

WEBVTT

1

00:01:16.920 --> 00:01:26.880

Vanessa Wronski: hi everyone, thank you for joining us today and welcome today will be hosting this webinar with Gerald Robin and Fiona.

2

00:01:27.930 --> 00:01:38.490

Vanessa Wronski: Today, the presenters will discuss the ways that people change for the better after experiencing an episode of psychosis and what may facilitate such change so next slide please.

3

00:01:41.760 --> 00:01:48.060

Vanessa Wronski: So, before we start and I pass it off to Gerald I just would like to go over some housekeeping information.

4

00:01:49.230 --> 00:01:53.130

Vanessa Wronski: So the participant microphones will be muted today if.

5

00:01:54.030 --> 00:02:02.010

Vanessa Wronski: We get to the Q amp a session and you would like to voice out your question, please raise your hand using the raise hand feature in the chat.

6

00:02:02.340 --> 00:02:10.200

Vanessa Wronski: And they can unmute you if you have any questions during the event about the topic or any technical difficulties, let us know in the chat.

7

00:02:10.770 --> 00:02:19.890

Vanessa Wronski: And then just a reminder this session is being recorded and it will be available tomorrow on our website, I will put our website in the chat momentarily.

8

00:02:20.460 --> 00:02:29.970

Vanessa Wronski: And then just let people know we are offering continuing educational credits, but you do have to attend the second session happening on the 17th.

9

00:02:30.510 --> 00:02:39.120

Vanessa Wronski: And more information about that will be pulling out in a follow up email tomorrow and again if you have any questions you can always email us looks like please.

10

00:02:43.740 --> 00:02:52.380

Vanessa Wronski: This is a disclaimer from our new England am htc you can read more about it when we share the slides with you tomorrow.

11

00:02:56.670 --> 00:03:06.750

Vanessa Wronski: And then the image ttc network uses affirming respectful and recovery oriented language in all of our activities, and these are some of the examples that we followed by.

12

00:03:09.540 --> 00:03:11.670

Vanessa Wronski: And with that I will pass it off to JEREMY Thank you.

13

00:03:12.960 --> 00:03:22.020

Gerald Jordan: yeah okay so thanks thanks everyone from for being here i'd like to introduce myself, so my name is Gerald i'm a postdoctoral research Dr mcgill university.

14

00:03:22.650 --> 00:03:33.990

Gerald Jordan: And the program for Community recovering Community health and my research general broadly focuses on understanding all people could transform their lives and communities after experiencing.

15

00:03:35.580 --> 00:03:49.170

Gerald Jordan: Mental health challenge for the first time, and all of these changes could be supported by Community based mental health services and broader social determinants of health and resilience Fiona would you like to introduce yourself.

16

00:03:50.160 --> 00:03:57.300

Fiona Ng: hi everyone, my name is Fiona I am a researcher at the University of Nottingham and he the Institute of mental health.

17

00:03:57.810 --> 00:04:07.950

Fiona Ng: And my research has predominantly been in mental health recovery and now i'm starting to move into push dramatic growth and looking at that, from the perspective that people.

18

00:04:08.220 --> 00:04:17.160

Fiona Ng: Experience with psychosis and personality disorder and in developing teacher to interventions to support push dramatic growth.

19

00:04:18.690 --> 00:04:18.960

Fiona Ng: Okay.

20

00:04:20.820 --> 00:04:26.550

Robyn Thomas: hello, so my name is Robin I just completed my masters at the University of Edinburgh.

21

00:04:27.810 --> 00:04:39.780

Robyn Thomas: In the global mental health program and also was looking at how people can experience transformation and positive change after psychosis and how we can support people through that process.

22

00:04:40.980 --> 00:04:56.610

Robyn Thomas: My background is also in filmmaking and peer support and i've worked in the mental health field for about six years now and i'm also very interested in how we can incorporate storytelling to end with mental health advocacy.

23

00:04:58.410 --> 00:05:08.670

Gerald Jordan: i'll just add that we're probably the one of the only you know, a group of the only people doing work in this area so you're listening to like the World experts right.

24

00:05:08.670 --> 00:05:08.880

Now.

25

00:05:11.070 --> 00:05:17.790

Gerald Jordan: So Okay, so now that i've i've made that joke it's not a joke, but now that I said that.

26

00:05:18.300 --> 00:05:18.480

Robyn Thomas: Will.

27

00:05:18.690 --> 00:05:25.500

Gerald Jordan: move on to like our conversation, so I wanted, we thought we could this could be more like a conversation that could be kind of light that's like the middle of the afternoon.

28

00:05:25.950 --> 00:05:34.170

Gerald Jordan: Like everyone's probably kind of tired of being on zoom all the time, so I thought this could be like kind of a lighter lighter conversation among among us, and then you know.

29

00:05:35.040 --> 00:05:47.880

Gerald Jordan: we'd love to hear some questions from you or some feedback and you know that way, we could like you know construct some you know some meaning and some some more knowledge about the the topics that we're going to be talking about the day.

30

00:05:49.020 --> 00:05:49.920

Gerald Jordan: So it began.

31

00:05:51.120 --> 00:05:56.280

Gerald Jordan: You know just wanted to state that the field of mental health faces many important shortcomings.

32

00:05:56.700 --> 00:06:05.550

Gerald Jordan: One of those important shortcomings is that mental challenges have largely been reduced the byproducts of biological processes that are unable to on their own.

33

00:06:06.060 --> 00:06:14.940

Gerald Jordan: supply or inform I supply meeting room for research, researchers and practitioners in the ways that people can make meaning out of and recover from.

34

00:06:15.840 --> 00:06:24.540

Gerald Jordan: Mental health challenges, and that this this reductionism kind of dismisses a wealth of subjective accounts and experiences experiences around how.

35

00:06:24.900 --> 00:06:34.350

Gerald Jordan: Mental health challenges could be meaningful and rooted within larger social, political and economic conditions such as racism and other forms of discrimination.

36

00:06:35.400 --> 00:06:48.750

Gerald Jordan: So, in light of this, what are some alternative

interpretations of psychosis, why is it useful to think about these different interpretations when thinking about post traumatic growth and positive change and i'll you know Robin, what do you think about this.

37

00:06:50.370 --> 00:06:58.440

Robyn Thomas: yeah so as Gerald has mentioned often psychosis is framed as this biochemical process gone awry.

38

00:06:58.920 --> 00:07:10.770

Robyn Thomas: But many researchers agree that psychosis is relational and its impact by a person's culture by their wide wider social network and social factors.

39

00:07:11.460 --> 00:07:20.430

Robyn Thomas: And, and the context of that person's life so there's there's a few different approaches that look at psychosis outside of the biomedical model.

40

00:07:20.880 --> 00:07:29.280

Robyn Thomas: and understand psychosis as a kind of understandable response to adverse life experiences and and a person surrounding.

41

00:07:29.910 --> 00:07:39.000

Robyn Thomas: Rather than just being a pathological defect and and acknowledge that there are meaningful narratives within madness.

42

00:07:39.660 --> 00:08:00.810

Robyn Thomas: So, for example, the hearing voices voices mute movement who views voice hearing and other what we call anomalous or non ordinary experiences as meaningful and existing within the spectrum of normal human experience that people can learn to to cope with and grow from.

43

00:08:02.550 --> 00:08:16.140

Robyn Thomas: Another another one is the open dialogue approach and again that's looking at psychosis often from the perspective of people responding to to difficult life events in kind of an annex stream way.

44

00:08:17.250 --> 00:08:29.730

Robyn Thomas: And and they're they're a person in Florida psychosis is is thought of as as having valuable perspectives and that their way of

communicating is actually.

45

00:08:30.600 --> 00:08:48.180

Robyn Thomas: Giving kind of clues and insights into their the nature of their distress and ways that maybe they can find their way out of it and so there's also theorists such as RD laying who viewed psychosis as as not just a crisis that can have transformative value.

46

00:08:49.350 --> 00:08:58.350

Robyn Thomas: But, but a purposeful process potentially that can shake up aspects of the self and allow a person to rebuild their lives.

