping urbanism for integrating the fragmented mind**

The first thing we feel when we circulate in a city is the atmosphere. Too often, modern urbanism like modern life can be understood as a no man's land. Cities are built for practical convenience putting value on free and fast circulation. It is a space in which we feel strangers and which also renders us strangers. These cities are thought on the principle of individualism. There is a link with psychosis experience in which the world appear fragmented and the self isolated.

We would like to demonstrate that physical environment contribute to human wellbeing. For a better mental health, we need to create urban life according to the principle of wholeness developed by the architect Alexander. Wholeness must be thought as relationality.

One of our assumption is that human being is a being outside of himself. He lives in space with its own atmosphere. He lives in the world, among others. It is not in some hiding-place (a closed room) that we will discover ourselves; it is in the town, in the midst of the crowd. We have to build space that allows human being to stop, to take a break and to sojourn so that it becomes possible to make contact with others and initiate a dialogue. The philosopher Levinas reminds us that it is when the I encounters another person that it first experiences oneself as an I called to dialogue. So urbanism must be created according to the primacy of dialogue.

We will ask ourselves if an ugly space does not promote the suffering. I will demonstrate, from a philosophical perspective, that there is a narrow link between space, architecture, urbanism, atmosphere, dialogue and mental health.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 62  
**Internet ID:** 166

**Type of Presentation:** Symposium

**To continue or not to continue? The impact of (dis)continuation of antipsychotic medication on social functioning in first-episode psychosis**

Marieke Begemann<sup>1</sup>, Iris Sommer<sup>1</sup>, Wim Veling<sup>1</sup>, Filip Smit<sup>2</sup>, Lieuwe De Haan<sup>3</sup>

<sup>1</sup>University Medical Center Groningen, GRONINGEN, The Netherlands

<sup>2</sup>Trimbos, UTRECHT, The Netherlands

<sup>3</sup>AMC, AMSTERDAM, The Netherlands

**Abstract Text:**

Antipsychotic medication is effective for symptomatic treatment in schizophrenia-spectrum disorders. After remission, continuation of antipsychotics is associated with lower relapse rates and lower symptom severity compared to dose reduction/discontinuation. Most guidelines recommend continuation with antipsychotic medication for >1 year. In clinical practice, patients often have a strong wish to stop earlier due to side-effects, affecting everyday social functioning. Recently, the guidelines have been questioned as one Dutch study found that more patients achieved long-term (social) functional remission in an early discontinuation condition. Yet, sample size was relatively small and their finding was not replicated in another recently published study. Psychiatrists, patients and family are unsure which regime to follow: to continue or not to continue?

The HAMLETT study is a multicenter pragmatic single-blind randomized controlled trial in two parallel conditions (1:1), investigating maintenance treatment versus discontinuation/dose reduction of antipsychotic medication after remission of first-episode psychosis on personal and social functioning, psychotic symptom severity and health-related quality of life. 512 participants will be included, recruitment takes place at 24 Dutch sites.

Main research question: Is long-term social functioning better if patients reduce/discontinue antipsychotic medication at an early stage (3-6 months after remission of their first psychotic episode), than when they continue medication >1 year?

Four workpackages (WP) will be presented during the symposium:

**WP 1:** Trial-based Hypotheses Testing

*The effects of (dis)continuation on social recovery, subjective wellbeing, relapse rates; identifying factors predicting successful early discontinuation.*

**WP 2:** Ecological Momentary Assessment

*The early psychological effects of (dis)continuation, as reflected in ecological momentary assessments (EMA) in terms of mood, motivation, energy, paranoia and anxiety in individual patients.*

**WP 3:** Health-Economic Evaluation and Prognostic Modelling

*The costs and benefits of (dis)continuation, regarding medical treatment use, and quality of life.*

**WP 4:** Implementation

*Implementing our trials results in daily practice.*



**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 78  
**Internet ID:** 244

**Type of Presentation:** Oral Presentation

**ARCHEOLOGICAL ANALYSIS OF GRAFFITIS IN A PSYCHIATRIC INPATIENT UNIT: SHINING A LIGHT ON THE GAP BETWEEN PSYCHOSIS AND CLINICIANS.**

Lucas Gutiérrez<sup>1</sup>, Javiera Letelier<sup>2</sup>

<sup>1</sup>Servicio de Salud de Reloncavi, PUERTO MONTT, Chile

<sup>2</sup>Universidad Austral, PUERTO MONTT, Chile

**Learning Goal:**

Reinforce the importance of a transdisciplinary approach to the study of psychosis and daily work in mental health. Relate the use of space as an unofficial communication channel. Show, from a historical perspective, the use of clinical spaces by patients and staff members, enriching the understanding of their social implications.

