QRMH6

6TH QUALITATIVE RESEARCH ON MENTAL HEALTH

CHANIA, GREECE | 25-27.5.2016

CONFERENCE TIMETABLE & ABSTRACTS

WEDNESDAY, MAY 25th

16.00-17.00 Registration
Welcome coffee

17.00-18.30

17.00-18.30 | SYMPOSIUM

ARISTOTLE

Future Stories as resources in times of unemployment

Organizer: Anneke Sools, *University of Twente, Netherlands*

Discussant: Evrinomy Avdi, *School of Psychology Aristotle University of Thessaloniki, Greece*

This symposium brings together case studies from Greece and Germany using the same approach of future stories as resource for resilience and mental health in the face of unemployment. Future stories are collected using *Letters from the Future.* This instrument was originally developed for storytelling groups of older people with mild depressive symptomatology in the context of health promotion. Consequently, the instrument has been adapted for research purposes in a variety of clinical and non-clinical settings. The symposium starts with an introduction to the theoretical background of using future stories to build resilience and well-being. Consequently, two case studies will be presented. The first case study concerns the use of Letters from the Future in focus groups with young unemployed Greek graduates who write and share their future narratives. The second case study is based on Letters from the Future collected from young people in Germany through the online Survey tool Qualtrics. Discussion focuses on commonalities and differences between countries (Germany, The Netherlands and Greece), data collection methods (group vs individual, face-to-face vs online, 'natural' occurring vs research induced precarity), and theoretical approaches (positioning theory and hermeneutics). The audience is invited to join the discussion about directions for future research.

Future stories as resources for resilience in the face of precarity

Anneke Sools, *Department of Psychology, Health and Technology*
University of Twente, Netherlands

This paper develops the argument that future stories can be used to build resilience, defined as navigating resources to well-being. Resilience is a dialectical concept, which concerns the maintenance and even increase in well-being in the face of adversity. In this sense, the concept of resilience bears resemblance to post-traumatic growth theories. From a social-ecological perspective, resilience is considered to be a context-specific process that includes control over the meaning of what and who is perceived as resilient. A narrative approach is particularly suited to address the meaning-making aspects of resilience, because stories offer the interpretive and evaluative context through which people construct their identities and actions. Future stories are less researched in relation to resilience, however these stories seem particularly apt to build resilience, because future stories function as meaning making devices which guide and motivate current thought and action. The paper concludes with a discussion of the potential of future stories to build resilience, and outlines directions for future research.

On a waiting list for life: young unemployed Greek graduates constructing future selves

Theofanis Filippas[1], Sofia Triliva[1] & Anneke Sools[2], [1]*University of Crete, Rethymnon, Greece / [2]University of Twente, Enschede, Netherlands*

Greece's unemployment crisis has had a profound impact on young professionals across the country and has turned into a major personal, political, educational, and relational challenge for this so-called 'lost generation'. Joblessness among young people is at historic highs, forcing many of them to leave the country in search of jobs abroad, to seek 'subsidized programs' and accept underpaid or 'uninsured' work that often has little to do with their education and skills. Moreover, they are often forced to readjust expectations for their future. Seven graduates participated in a focus group, wrote, and shared letters from the future. We identified a present self, placed in individualistic, competitive and self-enhancement driven environment, who denounced such values and ways of being. This contrasted with a future relational self with hopes for marital and family equilibrium, in a way that reflects partly a return to traditional values while constituting a reflexive I. There was no identification with a future 'we' narrative regarding jobs and collective futures, solidarity, or change. An overall picture emerges of lack of political voice and solidarity, and a self featuring passive acceptance, apathy, and waiting list positioning. We discuss what this positioning signifies for employability, collective/political, and mental health outcomes.

Responding to a paradoxical task: imagine a desired future without employment

Maria Borcsa[1], Egle Naraskeviciute[2] & Anneke Sools[3], [1]*University of Applied Sciences Nordhausen, Germany/* [2]*University of Vilnius, Lithuania/*[3]*University of Twente, Netherlands*

There are tremendous mental health risks involved for those with long term unemployment. Yet, in light of a precarious labour market, and increased job uncertainty due to the economic crises, unemployment and underemployment are for many a reality. This paper explores how the self is constructed in the face of a future without paid employment, specified through a paradoxical task: participants were asked to write a letter from the unemployed future back to the present, while imagining this is a *desired* situation. Thirteen participants, aged 19 to 28 (9 females and 4 males) wrote *Letters from their Future* and filled out the Brief Resilience Scale. Analysis shows that personal wishes, beliefs and values are negotiated with the (implicit) demands of society, while social discourses (e.g., gender roles) are used as mediators, being both resources as well as constraints. We discuss theoretical and practical implications of using the Letter from the Future as prospective reflective practice to promote resilience and well-being.

17.00-18.30 | SYMPOSIUM

SOCRATES

Hurting and healing in therapeutic environments: How can we understand the role of the relational context?

Organizer: Simon Clarke, *University of Nottingham, University of Lincoln*
Discussant: Hugh Middleton, *University of Nottingham*

It has long been recognized that relationships are key to good mental health service delivery and yet the quality of the relational context between staff and clients, and between service users, remains poorly understood. This symposium brings together three studies that utilize very different methodologies to explore the various ways in which a process of therapeutic change can be aided or prevented by contextual relational factors. All three studies took place within the context of therapeutic communities. The first abstract by Dr Jenelle Clarke uses narrative ethnography and interaction ritual theory to explain how the mechanisms of everyday interaction rituals in two therapeutic communities, such as community meetings and smoking breaks, transform negative feeling into a sense of belonging and long-lasting emotions such as confidence. The second abstract by Dr Ruth Brown used grounded theory to explore how the relational setting and the altered context of the researcher in a therapeutic faith community environment induced either a positive or negative quality of relationships (labeled 'salugenic' or pathogenic'). The final abstract by Dr Simon Clarke uses a novel autoethnographic methodology to inform understanding of the relational experience of mental health treatment by comparing and contrasting multiple perspectives of different treatment environments.

The role of everyday interactions and relationships during a process of therapeutic change

Jenelle Clarke, *University of Nottingham*

This paper explores the role of everyday social interactions and relationships within two therapeutic communities (TCs) for individuals with a diagnosis of personality disorder (PD). Whilst there have been numerous studies focusing on treatment effectiveness, outcomes and service delivery related to PD, relatively few studies have explored the interpersonal mechanisms involved during a process of change. Using narrative ethnography, the research aims to explain how the mechanisms of everyday interaction rituals (IRs), such as community meetings and smoking breaks, facilitate personal transformation. Theoretically it adopts interaction ritual theory (Collins, 2004; Goffman, 1967; Durkheim, 1912/2001; Mead, 1934) to address how individuals use social encounters and their interpersonal relationships within the communities. Interaction rituals are full of complex social mechanisms, including the role of emotions and power, which help generate personal change in TC client members. Everyday interactions in the TCs reveal that despite a high prevalence of negative emotions, client members continuously work within their relationship networks to transform negative feeling into a sense of belonging and long-lasting emotions such as confidence. Additionally, IRs highlight that the relational hierarchy within TCs becomes fluid, particularly in times of crisis. The study identifies how everyday encounters can significantly impact the process of therapeutic change.

Characteristics of relationships that can hinder or promote mental health and well-being

Ruth Brown, *University of Kent, Canterbury/Kent Community Health Foundation Trust*

The participants in this research were individuals with either current or historic mental illness who had recently joined a therapeutic community. The researcher is a member of the therapeutic community and was also a mental health professional working outside the community. To the participants the researcher was viewed as a mental health professional and not a community member. This altered context was driven by emotions such as fear and shame of their past experiences. The participants described their previous experiences with health professionals and the powerful emotions that accompanied their perception of treatment. They went on to describe their experiences as newcomers to the therapeutic community and the differences in the relationships and culture. Grounded theory method was used to develop a theory of pathogenic (harmful) and salugenic (healthy) relationships from the data. Pathogenic relationships are characterised by loss of trust, unequal power, feeling judged and led to the individual withdrawing from self and others. Salugenic relationships are characterised by mutuality, safety, freedom, hope and openness. These relationships resulted in the individual finding more of self and a growing sense of identity.

The 'Quadrilogue': an interpersonal autoethnographic account of madness

Simon Clarke, *University of Lincoln/University of Nottingham*

Fictionalised and biographical accounts of the relational environment in which madness occurs abound (Baker et al., 2010). Despite their undeniable narrative power, many such accounts lack the systematic rigour that is common to social science methodology, including explorations of multiple interpersonal perspectives (Stone, 2006). In addition, many 'madness narratives' cohere to a conventional storied structure that potentially fails to convey the often unpredictable and incomprehensible nature of psychological distress (Baldwin, 2005). Autoethnography is a research method that combines the evocative retelling of autobiographical 'epiphanies' alongside the social science goal of systematically investigating social institutions and practices (Ellis et al., 2012). It is thus an experimental methodology with a range of diverse possibilities for researching the social and relational environment of mental health services (Grant et al., 2013). This paper presents the 'quadrilogue', a novel autoethnographic methodology that utilises a range of sources (e.g. clinical notes, a carer's diary, the researcher's evocative recollections and contemporary reflections of their breakdown) in its depiction of involuntary detention and therapeutic community treatment. The methodology and its findings are discussed against the backdrop of Goffman's (1962) "the moral career of a mental patient" and Foucault's (2001) analysis of institutional frameworks of power.

17.00-18.30 | THEMATIC SESSION

PYTHAGORAS

Making sense of distress

Chair: Sandra Walker

Oppressed and trapped in the achievement ethos: reconstructing subjective theories of depression in the therapeutic process

Leonie Knebel, *PhD Candidate, Department of Education and Psychology, Free University Berlin*

In cognitive-behavioral therapy approaches, there exists an under-theorization of the socially mediated nature of depression. As a result, CBT risks to miss real concerns of its patients. The qualitative study to be presented was designed to accompany the practice of critically minded behavioral therapists with clients suffering from depression. The goal was to reconstruct the (changing) subjective theories concerning the etiology of depression in relation to the clients' living and working conditions. This was conducted over the course of twelve months and across seven interviews respectively. Based on the concept of co-research, the interviewees also participated in the interpretation process. Within their subjective theories about depression, they discussed questions of attribution of responsibility and possibility of change. Despite their functional restrictions, however, the clients still regarded themselves as acting subjects. Hence, traditional academic theories about depression that, lack a concept of agency prove to be of limited value with regard to helping patients to understand their own problems. Furthermore, it could be shown that the neoliberal discourse of self-reliance can nurture depression, because it reinforces feelings of shame and guilt insofar as restricting conditions are blanked out. The presentation concludes with considerations on what a critical-dialectical understanding of depression could look like.

Youth depression – young people's experiences in relation to the cultural story models of depression

Mervi Issakainen, *University of Eastern Finland, Department of Social Sciences*

Background: Depression is shown to be a common mental health problem among young people who often find it difficult to make sense of their affliction.
Aim: The aim of this presentation is to illuminate how young people make sense of their depressive experiences by drawing upon different kinds of cultural story models of depression.
Method: Young people's accounts of their depression (written narratives and messages sent by them during online group discussion and online individual interviews) were interpreted as reflections of cultural story models of depression pertaining to youth depression.
Findings: Five story types–Storm and Stress story, Moral story, Madness story, Biomedical story, and Life Stress story–could be found from the literature. These were also present in the young person's accounts. The participants used different story models to deflect the conceptions they saw as unhelpful and to voice their own interpretations of what they had experienced.
Conclusion: The awareness of and possibility to reflect both the dominant and alternative ways

to understand depression would be beneficial to young people and to everyone with whom they attempt to make sense of their affliction.

An autoethnographic narrative of the dreamy states of epilepsy

Louise King*, University of Northampton*

Individuals with temporal lobe epilepsy often report highly subjective, meaningful experiences. Their interpretation by experients is of transformative, mystical, numinous or 'cosmic' experiences, full of meaning, connected with the divine, or spiritual nature of the universe. By contrast, the medical establishment trivializes and pathologises these experiences – diagnosing them as hallucinations of a delusional nature. The DSMV classifies such events as seizure (ictal) psychosis. My research explores these spiritual experiences of individuals with epilepsy and the meaning attributed to them.

Autoethnography is an embodied and highly reflexive qualitative research method. It is concerned with providing an intimate evocation of experiences and is regularly used as a way of bringing the reader empathically into the world of the research by integrating the personal and the social. Autoethnography offers voices to groups who are often silenced by society. I will share an autoethnographic narrative to demonstrate both how this research method works and also offer an insight into experiences in temporal lobe epilepsy, some of which would be regarded as psychotic hallucinations.

Consideration of autoethnography expands the opportunities for those researching mental health in a way that is sensitive to issues that may often be a concern – power, colonialism, gender, race.

Applying rigor criteria to qualitative research in mental health: not an easy task!

Rassy, J. [1], Mathieu, L. [1], Michaud, C. [1] & Bonin, J-P. [2], [1]*Université de Sherbrooke / [2] Université de Montréal*

Many authors argue about the correct way of evaluating rigor in qualitative research. In grounded theory, different quality criteria exist but how do we make sure to conduct a rigorous research during every step? In order to assure a better understanding of rigor in grounded theory, a review of literature was conducted. A total of n=145 articles were analyzed. The main findings suggest that to better evaluate a qualitative study, macro and micro level criteria should be met. Macro level criteria mostly refer to the philosophical standpoint of the researcher and micro level criteria refer to the research methodology itself. This oral presentation will offer an in depth explanation of these different criteria as well as specific examples of how to apply these while conducting research. The clinical examples will be based on the main author's personal experience conducting a thesis on Adolescent help-seeking process through information and communication technologies (ICT) for suicidal thoughts. The findings of this review of literature as well as the examples of clinical application will help researchers integrate rigor criteria to their studies, especially for those using the grounded theory methodology, and will help enhance quality of their overall findings.

18.30-20.00

18.30-19.00 | WELCOME

POSEIDON

Chairs: Evrinomi Avdi, *Eugenie Georgaca*

19.00-20.00 | KEYNOTE ADDRESS

POSEIDON

Research of dialogues in naturalistic design

Jaakko Seikkula

Chair: Hugh Middleton

One of the main problems in the contemporary mental health research is the strong emphasis on empiristic – often randomized – clinical trials. Clients and therapies are isolated into laboratory kind of designs to be able to analyze the effect of specific interventions. The external validity of these studies is week; they do not actually describe what they are said to describe.

The same concerns qualitative research, although in smaller scale. Qualitative research often has taken some specific small parts or some specific methods of inquiry as their main target. Thus there may emerge a thread that the stream of real life has disappeared in the strong focus on methods. The emphasis should be to see the informants as full embodied human beings within their relational context.

In my research for decades the main focus has been on dialogues as a part of developing practices for most severe mental health problems. These investigations have helped to develop further dialogical practices. Recently new interest has emerged to look at the embodiment in dialogue within couple therapy setting thus going across the Cartesian dualistic view of human life.

In my presentation I will focus on the tension between laboratory type and naturalistic research designs and describe in more detail my own view developing designs and methods of research that allow seeing our clients as a full human being within their relational context in the stream of therapy or life in general.

20.00 WELCOME RECEPTION

09.00-10.30

9.00-10.30 | SYMPOSIUM (part I) ARISTOTLE

Relational mind: combining qualitative research and participants' autonomic nervous system responses within a couple therapy session

Organizer: Virpi-Liisa Kykyri & Juha Holma, *University of Jyväskylä, Department of Psychology, Finland*

Discussant: Jarl Wahlström, *University of Jyväskylä, Department of Psychology, Finland*

The Relational Mind project, conducted at the University of Jyväskylä in collaboration with five international partners and funded by the Finnish Academy of Science, aims to increase our understanding of the basic qualities of human life including relationality of mind and mind body synchrony. Couple therapy provides a unique opportunity to study this. The aim is to study synchrony at the verbal, non-verbal and autonomic nervous system (ANS) levels.

This symposium consists of a general overview on the whole project and of five presentations that apply different qualitative research methods and combine these results with findings from the ANS measurements (heart rate, skin conductance) during one couple therapy session. Qualitative methods used are collaborative, detailed discourse analysis (McLeod, 2011), systemic discourse analysis and Narrative Process Coding System (NPCS) (Angus, Levitt & Hardtke, 1999). We will focus on (1) conversation between two therapists and the couple, (2) vocal prosody and silences, (3) non-verbal interaction, (4) the participants' ANS responses during the session, and (5) participants' inner dialogues about important moments of the session, based on the Stimulated Recall interviews.

