




ISPS Newsletter - January 2025

Dear ISPS colleagues and friends of ISPS,

I am writing my column on January 20th - an auspicious day here in the United States. Every year on the third Monday of January, we have a national holiday, celebrating the birthday of Rev. Dr. Martin Luther King, Jr. (actual day of birth was January 15). Dr. King was an influential leader of the civil rights movement in the US from the 1950s until his too-early death by assassination in 1968. He was not just a political leader, but a spiritual leader as well. His words apply not just to the civil rights movement of his time, but can be a light for all movements which take a stand on behalf of marginalized groups. So I suggest that his words have meaning for us in ISPS. For example, from his April 1963 "Letter from a Birmingham Jail":



"Injustice anywhere is a threat to justice everywhere. We are caught in an inescapable network of mutuality, tied in a single garment of destiny. Whatever affects one directly, affects all indirectly."

Whether we in ISPS are researchers looking for more effective treatments, or caregivers advocating for family members, or clinicians working psychotherapeutically with people with serious diagnoses, or those people having extreme experiences themselves and looking for deeper meanings or healing - ISPS upholds the value that we are all part of a human community. We bring our various approaches and work and experiences

together, and that's what makes ISPS unique. "Whatever affects one directly, affects all indirectly."

On a more mundane level, ISPS will be holding an election for the eight members of the Executive Committee this summer. The election is held every 3 years, as stated in our society's constitution. The Executive Committee has formed a nominating sub-committee, consisting of past President Ludi Van Bouwel, long-time member Debra Lampshire, and myself. We will be looking for members who wish to run for the EC, and will get our slate of nominations out to members in the early summer. More to come on the election. We hope all members will use their voice and vote!

And lastly, I want to announce that the Executive Committee has elected another Lifetime ISPS Honorary Member - Manuel González de Chávez of Spain. Among other contributions to ISPS and our field, Dr. González de Chávez organized the 15th International Congress of ISPS in 2006 in Madrid. He co-authored the book associated with the conference, *Fifty Years of Humanistic Treatment of Psychosis* (full text available [HERE](#)).

Congratulations Dr. González de Chávez for a long overdue recognition of your years of contributions to ISPS and the field of approaches to psychosis! (biography coming soon)

Julie Kipp
Chair, ISPS

ISPS Statement about Euthanasia

ISPS (the International Society for Psychological and Social Approaches to Psychosis) wants to alert the world to the dangerous evolution of allowing euthanasia or assisted suicide for unbearable mental suffering caused by psychiatric conditions. This raises complex medical, ethical, and societal/political questions that cannot be considered in isolation.

Psychiatric conditions are complex and dynamic, with the potential for change and improvement always present. A strong wish to die is often the result of despair and tunnel vision, not an irreversible prognosis. The role of caregivers is to counter this despair by maintaining hope, openness to alternatives, and a warm, continuous dialogue to understand the underlying issues. Giving up hope undermines the psychiatric profession.

In countries where euthanasia is legal, it places medical professionals in an impossible position - required to both protect life and facilitate death. This contradicts the Hippocratic oath and devalues the daily struggles and life-sustaining efforts of patients and mental health workers. Euthanasia sends a "death message" to the community, going against the basic human connection and solidarity.

Suicide and euthanasia have a profound impact on the person's close environment. Autonomy is only possible in connection with others - "real autonomy" does not exist in isolation. Assisted suicide places sole responsibility on one person and leaves loved ones in guilt. Evidence shows no reduction in actual suicide rates in countries where euthanasia is legal.

There are concerning societal/political implications as well. The presence of euthanasia as an option can create subtle or overt pressure on vulnerable patients to choose death. It shifts societal values, normalizing the idea that life is negotiable and no longer inherently valuable. This echoes the past misuse of psychiatry for eugenics and the devaluation of certain lives.

In many countries, years of underinvestment in mental health have limited the choices and support available, leading people to despair. Every person has a human right to good mental health care, not a "right" to euthanasia. Given the stigma surrounding mental illness, the state must not change the ethical code to allow doctors to facilitate harm.

As the founder of the hospice movement, Cicely Saunders said, "if nothing can be done, there is still a lot to do." Maintaining this core principle of preserving life and human dignity is the kernel question at hand.

An ISPS webinar is being planned on this topic, to facilitate discussion on this important topic. More news coming soon.