**Abstract Text:**

This presentation is part of a larger multidisciplinary analysis on the use and appropriation of space in mental health facilities in Chile. It is presented from an archaeological perspective, through material registration, aiming to enrich the understanding of social, cultural and exclusion dynamics in everyday contexts inside a psychiatric inpatient unit.

This work focuses on the study of the inpatient unit of a general hospital in a southern Chilean region. It operated since 1972 and received patients with severe psychiatric disorders, mostly with Schizophrenia or Chronic Psychosis as a diagnosis. It was closed and abandoned in 2014, having no major modifications since then.

Loneliness in people who suffer psychosis during treatment has largely been documented, even in the “post-asylum” era. We propose that the way patients and clinicians use spaces and its materiality represent subaltern behavior expression channels. We chose graffiti as object of study, analyzing it in three different dimensions: 1) Their formal characteristics, technique and content of the motif 2) how these motifs interact with architectural space and 3) similarities and differences in motifs regarding their spacial distribution inside the unit.

Number, content and distribution of graffiti in the unit were different in areas used mostly by patients compared to shared areas with members of staff.

Through this transdisciplinary work, we were able to show how in recent years and even though modernization in clinical models have been intended, asylum dynamics are perpetuated in everyday use of space broadening the gap between clinicians and patients. Social sciences as Archeology could have a significant role in widen the reflection on the way staff and patients interact.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 108  
**Internet ID:** 305

**Type of Presentation:** Oral Presentation

### **MAD PEOPLE IN DAILY LIFE: AN ANALYSIS OVER CARTOONS**

Esmâ KARAKURT

Phd. Candidate at The University of Ankara, ISTANBUL, Turkey

#### **Learning Goal:**

Psychiatry calls psychosis as a mental disease. Madness carries trace of culture as a humane experience. In this study, "Hunililer"/"Funneled" people will be examined in terms of being core members of society and how they go beyond the boundaries of psychiatry by putting forward their appearances in daily life.

#### **Abstract Text:**

Madness has always been a point of interest as an ancient humane experience in all ages of history. It has taken on the forms of health problems, signs of being hexed, demonic possessions and in reference to Foucault's work (*History of Madness*) it has been the information object of psychiatry since 19th century. However "as being a permanent part of civilization" (as Scull mentions), it always kept its ties with the society, from which it was born.

What do the "mad people", who are according to Foucault-accepted as the working object of psychiatry, medicalized, institutionalized, pushed out of social life, lost their voice- and who are according to Lacan-unable to participate in symbolic order-, mean to ordinary people in daily life?

The answer to this question will be searched in the products of an art branch, cartoons, which have an exaggerated painting style and in comparison to the other art branches lie a little bit on the sides. By addressing everyone and mainly focused on jokes, cartoons are considered to be an important source of information on ordinary people and social relationships. How the effort of reducing madness into one specialization is overcome via "Hunililer/ Funneled" cartoons, will be analyzed.

Cartoons are efficient art branch in assessing beliefs and actions of ordinary people that are thought to require expertise, and also on other individuals.

Position of madness in daily life (places they frequent, identities of people they are with, subjects that they are dealing with, gender roles, signs of madness etc.) will be analyzed by around 100 cartoons named as "Hunililer". Drawing of "Hunililer", is done by cartoonist *Yigit Özgür* and it reaches a large community of fans in Turkey. In this study, reflection of madness in daily life will be studied by analyzing these kinds of different indicatives.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 110  
**Internet ID:** 308

**Type of Presentation:** Poster

**'What is lost?' : A Qualitative Inquiry into Narratives around Severe Mental Illness**

Arpita ms Gupta, Kumar Ravi dr. Priya  
Indian Institute of Technology Kanpur, KANPUR, India

**Learning Goal:**

To appreciate the potential of 'lens of loss' in bridging the gap between the lived experiences and perceived understandings of severe mental illness.