Relational mind in events of change in multi-actor dialogues

Jaakko Seikkula[1], Virpi-Liisa Kykyri[1], Anu Karvonen[1], Jukka Kaartinen[1], Markku Penttonen[1], Juha Holma[1], Evrinomi Avdi[2] and Maria Borcsa[3], [1]*University of Jyväskylä, Department of Psychology, Finland/* [2]*Aristotle University of Thessaloniki, Greece/* [3]*Institute of Social Medicine, Rehabilitation Sciences and Healthcare Research, University of Applied Sciences Nordhausen, Germany*

In psychotherapy research, increasing interest has emerged on looking at the embodied elements of therapeutic processes. Initial studies focused on the mutual attunement and synchronization between clients and therapists including facial expressions, body movements and the change of prosody have shown that synchronization of body movement increase the experienced good working alliance and contribute to better outcome. Some of these studies have included measurement of autonomic and central nervous systems in their design. In the research project Relational Mind in Events of Change in Multi-actor Dialogues, funded by the Academy of Finland and conducted in the University of Jyväskylä, together with the Aristotle University of Thessaloniki and Nordhausen University of Applied sciences, couple therapy processes are analyzed to look at the (1) dialogue (words and prosody) between the two therapist and a couple; their (2) inner dialogues in specific events of change; (3) the function of the Autonomic Nervous System (ANS); (4) body gestures and movements; and (5) facial expressions. In Jyväskylä, the data consist of 12 couple therapy cases. In first analyses of this data, statistically significant sympathetic nervous system synchrony (manifested by electrodermal activity (EDA) concordance between persons) was shown in over four-fifths of the dyads (Karvonen et al. 2015). The current focus of the research is on creating a hypothesis for a model of the synchrony between all participants in couple therapy including information from all the five channels of the session interaction. In the analyses both statistical and qualitative methods will be used.

Soft prosody and silences in interaction in important moments of one couple therapy session

V-L. Kykyri,V. Tsatsishvili, R. Hotakainen, A. Karvonen, M. Penttonen, J. Kaartinen & J. Seikkula, *University of Jyväskylä, Finland*

This case study focused on moments of soft prosody, i.e. the participants' use of shorter or longer pauses, lower volume, slower rhythm and softer intonation than in surrounding speech in one couple therapy session. We assumed that silences emerge and soft prosody is used in important moments of interaction, representing both moments of attunement and therapeutic change and moments of disengagement and therapeutic ruptures. There are initial findings that vocal synchrony is an important element in emotional attunement and can have a role in bringing about change in psychotherapy.

Silent moments were computationally extracted from audio recording of the session using the ASD (automatic silence detection) algorithm, which is based on window-based estimation of root-mean-square (RMS) energy and peak detection, as implemented in MIRToolbox software under MATLAB environment. A multi-method qualitative analysis consisting of analyses of the social interaction and the autonomic nervous system responses (skin conductance, respiration, heart rate) during the silent moments, as well as the participants' experiences as reported in individual interviews after the session, was conducted.

Silent moments were most often located in episodes within which central problems in the couple's relationship were discussed. To provide descriptions of how silent moments emerged and what was their role in embodied interaction of the studied session, our analysis focused on variations in functions and embodied (psychophysiological and experienced) quality of the selected moments. Findings are discussed in relation to clinical and methodological issues.

Relational mind: stimulated recall as creation of sense in the personal, couple and therapeutic system

Maria Borcsa[1], Karvonen Anu[2], Kykyri Virpi-Liisa[2], Penttonen Markku[2], Kaartinen Jukka[2], Seikkula Jaakko[2], [1]*Institute of Social Medicine, Rehabilitation Sciences and Healthcare Research, University of Applied Sciences Nordhausen, Germany/* [2] *University of Jyväskylä, Department of Psychology, Finland*

During the Stimulated Recall Interviews (SRI) all four members of the therapy system (female and male client and the two therapists) separately watch on video four short sequences from the second therapy session, which was recorded one day before. They are asked to describe the feelings and thoughts they had during these moments of the session, while ANS measurement is taking place. Two of the selected sequences are independently labeled by both clients as being the most important ones within that session and evoke high emotional involvement in the interview condition, reported to be even higher than in the therapy situation itself.

The systemic discourse analysis grounds theoretically in the difference between the personal, couple and therapeutic systems which comes into play in the SRI setting. The results focus on how these different levels are present in the discourse of the following therapy session. Implications for theory, research and practice are formulated.

9.00-10.30 | THEMATIC SESSION

SOCRATES

Psychoanalytic perspectives & psychotherapy research

Chair: Katia Romelli

Discourse analysis and psychoanalytic approaches to therapy talk. Conflicting or compatible?

Janet Smithson, Richard Mizen & Georgia Lepper, *University of Exeter, UK*

In this presentation we consider whether we can develop an analytic approach which brings together the assumptions and approaches to text and interaction from both Discourse-Analytic and Psychoanalytic traditions. There is significant overlap between discursive approaches to language and psychoanalytic approaches, including a focus on subjectivity, the assumption that people’s accounts of their experiences are complex, varied and co-constructed between participants (for example, therapist and patient), However, the traditions have major differences in the consideration of the role of emotions. They also differ in their understandings of what counts as appropriate data – transcripts of talk, or inferences about speakers’ internal states? The role of the transcript in psychoanalytic thought is often as a stimulus or trigger to internal responses, although a close reading of the language, especially ambiguities, evasions, and double meanings, plays an important part in making these inferences. To explore these key differences between the paradigms further, we analyse a section of transcript from a psychoanalytic therapy session, drawing on our respective psychoanalytic and discourse analytic backgrounds.

The core conflictual relationship theme: a single-case study

Kimberly Van Nieuwenhove

Ghent University, Faculty of Psychology and Educational Sciences, Department of Psychoanalysis and Clinical Consulting

Researchers are starting to emphasize the importance of addressing interpersonal difficulties in treating trauma-related difficulties. The formation of a stable therapeutic alliance is particularly on the forefront in many models of trauma treatment. However, some have argued that the interpersonal realm should receive attention beyond the formation of a therapeutic alliance, so the interpersonal difficulties themselves would be further addressed in therapy. Psychodynamic therapy addresses these issues by the gradual application of supportive and expressive techniques. Whereas supportive techniques foster the therapeutic alliance, expressive techniques focus specifically on relationship patterns. These relationship patterns are operationalized by the conflictual relationship theme or CCRT, which characterizes people's habitual ways of interacting with others by defining dominant wishes, responses of others (RO) and responses of self (RS) in concrete relationship episodes. I will present how the CCRT is characterized at the beginning of therapy and how the different components change over time in a case of trauma. Using case illustrations, I will show that the dominant wish to be close to others does not change throughout therapy, whereas the perceived negative RO and RS do.

"Not dead...abandoned" - a pragmatic case study of combat related trauma

Julianna Challenor, *Department of Psychology, City University London*

This paper will present a single clinical case study examining relational processes with a client who had experienced repeated and profound traumas, in childhood and later as a soldier. Inter-subjective systems theory and relational psychoanalysis provide the theoretical framework for the clinical work and the case study. Loss associated with trauma is conceptualized as relational. The therapeutic aim was to use the relationship between therapist and client to help the client to tolerate unbearable affect and integrate emotional experience. Detailed session notes were kept and will be used as information in the writing of the case study.

Methodological and ethical aspects of case study research will be addressed, including the relational ethics that emerged in both the clinical work and the writing of the case. A transparent account of the consent process and the client's involvement in the writing-up will be given. The author will engage reflexively with the implications of case study methodology for the therapeutic relationship. Attention will be paid to the abrupt ending of therapy by the client, including consideration of the possibility that the client may want to return to therapy in the future. A dialogic response to the work will be invited.

Making waves in the therapeutic dialogue: the disruptive quality of lacanian interventions

Goedele Hermans, *Department of Psychoanalysis and Clinical consulting, Ghent University*

Within qualitative research different approaches to the therapeutic dialogue have been proposed. The changes clients go through are believed to be reflected by the qualities of the dialogue with the therapist. The co-construction of a narrative and giving words to unspoken emotions are accepted as playing an important part in the therapeutic process. In contrast with this perspective that relies heavily on empathy and the idea of being heard and understood, the Lacanian psychoanalytic practice might sometimes seem disruptive and destabilizing. Lacan famously stated that interpretations are meant to make waves. The Lacanian therapist employs scansions and underlines hesitations and stuttering. Language appears as a third party and an unpredictable guest. Through the conceptual framework of the imaginary, the symbolic and the real we will demonstrate how these type of interventions affect the type of dialogue that can appear between therapist and client. We hypothesize that the disruptive nature of the interventions is key in loosening up fixed significations in the client's narrative. We will present material from a single case study, based on transcribed material from audiotaped therapy sessions with the client.

9.00-10.30 | THEMATIC SESSION

PYTHAGORAS

Social and relational factors in distress I

Chair: Eugenia Georgaca

Relationships, connectedness and psychosis in emerging adulthood: a relational mapping interview method

Zoë Boden, *London South Bank University, UK*

This paper presents research aiming to understand more about the relational lives of young people with early psychosis. First onset of psychosis typically occurs in emerging adulthood (16-25), at a time of critical psychosocial development, when young people are forging new relationships and independent identities. Strong relationships are essential for physical and emotional wellbeing, and are a protective factor in times of stress, but psychosis and hospitalisation are disruptive and can narrow relational possibilities.

The relational context of mental health in general remains under-researched. Within psychosis, while it is established that people with diagnoses of long-term schizophrenia have small social networks, we have little information about whether this phenomenon manifests in early psychosis, or *how* young people experience relationships in the context of their psychosis and recovery.

Using a 'relational map' visual/interview method, data from 20 young people with early psychosis has been collected and analysed using hermeneutic phenomenology. Participants are asked to draw a 'map' of who is important to them and with whom they interact (family, peers and professionals), and to discuss the qualities and 'textures' of these relationships. This presentation will seek to demonstrate how this method has illuminated the relational experience of this participant group.

Exploring valued activities and resources to support mental health recovery and well-being through social network mapping

Sandra Walker, *Lecturer, Mental Health, Faculty of Health Sciences & Southampton University*

Self-management support is recognised as a central element of long-term condition management and is promoted by health policy[1]. There is a need to devise workable strategies for self-management support which are able to address the needs of socially disadvantaged people through making use of available technologies, personal, community and institutional resources[2]. People with long-term mental health (MH) conditions or short-term psychological distress often have reduced access to social capital compared to the general population[3] Also noted is the tendency for social network attrition during times of MH crisis, possibly due to 'pushing away' members of the social network[4] ; symptoms of mental illness resulting in impaired social functioning[5]; social rejection; discrimination; stigma and/or the strategies people use to cope with perceived stigma[6,7].

This study maps and explores the social networks of people with long-term MH conditions using concentric circles[8], both at the time of interview and in imagined MH crisis in order to gain more understanding about social network use at these times and the importance of different social network members, organisations and activities. Preliminary findings will be discussed including consideration of the ties that remain in the network at times of crisis.

What have weak ties got to offer? : a qualitative study of connecting to support and mobilising resources for those in receipt of care planning

Anne Rogers [1], Helen Brooks [2], Caroline Sanders [2], Claire Fraser [2] & Karina Lovell [2]
[1]NIHR CLAHRC Wessex: University of Southampton / [2]EQUIP Study University of Manchester

People who have received a label of severe and enduring mental health problems spend relatively little time in contact with health professionals in comparison to the activities needed to manage long-term conditions in everyday life. The aim of this paper is to explore the work, meaning and function attributed to 'weaker' ties relative to other more bonding relationships and formalised care plans and arrangements in order to identify the place these assume as elements in systems of support for mental health. This case for exploring 'weaker' ties is supported by the recognition that a salient feature of contemporary society is less centralised and involves a broader diffusion of mental health support networks and distributed knowledge that has grown alongside or outside of a 'primary' set of intimate and professionalised relationships. Thus weak ties are of significant importance to those attempting to maintain mental health and mobilise recovery opportunities.

In the context of a programme of research on user designed care planning a personal networking method has been used to identify and the dynamics of networks that relate to an expansion or contraction of network support and the mobilisation of resources as a consequence of the shift to user-focussed care planning .The analysis will illuminate the meanings and activities attribute to weak ties in the context of attributions made about other social network members from up to 20 cases.

Exploring the important relationships implicated in the management of severe mental illness: a qualitative, longitudinal study utilizing networks of personal communities

Helen Brooks[1], Caroline Sanders[1], Karina Lovell[1], Claire Fraser[1] and Anne Rogers[2]
[1]EQUIP Study University of Manchester/ [2]NIHR CLAHRC Wessex: University of Southampton

Living every day life with a serious mental health condition involves the giving and receiving of formal and informal support, which is undertaken both individually and collectively within people's personal communities. Sitting within a larger NIHR programme grant designed to improve service user and carer involvement in care planning, this paper will report on the findings of a qualitative, longitudinal study exploring the connections and resources that are leveraged from the personal communities of 29 service users. We used an adapted concentric circle method (Pahl and Spencer, 2004) with an egonet focused network approach which took us beyond examining dyadic relationships to exploring wider group dynamics. Participants were presented with a diagram containing three circles, of varying levels of importance, and asked to detail relationships with people or places that were important to them in relation to managing their mental health. After individuals had plotted their networks, questions were asked about the role of these network members and these roles were explored longitudinally at two further time points. The analysis illuminated the roles of these relationships comparative to others in a network and explored the meaning and impact of support (or absence thereof) over time.

10.30-11.00 COFFEE BREAK

11.00-12.30

11.00-12.30 | SYMPOSIUM (part II) ARISTOTLE

Relational mind: combining qualitative research and participants' autonomic nervous system responses within a couple therapy session

Organizer: Virpi-Liisa Kykyri & Juha Holma, *University of Jyväskylä, Department of Psychology, Finland*

Discussant: Jarl Wahlström, *University of Jyväskylä, Department of Psychology, Finland*

Positioning in couple therapy: exploring interactional, affective and embodied aspects

Evrinomy Avdi[1], Karvonen Anu[2], Kykyri Virpi-Liisa[2], Penttonen Markku[2], Kaartinen Jukka[2], Seikkula Jaakko[2, 1]*Aristotle University of Thessaloniki, Greece/*[2] *University of Jyväskylä, Department of Psychology, Finland*

Within discursive and constructionist accounts, psychotherapy has been conceptualised as a collaborative dialogical process, which entails the reconstruction of meaning(s) as well as the negotiation and reformulation of the clients' subjectivity. One of the key analytic tools used in discursive theory and research on psychotherapy has been that of positioning, which has been used to explore how the clients' (and to a lesser extent the therapists') subjectivity is manifested, constructed and negotiated within the clinical interaction. In this presentation, the concept of positioning is used in order to examine the process of change in one couple therapy, studied in the Relational Mind project. The interactional processes through which new positions become available to the couple are explored, as well as the processes implicated in negotiating the 'nature' of their relationship and each partner's identity, in relation to their new roles and to culturally dominant discourses around parenthood and gender. In addition to discursive analysis, an attempt is made to include the data available from the affective and embodied levels of interaction in examining positioning. It is argued that in order to better understand the process of couple therapy, which often entails intensely affect-laden talk about oneself, one's partner and the relationship, paying attention to the embodied and affective aspects of interactional positioning is particularly pertinent.

Analysing the narrative mode of the participants in a couple therapy and combining these with autonomic nervous system reponses

Vall Berta[1], Laitila Aarno[2], Holma Juha[1], Seikkula Jaakko[1], Karvonen Anu[1], Kykyri Virpi-Liisa[1], Penttonen Markku[1], Kaartinen Jukka[1], [1] *University of Jyväskylä, Finland/* [2] *University of Eastern Finland, Finland*

Being parents for the first time might introduce important changes in a couple's life. Previous narratives about the couple might be changed or broken, and new narratives might emerge.
Narratives about parenthood and the process of meaning re-construction in one couple therapy session will be reviewed in this presentation. The method applied was the Narrative Process coding System (NPCS) (Angus, Levitt & Hardtke, 1999). This method allows identifying the narrative mode, which might be focused on emotions, external events, or moments of reflection.
Results of qualitative analysis were correlated with the participants ANS results, thus resulting on a mixed/method approach. Therefore, in the presentation information about the body responses to the different important moments identified through the qualitative analysis, will be analysed.
Finally, this presentation will focus on the conclusions and discussion of the results and their clinical implications.

When becoming a parent constructs disconnection in couple relationship: combining discourse analysis and autonomic nervous system responses

Päivinen Helena, Holma Juha, Karvonen Anu, Kykyri Virpi-Liisa, Penttonen Markku, Kaartinen Jukka, Seikkula Jaakko, *University of Jyvaskyla, Finland*

Having the first child places partners into new positions as parents. Taking up these new positions and at the same time being intimate partners necessitates identity work. However, the cultural discourses around parenting illustrate this transition as something naturally occurring. These cultural discourses also address parents with different, gendered expectations.
Experiencing parenting not equivalent to the dominant cultural discourses may cause distress and affect the couple relationship too. The focus of this presentation is on how difficult experiences of becoming parents are negotiated and experienced in couple therapy, by both the couple and the therapists. Besides the level of discourse, also the embodied level of interaction is addressed in the analysis.
In this presentation we will show findings from a discourse analysis of couple therapy with a couple who are negotiating their parent positions after having their first child. The focus of analysis is on the contradictory experience of parenting of these partners and how this contradiction creates disconnection in their relationship. Further, it is studied how the level of ANS accompanies the conversations of around disconnection.
The implications of this kind of analysis and the findings will be discussed.

