

The webinar started with a piece of art by Daniel Fouchè and ended with the contribution of the artist Toshiko Kobayashi who illustrated that many psychotic people gained better physical and emotional control after engagement with creative activities. We saw the very moving pictures of amniotic therapy, where the sensorial experience of the body in touch with another body creates healing, we saw the strength of powerful drawings and of creating music together and so many other valuable artistic creations were demonstrated in films of only 2 minutes long. The Art Therapy festival received the subtitle 'happening without authors': patients and artists work together to make a piece of art that transcends the narcissism of the author. What counts is the common result, the creating of something new. Art itself means the possibility to heal, to transcend the boundaries of one's own ego. Art puts us in touch with the deepest layers of our existence. People with psychosis often have easier access to this. Through creating works of art together in a therapeutic relationship the deepest layers of our psychism can resonate with each other and transformation is possible. In my opinion, herein lies the power of art therapy. After participating in this webinar I am convinced that the ISPS conference in Perugia in 2022 will be a very special one and I hope deeply that finally we can meet each other in real person next year.

ISPS was very active during the past summer. It fills me with gratitude and pride for our organisation. In this newsletter you can read some reviews of webinars and other recent activities of the ISPS. You will also see announcements for new activities planned for the future. So, as you can see, ISPS does not stand still and is always moving in the direction of making treatment for psychosis more human and effective.

Ludi Van Bouwel
Chair of ISPS



Tribute to Ann Louise Silver

by Brian Koehler

Photo by Jens Roved

*"The way things are calls for our tears
and mortality touches our hearts"
Virgil, Aeneid*

*"Guess now who holds thee?"—
"Death," I said. But, there, The silver
answer rang,— "Not Death, but Love."
Elizabeth Barrett Browning
Sonnets from the Portuguese*

It is with very deep sadness that I share with ISPS and ISPS-US the loss and passing of a very dear friend and colleague, Ann Louise Silver. Ann was

beloved to many in ISPS for many years. She and her dear husband Stu

opened their hearts and home to many.

I first met Ann through friend and colleague David Feinsilver MD. My first meeting with Ann resulted in her sending me a large number of article reprints from staff at Chestnut Lodge. I had asked her for articles on psychotherapy to share with the psychiatric residents and medical students I was teaching at a Bronx hospital. Julie Kipp and I would make sure to visit Ann, David and other colleagues at the Lodge at least once or twice a year. Ann introduced me to her analyst Harold Searles, and I was able to do a fairly informal interview with him as a result.

Ann championed the interpersonal psychoanalytic approach to the human predicament of distressing voices and beliefs and disorganization. We wrote articles together along with Bert Karon on the meaningfulness of these experiences and how they can be tied to adverse social and psychological experiences, even across generations (epigenetics and socio-psychological factors). We called attention to the problem of a contemporary narrow focus on a molecular cell biology approach which though important leaves out the person and her or his social and historical contexts, including complex traumatic experiences, as well as the latter's impact on cells and genes, and thus runs the risk of losing valuable and meaningful knowledge of the person.

Below is a summary of Ann's affiliations and contributions to our field.

Ann-Louise Silver MD, psychiatrist-psychoanalyst, graduate of Johns Hopkins Medical School, worked at the Phipps Psychiatric Clinic in Baltimore, the Uniformed Services University of the Health Sciences, Springfield Hospital Center and Clifton T. Perkins Hospital Center, and Chestnut Lodge Hospital. She was a civilian consultant at the Walter Reed Army Hospital. Ann graduated in the 1980s from the Washington Psychoanalytic Institute - her training analyst was Harold Searles.

Ann was a faculty member in the Dept. of Psychiatry, Johns Hopkins University; Washington Psychoanalytic Institute; Washington Center for Psychoanalysis; University of Maryland; and the Washington School of Psychiatry.

Ann was the Founder and Director of the Columbia Academy of Psychodynamics.

Ann was a Fellow and Trustee of the American Academy of Psychoanalysis and Dynamic Psychiatry, a Fellow of the American Medical Womens Association, Distinguished Fellow of the American Psychiatric Association, a Fellow of the American Psychoanalytic Association and the Association of Women Psychiatrists.

