

ISPS - activity all time high!



Dear members and friends of the ISPS

The activity in ISPS' local chapters is flourishing, with national symposia being held in many of our membership countries, as you will see from this edition of the newsletter. The activity on the web-based discussion lists is also on a "historical all time high", thanks to Chris Burford's never ending energy and enthusiasm. One hot topic this spring has been the future name of our organisation; a broad variety of suggestions have come up, and the views differ on whether we should keep the concept of schizophrenia in.

The concept of schizophrenia and its clinical and research validity and usefulness is very much questioned, both within ISPS-circles and in the broader mental health community. The major question that needs to be addressed is: who will highlight the connection between schizophrenia and psychotherapy/psychological treatments if not the ISPS? We should bear in mind when discussing this that a lot of

people out there think that it is of no value to offer "talking therapies" to people suffering from schizophrenia! In Madrid next year we will have a debate on that, and in the General assembly of the ISPS in the same meeting, we will discuss the name of the organisation. I think we should allow ourselves sufficient time to think this through. The General assembly should make some recommendations for the new 2006-board, and the final decision be taken in 2009.

Time flies, and soon it will be 2009.... To organise a big international conference like the ISPS international symposia needs a lot of work and preparation. Countries/ cities interested in hosting ISPS 2009 now should make their bid to the board, so that everything can be ready for presentation in Madrid.

Another very important task for this, and the next board, will be to consider the ISPS promotion of a journal on the psychological therapies of psychosis. Some journal experts have been consulted about the first steps and the board intend to have a proposal ready for the Madrid conference. And, as you will see from elsewhere in this issue, the preparations for the Madrid

conference are well underway. Manuel and the other local organisers have received more than 50 suggestions for symposia, so we can already at this stage promise you an exciting professional (and personal) experience when you go to Madrid.

So, what else keeps the board occupied? We try to support the development of local groups, release new books in the ISPS book series, struggle with how to make a financial basis for our organisation, among other things. As we are now getting close to the Madrid meeting, people should start thinking about candidates for the next board. Suggestions can be made to the ISPS secretariat, and we really hope to see a lot of activity and engagement around this process.

As I am writing this, the first warm spring days are coming to my part of the world. For those of you situated on the northern hemisphere, I share your wishes for a long and warm summer. For you in the southern parts of the world, I hope winter will treat you well!

Best wishes
Jan Olav Johannessen
Chair



WELCOME
TO
MADRID
SPAIN

13 - 16
JUNE 2006

Editorial

Once again the ISPS newsletter shows the development of ISPS as a worldwide organisation with meetings and local groups in an increasing number of countries. On the front page our chairman Jan Olav is telling about exciting plans and challenges that the board is preparing for discussions and decisions on the ISPS congress in Madrid in June 2006.

The newsletter and the ISPS website www.isps.org are giving you information about these exciting developments, as well as about ideas, experiences, meetings and books that may be useful to you in your involvement to promote psychological treatments of psychoses. But the newsletter and the website are also open for more local groups and members to share their ideas and experiences with others!

In this issue of the newsletter we are starting a series of brief biographical sketches of honorary life time members of ISPS. These persons have been major contributors to the ISPS as a network and a society, as well as to the field of psychological treatments of psychoses. It is important to be reminded and inspired by their work, and it is important for new members of ISPS to get some knowledge about the roots and development of the ISPS.

The majority of the ISPS members are members through their local ISPS groups or chapters, which is in agreement with the decision of the board to put emphasis on the importance of local groups with locally active members as the main basis for the organisation.

The board now also wants to engage institutions and other organisations in promoting the same objectives by signing up for institutional memberships. We encourage our members to make known to institutions and organisations that they in this way may support psychological treatments for psychoses, and at the same time open another channel for making their own work and events known.

Torleif Ruud
Editor

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

The ISPS secretariat is a link between our members and the executive committee; maintaining the website, printing and distributing the ISPS newsletter, keeping a database of ISPS members and local groups, and answering any queries for information and other services.

The secretariat is partly hosted by the Centre for Psychotherapy and Psychosocial Rehabilitation of Psychoses (SEPREP), a non-commercial Norwegian foundation and network of users, clinicians and researchers promoting psychological treatment of the psychoses. In addition, Antonia Svensson in Athens works part-time as ISPS Organiser and does most of the work of the secretariat that can be done electronically. Antonia can be contacted on the isps@isps.org email address.

Address to the ISPS secretariat

ISPS c/o SEPREP, Jernbanetorget 4 A,
N-0154 Oslo, Norway
Tel +47 23 10 37 77 / Fax +47 23 10 37 79
E-mail: isps@isps.org **Website:** www.isps.org
Bank account: 5005 06 56648
Den norske Bank, Oslo, Norway

ISPS honorary life time members

- Yryö Alonen, Finland
- Gaetano Benedetti, Switzerland
- Johan Cullberg, Sweden
- Murray Jackson, UK
- Jarl Jørstad, Norway
- Julian Leff, UK
- Christian Müller, Switzerland
- Barbro Sandin, Sweden
- Harold Searles, USA
- Helm Stierlin, Germany
- John Strauss, USA
- Lyman Wynne, USA

The ISPS executive committee 2003 – 2006

- Jan Olav Johannessen (Norway)
- Brian Martindale (UK)
- Patrick McGorry (Australia)
- Ann-Louise Silver (USA)
- Lyn Chua (Singapore)
- Manuel Gonzalez de Chavez (Spain)
- Ivan Urlic (Croatia)
- John Read (New Zealand)

Co-opted board member:

- Torleif Ruud (Norway).



ISPS board elections 2006

It will be time for ISPS board elections once again in 2006. In accordance with our constitution, the board has chosen an election committee to oversee the elections.

This committee consists of:

Ann-Louise Silver, Brian Martindale, Manuel González de Chávez Menéndez, Ivan Urlic and Jan Olav Johannessen.

The method of voting will be clarified in the next months. ISPS members are now invited to nominate persons to stand in the elections. Nominations must be proposed and seconded by sub-scribing ISPS members, may be accompanied by a supporting statement, and should be emailed to Antonia Svensson, ISPS Organiser. Email: isps@isps.org



"YOU PARTICIPATE"

Dear friends, on behalf of the organizing committee of the ISPS Madrid 2006, I want to thank you for your participation in the next ISPS Congress which will undoubtedly be the largest world event ever dedicated to psychotherapies of the psychoses, up to the year 2009.

We have received a large sum of proposals for all the main sessions of the congress: more than 30 workshop abstracts and 50 abstracts for symposia and debates. These have come from all the continents, from all the professions involved in this mental health field and from practically all the aspects of the psychoses and psychotherapeutic approaches, techniques and modalities.

We have also received abstracts from family and user associations and some outstanding members of these are directly involved and committed, forming a part of our organizing committee. We want these family and user associations to have an active presence at our congress and also in the demand for greater quality and better health care and social services and in the therapeutic and rehabilitating processes and programs dedicated to those who suffer psychotic problems.

All the proposals accepted and evaluated favorably by the scientific committee are included in the initial program that we will begin to print and distribute in May and June 2005 and on our updated website, www.ispsmadrid2006.com. On this website, you can also find information about the Congress registration fees, with a reduced fee for members of the ISPS and for non-professionals who are members of family and user associations.

For professionals with a low income and those from developing countries,

with presentations of any type accepted by the scientific committee of our congress, we offer grants that reduce registration by 50%, with an application form. This information is included on the website and those who believe they meet the conditions for this should contact our Technical Secretary.

The information and application form for the Feinsilver Award is also on the website. This award was established by David Feinsilver, founder of the ISPS US, to facilitate participation in our symposia by those persons with meritorious studies and low economic means. Lodging and travel costs will be paid for the person receiving the award.

The new web page of ISPS MADRID 2006 already permits online registration to the congress. It also allows you to become a member of the ISPS before registering and thus you will benefit from, with the payment of the annual fee, a lower Congress registration fee, which is economically more favorable for ISPS members.

Of course, the period to present oral communications and posters is still open until December 15, 2005. We have already received, in April 2005, more than 130 abstracts, mostly symposia and workshops. Having already ended the period for submitting principal sessions, proposals for oral interventions and poster type presentations continue to arrive. The Scientific Committee will begin to examine them and will chose the best evaluated oral presentations as conferences of the Congress.