47

00:08:59.430 --> 00:09:05.250

Robyn Thomas: their beliefs and identities, in a healthier way and process trauma and then, of course.

48

00:09:05.760 --> 00:09:19.950

Robyn Thomas: We can't forget the various ways that people with lived experience understand and interpret their their experiences in psychosis so a lot of people that that i've interviewed, for example, saw psychosis as a kind of spiritual crisis.

49

00:09:20.880 --> 00:09:31.170

Robyn Thomas: And oftentimes people look lived experience are dismissed as not having any sort of insight into their condition, and this is something that we're trying to challenge.

50

00:09:33.120 --> 00:09:40.440

Gerald Jordan: yeah that sounds that sounds super cool and sounds really, really relevant to this discussion, thanks for that Robin.

51

00:09:41.790 --> 00:09:48.390

Gerald Jordan: I agree entirely with what you said and I think I, the only thing that I would add is that, based on the work that i've done.

52

00:09:48.750 --> 00:09:55.500

Gerald Jordan: The type of explanatory models or frameworks that people use to describe their experiences kind of changes how.

53

00:09:55.920 --> 00:10:03.870

Gerald Jordan: They talk about how they've grown from their psychosis

so people who use like spiritual explanatory frameworks tend to talk about their growth that they're experiencing.

54

00:10:04.290 --> 00:10:12.420

Gerald Jordan: In terms of the spiritual lenses are using spiritual words and you know and then people who, who have let's say like political.

55

00:10:13.560 --> 00:10:20.310

Gerald Jordan: interpretive interpretations are political explanatory frameworks about about what happened to them that might draw on like how they've been oppressed or.

56

00:10:21.030 --> 00:10:38.370

Gerald Jordan: Drawing on the heels of capitalism will describe their their changes post psychosis in terms of you know, engaging in activism, to a greater extent than before, and so forth, so that's that's something that i've noticed in my work and I find quite interesting.

57

00:10:39.720 --> 00:10:48.870

Gerald Jordan: And so I guess the next point that will talk about as so before getting into what like the nitty gritty of what positive change and bustamante girls are.

58

00:10:49.950 --> 00:11:02.190

Gerald Jordan: Right from the outset, we thought it might be important to talk about like what some of the precautions that we should take when when we're talking about post traumatic growth and positive change following psychosis and so i'm not sure if.

59

00:11:03.300 --> 00:11:06.630

Gerald Jordan: any of you have seen a highly influential paper on the.

60

00:11:07.710 --> 00:11:10.380

Gerald Jordan: mission miss uses and abuses of the the concept of recovery.

61

00:11:12.630 --> 00:11:15.210

Gerald Jordan: I think Mike slade is the the author on it.

62

00:11:16.350 --> 00:11:24.330

Gerald Jordan: And so, in this paper they kind of go through like you know how that the concept of recovery has been abused and my co opted by neoliberalism and so forth.

63

00:11:24.870 --> 00:11:31.980

Gerald Jordan: And it's a very influential important paper, and you know when we're doing research on post traumatic growth or when we're talking about it.

64

00:11:32.430 --> 00:11:48.030

Gerald Jordan: Like it's important for us to also think about some some things that we need to be aware of so in lieu of this Robin do you have any precautions or any recommendations that you know for how we should think about this or talk about it or do research in this area.

65

00:11:49.650 --> 00:12:05.220

Robyn Thomas: yeah I mean just just started it's always, I think, important to say that, of course, there are a lot of people who may experience great distress with psychosis and so you know, a do I want to romanticize that that experience at all.

66

00:12:06.360 --> 00:12:15.600

Robyn Thomas: And so we do acknowledge that you know, not everyone does experience positive change and growth or they might not want to experience any kind of of change right.

67

00:12:16.380 --> 00:12:26.280

Robyn Thomas: And so we really want to, I think, avoid putting more pressure on people to fix their suffering and find the silver lining in it.

68

00:12:27.630 --> 00:12:35.490

Robyn Thomas: And kind of fuel these unrealistic expectations that individuals are solely responsible for fixing their distress.

69

00:12:37.260 --> 00:12:58.080

Robyn Thomas: and putting that additional kind of kind of burden on people so so really I think what's important is is putting that responsibility on institutions and and services to develop interventions that are recovery oriented and trauma informed and and growth focus and.

70

00:12:59.520 --> 00:13:16.290

Robyn Thomas: That that are really looking as well at the broader social determinants of distress that Gerald has talked about and are supporting diverse interpretations of this thing that we call psychosis weather so some people like to call it altered states.

71

00:13:17.340 --> 00:13:25.470

Robyn Thomas: Some people like to call it anomalous experiences and so yeah just acknowledging that there's a lot of different ways to talk about this.

72

00:13:26.430 --> 00:13:39.120

Robyn Thomas: And, and another another big thing too is, I think that when clinicians understand that post traumatic growth is possible, then they can communicate in a way that's much more hopeful to the people that they're working with.

73

00:13:40.200 --> 00:13:45.990

Gerald Jordan: very, very elegantly put Fiona what are some precautions that you've thought about or.

74

00:13:47.370 --> 00:13:48.480

Gerald Jordan: In the work that you've been doing.

75

00:13:49.320 --> 00:13:58.290

Fiona Ng: yeah I completely agree with everything that Robin said I think it's really incorrect to assume that everyone will grow from experiencing psychosis this.

76

00:13:58.710 --> 00:14:08.850

Fiona Ng: it's it's ptsd or post traumatic growth of positive changes it's I guess it's like another model is like the recovery model, there will be some people who.

77

00:14:09.180 --> 00:14:16.710

Fiona Ng: are strong opponents, so they don't like it at all, so there are groups, for example, like recovery been who have who have been very vocal about.

78

00:14:18.990 --> 00:14:20.580

Fiona Ng: Putting the recovery model independent.

79

00:14:21.660 --> 00:14:29.760

Fiona Ng: But I think, from a research perspective, one of the big thing that I would say that needs to be done when doing research.

80

00:14:31.140 --> 00:14:44.820

Fiona Ng: About pts co production and current production across the research cycles and not just right at the end when we're analyzing data, how do we get to thinking about how do we involve people.

81

00:14:45.570 --> 00:14:51.720

Fiona Ng: formulating a research question or data collection or and in the analysis and interpretation of the findings.

82

00:14:53.160 --> 00:14:54.900

Gerald Jordan: yeah those that's that's a great point.

83

00:14:56.130 --> 00:15:02.400

Gerald Jordan: i'm the only I think you you both hit the nail on that at the hammer on the nail.

84

00:15:02.460 --> 00:15:03.660

or whatever the expression is.

85

00:15:06.600 --> 00:15:13.410

Gerald Jordan: But yeah I i'm thinking of like you know I recently read a paper about the you know some.

86

00:15:14.640 --> 00:15:24.180

Gerald Jordan: Aspects of positive psychology in the workplace, that are kind of tyrannical so you know, like you know there's a.

87

00:15:25.230 --> 00:15:31.380

Gerald Jordan: In a lot of workplaces they're implementing these these positive psychology interventions focused on improving people's well being.

88

00:15:32.490 --> 00:15:41.490

Gerald Jordan: You know, making them feel happy and that kind of stuff

but they're also, at the same time, you know, making people work longer hours you know.

89

00:15:42.030 --> 00:15:49.860

Gerald Jordan: Cutting back on unions, you know all the stuff that probably everybody in this room call is going through, so these interventions are kind of like.

90

00:15:50.820 --> 00:15:58.950

Gerald Jordan: Trying to try to help people just kind of like push push aside the bad stuff that's going on and work settings and then just think about like the good stuff.

91

00:15:59.430 --> 00:16:08.370

Gerald Jordan: And I I kind of worry about the concept of post traumatic growth or work and post post traumatic growth being co opted, by the same like neo liberal.

92

00:16:08.970 --> 00:16:16.500

Gerald Jordan: Neoliberal policies that the broader positive psychology movement is kind of pushing for right now so.

