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Poster 20

[P-20-01]

The higher ability of verbal fluency and attention and processing speed with clinical recovery in patients with schizophrenia than remitted patients through the comparison of schizophrenia and healthy controls: A cross-sectional study

*Ryo Asada¹, Hitoshi Iida¹, Leo Gotho¹, Kiyohiro Yasumatsu¹, Hikaru Hori¹ (1. Department of Psychiatry, Faculty of Medicine, Fukuoka University (Japan))

[P-20-02]

Personality theory based on Chinese culture

*zhuangsheng Wang¹ (1. Binzhou Medical school (China))

[P-20-03]

Comparative Network Structures of Depressive Symptoms in Asian Individuals With Guilt-Rich and Guilt-Free Depressive Disorders: Findings From the REAP-AD3

*Seon-Cheol Park¹ (1. Department of Psychiatry, Hanyang University College of Medicine (Korea))

[P-20-04]

A Psychiatric Analysis of Batman and the Public Perception of Mental Illness

*Tejbir Singh Deol¹, Ella Bauwens¹, Michael Rooney¹, Saad Yawar¹, Noah Beetge¹, Madhusudan Dalvi^{1,2} (1. King's College London (UK), 2. Kent and Medway NHS and Social Care Partnership Trust (UK))

[P-20-05]

Mapping the geography of depressive symptoms and early maladaptive schemas: Comparative network analysis between major depressive disorder and bipolar disorder

*Myeongkeun Cho¹, Chanhee Park¹, Christopher Hyung Keun Park² (1. Asan Institute for Life Sciences (Korea), 2. Asan Medical Center (Korea))

[P-20-06]

Chi-Chi from *Dragon Ball*: An ICD-Informed Psychoanalytic and Cultural Analysis of Maternal Anxiety and Marital Imbalance

*Tejbir Singh Deol¹, Kyle McMullen¹, Madhusudan Dalvi^{1,2} (1. King's College London (UK), 2. Kent and Medway NHS and Social Care Partnership Trust (UK))

[P-20-07]

Cognitive Heterogeneity in First-Episode Schizophrenia Patients: A Latent Profile Analysis and Network Analysis Based on the CANTAB Test

*Weiyan Wang¹, Tao Li¹ (1. Affiliated Mental Health Centre & Hangzhou Seventh People's Hospital, Zhejiang University School of Medicine (China))

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*Ryo Asada¹, Hitoshi Iida¹, Leo Gotho¹, Kiyohiro Yasumatsu¹, Hikaru Hori¹ (1. Department of Psychiatry, Faculty of Medicine, Fukuoka University (Japan))

Keywords : Schizophrenia、Cognitive function、Recovery、Remission

Cognitive impairment is one of the core symptoms with schizophrenia (Jauhar et al., 2022) and several domains of cognitive function in patient with schizophrenia were associated with real world functions (Harvey et al., 2022). Regarding functional recovery with schizophrenia, only one cross-sectional study reported that the score of executive function, verbal fluency and verbal working memory in recovery patients with schizophrenia were higher than non-recovered patients (Kopelowicz et al., 2005). However, there are no evidence about the difference of cognitive function and relationships with social skills between recovery and remission states with schizophrenia. This cross-sectional study investigated that 55 patients with schizophrenia and 20 healthy controls. 25 schizophrenia patients were meted recovery criteria, and 30 patients were meted remission criteria. We used the Japanese version of the Brief Assessment of Cognition in Schizophrenia (BACS-J) to evaluate cognitive function. The Brief Psychiatric Rating Scale (BPRS) and the Calgary and Depression Scare for Schizophrenia (CDSS) were used to evaluate psychiatric symptoms. Social function was measured by the Japanese version of social functioning scale (SFS-J). This study was approved by the Fukuoka University Medical Ethics Committee (U-21-11-018), and verbal and written consent was obtained from all participants. In the demographics and clinical characteristics of each group, there was no significant difference except for education, duration of employment, and duration of illness. Each BACS-J score except for executive function was significant difference among three groups. From the post-hoc analysis, verbal fluency and attention and processing speed in recovery group were significantly higher than remission group but verbal fluency was no significant difference between recovery and healthy control group. The present study show that a part of cognitive functions might be relate to recovery for patients with schizophrenia. Furthermore, it may be important to focus on improving these cognitive functions for achieving recovery.