According to the estimation of our professional organizers, Viajes Iberia Congresos, our participation in December of this year will exceed 500 abstracts and about 1500 persons will attend the Congress. We predict it will be a great XV Congress of the ISPS. As with all large Congresses, ISPS MADRID 2006 must have few plenary sessions, but it will have great variety of interventions and subjects parallel sessions, with workshops, symposia, posters, presentations, conferences and debates to communicate, learn and exchange experiences and knowledge in those that may interest us most in our field.

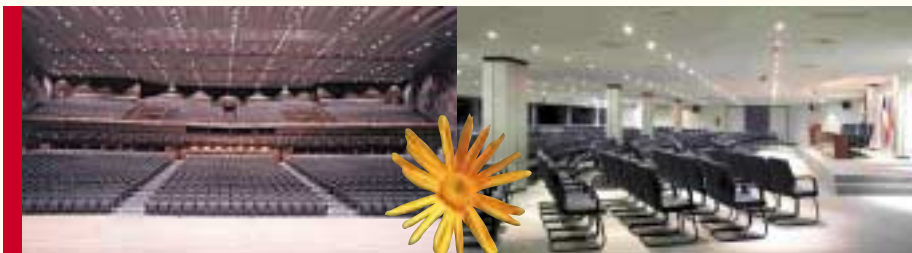
As with all large Congresses, each person attending can design a timetable of his/her preference for each day.

To be able to admit such a large number of participations, the **ISPS Madrid 2006** will begin on the afternoon of June 12, 2006 and end on July 16 in the afternoon. People who have been working with patients with psychotic problems in different parts of the world will have many opportunities to meet and make contact with each other.



We will celebrate the 50th Anniversary of the ISPS together, giving out a book on our history and our symposia, and a plenary session of homage to our founders and honorary members of the ISPS. We are already participating and will participate with them next year in the most important International congress dedicated to Psychotherapies of the Psychoses ever.

Manuel Gonzalez de Chavez
Chairman ISPS Madrid 2006



Auditorium and Meeting room ISPS venue Madrid 2006

Report from the 2nd Annual

Making Sense of Psychosis Conference

Auckland University Conference Centre, New Zealand October 18th to 19th 2004

The conference was remarkable in at least four important respects:

Firstly, the occasion marked the establishment of the New Zealand branch of ISPS, the steering group also being the conference organising committee: John Read and Jim Geekie (clinical psychologists); Mike Ang and Patte Randall (psychiatrists) and Dale Rook (occupational therapist).

Secondly, the cultural and professional diversity of the speakers ensured a multi-layered perspective on the complex and multi-dimensional problem of psychosis. Issues such as aetiology, treatment, service delivery, recovery, the role of the professional and the empowerment of the client were addressed in a richly textured fashion. The emphasis was upon understanding symptoms and difficulties within the con-text of the client's subjectivity and lived experience.

Thirdly, it was recognised that a holistic and person-centred approach must be at the heart of any genuine recovery process. Equally, it was recognised that a one-dimensional medical model that elevates biological considerations to pre-eminence and devalues psychological conceptualisations and approaches, thereby, reducing the range of treatment choices available to the client, is not a workable recovery paradigm.

Finally, the courage and openness with which some of the participants discussed their own personal experience of psychosis and recovery, focused the conference on the necessity of a person-centred paradigm. All of the presentations reflected in some way the above themes:

Ron Coleman, a leader in the Voice Hearing Network in the UK, gave the first keynote address on the concept of recovery and closed proceedings with a workshop on dealing with the voice hearing experience.

Ron made the point that many of the existing services in the first world are based upon maintenance rather than upon recovery models. Maintenance models reflect the belief that clients do not recover, that the best that can be hoped for is symptom management and ongoing treatment for an unspecified period, possibly for life. Within such models, recovery rates are around 33%. By contrast, in parts of the third world, where spiritual leaders and professionals believe the client will recover and, where medication is not employed, the recovery rates can be as high as 86%.

Ron made it clear that, if our services are to move towards a recovery paradigm, they need to respect clients' rights to self-determination and provide them with genuine treatment choices and follow up options. Path-ways to exit services must be made clear.

Ron's workshop provided a fascinating in-sight into the practice of voice dialoguing. Although the voices may not always be eliminated, the client can own their voices rather than be owned by their voices. Self-esteem and quality of life are, thereby, enhanced.

Jim Burdett and **Jim Geekie** outlined their innovative philosophical approach to working with psychosis in groups. They demonstrated how the Socratic exploration of the parallels between the crisis of psychosis and crises in philosophy help clients to appreciate the connection between their own experience and the human condition.

Cindy Mokomoko and **Craven Te Au** described Whanaungatanga, a model of practice reflecting Maori cultural values, wherein alienation is addressed and motivation enhanced through the bonds of social cohesion.

Jeffrey Masson delivered an insightful address on how the minimisation of childhood trauma, in the early development of psychoanalysis, contributed to objectification of clients by abstracting them from their lived experience and reifying the notion of a disordered mind to explain their problems.

John Read paid a moving tribute to the inspirational life and work of Loren Mosher. In so doing he spoke of his collaboration with Loren and Richard Bentall in planning and editing the new ISPS book, *Models of Madness*. This work provides a scholarly and highly readable analysis of the theoretical and research foundations for psychological conceptualisations and interventions for schizophrenia. Sadly, it was to be one of Loren's final projects before his death last July.

Patte Randall, captured the mood of the conference when she spoke of the hope that can be generated by framing psychosis as a spiritual emergency. So often there are spiritual themes in psychosis and so often their relevance to the identity of the person is over-looked in the clinician's determination to assign a diagnosis or apply a particular theoretical model. Human spirituality is enduring. It is a resource that is too often unexplored and under utilized by professionals.

Negotiating the labyrinth between psychosis and recovery can take a long time. For some, there are

Cont. next page, bottom ▶



Ron Coleman preparing to give his keynote address on hearing voices, entitled *Moving from maintenance to recovery: Making the case*



Melissa Taitimu (left) whose talk was entitled *Psychosis and spirituality: Maori understandings of extra-ordinary experiences* and Vanessa Beavan who presented her research on *Angels at our Tables: New Zealanders experiences of voice-hearing*



Occupational therapist Dale Rook (left) and psychologist Jim Geekie, members of the ISPS NZ steering group who organised the conference



Debra Lampshire (left) and Miriam Loretto, on their way to presenting their Hearing Voices group, which is informed by their own experiences of voice-hearing.



Cindy Mokomoko (left) & Craven Te Au after their lecture on a *Maori model of service delivery*

BOOK review

Models of Madness

Edited by: **John Read, Loren Mosher, and Richard Bentall**

Publisher: **Brunner-Routledge, Hove and New York. 2004**

When I first arrived in New Zealand in 1999, I quickly became angry with and dismissive of John Read's opinions as relayed to me by my disgruntled colleagues. He was characterised as profoundly "anti-psychiatry" and I initially felt defensive and hostile. As I have become more familiar with John and his ideas, my scepticism has subsided.

Still, I understand some of the resistance of my colleagues. John doesn't make it easy. As the editors admit in Chapter 1, "We have not attempted an even-handed, 'objective' approach.... what is required is a balancing stance rather than a balanced one."

Models of Madness is a bitter pill for psychiatrists to swallow. The first-third of the book exposes psychiatry's historical failings and then attacks its sacred cows – schizophrenia, ECT, and anti-psychotics. The authors are not polite, but their arguments and exploration of the supporting evidence are powerful. They have challenged me to reconsider much of what my psychiatric

John Read, Loren Mosher and Richard Bentall, in *Models of Madness*, have thrown down the gauntlet. I and the rest of my psychiatric colleagues can no longer arrogantly dismiss as naïve their well-reasoned arguments for the experiential origins of mental disorder. Instead, we must work to reconcile our philosophical positions and, more importantly, our clinical practices, with this book's powerful implications.

training presented as "Truth". In my opinion they succeed in seriously undermining the concept of schizophrenia and in demolishing the contention that ECT is benign. I'm less moved by the anti-anti-psychotic arguments, while acknowledging that I frequently prescribe these medications. After absorbing the authors' criticisms, however, it's difficult to regard medications as more than partially successful, costly adjuncts to psycho-social interventions.

After vilifying the biological model of the causation and treatment of psychosis, the book proceeds in the middle-third to argue that psychosis is caused in large measure by bad things happening in both childhood and adult life. Without any hint of blaming families, various authors very convincingly explore the impact on the developing child of childhood trauma, poverty, gender, and familial emotional and communication styles.

