

"WHY DO PSYCHOTIC PEOPLE NEED PSYCHOTHERAPY?"

LETTER FROM THE CHAIR

BY MANUEL GONZÁLEZ DE CHÁVEZ



Many years ago, at the origins of psychotherapy of psychotic patients, some Kraepelinian psychiatrists spoke ironically, saying that using psychotherapy in schizophrenia was like performing psychotherapy on patients with general paresis of advanced neurosyphilis.

One hundred years have gone by and a true invasion of blind neo-Kraepelinians has been reproducing by cooptation in many academic ant's nests. Even in the last year, in an international scientific meeting held in Lisbon, I was surprised to hear one of them emphatically state that psychotic patients do not respond to psychotherapy because they only respond to their brain. He ignored, of course, that psychotherapy has been demonstrated to have therapeutic effects on the whole person, also on the brain.

The combination of dogmatism, ignorance and power has been more harmful and corrosive than napalm. It has devastated and caused extensive damage and wasted lands in the education of the mental health professionals, building true signal walls that not only block passage but also make it impossible to see the horizon beyond the old little corral of the nonsensical, commonplace and routine that some people want stupidly, arrogantly and indefinitely to perpetuate.

However, this exclusively biological, old, and ramshackle building of

psychiatry is visibly collapsing because the so-desired and demanded neurosciences move their bases. The brain is not a solipsist organ of cement but a social one that is constructed and reconstructed with biographic interactions. Even genes are modified during the life time and by life itself as we know now thanks to developmental psychobiology and molecular social neuroscience.

However, do the lives of the patients exist for the dominant biological and academic psychiatry? One would say that they do not exist if the clinical reports are read and one leafs through many articles published in high impact journals. There are only symptoms and nosologies constructed on these symptoms, that supposedly remit to the brain.

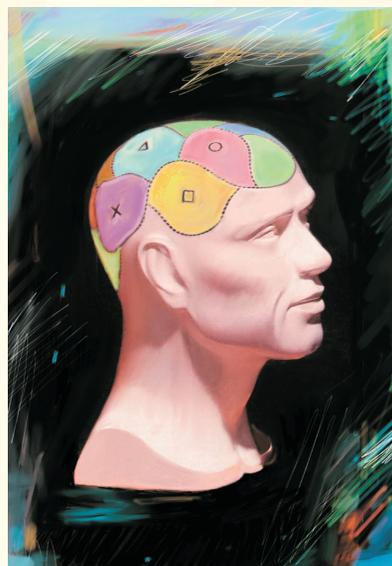


ILLUSTRATION: ELLEN JEPSON

The lives of the patients disappears in these limited clinical practices that begin and end with the symptoms and where pharmaco-therapy is applied like a virtual game that reduces the persons into synapses. Life disappears and obviously also the person, because there is no person without biography nor therapeutic relationship without a personal relationship.

This is the tragedy of the schizophrenic patient without psychotherapy, as is magnificently and wisely stated by Bertram Karon: 'to be totally ignored as a person'. Consequently, they experience loneliness, isolation, fear, passivity and fatalism. And consequently, the patient is chained to or takes refuge in the psychotic experiences and rejects and drops out the medical treatments where he or she is not understood nor helped to understand.

Denial is the spontaneous response of the patient who is ignored as a person. Vindicating and understanding the person who experiences psychotic disorders is our psychotherapeutic task as professionals who want to help them abandon the isolation of their subjective world, communicate and have a global, biographical and realistic view of oneself, to give up simplistic attitudes, stigmas, hopelessness and magical solutions. Our task as psychotherapists is to help them know themselves, develop their personal capacities and also to change for better coping with their problems and disorders, assume an active role in their recovery and achieve and develop a life project.



Editorial

BY KLAUS LEHTINEN

During recent years abundant reports have been published on how marketing interests have affected scientific reporting. First there was the scandal related to the new pain killers, lately we have read how antidepressants are effective only in severe forms of depression though used most often for the less severe, and how the great advantages linked to atypical antipsychotics seem to disappear in the mist. 'What did I say' has been one of my responses but with time I have become more and more aggravated towards a system that allows unnecessary spending of the limited resources we have available for treatment of severe mental illnesses. Some years ago I counted that choosing a highly promoted modern atypical costs 20 times more than prescribing one of the older. With the price difference the patient could be provided once or twice weekly psychotherapy depending on the dosage. And there still is the question whether the patient really benefits from anti-psychotic medication, a question that should be carefully evaluated in each patient's case. Unfortunately, in Finland, saving money on medications does not mean more psychotherapy; the funding for mental health care comes from several sources and no one has responsibility of the whole. This is probably true in many other countries as well.

The main objective of ISPS is to promote psychological treatment modalities. For an individual member this means being engaged in continuous discussions with colleagues, administrators, policy makers, patients and their families. The new book in the ISPS series – 'Psychotherapies for the psychoses' – provides an abundant information base for use in the dialogue. I highly recommend reading it and praise the editors John Gleeson, Eóin Killackey and Helen Krstev for an excellent achievement. The high quality articles in the book are from authors around the world.

The word *schizophrenia* has been in the name of ISPS since the beginning of our movement. Over the years growing evidence has indicated that schizophrenia is a heterogeneous syndrome that encompasses a multitude of different biological, psychological and interactional conditions. In practice our patients have different problems that need to be recognized and dealt with appropriately. The reasons for using *schizophrenia* as a diagnostic entity are merely cultural and historical. We have a year until Copenhagen to find what the new name for our ISPS should be. I personally would like to maintain our acronym ISPS to remind us of our history.

See you in Copenhagen!

Objectives of ISPS

- Promote the appropriate use of psychotherapy and psychological treatments for persons with schizophrenias and other psychoses
- Promote the integration of psychological treatments in treatment plans and comprehensive treatment for all persons with schizophrenias and other psychoses
- Promote the appropriate use of psychological understanding and psychotherapeutic approaches in all phases of the disorders including both early in the onset and in longer lasting disorders
- Promote research into individual, family, group psychological therapies, preventive measures and other psycho-social programmes for those with psychotic disorders
- Support treatments that include individual, family, group and network approaches and treatment methods that are derived from psychoanalysis, cognitive-behavioural, systemic and psycho-educational approaches
- Advance education, training and knowledge of mental health professionals in the psychological therapies

ISPS secretariat



Antonia Svensson in Athens works part-time as ISPS Organiser. She is doing most of the work of the secretariat that can be done electronically, as well as maintaining the website, assisting the Editor of the ISPS Newsletter, managing the databases and contact with ISPS members and local groups. In addition Antonia will answer any queries and can be contacted on the isps@isps.org e-mail address. Website: www.isps.org

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Do you subscribe to the ISPS-INT information/discussion group?

The international email group ISPS-INT, which was set up after ISPS Melbourne 2003, is available to all ISPS members. There are over 230 members from over 20 different countries who share announcements and discuss current issues relevant to our field. The group is well moderated and posts are limited to 3 per day.

If you want to join, e-mail **Antonia Svensson** isps@isps.org

A Charter of Good Practice



ISPS UK is proposing a charter of good practice in psychological therapies for people experiencing psychosis. It has been drafted by Brian Martindale, drawing on work by Jan Olav Johannessen (past Chair of ISPS) and his colleagues in Stavanger, Norway, with input from the ISPS UK committee, including Jen Kilyon who has the experience of psychosis in her family and Janey Antoniou who is a service user. The charter has been written to highlight the views that ISPS members have in common about good practice. It is intended both as a 'mission' statement and a practical tool for health professionals, service users and carers.