11.00-12.30 | SYMPOSIUM

SOCRATES

The relationship between the subject and the other: psychoanalytic theory, qualitative research and clinical practice

Organizer: Katia Romelli, *Artelier Clinical & Cultural Association and Hospital of Busto Arsizio, Italy*

Discussant: Katia Romelli, *Artelier Clinical & Cultural Association and Hospital of Busto Arsizio, Italy*

In line with the theme of the next QRMH Conference, this symposium aims to present the role of the intersubjective processes – or, in other words, the role of the relationship between the subject and the Other – involved in the mutual co-construction of meaning in the field of mental health. Drawing on Lacanian and Freudian psychoanalytic frameworks, the symposium proposes that clinical approach and research wave together: the research findings should be validated in clinical practice and clinical practice needs a perpetual research to construct a peculiar knowledge through which to guide interventions. Moreover, the symposium aims to present the uses of the Lacanian and Freudian psychoanalytic perspectives in terms of clinical practice and research in public institutions (i.e. therapeutic communities). In some European countries, for instance, this movement is labelled “clinical in the social”. In this way, we want to show how Lacanian and Freudian psychoanalytic perspectives could be used both within and beyond the “classic setting” and to give a contribution to intertwine clinical practice, research, society and culture.

The presence of the analyst: a theory-driven thematic analysis of follow-up interviews with patients in psychoanalytic therapy

Joachim Cauwe, *Ghent University, Department of psychoanalysis and clinical consulting*

The presence of the analyst is a dimension of psychoanalytic work that was frequently discussed by Lacan. He conceptualized transference from the vantage point of the Symbolic, the Imaginary and the Real. This implies that the encounter within a therapeutic setting always involves an interplay of cultural aspects, images of self and other, aspects of a subject’s history and the body. Furthermore, in his first seminar, he stated that the analyst becomes a presence for the analysand at the precise moment that a shift is made from the Symbolic to the Imaginary. However, from the 11th seminar on, the analyst’s presence is tied to a Real, the traumatic kernel of existence that is generated time and again as an effect of speech. In this presentation, we will apply these two moments in Lacan’s theory as a framework for the qualitative analysis of the transcriptions of follow-up interviews with patients that have concluded a psychoanalytic therapy, in order to map the complexity of the transferential bond. In this presentation we will specifically focus on how the progress of the analytic process is articulated in relation to the ways the analyst is present.

“Not without parents”: meetings group parents, research findings and “return” on clinical practice with children

Giuseppe Pozzi[1] & Katia Romelli[2]
[1] *Arterlier Clinical & Cultural Association*
[2] *Artelier Clinical & Cultural Association and Hospital of Busto Arsizio, Italy*

In this contribution, we explore the perspective of a group of parents whose children are hosted in a therapeutic community (TC). The TC hosts children with diagnosis of psychosis, separated from the families by a medical specialist, by a judgement or, other times, by a decision of the parents, no more able to cope with the behavior of their own children. In this situation three main questions emerged: 1) What to do with the parental suffering, anguish and aggression caused by this separation? 2) Where to place all this inside the institutional work with the children? 3) Which effects this situation has on the institutional transference? A place labelled “parents place” was created. During the meetings, parents were invited to speak about their own children and to express questions and doubts about the clinical practice made in the TC. Using a theory-driven conceptual framework, the theory of three registers of Imaginary, Symbolic and Real, we analyzed the transcripts of the meetings group. In this presentation, we focus on the “return” of the research findings on the practice through two main clinical effects: the possibility to produce a symbolic separation between children and parents, and the modification of the institutional transference.

Non-normative identities and relationships: a qualitative research on the experience of families of adult people with diagnosis of mental disorder or disability living in residential services

Fiorella Bucci
Ghent University, Department of psychoanalysis and clinical consulting

This contribution presents the results of a research project that explored the experience of families of adult people with diagnosis of mental disorder or disability, which are users of residential services run by a consortium of social cooperatives in Northeast Italy. These residential services aim at offering to their users the possibility of a supported co-habitation, within a social environment alternative to family. We were interested in exploring specifically how families experience the transfer of their relatives to the residential services and more widely their relationship with the services. Interviews with families have been analyzed through Emotional Textual Analysis, a qualitative research methodology that - grounding on a Freudian psychoanalytic perspective - enables to investigate the symbolic meanings through which social groups interpret and regulate their experience of reality. The research findings shed light on how the experience within the residential services allows both users and their parents and siblings to pursue non-normative complex ways of living and of constructing identity. Finally, we will discuss how analyzing the symbolic components of the client’s demand might be of strategic usefulness for organizations who have a social product, whose very constitution and evaluation strongly depends on the subjectivity of actors involved.

Lacanian theory for understanding and managing critical incidents in mental health

Gerard Moore, *Lecturer in Psychotherapy, Psychology and Mental Health Dublin City University (DCU), Registered Practitioner Member Association Psychoanalytic Psychotherapy Ireland (APPI), Board Member Drug and Alcohol Nurses Network of Ireland (Ireland Chapter of IntNSA)*

11.00-12.30 | THEMATIC SESSION

PYTHAGORAS

Social and relational factors in distress II

Chair: Vilma Hänninen

On home and homelessness. Mental health care service users' search for spaces of belonging

Saara Jäntti, *Department of Languages, University of Jyväskylä, Finland*

Home and housing are related to mental health problems in multiple ways: psychologically, mental health problems can be experienced as a sense of homelessness; in practice the service users often have difficulties related to finding and maintaining their homes. In our research project, we tackled these issues with the methods of ethnographic research and applied theatre with a group of young Finnish mental healthcare service users who live in supported housing. In the course of two years, the participants produced two plays that dealt with the issues of home and homelessness with a professional theatre director. As a researcher, I participated in these processes and, in addition, interviewed some of the participants. This paper provides a preliminary, critical analysis of the research results drawing attention to a range of issues from language to sexuality raised by the participant in the course of the production of the plays, to the context and processes of the workings of the group, and to practices of care in psychiatry.

The role of filial piety in mediating risk and recovery in Chinese women with a history of suicidal behaviour: a crosscultural qualitative study

June Lam[1], MD, Juveria Zaheer[1], MD, Sam Law[1], MD, Wes Shera[1], PhD, AK Tat Tsang[1], PhD, WL Alan Fung[1], MD, Annette Zhang[2], MD, Pozi Liu[2], MD, Rahel Eynan[3], PhD, Paul S Links[3], MD, *[1] University of Toronto/ [2] Tsinghua University/ [3] Western University*

Filial piety involves the view that one's life is the continuation of one's parents' lives. Family harmony is prioritized over personal goals. Filial piety has been described as a risk and a protective factor in depression and suicide. The dual filial piety model describes differences between authoritarian and reciprocal filial piety. The role of filial piety was examined in Chinese women with a history of suicidal behaviour.

Collaborating with Tsinghua University, qualitative interviews were conducted with Chinese-born Canadian (n=10) and Chinese women (n=30) with a history of suicidal behaviour. Filial piety data were extracted and analyzed using constructivist grounded theory.

Every woman in the Chinese-Canadian sample described duty to parents and lack of agency in their family as distressing, sacrificing personal interests for their parents'. Several Chinese women, largely from families experiencing reciprocal filial piety, described filial piety as protective, as suicide would dishonour their parents.

Filial piety has a nuanced role in the risk and recovery of Chinese women with a history of suicidal behaviour. While filial piety was a source of distress for the ChineseCanadian women, several Chinese women described filial piety as protective for suicide. This difference may be partially understood through the dual filial piety model.

Significant situations related to young people's social anxiety

Heta Yli-Länttä & Vilma Hänninen*, Department of Social Sciences, University of Eastern Finland*

Social anxiety is a common and life-restrictive problem among young people. The aim of this presentation is to argue that this affliction should be approached in a multifaceted way, whereby personal experiences are seen as interacting with and shaped by situational factors such as peer relations and school settings. The data was collected by a qualitative E-form questionnaire, which was sent through both public and closed Internet forums. The target group of the study are young adults (*n*=74), born in 1984-1999. In addition, the discussions on an Internet-based discussion board were used as material. The situations inducing social fears were identified by applying the critical incident technique (CIT). On the basis of the data it seems that prior negative life events have an impact on the perception of new social situations. Social situations that caused anxiety were public performance and commuting, group situations, crisis in private life and relationships. Social anxiety was often felt in situations which aroused ambivalent feelings. Factors contributing to the development of social anxiety were individual sensitivity level, unexpectedness of negative social situations and other people's reactions. In order to conquer social anxiety, repairing new experiences or revising the meanings of fear-inducing social situations is required**.**

The everyday social geographies of social anxiety disorder (sand)

Louise Boyle, *School of Geographical and Earth Science, University of Glasgow, Scotland*

This paper aims to explore the lived and embodied experiences of Social Anxiety Disorder (SAnD) through a geographical lens. Framed by phenomenological approaches, emphasising how human experiences are formed through interactions with, and perceptions of, surrounding physical and social environments, I explore the consequences of interactions with anticipated 'others' for the socially anxious self and body. By uncovering individual, social and environmental factors which shape, and are shaped by, SAnD experiences, I consider how 'everyday' geographies, conducts, movements and relationships are often disrupted by pervasive anxieties and fears. Crucially, I highlight the relational and responsive psychodynamic systems which enable individuals with SAnD actively to cope with, manage and rescript their own social recoveries in on- and off-line worlds. I draw on the collaborative and interactive processes of 'memory-work' to capture how people with SAnD can make sense of, and indeed co-construct, their social worlds, both on- and off-line, through intersubjective group analysis. I will also address how a particular approach to mental health research, and health and well-being research more broadly, can alleviate methodological and ethical concerns relating to the exercise of power, positionality and self-reflexivity by/of the researcher

12.30-13.30

12.30-13.30 | KEYNOTE ADDRESS ARISTOTLE

Situating suffering: Critical qualitative studies of therapeutic culture

Jeanne Marecek, *Swarthmore College*

Chair: Linda McMullen

The work of qualitative researchers has interrogated the cultural nature of psychic suffering, as well as cultural basis of the modes and morals of therapy and mental health services. Adopting the standpoint developed by the critical psychology movement can take our work further. We extol the privacy and intimacy of the therapy hour, but psychotherapy is only ostensibly private. A critical qualitative researcher might ask how the public cultural container of psychotherapy enables and constrains much of what transpires therein. Other critical questions concern the ongoing transformations in therapeutic culture and praxis wrought by larger sociopolitical changes such the corporate makeover of psychotherapy, the neo-liberal diminishment of social obligation, and the unrelenting medicalization of psychic suffering.

13.30-14.30 LUNCH BREAK

14.30-16.30

14.30-16.30 | SYMPOSIUM ARISTOTLE

Dealing with distress: narrative and discursive approaches

Organizers: Eugenie Georgaca & Félix Díaz, [1]*School of Psychology, Aristotle University of Thessaloniki, Greece/* [2] *Department of Psychology, University of Castilla-La Mancha, Spain*

Discussant: Vilma Hänninen, *University of Eastern Finland, Finland*

In this symposium we bring together analyses of the ways in which people deal with distress across various diagnoses and forms of psychological suffering, from analytic perspectives that focus on the discursive and narrative properties of accounts. Apart from exploring the experience of sufferers, some of the contributions pay attention to the experience of relatives and professionals. Katostari, Triliva & Tzanakis examine how stigmatizing relations mount up to added distress in the lives of persons brought to psychiatric facilities involuntarily. Georgaca & Zissi describe a variety of active strategies for struggling with psychotic experiences. McMullen & Sigurdson analyze justifications for prescribing psychotropic medication for everyday distressing situations in both users and pharmacists. Díaz Martínez & Solano Pinto focus on the experiences of carers in managing their own and their relatives' distress throughout the biographic development of eating disorders. Sools & Preen explore how people hospitalized for mental health problems can use narrative as a resource for managing distress. The collection of research studies presented demonstrates the breadth and depth that narrative and discursive approaches can offer to understanding the various strategies people mobilize to deal with their own and others' mental distress.

The unbridgeable chasm between the social world and the 'spoiled' self in narratives of people with a history of involuntary commitment in psychiatric facilities in Greece

Konstantina Katostari, Sofia Triliva & Manolis Tzanakis, *Department of Psychology, University of Crete, Greece*

This presentation examines how people with a history of involuntary commitment in psychiatric facilities talk about stigma and what has transpired in their familial and communal relationships since the onset of their mental health journeys. Thematic discourse analysis was applied in analyzing 14 in-depth interviews of mental health service users on Crete. The "underlying systems of meaning" (Taylor & Ussher, 2001: 297) were identified through a rigorous and inductive set of procedures that included examining themes, heeding close and careful attention to the constructive role of language with its diverse and fluctuating meanings, and locating the processes through which the interactional social order in dealing with mental health issues is constructed. Analysis revealed that wider social configurations including psychiatric practices, family dynamics, and social interactions in everyday life impact how people experiencing mental health distress are determined and, concomitantly, participate in the interactional order perpetuating an unbridgeable chasm between the social world and the 'spoiled' self.

Strategies of living with and managing psychosis: A biographical narrative study

Eugenie Georgaca[1] & Anastasia Zissi[2]/[1] *School of Psychology, Aristotle University of Thessaloniki, Greece/* [2] *Department of Sociology, University of the Aegean, Greece*

The presentation is part of a larger project on socioeconomic inequalities and mental distress, as part of which we conducted a biographical narrative study with people with experience of psychosis. Here we will present part of the results regarding the period of life after the onset of psychotic experiences, with a focus on the strategies participants adopted in order to manage these experiences. A few participants, mainly recruited from acute psychiatric wards, seem to have passively submitted to the available public mental health care, treating their experiences as meaningless symptoms of an illness to be medically managed. The majority of participants adopt an active stance of struggling to make sense and manage their difficult experiences through a range of strategies. Strategies of managing the psychotic experiences, such as medication, maintaining contact with mental health professionals, psychotherapy, seeking information and joining self-help and support groups, were customarily complemented with strategies aiming to create a sustainable life through building supportive social networks and organizing an active everyday life through engaging in activities and adopting useful roles. The results are in support of the recovery model and demonstrate the possibilities of achieving a sustainable life with psychosis.

Accounts of how distress comes to be managed with medication

Linda M. McMullen & Kristjan J. Sigurdson, *Department of Psychology, University of Saskatchewan, Canada*

Rates of prescribing psychotropic medication are increasing, in part due to their use for managing complaints of distress (e.g., insomnia, fatigue, pain) that do not warrant a formal psychiatric diagnosis. How are such actions understood? From a discursive analysis of interviews with 13 persons prescribed an antidepressant for something other than depression or anxiety, we show how the interviewees used idioms of distress to justify seeking medical intervention and constructed their physicians' justifications for prescribing antidepressants with conditional phrases such as 'could help' and 'might work.' We also show how this narrative of 'distress prompting a prescription for antidepressants in the absence of knowing whether they will work' was corroborated in a subsequent discursive analysis of interviews with 10 pharmacists. In particular, the pharmacists constructed physicians' choices to prescribe antidepressants in the absence of a diagnosis of depression or anxiety as sometimes being a response to desperation in the face of vague symptoms of distress presented by their patients, and as 'worth a try.' We consider the implications of these analyses for the challenges of managing distress for sufferers and service providers who encounter each other in a context of Western, socialized medicine.

Reconstructing support relations: Biographic accounts by carers for people with eating disorders

Félix Díaz & Natalia Solano Pinto, *Department of Psychology, University of Castilla-La Mancha, Spain*

The present study focuses on the experience of caring for a close relative or partner with an eating disorder through the biographic development of the problem. We applied a narrative biographic approach to the ways in which carers deal with providing support, easing the patient's distress, and managing their own distress through the process. We analyse five autobiographic interviews with persons diagnosed as ED (four women and a man), paired with correspondent biographic interviews about their lives with their main carers (in the roles of mother, father, or husband). In the analysis we describe various relational positions with respect to the sufferers and their problems: (1) regret for not seeing the problem grow and realizing when it is too late; (2) suffering as an expectant witness to the problems, without being able to react; (3) devoted and artful relatives managing the problem and caring for adequate relations within; (4) admiration for the strength or integrity of the sufferer; and (5) the problematics of 'useless' support which is not received by the sufferer, although it is later recognised. We finally reflect on the applied relevance of this analysis for clinical practice and for training families of persons with ED diagnosis.

Future stories as resources for managing distress: Fostering prospective reflection in psychiatric patients

Anneke Sools & Daniela Preen, *University of Twente, The Netherlands*

This paper explores future stories as resources for managing distress on the basis of a case study with hospitalized psychiatric patients in a German clinic. Telling and writing stories has been linked to health, well-being and 'coping' in different ways. The concept of illness narrative for example has brought to the fore how various narrative structures are used to make sense of illness. Research on expressive writing has focused on how expressing emotions can be helpful to increasing well-being and lowering distress. Research on autobiographical memory and life-review has identified various health-related functions of recounting past events in a narrative way. More recently, we proposed to use future stories for enhancing resilience and well-being. As a form of prospective reflection, future stories can guide current thought and action. Based on 43 narratives about a desired future (*Letter from the Future exercise*) written by patients with varying diagnoses (though mostly anxiety and/or depression), various ways in which future stories can be used as resources for managing distress will be explored. This exploration involves both the content of the future narratives in which ways of managing distress are depicted as if already realized, and the process of imagining the future through narrative.

