



Abstract Nr: 36
Internet ID: 144

Type of Presentation: Oral Presentation

Unstable Clinical Structure as a risk factor for Schizophrenia Spectrum Disorders: Findings from a seven-year follow-up study among help-seeking adolescents.

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Learning Goal:

To present the basic Lacanian understanding of psychosis, including basic terminology and the differentiation of psychosis from neurosis.

To present the Lacanian-Psychoanalytic construct “Clinical Structure” and discuss its meaning for early detection of psychosis and early intervention.

To present the study and its implications

Abstract Text:

The overarching goal of this presentation is to introduce the notion that Unstable Clinical Structure is a core clinical feature of risk for schizophrenia-spectrum psychosis, and to present preliminary pilot data that supports it. Clinical Structure is a Lacanian construct that refers to one's relation to one's body, mind, language, and social order. It is closely related to one's mental stability. The basic structures are Psychosis, Neurosis, and Perversion. The assumption is that psychotic phenomena develop only when Psychotic Clinical Structure is present. This assumption has not been empirically tested before, and this was the goal of the study. The method was a seven-year follow-up study of help-seeking adolescents. Clinical Structure in adolescence was retroactively identified using interviews that were done as part of a study by Koren et al. (2013) that examined the disturbances of basic self and prodromal symptoms among nonpsychotic help-seeking adolescents. Some seven years later we re-evaluated 38 of the original 82 participants. We examined the Clinical Structure, Anomalous Self-Experiences, psychotic symptomatology, and psychiatric diagnosis. For reasons that will be presented, we referred to the commonly used Psychotic Clinical Structure as Unstable Clinical Structure. The results provide initial support for the assumption that Unstable Clinical Structure is a condition that predicts psychotic phenomena, and that in its absence the risk of developing such conditions is very low. If further validated and replicated, these results could be useful for the advancement of early detection and preventive intervention in risk for psychosis. As we observed in the study, these subjects already present substantial subjective difficulties that call for early intervention even without the overt manifestation of psychosis. This study supports empirical research in Psychoanalysis. Further research is in place into related psychoanalytic constructs such as personality organization and further exploration of the interrelation of other early detection research.

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OF HUMAN RECONNECTION**