The Charter is being put to the Annual General Meeting of the UK network on July 1st for endorsement by our members. If it is approved, we will make full use of it in our efforts to promote ISPS values in the UK. A further option would be to seek ratification by the International organization at the ISPS 2009 Conference in Copenhagen as a global charter of good practice.

David Kennard, Chair ISPS UK

CHARTER OF GOOD PRACTICE IN PSYCHOLOGICAL THERAPIES FOR PEOPLE EXPERIENCING PSYCHOSIS

THIS CHARTER:

- focuses on psychological needs and therapies (and in doing so in no way undervalues the importance of other contributions to the wellbeing and recovery of people with psychosis)
- is based on the current best understanding of psychosis - which is that for most people a psychotic disturbance is a result of a person being overwhelmed by an excess of difficult experiences and feelings at a vulnerable time leading to an altered sense of reality (sometimes called the stress vulnerability model)
- recognises that psychosis can appear in many forms and can be brief, episodic, have a gradual onset or be longer term
- recognises there are also those for whom a medical condition can lead to psychosis such as a brain tumour, an endocrine condition or the side effect of prescribed or street drugs

THE CHARTER

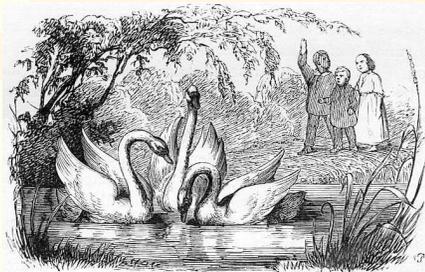
- 1) The primary member of staff allocated should be someone intending to work in the service for at least eighteen months because the stability and continuity of a good relationship is crucial to recovery.
- 2) A person experiencing psychosis should have a sensitive assessment to gather a picture of their strengths and their psychological vulnerabilities and their personal circumstances. This assessment should be modified as appropriate over time to highlight developments and contemporary issues and further understanding.
- 3) The assessment should contain both the person's own narrative and that of relevant others.
- 4) The assessment should lead to a formulation that aims to 'make sense' of the information gathered, of what has led to the person's 'break' with reality, and aims to elicit the meaningful personal issues contained in the psychotic manifestations.
- 5) Those nearest to the person should also be offered a sensitive assessment of their own needs and be offered appropriate psychological help. In many cases families may both want and benefit from being helped together with the member who has had or is still experiencing psychosis. Family meetings should be offered at least monthly and more frequently at times of crisis, and these meetings should continue as long as needed.
- 6) All people who experience psychosis should be helped to develop a 'relapse prevention' or 'staying well' plan, which involves identifying early warning signs of psychosis and clarifies effective interventions at that stage. Family members and others should be involved where this is agreed with the person concerned, as they can be great assistance at vulnerable times.
- 7) Teams working with psychosis should ensure that all staff are confident that they have the skills to engage with family members and others in the individual's social network.
- 8) Teams should ensure that staff develop skills in a range of psychological therapeutic approaches for the variety of psychological problems encountered in those vulnerable to psychosis, so that people are offered therapies that match their needs rather than them having to fit in with the service.
- 9) All people who have experienced psychosis should have access to long-term psychological therapy, which if needed might last for a period of up to five years, that helps them in their recovery. The therapist should be experienced and regularly supervised.



ISPS Copenhagen 2009: "Differentiation, Integration and Development"

The 16th ISPS International Congress will take place June 15th-19th, 2009 in Copenhagen, Denmark

'The Ugly Duckling' by Hans Christian Andersen is a fairy tale about somebody who after a period of "childhood experiences" of rejection and devaluation slowly matures and is reconciled with the world in the meeting with those who appreciate him as the one he also is - a lovely swan. Among other things



it is a story about mirroring – mirroring oneself in others, of being valued or devalued - rejected or appreciated.



H. C. Andersen

Hans Christian Andersen was pre-occupied with the theme of shadows and mirroring. In the year 1843 Andersen himself was rejected by his great love, the singer Jenny Lind,

and in despair he wrote his tales on the 'Ugly Duckling', 'The Nightingale' - and 'The Shadow'. This latter less known tale is a Faust-like story about a young, very scholarly fellow, who writes essays on the themes of Truth, the Sublime and the Good. As he is standing in his room, looking at a beautiful, attractive young woman in a room across the street, his shadow turns itself loose from him appearing instead side by side with the woman. Years later, the shadow returns to the young, mentally impoverished man and turns him into a slave of himself – his old shadow. The grim ending of the story shows how cruel life can be



when ones shadow is ignored and starts acting on its own.

One of Hans Christian Andersen's artistically handmade paper clippings illustrates this shadow-story in the form of funambulists, sublimely balancing in a risky artistic performance, being supported by other tightrope walkers who are also carrying out the difficult act of balancing with an assumed elegance. The whole scenario of the clipping gives associations to the delicate life of human beings, a life that is a risky art and which at its basis has to be met, respected and supported by others.

All metaphors embedded in the above description may be applied to different parts of that work we do together with those whose minds for longer or shorter periods are in a psychotic state. The existence of the double and the shadow, the symptoms of our minds taking the power over our ability to think creatively and with perspective, our delicate balance regarding conflicts, deficits and choices, and the teaching and learning of skills in order not to break down but rather to integrate and build up, the journey into unknown areas of the mind aiming for constructive goals but without guaranteed results, etc. All these issues I think become more or less familiar to all of us in different periods of our work and during our lifetime.

These and other difficult and intriguing matters will be dealt with in many ways during the upcoming ISPS-congress 2009 in Copenhagen.

We invite all kinds of scientific contributions within the field: clinical papers on psychopathology, psychoanalysis, psychotherapy and psychosocial interventions, process- and outcome studies, developmental studies, presentations on how to organise interventions, prevention, acute and long-term commitments, etc. We expect that the sincerity and the depth of the presentations will give the participants a possibility for leaving the congress wiser and more enlightened than when they arrived.

We shall do our best to accommodate to everybody's wishes concerning the programme, and please remember that **the deadline for proposing panels, workshops, etc. is September 1**. Shortly after the deadline, the scientific committee will evaluate the submitted proposals and set the selected ones on the programme. The rest of the slots of the programme will be open for individual contributions (deadline January 10, 2009).

The organizing committee is already now working hard to make your stay in Copenhagen worth the travel. Since the Congress is in June, you will have daylight from very early morning to late evening, 18 hours, so there will be possibilities for social get-togethers outside the congress hours. Linking and networking concerning our common goal, a humanistic approach to psychoses, is of immense importance for the ISPS. There may come times when attacks on that link can become a serious matter for both patients and therapists, service users and helpers. International and national congresses are events where secure attachments can be strengthened.

On behalf of the Organizing and Scientific Committees, Bent Rosenbaum

Visit the congress website www.isps2009.ics.dk for further information.



