SPECIAL LECTURES

SL01 - *TOWARDS AN INTEGRATED PSYCHIATRY: THEORETICAL AND CLINICAL CONSIDERATIONS ON PSYCHOSIS*

Yrjö Alanen. University Of Turku – Turku, Finland

One can hardly find another medical field in which the opinions of both researchers and clinicians are as conflicting and opposed as the views of schizophrenia and other psychoses. This situation is most unfortunate and largely caused by very one-sided scientific approaches, ignoring or belittling approaches based on other kind of starting-points. According to the author, the progress of neurobiological investigation of the early brain development and the plasticity of brain functions may develop to be a new basis for more integrated viewpoints. A special attention is paid, e.g., to so-called "mirror neurones" or functions which may form the basis of empathic abilities, as well as to the results of comprehensive adoptive family studies, taking into consideration both genetic factors and the influence of early rearing environment. In the clinical field, the author describes especially his and his co-workers' experiences of need-adapted treatment, an integrated and individualized, psychotherapeutically oriented way to treat psychotic patients, especially characterized by a combined use of both family- and individual-centred activities, usually supported by a drug treatment with small dosage.

SL02 - *SOTERIA BERNE - 22 YEARS OF EXPERIENCE WITH AN INNOVATIVE MILIEU-THERAPEUTIC APPROACH TO ACUTE SCHIZOPHRENIA*

Luc Ciompi – Prof. Dr. Med. Emerit. Belmont – Sur Laussane, Switzerland

The open therapeutic community "Soteria Berne", focused on the treatment of acute schizophrenic psychoses by a mainly milieu- and psychotherapeutic low-drug approach, is functioning successfully since May 1984. It further develops a first similar experience implemented by Loren Mosher and Alma Menn in 1971 in San Francisco/USA. The Bernese approach is based on the psycho-socio-biologically integrative concept of affect-logic postulating that cognitive functioning is largely conditioned by underlying emotional states (Ciompi 1988,1997, Ciompi et al 2004). Continual emotional support and "being with" in a specially designed, relaxing and understanding family-like "healing environment" may therefore have beneficial effects. 22 years of experience in Soteria Berne and similar places in USA and Europe confirm this hypothesis which is also supported by recent neurobiological research data.

Basic concepts, practical proceedings and empirical research findings of Soteria Berne are reported, and its theoretic and practical implications for current mainstream psychiatry are further discussed.

Literature

- Ciompi, L.: The psyche and schizophrenia. The bond between affect and logic. Harvard University Press, Cambridge/Mass. (USA) and London (GB),1988
- Ciompi, L. Die emotionalen Grundlagen des Denkens. Entwurf einer fraktalen Affektlogik. (The emotional bases of thinking. Outlline of a fractal affect-logic) Vandenhoeck & Ruprecht, Göttingen 1997
- Ciompi, L. Hoffmann, H.: Soteria Berne. An innovative milieutherapeutic approach to acute schizophrenia based on the concept of affect-logic. World Psychiatry 3:140-146, 2004

SL03 - ***PATHWAYS TO RECOVERY AND THE "BEAUTIFUL MIND" OF JOHN NASH***

Jackson Murray. Maudsley Hospital- London, United Kingdom

The remarkable story of the life of John Nash, mathematician of acknowledged genius, recovered chronic schizophrenic and Nobel laureate, has recently received world-wide publicity through the great success of the biography 'A Beautiful Mind' and of the film derived from it. Ten years ago Nash addressed a plenary session of the World Psychiatric Association in Madrid, where he claimed that his recovery was a 'self-cure' achieved essentially without the aid of medication, and where he extolled the importance of psychotherapy in the treatment of severe mental illness. Drawing on several sources of information, primarily the biography, but also on the great amount to be found on the Internet and on post-recovery contributions of Nash himself, this essay explores the nature of his illness from a psychoanalytic perspective and indicates certain pathways that may have led to his recovery, possibly supporting his claim.