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Poster 20**[P-20-02] Personality theory based on Chinese culture**

*zhuangsheng Wang¹ (1. Binzhou Medical school (China))

Keywords : Chinese culture、 personality theory、 localization

Abstract: Based on Chinese indigenous culture and clinical practice, and drawing on the pattern of Western personality trait theory, the five-factor model of Chinese indigenous personality summarized three dimensions, the dimension of willfulness-constraint I, the dimension of social adaptability-maladaptability II, and the dimension of Chinese indigenous entering the world-remaining aloof III. Five typical personality types, type I personality of willfulness adaptive type (dominant type), type II personality of constraint adaptive type (adaptive type), type III of constraint maladaptive type (anxious type), type IV personality of willfulness maladaptive type (anti-social type), and type V personality of remaining aloof type (transcendent type). This classification method emphasizes the integrity of personality and acknowledges the convertibility between personality types and the relativity of social adaptability. The five- model of Chinese indigenous personality has certain application value in the cultivation of healthy personality, the formulation of mental health standards, the pathogenesis of abnormal personality, the development of indigenous personality, and the localization of psychological counseling and treatment.

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[P-20-03] Comparative Network Structures of Depressive Symptoms in Asian Individuals With Guilt-Rich and Guilt-Free Depressive Disorders: Findings From the REAP-AD3

*Seon-Cheol Park¹ (1. Department of Psychiatry, Hanyang University College of Medicine (Korea))

Keywords : Christianity、 depressive symptoms、 guilt、 melancholia、 network structure

Objective: This study aimed to compare the network structures of depressive symptoms in individuals with guilt-rich versus guilt-free presentations of depression in a large-scale cross-national Asian data set. **Methods:** We analyzed data from the Research on Asian Psychotropic Prescription Patterns for Antidepressants, Phase 3 (REAP-AD3), which included patients with depressive disorders from 11 Asian countries. Network analysis was used to estimate symptom interactions and identify central symptoms in each group. Participants were categorized based on the presence or absence of prominent guilt symptoms. **Results:** The network structures of the two groups differed substantially. In the guilt-rich group, depressed mood was a highly central node, closely linked to self-blame. In contrast, the guilt-free group exhibited networks centralized with loss of energy. **Conclusions:** Variation in symptom network structures is consistent with Richard Baxter's and Robert Burton's early ideas on melancholia. From a clinical standpoint, symptoms related to moral judgment and self-criticism require specific therapeutic attention in individuals with prominent guilt.

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[P-20-04] A Psychiatric Analysis of Batman and the Public Perception of Mental Illness

*Tejbir Singh Deol¹, Ella Bauwens¹, Michael Rooney¹, Saad Yawar¹, Noah Beetge¹, Madhusudan Dalvi^{1,2} (1. King's College London (UK), 2. Kent and Medway NHS and Social Care Partnership Trust (UK))

Keywords : Cultural Psychiatry, Psychiatry, Media, Social perceptions, Comic books

Background

Batman, or Bruce Wayne, is one of the most psychologically complex figures in popular culture. Originating from the traumatic loss of his parents, his subsequent behaviour demonstrates a range of features aligning with diagnosable psychiatric conditions. This abstract applies a clinical lens, using ICD-11 criteria, to analyse Batman's character as depicted in major comic arcs, such as Batman: Year One, Hush, The Court of Owls, and Batman RIP.

Clinical Features

Batman meets the core features of Post-Traumatic Stress Disorder (ICD-11: 6B40), including persistent re-experiencing, hypervigilance, and emotional numbing, particularly evident in Year One and The Long Halloween. He also exhibits traits consistent with Obsessive-Compulsive Personality Disorder (ICD-11: 6D10), such as perfectionism, moral rigidity, and overcontrol, especially in Hush. His enduring identification with his parents' death aligns with Prolonged Grief Disorder (ICD-11: 6B42), as explored in Batman RIP. In Batman of Zur-En-Arrh, elements of Dissociative Identity Disorder (ICD-11: 6B64) emerge, with fragmented identity and altered states of consciousness.