Finally, the last-third of the book explores a range of interventions consistent with the assumption that bad things cause psychosis. The most powerful appeal comes from Judi Chamberlain, an American pioneer in the development of "user-run services". The idea that people who have grappled with serious emotional and cognitive problems are in a powerful position to support their struggling peers seems

suddenly obvious. I find myself embarrassed by my historical resistance to this idea.

I suggest that sensitive clinicians begin at Chapter 11 and save the passionate criticisms of the first ten chapters for the end. Once exposed to the arguments supporting the "bad things happening" model of causation and the implications arising from it, I expect that the critique of the biological model will be more palatable.

The Mental Health Commission has recently begun an initiative to explore the approaches taken in New Zealand to the assessment and treatment of trauma. I would like to suggest that the challenges posed in *Models of Madness* serve as a starting point for a national discussion of the future directions of mental health services.

Thomas Rudegeair, M.D., Ph.D.
Clinical Director Te Whetu Tawera -
Psychiatric Inpatient Unit Auckland Hospital,
10th January, 2005

(My opinions are my own and do not necessarily reflect those of the Auckland District Health Board)

N.b. This book review has also appeared in the February edition of Mental Notes - a bi-monthly publication by the NZ government body the Mental Health Commission.



► *Cont. from last page*

too many locked doors barring the way and it takes too long. The Making Sense of Psychosis Conference inspired us to search high and low for the keys to those doors, not by ourselves in our labs, nor alone at our desks but, with our clients, for it is they who have been on the journey and who know where the keys are hidden.

Dr. Nicholas Marlowe, Clinical Director
The Macquarie Street Psychology Centre
Sydney, Australia nmarlowe@med.usyd.edu.au



Auckland

The 3rd annual Making Sense of Psychosis Conference will be held in Auckland on the 18th and 19th of October 2005, with U.S. psychiatrist Dr Colin Ross as the keynote speaker. For further information email m.taitimu@auckland.ac.nz and keep an eye on the ISPS website www.isps.org

Yrjö O. Alanen

Yrjö O. Alanen is one of the professionals who has helped shape the history of schizophrenia, its understanding and its global, flexible approach adapted to the needs of patients.

MANUEL GONZÁLEZ DE CHÁVEZ



Professor of Psychiatry (Emeritus) Yrjö Olavi Alanen was born Jan. 31, 1927 in Kurikka, Finland. He got his M.D. degree in the University of Helsinki in 1952 and did his specialist training in psychiatry and neurology in the Psychiatric University Hospital in Helsinki from 1954 to 1957. He was appointed to senior level clinical positions in this hospital from 1958 to 1968, after which he was appointed Professor of Psychiatry and Chairman of the Department of Psychiatry at the University of Turku, Finland. This position also included the chairmanship of the Department of Psychiatry and clinical work as Medical Director of the university hospital The Clinic of Psychiatry of Turku. He retired in 1990, however, since then he has continued his professional work as a psychotherapist and teacher, dedicating more time than previously to writing and editing books in his field.

Alanen had already begun his personal psychoanalysis in 1955 and was one of the first candidates for psychoanalytic training after IPA training became possible in Finland in 1965. He became a member of the Finnish Psychoanalytic Association in 1969. His main interests has been the psychodynamic study of schizophrenic psychoses and individual and family psychotherapy of schizophrenic psychoses. He instigated the first regular family therapy training in Finland in 1979 and acted as a member of the first trainer group in family therapy. This training soon became very popular and more extensive in different parts of Finland because, among other things, of its multi-professional quality. Family therapy training was also later established at an advanced special level. In the 1990s Alanen joined his closest working pupils and co-workers Viljo Rökköläinen and Jukka Aaltonen in the establishment of the advanced special level training program in psychodynamic individual therapy of seriously disordered patients.

Among other things, Alanen's early studies dealt with family environments and dyna-

mics of schizophrenic patients, leading to the monographs *The Mothers of Schizophrenic Patients*, 1958; and (together with co-workers) *Family in the Pathogenesis of Schizophrenic and Neurotic Disorders*, 1966. These studies already included features of integrated views, typical to Alanen's later theoretical and clinical ways of thought. In 1959-60 he was Research Associate in Yale University Dept. of Psychiatry in New Haven, Conn., U.S.A., working in Theodor Lidz's team. In 1979 he received the seventeenth annual Stanley R. Dean Research Award, given by The American College of Psychiatrists and The Fund for the Behavioral Sciences in recognition of basic research accomplishment in the behavioural sciences contributing to our understanding of schizophrenia.

In 1971, Yrjö Alanen organized the IVth ISPS symposium, held in Turku, Finland. After that, he was a member of the international executive committee of the ISPS until 1997. He is a lifetime honorary member of the ISPS.

In Turku, Alanen, along with his co-workers, established the Turku Schizophrenia Project, which led to the development of the now well-known need-adapted approach, an integrated and individualized psychotherapeutically oriented treatment of schizophrenic patients, leading to several later projects and practice in Finland and in the other Scandinavian countries. This approach and its results are presented in Alanen's major work, the book *Schizophrenia - Its Origins and Need-Adapted Treatment* (London: Karnac, 1997), which has also been published in Finnish (1993), German (2001), Polish (2001), and Spanish (2003). During the 1980s, he was the leader of The Finnish National Schizophrenia Project, which aimed for a more psychotherapeutic and humanistic treatment of psychotic patients. According to the follow-up in 1992, both the amount of "new" and "old" long-term

schizophrenic patients in Finnish mental hospitals had diminished about 60 per cent over 10 years. In the 1980s and '90s Alanen also led, together with Endre Ugelstad and other Scandinavian colleagues, the NIPS (Nordic Investigation on Psychotherapy of Schizophrenia) project, aiming to promote psychodynamically oriented study and treatment of new schizophrenic patients within the community psychiatric context (cf. the book Alanen et al.: *Early Treatment for Schizophrenic Patients; Scandinavian psychotherapeutic approaches*; Oslo: Scandinavian University Press, 1994). He is also one of the editors of the book *Psychotherapie der Psychosen; Integrative Behandlungsansätze aus Skandinavien* (V. Aderhold et al., eds, Giessen: Psychosozial-Verlag, 2003).

In 1982-84 Alanen acted as the chairman of the Committee of Mental Health in Finland, aiming at the innovation of the activities to a more open care-oriented direction and to end the separation of psychiatric organizations from the organizations including other medical specialties. The proposals of the Committee led to a new Mental Health Act, enacted in 1991, after the establishment of an Act joining the organizations for special health care together. From 1982 to 1985 Alanen also held the position of Research Professor, Academy in Finland, coinciding with his work as the leader of the National Schizophrenia Project.

Yrjö Alanen is an honorary member of 9 scientific and/or professional societies, including - besides the ISPS - the Finnish, Swedish and Polish Psychiatric Associations and the European Family Therapy Association. His special interests have included cross-country skiing and still include, especially, literature (he has published two essay books in Finnish, one of them dealing with Dostoyevsky's *The Idiot* and *The Devils*). He is married to Johanna, née Aalto, has four children and six grandchildren.

Cont. next page, bottom ▶

John S. Strauss

ANN-LOUISE S. SILVER

John S. Strauss is a warm and gentle man and a scholar, a prolific psychiatrist researching persons suffering from severe mental disorders. His over 200 scientific papers address issues of diagnosis, course of disorder, and the processes of improvement.

He emphasizes the role of the person with mental disorder as a person in the struggle to recover, and understanding in depth the subjective experiences of people with severe disorder. These experiences provide crucial data for understanding and treating the basic processes involved in disorder and recovery.

John Strauss represents the best in phenomenological research into severe mental disorders. He does not turn his research subjects into the *objects* of study, but tries unstintingly to feel his way into their way of being, to imagine his own struggle to regain sanity, to imagine the moment-to-moment pain caused by these alienating afflictions. Thus he sets an example not only as a prolific researcher but as a strong therapist. Listening to his talks (he was the keynote for the ISPS-US annual meeting in Philadelphia in 2004), we felt we had known him for a long time, a valued friend for years. He let us into his thinking and feeling. He described the time when at a large conference he had role-played a patient and found himself utterly deflated and sullen, unable to continue talking with the interviewer. The interviewer had asked him about work, and John started telling about his new job at McDonalds. The interviewer wasn't interested in the details but moved on to the next question. It took a while for John to realize that he became silent *because* he felt hurt and angry. The few patients in the audience all responded

that they, too, had had such experiences. As the discussion evolved, John felt that he and the "other" patients were allied against the defensive professionals, and that there never was resolution.

