

avatar
therapy

drugs

control

childhood
trauma

non-psychotic
hallucinations

EMOTIONAL
VALENCE

DEFINITION
of psychotic

dysfunction

conviction

religious hallucinations

de-afferentation

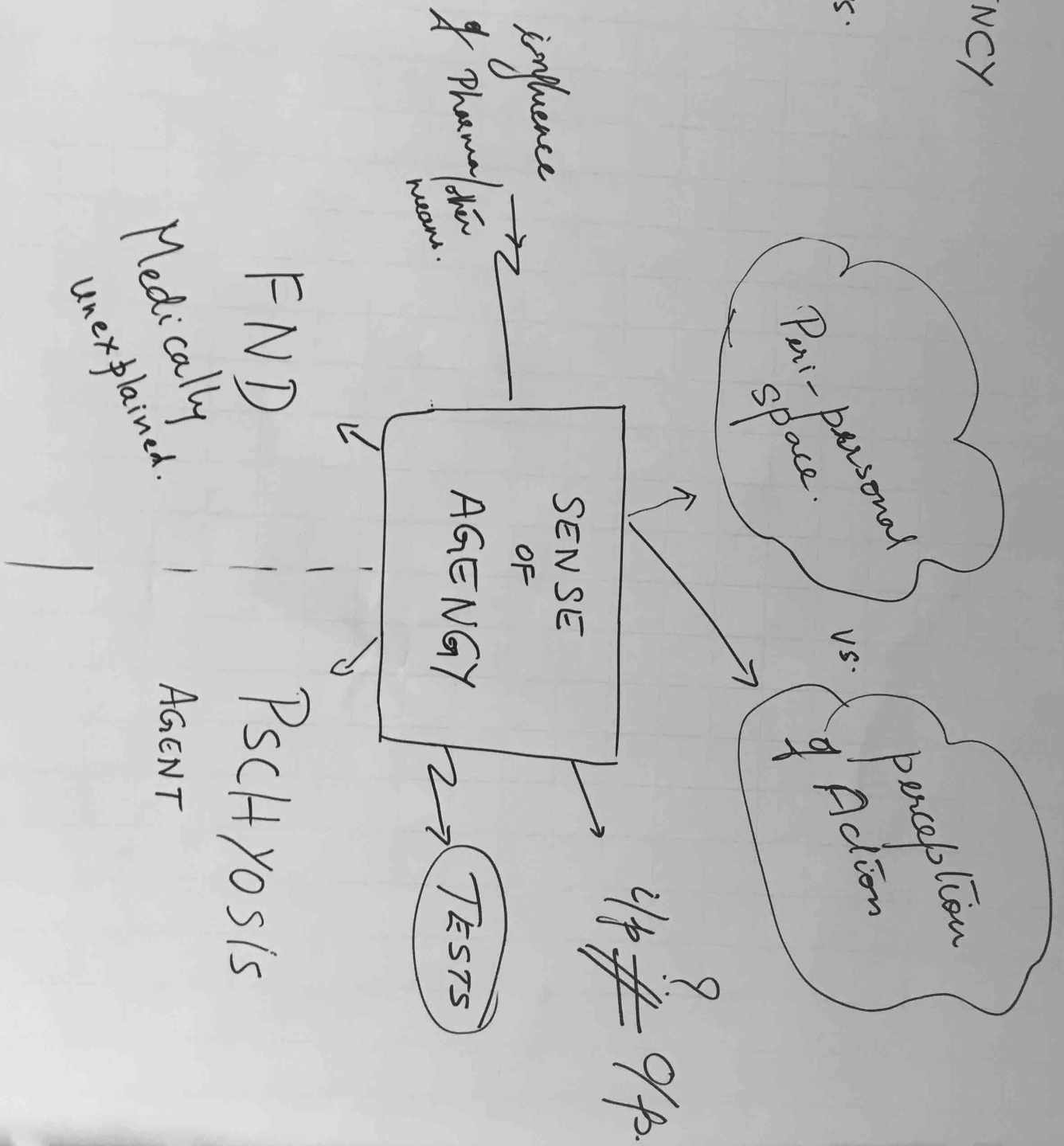
TERESA

PRABITHA.

SENSE OF AGENCY

IN

HALLUCINATIONS.



ECHR Mentoring Scheme

Candela

HOW CAN a MENTORING SCHEME HELP?

- ~ the better the match, the more productive.
- ~ create a 'matching' system, re topics, geography etc...
- ~ 'committee' decides...

~ subsidy? sm. travel grant opps...

'Basi'

CLARITY re:
THE ROLE
of MENTOR

"contractual agreement?"

