ISPS Newsletter

Volume 2 #3 October, 2013

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ISPS WARSAW CONGRESS

Participants' experiences

The 18th International ISPS congress took place between 22nd and 25th of August, 2013, in Warsaw, in the old library of the Warsaw University on the main university campus on Krakowskie Przedmieście. It was entitled 'Psychological treatments of psychosis'. The conference was attended by 375 people from 31 countries, mainly Poles (110 people), Norwegians (49 people), delegates from the United Kingdom (29) and USA (23), Swedes (23), Danes (21) and many other nationalities including Australia, Japan, New Zealand, South Korea and Egypt. There were 117 speakers. The conference included six preconference workshops, seven plenary lectures, 27 oral presentations, 26 workshops and seven symposia. ISPS congresses are held every two years.

Poland hosted the event for the first time and - at least from the perspective of us as participants and many other people with whom we spoke - it was a success in terms of content and organization.

During the conference we heard about psychosis from many different angles. One could meet a variety of opinions, participate in different activities - from theater performance where the actors were experts by experience, to literary analysis, descriptions of the personal experience of psychosis and recovery, case studies, supervisions of one's own therapeutic work, reports on activity of health centers and mental health associations, to reports of methodologically sophisticated research projects.

A unique experience - commented on by many participants - were sessions of social dreaming; three consecutive days of the conference were opened by meetings where strangers shared the descriptions of their dreams with each other. Associations of participants wandered around ways of understanding and experiencing psychosis - it was seen as a different kind of worldview, change, decay, catastrophe; an experience which was terrifying and fascinating at the same time.

The inaugural lecture was prepared by Yrjö Alanen and read by Jukka Aaltonen. Professor Alanen undermined the importance of organic etiology of psychosis and the role of genetic factors, while stressing the role of early suffering, including the risk factors such as narcissistic trauma or situations of separation. In the following days the theme of trauma and its role in causing and sustaining the

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process of the disease appeared in a number of presentations, and was analyzed from the perspective of quantitative research and qualitative case studies. It is worth to mention a moving description of psychoanalytic work with a 9 year old boy delivered by Burton Seitler and the interesting project of Katarzyna Sitko - who tried to explain the relation between traumatic experience and the occurrence of psychotic symptoms by the person's attachment style. At the same time the authors of numerous speeches expressed doubts about categorical thinking of psychosis and questioned the role of pharmacotherapy.

The excellent speech by John Read made the biggest impression on us. He presented plenty of evidence-based data (e.g. a meta-analysis conducted in 2012) that proved the importance of traumatic experiences in the development of psychosis. At times, the statements or comments from the audience seemed to be too one-sided, not very balanced, too "naive Cartesian" - as Professor Nancy McWilliams called the phenomenon of the complete rejection of the role of "nature" in a dispute about the etiology of psychosis. Anyone interested in this topic, please refer to the "Models of Madness" - the book edited by John Read and Jacqui Dillon and second edition published in 2013.

A significant contribution of people who experienced psychosis is worth mentioning. During the panel session the participants of the Warsaw long-term therapeutic group led by Professor Andrzej Kokoszka and the Krakow association "Open the door" described the most important healing factors and wondered "why some patients cannot recover". Arnhild Lauveng, recollecting hallucinations and delusions experienced by herself, emphasized the role of understanding and interpreting the symptoms of psychosis. The participants were able to see two plays, performed by actors - persons having the experience of psychosis. Experts by experience did not hesitate also to take part in the general debate, which gave a specific atmosphere, less formal and more moving to the discussion after the lectures.

Despite any mentioned drawbacks, the conference was a truly memorable experience. It strengthened the need for understanding schizophrenia in psychological terms as it has a strong theoretical and empirical justification. Thus, psychotherapeutic work with people that experience psychosis - though not the easiest and shortest kind - should be continued and developed. Many Polish participants must have had the same conviction, as evidenced by the creation of the Polish branch of ISPS during the congress, to which all interested persons are welcome.