**Abstract Text:**

Severe Mental Illnesses (SMI) are traditionally viewed from a lens of 'illness' highlighting clinically significant signs and symptoms, dysfunction, and disability. However, the realities of people with SMI are replete with accounts of struggles and suffering consistent with an altered sense of self, denied opportunities, broken connections, and constant alienation. Utilizing a lens of 'loss' makes visible changes in identity, relationships, current opportunities, and future aspirations in SMI (Baker, Proctor & Gibbons, 2009; Mauritz and van Meijel, 2009; O'Sullivan, Boulter, & Black, 2013; Zolnierek, 2011). Moreover, the bio-medical focus on symptom amelioration in recovery might lead to a 'loss of complexity of illness experience' (Pascal & Sagan, 2016) in turn augmenting the irrecoverable losses in SMI. Even though the mental health professionals (MHPs) are increasingly acknowledging the need to foreground subjective experiences, the gap between the lived experiences of people and the reductionist discourse of biomedicine is far from abridged. Hence, emerges a need to explore the points of connections and disagreements between the meaning-making of people living with SMI and understandings of MHPs. The current paper shall present accounts of five individuals living in a Half-way Home due to SMI and five individuals living in the community with SMI. A phenomenological analysis of their narratives will be juxtaposed with the narratives of 10 MHPs from different therapeutic setups. The implications of the findings for research and clinical engagements will be discussed. Furthermore, the paper shall articulate the possibilities offered by the "lens of loss" for people living with SMI, and those providing care and treatment.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**





**Abstract Nr:** 115  
**Internet ID:** 316

**Type of Presentation:** Workshop

**Psychosis, Citizenship, and Recovery: Personal and Professional Perspectives**

Claire Bien

Yale University Program for Recovery and Community Health, NEW HAVEN, CONNECTICUT, United States of America

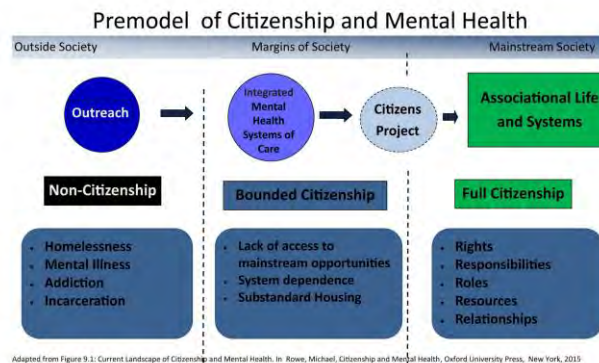
**Learning Goal:**

Participants will be able to apply their understanding of the role that presence or absence of Five “Rs” of Citizenship plays in creating the conditions that can lead to psychosis. This understanding will help in developing personal or professional understanding of what is needed to find and maintain recovery.

**Abstract Text:**

This workshop will combine my own lived experience with an introduction to Yale Professor of Psychiatry Michael Rowe’s Citizenship model. Dr. Rowe’s work holds that when people are denied full possession of the “5 R’s” of Citizenship: Rights, Responsibilities, Roles, Resources, and Relationships, combined with a sense of belonging and recognition for who they truly are, their ability to thrive in the world is significantly compromised.

Dr. Rowe’s Pre-model of Citizenship (see figure) will be used to discuss my own trajectory of trauma, distress, alienation, psychosis, and recovery. The discussion will draw upon what I have learned about how social, societal and environmental conditions can trigger and exacerbate voices, and how social and psychological supports, including family, friends, and community; Hearing Voices and other social support groups; and compassionate psychotherapy can provide hope. These supports can also foster understanding and insight into ourselves, others, and the world. When we understand ourselves and others better, we are more able to make peace with the world and can begin (again) to live more fully within it. Participants will then be invited to use the Pre-model of Citizenship as a framework for developing their own understanding of the need for each of the 5Rs, and the degree to which absence of any one “R” can create stress. Denial or profound loss of the 5Rs—individually or collectively—as with racism, displacement, immigration, and physical or psychological abuse, can lead to psychosis. Because every person’s experience, perception, understanding, and interpretation of what they experience in the world is different, no two frameworks will be exactly alike. But those differences in understanding can lead to conversations that will broaden understanding and can help with the healing process.