John was born in Cleveland, Ohio in 1932. He earned his B.A. degree with high honors at Swarthmore College, majoring in psychology (Swarthmore's t-shirts read "A 'B' here would be an 'A' anywhere else.") He earned his M.D. at Yale and then was a special student with Jean Piaget in Geneva, Switzerland. He then studied community psychiatry at the Washington School of Psychiatry. He was a resident in medicine and then in psychiatry at the McLean Hospital and Beth Israel Hospital in Boston, then worked at the National Institute of Mental Health from 1964 to 1972. After a stint at the University of Rochester, he settled in at Yale, where he has worked since 1977. Since 1985, he has served as Director of the Center for Studies of Prolonged Psychiatric Disorder, Connecticut Mental Health Center, New Haven, CT.

He was a Collaborating Investigator in the World Health Organization's historic comparative research in schizophrenia, and has served on many scientific councils including the Veterans Administration on Rehabilitation Research in Mental Health, the Scientific Council of the National Alliance for Research on Schizophrenia and Depression (NARSAD) and the Society for Life History Research in Psychopathology. He has received many grants from NIMH and other granting agencies, mostly on schizophrenia, including the processes of improvement. He has never lost sight of the person struggling with the disorder.

John Strauss is worldly, living part of each year in France, traveling often to Scandinavia, his works translated into French, German, Norwegian and Japanese. He says he has combined French phenomenology with American pragmatism in his views



on effective research into schizophrenia. He stresses that occupational rehabilitation is not an ancillary part of treatment but is a central part of the recovery process. Patients often tell him, "When I work, I don't hear voices." As people recover from psychosis, they talk about reintegration and the sense of finding out who they are; they talk about resolving conflicts about goals. Relationships are central to the recovery process, not just relationships with professionals, but with their fellow humans in general. He chides the profession, reminding us that recovering patients routinely say how rare it is to find a doctor who took them seriously. He still is working over a patient's challenge to him: "Why don't you ever ask me what I do to help myself?" He says, "This is a very heterogeneous disease with a very heterogeneous outcome. There's been a tendency to dehumanize and depersonalize schizophrenics, but that's bad science, and bad for everyone involved. I've interviewed many patients, and I can tell you that we're talking here about people with goals who are struggling to make sense of life. I don't know any basket cases."

For over a decade, John has hosted writing groups in various countries, supporting people writing about their work with patients. His one strict rule is that negative remarks are forbidden; he finds that the problems in the writing drop out by themselves. This would be a great rule by which all therapists of psychosis should abide.

Cont. from last page

Yrjö Alanen has had a complete life of lucidity, dedication and devotion. He investigated the familial dynamics of psychotic patients while establishing the most effective familial and individual psychotherapeutic strategies and interventions and the global health care devices that these patients require for their recovery. He took charge of the psychotherapeutic training

of all the professionals, of the creation of early psychotherapeutic and familial intervention teams, of the development of integrated therapeutic programs and of the investigation of the results of these programs on improvement or overcoming of psychotic disorders.

As the leader of Finland's National plan for Schizophrenia, Alanen has made

Finland exemplary for the organization of public services worldwide. From the city of Turku to the rest of Finland, from Finland to the other Scandinavian countries and to many other parts of the world, the figure and the work of Yrjö Alanen has had a decisive influence and has been a great example for many professionals in our field.



Johan Cullberg

It is difficult to find a perspective that will catch the scope of what has constituted Johan Cullberg's professional life – thus far.

Every aspect seems to touch upon the other.

By Sonja Levander

shocks and insulin treatments. Even if his brother in many respects faded away slowly as a person, he is still active and recognized for his artistic painting. Having lived with this pain for the main part of his life, Johan has fought for a more decent treatment of psychotic patients. He has claimed the need for lower doses of antipsychotic medicine and a reduction in the use of compulsory treatment. On the whole he has wanted the psychiatric care to take a more humane direction.

Of course it has kindled a hope in many patients and their families, when a person from the psychiatric establishment took sides with the patients: But the disappointment has been equally strong, when it turned out that he had kept his belief in neuroleptic treatment in adequate doses and in the existence of biological factors as the main determinants of schizophrenia – even if he is a psychoanalyst. For him the psychodynamic understanding is indispensable, but it is not really an alternative when it comes to the treatment of psychotic patients. What we read about in the literature are single case reports that he believes are exceptional.

He has discussed his opinion that it is necessary to integrate the biological with the psychodynamic approach in open debates and in the scientific press. But the ambivalence to his integrative endeavours has appeared when at times his contributions have been passed over in silence or have been considered unrealistic. This was particularly clear when they were nominating a candidate for a professorship, which according to many people was intended for Johan Cullberg, and he was disregarded. Many were very upset. When asked about it Johan himself thinks that the academic debate in Sweden is polarized and simplified. (Some ten years ago, however, he was awarded an honorary professorship).

During the eighties and the beginning of the nineties he worked clinically at the same time as he continued formulating his experiences in writing. It was for him a matter of course to convey to others what he had seen and thought about psychiatric conditions, their background and treatment. First of all medical students have been his target group, as he sees them as central when it comes to a change of Swedish psychiatry. He wanted to write study literature from the subjective and objective perspective as well as the biological, the psychological and social, each being the necessary condition for the others.

His next book, "Dynamic Psychiatry", is a far-reaching text-book that covers psychiatry as a whole. At the same time it gives place for personal vignettes including empathy and understanding, it gives directions as to medication and diagnostic considerations.

The following book, "Psychoses", is as exciting as a novel, and has surely tempted many students to start working in psychiatry. He gives psychodynamic explanations of the background to the psychotic condition, and demonstrates how the compulsory measures can be replaced by respect and kindness. But it also leaves space for much that is still to be understood about these conditions, especially the vague concept of schizophrenia, which probably covers a lot of different states of mind.

Later he widened his perspective to the literary field and has written two so called psychobiographies. In his eagerness to try to understand more about the psychotic process, he grappled with three Swedish authors: Stig Dagerman, who committed suicide, and August Strindberg and Gustaf Fröding both of whom became psychotic. From a psychodynamic perspective he reads their texts, supplementing them with outside information about their lives and excerpts from their psychiatric files. In describing their existential situations he digests it into portraits of human beings of flesh and blood, who in their literary works have tried to understand their problems.

The last ten years of research have been dominated by his work with the "Parachute Project" – an expression of his wish to understand what factors are of importance for the psychotic breakdown and for the outcome. First of all, however, he wanted to demonstrate that it is possible to make psychiatric care more humane by considering the patients' individual needs. Important research questions have been: What distinguishes those of the 175 patients who had a good outcome from those who never were able to return to their prepsychotic life? And what did it mean to them that instead of noisy and messy hospital wards they stayed in quiet, small, homelike units – mostly outside the hospital? Especially he wanted to find out the consequences of offering lowest effective doses compared to minimizing symptoms by using high doses of antipsychotics, often with heavy side effects. The project is going to be presented at the ISPS conference in Madrid 2006.

Johan Cullberg has said that he more and more has adopted a view of the human being as one who has to take responsibility for her life, irrespective of her psychological problems. After all, one has to believe that no one can change another person who is not willing to change. What kind of life does our patient want to live? What kind of person does she want to be? Those of us who have chosen to try to help those who seek our help, first of all have to support her in reaching the goals she has set for herself. We are not there to cure or correct other people to make them fit our model for a normal person.

He started his career at the department of gynaecology at the Karolinska Hospital: The psychological effect of contraceptive pills. Somewhat later he interviewed 60 women who had lost their child during delivery, a study which he used for his dissertation. These narratives from women in crisis helped him to fully understand that it is not only a painful period that has to be lived through. It is also, in fortunate cases, a starting point for a process of maturation that opens up for insights not available previously. This experience is described in his book: "Crisis and maturation", which was published in 1975, a book which has contributed to the general understanding of the crisis experience. He points to the importance of coming to a stand still to be able to look at the catastrophe in a personal life context. Many unfortunate individuals will eventually come out as stronger and more mature persons.

At that time Johan Cullberg also became the head of one of the outpatient clinics in the Nacka project, one of the first areas in Sweden to focus on psychiatric care outside the hospital. He took special interest in the interplay between the individual patients and their close environment. Medicine and hospital care came second, and normalization was at the centre of his interests. Later he became the head of the research unit of the project where he more systematically studied the environmental effects on mental health. He wrote about the anomic milieu; its alienating effects and how it tends to deprive people from getting enough confirmation of their human dignity to allow them to go on. Most people who live in a suburban environment find ways to overcome this, but it is harmful for those who are vulnerable. Johan Cullberg wanted to understand what conditions in society have to be changed to make the interaction more positive.