MałgorzataJędrasik-Styła, Psychologist PhD
Rafał Styła, Psychologist PhD

Reflections on Warsaw 2013

As member from the advisory board from a large-scale European researchproject under the coordination of Prof. Jim van Os it was possible for me to go the Warsaw congress of ISPS for which I am very grateful because it was a beautiful congress.

International (not membership through regional groups)

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There was the winning prize for Amra Dautovic and standing ovation for Anhild Lauving,both user/survivor and psychologist, and very many other very good lectures, symposia, and workshops (also some done by users/survivors.) Professor John Read told us that at this moment it is accepted in generalthat social factors play a role in the onset of psychosis, during the treatment and in the recovery. There was a meeting with mostly users/survivors from Warsaw, who told positive things about drama therapy and played theatre for us. This meeting was also interesting in that it highlighted that meeting a professional worker is mostly a turning point in the treatment after which recovery started.But, there were still patients complaining about too early too much and too long medications with severe side-effects.

What impressed me very much was the good collaboration and dialogue between professional workers and user/survivors or experts by experience. Although a professor in psychoanalysis explained to me that a narcissistic superiority complex amongst psychiatry is a great problem, I did not see much of that problem on this conference.

Very impressive for me was the story by Debra Lampshire. She told me that she was in a psychiatric hospital from the age of 17 until she was 35. Then she met a technical engineer who repaired old cars. She learned from him everything about it and spoke with a Maori who could not speak about it. After some meetings this Maori started to speak. He had for thirty years not spoken, because he had told to four adults that he was mistreated and they did not listen. After that he decided not to speak any longer and he was mute for thirty years. Together they tried in the way one repairs cars to repair their lives, and succeeded. They got married. Debra gives lectures at the university and is a board-member of ISPS Norway. It is clear that we should not underestimate the expertise you get by experience and need more studies on these experiences. For example I am a young master in the philosophy of psychiatry and very proud that my presentation on de-medicalization was appreciated very much.

I did not understand why the International Network Philosophy of Psychiatry was not known well, not even by psychiatrists and neuro-scientist who are working with high level philosophy and psychiatry. In 2014 they have a conference in Bulgaria about neuroscienceshttp://inpp2014.com/en

I would be glad if the keynote-lectures and other important ones from ISPS would be recorded by video and put on the website or on YouTube, so that everyone who wants to see and hear them can do that. Not everyone has the money to go to conferences.

I myself am bothering about neo-liberal politics and what the economic crisisis doing with income and mental health care. So I am glad that the board of ISPS decided to put on a well prepared high-level meeting about it on the next conference in New York. I have learned much of this from the book 'Punish the Poor' by Loic Wacquant, professor of sociology from the United States.

Thank you very much for this beautiful conference. It would be like a miracle for me to see you again in New York.

Dr Jan Verhaegh MA
European Network of Users and Survivors of Psychiatry

Relevant Recent Journal Abstracts /Correspondence/Editorial from the British Journal of Psychiatry and the American Journal of Psychiatry.

Abstracts/pieces from high impact journals on subjects of relevance to ISPS.

Brian Koehler PhD

New York University

Schizophrenia, poor physical health and physical activity: evidence-based interventions are required to reduce major health inequalities.
Lily McNamee, Gillian Mead, Steve MacGillivray and Stephen M. Lawrie.
British Journal of Psychiatry 2013;203: 239-241
Abstract:
In schizophrenia, life expectancy is reduced by 20 years, primarily due to cardiovascular disease (CVD). Physical activity modifies CVD risk factors, but physical activity levels are low in this patient group. We urgently need evidence-based interventions that increase physical activity to improve health and reduce premature mortality in people with schizophrenia.