ISPS Executive Committee



News from ISPS Regional Networks

ISPS-CH (Switzerland)

On 23rd May 2025, the 18th ISPS Swiss Conference will take place at the Malévoz Hospital in Wallis, Switzerland. The theme, "Psychosis and Trajectories:

Walking Together", will explore lived experiences, pathways, and innovative approaches to psychosis. This event will feature distinguished speakers, including Sarah Kamens (United States), providing an interdisciplinary perspective on mental health and psychosis; Prof. Philippe Conus (Lausanne University, Psychiatry Department), offering insights into patient-centered psychiatric care; Prof. Ola Söderström (Neuchâtel University, Institute of Geography), discussing the interplay between spaces and life trajectories; and Emanuele Ferrigno (Belgium), sharing practical expertise from his extensive experience in mental health support.



The first edition of the course 'Psychotherapeutic Approach to Psychosis: Essential Elements for Daily Practice' began in November 2024 and will conclude in May 2025. Participant feedback has been overwhelmingly positive, and a second edition is set to launch in October 2025.

The ISPS 2026 International Conference will be held in Lausanne from 6 to 8 July 2026, under the theme “Back to the Future Inspired by Pioneers”. Organized by a committee chaired by Prof. Philippe Conus and Dr. Dag Söderström, this event will celebrate the 70th anniversary of ISPS and its enduring legacy. Preparations are already underway for what promises to be an exceptional gathering. Save the date!

ISPS-US

We are so pleased to report back that our 2024 conference exceeded all expectations! With around 180 attendees in person and almost as many online, the event was filled with dynamic conversations, packed breakout sessions (sometimes standing-room-only!), and a sense of renewed energy throughout.

Many participants expressed eagerness to continue the advocacy work and organizing efforts sparked at the conference, we will announce ways to be involved soon. Additionally, our Psychoanalysis Training Track inspired a new wave of clinicians who are eager to build on these discussions and continue seeking support and collaboration. The enthusiasm and momentum generated are just the beginning, and we're excited to see where this collective energy takes us next!

- Access session recordings (for people who did not previously register)
- View conference photographs
- Review program and conference details

ISPS-US 2024 Award Winners

Congratulations to our friends and esteemed colleagues who were announced at the conference as our annual ISPS-US award winners.



- Gaetano Benedetti Award For Life-time Service to ISPS-US and Psychosocial Approaches to Psychosis - Philip T. Yanos, PhD
- Christian Müller Award for Dedication to ISPS-US and Psychosocial Approaches to Psychosis - Kathleen Herling, MS
- Bertram Karon Memorial Award - Zak Mucha, LCSW
- Best Poster Award - Voices of Black Clients and Their Families: Keys to Better Engagement in Psychosis Care - Yasmine Boumaiz, BS

ISPS Armenia

We are excited to share the achievements of ISPS Armenia's first year.

We sincerely thank everyone who believed in ISPS's vision and helped establish the Armenian community. While our membership remains small, we are committed to growth and welcoming those interested in modern approaches to mental health ([link to the application form](#)).



This year, we were honored to represent ISPS Armenia with a small delegation at the ISPS conference in Helsinki. Special thanks to our Finnish colleagues for their hospitality and support, as well as to ISPS for fostering collaboration and supporting local initiatives.

In the latter half of the year, we set our priorities for the future: hosting thematic events, accredited seminars, and student lectures; strengthening ties with local mental health organizations; and implementing psychosocial programs to prevent psychosis.

On December 14, in partnership with "Miasin" and the "Enca" center, we hosted an interactive session on grief, led by our president and co-founder, Elmira Hovhannisyan. The discussion emphasized the importance of

acknowledging and processing grief. We look forward to further collaboration with these organizations.

Despite the challenges of the year, we remain determined to grow and make a difference. And together, we are stronger.

ISPS Poland

The year 2024 has been productive and busy for the Polish regional group of ISPS, with membership surpassing 80 and continuing to grow.

The highlight of the year was our conference titled "Connections: Bond and Loneliness in Psychosis," held on April 12–13, 2024, in Katowice. The event was accessible both in person and online. It was preceded by a pre-conference half-day workshop led by Katherine Berry, focusing on attachment theory in therapy for psychosis. The conference featured 3 keynote presentations, 3 workshops, 3 discussion panels, and 16 oral presentations, involving both professionals and individuals with lived experience of psychosis.