During these years he was also engaged in the situation for the patients who had to be confined in the hospital ward – especially those who suffered from psychosis. This had a special meaning for Johan Cullberg as one of his brothers became schizophrenic and was locked in a hospital ward and treated with hundreds of electroconvulsive

X Annual Course of Schizophrenia of Madrid 2004



The X Annual Course of Schizophrenia, that was on *Psychotherapies and Early interventions in schizophrenia*, led to an enormous expectation by professionals from all over Spain and Portugal. More than 600 persons attended and there were interesting debates and reflections on the interventions, considering the limited resources and few early intervention programs existing in Spain and Portugal.

By Isabel Rodriguez Gorostiza



The attention given to the presentations by the foreign professors, and especially the development of health care policies that allow for the implementation of early approach and preventive programs of psychosis stood out.

In the first place, among the foreign invited speakers, Professor **Jan Olav Johannesen** presented the principles and objectives of the ISPS to the Spanish public and then developed the bases and results of the Norwegian TIPS Program for early intervention in first psychotic episodes. He focused his interest on presenting the work being conducted in Stavanger, Norway, to reduce the duration of untreated psychosis.

Professor **Bent Rosenbaum**, from Denmark, presented the Danish Project on Schizophrenia, with his psycho-therapeutic interventions. He dedicated another lecture to the semiotic reflections on the origin of language and thought of the schizophrenic patient.

Another one of the early intervention projects dealt with in this Course was that presented by Professor **Lyn Chua** from Singapore, a country where the religious, cultural and ethnic diversity cause these aspects to occupy an extremely important place in the therapeutic approach.

The intervention of Professor **John Bola** from California was preceded by a Homage to Professor Loren R. Moshier, recently deceased, which not only stressed his professional virtues but also, and especially, his human value. From the scientific point of view, he also presented a statistical review of the results obtained by the California SOTERIA project, in which a community approach without neuroleptics, or at least without them as the main treatment method, showed better evolution of the patients with schizophrenic psychosis in their initial phases versus those treated with a more conventional approach.

Professor **Manuel González de Chávez** and Professor **Ignacio García Cabeza** participated among the Spanish speakers. They presented the psycho-

therapeutic approach of the first episodes in the General University Hospital "Gregorio Marañón" of Madrid, where a program of combined therapies, mainly group and with integrating perspective, are conducted. The first one referred to the specific characteristics of group therapy and its benefits in the first psychotic episodes. Dr. García Cabeza presented the comparative results of treatment course in patients with first episodes after six years in combined therapy or who receive conventional treatment.

Other Spanish professors participated in the Course. Professor **Manuel Gómez Beneyto et al.** from Valencia, with a Family Intervention Program and the results of its follow-up. They supplied significant data on the importance of empathic attitude of the family in relapses.

Professor **Oscar Vallina** also participated. He collaborated with doctors **Jane Edwards** and **Patrick McGorry** in the Multicenter Project to assess the efficacy of cognitive interventions in prodromic phases of psychosis. During his lecture in this course, he explained the characteristics and initial results of his experience in the early intervention program in psychosis of Torrelavega, Cantabria, in the north of Spain.

Finally, Professor **Alfonso Chinchilla**, from Madrid, presented the factors that lead us to treat or not treat pre-morbid experiences of schizophrenic psychoses based on his experience, giving an extensive theoretical review on it.

As generally occurs in the Schizophrenia Courses of Madrid, those attending received a bibliographic Dossier with abundant documentation on the subjects dealt with. This year, a special Dossier on "homage to Loren Moshier" was also distributed. It included the biography and most important publications of this tireless fighter for mental patients. The more than 600 persons attending the Course also received the Spanish translation of the book by Jane Edwards and Patrick McGorry "Early intervention in psychosis."



November 26th and 27th - 2004

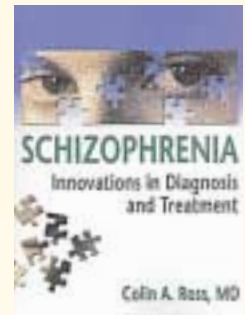


BOOK review

Schizophrenia. Innovations in Diagnosis and Treatment

By **Colin A. Ross, MD**

Published by The Haworth Maltreatment and Trauma
Press: New York-London-Oxford, 2004, 288 pp.



"We do know that schizophrenia is not caused by bad parenting, trauma, abuse, or personal weakness"

This conclusive statement by McEvoy, Scheifer, and Frances (1999) has been a guideline for decades for researchers in psychiatry. This canonical assertion lacks references, data, analysis of the literature, or argument of any kind to support this claim. Colin Ross disagrees with this statement and presents references, data, and analysis of the proposition that bad parenting, trauma, and abuse are major etiological factors in schizophrenia. The author says further that this contention is an ideological assertion, not a scientific or medical fact.

This book undermines the urban legend that schizophrenia is a brain disease with a genetic basis and that the interaction with the environment is independent of the start and development of this disorder. Colin Ross demonstrates in a convincing manner that the biological basis of schizophrenia is not so grounded as professionals as well as laymen believe. Furthermore the environmental influence is bigger than generally thought. In the group of schizophrenias a considerable part is due to psychological traumata. As a consequence, there is a category of psychotic patients that is accessible for psychotherapeutic treatment. So far so good. But what about the other psychotics, the 'core schizophrenics'? Are they excluded from psychological or psychotherapeutic treatment? In my opinion, they are not, be it that one method can be adjunctive to the other.

This discussion puts us in the middle of an interesting and contemporary dispute. Through the whole book Colin Ross argues against a monothetic claim that schizophrenia is an endogenous brain disease that leaves no possibilities for psychological and psycho-therapeutic interventions. He argues that there are no data that con-

firm the brain disease standpoint. He contends that this assertion should be removed from all future guidelines for treatment of schizophrenia. For the treatment of psychotic symptoms in the dissociative subtype of schizophrenia it is his thesis that properly designed psychotherapy can be as effective as medication. On this point your reviewer has some difficulties in following the sympathetic standpoint of Colin Ross. Why is psychotherapy only meant for the dissociative type and not for the rest of the schizophrenic group?

In times of protests by professionals and patients as well against the diagnostic term 'schizophrenia', the author pleads for a specification of the diagnostic terminology in this field. In Europe the criteria for the diagnosis 'schizophrenia' were more strict than the broader interpretation of our colleagues in the USA. Nowadays – after one generation of psychiatrists got familiar with the DSM criteria – Europe has moved in the direction of our American friends. An undifferentiated group of schizophrenias has been developed and Colin Ross is one of the authors who see the opportunity to deconstruct 'schizophrenia' further in favour of a dissociative subcategory that is merely accessible for psychotherapeutic interventions.

The author uses a lot of statistical arguments and a close reading of Bleulers 'Dementia praecox oder Gruppe der Schizophrenien' to convince the reader that he is right by proposing a new diagnostic category. While reading this book I was getting tired of the amount of data and repeated arguments in favour of his own point of view. Suppose Colin Ross is right in concluding that there is no biological basis for schizophrenia, on what else other than on phenomenological grounds can a diagnosis of schizophrenia be established? The DSM is based on arbitrary criteria and one hopes that the categories cover clinical entities. One can ask whether this enterprise can give a fundament for a diagnostics based clinical practice or that it proves to be quicksand.

Does the author expose us to an American/Canadian problem that contrasts with our situation in Europe? I don't think so, because the way psychiatrists all over the world score psychotic symptoms is more or less the same. In spite of an ubiquitous DSM-way of diagnosing schizophrenia, there are opportunities enough for alternative views, differences in and critics on this ruling psychiatric model.

Colin Ross wrote a challenging book about psychotherapeutic possibilities for schizophrenic patients. His arguments are concise and based on data from literature and from his own research.

Many people will consider Colin Ross' proposal for a psychotherapeutic treatment of the so-called "dissociative schizophrenia", a very radical point of view. For me, it would have been acceptable to be even more radical, by including all "schizophrenics".

Jos A.M. de Kroon, M.D., Ph.D.
is psychiatrist-psychoanalyst and former Head of a Residency Training. He is a member of the board of the Dutch-Flemish ISPS and working in a private practice.