Ann was the Founder and first President of ISPS-US and was an active participant in ISPS and ISPS-US conferences and events.

She served on the editorial board of many journals, e.g., American Journal of Psychoanalysis, The American Academy of Psychoanalysis and Dynamic Psychiatry, etc. Ann was a Reviewer for the International Journal of Psychoanalysis.

Ann's edited books included

Psychoanalysis and Psychosis by Ann-Louise Silver 1989;
Illness in the Analyst: Implications for the Treatment Relationship by Harvey Schwartz and Ann-Louise Silver, 1990;
Psychoanalysis and Severe Emotional Illness by Ann-Louise Silver and Morton B. Cantor, 1990;
Psychotherapeutic Approaches to Schizophrenic Psychoses by Yrjö O. Alanen, Manuel González De Chávez, Ann-Louise S. Silver and Brian Martindale (in the ISPS book series).

Ann published numerous articles and chapters in peer-reviewed journals and books. She was a prolific author and reader. Ann was in private practice in Columbia, Maryland. She was married to Stu Silver MD and has several children and grandchildren. She was very family focused.

Videos of Ann-Louise Silver MD

[Interview with Hot Stove Productions](#)

Dr. Ann-Louise Silver [on Chestnut Lodge](#)

[At the ISPS-IL conference "Psychoanalysis and Psychosis in the Institutional Culture"](#)
Conference (ISPS-IL and Sigmund Freud Center), Jerusalem in 2011

Condolences

Her husband, Stu Silver MD can be reached [via email](#)

Cards can be sent to:
Dr. Stu Silver
4966 Reedy Brook Lane
Columbia, Maryland
21044

With best wishes,
Brian Koehler



Review of the ISPS webinar "Three perspectives on racism and psychosis"

By Nazneen Rustom

The ISPS June 17, 2021 webinar, *Three perspectives on racism and psychosis*, was in my opinion outstanding and allowed for a rich, critical discussion on where we are today while pointing to more *helpful* directions of

where we can go in psychiatric care. [I highly recommend watching it on YouTube three times](#) if you did not catch the live event in order to firstly absorb, then metabolize, and finally integrate the learning points into your own care or practice. Listening to the discussion and reflecting over a period of time may also help you get the most impact from this webinar.

It was a truly internationally-welcoming event with kind and open-minded individuals discussing a difficult and sometimes divisive subject; *but this is a subject that is all our business*. I particularly appreciated when moderator Dr. Ingo Lambrecht welcomed the panelists with this analogy: “think of us [in this webinar] as a jazz quartet, where every instrument brings its own quality, its own tones, its own voice, to this topic [...] **its less about absolutes and certainties, and more about curiosity and experimentation [...] exploring what is known and what isn’t known.**” In my review I focus on my top take-home points.

Often in discussions about racism, racialized trauma, and other forms of discrimination, we all find ourselves at a loss regarding for ‘*what to do now?*’ even though we may all collectively agree that the history of psychiatry, as well as colonialism, is founded on narratives that are difficult for the compassionate mind to digest. As such I attempt here to shape my top take-home points gleaned from the webinar into actionable opportunities! My sincere desire is that it serves to help all of us discover at least one action we can undertake *today in the here and now*. I hope this will serve the psychosis community and could be of use to anyone advocating for change when facing the additional barriers of race or identity factors in the course of treatment, supporting clinicians, service users, and their friends and families.

1. ***Make it our business to find out where we find ourselves today:*** The Panelists collectively encourage us to “...go back to the source...” of “...who shaped narratives and why...”. For example, this translates into learning about how and why psychiatry focused on the labelling and categorization of symptoms, and psychopathology rather than designing a system which valued seeking the meaning of experiences of people and groups.

2. ***Make it our business to identify our own discourse and narratives – both the helpful and unhelpful:*** This point is perhaps more important for the clinician rather than the service user. If work is not done on the safe and effective use of the self by the clinician, it can be detrimental or harmful to the person sitting across from them seeking to be treated.