93

00:16:16.980 --> 00:16:25.830

Gerald Jordan: I mean that doesn't that isn't something that i've seen so far and research on post traumatic growth following psychosis or other mental health challenges but it's something that I think.

94

00:16:27.180 --> 00:16:34.920

Gerald Jordan: We need to, we need to be mindful of and then like a final final thing that I thought of is you know there's this concept of inspiration for.

95

00:16:35.460 --> 00:16:44.640

Gerald Jordan: That you look that you read about a lot in the disability studies literature, so what I mean by that is you know you know you see someone with a disability and they're doing something that.

96

00:16:45.660 --> 00:16:48.390

Gerald Jordan: People without disabilities think is impressive.

97

00:16:49.500 --> 00:17:01.350

Gerald Jordan: And so we just tend to look at that kind of thing we look at the success and we marvel at how resilient they might be, but then we tend to ignore the social and political and economic conditions of health that people with disabilities.

98

00:17:02.550 --> 00:17:14.190

Gerald Jordan: You know, need to draw on the support the their their their police and society, and so, those are the only two things that I would add, about precautions, the post traumatic growth and positive change.

99

00:17:15.090 --> 00:17:34.560

Gerald Jordan: And to another we've stated these precautions let's move on to what growth actually is, and I in a meteor way and I apologize for using media as the metaphor if anybody hears a vegetarian but Fiona How would you define positive transformational change and growth.

100

00:17:35.430 --> 00:17:45.270

Fiona Ng: yeah and so from the literature, we know that positive transforming transformational change in birth or, also known as post traumatic growth or PG it's.

101

00:17:45.630 --> 00:17:54.720

Fiona Ng: a concept that was coined by Tedeschi and car Horn in 2004 and it often refers to the positive psychological changes that can arise.

102

00:17:55.020 --> 00:18:13.470

Fiona Ng: Following from negative experiences trauma or thirsty and I think this is particularly pertinent to psychosis because trauma is both a cause and effect cases, so people can experience trauma and then expense psychosis or psychosis and then experienced trauma as well.

103

00:18:14.640 --> 00:18:26.550

Fiona Ng: And so during the time when a person experiences a negative experience trauma often a person is justin or adapting to the new trauma information that they gained from that experience.

104

00:18:27.180 --> 00:18:40.200

Fiona Ng: and often people will change their assumptions are the

beliefs that they've held before the trauma so, for example, people may reassess the relationships that they may have with people.

105

00:18:41.040 --> 00:18:50.280

Fiona Ng: And they may decide that dinner, for example, a certain relationship might not be serving them beta, for example, and they may decide to make sure that.

106

00:18:52.440 --> 00:19:02.220

Fiona Ng: Often, people like will differ in terms of the positive changes that they experienced but generally this five domains that positive changes.

107

00:19:03.180 --> 00:19:14.100

Fiona Ng: manifest us there, for example, that can manifest as having an increased appreciation live people might have more relationships and people may also be.

108

00:19:14.760 --> 00:19:25.140

Fiona Ng: better able to identify their own personal strength and some people may, as a result of the trauma have parties for their life.

109

00:19:25.680 --> 00:19:30.000

Fiona Ng: and also some people may have a richer extension and spiritual life as well.

110

00:19:30.750 --> 00:19:39.540

Fiona Ng: I think one of the important thing about PT cheese that it's often discussed in conjunction with the concept of resilience or the ability to bounce back.

111

00:19:39.960 --> 00:19:50.520

Fiona Ng: However, I think that P tg extends beyond bouncing back so, for example, to previous level of functioning but it's about growing beyond that as well.

112

00:19:54.300 --> 00:20:09.000

Gerald Jordan: super super cool and yeah super that's a super great summary of the the PT G model if you wanna Robin do you have anything to add about what positive transformational change and Growth means.

113

00:20:11.190 --> 00:20:24.600

Robyn Thomas: yeah I think you really summarized it well there Fiona man, I particularly liked how you talked about it it's not just about bouncing back or or returning to this idea of.

114

00:20:26.040 --> 00:20:27.510

Robyn Thomas: A self before.

115

00:20:29.190 --> 00:20:44.280

Robyn Thomas: experiencing psychosis a lot of people do feel that their sense of self and their relationships to themselves and others and and the natural world has really gone beyond that and improved in a deep and meaningful way.

116

00:20:45.390 --> 00:20:48.510

Robyn Thomas: So i'll pass it on to you Gerald because I know you you're the.

117

00:20:49.770 --> 00:20:51.720

Robyn Thomas: you're the pro on tcg.

118

00:20:53.970 --> 00:21:00.630

Gerald Jordan: cool I mean, I think you both summarize that pretty well and i'm not sure if I have much more died, you know.

119

00:21:01.740 --> 00:21:13.620

Gerald Jordan: Maybe the only thing that I would add, is through my own research that some one thing that I noticed was that once sometimes has passed people that often report experiencing positive change your post traumatic growth.

120

00:21:14.820 --> 00:21:15.360

Gerald Jordan: You know.

121

00:21:16.890 --> 00:21:33.720

Gerald Jordan: May, at some point, want to start finding ways to use their personal stories and their personal experience of psychosis or whatever to find ways to give back to their other people and to change their communities and that's something that i've that i've looked at.

122

00:21:34.890 --> 00:21:45.450

Gerald Jordan: You know my own research, and you know it another thing that I found is that it's not only people themselves that report BCG or positive change, but also.

123

00:21:45.810 --> 00:21:59.610

Gerald Jordan: People within their like their their immediate social environments also report most amount of growth through the experience of their loved ones, so you know romantic partners family members describe experiencing their own forms of growth.

124

00:22:00.750 --> 00:22:04.920

Gerald Jordan: and suffering after their loved one has experienced the psychosis.

125

00:22:08.280 --> 00:22:15.330

Gerald Jordan: Okay now so many, many of you might be listening to everything that we've said and.

126

00:22:15.990 --> 00:22:22.230

Gerald Jordan: You might be asking yourself so what's the difference between post traumatic growth and positive change and recovery.

127

00:22:22.620 --> 00:22:33.630

Gerald Jordan: And this is one of the you know when I wrote my dissertation on post traumatic growth, following the first episode of psychosis this was the number one question that I received by my dissertation committee so It just seems.

128

00:22:34.170 --> 00:22:43.320

Gerald Jordan: It seems to be something, you know that that's kind of you know, confusing or yeah deserves some some this entanglement.

129

00:22:44.010 --> 00:22:51.060

Gerald Jordan: And we're you know i'm asking this because also many recovery narratives and recovery models emphasize how people transform.

130

00:22:51.570 --> 00:23:01.740

Gerald Jordan: or feel like they've grown or changed for the better after experiencing a mental health problem, and so that you know also ends up sounding a little bit like the PG stuff.

131

00:23:02.370 --> 00:23:08.610

Gerald Jordan: That that we're talking about so i'll just go over a couple of key differences between recovering GP g.

132

00:23:09.510 --> 00:23:21.540

Gerald Jordan: So, in terms of history, like recovered, the concept of recovery has a very different history from that of PT G, so the concept of recovery was you know, based in the psychiatric survival was meant.

133

00:23:22.710 --> 00:23:27.060

Gerald Jordan: You know people seeking liberation from psychiatry and wanting to define their own lives.

134

00:23:28.770 --> 00:23:41.910

Gerald Jordan: At the same time you kind of saw some longitudinal like long term studies on how people with the diagnosis of schizophrenia seem to do better, over time, contrary to what my expectations were at that time.

135

00:23:42.450 --> 00:23:50.610

Gerald Jordan: And then you know people started writing their own narratives and stories about their their recovery and these would appear, and you know academic journals.

136

00:23:51.960 --> 00:24:00.810

Gerald Jordan: designs, you know just just everywhere, and then in the 2000s you kind of saw like an attempt to transform mental health systems so that they could become.

137

00:24:01.470 --> 00:24:11.340

Gerald Jordan: More recovery oriented, and you see this, you see this as an ongoing process that started in 2000 and continues to this day, and you see this a lot in like you know Western countries.

