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### **Negative symptoms as relational phenomena**

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#### **Learning Goal:**

Negative symptoms are not mere illness markers, but experiences that are embedded in social constellations, surrounding practices and interactions. Addressing negative symptoms is not only a question of finding the right treatment, but also of taking into account particular self-other experiences.

#### **Abstract Text:**

In social contexts, negative symptoms are often seen as a hindrance for relationships and interactions. Patients exhibiting negative symptoms are less expressive, feel less need for social contacts and lack motivation to undertake activities. However, such considerations are rooted in a traditional medical viewpoint, and approach negative symptoms solely as illness markers. In our presentation, we will argue that an important part of so-called negative symptom behavior can be framed differently from a first person perspective, and be understood as a mode of relational experiencing. Based on an Interpretative Phenomenological Analysis (Smith & Osborne, 2008) of interviews with psychotic patients at psychiatric wards, we will discuss patients' lived experience of negative symptoms, focusing on how they makes sense of their experiences. Apart from being a symptom of the illness, patients relate negative symptoms to side effects of medication and to general depressive feelings or a lack of energy after a psychotic episode. Furthermore, they also relate a lack of motivation to low expectations from others or to the effect of being hospitalized. Indeed, at a psychiatric ward people are actually encouraged to be quiet, to take things slowly. Also shame, caused by the psychosis itself or by medication side-effects such as weight gain, led people to isolate themselves. Next to that, for some, retreating from social interactions is a way of protecting themselves from a new psychotic episode. In terms of these experiences, negative symptoms should be seen as relational phenomena. These do not only constitute a hindrance for social contact, but are also an effect of social constellations. These insights imply that to enhance social contacts we should not only tackle negative symptoms, but also address experienced issues in interactions.

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