We all need to be more aware of how our own ancestry, direct life familial history, decisions and contexts before birth, and the systems within which we interact/interacted have facilitated and allowed our own growth or advantage, and in contrast to this – identify the contexts that have facilitated an intentionality to sever connections from our cultural and spiritual selves and led to disadvantage.

3. ***Make it our business to advocate for system change for individual 1:1 therapy for individuals with psychosis and facilitate the transformation to trauma-informed services:*** As a compassionate, relational clinician and advocate, I cannot think of a better therapeutic modality than cognitive behavior therapy for psychosis to incorporate the learnings from this webinar, that has the power to *personalize* healing and

treatment of psychosis. Cognitive behavior therapy is not all about cognitive errors and correcting them. It is far more rich when practiced the way it was intended to be practiced, by giving people time - much more so than the '50-minute hour' (when needed) and by seeking out the meaning behind atypical experiences. Case formulation within cognitive behavior therapy for psychosis allows for the appreciation of cultural cognizance when practiced correctly – and this can only be facilitated by clinicians who exhibit cultural humility and who are highly culturally receptive. Clinicians however, must be allowed and empowered to take their time with service users!

Hari Sewell also discussed the distinction of trauma-informed care vs. services. Panelists concurred that it is in the re-design of services that the greatest impact on clients can be achieved. The gap in practitioner understanding of this is vividly recounted in a story told by Dr. o'loughlin, where he explains psychiatry residents left his talk in all likelihood due to their blinkered view. His audience likely had no frame of reference to conceptualize a system of care that did not wholly focus pharmacotherapy, and neither a frame of reference to seek out meaning of atypical experiences, as it would likely exceed a 15-minute time slot and be impossible to achieve within their caseloads. Furthermore, Dr. Pomare also pointed out that Māori indigenous care still exists within a system of Westernized psychiatry. These points collectively suggest a necessity to transform service delivery models and systems that treat psychosis.

4. ***Make it our business to train, seek, and demand clinicians who practice with cultural humility:*** Panelists suggested that workshops, lectures, and classes on the importance of diversity have very little impact. The main 'earthquakes' that lead to change lay in the way we each individually examine our own narratives and make it our business to examine, for example, our own contexts and unconscious bias.

5. ***Make it the clinician's business to take the time to learn about the backstory of our service users and integrate this into recovery-oriented case formulation:*** It is the job of clinicians to learn about and better account for the "backstory" of our service users. This means taking the time to check-in with service users about their experience, personal nuances of that experience and consulting multiple sources of history to gain an understanding of contexts. A failure to recognize contexts, including that of being 'invisible' in society can do harm to service users and can even be perceived a denial of such experience.

6. ***Make it the clinician's business to make sense of and 'decode' experiences that have superimposed shame, fragmentation of the self, disgust, rage, and disempowerment of our service users:*** Importantly, panelist Hári Sewell in discussion raised "toxic interaction theory" whereby "toxic interactions become more toxic when they are not acknowledged". The importance of this speaks for itself. Clinicians need to do the work to understand the experience of distressing emotions and rejection of parts of the self that usually begin in childhood.

7. ***Make it the clinician's business to do less pathologizing of unusual experiences and see the service user as a fellow human being:*** Panelist Dr. o'loughlin highlighted that psychiatry is a field that was founded on

colonial thought. He also suggested a possible answer to the question of *what is missing clinically in dealing with service users who experience psychic distress?* Here he suggested the following on the part of the clinician “(1) an absence of interest in spirituality and ancestry; (2) an absence of interest in family/the holding capacity of the family; (3) an absence of interest in culture; (4) an absence of interest that keeps those pieces in the room.” If such were not absent, this would move us away from the pharmacological approach to *treating distress*, and toward a psychosocial view. This brings us back to a cornerstone of cognitive behavior therapy for psychosis where the therapy itself involves making sense of psychosis.

Taking this all into account, this webinar shines a powerful and thought provoking light onto the very real experience of how historic racial biases continue to permeate through multiple levels of the way psychosis is treated today and how this manifests itself in the continued isolation experienced by groups within society. *So, how can we do better?* A good place to start might be to refer to the wonderful point made by Dr. o’loughlin: [we must all] **“make space for sitting with and bearing witness and joining with somebody and seeing if you can enter their experience”**.