**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 190  
**Internet ID:** 464

**Type of Presentation:** Oral Presentation

**Learning from India's Success: The Role of Family and Interpersonal Support in Recovery from Schizophrenia**

Murphy Halliburton

Queens College, City University of New York, FLUSHING, United States of America

**Learning Goal:**

The goal of this presentation is to learn about the WHO studies of the course of schizophrenia around the world and examine a case study from India. Attendees will learn how improvement among schizophrenic individuals in India corresponds to the quality of family and other interpersonal involvement in their lives.

**Abstract Text:**

The World Health Organization's studies of the course and outcome of schizophrenia around the world remain an important challenge to the biomedical model of psychopathology, with its finding that schizophrenia has a more favorable outcome, as measured by degree of functionality and remission of symptoms, in developing countries and that India showed the best outcome of any site in this study. In an attempt to explain why India has a more favorable outcome, I conducted interviews in Kerala, India with people diagnosed with schizophrenia to ascertain what factors enabled those who were considered to have recovered from this diagnosis.

Schizophrenic patients in India usually live with family after hospitalization, and often family members will reside in the hospital with their ill relative during inpatient treatment. In interviews at a hospital and several outpatient clinics in and around the city of Thiruvananthapuram, I was able to discern a clear and consistent contribution from family and other interpersonal support among patients who mental health staff considered significantly recovered. Patients who remained more floridly psychotic and less functional had lower degrees of family and other interpersonal involvement and support. These findings are especially intriguing considering that other research shows that people with schizophrenia diagnoses in the United States--which has a poorer outcome according to the WHO studies--mostly live on their own with fewer interpersonal and affective relations than are seen in the same population in India. This paper will consider implications from this study for improving the care of individuals suffering from psychosis in Europe and North America.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 191  
**Internet ID:** 465

**Type of Presentation:** Symposium

**Voices in Psychosis: An interdisciplinary investigation of relationality, insecurity and meaning-making in experiences of hearing voices**

Angela Woods, Ben Alderson-Day, Felicity Deamer, Patricia Waugh  
University of Durham, DURHAM, United Kingdom

**Learning Goal:**

Presents new insights into what voices reveal about experiences of relationality, insecurity and meaning-making among users of early intervention in psychosis services

Demonstrates the value of an interdisciplinary approach to the experience of hearing voices

**Abstract Text:**

“Voices in Psychosis” (VIP) is a mixed-methods longitudinal study conducted by Durham University’s “Hearing the Voice” project. This symposium presents findings from the first year of research with users of Early Intervention in Psychosis services in the cities of the North East of England. 40 voice-hearers participated in in-depth phenomenological interviews exploring the spatial, emotional and embodied qualities of voices; their perceived characterfulness, agency and change over time; and their relation to urban precarity, insecurity, and social and material hardship.

Research into the experience of hearing voices has recently moved away from a focus on auditory phenomenology to considering voices as personified in some way – whether as people, characters, spiritual entities or other kinds of social agents. So how do varieties in ‘personification’ relate to voice-hearers’ wider experiences of social connectedness, precarity, security, isolation and meaning-making?