**SEE YOU IN
COPENHAGEN
2009**



Changing the full name of ISPS

A Decision on the full name of ISPS will be taken at the General Assembly in Copenhagen in June 2009. In preparation for this, and to mobilise debate, the ISPS Executive Board commissioned a brief questionnaire to circulate to the Chairs of ISPS boards in member countries and to past and present Chairs of the international society. At the time of writing 13 replies were received from eleven countries. Here is a summary of the replies.

Should the term 'schizophrenia' be removed from the full name of ISPS?

8 said yes, three said no, and two were not sure. So, at this stage a majority are in favour.

If yes, should we use the generic term 'psychosis' or 'psychoses', or some other term?

4 said *psychoses*, 2 said *psychosis*, 5 said 'yes' or 'either'. There was only one other suggestion – 'severe mental disorders'. So, there was a slight preference for 'psychoses'.

Should the name of ISPS include 'psychological treatments' (as it does now) 'psychotherapy' (as it did in the past) or 'psychological approaches' (which allows for self-help and research as well as therapy)? Or none of these.

6 favoured 'psychological approaches', 4 favoured 'psychological treatments' (although one argued it should be the singular 'treatment' to stress it is not methods but science we are based on), one favoured 'psychotherapy', and one argued for none of these.

What should the full name be, taking into account the need for it to be both accurate and memorable?

The responses to this question cannot simply be summarised, but they can be grouped.

- ▶ International Society for the Psychological Treatments of Psychoses (3 suggested this)
- ▶ International Society for the Psychological Treatment of Psychoses
- ▶ International Society for Psychological Approaches to Psychosis
- ▶ International Society for Psycho-Social Approaches to Psychosis
- ▶ International Society for Psychological Approaches for people suffering from Psychoses
- ▶ Society for Psychological Approaches to Schizophrenia and other Psychoses
- ▶ International Society for Psychosis
- ▶ International Society for Psychoses (to be accompanied by our full name in small print)
- ▶ Psychotherapy of Schizophrenia

One respondent proposed no change to the current name

I think we can see 3 or 4 candidates emerging, for the General Assembly to vote on in 2009. Perhaps in the next issue of the Newsletter someone can present the case for each of these.

Should we have an accompanying 'strapline' or 'position statement'?

Not everyone understood or replied to this – it was not a good question. 3 said and 5 made a variety of suggestions. The issue was also raised whether the present initials should be retained whatever the new name, or change to ISPP, ISPs, or ISPAP, depending on the name. Perhaps this is something the Board will need to decide once the new name is chosen.

David Kennard, ISPS UK Chair

ISPS-conference 14-15 February 2008 in Hamar, Norway

260 participants attended at the 4th conference conducted by ISPS Norway and Innlandet Hospital Trust, Dept. of psychosis and rehabilitation.

Thursday, February 14th

The conference was opened by **Ole-Bjørn Kolbjørnsrud** (Senior Adviser, Norwegian Directorate of Health). Kolbjørnsrud introduced the conference talking about working among people with serious mental illnesses, goals in the strategy of quality development, how a good treatment offer from the decentralized psychiatric health clinics should be, services from the Norwegian Directorate of Health and how to utilize new knowledge and experiences.

Aud Lien (Chairman ISPS Norway) supplied with information about ISPS in an international and a national view, about the the web-site www.isps.org and about the ISPS International Conference 2009 in Copenhagen. The subject for next years conference in Hamar, Norway will be "Recovering processes", date is set to February 5th – 6th. 2009.

Paul Møller (Researcher, Chief Psychiatrist, Dr. Med., Buskerud Hospital Trust, Clinic of Psychiatry). The subject for Møller's presentation was "Self-experience and self-understanding in schizophrenia and psychosis. A phenomenological existential foundation for the understanding and the therapeutic dialogue", and the main subject was weakened subjectivity/selfconceit. Møller focused on what subjectivity really is, weakened subjectivity and therapeutic effects in exploring weakened subjectivity.



He also talked about the EASE-manual and the Norwegian interview guide which were distributed to all of the conference attendants. The manual can seem difficult to get at, but it's not impossible. Read the interview guide and the manual simultaneously.

Paul Møller – workshop w/Elisabeth Haug and Unni Bratlien.

Elisabeth Haug is working on her PhD in "Self-experience and self-understanding in schizophrenia and psychosis". Paul Møller is her main supervisor. Haug uses of the EASE-manual - which requires good background knowledge. But she finds the manual very useful, both at a pre-treatment stage and in relation to patients with a more chronic illness. The questions often had a vitalizing effect on the patient and on the relation to the doctor. The most unwell patients often did not understand the questions, the most well ones often could give straight, deepened and exemplified answers.

Unni Bratlien is working on a research project on illness mechanisms in the development of schizophrenia and bipolar illnesses. She is focusing on the subjective understanding, the importance of "wondering" with the patient, and glance past the symptoms which we have interpreted.

The attendants were given the opportunity for dialogue and questioning (unfortunately with some sound/microphone problems). Many of the attendants found the subject very interesting, a useful perspective for the future. According to **Kirsti Stavø** it could be difficult to separate weakened subjectivity from problems related to psychosis. Møller told that this was a well known approach to the problem and replied that the advantage in this way of understanding is the focus on the phenomenon itself.

All kinds of hallucinatory phenomena are influenced by the life of the patient, regardless of diagnosis, the dialogue and the relation is essential. The words and phrases are the most important tools in psychotherapy. Further on he said this was a perspective for growth in the milieu therapy, because all therapists look for the same – in different areas.

Else-Marie Falch Gulbrandsen (County Chairman Mental Health, Oslo) gave a vital and personal presentation from her own life as a paranoid schizophrenic, about life in general, the development of the illness and how she's managed to cope with the illness during 35 years.

Solfrid Vatne (Principal at Molde University College) presented a Thesis (2006) based on the meaning of setting limits "to correct and to acknowledge – two contemporary perspectives - in conflict. Vatne presented results from her own research.

Kari Nysveen (RMN/Project coordinator, Innlandet Hospital Trust) and **Jan Kåre Hummelvoll** (RMN/Doctor of Public Health/Professor in psychiatric nursing and mental health care at Hedmark University College) gave a presentation about "The Milieu Therapy Project" – a cooperative research project involving 3 wards at Innlandet Hospital Trust, Dept. of psychosis and rehabilitation. The main aim of the project is to systematize and develop the milieu therapy offered to patients suffering from a serious mental illness and a simultaneous drug problem - based on research knowledge and practice based competence. Hummelvoll talked about cooperative inquiry, emphasizing the abilities for local experience to create central knowledge. This work demands time and availability to work as a co-researcher and courage to investigate your own practice.

The annual meeting of ISPS Norway then took place, followed by a showing of a film about the "ROP-Project".

Thursday, February 14th

The second day started with a presentation about the Cultural Element by **Ole Kristian Thommessen** and **Anne Flugstad**.

Torbjørn Almlid (Managing Director, Innlandet Hospital Trust) gave an information about Innlandet Hospital Trust; there will be established decentralized, strong and robust psychiatric health clinics, somatic and psychiatric services will to a great extent be co-located, increased availability, extent and activity, and better quality and higher degree of research. Almlid guided us through the main fields of focus for 2008 for Innlandet Hospital Trust.

Anne Grethe Klunderud (Chairman Mental Health Norway) emphasized the members of Mental Health; people that are so strong that they in addition to their own challenges, also stand up for others. She spoke of human worth and rights, the sociopolitical program from Mental Health. It is important that the voices of the users of psychiatric health services can be heard, and there's a challenge to share the knowledge.