14.30-16.30 | SYMPOSIUM

SOCRATES

Developing qualitative research approaches within a psychodynamic context

Organizer: Janet Smithson, *University of Exeter, UK*
Discussant: Richard Mizen, *University of Exeter, UK*

This symposium features five papers from students on a psychodynamic research doctoral programme. Each author combines qualitative research methods with a psychodynamic approach to investigate a relational perspective in psychoanalytic theory or practice. Caryn Onions uses psychoanalytically informed thematic analysis to study changes in parents' and carers' perceptions of children with complex emotional trauma. Elizabeth Weightman uses psychoanalytically informed discourse analysis to study how staff in an NHS Trust respond to a single case of a service user with personality disorder. Claire Johnson examines how the Object Relations interview is used to analyse therapeutic change from the patient's reflection on their internal states. Maggy Cairns draws on the Relational Affective Model to analyse how people with BPD describe internal space between themselves, their mother and their therapist. Diana Bass investigates how medical students' cultural backgrounds affect their mental health, wellbeing, and professional identity. The papers highlight the challenges and benefits of bringing qualitative methods and psychodynamic concepts together in clinical research. By bringing these presentations together, we aim to critically consider wider issues of how best to use and develop qualitative research approaches within a psychodynamic context.

Family changes – or not?

Caryn Onions, *The Mulberry Bush School, Oxfordshire, UK*

Improving the quality of family relationships for children with severe and complex emotional trauma means that placement stability is enhanced. My research is examining how and whether the perceptions that parents and carers have of their children, change during the first year at a residential special school for children aged 6-13. Although it is the child who is referred to the school rather than the family, establishing a good therapeutic alliance with parents and carers is vital. Developing trusting relationships with all parties involved with the child is our ambition. Using a psychoanalytically informed research methodology, seven new parents and carers were interviewed at the start of placement and then one year later. By understanding their expectations, experiences and views it is hoped that we can develop better interventions so that they feel more confident in their relationship with the child and the child's professional network. Stabilising and creating solid working relationships is vital for placement stability as these children enter adolescence. This presentation will review the emerging themes.

Containment or not?

Elizabeth Weightman, *University of Exeter, UK*

This presentation will give an overview of some research into how staff in an NHS Trust respond to the assessment of a single case of a service user with a diagnosis of personality disorder. The staff who participated in the research are from across the institution and include administrative, clinical and senior staff. The research is concerned with staff/service user relations as well as with relations between staff. The relationship between staff is explored reflexively in the analysis of researcher/participant positioning. The methodology of the type of psychoanalytic discourse analysis used in the research will be described. The aspect of the analysis presented will focus on the extent to which psychoanalytically defined defences such as splitting, projection and idealization can be found in how people talk about a subject. There will be an example of the type of reflexivity used in the research and attention will be paid to conclusions that are emerging from the research and to possible recommendations for the institution.

A Qualitative analysis of the impact of Intensive psychodynamic treatment on the internal world of individuals with severe and complex Personality Disorder

Claire Johnson, *University of Exeter, UK, and Iris Centre, Devon Partnership Trust, UK*

The Psychodynamic treatment of patients with severe and complex personality disorder seeks to promote change at a number of levels besides an improvement in symptoms. A key area for treatment focus is the relational capacity of the individual and their developmental capacity to make representations of self and others (Blatt & Auerbach, 2003). Research has focused primarily on the reduction of symptoms and service use following treatment and lacks the close attention to the individual's internal world and their experience of it. This study will focus on internal object relations as it might be observed from the patient's reflection on their relationships. Using the Object Relations Interview (ORI) which attends to the way a person describes themselves and significant others in their lives as the format for a semi structured interview, transcripts of interviews with 4 patients with Severe Personality Disorder attending an Intensive Therapeutic Day Programme will be examined at the beginning and end of their period of treatment. The model underpinning their treatment programme is the newly developed Relational Affective Disorder model (Mizen 2013), which seeks to address the difficulties in relationships and managing affect characteristic of patients attracting this diagnosis. Analysis of the narrative material from the ORI will be through the framework of the Differentiation – Relatedness Scale (DR-S), developed by Diamond et al (1993, 2012). The Differentiation Relatedness Scale (DR-S) is a qualitative approach to measuring change in internal object relations through a close analysis of the patient's narrative. The study seeks to explore whether the ORI and the DR-S are an effective combination for identifying internal change in patients with Severe Personality Disorder.

The mind of the mother: mental representation of the internal space of mother, therapist, self in borderline states

Maggy Cairns, *Iris Centre, Devon Partnership Trust, UK*

People with Borderline Personality Disorder (BPD) have a particular difficulty in forming and maintaining close relationships. The Relational Affective Model (Mizen, 2014) proposes that intimate relationships activate claustroagoraphobic anxieties as the person alternately seeks and flees emotional closeness. The therapeutic relationship is a specialised kind of intimate relationship in which claustro-agoraphobic anxieties are likely to be activated in a process which psychoanalysis understands as transference. This study explored participants' mental representation of the internal psychic space of the other. Ten people with a diagnosis of BPD were asked to describe themselves and significant others, including their therapist in order to understand more about (1) their mental representations of the internal space of the other; (2) their relationship with their therapist with reference to internal space.

Using a psychodynamically informed discourse analysis four broad but distinct ways of describing internal space states emerged: positive, negative, nondescript and merged, which I have termed Alpha, Omega, Non-Alpha and Merged.

Taking up the Role of Doctor

Diana Bass, *University of Exeter, UK*

In what ways does the cultural background of medical students, in interaction with the process of medical acculturation, have on students' mental health, wellbeing, and the development of a professional identity? Research has shown that medical students are more vulnerable to mental illness and psychological distress than other students and find it more difficult to ask for help. In this school 60% of students are female. BME students are significantly over-represented in British medical schools compared to the United Kingdom average of 17%. The project presents a demographic description of the background of medical students in this medical school, and of those attending counselling sessions in the University Counselling Service. This demographic information is considered alongside a psychoanalytically informed thematic analysis of assessment data of medical students presenting for counselling. The emerging themes throw a spotlight on the profound importance of students' relationship to and within their internal world, and how these shape and are shaped by their family culture and external environment. The institutional dynamics of the surrounding medical culture and the ways in which they can reinforce unconscious conflict in some students, are reflexively considered through the researcher's participation in institutional meetings, reflective practice and Balint Groups.

14.30-16.30 | THEMATIC SESSION

PYTHAGORAS

Participatory approaches to service development

Chair: Hugh Middleton

Qualitative studies of wellbeing in communities affected by conflict and disaster in Sri Lanka

[1]Chamindra Weerackod & [2]Suman Fernando, *[1]Consultant Sociologist*
Project Lead in Sri Lanka for the TGH Program 2007-2012/ [2]Honorary Professor in the Faculty of Social Sciences and Humanities, London Metropolitan University
Consultant to the TGH Program in Sri Lanka 2007-2012

Wellbeing (as defined by people themselves) is one of the central constructs explored very much through qualitative research methodologies subsumed under the heading of 'Participatory Rural Appraisal' (PRA) as described by Robert Chambers in *Whose Reality Counts? Putting the First Last.* The Trauma and Global Health Program (2007-2011) in Sri Lanka, co-ordinated by the Transcultural Psychiatry Department at McGill University in Montreal, prior to focusing on capacity building in mental health, conducted a series of community consultations using PRA in four locations in Sri Lanka affected by conflict (civil war), and the 2004 Asian tsunami. The research described in this paper explored how conflict and disaster disrupts people's properties, livelihoods, family relationships, social fabric and mental conditions in the affected communities; its impacts on different socio-economic groups; and ways in which communities themselves deal with stresses they encountered. The studies pointed to coping strategies adopted by communities; the trust and confidence that people placed in outside agencies; and their role in supporting and helping them to recover both as individuals and communities. The findings from this research contributed to the development of an approach for the provision of mental health services, which are bottom-up and home-grown.

Applying lessons from qualitative research in developing mental health services in Sri Lanka

[1]Suman Fernando & [2] Chamindra Weerackod, [1]*Honorary Professor in the Faculty of Social Sciences and Humanities, London Metropolitan University/Consultant to the TGH Program in Sri Lanka 2007-2012/*[2]*Consultant Sociologist/ Project Lead in Sri Lanka for the TGH Program 2007-2012*

The understandings of mental health and illness are largely determined by the meanings people give to their experiences and feelings in a context of broader worldviews about the nature of the human condition—much of which is culturally determined. The research into wellbeing in Sri Lanka (described in a separate paper) conducted by Trauma and Global Health (TGH) Program (2007-2011) that was a background for capacity building also provided an opportunity for constructing a methodology for developing community-based mental health services in Sri Lanka that are ethical and sustainable. This paper describes some of the observations made during the research and capacity building exercises, and the pilot projects carried out as part of the TGH Program. It concludes that the drive to develop mental health and wellbeing services in the Island should be primarily bottom-up and home-grown; consistent with the local cultures and informed by a variety of stakeholders. It is argued that this sort of approach (qualitative research in communities, observations and consultation) could be applied in mental health development in non-western settings in other low- and middle-income countries.

Quality matters – reaching vulnerable mentally distressed men and women in urban Nepal

[1]Bidya Rajbhandari,[2] Ansu Tumbahangfe & [3]Gael Robertson, *Chhahari Nepal for Mental Health / Chhahari Nepal for Mental Health / Chhahari Nepal for Mental Health/Edinburgh University*

The paper will narrate the development of Chhahari Nepal for Mental Health, a non-governmental organization. Who promotes an innovative person centred approach to build relationships with mentally distressed men and women wondering on the streets, and to reconnect families in urban Nepal. Transformative learning theory provides the theoretical framework to evidence the learning from day to day experiences in a low income country. Experiences will draw from, The Street Project, The Welcome Centre, The Carers Group as well as the response to the April 2015 earthquake. The paper will include a socio-economic analysis, amidst contextually nuanced gender dynamics, to reveal micro level realities of poor men and women stigmatized and excluded by society including mental health services. Case studies will evidence the importance of relationships and compassion to support mentally ill people and their carers; to build confidence and reclaim dignity, to negotiate access to mental health services, to understand mental illness and have fun. Finally by utilising these micro level experiences within a meta analysis contributes voice to advocacy dialogue to influence for policy and practice change.

Mental Health in Malaysia: Are We on the Right Track?

Ainul Nadhirah Hanafiah & Tine Van Bortel, *Institute of Public Health, University of Cambridge, United Kingdom*

The current mental health system in Malaysia upholds research evidence and recommendations for decentralised, integrated and deinstitutionalisation and appropriate referral systems incorporating secondary and tertiary care. Nonetheless, data are indicating inadequacy of the current service, especially policy and practice, in addressing the burden of mental illness. In response to these concerns, this study investigates the implementation initiatives of the current Malaysian mental health policy (NMPH) and understands the barriers and facilitators to its implementation. It investigates the perceptions and/or experiences of key stakeholders. Data are collected via face-to-face, semi-structured interviews with participants of five key stakeholder groups that are policymakers, service providers, NGOs, service users, and informal caregivers. Preliminary results are analysed using content analysis, demonstrating consistent 'themes' of concerns across the groups including issues around 'stigma', 'support', 'policy and practice', 'advocacy' and 'research'. These issues were all attributed as the drawbacks of the current policy implementation and practice with research highlighted as an integral strategy to formulate needs-based and implementable recommendations for future national mental health policies.

A mixed-methods approach for non-pharmacological intervention development

Mijung Park, *University of Pittsburgh School of Nursing*

In this presentation, I will describe an innovative method for developing a non-pharmacological intervention for older adults with depression and multiple chronic medical conditions for primary care settings. Funded by National Institute for Health, the project utilizes an innovative mixed-methods approach of interpretive phenomenology and quality improvement sciences. This approach is different from a traditional, formative intervention development because it takes stakeholders' experience in the real-world health care settings into account in the iterative processes of intervention development. I will also share practical lessons for engaging stakeholders.

16.30-17.00 COFFEE BREAK

16.30-17.00 POSTER SESSION

P01. ON THE SIDELINES: DEPRESSION-RELATED SICK LEAVES AND WORK DISABILITY AMONG YOUNG ADULTS IN FINLAND

Sanna Rikala
University of Tampere

The poster presents an ongoing research project on young adults who are on sick leave or on disability pension due to depression. Through in-depth interviews, the study examines, first of all, what kinds of paths have led to sick leaves and disability pensions. Secondly, the study deals with the present: How do the young adults themselves perceive their current life situation? What kinds of things support their agency, and what hinders it?

In Finland, rates of depression-related inability to work have soared among adults under 30 years of age. Some of the young adults who end up on sick leave or disability pension due to depression have a history of unemployment, while others have experienced burnout in the course of their studies or in working life. Indeed, it seems that the rise in depression-related work disability is a result of young adults' precarious position in the labour market: on the one hand joblessness and on the other hand the increasing pressures faced at work. The analysis focuses especially on gender and social position as socio-cultural factors that arrange the processes where young adults are 'sidelined' from the working society.

P02. THERAPY WORKS, BUT WHAT DOES THIS MEAN FOR PROFESSIONALS AND CLIENTS? A NARRATIVE ANALYSIS

Vleioras, G.[1], *Westerhof, G.J.*[2], *Sools, A.M.*[2] / [1]*General Hospital of Volos (Greece),* [2]*University of Twente (The Netherlands)*

Recent psychotherapy research has focused on which therapies work for which people. In this research, the efficacy of therapies is measured by means of decreases in complaints or in symptoms. Such operationalizations exclude the experiences of the professionals and of their clients from the analyses. The study proposed here is aimed to complement previous research by investigating these experiences. In particular, this study will focus on retrospective and prospective narrative accounts of personal therapy experiences of people involved in the State mental health services of a mid-sized provincial town of Greece. Participants will represent a range of mental health professionals (therapists, psychiatrists, social workers, psychiatric nurses, etc) and mental health service users and will vary in terms of age, gender and years of experience of the mental health service. All material will be collected by means of an interview inspired from the literatures on the client change interview, the possible selves and the future selves. The interviews will be analyzed qualitatively aiming, first, to acknowledge the richness of the participants' experiences and, second, to link these experiences with the individual stories and the societal and economic conditions in which these experiences emerged.

P03. HOW MANY PEOPLE TAKE TO EXPLAIN A SYMPTOM? A CONTENT ANALYSIS OF TRIADIC THINKING IN ACTION

Lisa Fellin (University of East London, UK), Valeria Ugazio (University of Bergamo, Italy)

In order to foster therapeutic change systemic therapies have always recourse to causal attributions based on triadic schemes, on the assumption that these are unusual to common sense and other approaches, which tend to explain symptoms and behaviours with individual or dyadic schemes. However, triadic schemes are not completely extraneous to common sense (Ugazio et al., 2012, 2009) nor to our lived experience; some beautiful examples of triadic thinking are also present in cinema, literature and opera. But what happen when we try to explain a real symptom? and when who explains it is the symptom bearer in flesh and blood? (Ugazio & Fellin, submitted). This study presents the recourse to different attributional schemes emerging from therapeutic conversation during the first two sessions of individual systemic therapy; through a qualitative content analysis we coded all the explanations of the presenting symptoms provided by 25 clients and their therapist. Our findings show that individual and dyadic schemes tend to be predominant and triadic schemes are mostly used by therapists; the content of the explanations also tend to be different. We will discuss the limitations of our analysis and the relevance of different dimensions of causal explanations for therapeutic change.

P04. SUBJECTIVITY AND MENTAL HEALTH SERVICES IN BRAZIL: FROM THE PATHOLOGIZATION OF LIFE TO THE ETHICS OF THE SUBJECT

Daniel Magalhães Goulart [University of Brasília (CAPES – Brazil) / University Centre of Brasília (Brazil) / Discourse Unit (Manchester – UK)]
Fernando Luís González Rey [University Centre of Brasília (Brazil) / University of Brasília (CNPq – Brazil)

Historically, mental health care institutions have contributed to the pathologization of life in Brazil. This process has been largely criticized by different psychiatric reform movements during the last decades, leading to important transformations in mental health services. Nevertheless, several deadlocks still persevere, mainly, the condition of institutionalization of some critical cases. In this context, this study aims to discuss some subjective processes in the institutional functioning that, rather than being an expression of the psychiatric reform movement, reproduce to a greater extent the old model of the psychiatric hospital. This study is based on the theory of subjectivity and on the constructive-interpretative methodology, both developed by González Rey. The participants of the study are people attended by a mental health service in Brazil. Throughout the fieldwork, the researcher made extensive use of conversational systems sessions, in which patients and researcher involve each other in different moments of the daily institutional routine. The construction of information is divided into two thematic axes: (1) how the medical model centred on medicalization is dominant in the practice; (2) alternative institutional strategies in which the topic of subjective development become central for advancing new processes addressed to the person and not to the symptoms.

Key words: subjectivity; mental health services; institutionalization; subjective development

P05. ‘A GIRL OF FUKUSHIMA WON’T GET MARRIED’: EXTENDING PSYCHOLOGICAL EFFECTS OF NUCLEAR ACCIDENT

Yasuhiro Igarashi
General department of Aesthetics, Yamano College of Aesthetics

The Accident of the Fukushima No. 1 Nuclear Power Plant has been causing environmental pollution by radiation since March 11, 2011. Although it is reported that the level of radiation exposure of people who live in contaminated area is much less lower than victims of the accident of Chernobyl, health risk of low dose of radiation is the hottest issue in the society. It is not clear what is happening now and will happen in the future to our health as of now. Even radiation protection experts can’t tell ‘the objective scientific truth’ on the effects of low level radiation. Soon after the accident a newspaper reported a girl of Fukushima asked her mother whether she won’t get married as she cannot give birth a healthy baby because of radiation exposure. It became a symbol of harmful rumors caused by unscientific fear and lack of knowledge. It is said psychological effects such like ‘undue fear of radiation’ is the main risk factor for ill health. But we need to extend the scope of it including what the accident brought about to subjectivities of people broadly to understand the needs for their physical and mental health.