Our symposium – presented by a psychologist, a linguist, a literary theorist and a medical humanities researcher – will explore this question in relation to the VIP project. After introducing the study, we will outline various ways of understanding “personified” voices and the challenges this poses for “bridging the gap” between voice-hearers, clinicians and society. We will look in detail at the language used by voice-hearers to describe experiences which are intensely difficult to describe, and the role of approximation in those descriptions. Expanding our focus to include interviews with voice-hearers conducted in the second year of the study, we will consider how the characterful qualities of voices change over time and in relation to people’s social and material circumstances. Finally, we analyse themes of home and identity in voice-hearers’ accounts of their experiences, showing that these interviews speak literally and metaphorically of a radical ‘unhousing’ that disturbs boundaries between inside and outside, real and imaginary, past and present.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 207  
**Internet ID:** 507

**Type of Presentation:** Workshop

### **SIMULATING THE SUBJECTIVE EXPERIENCES OF PSYCHOSIS WITH ART AND TECHNOLOGY TOWARDS EDUCATIONAL TOOLS OF EMPATHY**

Jennifer Canary

Roomforthoughts- Labyrinth Psychotica, AMSTERDAM, The Netherlands

#### **Learning Goal:**

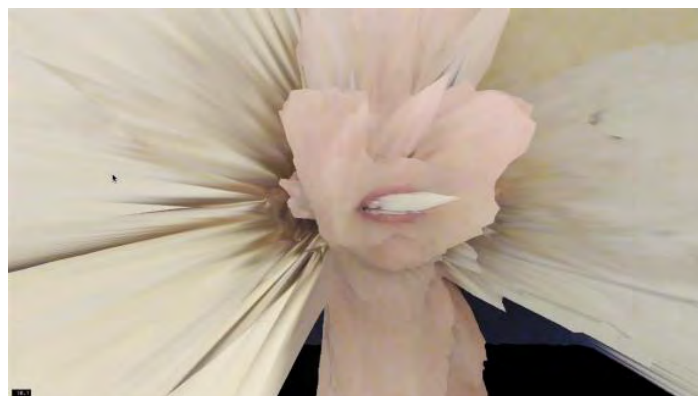
The aim of this presentation is to share insights into design principles that come with simulating psychosis for educational purposes. Presenting a practical guide on how to use technology to simulate particular subjective experiences of psychosis as well as provide insights into the value of an art perspective.

#### **Abstract Text:**

Understanding what it is like to experience psychotic phenomena is difficult. Those who have experience with it find it hard to describe, and those who do not have that experience find it hard to envision. Yet, the ability to understand is crucial to the interaction with a person struggling with psychotic experiences, and for this help is needed. In recent years several psychosis simulation projects have been developed as teaching and awareness tools for mental health workers, police, students and family members, so that they can better understand psychotic phenomena. These projects are aimed to improve an understanding of what a person in psychosis is going through.

During ISPS I would like to introduce my thesis that introduces a tool of analysis, as well as an important reference guide to anyone interested in communicating, expressing, representing, simulating and or imagining what it is like to experience psychotic phenomena. My thesis represents a journey into taking a closer look at their designs and comparing them to biographical and professional literature. In doing so I created a set of considerations and design challenges that need to be taken into account when simulating psychosis. After a series of artistic case studies, two final 'do-it-yourself-psychosis' projects have been created that have taken the aspects collected into account. Together these two projects form experiences that may be considered analogous to psychotic experiences.

The original contribution to knowledge of my thesis lies, on the one hand, within the function that both projects have on a person's ability to gain a better understanding of what it feels like to be in psychosis, and on the other hand within the background information provided on the context and urgency of psychosis simulation, how the existing simulations may be improved, and how labyrinthine installation art may contribute to these improvements.



**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 208  
**Internet ID:** 508

**Type of Presentation:** Workshop

## **UNDERSTANDING THE SUBJECTIVE EXPERIENCES OF PSYCHOSIS THROUGH PSYCHOSIS SIMULATION BASED ON FIVE PILLARS OF CONSIDERATION**

Jennifer Canary

Roomforthoughts- Labyrinth Psychotica, AMSTERDAM, The Netherlands

### **Learning Goal:**

The aim of this presentation is to introduce how digital storytelling of the subjective experiences of psychosis may bring simplicity, and a deeper understanding to the general public as well as professionals by digital 'learning through feeling' experiences based on a model of five pillars of consideration.

### **Abstract Text:**

The history of our storytelling of psychosis has been complex and often damaging. Understanding what it is like to experience psychotic phenomena is difficult. Those who have experience with it find it hard to describe, and those who do not have that experience find it hard to envision. Yet, the ability to understand is crucial to the interaction with a person struggling with psychotic experiences, as much suffering is caused due to miscommunications and false interpretations.