John S. Strauss (M.D., Psychiatrist) gave a talk on "The missing piece to understanding Psychosis: Subjectivity and the Arts". Strauss began with the question: How do we understand people surrounding us? There are two directions to follow: the biomedical model with symptoms and diagnosis or to spend time with the patients, talking and listening to them. He repeated several times that all data indicates that some patients with schizophrenia get worse, some get nor worse nor better, and that some actually get better. It is difficult to change the system, there are many which have fought for this understanding. We must find a way to build a new tradition based on humanistic, positive psychology, and aim for a subjective experience; role-plays,

read journals and so on, in 1. persons perspective. It is experiences and not just theory and books that works. Be a human meeting other humans.

PLENARY DEBATE

In the panel: The ISPS Norway board (**Aud Lien, Jan Olav Johannessen, Marit Borg, Terje Vestheim, Gunnar Brox Haugen**), **Anne Grethe Klunderud** (Chairman Mental Health Norway).

John S. Strauss followed the debate from the floor – helped by a translator. **Anne Wågen Nyhus** opened the debate by apologizing the absence of Paul Møller. It seemed like there was a difference of opinion in the way Møller and Strauss defined the notion subjectivity. Møller's definition was more research delimited and well-defined while Strauss' defined the notion in a wider sense.

Other discussed subjects were how knowledge and notions could bring us closer to the persons/patients and how to handle subjectivity. Two important questions were: "What have been helpful?" and "Tell me about your everyday life". We must find ways to bring us closer to the patient's everyday life.

An important change in the last years in the field of psychosis is that the patients get the chance to stand forward, co-participation. Strauss was of the opinion that we are in need of a theory to make the biomedicine- and research fields accept this way of thinking. Klunderud says she experienced to be stigmatized and interpreted on the base of a pre-understanding. Employees in the specialized psychiatric care often meet the patients in their worst periods of illness. It's important to also meet the patients outside the hospitalized setting, and see how they act elsewhere. And it's important for the patient to meet someone who can give hope, even when they can't see the light at the end of the tunnel. A retrospective view can uncover many small matters that contribute to keeping the hope. Many dedicated professionals do this without knowing.



Many good actions are taken and many good developments are going on in mental health services today.

Strauss said:

When people not used to talking are heard by the ones not used to listening, changes can happen. If you look forward, there are lots to do, if you look backwards, you'll see how far you've already come.

Jan Olav Johannessen (Directing Psychiatrist, Dr. Philos, Stavanger University Hospital, Psychiatric clinic) Johannessen spoke about the understanding of psychosis and developing psychology, and the content in a DVD-based psycho educative programme for students/professionals, next of kins, patients etc. The headlines in his speech were: What is psychosis? The nature of psychosis, How humans become humans, The function of senses, What is psychiatric illness?, Psychiatric illnesses – dimension or category? Dimensional theories win ground; the milieu is of great significance. Johannessen also spoke about experienced stress, different mechanisms, psychological managing, normality/confusion, stages of psychoses and psychiatric symptoms.

by Linda Aaseth
ISPS Norway



?% ISPS UK SURVEY RESULTS

ISPS UK recently carried out an on-line survey of members' and non-members' views of our organization, as a precursor to a committee session to help us develop a marketing strategy. We got 97 replies in two weeks, including over 40 from non-members, which showed an encouraging amount of interest.

The key features of respondents was as follows: 50 work in psychology, 15 in psychotherapy, 10 in psychiatry, 8 in nursing, 5 in arts therapy, 2 in OT and 2 in social work. Responses were also received from two service users, two carers and one archivist. Respondents were working in the following settings: 21 in acute in-patients, 13 in psychotherapy, 11 in rehabilitation, 10 in assertive outreach, 9 in community mental health teams, 8 in therapeutic communities, and 7 in early intervention. Others work with older adults, secure settings, out-patients and in private work.

73% rated ISPS UK as vital or very useful to their work – this broke down to 78% of members and 66% of non-members. Of the 32% who said it was vital to their work, half were non-members.

67% said the best thing about ISPS UK is its networking opportunities.

50% identified the unique thing about ISPS UK as its inclusiveness of professionals, service users and carers, and 27% said the unique thing is its inclusiveness of different therapeutic orientations.

84% said its reputation was excellent or good, and 62% said they would definitely recommend becoming a member to others.

74% said they liked the current logo, and 29% said if they could change one thing about ISPS UK, it would be its name.

A few thoughts about these findings:

- We attract many more psychologists than other professions, and need to find ways to reach other professions too
- People working in acute in-patients settings find ISPS good to belong to
- Many non-members value us – can we persuade them to join?
- We should promote ISPS as **the** place to network
- We are doing something about the name – though it will take time to get international agreement

David Kennard, Chair ISPS UK

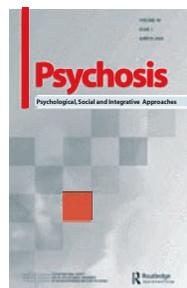
The first two editions of the new ISPS Journal

Psychosis: Psychological, Social and Integrative Approaches

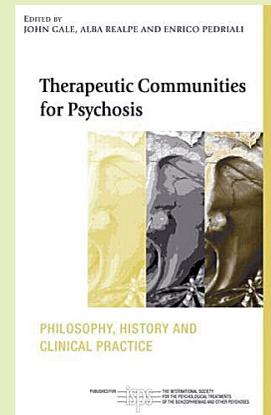
will be published in 2009

Please order the journal for your library or organisation, submit articles (and encourage others to do so) and tell everyone about this exciting development in the history of ISPS

www.informaworld.com/psychosis



New Book in the ISPS series



Therapeutic Communities for Psychosis

Philosophy, History and Clinical Practice

Edited by John Gale, Alba Realpe and Enrico Pedriali

Therapeutic Communities for Psychosis offers a uniquely global insight into the renewed interest in the use of therapeutic communities for the treatment of psychosis, as complementary to pharmacological treatment. Within this edited volume contributors from around the world look at the range of treatment programmes on offer in therapeutic communities for those suffering from psychosis. Divided into three parts, the book covers:

- The historical and philosophical background of therapeutic communities and the treatment of psychosis in this context
- Treatment settings and clinical models
- Alternative therapies and extended applications

This book will be essential reading for all mental health professionals, targeting readers from a number of disciplines including psychiatry, psychology, social work, psychotherapy and group analysis.

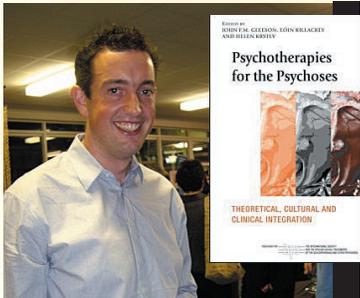
Published by Routledge



ISPS local groups

ISPS-AUSTRALIA Launched

In the mental health field, it is important to celebrate when the opportunity presents itself. On May 21 a double celebration was held at ORYGEN Youth Health in Melbourne. Approximately 50 colleagues, family members, and friends helped us to launch the sixth book in the ISPS book series "Psychotherapies for the Psychosis:



Eoin Killackey is co-editor of the book and an office bearer with ISPS

Theoretical, Cultural and Clinical Integration" edited by John Gleeson, Eoin Killackey and Helen Krstev and to finally formally launch ISPS-Australia.