138

00:24:12.330 --> 00:24:21.060

Gerald Jordan: I think contrast the concept of PG is rooted in a different history so it's rooted in like existential psychology religion spirituality.

139

00:24:21.720 --> 00:24:30.330

Gerald Jordan: The work of Carl Rogers and then with psychosis you know Robin kind of alluded to this before you could kind of be traced back the the work of.

140

00:24:30.600 --> 00:24:41.310

Gerald Jordan: Lang Carl young, who was really interested in the concept of how we become individualized as people and then John we are Perry, who worked with Carl Jung.

141

00:24:42.180 --> 00:24:47.970

Gerald Jordan: talked about how you know when you go through a psychosis it kind of initiate a process of.

142

00:24:48.540 --> 00:24:55.320

Gerald Jordan: Self renewal and individuation so you know going through a psychosis can help you kind of like become more of more of who you are.

143

00:24:56.220 --> 00:25:04.950

Gerald Jordan: Another key difference between recovery and post traumatic growth is that recovery is embedded within a social model of disability, at least it should be so you know to recover.

144

00:25:05.250 --> 00:25:17.940

Gerald Jordan: there's an expectation that you know there's an impairment, but then you also have to support people you know with housing with giving and jobs with you know, eliminating liberalism these types of things will help people recover.

145

00:25:19.110 --> 00:25:32.670

Gerald Jordan: But with P G, on the other hand, and as you want to kind of alluded to earlier it's mostly been embedded within like a psychological process where you know you're evaluating your thoughts and you're going through different types of rumination both.

146

00:25:34.110 --> 00:25:42.150

Gerald Jordan: Non deliberate than deliberate and PG kind of like flows from that and then, finally, my own work.

147

00:25:42.900 --> 00:25:51.240

Gerald Jordan: Looking at differences in between PG and recovery shows that most amount of growth is kind of correlated with you know with.

148

00:25:52.050 --> 00:26:02.970

Gerald Jordan: Some in the in the field with call personal recovery so personal recovery meaning, you know, whatever is assessed on the recovery assessment scale, which includes like having hope for the future.

149

00:26:03.990 --> 00:26:07.530

Gerald Jordan: Like a nomination my symptoms willingness to ask for help.

150

00:26:08.430 --> 00:26:16.410

Gerald Jordan: You know, things like that, however, post traumatic growth is not really is not at all correlated with with clinical forms of recovery, so it has nothing to do with.

151

00:26:16.800 --> 00:26:21.600

Gerald Jordan: You know whether somebody is limited from symptoms that has nothing to do with if someone has a job or not.

152

00:26:21.990 --> 00:26:28.740

Gerald Jordan: it's so it's it's that big doesn't seem to be like a clinical and indicator or I have anything to do with clinical clinical outcomes.

153

00:26:29.160 --> 00:26:36.570

Gerald Jordan: And I think this is this is actually a good thing, because it also it could show that you know whether someone is experiencing symptoms or.

154

00:26:36.960 --> 00:26:51.810

Gerald Jordan: Or, or you know not not not at the stage where they're you know fully recovered or whatever symptom lies that tickets still find ways that they're they're growing, and you know appreciating life more and so forth, and I think that's that's kind of a message that could provide.

155

00:26:53.310 --> 00:26:55.200

Gerald Jordan: hope for for a lot of people.

156

00:26:59.400 --> 00:27:07.170

Gerald Jordan: And so now we're just going to move on to I guess the final part of where we're going to talk and we're going to just go over some of the research that we've done and.

157

00:27:07.560 --> 00:27:14.910

Gerald Jordan: You know how this all connects to the topic so I mean, in general, my my broader research is focused on you know, asking people.

158

00:27:15.750 --> 00:27:26.100

Gerald Jordan: interview questions about how they've they've grown after psychosis and also giving people questionnaires assessing their their growth so during my dissertation I gave.

159

00:27:27.570 --> 00:27:31.860

Gerald Jordan: You know, a measure of post traumatic growth, the 94 people who experienced the first episode of psychosis.

160

00:27:32.370 --> 00:27:38.520

Gerald Jordan: Now they were all you know receiving care at a specialized their lead dimension service and Canada and.

161

00:27:39.000 --> 00:27:45.990

Gerald Jordan: My and then I also interviewed 12 people to ask them about their own subjective experiences of what positive change was like.

162

00:27:46.500 --> 00:27:49.290

Gerald Jordan: And what what helped them experience positive change.

163

00:27:50.100 --> 00:27:59.370

Gerald Jordan: And so, when I gave people the questionnaires, I found that most people reported experiencing post traumatic growth and the the curve of responses was actually.

164

00:27:59.730 --> 00:28:06.420

Gerald Jordan: quite normal so that means that there were a lot of people that report, a growth and there were people that didn't report growth, but it was kind of like.

165

00:28:07.380 --> 00:28:12.330

Gerald Jordan: You know the way that an IQ curve looks so it's it's you know that that was to me very surprising.

166

00:28:12.960 --> 00:28:19.590

Gerald Jordan: And when I looked at all the domains of post traumatic growth, the one that people endorsed the most was having a greater appreciation for life.

167

00:28:20.310 --> 00:28:30.630

Gerald Jordan: And the domain that people endorsed the least was spiritual change, so I guess people didn't grow spiritually as much as they appreciate life more as a result of their experience of psychosis.

168

00:28:31.140 --> 00:28:39.810

Gerald Jordan: And then, when I ask people about the changes that they experienced the people talked about all the experience both declines and difficulties, following the psychosis.

169

00:28:40.410 --> 00:28:51.720

Gerald Jordan: However, they also talked about experiencing i'm sorry and improved health a stronger sense of self and improve personality stronger, more balanced spirituality and religiosity.

170

00:28:52.920 --> 00:28:57.900

Gerald Jordan: were improved relationships with others, improved lifestyles goals and expectations for the future.

171

00:28:58.620 --> 00:29:09.990

Gerald Jordan: And for a lot of people, these changes kind of represented fundamental shifts and how they were before, so these were like new ways that they they were you know they weren't like this before the psychosis or ever.

172

00:29:10.410 --> 00:29:17.250

Gerald Jordan: But then for other people, these changes kind of seeing the relate to attempt, for them to reconnect with all the word before the psychosis.

173

00:29:18.360 --> 00:29:24.270

Gerald Jordan: ever happened so like how they were as kids like trying to reconnect with how they you know i'll have a full playful and more

creative.

174

00:29:24.720 --> 00:29:37.080

Gerald Jordan: As as kids but then also attempts to kind of solve problems that people saw as perhaps precipitating the psychosis for the first time, so some people talked about how you know they they wanted to get rid of.

175

00:29:38.340 --> 00:29:46.290

Gerald Jordan: relationship, they want to end relationships with people that could they thought were toxic and let that the psychosis or some people, especially females that I interviewed.

176

00:29:46.920 --> 00:29:55.080

Gerald Jordan: talked about how they wanted to, and you know relationships with abusive partners and so forth, or even like we've you know somewhere in called the Left cults.

177

00:29:56.400 --> 00:30:00.540

Gerald Jordan: And then, like, I spoke to it, about a little bit a bit a little bit about earlier.

178

00:30:01.860 --> 00:30:09.210

Gerald Jordan: Some people also talked about how they want to like you know take their experience and give back to their communities and people that.

179

00:30:09.720 --> 00:30:20.430

Gerald Jordan: That were in their surroundings like loved ones and people talk about wanting to give back, especially if they seem to be in contact with others with lived experience so they were receiving your support.

180

00:30:21.000 --> 00:30:32.100

Gerald Jordan: And so you know I also ended up looking at how you know peer support kind of shapes or facilitates how people give back to their communities and so forth, and.

181

00:30:32.580 --> 00:30:41.520

Gerald Jordan: You know I found that you know it does, but what's important is for that peer support, not to be offered within a hospital based service.