Nazneen Rustom

PhD Candidate, Registered Psychotherapist (Qualifying), MBPsS, BA
Psychology (Hon), Providence Care Hospital/Queen’s University Department
of Psychiatry, Adult Mental Health Division, Kingston, Ontario, Canada.

Reviews of the ISPS webinar *Virtual Healing Spaces* (ISPS Perugia 2022 taster event, 3rd-4th September 2021)

Review 1 by Wilna Wardle

The ISPS Virtual Healing Spaces Webinar on 3-4 September 2021 provided a stimulating preview for the Conference/Festival planned for 2022 in Perugia, in the beautiful Umbrian region of Italy.

Keynote speakers briefly introduced seven topics, followed by Q&A discussions. Artistic video clips flowed between the discussions, providing for an interesting and captivating programme.

Ludi Van Bouwel opened with a reminder that the word “Asylum” refers to “a place of refuge and safe shelter”. During the first session on **“Closing asylums/Opening Healing spaces”** John Foot gave a brief history of the 1970’s revolutions, when isolating institutionalisation of mental patients were rejected and asylums closed in Italy and elsewhere. Alain Gibeault shared alternative approaches practiced in Paris, where “patients” stay connected within their communities while receiving outpatient psychotherapy. Despite many attempts for reforms through the past 40 plus years, it was pointed out that perhaps the changes were implemented too abruptly, without sufficient alternative spaces and possibilities to address the complex and often challenging issues presented by psychotic experiences. Sadly, traumatising experiences within mental health systems is still a disturbing reality in many places around the world. Although some progress has been made, more collaborative work is needed to create less stigmatising and more sustainable,

empowering approaches.

‘Psychosis and the pandemic’ was led by Giovanni Giusto and Daniele Saini discussing the role of fear and unpredictability on human experience. In **“Family Interventions”** Maria Mitre talked about art therapy and the relational concepts in systemic family approaches.

A moving video introduced **“Intersubjectivity and Psychosis”**. Vittorio Gallesse and Maurizio Peciccia discussed the interesting research of Amniotic therapy, with reference to the neurological system and specific brain structures involved in perinatal development. The relational environment and specifically the role of sensory touch, rhythm and movement between ‘in and out’; ‘closer and away’ was highlighted as important processes in forming a healthy, embodied self that can become both differentiated and integrated. This emphasised the need for more integrated approaches which will take the physical-bodily as well as mind-body systems into account when developing healing therapies.

During the **“Early intervention”** session Allison Yung highlighted the possible contribution of physical conditions, including lifestyle and co-morbidities, in psychological/emotional experiences and psychotic symptoms. This again emphasised the inter-related body-mind connection and need for integrative approaches. Andrea Raballo expanded on the importance of early detection of child/adolescent vulnerabilities within specific contexts and developmental phases, with sensitive interventions before escalation into more serious difficulties. This can potentially prevent unnecessary diagnosis, stigmatisation and treatment that could have significant long-term effects on mental and physical health and life trajectory.

In **“Stress, Illness, Trauma and Psychosis”**, Amy Hardy and Magreet de Pater discussed the contribution of trauma in psychosis, emphasising the importance of providing safe spaces for traumatic experiences to be heard and understood, not only in the person presenting with psychosis, but also in the caretakers who might be struggling to provide safe containment against the background of their own personal struggles caused by previous (or current/ongoing) trauma. Intergenerational trauma and unresolved difficulties can play an important role in perpetuating unhealthy environments and inadequacies. To break the cycles and foster healing spaces, it is necessary to compassionately include not only the individual, but also the system within which the individual lives. Even in more short-term, CBT orientated therapies, the context and systemic contributors, especially trauma-related, need to be sufficiently explored.

The final session provided a fascinating step into **“Creativity and New therapies for Psychosis”** with reference to Origami therapy (Toshiko Kobayashi) and the use of technology and digital relational interventions. Donnari’s “Innovative video integration methods” and “Avatar therapy” for voice hearers discussed by Thomas Ward, provide interesting new approaches to process and integrate difficult internal experiences. These new therapies are exciting and in keeping with the changing technologically-orientated world, especially for the younger generations.