We were fortunate to be assisted in our celebrations by Senator Lyn Allison, Leader of the Democrats in Australia,

and chair of an influential Senate Select Committee on Mental Health. Professor Henry Jackson from the Department of Psychology introduced Senator Allison, reminding the audience of the influence of the late Wayne Fenton in encouraging an integrated approach to psychosis.

The road to the launch of ISPS-Australia has been longer than we would have liked. But now that we have formally arrived, we hope it marks a new period of building interest and activity across Australia in improving access to psychological approaches for people and their families suffering with psychosis. Once we have successfully developed a membership base, we look forward to announcing our first national seminar in March, 2009. We hope that Australian visitors to this site will take an active role in ISPS-Australia. Membership forms can be sent on request to the e-mail address: isps@mh.org.au

John Gleeson, President ISPS-Australia
jgleeson@unimelb.edu.au

ISPS-Israel

ISPS-IL had two major meetings this year, and the members are each active in their fields to promote the ideas of ISPS. The first meeting took place in November at the Beer Yaakov mental hospital, where we hosted Dori Laub, who spoke about psychotic holocaust survivors. Laub showed the group some of the testimonies videos he collected. The group later had discussed the testimonies and the method of research that was introduced by Laub.

Our second group meeting took place in Shalvata hospital where Orna Ophir presented her paper "The many faces of Schreber" - a paper that was presented to the NY ISPS branch in February.

Dr. Shlomo Mendlovich, one of the founders of the group in Israel, was, and still is, highly active in psychoanalytic circles in Rome, and both him and Dr. Alain Treves (president of ISPS-IL) are active in the school of Psychotherapy in the Sakler school of medicine in the Tel Aviv university, both promoting the ideas of the group. In addition, Orna Ophir presented a paper "Freud's conflict with Schizophrenia" to the continuing studies program in Psychiatry at the Tel Aviv university where she, too, stressed the importance of the group. Since Orna Ophir is moving to the United States this coming year, the group is in the processes of finding a new chair.

All members are excited about the chance to present their work at ISPS Copenhagen 2009 and there is a group working on organizing a panel about Family Therapy with Inpatients.

Orna Ophir, Chair ISPS-IL
orna06@zahav.net.il

ISPS Hellas

ISPS Hellas is in its third year of operation and already has 40 members who are active in a number of different fields. ISPS Hellas completed its first Annual Educational Seminar (2007-2008) entitled 'Psychoses: Theory and Clinical Perspectives' with success.



In addition to the attendance of most members of ISPS Hellas, the Seminar was attended by about 70 students from schools of psychiatry, psychology, social work etc. ISPS Hellas is organising, in conjunction with the University of Peloponese, a course entitled 'Psychology and Athletics', starting in June this year.

On 1-2 December 2007, the second Annual Meeting-Conference of ISPS Hellas, entitled 'Psychotic States of Mind in Trauma and War', took place in Athens. The guest speaker was Dr Ivan Urlic, Professor of Psychiatry at the University of Split in Croatia. Group analyst Dr Urlic, through his excellent presentations, succeeded in ensuring the full attention of a large audience for two days. His lectures focused on the view that, particularly in times of war, the survivor's feelings are primarily feelings of shame. Shame becomes encapsulated in the personality in such a way that it is always ready to break out leading the subject to psychosis or psychosis-like states and eventually to suicide. Individual and especially group psychotherapy has been proved effective in these cases.



ISPS Hellas has announced its 3rd Annual Meeting which will be held on December 2008 on the subject 'The Use of Psychodrama in the Treatment of Psychoses'.

Dr Anastassios Koukis, President of ISPS Hellas
a_koukis@otenet.gr

ISPS Sweden

ISPS SE is a relatively small group, so far, around seventy members. It is run by a board of seven persons: Chairman Kent Nilsson, secretary Kent Olofsson, treasurer Christer Skoog, webmaster Erik Hammarström, inspirators Thomas Rosenlund, Bo Bräutigam and Petra Hohn. As you see only one woman – but we are working on it.

Our main activity is arranging seminars, lectures, discussions and the like, especially at the autumn and spring meetings and occasionally at other times of the year. The spring meeting is also our annual general meeting.

Last year, on three occasions, we addressed Experiences of Psychosis in the Family, Susanne Osten and Psychosis and Recovery, Elgard Jonsson; Diagnosis as Knowledge – use and misuse, Thor-Johan Ekeland; Psychic Illness, Trauma and the Therapeutic Dialog, Lisbeth Palmgren and John Read.

For this year we are planning two seminars: Psychosis: Theory and Practice, Helge Malmgren and Sverker Belin, and something around the cognitive context.

Erik is developing the website for information, debates, links to other organisations, journals etc, to be a voice in the Swedish discourse on how to meet and relate to the psychotic state in the persons we meet in our different professions.

Our aim is to observe the psychotic state not only in different scientific contexts, but also in political, social, cultural, economical and existential contexts.

We'll meet in Copenhagen!

Kent Nilsson Chair ISPS SE
kent.e.nilsson@vgregion.se

ISPS-Denmark

The Danish ISPS group has in the past year arranged three seminars. We started with a visit from Wilfried ver Eecke, Professor in philosophy, Georgetown University, Washington DC. Ver Eecke gave two talks, one on "The body and the structure of language in patients with psychosis – implications for theory and therapy" and one on "Psychotherapy and psychosis". Ver Eecke's special interest is the role and function of philosophy - not only in relation to psychoanalysis and psychology, but also in relation to economics and social science as well as linguistics and literature. His power-point presentations from that seminar can be viewed on www.isps-dk.dk

Then, lasting the autumn of 2007 Professor Julian Leff, England visited us and gave a seminar on "The Family dynamics and Expressed Emotion (EE) in families to patients with Schizophrenia". Leff has made many investigations of Expressed Emotions, and he was one of the first researcher to show that High EE families were characterized by the high use of critical comments, hostility and over involvement. High EE might also be found in clinical environments such as hospital wards or treatment homes. The clinical aspects of Expressed Emotions were illustrated by role-playing in which some of the participants could feel in their own body how it could be experienced both as patient and as relatives.

Our last seminar took place in April 2008 and had the pleasure of the presence by professor Johan Culberg from Stockholm, Sweden. Professor Culberg spoke about his most recent books "My life with Psychiatry" and "Psychosis a humanistic and biologic perspective". Why does someone choose to work all his life in psychiatry? What personal reasons make him choosing this field?

Which external and internal factors make him continue in this line of work? And how does he do so always with engagement and in pursuit of a human aspect to the treatment? Professor Culberg argued that one cannot do this without investing part of ones own personality in the process. In a panel discussion with Johan Culberg, members of ISPS: Bettina Jaeger, Anne Lindhardt, and Bent Rosenbaum explored these themes further.