Avatar-assisted relational therapy for persecutory voices
James A. Rodger
British Journal of Psychiatry 2013;203 ,Issue 3, Correspondence
Concealed beneath the implausibly insentient nature of the intervention implied by Leff et al's study title (1) is in fact a highly relational therapeutic approach for voice hearers of potentially Copernican significance! An example of the kind of paradigm shift in both research and clinical practice recently advocated in the British Journal of Psychiatry (e.g. Bracken et al (2)).
Although only a proof of concept study, it is predicated on a very different understanding of psychopathology than conventionally argued for in the pages of this Journal. Not only does the study shun conventional diagnosis in favour of a symptom group, as Tyrer points out in the issue's editorial coda, but it revives the concept of psychotic symptoms as relational phenomena both in terms of aetiology and intervention that our group has recently further argued for. (2)
Although a large-scale phase III study is clearly warranted, the early impression of an evidently useful shift in the framing of psychosis potentially opens up readers of this Journal to more serious consideration of a wider range of relationally oriented aetiological factors and therapies already advocated for psychosis and psychotic symptoms in several lower impactjournals - which as Kingdon points out in his related editorial (3) - have historically proved to be the principle hotbed of past game changers in psychiatric practice.

Although the Journal has itself recently published several articles acknowledging childhood maltreatment to be significant risk factors for psychosis possibly meditated by changes in the hypothalamic-pituitary-adrenal axis and downstream effects on dopamine systems, the idea that hallucinatory phenomena may themselves represent echoes of past abuse brings us closer to dissociative concepts of such phenomena, which by definition points towards relational solutions. Indeed, outside the pages of this Journal the once confident distinction between dissociative phenomena and psychosis has been challenged on various counts, including the following:

- Experimental studies which have shown that psychological measures of dissociation and psychosis are highly correlated and do not have convincing differential construct validity. (4)
- Historical analysis of changing diagnostic trends, demonstrating a waning in the popularity of multiple personality disorder at the time that the diagnosis of schizophrenia began to gain ascendance is argued to be no coincidence. (5) That childhood abuse is now suggested by some studies to have a dose-dependent relationship with later risk of psychotic symptom development, in particular hallucinations, (6) also weakens the basis for any presumed aetiological distinction between the two.
- Psychological modelling of how child maltreatment and trauma may give rise to psychotic symptoms (including negative symptoms). Presumed differences between traumatic flashbacks and hallucinations may be based more on whether insight into a link between trauma and symptom is acknowledged by the patient (and psychiatrist). (6) This becomes harder still when the hallucination is symbolic rather than simply echoic or thematic.

If such a model is correct, then we can begin to take more seriously the claims of such relational therapies as the open dialogue family therapy model for early psychosis in Finland, which claims to have reduced the transformation of new-onset psychosis to chronic schizophrenia to a remarkable degree. (7) We might also take seriously the ideas of relating therapy for voices and even the more radical, direct voice dialogue advocated by some. (8) The implications for wider practice are also substantial after all, the difference between voice elimination/repression and integration/transformation cannot be overstated, although clearly some patients are likely to still favour a 'sealing off' recovery style.
Julian Leff's team and the editorial board of the British Journal of Psychiatry are to be congratulated for the publication of this paper. Greater insight into how the therapist learns to convincingly embody the patient's persecutory voice, through the avatar, would however be welcome.

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The Psychoses in DSM-5 and in the Near Future.
William T. Carpenter, Jr., M.D.
American Journal of Psychiatry 2013;170:961-962.

It has long been recognized that current classifications of disorders associated with psychosis, notably schizophrenia, bipolar disorder, delusional disorder, and schizoaffective disorder, will be reformulated when their pathophysiological etiology is identified. The modest progress made to date has not been sufficient to redefine the classification landscape based on neurobiology, biomarkers, or distinctive phenomenology. One winces when an overlap is claimed based on similar ratings on a particular test at a single assessment, because this simplistic analysis overlooks the remarkable distinctions in form and content between these disorders. The DSM-5 Psychosis Work Group made moderate progress with the reconceptualization of schizoaffective disorder as a lifetime of mixed affective and psychotic features rather than permitting the diagnosis after a single mixed episode.