Presentations were academically stimulating with promising, much needed ongoing research, emphasising the importance to move away from

reductionistic to more integrative, embodied approaches that respect inter-relatedness and diversity. Hopefully more voices from service-users and family/carers will be included at the Conference to reflect the intersectional nature of the ISPS.

I am reminded of the film “Hugo”, the orphan who tries to fix the Automaton left by his deceased father. He says: “I’d imagine the whole world was one big machine. Machines never come with any extra parts...but always with the exact amount they need...if the entire world was one big machine, I couldn’t be an extra part, I had to be here for some reason...and you too...Maybe that’s why a broken machine always makes me a little sad, because it isn’t able to do what it was meant to do...Maybe it’s the same with people, if you lose your purpose...it’s like you’re broken.”

The human person is certainly a lot more complex than a machine, but still a system within and amongst other systems, each with its different parts and unique needs and purposes. The challenge is huge within this inter-connected diversity, to creatively provide suitable healing spaces where everyone can find their place and purpose. May the ISPS Conference in Perugia be a meeting of people who share this vision through continued research, discussions and efforts.

Wilna Jeanne Wardle, MA (Psych)
Clinical Psychologist, Psychotherapist

REVIEW 2 **By Huguette Beyens**

It is with deep respect for all the work that has been done for making this seminar possible that I will express my gratitude for this big effort.

In these very sorrowful times of the pandemic coming together without distance was no longer possible. These circumstances created a lot of distress. The pain of experiencing a loss of connection was also very present.

We needed to find new human resources to bridge the gap between isolation and connectedness.

It also demanded a lot of belief in the possibility to find new ways to communicate and share with others to continue the reflection about already undertaken projects. To explore, more than before, the realms of a virtual meeting and encounter.

And in these very new waves of exploration of human possibilities, imagination plays an important role.

This was also the case with the ISPS webinar entitled: Virtual Healing Spaces. In these very challenging times, finding security, love, tenderness and insights to understand what overwhelms us becomes a universal need that demands a collective reflection. In search of answers and perspectives to nourish this reflection about creating healing spaces, I participated in the seminar. My imagination was nourished by multiple creative approaches to this big issue that can only be realized by common efforts of very motivated people, who expressed lived experiences by working in their daily life with

people in crisis.

First I will try to grasp my enthusiasm about the Healing Spaces webinar in a few words:

amazing, magnifico, geweldig, magnificamente!

It feels so good to become inspired by attending a seminar that brings people together around a very current theme: how can we create healing spaces by bringing scientific research, art, music, lived experience and lessons distilled by history together and, above all, how to meet the heart that beats in all this?

What turns a simple webinar into an encounter? I am enthusiast, yes, I am. And feeling this in my bones and flesh I give thought to reflections about what engendered this enthusiasm.

The mix of words, pictures, silences, music, and a sensible professional friendship. The reciprocal inspiration and fertilization that becomes possible by such an exchange.

The feelings and experiences that the speakers conveyed appreciated the input of experts by experience. The vivid testimony of human solidarity and cooperation. The deeply human integration of the traumatic experience of the pandemic. The feeling that at this moment in time, Italian professionals in the field of scientific research highlight important interfaces between different sciences, which contributes to a holistic approach to psychosis.

The focus on the deeper etymologic significance of the word "asylum" and "conference" placed the whole conference within a broader perspective. The special attention given to the relationship of the parents' trauma and their children who live symptomatic with psychosis is very relevant for further research in the future, by listening to the stories of people about lived experiences. In one word: storytelling.

As an art therapist I very much appreciated that art and music, poems and movies are recognized as playing an active role in creating healing spaces.

The tenderness which emanates from the hands which holds people in distress, by the use of slow movements in the water, is a healing picture that summarizes all that I am trying to express in words now, and also the very deep message of the webinar.

I enjoyed the whole event, from the beginning until the end.