SL04 - ***THE PERSON IN / BEHIND THE DIAGNOSIS.***

Lars Thorgaard. Psychiatry In The County Ringkøbing- Herning, Denmark

A dimensional system of classification based on empathy with the subjective experiences of the predicaments of schizophrenia is presented in a phenomenological view. This can be a helpful tool for discovering the unique person in/behind the diagnosis, and then discovering what the patient really is up against, and the coping strategies involved and called for. The person with the diagnosis of schizophrenia has difficulties in coping with the predicaments and the consequenses of the predicaments of each dimension in my system. But - as with man in general - one or two dimensions are experienced especially difficult to cope with at a certain moment, in certain circumstances and for the particular person. Defining the most prominent dimensions will help and support the patient and the therapist in co-work to name the work which shall be given first priority in the process of coping and recovery. Naming the work to be done means to name a `disorder` in a language which is known from inside the patient and then understandable and meaningful to both patient and therapist.

SL05 - ***FINDING MY VOICE***

Patte Randal. Auckland District Health Board – Auckland, New Zealand
Helen Hamer . University of Auckland- Auckland, New Zealand

I am the chairperson of ISPS New Zealand. I am mother of three sons; I have a D Phil in Psychology and am a doctor trained in psychiatry with 20 years experience of working with people with treatment refractory psychosis. I have published research demonstrating that recovery-focused multimodal psychotherapy assists symptom and function improvement in this population. I have developed a training course to equip mental health staff with the skills to assist the recovery process with people we serve. I experienced incestuous sexual abuse as a child, and have recovered from 8 acute episodes of psychosis over the past 30 years. Two of these episodes were precipitated by my reaction to the responses of my senior psychiatry colleagues. 4 years ago, I lost my voice as a result of long-term low-dose risperidone. I believe that psychosis is often the result of repeated traumatic experiences, often perpetuated inadvertently by mental health services. With the help of my friend and colleague, Helen, I will demonstrate a way of making sense of the trauma-related psychotic experience by telling my story as a journey of "re-covery".

SL06 - ***A 40 YEAR JOURNEY THROUGH THE MENTAL HEALTH SYSTEM***

David Johnson. Post Traumatic Stress Center – New Haven, USA
Christine Castles. Post Traumatic Stress Center – New Haven, USA

This presentation will document Ms. Castles' 40 year involvement with the mental health system, which has included 44 inpatient hospitalizations, and numerous diagnoses including schizophrenia, bipolar disorder, and PTSD, beginning at the age of 14. She has been prescribed nearly every psychotropic medication, lived in a variety of residential settings, received ECT, and has had psychotherapy continuously for over 35 years. Nevertheless, Ms. Castles has received her BA in Sociology, BSN in Nursing, and recently her MPH in Public Health. She has worked as a medical-surgical nurse, a clinical researcher, and serves on numerous boards of mental health agencies. She and Dr. Johnson have collected all of her medical records from the past 40 years. The results demonstrate the profound strengths and weaknesses in our models of mental illness and psychosis, raising significant questions about the validity of our current diagnostic and treatment systems. Ms. Castles will discuss both the helpful and damaging aspects of her treatments, and Dr. Johnson will highlight the importance of trauma in the etiology of mental illness.

SL07 -*THE MANY FACES OF RESILIENCE*

Courtenay M. Harding. Boston University – USA
Thomas Dukes.

Twelve years ago, George Vaillant (1993) remarked: "We know perfectly well what resilience means until we listen to someone else try to define it." Is resilience only the amazing human capacity to survive and thrive after a crisis? Is resilience shaped by a person's temperament? How does a person's expectancies shape the outcome? Is resilience a global attribute or can it be divided into many types of resilience operating at different levels at different times? Can a person learn resilience as an adult if that person was not very resilient as a child? Harding and Dukes review the literature and will present some intriguing answers working toward a new model.

SL08 -***THE SCHIZOPHRENIAS: A TRANSLATIONAL-INTEGRATIVE MODEL***

Brian Koehler. New York University – New York, USA

I will present a model of the schizophrenias using a translational approach incorporating research in the following fields of scientific study: genetics/epigenetics; behavioral perinatology; neurogenesis and neuroplasticity; developmental psychobiology and attachment research; neurobiology, neuroendocrinology and neuroimaging; affective and social neuroscience; epidemiology and sociocultural research; neurophenomenology; and long-term psychotherapeutic experience. In this model, which is committed to remaining open to the emergence of new research data, the neuroscience of severe mental illness is compared to the neuroscience of chronic stress/fear/anxiety. A comprehensive model of the schizophrenias needs to be able to explain the extant data as to why schizophrenia is more common in migrant and socially isolated groups and in urban areas as well as why patients in the developing countries fare better than patients in the developed nations, just as much as it needs to explain the presence of ventriculomegaly, reduced hippocampal and frontal lobe volumes, as well as glial cell deficits. Importantly, what is not understood must also be articulated and overarching models should be avoided lest they silence the emergence of novel approaches and ideas.