Do you subscribe to 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 150 members from over 20 different countries who share announcements and discuss current issues relevant to our field. This will help prepare for Madrid 2006. The group is well moderated and posts are limited to 3 per day. If you want to join, email

Antonia Svensson isps@isps.org

Report from

ISPS-UK national conference UMIST

by Kathy Taylor, Associate Committee Member, ISPS-UK

Manchester 13th-14th September 2004

"Tuning into Psychosis: ways of listening, ways of seeing, ways of being with"

The national residential conference of ISPS-UK was successfully held last September. It was well attended by a stimulating mix of mental health professionals, including a significant group of creative therapists. It was also interesting to have a number of users and carers attending, and there was an expectant, open and respectful atmosphere amongst the delegates and speakers. The conference facilities were conveniently arranged, creating a welcoming environment despite the indifferent English weather! It was Brain Martindale's last major ISPS-UK event before stepping down as Chair, and he took the opportunity to set the scene, introducing some recently elected new committee members.

The conference programme was packed full, involving three major plenary sessions, three workshop sessions and several other events.

The first plenary talk was given by Professor **Richard Bentall**, of Manchester University. He spoke from his approach, which I think could be summarised as a listening perspective, to clinical work with individuals experiencing psychosis. He supported his position with findings from experimental psychology, in particular focusing on the high co-occurrence of trauma and abuse in the histories of those later developing psychosis. It was exciting and convincing to hear an empirical, cognitive psychologist exploring the role of environmental factors in the genesis of schizophrenia. His talk provoked some interesting debate on the quality of the evidence pointing to trauma as a key causative factor.

Professor **Christine Barrowclough**, also of Manchester University, presented her approach to understanding the perspective of relatives, from her considerable experience of family work. The work focuses on current relationships in the family, in order

to promote better functioning for the person with psychosis. In particular, the stance is taken that the family should not feel implicated in the causation of illness. Audience debate raised the sharp difference between this position and that of Professor Bentall, on the role of environmental factors. It was dis-appointing that Professor Barrow-clough did not discuss her views on this – it felt like a missed opportunity to think about the issues raised by the differing perspectives.

The third plenary session was presented by Professor **Vamik Volkan**, from the University of Virginia, USA. He spoke movingly from his experience of analytic work with psychosis, using his model of 'the psychotic core'. His perspective, so firmly focused on potential internal psychogenic causes of illness, seemed to be challenging for many in the audience. I felt it was a rare and valuable opportunity to hear from an experienced analyst who is still practising intensive work with individuals with schizophrenia; it was very interesting to hear about the ways in which the patient might need to use the analyst, and how this might be experienced, at a personal feeling level, by both parties.

I felt there was an interesting tension and balance between the three very different viewpoints represented by the plenary sessions. Indeed, perhaps it offered a firm 3-D structure for the conference, within which there could be space to explore different views constructively. It certainly seemed that a healthy diversity could be fostered through the creative and thoughtful programming, and that different groups could begin to learn to communicate better with each other, something which can only be of benefit in services for psychosis. I wondered how successful this was for the users and carers attending. It may be that this was just the beginning and more work needs to be done to make useful links with these groups.

Each workshop session offered 9–10 alternative parallel talks or workshops. I found it very difficult to choose: the quality and range of presentations and speakers was very high. One stand-out experience for me was attending a workshop called 'You are awful but I could like you!'

In this session, three presenters from different orientations (psychoanalytic, cognitive-behavioural and drama therapy) talked about how they saw the differences between their approaches. The audience debate afterwards demonstrated how complementary these approaches could be, in achieving broader methods of communication with those experiencing psychosis.

Additional conference ingredients included:

- The launch of a new nursing section for ISPS-UK. I heard this was very successful.
- An opportunity to meet in median-size groups, at the end of the first day, to reflect on and digest the experience of the day. This seemed to be valued, and perhaps quite a powerful space in which our own needs to tune into each other could be met.
- For those who were up to it, meeting at 8.15am on the second day for the ISPS-UK AGM!

The conference was crowned by a conference dinner, held in the splendour of the banqueting hall of Manchester Town Hall on the first evening. An unexpected early finish to dinner led to a wait for the return coach, during which various delegates, including Brian Martindale, dipped into their repertoire of entertainment skills! Another human touch to this very 'real' conference.

To round off the conference, a play-back theatre group improvised the dramatisation of individual stories from experience of the conference. By reviewing personal themes emerging from the conference this involving and moving session went some way to providing that much needed bridge between the experiences of professionals, service users and carers.



News from ISPS Local Groups

Norway

ISPS- Norway has been established, and will have its secretariat functions in connection with the psychiatric services in Hamar, Norway. We made a significant surplus from our nationwide conference in the autumn 2004, and have now employed a part-time secretary. We are establishing a membership database currently. We have also started planning our next nationwide ISPS-Norway symposium which will take place 2nd-3rd February 2006 in Hamar, with the theme: "Det terapeutiske mangfold" ("The therapeutic manifold").



Sweden

On March 11th it was time for the fourth annual meeting of the Swedish ISPS group. We started in 2002 and the meetings attract members from all parts of Sweden. A sense of friendship and belonging has been emerging in the group as we have been exchanging experiences and developing ideas. The annual meetings in the spring are for members only, to give a possibility to deepen the understanding of important issues concerning psychological work with psychotic patients. The autumn meeting is arranged outside Stockholm, inviting other people as well to listen to some well-known authority of the field.

At the annual meeting this year we agreed that the project for the future will be to put even more emphasis on being a network - creating meeting places for the members but also extending to other people from society like artists and authors. Our hope is to facilitate the possibilities for dialogue, the generating of opinions and the exchanging of experiences.

The theme for the fourth annual meeting was psychosis and trauma and we were very happy to welcome John Read, member of the ISPS executive committee and editor of the book "Models of Madness". John came all the way from a sunny New Zealand to a snowy Stockholm to inspire us in our struggle for a more psychologically oriented approach to psychosis challenging the dominating traditional illness model of schizophrenia. Some experiences in his

early professional life 'biased' him in this direction and he has now gathered an impressive amount of research evidence showing the role of childhood trauma and contextual factors like poverty, discrimination and social isolation in the etiology of psychosis. John pointed out that the destigmatisation programs saying "mental illness is an illness like any other" actually try to persuade people they are wrong since if you ask the public about mental health problems they think it is caused by bad things happening to you.

John talked about the historical context of the invention of 'schizophrenia' and seriously questioned the scientific requirements for the existence of this concept. He also addressed the taboo of research into family factors and the fear of 'family-blaming'. Actually it is not helpful to try to convince families that they have not contributed to the problem because that is not what they think themselves. It is a very contradictory message that is given in psycho-educational programs when we say "it's not in any way your fault, but we want you to change your behavior so it doesn't happen again."



John Read, Sonja Levander, Karin Hallén and Maria Sundvall



Margit Olsson, Lance Cederström, Lisbeth Palmgren and Margareta Brynolf

John presented several studies about the prevalence of child abuse in psychiatric patients and how abuse is related to the

severity of the disturbance and 'schizophrenic' symptoms. In abused psychiatric inpatients the content of 54 % of the hallucinations and delusions is related to the abuse. These findings of course have implications for what kind of treatment will be helpful. In Auckland John Read has trained his clinical staff to ask about possible trauma and abuse. The important thing is to communicate that you heard what the person said. You don't have to get all the information and you don't have to fix it.

The seminar with John Read gave us a profound reminder of the importance of considering life events and circumstances in the treatment of patients with psychotic symptoms. We felt vitalized and strengthened by the passion and knowledge John Read so generously shared with us.

Margit Olsson, psychologist at the first episode psychosis unit of the Psychiatric Clinic of Södertälje.

New Zealand

The NZ branch was formally proposed at the 2004 Making Sense of Psychosis conference. The steering group is meeting monthly to establish a bank account, constitution and to work on registering the organisation with the Government. Individual membership of the local group should be ready to commence in April. An admin assistant, Melissa Tiatimu, has been employed on a casual basis to assist with these arrangements. The steering group is: Mike Ang and Patte Randall, psychologists Jim Geekie and John Read and occupational therapist Dale Rook. Plans are already underway for the 3rd Making Sense of Psychosis conference on October 18th and 19th, 2005.

The international keynote speaker this year will be psychiatrist Dr Colin Ross, a prominent U.S. researcher and clinician in the fields of psychosis, dissociation and trauma, and author of several books. Several NZ ISPS members are collaborating on a New Zealand chapter for the forthcoming book, edited by Yrjo Alanen on the history and future of ISPS.