We organized five online seminars this year, featuring prominent speakers such as Robert Whitaker, Karen Taylor, and Pat Deegan, alongside several Polish presenters. Currently, we are in the midst of a literary competition, inviting essays on personal experiences with psychosis to encourage open dialogue and storytelling.

One of our ongoing initiatives is developing a comprehensive database of psychotherapists with expertise in treating psychosis. Additionally, we are compiling a directory of therapy centers specializing in psychotherapy for individuals with psychosis.

ISPS Denmark

2024 has been a very special year for ISPS Denmark. In April we hosted an event concerning mentalization based therapy (MBT) for psychosis. An illuminating presentation by Associate Professor in Psychology Susanne Harder who introduced us to the technique of MBT and its benefits in treating and understanding patients suffering from psychosis. In June, members of ISPS board and other Danish colleagues had a wonderful time at the ISPS Congress in Helsinki together with our international companions. In October, we organized a very special event on euthanasia. With a panel of distinguished speakers, Anne Lindhardt (psychiatrist), Mikkel Wold (Priest and Member of Danish Ethical Counsel) and Flemming Schollaart (Member of "Right to die" society), this topic was presented and discussed from different perspectives. The event was motivated by the ongoing debate concerning euthanasia in Denmark and in ISPS international. Our own ISPS- member Jens Roved who has been very active in this debate, later co-authored an article in British Medical Journal called: Assisted dying bill: "if nothing can be done, there is still a lot to do". Finally, Bent Rosenbaum decided after 18 years as chair for Danish ISPS to step back but will continue as board member. His contribution to Danish ISPS is beyond words as he has been (and still is) an intellectual and inspirational force which has shaped ISPS Denmark as we know it today. On our general assembly, Karl Erik Sandsten was elected as the new chair for ISPS Denmark. Karl Erik is a psychiatrist with experience from psychotherapy and clinical research in psychosis and schizophrenia. He has been an active board member for the past 6 years and is looking very much forward to taking on his new role in our group.

ISPS Lowlands

**Conference ISPS the Netherlands
Flanders October 25th 2024 "Need
adapted care for psychosis, Human
contact as an essential resource"**



Reflections of Huguette Beyens:

The title of the study day 25th of October, "Need-Adapted Care", inspired Dr Erik Thijs, psychiatrist, writer and artist to create a very much transparent logo, that fills nothing in and creates an open space for free interpretation.

At the same time it expresses essentially the core of what is all about "Need-Adapted Care": to work creatively with the possibilities that rise at the moment of crisis and to respond versatile.

It engenders a movement that transcends boundaries so that all the people concerned by the care for the person in crisis can experience more connection.

Moving through the mist of not knowing in search of a solution can be embraced by an open attitude for creating a neutral space wherein together, bond by a same movement and unfilled, cautiously probing, questioning and scanning the real need of the person in crisis can be explored.

Mieke Jespers, psychoanalytic - existential psychotherapist, working in a day clinic for long-term care in GGZ Bethany wrote a review of this day:

Review 'Need adapted care for Psychosis, Human contact as an essential resource'.

**ISPS The Netherlands Flanders conference 25th October 2024
Kortenbergh (Belgium)**

**Friday 25 October 2024, the 'study-return day'
of the Helsinki ISPS Congress took place in Kortenbergh.**

Grateful for this 'retake' because I could not undertake the trip to Helsinki, I registered for the day.

The warmest October day ever recorded. Sun-drenched. And we pulled into the dark auditorium, deprived of natural sunlight. There, many committed people tried to shed light on the darker sides of life and care. Because facing a psychotic crisis is an intense, dark or dazzling existential experience that can happen to anyone and affects both the person in crisis, their loved ones and their caregivers.

Where are our blind spots as counsellors? How can we shed light, understand what happens in such a crisis? And how can we better tailor care accordingly? How can we meet the person and their family, who, overwhelmed by the 'psychotic storm' are doing everything they can to fight the crisis, person-to-person, without going into battle themselves, without coinciding with despair?

In the lecture 'From need-adapted care for psychosis to destigmatisation', Ludi Van Bouwel looked back at some of the lectures of the congress and highlighted the main points from them.