GUIDE LINES

- (Suggested parameters)
- = timeframe → 7, 1 year (academic)
 - = meet in person x once a yr.
 - = perhaps at conferences?
 - = schedule x 4 contacts (email, Skype) as a minimum
- 'BASIC PACKAGE'

WORKING GROUPS

VAUGHAN BELL SUGGESTIONS

SPECIAL ISSUE

Cognitive Psychiatry Journal

x 5 articles

gov to have a CP twist...

'MANUAL'

- Clarity of roles
- transparent
- ethics policy
- lose the hierarchy

- compile tips

Other Journals will be up for this

The Continuum & Whether it exists...

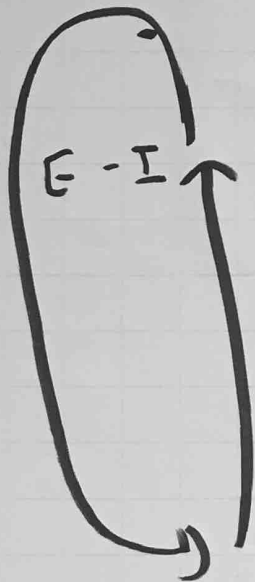
BEN

↳ Is this the right way to put it.

→ ERP - Areas of continuum.

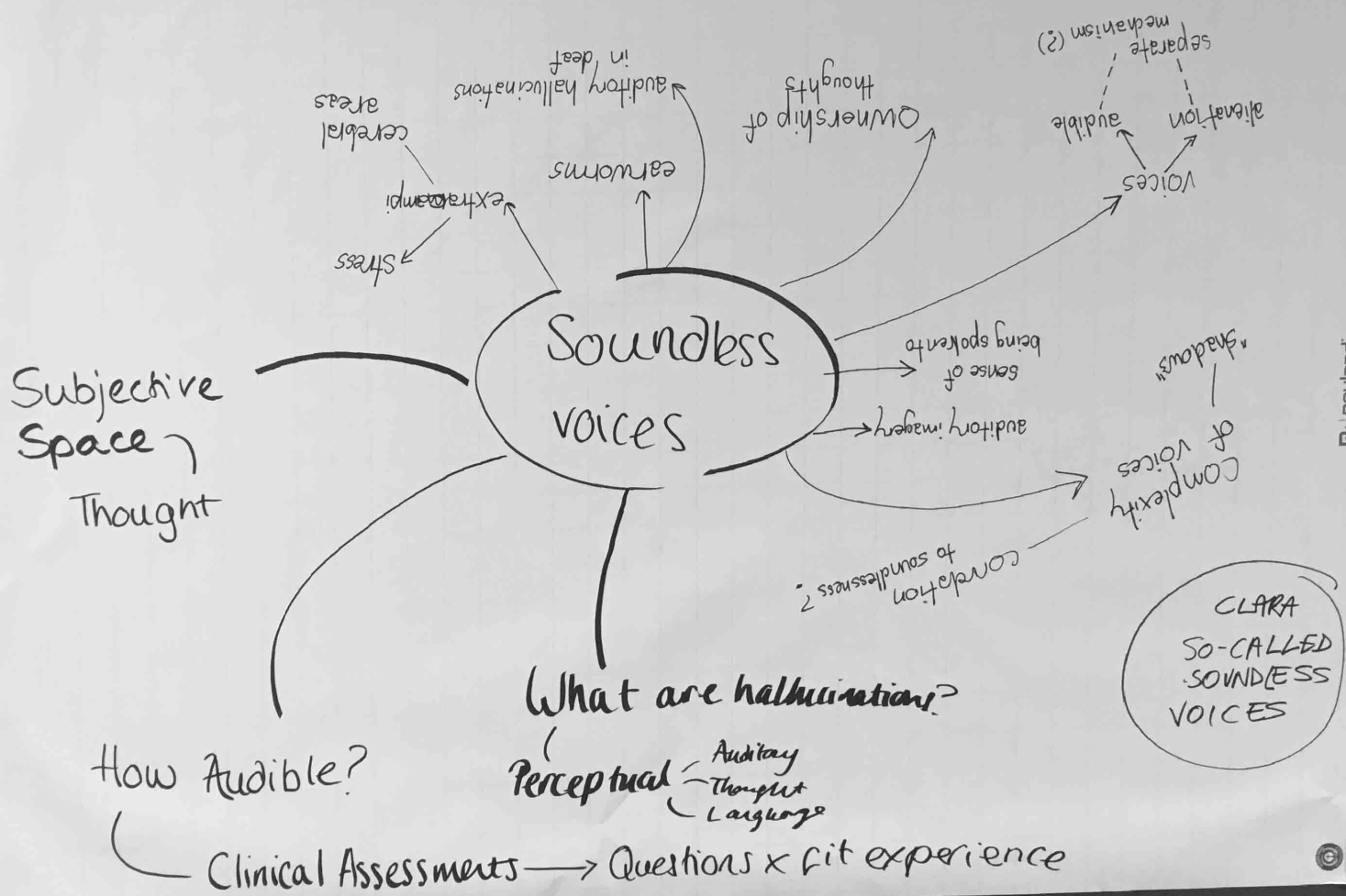
- Experience, cognition, functioning, multiple continua.
- Continuum of what... voices, hallucination.
- Pathology vs. non-pathology → FREQUENCY OF EXPERIENCES.
- Does ↑ frequency = normal. ↳ Another way of thinking about continuum.
- Is the idea of a continuum helpful?
- Where does distress come in?
- Analyzing predictive coding... does non-clinical ⇒ clinical. ↳ top down... bottom up...
- Continuum of what: frequency, emotional experience, coping, cognition.
- Can the continuum be unvalidating? Playing down the experience. ↳ But largely helpful at breaking down stigma.
- Spiritual experiences → don't want to see themselves as on continuum
- psychotic experiences.
- The case for paranoia... continuum of scores on GPTS.
- Continuum... is one process underlying it? ↳ clinical implications of that.
- out of body experiences. ↳ spreads out across different modalities.
- Continuity of hallucination proneness in general population.
- If people are born deaf, don't experience tinnitus/aud. halluc.
- Pragmatics ↳ how helpful is it? Normalising. ↳ For whom... patients, clinicians, researchers.
- Spiritual noise hearers - seems acceptable. 'That's not the same - they are not well - but if helpful comparison, take part'.