182

00:30:42.120 --> 00:30:49.440

Gerald Jordan: When I interviewed people about you know why that is, they often said that because and hospital based services.

183

00:30:50.010 --> 00:31:04.410

Gerald Jordan: peer support workers are often doing the work of clinicians and they're not doing what makes peers very powerful powerful in the sense of facilitating you know growth type type outcomes so yeah that's my work in a nutshell.

184

00:31:07.230 --> 00:31:11.970

Gerald Jordan: I think fiona's yeah Robin would you like to discuss your research findings.

185

00:31:12.960 --> 00:31:23.250

Robyn Thomas: I share what i'm all right, so I did my master's dissertation research with participants from the UK Canada.

186

00:31:24.150 --> 00:31:36.780

Robyn Thomas: Denmark, Finland and the Netherlands, using in depth narrative interviews and one of the first thing that came up really clearly was people spoke about their their frustrations.

187

00:31:37.230 --> 00:31:50.130

Robyn Thomas: With not being allowed to talk about their experiences in psychosis and not being able to make sense of their experiences on their own terms, so often, they say, might be hospitalized and then they would be.

188

00:31:50.880 --> 00:32:00.930

Robyn Thomas: forced to accept the biomedical model so basically being told that their experiences have absolutely no meaning whatsoever and they're just symptoms of illness.

189

00:32:01.590 --> 00:32:11.340

Robyn Thomas: And, of course, that was also under the threat of course of care so being forced to take medications and being section against people's well and so that was perceived as i'm.

190

00:32:11.910 --> 00:32:28.170

Robyn Thomas: Quite damaging to people's well being and so people talked about a big part of how they were able to find growth and positive change had to do with finding communities, whether that was online or in person.

191

00:32:28.530 --> 00:32:32.280

Robyn Thomas: That that allowed them to be where they were at in their journey.

192

00:32:32.940 --> 00:32:50.490

Robyn Thomas: That helps them interpret their experiences on their own terms and provided frameworks outside of the biomedical model that might be more culturally relevant, for example, and being an environment that felt safe and like they had human rights.

193

00:32:52.140 --> 00:32:53.970

Robyn Thomas: So psychosis was.

194

00:32:55.770 --> 00:33:03.030

Robyn Thomas: Sometimes thought of as a type of person purposeful process and that again John we're Perry and are dealing talked about.

195

00:33:03.450 --> 00:33:10.830

Robyn Thomas: That allowed them to gain greater self understanding and insight and work through traumatic things that had happened in their life.

196

00:33:11.640 --> 00:33:23.700

Robyn Thomas: Of course, there were very negative experiences as well, but one of the big things that came up for people was an increase in compassion and capacity to love.

197

00:33:24.450 --> 00:33:40.710

Robyn Thomas: So some people talked about that in terms of going through this this really confusing and challenging time made people gain empathy and and helps them want to help others navigate through their own crisis.

198

00:33:42.480 --> 00:33:59.670

Robyn Thomas: And sometimes they felt that the experience of psychosis self kind of expanded their consciousness and the process of what they went through increase their capacity to love and to have stronger

relationships with themselves and others.

199

00:34:01.650 --> 00:34:17.160

Robyn Thomas: So one one participant says i'll just read it out it changes from selective love from exclusive love to an inclusive love towards everyone this universal versatile love for everyone and everything someone else talking about.

200

00:34:18.540 --> 00:34:24.510

Robyn Thomas: This intense love that you have that your system has for yourself, and when you experienced that that's so huge.

201

00:34:25.530 --> 00:34:30.810

Robyn Thomas: So that was that was part of their what they experienced in that the psychosis.

202

00:34:32.250 --> 00:34:35.250

Robyn Thomas: Another big one that came up was people talked about.

203

00:34:36.360 --> 00:34:42.690

Robyn Thomas: gaining a greater alignment with their authentic sense of self and their kind of life purpose.

204

00:34:44.130 --> 00:34:56.550

Robyn Thomas: So one person talked about how how this experience of psychosis has taken her on a path which has led her to find the things that are really me and find the things I really want to do.

205

00:34:57.360 --> 00:35:10.980

Robyn Thomas: And again, a lot of people talk about going into healing professions or entering peer support wanting to help others through lip their lived experience becoming more of themselves, not less.

206

00:35:12.450 --> 00:35:22.770

Robyn Thomas: Others talked about how their altered States really gave them a lot of creativity and informs their their art and their career and their drive that way.

207

00:35:25.590 --> 00:35:44.730

Robyn Thomas: And then yeah so and the sort of caveat with that is that people also talked about that they needed wraparound support to

achieve this, such as financial support so that they had a some sort of social safety net, so that they could achieve those goals on their own terms.

208

00:35:47.010 --> 00:35:59.400

Robyn Thomas: And then the last thing that was raised, which I found really interesting was talking about psychosis as a potential benefits the Community now of course we don't often hear that right we.

209

00:36:00.090 --> 00:36:11.400

Robyn Thomas: Research is focused on the the risk and harm that psychosis poses to society, we talk about global burdens of disease and disability adjusted life years and so.

210

00:36:11.700 --> 00:36:22.170

Robyn Thomas: We don't really give attention to how these altered states and different ways of knowing and sensing and experiencing the world can actually be a benefit to society.

211

00:36:23.100 --> 00:36:35.700

Robyn Thomas: And i'll read out another quote from our participants who says painful stuff is never individual that may be part of an individual journey but it's likely to also be part of greater issues that.

212

00:36:36.060 --> 00:36:47.190

Robyn Thomas: The individual could never tackle on their own, and we all miss out when we don't see when we don't face that issue or that complexity, or that pain, so the idea that.

213

00:36:48.270 --> 00:36:56.850

Robyn Thomas: A person's individual psychosis can provide insight into the wider culture and its values in qualities it's true shortcomings.

214

00:36:58.350 --> 00:37:08.250

Robyn Thomas: And again people having feeling like they have a deeper compassion and a greater sense of purpose and desire to help others.

215

00:37:09.060 --> 00:37:26.310

Robyn Thomas: is certainly a benefit, and when we incorporate these diverse ways of of being in the worlds that that can ripple out into the wider community, especially when we don't just kind of dismiss

them or write them off as a normal and deviant behavior.

216

00:37:30.240 --> 00:37:32.550

Gerald Jordan: that's so cool for anybody.

217

00:37:33.180 --> 00:37:45.210

Gerald Jordan: Who doesn't know Robin she she the the work that she just spoke about now is in her master's thesis and I had the privilege of reading it then Robin I emailed this I sent you an email about this, but it was so was so well written and.

218

00:37:45.600 --> 00:37:51.990

Gerald Jordan: I thought it was so cool to see that, like our research findings were kind of similar in a lot of ways, like.

219

00:37:53.190 --> 00:38:01.560

Gerald Jordan: You know, one of the limitations of the work that i've felt I did was like it was within a service, so I always wondered like if people were.

220

00:38:02.010 --> 00:38:13.680

Gerald Jordan: were talking about things, and like from the from their hips perspective of trying to please services and their clinicians and stuff and and the year that you know you you you found the same types of stuff.

221

00:38:15.180 --> 00:38:30.750

Gerald Jordan: Not with outside the limitations of like how I recruit participants is like really super cool and I think yeah that's that's really good really good research and i'm looking forward to seeing your stuff in one day soon.

222

00:38:32.670 --> 00:38:33.150

Thanks.

223

00:38:34.920 --> 00:38:35.400

Okay.

224

00:38:37.980 --> 00:38:42.690

Gerald Jordan: All right, so Fiona would you like to share some of the work that that you've that you've been doing.

225

00:38:43.350 --> 00:38:56.370

Fiona Ng: yeah so yeah I also wanted to encourage our it's what's about your research Robin yeah i'd love to do research in print, because I think it would be so beneficial to so many people so.

226

00:38:59.820 --> 00:39:09.030

Fiona Ng: The my research it's a little bit different I wasn't I guess I haven't had the opportunity to kind of go out and talk to people about their experiences with.