The 'Need-adapted treatment approach' has some basic principles that we very much endorse, yet remain an ongoing challenge to realise. These include that treatment should be as continuous as possible (i.e. 1 person who carries the whole process) and that therapeutic activities should be planned and organised in such a way that they are flexibly and individually tailored to the needs of the person and their environment. It seems obvious and yet it is a daily exercise. How often do people have to change departments, hospitals, practitioners? How often on wards are people expected to join the predetermined therapy program rather than the therapy program being joined or adapted to the person's specific needs? How much space and time do we make for seeking alignment, from a genuine interest in that other person? How can we continue to guard this 'play' space in times when registration, protocols, mastering and time pressure threaten to determine the discourse? These are some of the (self-)critical questions I ask about these important care principles.

Filip Conus, a Swiss psychiatrist who spoke at the Helsinki congress, also raised critical questions about the current 'early intervention offer'. It has already brought very important added value but there is still work to be done to eliminate waiting time, for example. After all, immediate help is needed in an acute psychotic crisis. As care providers, we therefore have a political task here. Politicians need to be sensitised about this need. All too often, psychological suffering is taken less seriously or misinterpreted.

And that in turn ties in closely with the theme Norman Sartorius spoke about in Helsinki: destigmatisation. Short campaigns do not work, research shows. There is a need, because it is much more effective, for a long-term, continuous commitment against stigmatisation together with the -neighbours of- people suffering from and under psychosis. They need to be involved.

All these themes were also covered in Pien Leendertse's lecture on Soteria in the Netherlands and the subsequent discussion. After all, Soteria homes are completely in line with Need-adapted treatment approach principles. Being with and doing with, with lots of warm, cosy, space to look for alignment. With less (self-)stigma. Yet the house has had to close in the Netherlands. Due to a combination of several 'external' factors, with (not) being heard and recognised by managements and authorities still seeming to be a major factor. The collective voices of people with a psychosis experience, family members and counsellors seem necessary to make the 'need' clear to politicians. Separately, we won't get there. We need to go to governments together. We need to pull the same rope together, something the people of El Camino Bekegem called us all to by literally putting the rope on the stage. They organise monthly 'Open Circles' where participants can discuss their experiences around psychosis. Psychosis not as a stigma but as an experience that can be shared.

Back for a moment to earlier in the day. Francoise Davoine spoke with great enthusiasm about the role of happiness in the power of interaction. A few phrases stick with me: 'When you cannot speak, you cannot be silent'. And chance. Use chance, that which 'falls to you' in your interaction with the other person. Reveal it. Because causality doesn't work, coincidence does. E.g. knowing that what your father experienced in the past helped cause your current suffering is insufficient ... it does not change what you experience. Working with coincidence, speaking from what strikes you (possibly from your own background), at that moment in the interaction with the other, does work. It ensures that 'frozen speeches' can become warm and alive again. That they can reconnect. After all, when the symbolic language chain is broken due to trauma, time cannot heal the wounds, because time just keeps running with the language. The timeline is broken along with it. So there is no more efficacy in that causality. We have to get time and language moving again. Finally, what stays with me is how Francoise Davoine referred to the 'therapon' from the Greek myth of Achilles from the Iliad. Therapon stands for servant, companion, someone's second and closest companion, the second in battle, and with the duty to honour the dead.

'A close companion', "warming frozen speeches", "honouring the dead" ... it brings me to the workshop I attended in the afternoon: "Euthanasia in psychiatric disorders: more complex than thought". Ludi Van Bouwel and Marc Calmeyn dared to bring into debate this complex, deeply human and

ethical topic that leaves no one untouched (but threatens to freeze?). This is literally about life and death. About impotence and (all)power. About despair and hope. Ludi Van Bouwel clearly formulated how she sees her task, mission, 'vocation' as a psychiatrist at the service of the patient with severe mental suffering. A hope bearer, a guardian angel, who, through offering a warm bearing empathic relationship together, explores the meaning of suffering and creates the possibility of transforming suffering into a bearable experience. She links this to concepts from trauma treatment, to Freud's theory of the drives and to the interrelational dynamics inherent in a psychotherapeutic process, which is a therapy in the relationship and of the relationship.