Other improvements for DSM-5 have also attempted to make diagnostic boundaries clearer based on comorbidity. Body dysmorphic and obsessive-compulsive disorders with delusions no longer require delusional disorder as a comorbidity because the delusions have lifetime histories and treatment responses that differ from delusional disorder, with which they were formerly classified. Delusional disorder itself no longer requires that the delusion be labeled nonbizarre, since that distinction between delusional disorder and schizophrenia was uncertain. Similarly, schizophrenia can no longer be diagnosed solely by the presence of a bizarre delusion. This corrects a mistaken primacy assigned to Schneiderian first-rank symptoms in DSM-III and DSM-IV.

Every clinician knows that within any diagnosis, including the psychoses, individual patients appear quite different. While research rating scales can capture these variations, clinicians who treat psychotic disorders have not adopted these scales in the way that those who treat depression made the Hamilton and Beck scales commonplace tools. Eight dimensions can now be rated, either by clinicians or clinical researchers, from absent to severe on a simple 0-4 scale: delusions, hallucinations, disorganized thinking, negative symptoms, psychomotor symptoms, cognition, depression, and mania. The Psychosis Work Group believes that these domains of

pathology, now in Section 3 of DSM-5 (Conditions for Further Study), are essential to evaluate patients, address treatment, and relate psychopathology to identified behavioral constructs. In the future, these domains may provide a bridge to National Institute of Mental Health research in the Research Domain Criteria framework. We believe that new therapies targeting one or more of these domains specifically, in the context of the life course of a patients illness, will someday by approved by the Food and Drug Administration and other regulatory bodies.

The feature of the life course of patients with psychoses that was most contentious, but that was also widely recognized to be the most important, was the development of schizophrenia and other psychoses during adolescence and early adulthood. Knowledge developed in the past 20 years regarding the association between at-risk mental states and substantially increased risk for later progression to schizophrenia has culminated in a validated case identification methodology that positions clinical care to address current needs as well as secondary prevention of psychotic illness. A remarkable initial report of effectiveness of 12 weeks of 3-omega free fatty acids in preventing the development of psychosis over the following 40 weeks (1) illustrates this potential for early intervention that may alter the life course.

It seems likely that the risk concept will be broadened in two ways. First, risk for psychosis development may be divided into two stages: very early detection before the onset of distress or dysfunction meriting clinical care and a second stage when distress or dysfunction require clinical attention but full psychosis has not developed. The first provides a risk paradigm with implications for primary prevention and the second a disorder where clinical care addresses the present disorder but may also involve secondary prevention of psychosis.

The second broadening will be based on moving from the schizophrenia prodrome construct to a definition of risk for psychosis development that includes risk for major depression and bipolar disorders with psychosis and perhaps an even broader range of disorders associated with psychosis. Current research is not exclusive to schizophrenia risk, but it is skewed in that direction. Aspects of the development of full psychosis are likely to be shared across a number of disorders.

Some of the Work Group members advocate creating a classification for individuals manifesting current psychopathology that places them at high risk for further development of a disorder with psychosis. Whether this will be within the schizophrenia spectrum, as presently proposed in Section 3 based on current data, or more broadly placed as risk for other disorders with psychotic features will be determined as further knowledge of early identification and risk status is developed outside of the schizophrenia prodrome construct.

Thus, the Work Group began its task by clarifying the boundaries between diagnoses, a process begun with DSM-III, and ended by proposing a future dimensional approach, which ignores such boundaries, particularly during the early development of illnesses when much is unclear. This effort will be in the service of ultimately discovering the causes and developing new therapeutic options for these patients.

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Welcome to our newest ISPS Institutional Members

The Hanna SegalInstitute for Psychoanalytical Studies, Poland
(Instytut Studiów Psychoanalitycznych im.Hanny Segal)

The Hanna Segal Institute for Psychoanalytical Studies promotes anddevelops psychoanalytical ideas and Hanna Segal's discoveries. TheInstitute cooperates with the Public Health Sector and Universities.Currently three clinical programmes are run:
- psychoanalytic psychotherapy of psychosis and depressions
- psychological help for old people
-perinatal help
www.isphs.pl

Casa de Alba, Portugal
Casa de Alba is a therapeutic community for mental health care, near Estremoz in Portugal.
www.fundacaords.org

To find out about Institutional Membership of ISPS visit www.isps.org/index.php/isps-membership/institutional-membership

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ISPS Regional News

New ISPS groups!