With gratitude,

Huguette Beyens
Art Historian and Jungian psychotherapist

NEW! in the ISPS book series
Edited By Nick Putman and Brian Martindale

It is a pleasure to inform you that the long awaited comprehensive book on Open dialogue for Psychosis is available to order.

This highly readable book provides a comprehensive examination of the use of Open Dialogue as a treatment for psychosis. It presents the basic principles and practice of Open Dialogue, explains the training needed to implement it and explores how it is being offered internationally.

Open Dialogue for Psychosis includes first-hand accounts by individuals, families and trainees of their experiences of the process. It explains how aspects of Open Dialogue have been introduced in services around the world, its overlap with and differentiation from other psychological approaches and its potential integration with biological and pharmacological considerations. The book concludes with a substantive section on the research available and its limitations.

Open Dialogue for Psychosis will be a key text for clinicians and administrators interested in this unique approach. It will also be suitable for people who have experienced psychosis and members of their families and networks, particularly those who recognise that services need to change for the better but are seeking guidance on how this can be achieved.

Foreword by the former United Nations Special rapporteur on the right to physical and mental health.

Reviews by

Professor Larry Davidson, Yale University, USA

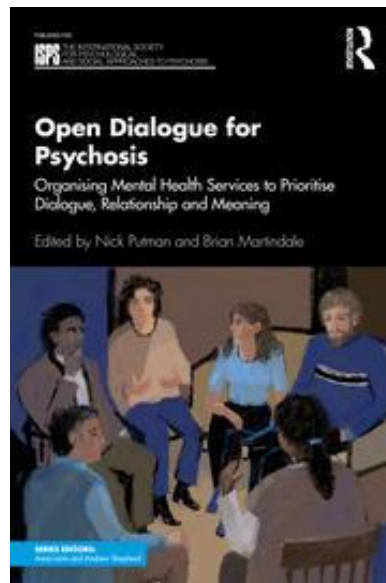
Adrian James, President, Royal College of Psychiatrists, UK

Ludi Van Bouwel, Chair, ISPS

Monica Whyte, President, EFTA

"This is a much needed, timely book that provides the first account of the international implementation and adaptation of the Open Dialogue approach to promoting recovery among persons experiencing psychosis. Spanning theoretical, training, and research perspectives - with the welcome addition of first person accounts from providers, persons in recovery, and their loved ones - this comprehensive introduction is sure to hasten the spread of the first radically new approach to psychosis the field has seen in decades."

Professor Larry Davidson, Yale University, USA



[Further information](#)

TRIBUTE to Sandra Escher

By Margreet de Pater

On May 31st Sandra died peacefully in her sleep. Her husband Marius Romme, ISPS Honorary Lifetime Member, found her the next morning. For years she had suffered from severe Parkinson disease and had much pain through a fall that caused multiple broken ribs.



Some people make the world a little bit better, one of them is Sandra Escher.

In 1987 Marius Romme treated Patsy Hage, a person who heard voices and asked a simple question: how do I manage my voices? Sandra and Marius realized that they didn't know, in psychiatry there was no answer. Sandra was a journalist and organized for Patsy to be invited to meet Sonja Barend a famous television presenter. She told her story and asked if there were more people who had the same phenomenon. 700 people reacted including 500 persons who heard voices. Sandra and Marius discovered that many persons were in no need of psychiatric treatment. They handled their voices, which could be a companion in difficult times.

Psychiatrists were looking for symptoms to diagnose an illness. Sandra was trained as a journalist and could interview people, to know them better. They discovered that the voices were meaningful and often connected with difficult life events and problems.

Sandra did a [research of 80 young children](#) who heard voices, 40 of them were in treatment. She did a follow up study of 3 years. She discovered that children were well able to talk about their voices, although psychiatrists forbade parents to have such a conversation. Sandra advised parents to do so and after a year 40% were less distressed, and parents were also less afraid.

They organized many conferences and the Hearing Voices Movement developed rapidly. All around the world groups of voice hearers supported each other. Voice hearers felt heard and experienced it as a liberation.

They wrote several books. The new edition of Making Sense of Voices will be published soon.