The third General Assembly of ISPS-Denmark was held in April 2008 in the Psychiatric Center, Glostrup. Two of the board members were re-elected and the rest of the board continued, inclusive chair Bent. The committee will continue its busy work the upcoming International ISPS Congress in Copenhagen, June, 15th-19th 2009 (<http://www.isps2009.ics.dk>)



Among the upcoming local events in the nearest future, we can mention a meeting planned to take place May 30th 2008 at Bispebjerg Hospital, Copenhagen. The theme is Dynamic Milieu therapy. Some of the authors, from a recent Danish book about "Dynamic Milieu therapy" will be giving talks on chosen areas of concern. The psychiatrist Torben Heinskou, Psychiatric Center North Zealand will talk on "The organizational aspects of milieu therapy" and chief psychologist Torben Schjødt from Bispebjerg Hospital will talk on "The relational aspect of milieu therapy".

In October 2008 we plan a meeting in Risskov, Århus about "Ego-structuring Psychotherapy". More information about these arrangements can be seen at our Danish homepage: www.isps-dk.dk

Anne Marie Christensen,
Secretary of ISPS-Denmark
amc01@bbh.regionh.dk



ISPS UK

Last October our committee spent a day working out its priorities for the year(s) ahead. We agreed on these:

1. Produce a charter of good practice in psychological therapies for the psychoses
2. Develop a marketing strategy clarifying our image and what is unique about us.
3. Continue to expand our membership and to be clear about the advantages that membership brings.
4. Continue to run conferences, with relevant follow up activities.
5. Develop a clear support plan to help members develop local networks of members in their own region.
6. Continue to be financially viable.
7. Be responsive to current key agendas in our field (e.g. MHA Code of Practice).
8. Maintain our lively email discussion groups.
9. Development of the website
10. Development of the newsletter and communication with members' wider networks
11. Take forward the proposed name change
12. Plan for the well-being and sustainability of the committee.

This is going to keep us busy, but I think it really helps to have these as points of reference.

We have produced a charter of good practice, drawing on the work of Jan Olav Johanessen. It was drafted by Brian Martindale and sharpened in our committee by a carer, Jen Kilyon, service user Janey Antoniou, and myself. It will go to our AGM on July 1st for endorsement by the membership. If this is successful we would like to bring it to the

2009 conference for ratification by ISPS. You can see the proposed charter elsewhere in this issue.

Recently we have put a good deal of effort into developing a marketing strategy for ISPS UK, to ensure maximum publicity for the new Journal and to use its launch as an opportunity to publicise ISPS nationally and increase our membership. Part of this effort was an on-line survey of views about ISPS UK, both from members and non-members. Nearly 100 people replied which was encouraging. The results are summarised in this issue. Our campaign will include a newly designed leaflet that will contain two carefully crafted 'positioning statements' that we believe capture the essence of the organization:

'ISPS UK is an organisation genuinely interested in the human experience of psychosis and in humane responses to help people recover'

'We promote dialogue and understanding at local and international levels, between different perspectives on the nature of psychosis and the benefits of psychological approaches.'

In February we held our second annual conference in the Northeast on Working with families who live with psychosis. Over 130 people braved the threat of snow to take part, including quite a large number of relatives of people who are experiencing psychosis, and the combination of main speakers and a range of excellent workshops that were repeated after lunch worked very well. This coming together of professionals and family members was an exciting development and one we are planning to build on with our next Northeast conference in February 2009, Alex Reed is leading on the planning for this. As I write we are building up to our conference on July 1st, which is tackling the controversial area of the relationship between medication and psychological therapies. We have been fortunate to get Jukka Aaltonen from Finland to come to speak, plus some well known English campaigners including Rufus May whose recent TV documentary sparked a great debate in the press and online.

We are planning a conference on Therapeutic Environments in November, to mark the publication of the latest ISPS title, Therapeutic Communities for Psychosis. More details will appear on our web-page when they are finalised.

Sadly we have had to part with our relatively new Administrator Denise Rolland, due to ill health, but we have been fortunate to recruit a successor, Ali Haddock, who is quickly finding her feet.

David Kennard, Chair ISPS UK
david@dkennard.net



ISPS Switzerland

During this year the ISPS-CH committee met several times to continue the dialogue opened by the first congress in 2007 while we could put together our views on "psychosis and trauma". Clinical and theoretical seminars were organized especially on the work of Gaetano Benedetti.

The organizing committee of the second congress worked on the theme "Psychosis: Teamwork and psychotherapy" which was held at the Nant Foundation on the 30th may 2008. Many teams from all over Switzerland were invited to make presentations and a hundred professionals attended. Teamwork and psychotherapy was a very productive theme for the group starting workshops and plenary discussions about:

- the way an environment can be psychotherapeutic
- the teamwork opening emerging changes and opportunity for individual psychotherapy,
- the nomadic psychotherapy in different milieus.



Prof Luc Ciompi

A new executive committee was elected including a wider number of delegates from Switzerland. In our plans for 2008–2009, we will organize interviews of patients and therapists focusing on psychological treatments and the working alliance. We would like to use these interviews for research, education and training. The committee will also try to keep up contacts with all the teams working in Switzerland. The ISPS working atmosphere has helped us a lot during this first year and we appreciate greatly that Prof Luc Ciompi, who was made Dr Honoris causa on the same day, came to give a lecture during this second congress.

Dag Söderström, President ISPS-CH
dsoderstrom@bluewin.ch



The Netherlands-Flanders ISPS-network

The local group conference 'Voor[bij] de Psychose' will take place on October 10th, 2008 in Kortenberg. The conference programme can be found on the ISPS website www.isps.org. In 2009 we plan to organize a conference on self and psychosis.

The members of the board propose a slight change: Margreet de Pater has agreed to become the chairperson and treasurer, Jan Leijten the secretary. Jan Leijten is very busy with his work as chairman for the organization for psychiatrists with a private practice. Thank you so much Jan, for all your work as chairman.

If none of the local group members objects before August 1st this change will be definitive. There is still a vacant position on the board! Members are invited to join us.

Margreet de Pater
mdepater@planet.nl

ISPS-NZ

ISPS-NZ has continued to thrive. We held our 5th annual Making Sense of Psychosis Conference in Auckland, in November 2007.

The conference was opened by Green Party mental health spokesperson Sue Bradford. The opening keynote address, on 'Psycho-social risk factors for psychosis', was given by Professor Richie Poulton of Otago University. Another keynote speaker, Mary O'Hagan, a previous Mental Health Commissioner, recounted her personal journey through psychosis, explaining the implications for services. Among the international speakers was nurse Paul Hammersley, of the University of Manchester, who has been instrumental in the Campaign to Abolish Schizophrenia as a Label' (CASL). The first day was devoted to skills workshops on how to work with voice-hearers and how to address the spiritual issues that are frequently a feature of psychosis.

Seminars included: 'Crazy talk or a crazy world? A deeper understanding of psychosis', 'What the public thinks about schizophrenia' and 'Recovery from trauma induced psychosis' by Peter Bullimore, a prominent member of the Hearing Voices Network in the UK.

A new executive was voted in, with members including Debra Lampshire (our new chairperson), John Read, Jim Geekie, Patte Randal, Dale Rook, Sue Beresford, Ingo Lambrecht, Lyndsay Fortune, Denise Dalziel, and Leigh Murray.

We plan to hold our 6th ISPS-NZ conference in Wellington early next year.

Patte Randal, ISPS-NZ Chair
PatteR@adhb.govt.nz





ISPS India

On 27th & 28th May, 2008 we had a seminar on behalf of TP & ISPS for two days and almost 200 people participated. The second day discussion which was from ISPS was mainly Coping strategies & handling delusions & hallucinations by the caretakers. We discussed very interesting strategies which are practised by different organisation.