ISPS India
Contact Ishita Sanyal
ishitasanyal@hotmail.com

ISPS Russian speaking network
Contact Alexey Koryoukin
koryoukin@yandex.ru

ISPS Poland
Contact Szymon Szumial
szumial@post.pl

ISPS Suomi (Finland)
Contact Klaus Lehtinen
klaus.lehtinen@uta.fi

ISPS Lombardia (Italy)

ISPS Lombardia is a new Italian regional group, based in Bergamo, 45 km from Milan. The group was established in October 2012. At the moment it is formed by 17 active members (psychiatrist, psychotheratists. occupational therapists, music and art therapists, families and relatives of users and users themselves).

I am happy to inform you that ISPS Lombardia will organize the second ISPS Italian national congress in Bergamo from the 12th to 14th june 2014: the title will be "Il corpomente e le sue relazioni. Rivisitare l'esperienza psicotica" ("The bodymind and its relationships. Revisiting the psychotic experience"). The main goal of the event will be that of bringing together the professionals, the relatives and the users involved at different levels with the problem of the psychotic experience, in a joint efford to highlight the most recent evidences from the literature and the social and clinical practice. The meeting will be enriched by the presence of a few speaker from abroad (Dr David Garfield from Chicago, Prof. Luc Ciompi from Switzeraland, Dr. Birgitta Alakare from Finland) and others who still need to confirm. The event will take place in collaboration with the University of Bergamo. For further information please visit www.ispslombardia.it
or contact convegno@ispslombardia.it

Dr Matteo Mazzariol
President of ISPS Lombardia

ISPS Regional Group Self-portraits

The poster with several ISPS regional group self-portraits - presented by Nicolas Nowacks and colleagues from ISPS-Germany during the ISPS Warsaw congress - can be viewed at www.isps.org

News from ISPS-Netherlands/Flanders: A study day with Darian Leader.

On the 3rd of May 2013 a large number of people gathered together in Kortenberg for the annual conference of the ISPS-network Netherlands/Flanders. The theme of this year's conference was 'The tilt of psychosis'.

The conference was opened by Dr. Ludi Van Bouwel, who started out by stating that people are more than just their brains. She emphasized the importance of always trying to understand psychosis. Nowadays it is known that each of us has the potential to have a psychotic break (just think of the work of prof. Jim Van Os); the important question is what it is exactly that causes such a break to occur.

In his lecture, Dr. Darian Leader stated that present-day psychiatry generally focuses too much on symptoms, causing us to lose sight of the underlying structure. He emphasized how a specific symptom (for example refusing to eat) can have a different meaning for different patients. In talking about psychosis Dr. Leader made a distinction between 'being psychotic' (having a psychotic structure) and 'going psychotic' (having a psychotic break). Following from this he stressed the importance of trying to find out how it is that patients with a psychotic structure often manage to remain stable

for long periods of time. He also made a distinction between primary and secondary symptoms of psychosis. According to him, the primary symptom of psychosis is an experience of fragmentation, of mental collapse. From this perspective delusions can be seen as a way of trying to give meaning to this experience, an attempt at self-cure. Dr. Leader sensitively illustrated these ideas through a clinical case. Starting from the clinical material he showed how therapy with psychotic patients should always be a question of discovering and respecting their own idiosyncratic solutions.

