Oral

Sat. Sep 27, 2025 3:40 PM - 4:25 PM JST | Sat. Sep 27, 2025 6:40 AM - 7:25 AM UTC Session Room 8 (Meeting Room 1)

Oral 16

[O-16-01]

The mourning process and its importance in mental illness: a psychoanalytic understanding of psychiatric diagnosis and classification

*Rachel Gibbons[1] (1. Royal College of Psychiatrists (UK))

[O-16-02]

Screening for Major Depressive Disorder with the Patient Health Questionnaire-9 (PHQ-9) by Primary Care-Type Physicians in Japan

*Ariel Kiyomi Daoud[1] (1. University of Cincinnati (United States of America))

[O-16-03]

Validation of the Embodied Mindfulness Questionnaire (EMQ) in a Chinese Context: Preliminary Evidence for Cross-cultural Measurement Invariance

*Jieting Zhang[1], Ruixi Ji[1], Rodrigo Clemente Vergara[2,3], Mingcong Tang[4], Bassam Khoury[5] (1. College of Psychology, Shenzhen University (China), 2. Centro Nacional de Inteligencia Artificial CENIA (Chile), 3. Universidad Metropolitana de Ciencias de La Educación (Chile), 4. Boston University (United States of America), 5. McGill University (Canada))

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[O-16-01] The mourning process and its importance in mental illness: a psychoanalytic understanding of psychiatric diagnosis and classification

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Keywords：mourning、Grief、Loss

This session brings together the psychiatric and psychoanalytic views of mental illness to deepen the understanding of mental disorder. The aim is to provide a psychoanalytic model by which to understand the nature of psychiatrically diagnosed disorders. Why has this person developed this particular disorder, been diagnosed and classified in this particular way, at this point in their life? Psychiatrists tend to view the mind from the outside and diagnose different disorders depending on the symptom constellations observed, using classification systems (e.g. DSM). Psychoanalysts look from the inside of the mind at the unifying human psychodynamics where mental illness is understood to arise from difficulties in the response to the human experience of loss and grief. In summary, psychiatric illness can be understood to result from ‘pathological mourning’ due to arrests, or retreats, in the passage through the mourning process. The characteristic symptoms of different psychiatric illnesses used to classify disorders can be conceptualised as resulting from the overuse of different constellations of psychic defences used at specific and different stages in the mourning process. Differently classified illnesses have different symptoms depending on the particular point in mourning where the arrest occurs. There is a very well recieved paper that goes with this talk.https://www.cambridge.org/core/journals/bjpsych-advances/article/mourning-process-and-its-importance-in-mental-illness-a-psychoanalytic-understanding-of-psychiatric-diagnosis-and-classification/AADC76B72F52556A897A41B131A25D37

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Oral 16

[O-16-02] Screening for Major Depressive Disorder with the Patient Health Questionnaire-9 (PHQ-9) by Primary Care-Type Physicians in Japan

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Keywords：Japan、Major Depressive Disorder、Primary Care、Mental Health Screening

This project reviews available English-language literature to examine the process of translation, adaptation, and validation of a Japanese version of the Patient Health Questionnaire-9 (PHQ-9) as a screening tool for Major Depressive Disorder (MDD) in primary care-type settings. A structured literature search was conducted across multiple databases to identify studies evaluating a Japanese version of the PHQ-9. Abstracts were screened for relevance, and nine articles were selected for full-text review. The process used for the Japanese PHQ-9 (J-PHQ-9) was extracted from these studies and compared against a standardized framework for cross-cultural adaptation of health measures. Among the nine reviewed studies, eight utilized a common Japanese version of the PHQ-9, while one study employed an independent version. All studies reported that the J-PHQ-9 is a valid and clinically useful tool. The development of the J-PHQ-9 did not fully adhere to the recommended protocol for cross-cultural validation. However, psychometric analyses consistently demonstrated its reliability and validity in selected samples of the Japanese population. In Japan, preventive care centers on annual health checks by general internal or family medicine physicians, yet depression screening is not routinely included. MDD prevalence estimates range from 1.9%-7.3%, with increasing incidence. Depression-related absenteeism costs the Japanese economy an estimated $6 billion annually, while diagnosis and treatment reduce healthcare costs. Despite this, mental health services are underutilized. Patients often first present to a generalist physician. It is critical that these doctors have and use effective tools for screening. The J-PHQ-9 appears to be appropriate, though key questions emerge from this review: Should depression screening be included in annual exams? Do generalist physicians in Japan feel confident diagnosing and assessing the severity of MDD? Should screening be performed for disorders in Japan with depressive overlap such as modern type depression or *hikikomori*?

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[O-16-03] Validation of the Embodied Mindfulness Questionnaire (EMQ) in a Chinese Context: Preliminary Evidence for Cross-cultural Measurement Invariance

*Jieting Zhang[1], Ruixi Ji[1], Rodrigo Clemente Vergara[2,3], Mingcong Tang[4], Bassam Khoury[5] (1. College of Psychology, Shenzhen University (China), 2. Centro Nacional de Inteligencia Artificial CENIA (Chile), 3. Universidad Metropolitana de Ciencias de La Educación (Chile), 4. Boston University (United States of America), 5. McGill University (Canada))

Keywords：Embodiment、Mindfulness、Embodied Mindfulness Questionnaire、Cross-cultural validation、Measurement invariance

Objectives: The Embodied Mindfulness Questionnaire (EMQ), based on the notion of embodied mindfulness and the theory of embodiment, has been developed and validated among an English Canadian population but not yet among Eastern populations. The current study aimed to validate a Chinese version of the EMQ and examine its cross-cultural measurement invariance.
Methods: In Study 1, we translated the EMQ into Chinese, explored its factor structure and then examined its internal validity using a sample of Chinese adults (*N* = 330). In Study 2, after excluding participants with over 600 hours of meditation practice, we assessed the reliability and validity of the EMQ using a separate sample of Chinese adults (*N* = 380). Then, multiple confirmatory factor analyses was used to examine the measurement invariance of EMQ between the Chinese and Canadian samples (*N* = 1077).
Results: The original five-factor structures were replicated with acceptable internal reliability and construct and criterion-related validity. Only configural and metric invariance were supported between the Chinese and Canadian samples. Differences in item intercepts, residual variances, and latent variable covariances suggest potential cultural differences in conceptualizing and measuring embodied mindfulness.
Conclusions: The Chinese EMQ replicated the five-factor structure of the original version, with reasonably acceptable reliability and validity. The Chinese samples showed smaller intercepts and larger residual variance for most items, and inequivalent factor covariances.