227

00:39:09.630 --> 00:39:29.790

Fiona Ng: us yet so my research is kind of US synthesis so I did a systematic review looking at what PT gene focuses, so my colleagues and I Jared good conducted a seven language matic reviews to identify what the predictors and also what the facilitate.

228

00:39:31.170 --> 00:39:39.930

Fiona Ng: Across psychosis continue continue off that we were interested in people who use mental health services and also there is to.

229

00:39:41.070 --> 00:39:51.900

Fiona Ng: Either I was just so that we can have a broad spectrum of perspectives as we were just saying before because, are they different of it not different from what it sounds like they're not that different.

230

00:39:53.280 --> 00:40:04.410

Fiona Ng: So we try to make it as short as possible, so be included all the papers that that use different methodology, so the papers that were qualitative quantitative and also mixed methods.

231

00:40:06.450 --> 00:40:24.090

Fiona Ng: So overall, we found that there were 37 people that met our vision criteria, although rigid search in seven languages, unfortunately, all the papers that came back were in English, despite our best efforts so that does say something about.

232

00:40:25.380 --> 00:40:39.510

Fiona Ng: The I guess cultural applicability of the findings also and might be more applicable to Western societies compared to for Western

or individualized you rather than collectivist society is the ball.

233

00:40:40.650 --> 00:40:56.130

Fiona Ng: and also the papers were predominantly qualitative was there, another copy of maybe more applicable to Western parties, but we did find that there were some papers that were quantitative for connected, so I think there was about six or seven.

234

00:40:58.230 --> 00:41:19.530

Fiona Ng: In terms of understanding the correlates and the mediators of PT G, we found that there were 11 factors that were positively associated with PG at these good things like having been in life being able to positively reframe situation having the urge to talk about.

235

00:41:20.970 --> 00:41:26.520

Fiona Ng: Their experiences and also actually disclosing to others about once experiences as well.

236

00:41:27.570 --> 00:41:31.560

Fiona Ng: There was other factors to deal with and self advocacy billions.

237

00:41:32.880 --> 00:41:41.670

Fiona Ng: A person's pissy level of social support which Robin talked about or a person's core beliefs and also a past tense of passing.

238

00:41:42.420 --> 00:41:56.520

Fiona Ng: Out there any factor that came up that was negatively associated was a clinical measure the pens are the positive and negative stress as which feeds into what Derek was saying that it's not quite related.

239

00:42:00.270 --> 00:42:04.710

Fiona Ng: In terms of mediators, we only found that there was one significant mediator, which was meaning in life.

240

00:42:05.790 --> 00:42:19.860

Fiona Ng: And this mediated the relationship between psychosis and PTT and I think this is really important, as it means that we need to really focus on people to make sense of their experiences and also to help them to find purpose.

241

00:42:21.060 --> 00:42:21.390

While.

242

00:42:23.400 --> 00:42:27.450

Fiona Ng: they're looking at some of the facilitators We found that there were seven.

243

00:42:28.590 --> 00:42:32.430

Fiona Ng: So this included things like personal identity of strength dissing.

244

00:42:33.690 --> 00:42:39.240

Fiona Ng: Like developing a sense of self efficacy and also the reconstruction of one sense of identity.

245

00:42:40.440 --> 00:42:59.730

Fiona Ng: and receiving support, so this included both almost supports, which is like therapeutic approaches, but also info for as far from like friends and family opportunities and possibilities of being able to identify when something is opportunity but also having willingness to have a go.

246

00:43:01.530 --> 00:43:16.590

Fiona Ng: i'm strategies for coping so not only developing you coping strategies but also developing new skills that are of value to oneself and also just to talk to all about once experiences perspective shifts the reframing of.

247

00:43:18.060 --> 00:43:27.600

Fiona Ng: The emotional experiences that came up, which was interesting and this not only kind of this wasn't only just about kind of improving once.

248

00:43:28.920 --> 00:43:45.420

Fiona Ng: Like symptoms like that it was also about seeking new information but also having empathy and compassion for oneself and others as well and, finally, the last one about having issues, improving once repetitious others well.

249

00:43:46.740 --> 00:43:55.650

Fiona Ng: And when we organize these facilitators be what we organize

the facilitators it's such a way to give the acronym prosper their.

250

00:43:56.790 --> 00:44:13.140

Fiona Ng: Future research will be using this prosper framework to develop an intervention that specifically targets PTT and people experienced my cases that that's a nutshell, what i've been doing with my research.

251

00:44:14.070 --> 00:44:19.380

Gerald Jordan: And that's that's a very that's a very cool nutshell yeah i'm so i'm so grateful.

252

00:44:20.400 --> 00:44:36.300

Gerald Jordan: To you, for for for being involved in this paper I think it's a real game changer and I really I think it's going to like like help establish the field that like this field more and kind of like set the stage for, for you know the research to come.

253

00:44:37.590 --> 00:44:44.580

Gerald Jordan: In the future yeah and i'm really looking at so it's it's you know, hopefully it's going to be published soon and dmc psychiatry.

254

00:44:45.180 --> 00:44:45.810

Absolutely.

255

00:44:48.480 --> 00:44:48.990

Gerald Jordan: Okay.

256

00:44:51.240 --> 00:45:08.460

Gerald Jordan: And this is our final slide before we break the questions so so what, what do you think we need to do, or what should we focus on last or in the future when we're you know doing this type of work, if you want to, would you like to go first.

257

00:45:09.570 --> 00:45:22.710

Fiona Ng: yeah, so I think you know that not everyone who experiences by cases or decrease their kind of maybe having some understanding of how many people actually experienced that could help but also.

258

00:45:24.060 --> 00:45:28.410

Fiona Ng: Take quite a long time, I think, from research from academic psychology.

259

00:45:29.640 --> 00:45:35.160

Fiona Ng: Looking at like General populations and measuring PTT they suggest that PTT can take.

260

00:45:35.910 --> 00:45:47.670

Fiona Ng: Like it can take like up to three or four years for someone to experience PG but we don't really know how long it takes it psychosis and maybe getting some understanding of that might be important to make them to study.

261

00:45:49.290 --> 00:45:58.980

Fiona Ng: I think at the moment there's wasn't no specific kind of like psychological intervention that targets teams like is either the perhaps introducing the benches pedals.

262

00:46:00.150 --> 00:46:06.360

Fiona Ng: what's up, but it may also contribute to the treatment innovation Jason.

263

00:46:08.640 --> 00:46:16.410

Gerald Jordan: yeah cool those those Those are all serious gaps and the work and the research on and in practice that you've identified.

264

00:46:17.580 --> 00:46:25.230

Gerald Jordan: And you know, hopefully that's that's Those are some things that you're going to be able to pursue, as you move forward in your career and.

265

00:46:28.950 --> 00:46:29.640

Gerald Jordan: What about you.

266

00:46:30.810 --> 00:46:35.940

Robyn Thomas: yeah definitely understanding the factors involved in why some people experience.

267

00:46:36.450 --> 00:46:42.690

Robyn Thomas: Post traumatic growth and positive change, and why others don't i'm really quite interested in.

268

00:46:43.440 --> 00:46:58.320

Robyn Thomas: Meaning making and how these these frameworks for for understanding psychosis impact recovery outcomes so, for example, if someone's told that their condition is sort of chronic and debilitating How does that then.

269

00:46:59.400 --> 00:47:09.300

Robyn Thomas: influence their identity and and kind of understand their their sense of hopefulness about the future versus other frameworks that might be.

270

00:47:10.350 --> 00:47:14.700

Robyn Thomas: More more fluid and might allow the person to.

271

00:47:16.200 --> 00:47:20.730

Robyn Thomas: interpret things interpret their experiences in a more collaborative way.

272

00:47:23.100 --> 00:47:36.300

Robyn Thomas: So so yeah that's definitely one and then also understanding how a person's support network and social network sort of influences post traumatic growth because you know as a lot of people with.

273

00:47:36.900 --> 00:47:50.370

Robyn Thomas: family members going through psychosis know it is something that that really affects the whole family and the whole social circles so so yeah that that relationship with with other people in the social network is something i'm interested in too.