P06. THE COLLABORATIVE PRODUCTION OF AN ONLINE MENTAL HEALTH CARE PLAN.

Helen Brooks[1], Penny Bee[1], Kelly Rushton[1], Richie Bowden[2] and Karina Lovell[1]
(1) EQUIP, University of Manchester
(2) Assesspatients

Despite policy and practice drivers encouraging service user and carer involvement in mental health care planning, research demonstrates that these initiatives are failing to translate into practice. Empirical data demonstrate that they currently feel excluded, unsupported and distanced by mental health services and professionals. A qualitative analysis of interviews with service users, carers and professionals identified reasons for this perceived disconnection. Participants reported that current plans were not patient-centred, nor were they engaging. Service users were only given a paper copy, which became outdated once printed and were unable to access live versions of documents. The interviews identified a need for an interactive, user-friendly care plan to improve involvement and engagement care planning and mental health services generally. This poster will present a project being undertaken with Assesspatients, an industry partner, to produce a specification and prototype for an interactive, user-friendly care plan designed to improve service user interaction with care-planning professionals, processes and documentation. This specification was produced collaboratively by undertaking four working groups with a range of stakeholders (including industry representatives, mental health service users, carers, mental health professionals and other key informants) and will include user stories describing practical events and scenarios.

P07. COUNTERTRANSFERENCE IN RELATION TO CLIENT INTERPERSONAL FUNCTIONING: A QUALITATIVE STUDY.

Vicky Hennissen
Ghent University, Faculty of Psychology and Educational Sciences, Department of Psychoanalysis and Clinical Consulting

Psychotherapists frequently experience strong thoughts and feelings in working with clients. This is traditionally referred to as countertransference. Countertransference phenomena are omnipresent in everyday ambulant and institutional psychotherapeutic practice. Although different therapeutic movements have distinct views on how to handle this matter, they more or less agree to the idea that the nature of countertransference reveals something about client dynamics. Over the past decade, there has been growing interest within the field of empirical research in the relationship between countertransference and client characteristics. However, this research is mainly quantitative in nature, which allows generalizations across groups but leaves conclusions largely superficial. Moreover, it bases client characteristics exclusively on descriptive diagnostics of psychopathology, leaving them isolated and static, instead of viewing them dynamically in their interpersonal context. To truly understand the development and evolution of countertransference in relation to client characteristics throughout treatment, this phenomenon will be studied within a qualitative, multi-case research design. Client characteristics will be approached from a psychodynamic structural viewpoint, placing them in a complex reciprocal relationship with the therapist. An overview of the used methodology will be presented, as well as some initial findings.

P08. MEANING OF POST TRAUMATIC STRESS SYMPTOMS AMONG MALAY MUSLIMS AND FACTORS DETERRING PRESENTATION TO MENTAL HEALTH SERVICES.

Rafidah Bahari[1], Muhammad Najib Mohamad Alwi[1], Nasrin Jahan[2], Muhammad Radhi Ahmad[3] and Ismail Mohd Saiboon[4].
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[4]Universiti Kebangsaan Malaysia Medical Centre, Jalan Yaacob Latif, Bandar Tun Razak, Cheras, 56000 Kuala Lumpur, Malaysia.

Following involvement in motor vehicle accidents, psychological distress is common. These psychological distress may persist to fulfil the diagnosis of post traumatic stress disorder (PTSD). However, among the Malays, mental illness is highly stigmatised and symptoms may not be recognised as such. This study aims to discover what does symptom of post traumatic stress disorder mean to the Malays and what stops them from presenting to mental health service.
A phenomenological study was conducted from May to September 2015 among Malay Motor Ve-

hicle Accident (MVA) victims. Individual in-depth interviews guided by semi structured questionnaires were done. To optimize wide exploration, purposive sampling was used. The interviews were recorded, transcribed verbatim and analysed using thematic approach.
At saturation point, 9 participants and 4 key informants were involved. Some participants recognised the symptoms as trauma, but some do not. Stigma and poor access to mental health services were among the reasons cited for their refusal to present to psychiatry.

17.00-18.00

17.00-18.00 | THEMATIC SESSION

ARISTOTLE

Examining psychotherapy process

Chair: Philia Issari

Breaking recursive patterns in couple interactions: Gambling and addictive disorders

Bonnie K. Lee, *PhD, Associate Professor, University of Lethbridge, Alberta, Canada*

Using a case studies series, couple relational processes are found to play a critical role not only in the etiology, but also in the escalation, maintenance and relapse of gambling disorder. Four recursive cycles of couple interactions characterized by (1) fault-lines; (2) pressure points; (3) escalaton; and (4) relapse are thematically mapped across cases. A clinical case illustrates how a couple can be extricated from these recursive cycles through the construct and practice of congruence by working systemically in four dimensions: (1) intrapsychic; (2) interpersonal; (3) intergenerational; and (4) universal-spiritual. Congruence couple therapy has yielded positive results in reducing gambling symptoms and mental distress, and improving couple and family relationships in 12.6 sessions demonstrated in a recent pilot randomized controlled trial.

Displaying agency problems in therapy talk

Minna-Leena Seilonen [1] & Jarl Wahlström [2], *[1]Private practice, Tampere, Finland / [2] University of Jyväskylä, Finland*

Seeking help from conversational therapies is usually motivated by a sensation of lost mastery of life. Theoretically this can be defined as an agency problem. We regard agency as essential both for the substance and the process of psychotherapy. A prime substance of therapy is the client's experience of loss of agency in his/her life. The process of therapy, again, constitutes of ongoing discursive formulations and re-formulations of the client's positions in regards to his/her problems. In order to present him- or herself as a credible client, the person, on one hand, needs to formulate the sense of lost agency in accounts of his/her life situation, and on the other, present him- or herself as willing and able to take part in conversational self-exploration. In this presentation we look in detail at how people seeking psychotherapy construct accounts that serve the double function of expressing the experiential loss of sense of agency and of taking a position as a potential client. We introduce a model of five aspects of agentic vs. non-agentic presentation - reflexivity, historicity, intentionality, causal attribution, and relationality or otherness - and show how they are present in, or lacking from, accounts given by clients entering psychotherapy.

‘Close your eyes, and describe the scene before you’ – using dreams as a relational approach to reflexive research

Louise King, *University of Northampton*

Traditional ways of working with dreams in psychotherapy take an authoritarian approach; the client recounts and the analyst interprets. In my own psychotherapy practice, I use a relational technique, where the client, as the experient, is the authority of their own experience. Together, the client and therapist explore the landscape and events within the dream in an embodied, lived way, focusing on the felt self and the present moment. Interpretation and insight comes from the client, and links to their own understanding of the symbolism of their psychological journey.

My PhD research is into the spiritual experiences of individuals with epilepsy. As a psychotherapy client with epilepsy, I am using my own dreams, process and creative output for qualitative research. My dreamwork constitutes part of the reflexive materials contributing to the autoethnographic narrative of my PhD research.

In this presentation, I will explain how the waking dream technique works to co-create meaning. Using the example of a specific dream in my own therapy, I will explain my experience of dreamwork as a relational technique. I show how the resulting rich, qualitative data can be used to bring us into a new, deeper relationship with subjects of research.

17.00-18.00 | THEMATIC SESSION

ARISTOTLE

Issues of trauma & recovery

Chair: Lisbeth Hybolt

The psychological, social, cultural and spiritual factors influencing the development of post traumatic stress disorder following motor vehicle accidents in a Malaysian setting

Rafidah Bahari[1], Muhammad Najib Mohamad Alwi[1], Nasrin Jahan[2], Muhammad Radhi Ahmad[3] and Ismail Mohd Saiboon[4]

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Introduction

Motor vehicle accidents (MVA) occur daily in Malaysia. In traumatic events such as these, post traumatic stress disorder (PTSD) is a common outcome. Nevertheless, the rate of PTSD in Malaysia following MVA is fairly low (7.4%). This study attempts to explore the psychological, social, cultural and spiritual factors which influence the development of PTSD following MVA in Malaysia.

Method

A phenomenological qualitative study using individual in-depth interviews was conducted from May to September 2015 among Malaysian Muslim MVA victims. Purposive sampling was done to optimize wide exploration. The interviews were recorded, transcribed verbatim and analysed using thematic approach. Nine participants and 4 key informants were involved. **Results**

All participants admits to having acute stress reaction symptoms and for most, the symptoms spontaneously resolve after 2-3 weeks. Resilience, societal norms and religious acceptance are some of the factors identified.

Conclusion

The factors identified should be considered in the development of specific psychospiritual interventions for PTSD for MVA survivors.

How do people cope with post traumatic distress after an accident? The role of psychological, social and spiritual coping in Malaysian Muslim patients

Rafidah Bahari[1], Muhammad Najib Mohamad Alwi[1], Nasrin Jahan[2], Muhammad Radhi Ahmad[3] and Ismail Mohd Saiboon[4], *[1]Department of Psychiatry, Faculty of Medicine, Cyberjaya University College of Medical Sciences, No 3410 Jalan Teknokrat 3, Cyber 4, 63000 Cyberjaya, Malaysia / [2]Department of Community Medicine, Faculty of Medicine, Cyberjaya University College of Medical Sciences, Cyberjaya, Malaysia / [3]Department of Orthopaedics, Faculty of Medicine, Cyberjaya University College of Medical Sciences, No 3410 Jalan Teknokrat 3, Cyber 4, 63000 Cyberjaya, Malaysia / [4]Universiti Kebangsaan Malaysia Medical Centre, Jalan Yaacob Latif, Bandar Tun Razak, Cheras, 56000 Kuala Lumpur, Malaysia.*

Introduction

Post traumatic distress, acute stress disorder and even post traumatic stress disorder may occur following traumatic events such as a motor vehicle accident (MVA). Instead of presenting to mental health service, many turn to psychosocial and spiritual strategies to cope with symptoms. The objective of this study is to explore the psychosocial and spiritual coping strategies utilized by MVA victims to deal with the distressing post traumatic symptoms.

Methods

A phenomenological qualitative study using individual in-depth interviews was conducted from May to September 2015. Purposive sampling was done to optimize wide exploration. Only Muslim subjects were included. The interviews were recorded, transcribed verbatim and analysed using thematic approach.

Results

All patients interviewed employed psychological, social and spiritual coping strategies to help manage their post traumatic stress symptoms. Positive thinking and rationalisation are example of psychological coping mechanisms used. Many have supportive families. Common spiritual coping strategies practiced include the use of different Quranic verses and prayers.

Conclusion

Psychosocial and spiritual coping strategies are popular, highly tolerable and useful for post traumatic distress. Psycho-socio-spiritual therapy may be an effective treatment for post traumatic stress in Malaysian patients. Further research is needed in this area.

Discursive construction of realities concerning the accident of Fukushima No. 1 nuclear power plant: Can we find a way of reconciliation?

Yasuhiro Igarashi

General department of Aesthetics, Yamano College of Aesthetics

The 3.11 Great Eastern Japan Earthquake has caused the accident of the Fukushima No.1 nuclear power plant in 2011. Radiation protection experts say radiation can cause somatic effects, hereditary effects, psychological effects, and social effects. It has become a hot issue in society, whether low-dose of radiation to which the victims have been exposed will cause health hazard to them and to their offspring. Even radiation experts cannot tell us what effects it will have on long-term health. The objective scientific truth on the effects of low-dose contamination has not been discovered yet. It will be established after the lifelong health surveys of residents of the contaminated area. This paper will discuss how realities concerning the Fukushima nuclear disaster are discursively constructed analyzing editorial articles of Japanese newspapers. As for the health threats of low-dose radiation, they are constructed both as 'unscientific undue anxiety' and as significant risk factors that need to be cared for, depending editorial policies on nuclear power generation of newspapers. It is the first step to see what kinds of realities are constructed by whom and what are brought about to whom to find a way of reconciliation for those damaged by the disaster.

17.00-18.00 | THEMATIC SESSION

PYTHAGORAS

Collaborative research in MH

Chair: Niels Buus

A collaborative project within the framework of user involved research

Kari Eldal [1], Åse Skjølberg [2] Eli Natvik [3] Marius Veseth [4] Christian Moltu [5]Sogn og Fjordane, *University College, Department of Psychiatry, District General Hospital of Førde; Department of Social Education and Social Work, University of College in Bergen*

The project aims to study in-patient ward treatment in mental health care. User involvement is highlighted in the Norwegian government modernization agenda. We summarize key issues experienced in the planning and startup phase in a collaborative mental health research project in the west coast of Norway. The project aims to improve mental health services, through research based on an interest for peoples' everyday life and the service users' own recovery priorities.

A group of people with service user experiences were invited together with a group of researchers to collaboratively decide on themes and areas for the research design, within the broader frame of in-patient mental health treatment. Qualitative methods are used to achieve experience near knowledge from the service user perspective.

In this presentation we will present and discuss our experiences in the process of co-creating a research project. We will focus on the relational aspects of our joint efforts to develop and design a research project within the context of in-patient care. So far the group has held four meetings. Co-researcher participants have been interviewed, and group discussions have been audiotaped for method analysis. In the presentation we present preliminary analyses of method and design processes.

Victims or perpetrators? Interpretations of anti—social behaviour and the impact on service provision

Anne Krayer[1], Natalie Davies[1], Tina Foulkes[2], Freda Lacey[3], Catherine Robinson[1], & Rob Poole[1,]
[1]School of Social Sciences, Bangor University / [2]Unllais: development, information and training agency in the field of mental health / [3] Powys Association of Voluntary Organisations

People with mental health problems are frequent victims of anti-social behaviour but they may also be perceived as anti-social. There is a danger that people may move towards criminalisation if no solution can be found. This research project explored tensions between anti-social behaviour policy and challenges for statutory and third sector organisations to support vulnerable people who experience mental health problems. We collected qualitative data in the form of 60 narrative police logs and interviews with service users and carers (n = 56) and professionals (n = 55). Service users and carers were involved in all stages of the project, ranging from the research development to dissemination. An inductive thematic approach was used to identify patterns within and across the data. Findings suggest that there are no clear-cut categories of victim and perpetrator and people may move in and out of these categories over time. In addition, although there is a legal definition of anti-social behaviour, professionals from different backgrounds and service user and carer interpret behaviours differently, partly depending on contextual and social-cultural factors. This has a major impact on relationships and ultimately on access to and experience of services by service users and carers.

Qualitative epistemology and constructive-interpretative methodology: contributions to the mental health field

[1]Daniel Magalhães Goulart & [2]Fernando Luís González Rey, [1]*University of Brasília (CAPES - Brazil) / University Centre of Brasília (Brazil) / Discourse Unit (Manchester - UK)] / [2][University Centre of Brasília (Brazil) / University of Brasília (CNPq - Brazil)*

This paper aims to discuss the contributions of constructive-interpretative methodology, supported by Qualitative Epistemology proposed by González Rey, for research in mental health care services. The discussion will be based on the results of research conducted over two years at a mental health service in the Federal District of Brazil, where both users and workers were participants. Firstly, the paper discusses the importance of building the social scenario of research by the assumption that the fieldwork not only responds to the objective formulated for the research, but also is a fundamental dimension to the design of the studied object. Secondly, it presents part of an empirical construction of information based on this framework, discussing the possibility of overcoming the "descriptive" and "romanticized" trends to do research through the configurational research logic. Overall, this proposal has as its fundamental pillar the emergence of the researcher as a subject of its investigative process, in a trajectory with no gaps between empirical field and theoretical production.

18.00-19.30

18.00-19.30 | INVITED PANEL

ARISTOTLE

User-led research by the Service User Research Enterprise (SURE), King's College London

Organizer: Diana Rose

User-Led Research by the Service User Research Enterprise (SURE), King's College London

Chair and Initial Remarks: Professor Diana Rose

User-led research involves relationships with other service users, with conventional university researchers and clinicians and with participants. These opening remarks will situate user-led research in the English context, where it is most prominent, and in the context of the user/survivor movement. I will consider constraints imposed by pursuing a mostly clinical agenda and within largely conventional methods. New methods developed by SURE will then be described. Moving beyond our specific team I will then show how user-led research in mental health has diversified in England detailing both the benefits and drawbacks of this. Finally, in the English context, the question of whether user-led research is now under retrenchment will be considered. This can be compared to a burgeoning of a much more theoretically informed body of work emanating largely from Canada calling itself 'Mad Studies' with direct reference to feminist studies, post-colonial studies, disability studies and queer theory. I will consider how the more traditional English (and other English speaking researcher) positions complement or contradict each other and whether indeed critical theory is the right home for mental health service users in the academy or, as some more tied to user movement politics would term them, 'movement intellectuals'.