Some literature and other resources

Romme, Marius and Escher, Sandra: Making Sense of Voices - A guide for professionals who work with voice hearers: (2000) MIND Publications

- [Maastricht interview for people who hear voices](#)
- [Maastricht interview with child or young persons who hear voices,](#)
- [Isps learning resources page](#)

Margreet de Pater
ISPS EC member

ISPS Regional Group News



Review of the ISPS Lowlands webinar "Creating space for mental mothers" (*Moeder op drift: Postpartumpsychose anders benaderd*)

by Michi Almer

Image by Cynthia Dorrestijn, De Paarse Aureool, 1996

They call themselves '*te gekke moeders*' - mental mothers, meaning a bit crazy but also marvellous; women who after giving birth had psychotic experiences. They stress that they were treated in a way that did not consider the meaning or context of their experiences. Together with ISPS lowlands and the Dutch foundation for Philosophy and psychiatry they organised on 28th May 2021 the webinar *Mothers adrift*.

Monique de Koning, one of the mothers, was concerned when she had strange experiences after her child was born and therefore called the doctor. When the emergency services came her fear became overwhelming: they did not talk with her, only about her. She was afraid that she would get separated from her baby. "Instead of compassion and support, I got medication and isolation. The treatment was unresponsive and distant." Psychiatrist Kristiaan Plasman from Belgium stresses the importance of a human science approach: this puts the focus on the transition a woman giving birth goes through. It confronts her with existential questions about life, love, care and identity.

'Pregnant with meaning' says Alke Haarsma-Wisselink about the psychosis she experienced after her baby was born. Neuro-psychoanalyst Ariane Bazan explained the psychological changes pregnant women go through. They talk more openly about their fantasies, conflicts and traumas. It seems that the repression diminishes. This psychic transparency is often mistaken for severe mental disorder but Bazan stresses that it's quite common in people who are pregnant and also when in love. She thinks that the openness needed for a baby or a lover requires a weaker internal censorship. As a consequence pregnant women tend to think in a sparkling and associative way.

Philosopher and midwife Rodante van der Waal refers to the story of Cynthia Dorrestijn. She was looking for advice because she had experienced a psychosis before her pregnancy and wanted to minimise the risk of a new episode. She was supposed to give birth in a strange clinical environment, with unknown professionals and drug herself with antipsychotics: Wouldn't someone vulnerable to psychosis be better off in a well known place,

surrounded by trusted caregivers? Van der Waal tells us that Cynthia refused the medication because of the side-effects. She gave birth at the clinic but demanded that her own midwife and other trusted people were with her and went home as soon as possible.

This refusal to comply with this professional advice is in Van der Waals sees as a political deed because it challenges the biomedical, patriarchal and institutional system. Within feminist thinking care, love, the erotic and the personal were always political. Pregnancy and childbirth are no exception. Our society is characterized by an extreme individualism that sets strict boundaries for what it means to be a human being. The experiences of the pregnant human don't fit within these. Is it an experience of being two-in-one? Being double? Being neither-one-nor-two? Childbirth and the period afterwards are also characterized by this 'being-more-than-one' and by a radical openness that affects everybody involved with the mother and the child. It therefore gives us an opportunity to experience our humanity and our connectedness in a new way.

Michi Almer

ISPS Norway

On 1st October 2021 ISPS Norway will hold a webinar on psychosis and personality disorders, a subject that often leads to debates. We are lucky to have engaged Professor Jone Bjornestad, clinical psychologist/PhD Erlend Mork and expert by experience Chantal Kolstad to reflect on the complexity and challenges related to the issue.

The webinar will be held in Norwegian. It is free for ISPS members and will cost 500 NOK for non-members.

[More information](#)

[Register here](#)

ISPS-US

Registration is open for the ISPS-US Virtual Conference
Moving Toward Shared Understandings in Psychosis and Extreme States: Professional, Individual, and Family Perspectives
5th-7th November 2021

Save 10% on your registration fee if you register by October 1.
Use promo code EarlyBird.

[Find out more](#)

ISPS Suomi (Finland)

The regional ISPS group in Finland is organising a "Psychosis 2022 symposium" on the 1st and 2nd of February 2022 in Helsinki.