A lack of understanding is a lack of action, leading to much unnecessary emotional suffering, loss of work, network and life. A deficit in soft-skills affects relapse, recovery, therapy, trust and loyalty and in turn, affects total costs to society. A flexible imagination is needed to help with early-recognition, early-intervention and prevention, as well as support in recovery.

After my sister-in-law died by suicide in a state of psychosis, I developed two projects that simulate 33 subjective experiences of psychosis in the form of a media arts PhD thesis. These projects have been used in educational workshops training 16.000+ mental health care workers, police officers and prison workers. Described by those with lived experiences as very close, and uncanny, and everybody should experience this. But how to 'learn through feeling' if you do not have access to this simulation technology?

For the past two years I have worked on simplifying the design principles of my simulations into a model that captures the complexity of the subjective experiences of psychosis in five pillars of consideration, yet remains simple to understand for the general public. For ISPS I would like to provide a psychosis simulation workshop, share my personal journey of understanding psychosis, as well premier this model as a tool of education that may help bind the gaps between disciplines.



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OF HUMAN RECONNECTION**



**Abstract Nr:** 215  
**Internet ID:** 519

**Type of Presentation:** Oral Presentation

**Roads to resilience in the domain of social stress: coping skills and mHealth**

Catherine van Zelst, Naomi Daniels, Philippe Delespaul  
Maastricht University, MAASTRICHT, The Netherlands

**Learning Goal:**

To learn more on building resilience using mHealth in the domain of social stress.

**Abstract Text:**

Persons with lived experience of psychosis encounter situations in which stigma and other social stressors play a role. This often has negative consequences for the individual. To assist individuals to develop coping, the Experience Sampling Method (ESM), a structured diary in an App, was introduced.

The aim was to develop an application to assist people with mental health problems in diminishing negative consequences of social stressors and stigma. Our aim was to increase resilience, by assisting people in their coping process in social relations. The app was co-created with experts by experience and peer support workers. They provided strategies to increase resilience that are implemented in the app.

The co-creation process and the app that was developed will be presented. The app gives immediate in situ feedback based on an individual's daily life situation. In a pilot phase stigma was addressed directly, which may increase stigma consciousness.

Now, stigma and social stress are assessed more implicitly, with a focus on resilience.

Monitoring daily life experiences (thoughts, feelings, behaviors) and providing feedback to increase resilience may help people with mental health problems in general, and people with psychotic experiences specifically, to develop coping with stigma and other social stress situations. Individual needs of people with lived experience of psychosis will be further explored to optimize the app.

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**Abstract Nr:** 232  
**Internet ID:** 547

**Type of Presentation:** Oral Presentation

**Social inclusion of people with psychosis living in the city of Zwolle (NL): study outline and preliminary findings (FOCUS part-1)**

Alke Haarsma-Wisselink<sup>1</sup>, Gustaaf Bos<sup>2</sup>, Lian van der Krieke<sup>3</sup>, Richard Bruggeman<sup>3</sup>

<sup>1</sup>University Medical Centre Groningen & Viaa University of Applied Sciences, ZWOLLE, The Netherlands

<sup>2</sup>Amsterdam University Medical Centre, Dept. of Medical Humanities, AMSTERDAM, The Netherlands

<sup>3</sup>Rob Giel Research Centre, University Medical Centre Groningen, GRONINGEN, The Netherlands

**Learning Goal:**

How can we stimulate a sustainable exchange of perspectives on relevant topics with regard to social inclusion and participation of people diagnosed with a psychotic disorder in Dutch society?

**Abstract Text:**

Many people diagnosed with a psychotic disorder in supported housing experience great (existential) loneliness and isolation living in the community. Although they – like all humans – search for places to belong, they often walk the streets feeling like an outsider, lack meaningful daily activities and are labelled 'people distanced from the job market'.