“And so when I’m in here, it means that nobody else can touch me” Using participatory photography to elicit service user responses to the design of acute psychiatric wards – a reflection

Dr Constantina Papoulias

This paper will present findings from ‘Design in Mind’, a study which deployed innovative methods to capture service user and staff perceptions of ward design. Design in Mind was a mixed methods study, devised and conducted by service user researchers, which juxtaposed service user and staff generated measures of ward design with service user photographs, with the aim of capturing a more nuanced understanding of how inpatients and frontline staff engage with the physical space of the ward. Here we will concentrate on the use of inpatient generated photographs to capture this engagement. Participants in two adult acute psychiatric wards used a point-and-click digital camera to take two photographs representing the best and the worst aspects of the ward physical environment. They then briefly described their choices. In accordance with the questionnaire findings, participants photographed aspects of the ward which afforded them privacy, spaciousness and facilitated sociality, while criticising poor hygiene and neglect of fixtures and fittings. Additionally, however, the photographic study allowed service users to present aspects of their experience of the ward which may not easily lend themselves to verbalisation: rather than simply reporting their perception of the ward, participants could demonstrate what it feels like to interact with and experience it. Furthermore, photography captured the symbolic impact of the ward environment for service users by triggering memories and personal associations for some participants. The paper will reflect on these findings and suggest that the use of photography can bring to the fore a more embodied response to the environment of healthcare facilities in its complex symbolic and relational dimensions.

Relational dilemmas in carrying out ethnographic work in mental health as a service user researcher: struggling with immersion and distance

Dr Konstantina Poursanidou

This paper will draw on my experience of carrying out an ethnographic process evaluation of a quality improvement programme aiming to significantly reduce the frequency of violent incidents on inpatient wards in two different NHS Mental Health Trusts to reflect critically on relational dilemmas implicated in ethnographic work in mental health conducted by service user researchers. The paper will seek to explore methodological, ethical and political challenges and dilemmas that I consider –in essence- relational challenges and dilemmas pertaining to the tension between being an insider participant observer and ‘staying native’), on the one hand, and ‘making the familiar strange’ by adopting a critical interpretive distance and problematising what is taken for granted in the ethnographic field, on the other. I will discuss relational challenges and dilemmas with regard to how I have related to i) my autobiography and lived experience of inpatient psychiatric wards, ii) the ethnographic research data, and iii) the research participants in the ethnographic field. Finally, I will consider the strategies I have used to move beyond familiarity as well as cope with the need to constantly oscillate between immersion and distance in my ethnographic work.

Patient Generated Patient Reported Outcome Measures (PG PROMS): Shifting power relations between clinician and service user.

Corrine Anderson

Service-users often express dissatisfaction with acute inpatient mental health care; this is the case internationally. This is well documented and patient reported outcome measures (PROMS) have become popular in response to this issue as clinicians and/or researchers want to know how satisfied service-users are with the services they have used. However, PROMS can be problematic as they are often clinician and/or researcher derived, that is from previous literature and measures which are already in use clinically, subjected to psychometrics and constructed from the clinician/researcher perspective. There has been recognition for some time now that clinician/researcher generated measures of service-user outcomes do not necessarily measure or reflect what the users of mental health services value in terms of outcomes. Recently there has been a shift, originating from the service-user research movement, towards patient generated PROMS. They attempt to shift the balance of power away from the clinician/researcher and allow the research to be led by service-users, from their own perspective. I will be discussing a patient generated PROM called VOICE (Views on Inpatient Care) which is in use on acute inpatient wards in the UK. I will be paying particular attention to the participatory methodology and the user-led nature of the design of the measure.

20.30 CONFERENCE COCKTAIL

09-00-10.30

09.00-10.30 | SYMPOSIUM

ARISTOTLE

Exploring the Art and science of psychotherapy

Organizer: Marit Råbu, *Department of Psychology, University of Oslo*

Discussant: Jeanne Marecek, *Wm. Kenan Professor Emerita of Psychology Swarthmore College*

The international collaborative psychotherapy project *"The Art and Science of Conducting Psychotherapy: How collaborative action between client and therapist generates and sustains productive life change"* aims to study psychotherapy processes with effective psychotherapists and clients who benefit from psychotherapy. Based on the current development in psychotherapy research we work with multiple methods to explore how psychotherapists use professional and personal knowledge and experience in their work with clients. Likewise we explore how clients experience helpful and hindering aspects of the therapist's way of relating to them, and how they use their experiences from everyday life to benefit from therapy. We use a standardized outcome measure (CORE) and we preform serial in depth interviews with both therapists and clients. The transcribed data are analyzed case by case and across cases in a team-based exploratory systematic hermeneutic approach. Since we value researcher reflexivity, members of the research team are engaged in a parallel autoethnographic investigation of the personal meaning of how we integrate personal and professional knowledge in our work with therapy clients. Processes of human suffering and development lend itself directly to artistic expression. Making art based on research material contributes to the proximity between the researched phenomena and the dissemination of them.

Researcher reflexivity – taking account of the personal meaning of investigating the integration of professional and personal knowledge

John McLeod, Marit Råbu , Christian Moltu, Hanne Haavind,
Department of Psychology, University of Oslo

All members of the primary research team are practising psychotherapists, who have access subjective experience of the types of therapy process being described by research informants. The design of the study incorporates a range of strategies for ensuring that this subjective experience is used constructively as a means of sensitising the research team to potentially hidden or implicit aspects of the data. In the present paper, we describe the use of the approach that we have developed in relation to researcher reflexivity. Members of the research team have engaged in a parallel autoethnographic investigation of the personal meaning, within their own therapy practice, of integrating personal and professional knowledge in our work with our own therapy clients. The autoethnographic procedure that we have adopted, and some initial learning, are briefly reported. Second, members of the research team record their experience of each interview in a personal research journal. Examples will be given of how this material has been used in analysis of interview transcripts. The presentation concludes with a summary of the main issues and challenges associated with researcher reflexivity in qualitative inquiry, and offers some practical recommendations.

Relational perspectives in qualitative research: Possibilities and pitfalls in conducting serial in-depth interviews

Ida Stange Bernhardt, Christian Moltu*, Marit Råbu
Department of Psychology, University of Oslo, Oslo, Norway
**Department of Psychiatry, District General Hospital of Forde, Førde, Norway*

In our study of how 15 psychotherapists integrate and use formal and personal knowledge in their in-session behavior with patients, we carry out 4 qualitative in-depth interviews, conducted over approximately one year. Serial interviews fosters the opportunity for developing a strong relationship between researcher and participant, which in turn increases the possibility of understanding the context and meaning of the participants` experiences. In our study we aim to understand the therapists own conception of his/ hers` personal qualities in the therapeutic work with patients. It is of great importance to establish safe boundaries for exposing personal experiences, feelings and thoughts. The skills needed to perform research interviewing overlap with the skills involved in doing psychotherapy. Both practices require an ability to form an accepting relationship, a skill in active listening, self-reflectiveness and a focus on the other's experiential world. Analyses of our data provides rich narratives about how therapists reflects on and make use of their personal qualities and histories, and in which ways they combine this with more formalized expertise in their clinical work with patients. The presentation will discuss possibilities and challenges with the serial interview format exemplified by these results.

The places that I shouldn't go. Exploring good therapists' experiences of the areas in which they function poorly

Christian Moltu , Marit Råbu, Ida Stange Bernhard, *Department of Psychiatry, District General Hospital of Forde, Førde, Norway*

The ethos of "*Know thyself*" remains an overarching principle, for sound interpersonal and ethical participation in general, and for psychotherapeutic practice in particular. However, it is rarely explored how these processes of *self-knowing* are experienced as actionable. Lately, psychotherapy research has challenged the notion of the generalist master therapist. It seems established that a therapist varies in his or her ability to help over different patients, different problem types, or clinical dimensions. Insight into what one can be good at helping with, and into what kinds of phenomena one is poorer at, seems an important clinical skill. This distinctive actionable insight is a skill less discussed in the empirical literature, than in, for example, psychodynamic theory. In this presentation we report the findings from an in-depth qualitative study based on two serial interviews with 12 therapists considered good by their clinical manager. The research question studied is: How do good therapists experience and give meaning to their own areas of unresolved difficulty? How do therapists experience that they can act on insight into areas that they function poorly with? Preliminary results that will be expanded on in the presentation include: a) Moralistic responses, b) Burdensome fear of intimacy, and c) Incapacity to relate to anger. It seems an important contribution of this study to develop knowledge about processes where therapists work around own shortcomings in such areas, and still manage to be helpful to many.

Disseminating research and creating art in the same act; Theatre built on research interviews

Marit Råbu, *Tyra Tønnessen, *Department of Psychology, University of Oslo*
**Oslo National Academy of the Arts*

Themes related to mental health and psychotherapy are of interest to a much broader audience than those who use to read research papers. Processes of human suffering and development lend itself directly to artistic expression. One of the main premises in the “Art and Science Project” is a radical inter-disciplinarily approach where art and science are working together. Artists possess analytical methods which are relevant in the search for meaning in qualitative research material, such as Stanislavskijs “Method of physical actions”. By exploring the phenomena of interest in psychotherapy research at the same time as the material is transformed to art, we also keep the proximity between the researched phenomena and the dissemination of them. The first theatre play based on this interdisciplinary collaboration will be staged by Tønnessen in one of the largest public Norwegian theatres in Oslo in 2017. The play will be created on the basis of qualitative interviews with twelve senior (average 74 years) psychotherapists about their life. Examples from this work will be given.

9.00-10.30 | THEMATIC SESSION

SOCRATES

Practitioner perspectives I

Chair: Niels Buus

‘Your experiences were your tools’ when mental health nurses bring their own experiences of mental illness to work

Jennifer Oates, *PhD student, City University London*

This paper will present findings from 27 interviews with UK mental health nurses who had their own subjective experience of mental illness. The aim of the presentation will be to address the research question of:

How does subjective experience of mental health problems inform mental health nursing?

Using a thematic analysis approach, after Braun and Clark (2006), the study developed a three part conceptual model for how the mental health nurses brought their own experiences into their work. First, experiences became part of their identity as nurses, motivating them and guiding their career choices. Second, they made conscious but subtle use of their self and their experiences in their rapport and relationship building with patients. Third, they disclosed their experiences to patients and colleagues in certain circumstances when boundary crossing was deemed a judicious means of developing and progressing a therapeutic relationship. This study offers a novel insight into the 'expertise by experience' on which some mental health nurses draw. It builds on the findings of previous qualitative studies of mental illness in mental health workers, where disclosure has been seen as a 'selective' and 'strategic' move(Moll et al, 2013; Joyce, McMillan & Hazelton, 2009).

"They daren't tell people": Therapists' experiences of working with clients who report anomalous experiences

Elizabeth Roxburgh & Rachel Evenden, *Psychology Division, University of Northampton*

Objectives. The aim of this study was to explore the experiences of therapists who have worked with clients reporting anomalous experiences (AEs) to consider how they addressed such experiences in therapy sessions and the implications for therapeutic practice and training.
Method. Semi-structured face to face interviews were conducted with eight therapists who had worked with at least one client who had reported an AE.
Results. Four themes were derived from a thematic analysis of participants' transcripts, which were labelled using short participant extracts: "Testing the waters", "Exploration not explanation", "It's special but it's not unique", and "Forewarned and forearmed".
Conclusions. Participants felt that clients were apprehensive about disclosure of AEs and that this stemmed from stigma attached to mental health issues as well as client fears about how AEs might be interpreted by wider society. Findings highlight the importance of therapists exploring the meaning of AEs with clients rather than imposing an explanation or making a judgement as to the authenticity of such experiences. Participants said that they would work with AEs in the same way as other issues but would benefit from having access to accurate and reliable information about AEs.

Choosing an antidepressant: Profiles, Placebos, and pragmatics

Linda M. McMullen, *University of Saskatchewan, Canada*

In the current zeitgeist of evidence-based practice, general practitioners who prescribe antidepressants are faced with the challenge of an absence of evidence that one antidepressant is clearly better than any other. Recent literature suggests that, in these circumstances, physicians cite a variety of factors (e.g., patient symptoms and history; physician experience; cost of medication) that influence their prescribing practices. From interviews with 11 general practitioners, I use discourse analysis to show how these physicians accounted for their decisions to prescribe a particular antidepressant for a particular patient in two separate contexts: (1) when a patient is first prescribed an antidepressant and (2) when a patient makes a request for a particular antidepressant. I show how, in the first context, the physicians' accounts relied on a rationale for choosing an antidepressant that was based on matching patient symptoms to medication side effect profiles and on the pragmatics of cost, while, in the second context, their accounts centred on the pragmatics of optimizing patient outcomes by granting the request. I link my analysis to possible consequences for patient-physician relationships, particularly with respect to the work that can be entailed in these different contexts, and for the assigning of patient and physician responsibility and culpability.

The relationships between scientists and practioners: Neuroscientist's accounts of translational research in depression

Kristjan J. Sigurdson & Linda M. McMullen, *University of Saskatchewan, Canada*

Psychiatry is aligned with neuroscience as the scientific foundation for mental health research, and translational neuroscience is a growing discipline that attempts to bridge the perceived gap between knowledge produced in laboratories and the treatment of diseases. Depression, in particular, is a condition with an unknown etiology, limited treatment options, and suboptimal treatment efficacy. We were interested in how neuroscientists who conduct research related to depression construct the relationships between scientists and practitioners, and the relations between science and practice. From a discursive analysis of interviews with 10 neuroscientists, we show how the neuroscientists constructed the relationships as both necessity and fraught with limitations, and how they lauded and denigrated the positions of the self (neuroscience) and the other (psychiatry). Instrumental actions by institutions were positioned as a way to increase cross-talk and encourage translational research. We discuss the assumptions about the relations between science and practice in the talk of the neuroscientists, consider these assumptions in light of the scientific method and evidence-based practice, and discuss the implications for translating research results from 'bench to bedside.'

9.00-10.30 | THEMATIC SESSION

PYTHAGORAS

Clients' experiences of MH interventions I

Chair: Julianna Challenor

When therapists cry: Clients' experience of witnessing therapist's tears. An interpretative phenomenological analysis

Alice Watson & Ioannis Fronimos, *University of East London, UK*

Research suggests that experiences that strengthen the therapeutic relationship hold the greatest indicator of positive outcomes in therapy. Tears in the therapy room are seen as one of these important instances. How tears are processed in therapy has the potential to strengthen or weaken the therapeutic relationship. Theory and research have traditionally suggested that it is largely the therapist who plays witness to the client's tears. Evidence suggests that it is the clients' accounts of such experiences that are the most informative in relation to positive outcomes and it seems that the question of how clients experience their therapists' tears has remained unexplored. Presented here are the findings from a qualitative study involving semi-structured interviews with eight participants who have experienced their therapists' tears. Interpretative phenomenological analysis (IPA) was used to explore the meaning participants made of their experience. The analysis of the transcribed data produced three superordinate themes: 'contrary to expectations', 'a turning point', and 'who takes care of who'. Overall, it appears that the participants experienced the therapist's tears as challenging of their preconceptions of the therapist and what it means to cry, as well as prompting an examination of the roles within therapeutic relationships and what constitutes 'healing' and 'harming' in the context of therapy.

Patient education: When learning processes create new conflicts in conduct of everyday life

Lisbeth Hybholt, *Metropolitan University College*

Objective: Patient education for individuals with unipolar depression aims at the prevention of recurrence/relapse as well as to increase life quality and social functioning. Within patient education patients are taught how to conduct their everyday life in certain ways. There are good reasons to do so since unipolar depressive disorder is associated with a high risk of relapse, decreased life quality and social functioning. Quantitative meta-analyses indicate that patient education, as a supplement to the medical treatment, has low/medium influence on e.g. prevention of relapse/new episodes, symptom reduction and psychosocial level of function. However, no studies have investigated the learning processes. Thus the aim of this study is to investigate how the conduct of everyday life influences learning processes in the interplay between participation in a patient education group and everyday life.

Methods: A case study with observations of seven patient education groups in an outpatient clinic for unipolar depression in Denmark encompassing 16 participant driven photo-interviews and 14 follow-up interviews.

Results: The most prominent learning process for these patients is about learning to take care of themselves by creating breaks in everyday life. It could be breaks from duties, for instead to do something pleasurable. It could be breaks to establish balance between activities and rest. The identified theme: "*Scopes of possibilities to take care of one self in conduct of everyday life*" has two variations related to the characteristics of the learning processes either as an individual or a collective concern and responsibility.

Conclusion: The learning processes can create conflicts and are demanding when they come on collision course with the participants' social self-understanding.

Using mindfulness to manage psychotic symptoms during an acute crisis

[1]Maria Iliopoulou & [2]Maxine Sacks, [1]*Clinical Psychologist, City & Hackney Crisis Service / [2]Consultant Clinical Psychologist, City & Hackney Department of Psychology*

Clients attend the Crisis Resolution Home Treatment Team (CRHTT) as an alternative to inpatient admission. They are acutely unwell, often suicidal and about one third are experiencing psychotic symptoms. Clients stay with the CRHTT for an average of two weeks. The Mindfulness techniques that we teach provide both a set of ideas that is potentially useful for understanding how unusual experiences develop and a set of skills that can help them to respond to experiences that they find distressing. We interviewed five clients who experience psychotic symptoms and engaged with this approach. They described their experiences of learning mindfulness during a crisis as a process that can be practiced formally and informally. They were able to use the skills in their daily lives and use the ideas to understand their symptoms. Using Interpretive Phenomenological Analysis (IPA) we were able to identify the development of the capacity to observe unusual experiences and thoughts and the development of acceptance of the experiences. This is that start of a body of evidence to support the use of this approach with this population.