Israel

A new local ISPS group has been set up in Israel. A conference was held at the Shalvata Mental Hospital on June 15th and 16th, 200 people attended. The first day consisted of lectures, the second of supervision sessions. The honoured guest speaker was Ann-Louise Silver. Further details about the developing ISPS local group available from Orna Ophir-Shacham, email: ornao6@zahav.net.il



ISPS-US

"THE VALIDITY OF EXPERIENCE"

ISPS-US meeting (7th annual symposium) in Boston November 11-13th



ISPS-US is now approaching seventh annual meeting, to be held in Boston, chaired by Ron Abramson, M.D. Its theme is "The Validity of Experience" and our keynoter will be George Atwood, Ph.D., Professor of Psychology at Rutgers University, whose writings concern the intersubjective view-point in psychoanalysis. We will meet at the Holiday Inn Brookline, MA (a suburb of Boston) from November 11-13, 2005 and are now welcoming responses to our call for papers, which must be received by June 30. Proposals should be no more than 250 words in length, describing talks 30 minutes long, and should be e-mailed to our executive director, Karen Stern at contact@isps-us.org, or mailed to ISPS-US, P.O. Box 491, Narberth, PA 19072.

Those from outside the United States are enthusiastically encouraged to send in abstracts. The details for submissions are posted on our newly re-designed website, at our same address: www.isps-us.org.

We have a hard act to follow, given the hugely positive response to our Chicago meeting last year, chaired by David Garfield.

Lorraine Ellis has completely redesigned our website, making it closely resonant with that of www.isps.org, with many strong interconnections. It is more tightly organized, and includes features such as access to Amazon, as well as Paypal. Thus, people can purchase relevant texts by members and others, displayed and described at our website. We will continue posting more articles and references, and enlarging our web-link list. We will continue posting Brian Koehler, Ph.D.'s scholarly and wide-reaching contributions to our listserve. It's our "Koehler blog." And our membership list now includes links to members' publications available on the internet. We hope to make our website a valued resource for students, clinicians in the mental health field, and others interested in psychological treatments of psychotic disorders.

Michael Robbins, M.D. is leading our online seminar on psychoanalysis and psychosis. We are now reading through Chapter 7 of Freud's *The Interpretation of Dreams*.

Meanwhile, David Garfield, M.D. has stepped down as head of our Chicago branch, in order to chair the Membership Recruitment Committee. Garry Prouty, D.Sc. is now heading the Chicago branch.

We are embarking on a research project which will begin with a clinical survey of our members. The ISPS-US Research Committee, chaired by William Gottdiener, Ph.D., has prepared a survey, which is now being studied by an Internal Review Board. We hope that the results will lead to an interesting publication. Meanwhile, we are beginning to develop a manual on psychodynamic work with people struggling with psychosis. We hope then to be able to use this manual in a research project on the effects of teaching these techniques, hoping to apply for a grant to help fund the effort. Thus, we are feeling increasingly strong and stable, and are setting more long-term goals.

We will be contributing to the ISPS-Madrid meeting, with many symposia already submitted.

ISPS UK

Having steered ISPS UK from its birth to a vibrant organization with charitable status and over 400 members, Brian Martindale decided to step down from Chair of ISPS UK last September (though he remains our link with the International committee). We had our first General Meeting at our bi-annual residential Conference in September (see Kathy Taylor's separate report) when the results of elections for the new committee were announced: Janey Antoniou, Trish Barry, John Gale, Siobhan O'Connor, Chris Burford, Steffan Davies, Grainne Faden, Sheila Grandison, David Kennard and Brian Martindale. A bit later the white smoke went up (excuse the topical joke that indicates the omnipotent fantasy of taking over the chair from Brian) and the committee chose me to succeed Brian as chair, plus John Gale as treasurer and Sheila Grandison as secretary.



The committee has reviewed its aims for the UK Network, and rank ordered them as follows:

1. Develop and promote a clear ISPS message to attract a wide cross-section of members, with a view to achieving membership growth of 100 a year
2. Organize or co-organize two conferences/workshops each year
3. Support the development of interest Sections
4. Develop groups in geographical areas
5. Develop a training pack/workshop on key issues in integrating psychological approaches to psychoses, that we can offer to professional training courses and Trusts
6. Pull together information on the evidence base for aspects of psychological approaches to psychosis
7. Develop guidelines for Trusts on the employment of service users in a consultant user capacity
8. Survey members for other activities or 'services' they would value
9. Review membership structure and fees
10. Co-host a 'schizophrenia day' with an NHS Trust

A number of these have begun to take shape. We have a new information leaflet that is being professionally produced. We are planning a conference for October 14 in London on Intercultural Therapy and Psychosis, convened by Trish Barry, aiming for a mix of contributions from the statutory and voluntary sectors with clinical, academic and research components. There is another of our workshops co-hosted with the Institution of Group Analysis on November 19, this one entitled Psychotic Experiences in Groups. There is a growing network for members in the north of England, based at The Retreat in York, which holds three meetings a year.

Meanwhile our email discussion group, well moderated by Chris Burford, continues to be very active, with between 80 and 120 contributions a month. The major recent discussion point has been in response from one member's suggestion to change the name of our society, with a range of skilful attempts to adapt the words while retaining the initials. This wasn't just about words, but about the contemporary use of the terms psychosis and schizophrenia, and about our identification with psychotherapies, psychological treatments, or a more general mission. All this to be carried forward to next year in Madrid, and it was helpful to have some wise contributions from overseas as well. One particular project deserves special mention. One of our members Glenn Roberts has worked with a theatre group to create a play called 'On the Edge' that portrays with great authenticity a young man going through the stages of a first psychotic breakdown, and the unvarnished reactions of his parents, a school teacher, class mates and girlfriend. Accompanied by a teaching resource pack, the excellent Extreme Theatre Company has taken this round schools and colleges for six months. The project is now being evaluated in terms of its 3 aims of raising awareness, reducing stigma and encouraging help seeking, and has already shown signs of making a difference with some students coming forward after a performance to talk about their own experiences. This project is helping to meet the wider goals of the 5 year Early Intervention Programme that is supported by our largest mental health charity Rethink, and is a good example of a growing sense of common cause that is developing across progressive elements in the mental health field in the UK, of which ISPS is a part.

ISPS Netherlands-Flanders Network in 2004

In April 2004 the ISPS Netherlands-Flanders local group organised a mini-symposium about family-treatment with psychosis in de GGZ Eindhoven.

Margreet de Pater, psychiatrist, held an interesting lecture with a historic overview on this subject. She drew on her experience with family treatment, her broad knowledge of the literature and her contacts with international experts in this field. In her lecture a development became clear, in which the character of family-treatment has developed through the decades. This leads to the conclusion, that family-treatment should be regarded considering the specific features of each period. A more specific conclusion was, that the ideas about family-treatment in the seventies seem not to match with these times as much as for example the multi-family-treatment by McFarlane. Ria Lenior, researcher at the Adolescenten-kliniek of the Academic Medical Center in Amsterdam, lead by Don Linszen, referred to her thesis of 2002, a 5-year-follow-up to the effect of family-treatment according to the principles of Falloon at the prognosis. The most important conclusion was, that family-treatment helps the parents to support their child with psychosis, which helps the prevention of re-admission in the clinic. Marijke Krikke, social worker who has done the family-supporting in the Adolescenten-clinic, illuminated this with her experiences from practice of family-support.

The Dutch government has supported a project for Multidisciplinary Guidelines for Mental Health Institutions. The Network has written a reaction to the concept-guidelines for Schizophrenia.