And does that perhaps also make euthanasia ethically and clinically different from suicide, I wonder. Whereas suicide disengages from, dissolves from, the relationship, the request to euthanasia sets itself just in that therapeutic relationship. That seems to be what makes euthanasia present itself as a 'better, more dignified, more humane' alternative to the lonely death of suicide. On the other hand, the power and responsibility that thus falls to the doctor seems to carry with it an impossibility. A moral and ethical dilemma. For how can a doctor both make room for the subject with all his existential ambivalences and kill him at the same time? Is the much-heard argument that euthanasia prevents suicide correct? Ludi Van Bouwel presents figures from several countries where euthanasia and/or assisted suicide are possible. There is no research that firmly supports it. On the contrary, the figures seem to be increasing, both of euthanasia and suicide. Thus, legalising assisted suicide and/or euthanasia for mental suffering seems to 'do more harm than good'. Out of personal and social responsibility and concern, Marc Calmeyn and Ludi Van Bouwel shared a manifesto, a statement in process of ISPS, inviting thoughts. A fascinating exchange followed, revealing how important, complex and precarious this topic is. Precarious because it is about life and death, precarious also because it quickly threatens to become polarised.

It seems you can only be 'either for or against euthanasia in mental suffering'. While just that freezes something.

Are you too lacking in empathy if you don't put someone who is suffering unbearably out of their misery? Or, as Ludi Van Bouwel suggests, should we distinguish between fusional empathy, where you coincide

with the despair and it is lethal, and bearing empathy, where you offer something in addition to the despair?

Do you respect more the patient's autonomy if you help them die at their request? Or is it just more autonomy-supportive if you do not take over that choice, responsibility and (possible) act of dying or not, but leave it with the patient and, above all, continue to create space to feel, think, speak? Is there such a thing as complete autonomy? We are socially dependent beings and cannot live without the other. The current autonomy discourse, 'self-determination right discourse' therefore seems to ignore the ambivalent nature of human beings: we long for autonomy but also for connection.

Are you unfairly discriminating and stigmatising unbearable psychological suffering vis-à-vis physical suffering if there would be the option for euthanasia in the case of one and not the other? Is psychological suffering then less bad? Less hopeless? Or is it mostly 'different'? And does it therefore require a distinction, a difference? Marc Calmeyn argues that there is always hope because psychological suffering is unpredictable. It is precisely this unpredictability that offers opportunities, but at the same time perhaps gives just extra heaviness? If you know that you are going to die within two months, or that within two months the (heaviest side effects of the) chemotherapy will be over, then you might just be able to bear the present pain more easily than if nobody can predict whether it will get better, when and howNo, psychological suffering is certainly no lighter than physical suffering. We all agree on that.

It reminds me of a quote I read in an article by Trees Depoorter (2022) : 'Human existence is a contradictory existence, in which we live to die, as corporeal beings are simultaneously object and subject, trying to give meaning to that which escapes us anyway and opening ourselves up again and again to something of which we cannot control how it will affect us. That contradictory existence in which, despite and thanks to biopsychosocial and countless other laws, we repeatedly experience something of freedom and therefore responsibility. In our relationships and interactions, we relentlessly discover the indistinct, unfinished, ambiguous in the world and in ourselves.' ... 'This unremovable ambiguity makes it impossible to relate to life in an unambiguous way. This is anything but easy. This can even become or be unbearable for someone.' (Depoorter, 2022). Symptoms are often unconsciously ingenious creations

to make this ambivalence more bearable, but they can also become so restrictive and unipolar that it becomes unbearable again.

I understand the writing of Marc Calmeyn and Ludi Van Bouwel as a concern that current discourse wants to control that ambivalence by freezing it in one pole. Does the option for euthanasia open the door to death too much for desperate people? Is the threshold for choosing death thus 'encouraged' too much? Especially if this takes place within a social and clinical context where there is less and less (play) room for ambivalence and for long-term need for care. Where the duration of hospital admissions and treatment times seem to be determined more economically than clinically. Where long-term mental suffering is considered an individual failure.

How can we continue to make room for the complexity of being (adrift) human, for the fumbling, struggling, suffering human beings that we are? Should the law change? Does it have to go away? Above all, must care change? We don't know, not well, not for sure, but we feel a lot about it and so must keep speaking up. Because people have a right to good, quality and accessible care, for as long as they need it, and we should definitely invest in that.