After Dr. Leader's lecture 2 people shared their personal experiences of psychosis. First, Miguel Van Den Bedem vividly described the emergence of his psychosis and the struggle that ensued. What I mainly rememberfrom his talk is that he did not regard his psychotic breaks as episodes of illness, but as confrontations between his inner life and our society, a society that doesn't always seem to know how to deal with these things. He also expressed the desire to mean something to others, despite his limitations. Michel Mestrumspoke about the uneasiness towards psychic suffering that stills exists in our society. All too often it is associated with failure and weakness. I was very touched by one of the statements that he made: "psychotic people make the vulnerable present in our culture". It made me reflect on the way in which our society deals with vulnerability. Do we make enough room for it or do we tend to relegate it to the realm of 'abnormality'?

Next, Dr. Lucas Joos talked about his view on the residential treatment of patients with psychotic disorders. He rightly emphasized that this kind of treatment demands a great amount of creativity and dedication on the part ofthe caretaker. It impels us to questions ourselves time and again. Because the confrontation with psychosis can cause us to lose our own hold, it is important to have a frame of reference to hold on to, a 'secure base' from which we can explore and to which we can return 'when the going gets tough'.Dr. Joos also expressed concern about the growing role of management thinking in contemporary psychiatric care. This kind of thinking can encourage feelings of alienation in patients and caretakers, which is exactly what we need to avoid when working with psychotic patients. He stressed the importance of creating opportunities for unexpected and meaningful encounters.

After Dr. Joos' lecture we heard another personal experience, this time from the mother of a psychotic patient. She courageously recounted the story of her son's psychosis; how he became increasingly chaotic and disorganized and ended up being diagnosed with schizophrenia.She talked about the confrontation with limitation and loss; her son not being able to live on his own, the serious and sometimes permanent side effects of antipsychotic drugs,She ended up asking a very important question, which once again questioned the way in which our society deals with vulnerability: "is life only valuable when you can make yourself useful, when you're not a burden to others?".

Following this touching story there was a musical interlude by the music therapy students of the Leuven University College of Arts. They performed an improvisation in which they managed to evoke the 'tilt of psychosis' in a very vivid way. At first there was peace and

calm; the silence before the storm. Then, suddenly, upheaval and confusion, psychosis breaking out in all its violence, performed with such intensity that I don't think it left anyone in the audience unmoved. After this intensity abated we were confronted withsadness and sorrow, the psychic pain that often lies at the core of psychosis. For me this part of the improvisation evoked the idea of the search for a safe haven, a place where the pain of psychosis can be tolerated and contained.

Jan Van Camp started the afternoon program with a lecture about voices, more specifically about hearing voices that aren't really 'there', that are not a part of consensual reality. He stated that this phenomenon isn't the 'perogative' of the psychotic patient; it can happen to each one of us. He gave the example of the loss of a loved one. Even when the person in question is no longer there, we can sometimes still hear their voice, speaking to us, evoking their presence. Van Camp linked this to Freud's theory of the two principles of psychic functioning. Early in life the young infant tries to cope with the absence of the maternal breast by 'hallucinating' it. This type of hallucination is usually abandoned with the emergence of the reality principle (or in Van Camp's words: "the reality principle limits the pleasure of the hallucination"). In psychosis something seems to go wrong here. Van Camp explained this through Lacanian thinking; the psychotic patient has a lack of symbolic foundation.He tries to keep his head above water through suppletion, but this balance is often fragile, and disturbances can lead to a psychotic break.

Dr. Margreet De Pater emphasized the importance of being included in a social network. She quoted research stating that 75% of psychotic patients have always felt lonely, or started feeling lonely before their psychosis. Again we encounter the problem of alienation... She also stated that psychotic patients were often remarkably well-behaved children, and that they rarely went through a 'no-phase'. This calls to mind the problem of identity formation in psychosis, and the importance of working in an identity-promoting way. Dr. De Pater then described how sheput her ideas into practicethrough a family-focused treatment model that focuses on setting boundaries and encouraging autonomy.