A



Group Consensus
Hallucination

PRIORS
versus
Abherent
SALIENCE
David



ANOMALOUS BODILY EXPERIENCES

Jamie
B

- * Passivity - alien control
- * sensed / felt presence
- * tactile hallucinations
- * dissociation

- interoceptive / exteroceptive experiences
- ways of measuring ABE
- Circumstances of occurrence (e.g. drugs, childbirth, stress)
- Abnormalities (meditation, hypnosis)
- individual interpretations change the experience
- thought broadcasting / thought echo
- perception of our voice as other during depersonalization

C) Translating mechanisms into treatment

1M060

- Our best evidence based has translated into treatment
- Caveats with psychoactive treatment
- Reliability and trauma
- Longevity of the treatment effect \rightarrow relapse + \downarrow insight
- Clients forgetting treatment strategies/techniques
- ~~The~~ Treatment package and patient's choice
- Relating therapy \rightarrow good example
- Danger of going down the rabbit hole of causation
- Role of isolation / hint in the environment
- The predictive model \rightarrow prior vs. trust in input
- Bereavement voices and expectation
- Metarogation to treatment
- WHO study on schizophrenia
- Relapse and hope \rightarrow social-cultural factors
- Alyssa's network analysis on long-term hearers

NEUROCHEMISTRY

PHENO

PD

- OVEREXPRESSION OF 5-HT2A
- DOPAMINERGIC
- CHOLINERGIC DEFICIT

LBD

- UNDEREXPRESSION MUSCARINIC AND NICOTINIC
- OVEREXPRESSION 5HT1A

SEROTONERGICS

5-HT2A AGONISTS

SCHIZOPHRENIA

TWO HYPOTHESES

- ONE BIOTYPE WITH MANY PATHWAYS INVOLVED
- SEVERAL BIOTYPES WITH FEW PATHWAYS INVOLVED IN EACH

PD

EARLY: INSIGHT
 LATER: DELUSIONAL
 MOSTLY ORDINARY ENTITIES (HALLUCINATED)

LBD

OFTEN DELUSIONAL
 MOSTLY ORDINARY ENTITIES (HALLUCINATED)
 (ANIMALS, PEOPLE, ETC.)

SEROTONERGICS

INSIGHT
 (INSIGHT LOST AT HIGH DOSE)

CH. B

INSIGHT

ANTIMUSCARINIC

NO INSIGHT

MEDIATING

NEUROCOGNITIVE

INSIGHT PRESERVED = NO STRONG PREFRONTAL DEFICIT (DLPFC?)
 INSIGHT LOST = PREFRONTAL DEFICIT (DLPFC?)

MARTIN

THE NEUROCHEMISTRY
 OF HALLUCINATIONS

(MARTIN)