We are planning to have regular meetings of ISPS at Kolkata- Bangur Institute of Neuropsychiatry if the officials agree to it. It is one of the most prestigious institutes, we are hoping to get the permission. Many psychiatrist & psychologist have collected the membership form from our desk. We are hoping to hear from them very soon.

Ishita Sanyal, Leader of ISPS India
ishitasanyal@hotmail.com



ISPS Korea

ISPS Korea held a scientific meeting on February 16, 2008, with the theme "Treatment of Schizophrenia: Principle and Experience" at the Conference Hall of Seoul University Dental Hospital. The event featured about 200 participants from a variety of different professions such as psychiatrists, psychologists, social workers, art therapists plus service users and family members and carers.

At the meeting, following the Welcome Address by Huh Chan Hee (the President of ISPS Korea) in part I, he presented "Combined therapy of Schizophrenia: Psychotherapy and pharmacotherapy,". Lectures were also given on the "The principle of drug therapy of Schizophrenia" and "Rehabilitations of Schizophrenia" by Kim Chan Hyong and Hwang Tae Yeon, respectively. "The personal experience of receiving psychotherapy as a schizophrenic patient for 7 years" followed, by Lee Jung Gil.

In part 2, an impassioned panel - using a psychotherapy case study of a schizophrenic girl interviewed by Professor Rhee Dongschick - was held between panelists, which was followed by a lively question and answer session between Prof. Rhee and all the participants.

Huh Chan Hee, President of ISPS Korea
huhch@unitel.co.kr



ISPS Croatia

The 13th ISPS Croatia School of psychotherapy of psychoses was held May 14-17, 2008 at the Inter-University Centre in Dubrovnik. The special focus this year was on depression and psychoses. The Croatian authors Ivezić and Urlic gave an introduction talking about "The importance of theory of M. Klein for work with psychotic patients". LoVerso and Prestano (Italy) presented "The patients suffering of depression with problematic outcome", Koukis (Greece), "Depression in Schizophrenia: The impact of the group-analytic psychotherapy", and Agius (UK) "Relevance of neurobiology and neurogenesis for psychotherapy".

Koehler (USA) presented excellent works on "Neuroscience, psychoanalysis and psychoses", and "Depression and psychoses". Kozadinis (Greece) presented his work "Who is afraid of atypical depression?".

The group of Norwegian authors presented interesting experiences: Kirsten and Fjordholm "Lowering threshold for chronic schizophrenic patients – a means to reduce the total need for beds?", and Emmerhoff Håland "Multi-family groups – psychoeducational and problem solving method".

Silver (USA) delivered a very nice and touching "Homage to David Feinsilver and his contribution to the psychotherapy of psychoses". We wanted to remember the professional and personal aspects of our relationships with D. Feinsilver, who gave us, organizers of ISPS Croatia, the initial inspiration and support.

Restek-Petrovic and Krezler-Oreskovic (Croatia) presented "Depression in group psychotherapy with psychotic patients". Case presentations for supervision were offered by Mayer, Kezic and Jelacic (Croatia). The satellite symposium was held on "Antipsychotic treatment and recovering".

On the last day an excursion to the River Neretva Valley was organized with visit to excavations and museum of the old Roman town of Naron, and a boat trip through the canals of the natural reserve region. It gave to the participants the occasion to relax and to develop social contacts.

The next School will be held in Dubrovnik May 13–16, 2009, on the "Focus on empowerment and recovery".

Ivan Urlic, Chair ISPS Croatia
ivan.urlic@st.t-com.hr





ISPS-US

Since our founding by David Feinsilver in 1998, ISPS-US President Ann-Louise Silver has led and nurtured our group into the active and vibrant chapter it is today. Recently, ISPS-US transitioned to new board members. Ann-Louise Silver's 10 years of leadership is a living legacy, as she continues serving as our founding president and chair of the Baltimore/Washington DC Branch. Ann was ably assisted by Karen Stern who continues as our executive director. Julie Wolter served as a very capable and reliable treasurer and Julie Kipp as secretary. For many years, Julie Kipp served as secretary, treasurer and ISPS-US Newsletter co-editor. Currently, our ISPS-US Newsletter is edited by Warren Schwartz and Ayme Turnbull. Marty Cosgro continues as our website editor and Daniel Mackler as our ISPS-US listserv moderator.



The following persons are newly elected board members: Brian Koehler (President), Marty Cosgro (Vice President), Lori Kalman-McCartney (Secretary), and Kay Ellen Lowenthal (Treasurer). Jessica Arenella, previously chair of fundraising, is now chair of our membership committee. Marty Cosgro is now also chair of the fundraising committee. We are actively searching for a new chair of our research committee which was previously headed by William Gottdiener. All new and previous board members can be contacted through our website: ISPS-US.org. The website contains our philosophy and goals, membership information, copies of previous and the current ISPS-US Newsletters, articles, bibliographies, conference listings, and relevant weblinks.

The large New York Branch of ISPS-US hosted our recent and successful Ninth Annual ISPS-US conference at New York University. Our theme was "Recovery from Psychosis: Healing Through Relationship." We had speakers from the national and international ISPS community. Ronald Bassman was our keynote speaker. His address was "Abandoning Occam's Razor: The Art of Reconstructing the Self." Our group honored Courtenay Harding for her many and significant contributions to our field. ISPS President Manuel Gonzalez de Chavez, and his Spanish colleague Ignacio Garcia Cabeza, participated at our meeting and gave very interesting and helpful talks on recovery from psychosis in ancient times and in group psychotherapy. Our next annual conference will be chaired by Ann-Louise Silver in the Washington DC area.

Ann-Louise Silver, MD writes:

"The Washington-Baltimore branch of ISPS-US is re-activating, since we have the grand task of organizing the 10th annual ISPS-US meeting, please save the dates, October 2-4, 2009. While things are not yet nailed down, we believe we will be meeting in the historic Old Courthouse, built in the late 1800s and located just a few blocks from what was Chestnut Lodge. At this point, our working theme is "The Living Legacy of Chestnut Lodge: Interpersonal Approaches to the Psychoses." We are holding our organizing meetings at the Washington School of Psychiatry, a place whose history is intimately interwoven with that of Chestnut Lodge. Washington has been a world-renowned center for the psychodynamic treatment of psychotic conditions, contributing to ISPS meetings from their beginning in 1956. We hope to pay homage to our pioneers and to demonstrate that the principles they taught are continuing to bear fruit, even in these challenging times, in programs and in therapies throughout the United States."

ISPS-US continues to have several local branches:

- Baltimore/ Washington DC (Ann-Louise Silver);
 - The Berkshires in Massachusetts (Marilyn Charles);
 - Chicago (Sheila Curren);
 - Michigan (Patricia Gibbs);
 - New England (Ron Abramson);
 - New York City (Brian Koehler);
 - Northern California (Matthew Morrissey); and
 - Southern California (Marty Cosgro).
- The New York City Branch has been meeting monthly (except for August) for 12 years.

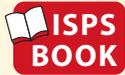
New York University is our institutional sponsor. We welcome the participation of the international community. Please contact me should you wish further information on this group or wish to present at one of our monthly meetings.