The Netherlands have the second highest percentage of psychiatric hospital beds and supported housing facilities. Although localized within the community, people living in these facilities are poorly integrated in the community. Over the last two decades Dutch politics and policy-makers increasingly emphasize social participation and inclusion of every citizen, including people with chronic disabilities. To this end, goals have been formulated to strongly reduce supported housing facilities on the short term and to promote living in the community as independent as possible. Paradoxically, spaces for abnormality, strangeness and otherness remain very tight. For example, recently 24/7 hotlines have been put into place for the general public to report disturbance caused by confused behaviour.

In the recently started empirical-ethical qualitative study, part of a larger scale study funded by NWO called FOCUS, we aim for a thorough understanding of the processes of social inclusion and exclusion of people with psychosis, first and foremost from their own perspectives and secondly from the perspectives of their family members, neighbours, friends, housing-facility and mental health workers. For an extensive period (3 years), we will conduct participant observation and semi structured interviews, in Zwolle and three other areas, both urban and rural, in the Netherlands. Researchers will engage closely with people with psychosis and their family members, neighbours, friends, housing-facility and mental health workers and their narratives concerning social inclusion and exclusion. We will present our study outline and some preliminary findings.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**



**Abstract Nr:** 267

**Abstract Text:**

**Contextual Psychiatry: from macro to micro-environment**

**Inez Myin-Germeys**

Whereas the focus of the conference has been mainly on the relevance of the macro environment, such as living in the city, in the pathogenesis of psychiatric symptoms, I will zoom in further into the micro-environment of daily life and its role in the development of symptoms. In my talk, I will discuss how studying symptoms in the context of everyday life, using the Experience Sampling Methodology, may be helpful in deepening our understanding of these symptoms and its associated psychological processes. Furthermore, I will outline how ESM could be used in clinical practice as an assessment tool as well as a tool to deliver psychological interventions in the realm of daily life, at moments when people most need it.

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## **Abstract 315**

### **Jone Bjornestad**

Social factors are crucial for recovery in psychosis. In this presentation I will present mixed method research on factors affecting social recovery processes of people with long-term stable recovery from the first-episode in psychosis, TIPS study (Early Treatment and Intervention in Psychosis) in Norway. The qualitative studies (N=20) were both independent studies, but also used as hypothesis generators for the later quantitative studies (N=178). Psychotherapy factors and specific social predictors of clinical recovery will be a particular focus. Clinical implications will be discussed.

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### Abstract 316

Ola Söderström is a geographer, professor at the University of Neuchâtel, Switzerland. His work focuses on the social and cultural geography of the city. In recent years he has extensively worked on processes of globalization in cities of the Global South, looking at the role of the increasing mobility of persons, ideas and policies in the shaping of urban development. Since 2015, he also works on the relation between urban living and psychosis and publishes on this topic together with colleagues in psychiatry and linguistics both in medical and social science journals. He is also heavily involved in science policy and research evaluation as member of the Presiding board of the Swiss National Science Foundation.

Link to open access papers: <https://unine.academia.edu/OlaSöderström>

Most recent monograph: Söderström, O. 2014. *Cities in Relations. Trajectories of Urban development in Hanoi and Ouagadougou*. Oxford: Wiley-Blackwell

Here is also a short abstract:

Being a stranger in your own city: a video analysis.

*Ola Söderström*

There is a recent trend in psychiatry towards in situ studies on the social and environmental dimensions of psychosis. Experience sampling methodologies (ESM) using momentary assessments of symptoms have thus brought interesting new insights into the possible role of urban living in psychosis, compared to classical lab or spatial epidemiological studies. This 'research in the wild' (Callon and Rabearisao, 2003) is necessary to move beyond (important but rehearsed) findings regarding density, minority status, deprivation and social defeat. In this context, my talk will present a video-based methodology developed within an interdisciplinary project - including geographers, psychiatrists and linguists - which differs from ESM methodologies. I will first show how we used, with first episode patients, a combination of video-analysis of urban walks, on the one hand, and video-elicitation interviews, on the other, to capture both conscious and less conscious processes at work in participants' relations to their everyday environment. I will then explain how this methodology allowed us to generate hypotheses we tested through a survey with a larger group of participants. Finally, I will describe an on-going development of this methodology which includes biosensing and geolocalisation.

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