This government has unfortunately also diminished the amount of sessions for psychotherapy, that is payed for by the insurance from 90 to 25. In a letter to the Minister of Health the Network has made clear the devastating effect of this measure for especially the treatment of patients with psychosis: they form a group that needs prolonged treatment. During the last decades more specific kinds of psychological treatments have been developed. As a result of that, the scope for treatment of these



often seriously handicapped patients has widened importantly. This measure will harm the further implementation of these treatment-modalities and undermine the expertise that is necessary for it. The Dutch Society for Psychiatry was not consulted for this measure. It was taken on account of the recent report Suitability of Longer Lasting Psychotherapy by the Gezondheidsraad, the official scientific advisory board of the Minister of Health. The report is the first of the Gezondheidsraad on this subject. The conclusion of the sub-committee that has written it, was that there are indications, that longstanding psychotherapy - i.e. psychotherapy of more than 20 sessions - is effective. Secondly it pleaded for more research and lastly it made some recommendations concerning the application of psychotherapy, especially monitoring of it. But in the letter in which the report of the sub-committee was presented to the Gezondheidsraad, it was concluded, that evidence for longstanding psychotherapy is lacking, and that therefore reserve should be taken with the application of it. Essentially treatment possibilities have been limited to a level at which only prolonged crisis intervention and treatment for the less serious psychiatric decompensations as well as for minor personality problems is possible. The idea behind the Gezondheidsraad-report appears, that nowadays clinical practice by professionals, though supported by nowadays clinical research, would be not proven fully according to the highest standards of research, in which situation it would no longer be legitimate. The chairman of the sub-committee dissociated himself from this interpretation of the work of his sub-committee in the Monthly Magazine for Mental Health. It appears also that research criteria for evidence are strung up and prevail above the clinical practice of thousands of professionals, trained for about ten years according to regulations that are agreed to the same government. This points to the great importance for monitoring by professionals of the use of research by advisory and governmental institutions as well as for consultation to them. The Dutch Society for Psychiatry has installed a Commission for Longlasting Psychotherapy, that will advise the board regarding the policy concerning psychotherapy for this purpose and to safeguard the reimbursement for longstanding psychotherapy in the new health-insurance system that will run from

January first 2006. The Network is represented in a supporting group of this Committee. Maybe it is a good idea to have a meeting at ISPS Madrid 2006 with members who deal with research and with policy-advisory and governmental action on the field of psychotherapy with psychosis. That would give an opportunity for exchanging suitable research-data and experience within ISPS for the sake of more effective action towards the governments and international organisations.

In the Netherlands the psychotherapeutic branch of the education of psychiatrists is revised. The Network has directed a plea to the Dutch Society for Psychiatry for specific attention and demands in it for the psychotherapeutic approach of patients with psychosis.

In January the Network has made a considerable attribution to a symposium cooperated of the Section for Psychotherapy of the Dutch Society for Psychiatry on psychotherapy with psychosis. It was a lively meeting, that was attended by about 75 psychiatrists.

June 15th John Read, professor of clinical psychology from New Zealand and co-editor of *Models of Madness*, is giving a lecture for our Network about trauma and psychosis. Also October this year - after "Kortenberg" 2003 - it's the turn of the Netherlands to host our third Network Conference.

Jan Leijten, independently established psychiatrist in Amsterdam



The Singapore Chapter of the ISPS

At the first meeting of the local Singapore Chapter of the ISPS on 5 Dec 2003 a pro-tem committee of 9 was elected from the 27 interested mental healthcare professionals who were in attendance. The Committee held its first meeting on 11 December



2003 during which several issues were discussed, including the registration of the Singapore Chapter with the Registry of Societies, setting up a bank account, membership fees and the training programme for the following year. Since then the Chapter has held two events. The first event was held in January 2004 when Professor Max Birchwood during one of his visits to Singapore from Birmingham, UK, conducted a short workshop on "CBT for patients with First Episode Psychosis". In March 2004 Dr Anthony Bateman from St Ann's Hospital in North London who was then on a visit to Singapore, addressed our local ISPS members on "Psychodynamic Psychotherapy in the Treatment of Schizophrenia".

There are currently 22 members in our local group. The local Chapter has encountered several obstacles in the process of registering with the Registry of Societies and setting up a bank account and we have also lost our Secretary who is now pursuing postgraduate studies overseas. Hence, progress for our local Chapter has been slow. There are, however, encouraging signs that the Chapter may pick up momentum soon and we are optimistic that we will survive these adversities.

There is some interest from other countries in Asia in forming local ISPS groups. Although several countries, including China, Japan and Malaysia have been keen, they have encountered difficulties in gathering together a group of people to initiate the formation of a local group; the nature of their work and the geography of the country seem to be the main causes of the difficulties. Colleagues in Hong Kong have started holding some gatherings which hopefully will evolve into the formation of a local ISPS group.

Lyn Chua
ISPS Singapore

ISPS CROATIA

In the Inter-University Center Dubrovnik, on May 4th-7th, ISPS CROATIA organised its 9th School of Psychotherapy of Psychoses. Under the 'Leitmotif' - Toward Comprehensive Psychotherapy of Psychoses - this year the focus was on **Psychodynamic Understanding of Psychotic Symptoms**. The lecturers and participants were from different parts of Europe: Greece, Italy, United Kingdom, Denmark, Slovenia, Serbia and Montenegro, and Croatia. The meeting included both lectures and case presentations in small groups, as well as a short tour through the historic heart of Dubrovnik, to enable deeper contact and understanding of this Croatian city which is rich in history.



At the end of the scientific programme the ISPS Croatia AGM was held. The 10th School of Psychotherapy of Psychoses was planned for May 16th-20th, 2006 in IUC Dubrovnik. Because of the anniversary an enlarged programme is planned, and the topic will be: "**Patient-Therapist Relationship as the Frame for Therapy**". Some colleagues from abroad expressed their motivation to organize ISPS network in their countries.

Ivan Urlic, Sladjana _trkalj-Ivezic
ivan.urlic@st.htnet.hr
sladjana.ivezic@bolnica-vrapce.hr



What is your contribution to the next newsletter



Visit our website: www.isps.org

- Your local ISPS group and its activities ?
- Meetings, congresses or workshops ?
- New approaches in psychological treatments of psychoses ?
- Research that you are involved in ?
- Questions that you would like to discuss ?
- Please send material for the ISPS newsletter and the ISPS website by e-mail to: isps@isps.org

How to become an ISPS member and enjoy membership rights

There are different ways to become a member of ISPS

You may become a member of ISPS as a **member of a local or national ISPS group or network**. Please contact our ISPS secretariat for information on local groups in your area. Members of such groups will receive the ISPS newsletter through their group and have reduced fees on ISPS congresses.

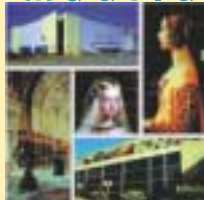
ISPS encourage and support members to form local groups.

You may also join ISPS as an **individual member** using the form to the right.

The fee is NOK 250 (approx. 30 Euros or US\$ 33) or NOK 625 for 3 years (approx. 75 Euros or US\$ 81).

As a member you will receive the ISPS newsletter and have reduced fees on international ISPS congresses.

SEE YOU IN
Madrid



JUNE 2006

APPLICATION FORM FOR INDIVIDUAL MEMBERSHIP IN ISPS

Send or fax to ISPS c/o SEPREP, Jernbanetorget 4 A,
N-0154 Oslo, Norway

Fax nr. +47 23 10 37 79



NAME	MEMBERSHIP: <input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL
STREET/ADDRESS	TITLE: <input type="checkbox"/> MR <input type="checkbox"/> DR (MED) <input type="checkbox"/> PROF <input type="checkbox"/> MS <input type="checkbox"/> DR (PHD)
CITY/TOWN	PROFESSION: <input type="checkbox"/> MEDICAL DOCTOR <input type="checkbox"/> PSYCHIATRIST <input type="checkbox"/> PSYCHOLOGIST <input type="checkbox"/> NURSE <input type="checkbox"/> SOCIAL WORKER <input type="checkbox"/> ARTS THERAPIST <input type="checkbox"/> STUDENT IN: <input type="checkbox"/> MEMBER OF USER ORG.: <input type="checkbox"/> OTHER:
POSTAL CODE	
COUNTRY	
TELEPHONE	
FAX	ARE YOU A PSYCHOTHERAPIST IN YOUR COUNTRY? <input type="checkbox"/> YES <input type="checkbox"/> NO
E-MAIL	IF YES, PLEASE TICK UP TO THREE ORIENTATIONS: <input type="checkbox"/> PSYCHOANALYTIC <input type="checkbox"/> SYSTEMIC <input type="checkbox"/> COGNITIVE <input type="checkbox"/> GROUP <input type="checkbox"/> INTEGRATIVE <input type="checkbox"/> FAMILY <input type="checkbox"/> MILIEU <input type="checkbox"/> OTHER:
<input type="checkbox"/> VISA <input type="checkbox"/> AM. EXPRESS <input type="checkbox"/> DINERS CLUB <input type="checkbox"/> MASTER CARD <input type="checkbox"/> EXP /	CREDIT CARD NUMBER:
<input type="checkbox"/> PAYMENT BY ENCLOSED CHECK	PLACE OF WORK: <input type="checkbox"/> PRIVATE PRACTICE ONLY <input type="checkbox"/> INSTITUTION/ORGANISATION <input type="checkbox"/> RETIRED FROM <input type="checkbox"/> OTHER
DATE (D/M/Y): SIGNATURE:	MEMBERSHIP FOR <input type="checkbox"/> ONE YEAR (NOK 250) <input type="checkbox"/> THREE YEARS (NOK 625)