The programme and the symposium will be in the Finnish language, except for the first day's plenary

The program is designed in such a way as to give practical tools for the psychological treatment of psychoses.

The first day themes: cognitive remediation, using virtual reality and how to support getting employment.

The second day themes: working with the Family, the third wave in cognitive therapy - tools and experiences and the power of interaction in joining

This event is being organised jointly by ISPS Suomi FinFami's (the Finnish Central Association of Families of People with mental illness)

[Find out more](#)

News from our members

You may be interested to know that the National Empowerment Center is organising a free, virtual event "**International Peer Respite and Soteria Summit: Creating Compassionate Alternatives for People in Crisis and Distress**"

This event is being organized by a growing group of dedicated and knowledgeable people from around the world who are passionate about exploring approaches to crisis, healing, and wellness.

The summit will be held every Sunday in October, October 3-31, 2021. Each session will explore different topics and themes. The goal of the sessions is to give the participants the tools, resources, and supports to bring peer respites or Soteria Houses to their communities.

Speakers on the first day are Voyce Hendrix, Avraham Friedlander, Cindi Marty Hadge, and Victoria (Vic) Welle, to be moderated by Robert Whitaker. As the days continue, there will be additional presenters who have created, worked at, or used Soteria House and/or peer respites.

[Find out more](#)

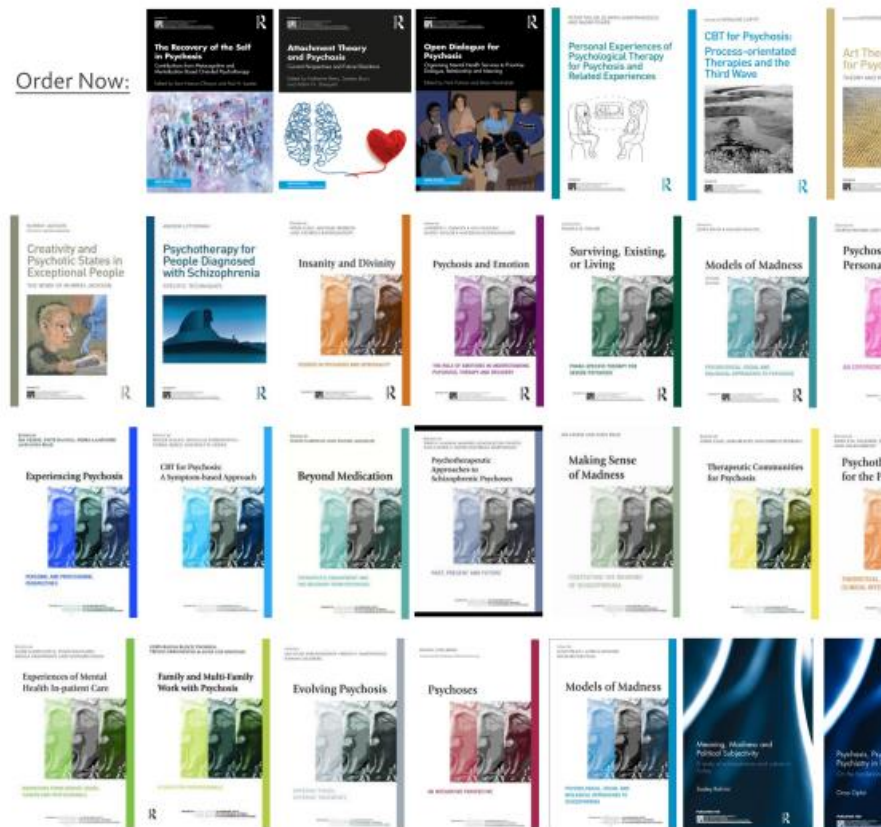
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Upcoming Events

The ISPS has over 20 regional networks around the globe, many of which organise annual events. Take a look at the impressive range of meetings and conferences taking place soon!

[ISPS events listing](#)

THE CALL FOR ABSTRACTS IS OPEN

The 22nd International Congress of the ISPS

1st - 4th September 2022

in Perugia, Italy

[More information](#)

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