Good humane care, with room for not knowing, searching and suffering. It brings me to the testimony of Lucas Joos and Bart Reynders on 'embracing the psychotic storm until it calms down'. Inspired by Jean Oury's legendary quote, 'Soigner les malades sans soigner l'hôpital c'est de la folie', Lucas Joos and Bart Reynders and their team continue to search every day how to ensure that your hospital and ward, is a place where 'you can be - and become-' and not get sick-er. By making room for the basic dimension of being human, a cup of coffee, a warm bed, comfort, sociability, a friendly and human welcome instead of protocols, education, control. By making time to be among patients. Providing maximum proximity and hospitality by closing nursing stations and minimising the alienating aspects of hospital and administration. Being present in a forensic way through a basic authentic warm receptive attitude and atmosphere. A poignant testimony about the difficult quest of a psychotic suffering man, his family and the team makes this attitude and atmosphere palpable and shows how horrific suffering could be transformed into something else in a joint arduous journey....

After a very full day, I step out of the dark auditorium as a fumbling doubting human being. Grateful to be able to receive the sunlight back, grateful for this day that brought into the light some new and familiar beacons in the (help with a) psychotic storm.

Mieke Jespers

Psychoanalytic - existential psychotherapist

Working in a day clinic long-term care

GGZ Bethany

The small little room

Offering a free space for holding and acceptance. At the study day in June in Apeldoorn in the Netherlands.

During the study day of 18th June we reserved in the centre a little room where people could find some rest and a safe place to digest the heavy impressions they experienced by listening to the keynote presentations.

Before the start of the lectures some people after checking in came upstairs to make contact with the atmosphere of the room.

One person of the board was present to receive them and it was very interesting to hear some spontaneous reactions.

For example. A woman expressed her gratitude saying: I am so glad to know that I can come here to live a trigger in a safe place. Normally I dare not participate on a conference out of fear to be lost in the mist when I am overwhelmed. But today I feel the possibility for holding and this empowers me to fully participate.

At the end of the day she was happy to realise that she had lived the full experience without collapsing. Simply by knowing she could find rest at any moment of the day.

This is just one example.

There were people who didn't explore the little room at the beginning of the day and needed a safe space to mourn and to sense their feelings. A border space.

They needed only to feel a presence, the experience of someone being with without intervention.

And in some cases the lived experience was so heavy triggered that a combination of holding and being with was appropriate to contain the suffering who had not been seen and heard before.

So afterwards, with reflection, this little room incorporated the need for safety for persons with lived experiences needed to go through what they are living. Going through instead of oppressing out of fear not to be understood.

It seems that going through, in a safe place, deepens the experience, in a sense that living fully what you experience in a safe way, becomes the key to discover the hidden power of the experience.

The power to restore the broken confidence and a healthy relationship with people and the environment and the world. So the chain of repeated triggering can be broken too.

Huguette Beyens

UPCOMING WEBINARS

Announcing the next ISPS International webinar:

[“Decoding Delusions: Making Sense of Different Types of Troublesome Beliefs”](#) with Dr. Douglas Turkington

Thursday 20 February 2025

17:00-18:30 London Time

Description:

In this webinar Doug Turkington will discuss all of the following:

- the variety of different delusions seen in clinical practice including persecutory paranoia, grandiose, Capgras, organic and Cotard's delusions.
- the typical presentations of delusional systems/memories and substance induced delusions.
- how delusions relate to strongly held beliefs which, despite minimal factual basis, spread widely on social media.
- the variety of approaches for clinicians and also for family members including befriending, collaborative (peripheral) questioning, shared reality testing, asking questions about the pre-psychotic period, and generating a timeline.
- schema vulnerability and goal conflict models (to be briefly discussed.)

There will then be 30 minutes for questions.

About the Presenter:

Dr. Doug Turkington is a Founding Fellow of the Academy of Cognitive Therapy and a Professor of Psychosocial Psychiatry at Newcastle University. He co-edited the book "[Decoding Delusions: A Clinician's Guide to Working With Delusions and Other Extreme Beliefs](#)" and he has authored over 100 articles and more than half a dozen other books on CBT for psychosis, including notable works such as "Cognitive Therapy of Schizophrenia" and "Back to Life, Back to Normality: Cognitive Therapy,

Recovery and Psychosis." He has also provided guidance to family members interested in drawing from CBT for psychosis to improve relationships with their loved ones who are struggling - [some recorded webinars are available here](#).

Participation fee

A donation of \$10 to \$50 is requested. Your donation supports the efforts of ISPS (International Society for Psychological and Social Approaches to Psychosis) to advance the education, training and knowledge of mental health professionals in the treatment and prevention of psychosis. Another major aim of ISPS your donation supports is our work towards the best possible partnership between professionals, people with lived experience of psychosis and their family members. If you are unable to give a donation please contact us to enquire about a limited number of free places for this webinar.