274

00:47:51.780 --> 00:48:01.170

Gerald Jordan: cool yeah that sounds that sounds good, and you know if you go on to do a PhD those sound like cool ideas to like pursue and to look to look into it in more depth.

275

00:48:02.580 --> 00:48:09.210

Gerald Jordan: For my perspective, i'm i'm more interested in looking at how like broader things kind of influenced post traumatic growth like.

276

00:48:10.080 --> 00:48:22.290

Gerald Jordan: So I kind of you know, economic factors political factors cultural factors social factors like How does, how does all that kind of stuff kind of shape poster amount of growth, I think we have like kind of a sense.

277

00:48:23.760 --> 00:48:35.940

Gerald Jordan: about how post traumatic growth in general is shaped by you know some things that are more proximal to people, but we don't really have like a good understanding of like how these broader things kind of make post traumatic growth or positive change.

278

00:48:36.990 --> 00:48:40.410

Gerald Jordan: More more easy or difficult the experience for some people.

279

00:48:42.090 --> 00:48:51.510

Gerald Jordan: So with that I think we're we're done our our the conversation part of our presentation so i'll stop sharing and.

280

00:48:53.520 --> 00:48:58.920

Gerald Jordan: I guess I could moderate the questions i'm just looking through the chat and i'll.

281

00:48:59.970 --> 00:49:01.470

Gerald Jordan: start by.

282

00:49:06.720 --> 00:49:07.380

Gerald Jordan: somewhere.

283

00:49:10.920 --> 00:49:18.960

Gerald Jordan: Actually I moved the the zoom box thing in a corner, so I couldn't see what anybody would look like during the presentation so.

284

00:49:20.040 --> 00:49:23.220

Gerald Jordan: I hope I didn't look strange strange.

285

00:49:26.790 --> 00:49:37.710

Graziela do Reis: hi Janet I can't help you so we have a question for the three of you it's how close is self efficacy to an internal walks

control.

286

00:49:42.660 --> 00:49:44.940

Graziela do Reis: And the second question is.

287

00:49:48.870 --> 00:49:53.610

Graziela do Reis: Please talk more about shame is relation now what that means.

288

00:49:59.520 --> 00:50:06.780

Gerald Jordan: So I guess the, the first question about internal locus of control and self efficacy is that do you think that might be in relation to post traumatic growth.

289

00:50:09.270 --> 00:50:13.470

Robyn Thomas: You know, the question is from Douglas did you want to maybe elaborate on that question about.

290

00:50:22.920 --> 00:50:23.430

Robyn Thomas: um.

291

00:50:23.850 --> 00:50:24.000

I.

292

00:50:25.740 --> 00:50:25.980

Robyn Thomas: Go ahead.

293

00:50:26.820 --> 00:50:33.270

Fiona Ng: I might take it, and really naive stab at the self advocacy versus because we can show question.

294

00:50:34.230 --> 00:50:47.520

Fiona Ng: I think self efficacy, has to do with someone's belief systems so it's about whether or not they believe that they can, for example, tuition price internal locus of control, I think it's also to do with that belief system but.

295

00:50:48.840 --> 00:50:59.160

Fiona Ng: it's about I think it's like how much influence that they can exert over the situation, so I think this I think they're related,

but there are subtle differences.

296

00:51:02.160 --> 00:51:05.730

Fiona Ng: That is my naive data thought I apologize.

297

00:51:12.600 --> 00:51:18.360

Gerald Jordan: I don't think I could have I have anything like that um I really don't know much about that kind of stuff.

298

00:51:26.670 --> 00:51:27.210

Gerald Jordan: well.

299

00:51:30.780 --> 00:51:35.550

Gerald Jordan: Is there a possibility of a new thing Douglas so that he could elaborate a little bit.

300

00:51:39.720 --> 00:51:43.860

Gerald Jordan: They are able to unmute now, so I guess Douglas you're able to unmute yourself.

301

00:51:44.370 --> 00:51:50.610

Douglas Laird: I really was helpful Fiona was in relation to your comment in you, in your talk yes.

302

00:51:52.800 --> 00:52:03.600

Douglas Laird: And so I mean how you relate to somebody with their experience i'm not sure how to explain any further, but yeah that's good answer, thank you.

303

00:52:07.560 --> 00:52:07.650

That.

304

00:52:13.680 --> 00:52:15.720

Gerald Jordan: Was was there a second question godzilla.

305

00:52:17.010 --> 00:52:28.320

Graziela do Reis: Yes, that is a question that is just to talk a little bit more about shame me it's relational so what that means.

306

00:52:32.670 --> 00:52:43.050

Robyn Thomas: yeah I mean I think when it comes to something like psychosis that still so stigmatized in our culture, people can internalize that and.

307

00:52:44.100 --> 00:52:47.460

Robyn Thomas: Shame can definitely be an obstacle in.

308

00:52:48.960 --> 00:52:57.750

Robyn Thomas: experiencing you know positive changes in growth and psychosis and in terms of it being relational I think it absolutely is dependent on.

309

00:52:59.460 --> 00:53:07.080

Robyn Thomas: People people around that person their family their friends their social circle, colleagues, I mean if they're if they're really.

310

00:53:08.940 --> 00:53:13.620

Robyn Thomas: You know, afraid of what that person is going through if they feel it's.

311

00:53:14.670 --> 00:53:27.870

Robyn Thomas: embarrassing or uncomfortable I mean psychosis is something that isn't really talked a lot about in our society, we often we often hear about you know anxiety and depression, and so I think there's a lot of myths and a lot of misunderstanding.

312

00:53:28.920 --> 00:53:48.240

Robyn Thomas: And as well in our in our mental health services psychosis is often really quite stigmatized and people are treated with a lot more coercion and force, and so I think that can definitely increase a person's sense of shame when when that's what's being reflected to them.

313

00:53:50.910 --> 00:53:53.850

Robyn Thomas: So hopefully part of this work that we're doing is.

314

00:53:55.020 --> 00:54:11.010

Robyn Thomas: Just eradicating some of those myths and and showing that psychosis you know, there is a lot of hope for growth and positive change and kind of challenging some of our assumptions about

about madness and normalcy.

315

00:54:12.900 --> 00:54:14.760

Robyn Thomas: Hopefully that answers your question.

316

00:54:20.490 --> 00:54:26.190

Graziela do Reis: that's going to have two more questions for you, and that is one question that's for you um.

317

00:54:27.840 --> 00:54:28.980

Graziela do Reis: If you can.

318

00:54:30.840 --> 00:54:47.010

Fiona Ng: yeah in terms of interventions, yes, and in our next webinar will be talking about specific interventions that we will that can be used and i'll be talking a lot more about the intervention that I will be developing ah.

319

00:54:47.820 --> 00:54:54.990

Fiona Ng: dude so in a nutshell, it kind of combines cognitive behavioral and narrative therapy techniques.

320

00:54:56.340 --> 00:55:01.410

Fiona Ng: help people grow from trauma in integrates peer support and, yes, it is delivered online.

321

00:55:04.230 --> 00:55:16.830

Graziela do Reis: Thank you very much, and that is another question pan any thoughts on how to make space for great recognition of the tg wise to allowing for their knowledge meant.

322

00:55:17.880 --> 00:55:25.740

Graziela do Reis: For some, the experience of, say, causes maybe feel like it is corrupted is it more by laws, then grow.

323

00:55:31.530 --> 00:55:33.480

Graziela do Reis: some thoughts about this question.

324

00:55:36.660 --> 00:55:44.400

Robyn Thomas: yeah I think it's, of course, really important to again

acknowledge that not everyone has this.

325

00:55:45.780 --> 00:55:56.460

Robyn Thomas: sort of beneficial experience and psychosis so a lot of people do feel a significant sense of loss loss of identity, loss of sense of self loss of job or.