Experiences of a brief mindfulness intervention: Daily experience, well-being and relationships

Cath Sullivan, *School of Psychology, University of Central Lancashire*

Mindfulness increasingly features in interventions for improving well-being, particularly in clinical and health settings but also in schools and workplaces. This study analyses the accounts of staff who attended in a brief mindfulness course in a UK University. The course aimed to help participants' develop non-judgemental awareness of their present moment experience including sensations, thoughts, emotions and external events. Participants were taught meditation practices designed to help them relate to their current states with awareness and acceptance. Thereby, mindfulness aims to change the relationship that people have with their own experience, including their thoughts and other psychological events. This is in contrast to older cognitive approaches to psychological well-being that may be characterised as attempting to change the nature of people's thoughts rather than their relationship to them. A growing body of evidence links mindfulness practices with improvements in emotional, social and physical functioning particularly in the context of physical and psychological health. Nevertheless, the potential benefits of mindfulness are still not fully understood and continued growth in the popularity of mindfulness, and in the availability of courses and interventions, makes this an important research area. Many of the studies that have investigated mindfulness to date have taken a quantitative approach, focusing on outcome such as symptom reduction. Qualitative research provides a richer and more complex understanding of people's experiences. Furthermore, despite claims of mindfulness's potential to enhance relationships across a number of domains, including work and family, few studies examine people's experiences of mindfulness in relation to relationships. This study addresses this by exploring how a brief work-based mindfulness course was experienced in terms of relationships. Findings from thematic analysis of 10 semi-structured interview, will be presented in relation to general well-being, daily experience and the experience of relationships within and beyond the workplace.

10.30-11.00 COFFEE BREAK

11.00-12.30

11.00-12.30 | SYMPOSIUM ARISTOTLE

Disrupted attachments, disrupted families? Systemic pathways for change in adoption and foster care

Organizer: Lisa Fellin, *University of East London, UK*
Discussant: Ferdinando Salamino, *University of Northampton, UK*

In this symposium, we present three papers drawing on our systemic family therapy work, which critically explore the dominant theoretical framework informing therapeutic practice in adoption and foster care, namely attachment theory. Drawing on our analyses of family members accounts and therapeutic conversations, and considering the shortcomings of attachment-based practice, we will offer alternative ways for working adoption and foster care that can overcome its main limitations. The first paper presents a narrative analysis of family and individual stories constructed during initial consultations and images collected through a graphical-creative tool, the Double Moon (Greco, 1998). The second paper is a discursive analysis of a one-year family therapy with an adopted adolescent exploring how the family discourse about attachment, mutual belonging and individual development change throughout the therapy. The third paper draws on a content and discursive analysis to explore how explanations and interpretations around attachment issues and disrupted belonging are constructed in three families, and how these explanations are integrated in their family narratives and dynamics are deconstructed in therapy. We consider potential implications of our studies for parents and children's self-identities, and the ways in which these constructions could constrain and limit their and our capacity for fostering change.

The Scarlet Letter: Attachment as a dominant narrative in adoption and foster care? A thematic analysis of therapeutic narratives and visual relational maps

Lisa Fellin, *University of East London, UK*

Most clinical research and intervention on adoption and fostering constructs the relational difficulties many families face as consequences of early attachment disruptions, usually linked to trauma, neglect or abuse (Callaghan et al., 2016). The current relational difficulties are individualised as lineal, past-focused *dominant narratives* that position children and their carers as 'damaged', passive and pathologised victims of dysfunctional (dyadic) attachment patterns to be repaired (Fellin, 2014, 2015, submitted).

However, systemic and narrative authors have underscored the centrality of self-narratives and have linked problems of conflicting identities and belongings to psychological and relational difficulties (Ugazio, 1998,2013; White & Epston, 1990); some of these challenges are especially associated with adoption and fostering (Boszormenyi-Nagy & Krasner, 1986;Greco, 1998).

This paper will present an alternative way for creating novel relational narratives with adoptive or foster families. A narrative analysis of family and individual stories and images constructed during initial family consultations with adoptive and foster families will be presented. The drawings were collected through a graphical-creative tool, the Double Moon (Greco, 1998), developed for both research and therapeutic work. Limitations of this clinical model, possible integrations and future perspectives for both research and clinical practice will be addressed too.

“Beyond repair”. Therapeutic strategies with an adopted adolescent and his family: a single case study

[1]Ferdinando Salamino & [2]Elisa Gusmini, *University of Northampton, UK /*
[2]European Institute of Systemic-relational Therapies, Italy

This study analyses a one-year family therapy with an adopted adolescent, with regards to its outcome and processes.

Aim of the study is to highlight advantages of shifting from an attachment-based model towards a socio-constructionist approach when dealing with the problem represented by mutual belonging in adoptive families.

From a socio-constructionist perspective, creation of emotional and affective bonding within a family is a conversational process, subject to continuous changes and revolutions throughout the individual and family history. Therefore, a socio-constructionist approach for adoptive families highly relies on present narratives rather than past ones, focusing on the generative nature of *hic and nunc* interaction, thus strengthening emotional ties and perceptions of mutual belonging within the current family.

A third, important advantage of a socio-constructionist approach resides in its brief, solution-focused nature, which allows families to quickly get out of the limbo long therapies often cast them into.

This study will use discourse analysis to explore how the family discourse about attachment, mutual belonging and individual development of their adoptive son change throughout the therapy, and how the therapist uses a discourse focused on present narratives, rather than past narratives, to lead this change.

“Who is to blame?” Causal attributions in adoptive and foster families: a content and discourse analysis

[1]Lisa Fellin & [2]Ferdinando Salamino, [1]*University of East London, UK /* [2] *University of Northampton, UK*

Explanations are central for therapeutic change as they may contribute to maintain the situation or offer way out from it. This study analyses causal attributions in two adoptive and one foster care families through a discursive and content analysis (Ugazio et al., 2012, 2009; Ugazio & Fellin, submitted) of the family members’ explanations and interpretations about attachment issues and disrupted belonging, and how they integrated these explanations in their family narratives and dynamics.

Our analyses highlight how these families, coming from different backgrounds and cultural contexts, translate attachment-based explanations into narratives focused on the construct of “guilt”

and "blame".
This is consistent with findings by Barth *et al.* (2005), pointing out how attachment-based therapies are at high risk of trading a negative and pessimistic view on adopted children's fate. Attachment is an early onset, instinctual pattern of behavior, thus leaving a narrow window for the creation of mutual bonding. Once this window is missed and the trauma of insecure attachment is produced, parents and children will have to deal with the "primal wound" (Verrier, 1994) of failed belonging.
We discuss how different families dealt with these wound-based narratives and how new narratives can be co-constructed in family therapy.

11.00-12.30 | THEMATIC SESSION

SOCRATES

Practitioner perspectives II

Chair: Katia Romelli

The narrative construction of the 'wounded healer'

Miltiades Hadjiosif, *Senior Lecturer in Counselling Psychology, University of the West of England, Bristol*

The relational turn in psychotherapy has broken down the therapist – patient divide that has dominated mental health practices, calling for a renewed examination of therapeutic practitioners' subjectivity and motivations for entering the profession. Psychotherapists have been described as 'wounded healers', a term whose origins have been traced back to ancient shamanic traditions and Jungian analytical psychology. Despite a plethora of texts on the 'wounded healer', little systematic research within psychology has been conducted to unpack the implications and embedded assumptions of this concept. This paper takes the 'wounded healer' into the research arena by approaching it as an analytic tool to explore therapeutic practitioners' personal and professional development. Six therapeutic practitioners who identified with the concept were interviewed with a view to narrate their development as 'wounded healers'. Interviews were analysed using a tailored, multi-lens approach within a narrative epistemology. Besides attending to the narrative features of the texts, the paper discusses findings in relation to three key themes: 'entering a community of wounded healers'; 'formulating the wounded healer'; and 'deconstructing the wounded healer'. Unpacking this modality-flexible yet historically loaded construct necessitates challenging the 'wounded healer' as fixed identity and replacing it with an ethos that can lead to training, supervisory and personal therapy recommendations promoting reflection on therapists' relation to their 'wounds' and how this informs their therapeutic work.

Debriefing mental health workers exploring the effects of a debriefing service for mental health professionals

Nicholas Sarra, *N.H.S (Devon Partnership NHS Trust) University of Exeter*, *University of Hertfordshire*

Very little literature exists on debriefing staff in mental health services. Existing studies focus on whether the effects of trauma are mitigated through debriefing and are focussed on individuals. There are no studies with attention to the relational. This focus has tended to prejudice services against providing debriefing due to lack of evidence or contra indications. The author has run debriefing services for healthcare professionals for many years and is currently using a qualitative inquiry to evaluate that service. Using action interviewing and ethnographic techniques, an inquiry is underway as to how mental health professionals experience debriefing and its significance for them. Particular importance is given to elucidating a thick description of the experiences both for those debriefed and also for the debriefers themselves and hence an interest in narrative method is also apparent. The inquiry tries to explore the relational significance of debriefing and its significance for teams as well as individuals. Recurrent relational dilemmas for teams in the aftermath of suicide and homicide are explored as well as the significance of debriefing as a process of recognition for the workers involved.

Responding to risk during a crisis: the views of team members

[1]Maria Iliopoulou &[2] Maxine Sacks, *[1]Clinical Psychologist, City & Hackney Crisis Service / [2]Maxine Sacks, Consultant Clinical Psychologist, City & Hackney Department of Psychology*

The stated purpose of Crisis Resolution Home Treatment Teams (CRHTTs) is to respond rapidly and appropriately to those experiencing a mental health crisis. This approach has been found to be effective in reducing hospital admissions. It has also been found to be popular with patients who value the option of being offered daily or twice daily visits at home instead of hospital admission. However what has not been looked at is the experience of the staff of the CRHTT teams. Most staff in the field of mental health work with high risk situations for part of the time but for CRHTT staff this part of their daily experience. CRHTT staff are therefore faced with highly stressful situations on a daily basis. Twenty eight staff working for City & Hackney Crisis Service attended five focus groups held over a two-month period. Using interpretative phenomenological analysis (IPA) we were able to identify the importance of a supportive culture and team policies and procedures that developed over time as central themes. Understanding the situation of each client and the wish to support them appears to balance the experience of coping with unpredictability and the experience of difficult emotions.

A critical look at the process of standardized assessment

Camilla Blach Rossen
Psychiatry in Southern Denmark and The University of Southern Denmark

Background:
Recent developments of the Danish health care sector have resulted in a widespread use of standardized strategies for assessment, called assessment packages. The goal of the packages is to establish coordination, continuity and efficient pathways in which each step is pre-booked and has a well-defined content within a defined category of diseases. In mental health there are developed national packages for twelve different diagnostic categories. There is a lack of research based knowledge about the consequences of the use of packages.
Aim:
To investigate how packaged assessment takes place and how this particular organisation of healthcare influence all participants engaged in the process.

Methods:
Packages have been examined in three units, a mental health unit and two multiple sclerosis clinic. We collected four different types of data: Participant observation, formal and informal interviews with healthcare professionals and patients, audio recordings and medical records.
Results:
In many cases, the assessment packages enabled fast and highly specialized assessment. However, these rationalization initiatives in the healthcare sector could also have irrational consequences. For some patients, a packaged assessment could sometimes turn into yet another offer in a long and fragmented assessment process. Furthermore, an inflexible framework of the package design could result in resistance to the frames established.

11.00-12.30 | THEMATIC SESSION

PYTHAGORAS

Client's experiences of MH interventions II

Chair: Linda McMullen

'It just felt like an interrogation' – The psychosocial assessment after self-harm

Sandra Walker, *Lecturer, Mental Health, Faculty of Health Sciences, Southampton University*

Self-Harm is common in Europe and other parts of the world[1], it is one of the top five reasons for admission to general hospitals for emergency treatment[1,2,3] for men and women. Current UK guidance states that everyone admitted to a general hospital with self-harm should be offered a psychosocial needs and risk assessment[2], for some this may be a repeated assessment for others it may be the first time they have encountered mental health services in their lives.
This presentation explores the experience people who self-harm, admitted to a general hospital have of this psychosocial assessment using data from my PhD project exploring their experiences of contact with mental health services during an acute hospital admission. Issues raised here included; the importance of being a person caring for another person; situations where the processes appeared to be overwhelming the caring element of the interaction; communication problems such as not letting the patient know when you've spoken to their family, or ongoing plans for discharge experienced as power over the individual and not listening. Recommendations for practice will be suggested from the findings and implications for more effective psychosocial assessment with this vulnerable group considered.

Stakeholder preferences for the treatment of schizophrenia and metabolic comorbidities

Daniel Poremski, Vathsala Sagayadevan, Alvin Lum, Mythily Subramaniam & Chong Siow Ann, *Institute of Mental Health, Singapore*

People with mental illness are known to have reduced life expectancy due to comorbidities. Some of these medical comorbidities result from psychiatric treatment. It is therefore imperative that treatments be paired with medical screening. Research has shown that despite knowledge of the frequent comorbidities, few service-users receive timely screening and treatment for medical comorbidities.

The present study obtained the perspective of 20 service-providers, 20 service-users, and 15 care-givers to understand their preferences for treatment. Grounded theory was used to iteratively conduct and analyze interviews. Priority was given to content which surfaced in interviews of all three stakeholders.

Preliminary data suggest that service-provider preferences play a minor role in determining how service-users obtain treatment for their comorbidities, though service-user actions align with service-provider's perception of service-user preferences. While service-providers believe the responsibility of screening and treating comorbidities lies with the psychiatrist, the service-user's financial and interpersonal resources sway the service-user's preference for the source of treatment. If the service-user has the resources to follow-up with the treatment of their comorbidity, the source and location of treatment are unimportant. But if the service-user is less able to rely on family or personal resources, the location may be pivotal in ensuring that care is obtained.

Barriers and facilitators to collaborative antipsychotic prescribing within mental health services: a qualitative study exploring the perspectives of service users, carers and mental health professionals

Helen Brooks, Kamelia Harris, Penny Bee, Karina Lovell & Richard Drake, *University of Manchester*

Recent policy initiatives emphasise the importance of involving service users in planning their own care. The drive to include service users in this process is a necessary and potentially effective means of improving relationships within services and tailoring them to people's needs and circumstances. Despite the effectiveness of antipsychotic medication in reducing psychotic symptoms, these drugs can have troublesome side effects including weight gain, increased risk of metabolic disorder and erectile dysfunction. Our qualitative study explored service user, carer and professional attitudes towards collaborative antipsychotic prescribing and the potential use of decision-making tools to support this process. Nineteen service users and carers, and 13 mental health care professionals from an urban NHS mental health trust participated in focus groups or one-to-one interviews; data were analysed using framework analysis. Findings suggest a range of micro, macro and meso level facilitators and barriers including service user and professional characteristics (individual conditions, levels of insight and professional skillset) dynamics of dyadic relationships and the role of the prevailing organisational culture (focus on risk, lack of resources, historic paternalism). Data are presented to facilitate comparison between the views of service users/carers and mental health professionals.

The hospital experience and the service provided at Mount Carmel hospital; the perspectives of the service-users, their care givers and the health-care professionals

Bernice Gauci & Angela Abela, *Department of Family Studies,Faculty for the Social Wellbeing,University of Malta*

The aim of this study was to gauge the hospital experience of service-users, their care-givers and health-care professionals at the main state mental hospital.

While there are several research articles on psychiatric nursing and their experience in the ward, very few research articles on the service-user exist; most of the research focuses on the perception of the staff on hospitalization. This imbalance leaves a gap in knowledge on the experiences of the service-users (Rose *et al.*, 2013). Despite the great importance of the involvement of the family in the psychiatric patient's care, in practice the care-givers feel ignored by both the clinicians and the patient, and feel marginalized and stigmatized by services offered at the hospital (EUFAMI 2015, Abela et al 2015). This presented an opportunity to explore how family care-givers feel they can be part of the patient's care. Furthermore, few studies exist in the local context, particularly on the mental hospital; this research will allow more concrete proposals to be developed.

Focus groups were chosen as the instrument for data collection, from which the opinions related to the hospital-experience and services offered at the hospital were collected. A number of themes were identified and analyzed via thematic analysis.

12.30-13.30

12.30-13.30 | KEYNOTE ADDRESS

ARISTOTLE

Investigating Relationship: Enabling a Paradigm Shift

Hugh Middleton

Chair: Vilma Hänninen

It is an unspoken truth that much of what are understood as "mental health difficulties" can be attributed to disturbances of relationship. A large proportion of those subsequently embarking upon life as someone with a psychiatric diagnosis are people whose difficulties can be traced to adolescence, or even earlier in life. Unsatisfactory relational experiences during childhood are widely acknowledged contributors to subsequent psychological vulnerability. There is evidence of a more specific part for social deprivation in the genesis of "psychosis". Numerous studies identify associations between other forms of relational disturbance, and the onset and maintenance of a wider range of difficulties.