The Recording:

Unable to attend the event live? No problem. We will send everyone who registers a link to view the recording of the webinar.

Time Zones:

Here's the date and time for some time zones:

20 February, 9:00 Pacific Time (US)

20 February, 12:00 Eastern Time (US)

20 February, 17:00, London time

21 February, 4:00 Eastern Australian Daylight Time

To register, go to <https://DecodingDelusions.eventbrite.com>

We look forward to welcoming all who will be able to attend!

Join ISPS-US for a screening of documentary film "Drunk on Too Much Life" followed by an audience Q&A with the filmmakers Michelle Melles and Pedro Orrego.

02/08/2025 04:00 PM - 06:15 PM ET

Join ISPS-US for a screening of documentary film "Drunk on Too Much Life" followed by an audience Q&A with the filmmaker Michelle Melles and husband Pedro Orrego.

Drunk on Too Much Life is an intimate and powerful documentary following the filmmaker's 21-year-old daughter's mind-opening journey from locked-down psych wards and diagnostic labels towards expansive worlds of creativity, connection and greater meaning. Through conversations with advocates and experts by experience such as Sascha Altman DuBrul and the late Kevin Healey, as well as trauma expert Dr. Gabor Maté, the family begins to question the widespread idea that mental illness should be understood in purely biological terms. They learn the myriad ways that madness has meaning that goes far beyond brain chemistry.

This event is by donation, please give if you can to allow us to compensate our presenters and support the work of ISPS-US

Event Schedule

- 4-5:30pm Eastern: Documentary screening - use the Zoom chat with the film-makers and other attendees while we watch together!
- 5:30-6:15pm Eastern: Filmmaker Q&A

Can't attend live? Don't worry! A link to the documentary will also be provided to registrants and available for 2-weeks after the event. The film maker Q&A will be also recorded and sent to all registrants.

Register [HERE](#)

Learn more:

- <https://drunkontoomuchlife.com/>
- <https://www.newday.com/films/drunk-on-too-much-life> (The film can also be purchased here for use within education settings or clinical practice)

Did you miss the ISPS 2024 conference?

You can now view the ISPS Helsinki

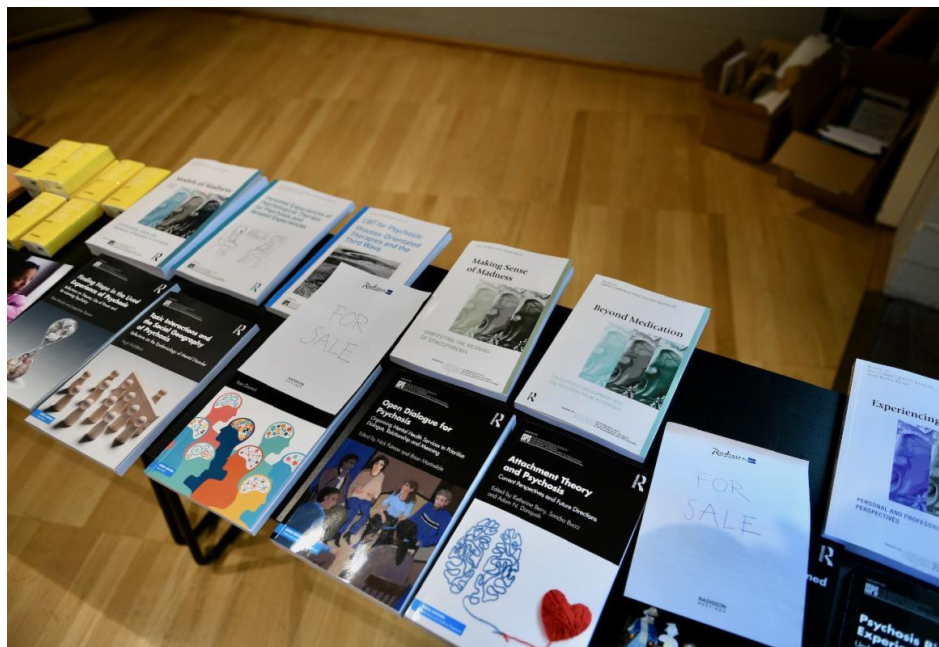
plenary session recordings on our

[YouTube channel](#)

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