326

00:55:57.780 --> 00:56:18.060

Robyn Thomas: or or friendships, and so this and, like I think Gerald and Fiona mentioned people don't necessarily experience post traumatic growth, right after an episode of psychosis it might be something that they experience five or 10 years later, when they've had some time to process that experience.

327

00:56:19.500 --> 00:56:34.560

Robyn Thomas: And I think with alternative models like open dialogue, for example, there's a forum where people can share those those experiences of of loss and grief and anger and confusion and despair about what they're going through.

328

00:56:35.100 --> 00:56:48.390

Robyn Thomas: And I think that sometimes in our current mental health system there isn't really space to talk about any of these things versus just reduced to a biological illness and so there's not not really a space for them to talk about.

329

00:56:49.890 --> 00:56:59.760

Robyn Thomas: Talk about what they're going through talk about their interpretations of the content of psychosis but also of course those those really big emotions.

330

00:57:02.010 --> 00:57:10.350

Gerald Jordan: I would, I agree, and I would just like that that it's it's not like everyone is going to be fully completely transformed.

331

00:57:11.190 --> 00:57:18.930

Gerald Jordan: You know into better people through their like it might just be they appreciate life more, but then you know they're still struggling with everything else you know so.

332

00:57:19.500 --> 00:57:26.250

Gerald Jordan: it's it's not like you're either growing or you're not

growing or you've grown, or you haven't grown it's just like it could be a part of how people are changing.

333

00:57:26.850 --> 00:57:32.250

Gerald Jordan: After they've gone through some something difficult, but then there's you know, so this there's there's space for that.

334

00:57:32.640 --> 00:57:41.100

Gerald Jordan: That sliver sometimes or maybe space for something a bit more broader in terms of how people are going to change but it's always you know, usually it's usually accompanied by.

335

00:57:41.490 --> 00:57:49.440

Gerald Jordan: a space where people are still are still struggling and that's my perspective, where we should be supporting people, the most where the struggling.

336

00:57:51.000 --> 00:57:57.720

Robyn Thomas: yeah there's also a comment by rory here that says loss and growth also aren't mutually exclusive, which I think it's a great point.

337

00:58:01.080 --> 00:58:03.840

Graziela do Reis: Well, we have a couple of questions here.

338

00:58:05.700 --> 00:58:05.790

I.

339

00:58:07.020 --> 00:58:12.330

Graziela do Reis: have one question Jared I think that says it's for you, because it's about.

340

00:58:13.380 --> 00:58:27.330

Graziela do Reis: With the intense pressure on safety services to recover almost in first and way, do you have any word is about how the concept of fostering magical grow maybe use it.

341

00:58:28.080 --> 00:58:34.290

Gerald Jordan: yeah I worry about that constantly I mean not 24 hours a day, but it's something that I worry a lot about the nuts, you know.

342

00:58:35.790 --> 00:58:39.960

Gerald Jordan: I don't think we have like a set of ethics or.

343

00:58:41.190 --> 00:58:44.940

Gerald Jordan: Any any way of doing this, any you know, we need to develop like.

344

00:58:45.810 --> 00:58:55.530

Gerald Jordan: ideas about how to if we're going to intervene and help people grow or whatever, in a way that that doesn't do that and i'm not sure if, like I haven't figured it out i've been trying to figure this out for.

345

00:58:56.100 --> 00:59:05.490

Gerald Jordan: Like years and years, and so i'm very worried about it and, like i'm not someone who's grown from anything that i've gone through and i've gone through all kinds of stuff myself.

346

00:59:06.960 --> 00:59:13.050

Gerald Jordan: So yeah I do worry about it and i'm sorry I don't have like an answer for how to how to solve that.

347

00:59:17.940 --> 00:59:20.490

Graziela do Reis: I can attach robbing Fiona.

348

00:59:22.710 --> 00:59:29.940

Fiona Ng: yeah I agree with Jared but it's the same with like the recovering or when the corruption and.

349

00:59:31.410 --> 00:59:45.540

Fiona Ng: i've heard stories about this is kind of like click services data services oh you've hit your recovery target, so we don't want anymore and that's definitely not what we want, particularly with PGI so.

350

00:59:47.490 --> 00:59:51.690

Fiona Ng: yeah, how do we stop near the reason i'm not sure.

351

00:59:53.910 --> 00:59:55.560

Gerald Jordan: I just wanted to add one more thing, like.

352

00:59:56.880 --> 01:00:08.190

Gerald Jordan: Like the the people who developed the the PT G model have have kind of done a lot of like work around how to integrate this kind of stuff into clinical practice and they've always emphasized that you know.

353

01:00:09.060 --> 01:00:17.220

Gerald Jordan: The we should do is you know facilitate it so if someone mentions that they're they're growing, then you just kind of nudge them in a direction.

354

01:00:17.550 --> 01:00:23.580

Gerald Jordan: But you don't force anyone to grow, or you don't force people to be anything like you're there to support them and then you know.

355

01:00:24.090 --> 01:00:33.240

Gerald Jordan: If if something comes up and they're like well, I think I appreciate my life more than you don't dismiss it you don't tell them that they're being delusional because, how could you appreciate life more.

356

01:00:33.660 --> 01:00:45.630

Gerald Jordan: You know you got a mental illness, like you, don't say that kind of stuff you'd be like okay well that's great so let's explore that a little bit like so and that's how to ski and calhoun kind of talk about how to do this.

357

01:00:48.630 --> 01:00:49.680

Robyn Thomas: yeah and I think it's.

358

01:00:50.730 --> 01:01:03.990

Robyn Thomas: also interesting to look at PG PG as a form of resistance, because often people who are given these sorts of diagnosis, are also.

359

01:01:05.160 --> 01:01:07.800

Robyn Thomas: Given a really bleak sense of their futures.

360

01:01:09.210 --> 01:01:22.980

Robyn Thomas: And, and the idea of of I think positive growth and change isn't always accepted um in in the biomedical model, so I was actually talking with an academic and clinician about it, recently said, oh no that doesn't exist that's not possible.

361

01:01:23.790 --> 01:01:27.840

Robyn Thomas: And so I think again psychiatry people, people who have.

362

01:01:28.890 --> 01:01:41.370

Robyn Thomas: been through psychiatry are often dismissed and invalidated and yet there are people who want to speak about their experiences of transformation and growth, and I think it's really important that we.

363

01:01:42.120 --> 01:01:52.260

Robyn Thomas: allow them to share those experiences and to create a space for them to talk about that, without just dismissing it as some sort of delusional thinking which it often is.

364

01:01:54.300 --> 01:02:04.260

Robyn Thomas: So so again it's certainly it's not about putting pressure on people to experience this growth but it's it's acknowledging that that it.

365

01:02:04.770 --> 01:02:16.950

Robyn Thomas: That it does happen, and again trying to figure out how can can we as a society as service providers as family members and loved ones and friends so support that process and people.

366

01:02:18.090 --> 01:02:19.320

Robyn Thomas: On their terms.

367

01:02:19.740 --> 01:02:25.200

Graziela do Reis: Yes, oh many, many Thank you to the three of you.

368

01:02:26.280 --> 01:02:34.350

Graziela do Reis: Robin and if you're not so the chat has a lot of questions whether you asked him to come in two weeks.

369

01:02:34.770 --> 01:02:42.360

Graziela do Reis: When we will be offering the webinar the second

webinar We will continue this conversation will be sure that everyone say how the questions.

370

01:02:42.870 --> 01:02:50.730

Graziela do Reis: So I would like to thank you, our so how a wonderful conversation, and thank you and.

371

01:02:51.210 --> 01:03:04.380

Graziela do Reis: dance the webinar will be available and two days, please this tomorrow, this this this to your page at me he says, see share the information with your fans and kimmy.

372

01:03:05.220 --> 01:03:21.990

Graziela do Reis: To come to participate in the next webinar on November 17 from 1pm to 2pm, so I would like to thank you again and have a great great great week and a wonderful weekend Thank you how.

373

01:03:23.580 --> 01:03:24.450

Robyn Thomas: Thank you.

374

01:03:24.570 --> 01:03:25.050

Thanks.