In the clinic, some eighty years' psychotherapy research has repeatedly pointed to the quality of therapeutic relationship as a major determinant of outcome. More recent years have seen sophisticated analyses of large databases confirm this beyond doubt. Highly promising developments in practice such as Open Dialogue explicitly address the need to repair disrupted relationships in the course of responding to a "breakdown". Formal research and the experiences of those placed in such a position clearly indicate that social exclusion and stigma are the most disabling consequences of living as someone with a psychiatric diagnosis.

None of these facts are disputed but there is continuing resistance to broad acknowledgment of their implications … characteristic resistance to a paradigm shift. This is not new to either science or healthcare.

In this talk I hope to illustrate how the development of new forms of knowledge and insight into the social worlds of those experiencing mental health difficulties and those ministering to them can play its part in changing how "mental health difficulties" are understood, responded to and even avoided.

13.30-14.30 LUNCH BREAK

14.30-16.00

14.30-16.00 | SYMPOSIUM

ARISTOTLE

Service user and carer experiences of compulsion: International perspectives on coercion and human rights

Organizer: Karen Newbigging & Julie Ridley, *University of Birmingham and University of Central Lancashire*

Discussant: Karen Newbigging, *University of Birmingham*

Traditional perspectives on compulsion have tended to privilege professional accounts, which have more recently been contested by service user researchers calling into question findings that point to high levels of satisfaction with compulsion. Arguably, the very nature of compulsion requires that research is, at the very least, co-produced with people with lived experience of, and those affected by, compulsion and centres on their narratives. A potential strength of such an approach is one that places greater emphasis on the experiences and feelings of users and carers, and on relational dimensions. European research has recently begun to focus more on the neglected perspectives of family carers on coercion, which has resulted in calls for more triadic approaches, that is, those focusing on relations between service users, family carers and professionals. In this symposium we present findings from research that has explored service user and carer accounts of compulsion and the impact of interpersonal relationships on this experience. The empirical data, from a number of studies across Europe, draws on service user and family carer accounts including of compulsion in high secure settings. From these, we will reflect upon the ethical, human rights and relational dimensions of coercion and control and the implications for mental health practice.

First-person knowledge in researching coercion

Jasna Russo, *Center for Citizen Participation, Brunel University London*

The presentation starts with discussing the traditional role of experiential knowledge of people undergoing forced psychiatric treatment in conventional research on coercion. I will explore the ways in which the overall approaches of these studies influence their outcomes. This includes formation of the sample, methodology and selection of instruments as well as the stages of analysis and interpretation. In the second part of the presentation I will suggest some research principles that could lead us to a more accurate and more comprehensive understanding of psychiatric forced treatment. Using several project examples I aim to demonstrate the consequences of the dominance of clinical perspectives in this research field as well as to outline potential ways of disrupting it.

Relational damage? The impact of coercion on family relations

Reidun Norvoll, *Centre for Medical Ethics, University of Oslo/Work Research Institute, Oslo and Akershus University College of Applied Sciences*

Research shows that service users/patients' have various views on and experiences with coercion. However, a substantial body of research finds the potential of physical, psychological and social harm due to use of coercion, which in many countries including Norway is increasing. This presentation will explore how coercion influences and affects family relations by drawing on data from a large scale project in Norway about mental health care, ethics and coercion. The qualitative study discussed consists of focus group interviews, pair and individual interviews with adult and adolescent users and family members, and included people with various mental health problems and experiences with coercion. The participants were recruited from service user and next-of-kin organisations. What was unique about this project was its exploration of service users' and family members' views on coercion, stimulating an open democratic dialogue through group interviews lasting up to three hours. This revealed a broader and more relational perspective on coercion and this will be the main focus of the presentation. The analysis of data concludes with the need for a richer and more triadic perspective on family life and mental health care.

Hearing from carers - those supporting people in secure mental health settings

Julie Ridley, University of Central Lancashire, School of Social Work, Care and Community

Being a 'carer' and providing unpaid 'caring' for a relative or friend, both theoretically and operationally are now firmly embedded in social policy and professional practice in the UK. Family carers generally are increasingly seen as legitimate stakeholders in wider policy processes, and as 'co-producers' and key providers in the 'triangle of care', though the needs and views of service users and carers should not be assumed to be the same. Carers of people in forensic (secure) mental health services are a seldom heard group, whose caring role often goes unrecognized, resulting in their needs being overlooked and marginalised. In this paper I will explore the qualitative methodology used in a recent Scottish study, in particular the involvement of carers in the research team and commissioning organisation, as well as drawing out key messages to emerge from listening to their voices. I will look at how this influenced what questions we asked, how they were asked, and how we interpreted the data. The work further emphasises the importance of considering carers' perspectives in mental health care, whilst recognizing the complexity and contradictions of the role, and differences with users' perspectives

How family group conferencing can contribute to reducing the use of coercion: Experiences of users and carers

Elleke Landeweer, *Center for Medical Ethics, University of Oslo*

A large qualitative research study in the Netherlands examined if, and how, the use of family group conferences (FGC) could prevent the use of coercion in psychiatry. FGC is a structured meeting between members of a social network to search for solutions for a concrete problem of one of the members. Professionals are deliberately not in the lead of these meetings. In this study 20 FGCs that addressed the topic of preventing coercion were evaluated with the use of a responsive evaluative design. Participants; including users, family and friends, were interviewed individually about their experiences of the FGC and invited to participate in a focus group meeting. In this presentation, the findings will be used to reflect on the benefits and barriers regarding the contribution of FGC to the prevention of coercion. Benefits are that FGC is experienced as a user-friendly way to overcome a sense of shame and stigma, and to share their problems. It strengthened and broadened the social networks of users and empowered them to take control. Nevertheless, to be the central person that is asking for help is challenging and FGC did not always result in what users hoped for.

14.30-16.00 | THEMATIC SESSION

SOCRATES

Loss & distress within the family

Chair: Philia Issari

Caring for a relative with dementia in Greece

Philia Issari & Christina Tsaliki, *Center for Qualitative Research in Psychology and Psychosocial Well-Being, Department of Philosophy-Pedagogy and Psychology, National and Kapodistrian University of Athens*

The present phenomenological study aimed to explore and understand experiences of people who care for a relative with dementia. Degenerative dementia is a rapidly growing medical and social issue which poses many challenges for family and relative caregivers. Caring for a loved one with dementia involves voluntary care for personal, social, and practical needs of the patient as well as related legal and financial issues. The sample was purposive and consisted of thirteen family caregivers from Athens and Thessaloniki. Semi- structured interviews were conducted and analyzed according Thematic Analysis (Braun & Clarke, 2006). Themes which emerged from the participants' accounts include: making sense of dementia; challenges of caregiving; physical and emotional strain; role redefinition; losses and changes in family relationships, sources of support and strength and positive evaluation of the home-based care. The research findings are discussed within the context of Gilligan's ethics of care and Greek socio-cultural values. Finally, implications for counseling, prevention and intervention aiming at identifying and supporting family caregivers are presented

Sibling loss in childhood: An interpretative phenomenological analysis

Anastasia Kiriakouli & Zaira Papaligoura, *Aristotle University of Thessaloniki*

The purpose of this study is to investigate the experience of losing a sibling during childhood (from birth to 12 years of age). This retrospective research design focuses on a deeper understanding of current perceptions concerning sibling loss and the changing meaning of this particular experience over time. Five adults from 21 to 54 years of age were interviewed about their present perspectives on experiencing the death of a sibling. Interviews are semi-structured and Interpretative Phenomenological Analysis (IPA) is used. Results lead in a narrative, that is organized in five domains: 1) grief processes after the loss of a sibling, which are experienced as traumatic, 2) the disregarded needs of bereaved siblings, 3) family changes and repositions of family members following the loss, 4) coping with difficulties and sources of support, and 5) growing understanding of sibling loss in adult life. Finally, the acquired meaning of sibling loss in the present is discussed.

Challenges to parents´ family-life after their son or daughters´ suicide attempt: a qualitative study

Lene Nygaard [1]& Niels Buus[2], [1]*Department of gynecology and obstetrics, Odense university hospital, Denmark* / [2] *Department of Public Health, University of Southern Denmark, Denmark*

INTRODUCTION: Suicide and suicide behavior is a major public health problem. The consequences of a person's suicide attempt are often far-reaching and affect the relatives' lives profoundly. However, the impact on families is under-researched and the aim of this exploratory study was to analyze parents' responses to the psychosocial burden of their offspring's suicidal behavior.

METHODS: This qualitative study included 19 individual, in-depth interviews. The parents were recruited before participating in a counseling program at a Danish non-governmental organization, The Network for the Suicide Struck (NEFOS). Data were interpreted and discussed within an interactionist framework.

RESULTS: The offspring's suicide attempt had substantial impact on the parents' psychosocial functioning. The parents' relationship was under intense pressure in particular because men and women reacted differently to the challenging situation.

DISCUSSION: Parents of sons or daughters who have made a suicide attempt respond with some of the same reactions as parents of children with other life-threatening illnesses, but the parents in our study also had to cope with a significant moral stigma.

CONCLUSIONS: Gender specific differences in the parents' ways of managing the situation give rise to considering how interventions to support the parents should be constructed in the future.

16.00-17.00 | THEMATIC SESSION

SOCRATES

Women, trauma & distress

Chair: Lisbeth Hybolt

Stress symptoms in female sex workers in Dhaka, Bangladesh: a qualitative research

Nasrin Jahan[1], Muhammad Najib Mohamad Alwi[2], Dato Abd Rahim[3], Laila Arjumand Banu[4] and Nurjahan Begum[5], *[1,3]Department of Community Medicine, Faculty of Medicine, Cyberjaya University College of Medical Sciences, Cyberjaya, Malaysia / [2]Department of Psychiatry, Faculty of Medicine, Cyberjaya University College of Medical Sciences, Cyberjaya, Malaysia / [4]Department of Obstetrics and Gynecology, Labaid Hospital, Dhanmondi, Dhaka, Bangladesh / [5]Free-lance Social Development Consultant, Dhaka, Bangladesh.*

Introduction

Sex work, a public health concern is often burdened with mental illness. Female sex workers (FSWs) have high magnitude of stress symptoms along with sexually transmitted infection (STI). Government of Bangladesh/development partners provide treatment/counselling for STIs but no program is undertaken for mental illness of FSWs. Hence this study explored stress symptoms of FSWs in-depth.

Methods

Purposive sampling helped to maximize variation. Qualitative data was collected from FSWs in six locations of Dhaka. Sticky colour dots on the 'body maps' (participatory rapid appraisal tool) showed their mental, sexual and other illnesses. Semi-structured-interviews facilitated in-depth probing. Findings from key informants qualified triangulation. Data collection and analysis was continuous and stopped at saturation point. Recorded transcripts were manually analysed ensuing thematic approach.

Results

Common stress symptoms of FSWs are headache, restlessness, insomnia and frights, which they do not consider as illness to seek treatment. They are addicted and often harm themselves by self-implicated cut injuries. Single motherhood, sense of guilt, social insecurity and violence are recognized as associated factors.

Conclusion

The outcome of this study can help the policy makers/program managers to design mental health program for FSWs. Further study is required for proper assessment of mental illness for treatment/referral. .

Early family trauma marks the beginning of a vicious circle: a qualitative study on female homelessness and drug addiction with the use of photo elicitation interviewing

Vasiliki Danaskou & Fotini-Sonia Apergi,
The American College of Greece – Deree

The aim of this study was to explore in depth the experiences of homeless and drug addicted women. The study took place in a harm reduction center serving this population located in the city of Athens, Greece. Respondent-controlled Photo Elicitation Interviewing (PEI) was used with seven women aged 19-38 years, who were asked to take up to 15 photos relevant to their lives on the streets and elaborate on the ones that mostly represented their experiences. Interpretative Phenomenological Analysis was applied to extract the thematic categories and subcategories from the interview material. Participant's photographs and the accompanying descriptions reflect the bidirectional relationships between homelessness, drug use and prostitution. Moreover, the significance of early family trauma is highlighted and perceived as the starting point of their current condition. Participants described the use of PEI as an experience that enhanced their self-esteem, creativity and insight, while photographs functioned as a mirror in which they saw themselves reflected. Implications of the use of PEI as a therapeutic tool are discussed.

From baked beans to hot air balloons. Metaphors of hope in systemic research

Leah Salter, *UKCP registered Systemic Psychotherapist*, *University of Bedfordshire Professional Doctorate in Systemic Practice*

My practice as a Systemic Psychotherapist in small communities in Britain has often involved working with women and families who have experienced abuse and trauma; with the associated impact on their mental health.

I believe many issues affecting women in these communities hold stories that transcend the individual and speak to a "collective narrative" of oppression (Denborough, 2008).

Narrative Therapy (White and Epston 1990; Freedman and Combs, 1996; White, 2000) shines a light on the "performative" and "transformative" quality of storying lived experience through relationship. I propose that groups for women can provide a stage where "preferred futures" and narratives of social justice are generated and performed. (White and Epston, 1990)

My current doctoral research focuses on groups for women that I have been part of and I have been talking with women from these groups about how they, the group, and the community have "gone on".

In this workshop, I will draw on my research to date including conversations with women who have experienced abuse and trauma, especially sexual abuse. I will offer an invitation to think about how we (in practice and in research) can cultivate an environment for hearing stories of oppression *and* contribute to social responsibility.

Investigating discourses & practices of MH

Chair: Julianna Challenor

Human rights in the domain of mental health : between juridification and judicialization of care practices

Eyraud Benoît et Collectif Contrast, *Senior lecturer at Université Lyon 2, Centre Max Weber, CNRS*

The United Nations Convention on the Rights of Persons with Disabilities was signed exactly 10 years ago and represents the last text ratified by the UN body. An entire decade with an unchanged text underlines the lag in attention paid to disability issues including mental health in the field of human rights.

In this paper, we discuss the slow emergence of the concern for human rights pertaining to mental health and psychiatry by focusing on issues related to the assessment of a person's ability to consent to their proposed care, and, more specifically, on restrictions on various aspects of their treatment (reduction of freedom of movement, coercive practices of care).

We put forward the hypothesis that this *fundamentalization* (increasing consideration of mental health rights as fundamental) can be explained by an upward shift toward the juridification and judicialization of care practices. Such developments are driven by both activist mobilizations and a transformation of medical power, role of judges, and of administrative care services. We intend to show that this fundamentalization is part of a broader legal turning point in mental health care relations, resulting in an emphasis on legal regulations and a relative decline in clinical regulations of mental health care relationships.

The proposal is based on an analysis of available literature and on observations and interviews conducted at various mental health establishments (psychiatric hospitals, departments with Alzheimer's patients or autism patients, guardianship services) by the Collectif Contrast team

Rethinking the clinical setting. The Greek experience of the clinics of solidarity

Agostino Carbone, *Department of Humanities University of Naples Federico II, Napoli – Italy*

In recent years the Greek national health system has been objects of large cuts to staff and resources. Simultaneously from 2013 the disadvantaged social groups, such as the unemployed and immigrants have lost their right to receive free medical assistance. From a psychopathological perspective, large sector of the population, due to the spread of the effects of the financial crisis, had to deal with its social, economic and political implications as well as feelings of helplessness, abandonment, and mistrust, quickly reified in the increases of suicides, social exclusion, discrimination. To support the national health system, were born in 2013, the Clinics of Solidarity, offering freely medical and psychological care all around Greece. In 2015 it was made a visit to one of these healthcare centres located in the center of Athens. On that occasion, the researcher carried out a narrative interview to the psychiatrist-psychoanalyst, director of pharmacological and psychotherapeutic activities. The topics of the interview were: the current psychological needs of citizens, the value of money and generosity in the countertransference. Finally, it is proposed a reflection on how to build a clinical setting appropriate to the current existential conditions and how prevent the risk of "collusion" in the therapeutic relationship.

Mental health care and educational actions: from institutional exclusion to subjective development

[1]Daniel Magalhães Goulart, [2]Fernando Luís González Rey & [3]Albertina Mitjáns Martinez, [1]*University of Brasília (CAPES - Brazil) / University Centre of Brasília (Brazil) / Discourse Unit (Manchester - UK)] /* [2]*University Centre of Brasília (Brazil) / University of Brasília (CNPq - Brazil) /* [3]*University of Brasília (Brazil)*

This paper discusses the idea of subjective development from a cultural historical approach as a theoretical way to promote institutional practices which articulate education and mental health care. Subjective development is regarded as a non-universal, non-deterministic, and a context-sensitive process, having the subjective configuration as its unit. The case study of Sebastiao is presented as part of a research project in a mental health service in Brazil, which was conducted through a constructive-interpretative methodology. Sebastiao was 39 years old who had been diagnosed with paranoid schizophrenia since he was 30. He was known as one of the first users of the service with uninterrupted treatment for seven years. The research was aimed at understanding individual and social subjective productions during the user's process of institutionalization and for finding effective ways to help him emerge as subject of his experience. We argue that only when he was supported by dialogical and educational actions that opened new social spaces to him new subjective productions related to life and to himself began to appear and to be expressed in his new feelings and reflections. This process involved the transition from institutional exclusion to a living process in which Sebastiao was at the centre.

17.00-17.30 COFFEE BREAK

17.30-18.30

17.30-18.30 | CLOSING SESSION

POSEIDON

Towards QRMH7?

Chair: Eugenie Georgaca


QRMH6
QUALITATIVE RESEARCH
in MENTAL HEALTH
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