Dr. Eric Thys spoke about the link between psychosis and creativity. He began by stating that we can never have direct contact with reality, and that our experience of our inner world and of external reality is in fact a construction. He pointed out that attributing things either to the self or to the outside world, which most people regard as a very self-evident mechanism, is not at all self-evident for psychotic patients. To illustrate this he used the phenomenon of thought insertion. The main point of Thys' talk was that this fading of the boundaries between inner experience and external reality also seems to be related to creativity (which for me brought to mind Winnicott's concept of transitional space). He stated that there does not seem to be a real difference between the creative aspects of psychosis and creativity in general. The question Dr. Thys put forward at the end of his lecture (and deliberately left unanswered) was if it might be possible that psychopathology is in fact the price humanity has to pay for creativity.

All in all this was a very inspiring day during which a lot of

questions were raised that deserve further exploration and reflection. Some of the themes that stood out for me were the relationship between 'normality' and psychosis (is there a categorical difference or can we speak of a continuum?) and the problem of alienation in psychosis and the role our society plays in this. The personal stories that were told strongly reminded me of the importance of giving a voice to psychosis, or, in more general terms, of giving the vulnerable a rightful place within our society.

Yannick Houben
Clinical psychologist and psychoanalytic psychotherapist in training. He works at the University Psychiatric Centre KU Leuven in Kortenberg.

Forthcoming ISPS events

Schizophrenia Days Research Conference
4-5th November 2013
in Stavanger, Norway
'Researching psychodynamic treatment of non-affective psychosis: is it possible?'
Organised by Stavanger University Hospital, Seprep and ISPS-Norway
Contact: aida@psykopp.no

XVIII Annual Course of Schizophrenia
Thursday, 28 November 2013 - Saturday, 30 November 2013
in Madrid, Spain
'Inner dialogue, hallucinations and therapeutic strategies'
www.cursoesquizofrenia.com

ISPS-UK one-day conference
Saturday 30th November 2013
in London
"Attachment, relationships and psychodynamics in psychosis"
Keynote speaker: Gwen Adshead
Contact:admin@ispsuk.org

ISPS-IL annual conference 2013
Sunday, 22 December 2013 - Monday, 23 December 2013
in Jerusalem, Israel
'Psychosis and psychoanalysis: Time, Madness'
Keynote speakers:
Prof Francoise Davoine, Psychoanalyst, Ecole des Hautes Etudes en Sciences Sociales, Paris, France
Prof Ann-Louise Silver, Washington School of Psychiatry, Washington Psychoanalytic Institute, USA
Prof Bent Rosenbaum, Psychiatrist and Psychoanalyst, University of Copenhagen, Denmark
Prof Jean-Max Gaudillière, Psychoanalyst, Ecole des Hautes Etudes en Sciences Sociales, Paris, France
Contact: renana.elran@mail.huji.ac.il

ISPS UK one-day conference
Psychosis, recovery and the arts

Amnesty International, London
27th March 2014
Contact: alison@ispsuk.org

ISPS Croatia annual conference 2014
"School of psychotherapy of Psychoses"
To be held in the Inter-University Centre in Dubrovnik, Croatia, May 14 - 17, 2014
"Personality, Personality Disorders, Psychoses"
Keynote speakers to be announced soon.
Contact email: ivan.urlic2@gmail.com

Save the date!
ISPS UK residential conference
'From Diagnosis to Dialogue'
17-18th September 2014
in Leicester

Save the date!
19th International Congress of ISPS
March 18-22, 2015
in New York

Opening reception Weds. evening, March 18th
Conference Thurs. March 19th - Sun. March 22nd.
Pre-conference workshops on Weds. March 18th.

at New York University, NY, USA.

Tentative title: From DNA to Neighborhood: Integrating Psychological, Social, and Biological Approaches to Psychosis - An International Dialogue.

Publication information

Editors: Klaus Lehtinen and Antonia Svensson, ISPS International Organiser

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June 2013 issue - last day of May
September 2013 issue - last day of August
December 2013 issue - last day of November
Submit material for consideration or suggestions to Antonia Svensson at isps@isps.org . Submissions should be in Arial 12 font without special formatting such as boldface, italic, color other than black, or capitalization of entire words. Items submitted in other ways may be returned.

The deadline to submit material for the next ISPS newsletter issue is the end of December

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