Brian Koehler, ISPS-US President
brian_koehler@psychoanalysis.net

The New England Branch started the year by meeting with patients who have substantially recovered with the intention of learning from the patients how they understand the aspects of their therapy that were most helpful.

Currently, that is temporarily suspended while our branch prepares a workshop for presentation at Copenhagen next year, and possibly at next year's American Psychiatric Association meeting about the fallacies and possible harm in treating a DSM diagnosis rather than the authentic person who seeks help from us. We are currently working on this.

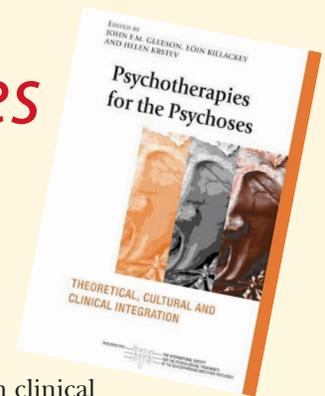
Ron Abramson



New Book in the ISPS series

Psychotherapies for the Psychoses

Edited by John F.M. Gleeson, Eóin Killackey and Helen Krstev



The editors have managed to gather a beautiful collection of articles! This book represents the true spirit of ISPS as it has collected such a wide scope of different psychotherapeutic approaches under the main theme of integration. It gives the reader a most useful overview of therapeutic approaches, but even more importantly the book serves as a solid information base for support of a comprehensive integrated approach in the treatment of psychoses.

The book begins with 'Integration and psychotherapies for schizophrenia and psychosis: where has the 'new view' of schizophrenia taken us' by the editors. This chapter nicely pulls together the different integrative theoretical models. The rest of the book is divided in three sections: 1. Theoretical Integration, 2. Integration of psychotherapy: an international perspective, and 3. Integrating psychotherapeutic thinking and practice in 'real world' setting.

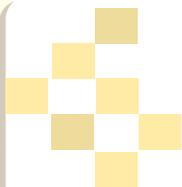
The first section has three chapters: 'Integrating approaches to psychotherapy in psychosis' by Frank Margison and Sarah Davenport; 'The rehabilitation of psychoanalysis and the family in psychosis' by Brian Martindale; and 'Neuropsychological deficit and psychodynamic defence models of schizophrenia' by Andrew J. Lewis. As can be seen from the titles, the authors provide a wide scope of theoretical background information and practical examples on integration.

The second section takes the reader around the world giving most interesting examples of developments. Tor K. Larsen from Norway writes under the title 'Biological and psychological treatments for psychosis: an overdue alliance'; Traceyanne Herewini from the opposite side of the globe and a very different culture 'New Zealand Maori conceptual models utilized with early intervention services'. Then follows 'Development of psychotherapy in the pre-psychotic phase: comparison of three approaches – Australia, Germany and UK' by Lisa J. Phillips, Shona M. Francey, Steven B. Leicaster, Andreas Bechdolf and Antony Morrison is an excellent update of this important field. And finally, from one of the oldest cultures in the world: 'Integration of psychotherapy in concept change within a culture – India' by Ihita Sanyal.

The last section gives abundant practical examples of developments in the 'real world'. The first chapter takes us to New York; 'An integrated treatment program for first-episode schizophrenia' by Rachel Miller, Joanne McCormack and Serge Sevy, an eleven years long development and research project. Lesley Berk, Craig Macneil, David Castle and Michale Berk write of 'The importance of the treatment alliance in bipolar disorder'. Then follows 'Fragmentation, invalidation and spirituality. Personal experiences of psychosis - ethical, research and clinical implications' by Jim Geekie and John Read.

Eóin Killackey, Helen Krstev and John F.M. Gleeson, in 'Psychosocial interventions in clinical practice guidelines for schizophrenia', show how poorly the treatment guidelines are implemented in practice, especially recommendations concerning psychosocial interventions. The next chapter by Ross M.G. Norman, Lori Hassall, Sharon Scott Mulder, Brenda Wentzell and Rahul Manchanda describes the potentials there are in the families: 'Families dealing with psychosis - Working together to make things better'. Gina Woodhead writes of 'Therapeutic group work for young people with first-episode psych-osis'. And finally multi-family group work in Melbourne is the topic of Grace Couchman 'Systemically Speaking'.

When Brian Martindale asked whether I could write a review of this new book I had no idea of the task ahead: the articles cover an almost breathtaking range of our field, and also give in depth descriptions of therapeutic work with different methods. The titles of the chapters hint of what is to be expected, but I was quite surprised by their high quality. This is a book that should be basic reading for ISPS members and all those interested in promoting and working with psychotherapy of psychoses.



Don't forget that all ISPS members (of ISPS International or any local group) can order books in the ISPS series at a 20% discount. All payments must be made by credit card in sterling (£UK), and you will be charged for postage. For more information about how to take advantage of this offer please contact Ali Haddock, admin@ispsuk.org

Articles for the ISPS Newsletter should be e-mailed to isps@isps.org

How to become an ISPS member and enjoy membership rights

The **ISPS** draws together individuals who are interested in the psychological therapies for psychosis. We aim to promote much better knowledge of the psychological approaches and better integration with pharmaceutical approaches. We organise regular conferences and publish a journal and book series on the psychological approaches to psychosis.

ISPS LOCAL GROUPS

Several local ISPS groups exist worldwide and we are now represented on all five continents. Some of the local groups organise regular presentations and meetings and produce their own newsletter. To see if there is a local group in your country or for information on how to start up a local group of ISPS please e-mail Antonia Svensson at isps@isps.org

WHO CAN BECOME A MEMBER?

Anyone who is interested in our field – students, nurses, psychiatrists, psychologists, arts therapists, occupational therapists, psychotherapists, professors, managers, service users and carers, and specialists in the different psychological approaches.

WHAT ARE THE BENEFITS OF MEMBERSHIP?

From 2009 ISPS members will receive two issues per year of the new ISPS Journal **Psychosis: Psychological, Social and Integrative Approaches** (normally 56 euros / 70 US\$ per annum for individual subscriptions)

- You will receive the International ISPS Newsletter twice a year
- Reduced rates at ISPS conferences
- You can join one of our many e-mail discussion groups
- If you join through a local ISPS group you may also receive a local group newsletter and other benefits

How do I become a member?

Individual members from high-income countries* **\$100** (\$50 for students / unemployed)

Individual members from all other countries* **\$50** (\$25 for students / unemployed)

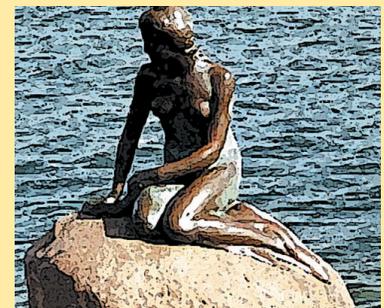
* as defined by the World Bank Country Classifications

ISPS also offers institutional membership and individual membership through local groups.

For details of which countries have local groups and how to pay your membership fee please e-mail Antonia Svensson at isps@isps.org

New members will receive a copy of the book **Fifty Years of Humanistic Treatment of Psychoses**, published in honour of the 50 year anniversary of the ISPS (2006). Edited by Alanen, Silver and Gonzalez de Chavez. *While stocks last!*

See you in
COPENHAGEN 2009
15th – 19th June



The 16th International Symposium of ISPS