SL09 -***THE STRESS-VULNERABILITY MODEL REVISITED: STRENGTHENING ITS USEFULNESS FOR SERVICE USERS AND FAMILIES***

Malcolm Stewart. Counties Manukau District Health Board - Social and Community Health, University of Auckland- Auckland, New Zealand

The Stress-Vulnerability model is widely used by clinicians as a framework for conceptualising psychotic disorders. Since its first development it has strongly influenced clinician's thinking about the processes involved in psychotic disorders, often being the basis for a variety of models of psychosis, particularly models placing a strong emphasis on the role of psychological factors in psychosis. However, much less has been written about its use as an explicit psychoeducational model for use by people with psychosis and their significant others and families. This paper uses recent research on illness perceptions and the perspective of the recovery approach in mental health to consider the strengths and limitations of the stress-vulnerability model as a psychoeducational tool for service users and their families or significant others, and to suggest a number of modifications that can be made to the model to enhance its utility as a psychoeducational tool that can be used to assist the shared understanding between service users, their families, and clinicians, and to facilitate the development of positive recovery-focused intervention strategies for people with psychotic disorders.

SL10 - ***THE SHATTERED SELF IN PSYCHOSIS***

Andrew Lotterman. Columbia Univ. Cntr. For Psychoanalytic Training And Research – Dobbs Ferry, New York, USA

Many schizophrenic patients report that they feel broken in pieces. They experience themselves and the external world as shattered. When patients feel "whole", they can focus on the stories of the their lives; stories which involve agents with unified and understandable motives. When the self shatters, these meanings collapse, and the patient feels adrift. In this talk, I will explore 5 psychological sources of the loss of personal identity: social withdrawal associated with the loss of feeling loved and recognized as one's personal self; the withdrawal of love towards others, which blocks the self from feeling "real"; florid hatred which acts as an "impingement" on the self, preventing it from "crystalizing" or coalescing into a unit; the attempt to escape from the hostility of others, by hiding and camouflaging the self, which leads to a feeling of invisibility and non-existence; and an activation of an "angry" self which, in the short term, increases one's sense of power, agency and coherence, but which, in the long run, fuels a paranoid cycle ending in further social withdrawal and escape.

SL11 -***FROM BEING A DISORDER TO DEALING WITH LIFE: AN EXPERIENTIAL EXPLORATION OF THE ASSOCIATION BETWEEN TRAUMA AND PSYCHOSIS***

Wilma Boevink. ENUSP (Eureopan Network Users/Survivors Of Psychiatry) And Trimbos-Institute-Utrecht, The Netherlands

Research shows evidence for the association between traumatic experiences like child abuse and psychosis or schizophrenia. Yet, this association is hardly recognized. There is no routine inventory concerning traumatic experiences when you enter the world of psychiatry with a psychosis. Persons who respond psychotically to child abuse can hardly count on recognition or adequate help.

What happens when you enter psychiatry as a psychotic patient but are not invited to reveal your traumatic history? What are the consequences of psychiatry ignoring the psychosocial factors causing human distress? And how do you recover from both trauma and psychosis and in what way can professionals help?

The answers given are based on 1) personal experiences with surviving trauma and psychosis and 2) experiential knowledge on recovery or the art of living with a psychiatric disability.

SL12 -*MAKING SENSE OF PSYCHOSIS FROM THE INSIDE*

Mary O'Hagan. Mental Health Commission. ISPS New Zealand. Former service user- Wellington, New Zealand

The presenter uses an intuitively arranged series of words, metaphors and images to make sense of her experience of psychosis. Most of the words depicting the raw experience, were written around the time of psychosis; some of the more reflective extracts have been written since. Some of the images were drawn at Occupational Therapy in hospital. The paper shows that that the lived experience of psychosis differs markedly from objective professional analyses of it. The presenter makes sense of her psychosis through various lenses, such as existential crisis, a waking dream, ecstasy, agony, the lost self, the heroic journey, minority experience and wisdom. Psychosis is intense, overwhelming, isolating and often misunderstood by people who have not experienced it. It is difficult to make sense of and to derive value from; mental health professionals need to be better equipped to assist with this process.