Public Perception

Despite these features, Batman is not portrayed as mentally ill but rather as heroic. His pathology is romanticised as moral clarity and emotional discipline. This idealisation may obscure the disabling nature of psychiatric conditions, reinforce gendered stigma around emotional expression, and promote maladaptive coping as strength. However, Batman also presents a unique opportunity to engage the public with narratives of trauma, grief, and identity when framed through a psychiatric lens.

Conclusion

This analysis highlights the importance of critically examining portrayals of mental illness in media. Batman exemplifies how fictional heroes can reflect real psychopathology, and how their portrayals shape cultural narratives about mental health, particularly trauma and masculinity.

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[P-20-05] Mapping the geography of depressive symptoms and early maladaptive schemas: Comparative network analysis between major depressive disorder and bipolar disorder

*Myeongkeun Cho¹, Chanhee Park¹, Christopher Hyung Keun Park² (1. Asan Institute for Life Sciences (Korea), 2. Asan Medical Center (Korea))

Keywords : network analysis、 depressive symptom、 early maladaptive schema、 major depressive disorder、 bipolar disorder

Introduction: Early maladaptive schemas (EMSs) are risk factors for depressive symptoms. However, the detailed process through which EMSs affect depressive symptoms remains unclear. We aimed to examine the associations among depressive symptoms and EMSs in patients with major depressive disorder (MDD) and bipolar disorder (BD), and compare these patterns. **Methods:** Two undirected networks were estimated for patients with MDD and BD. The node and bridge strength centralities were calculated in each network. The differences between the two networks were tested across four aspects: network structure, global strength, node centrality, and edge weight. **Results:** Several significant associations were observed within the depressive symptoms cluster and the EMSs cluster. Among the edges connecting the two clusters, only the edge connecting *feelings of worthlessness or guilt* and *defectiveness/shame* schema was significant in the MDD group (weight = .079, 95% CI = [.001, .157]). Only the edge connecting *suicidal ideation* and *defectiveness/shame* schema was significant in the BD group (weight = .087, 95% CI = [.026, .148]). *Feelings of worthlessness or guilt* and *suicidal ideation* exhibited high bridge strength centrality, and *defectiveness/shame* schema did so among EMSs. The differences between the two networks of the MDD and BD groups were not remarkable. **Conclusions:** Reciprocal causal relationships may be present among depressive symptoms and among the EMSs. Schema therapy addressing the *defectiveness/shame* schema or cognitive behavioral therapy may be effective for patients with both MDD and BD, considering the importance of the *defectiveness/shame* schema and two cognitive depressive symptoms in connecting depressive symptoms and EMSs.

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[P-20-06] Chi-Chi from *Dragon Ball*: An ICD-Informed Psychoanalytic and Cultural Analysis of Maternal Anxiety and Marital Imbalance

*Tejbir Singh Deol¹, Kyle McMullen¹, Madhusudan Dalvi^{1,2} (1. King's College London (UK), 2. Kent and Medway NHS and Social Care Partnership Trust (UK))

Keywords : Cultural Psychiatry, Psychiatry, Media, Social perceptions, Anime

Background and Methodology

This study employs a qualitative, interpretive methodology that combines ICD-11-informed psychiatric semiotics, classical Freudian and object-relations psychoanalysis, and cultural psychiatry. The analysis involves close textual reading of Chi-Chi's portrayal across the original *Dragon Ball*, *Dragon Ball Z*, and *Dragon Ball Super* anime series. Chi-Chi's behaviours, dialogues, and relational dynamics are examined through the lens of symbolic symptom representation. Rather than giving a formal diagnosis, the study explores how her traits echo psychiatric categories and how these are mediated through gendered cultural scripts.

Psychiatric and Psychoanalytic Framing

Chi-Chi's recurring behaviours symbolically resemble traits within Generalised Anxiety Disorder under ICD-11, including pervasive worry, anticipatory fear, and emotional dysregulation. Her rigid insistence on academic excellence and structured domesticity reflects features of Anankastic Personality Disorder. These symbolic parallels are used to explore narrative constructions of maternal hypervigilance in emotionally unstable households. Psychoanalytically, her insistence on order functions as displacement for frustration with her emotionally absent partner, Goku. The loss of her marital identity in favour of maternal compliance indicates repression and superego dominance. Goku operates as an unstable attachment object, shaping Chi-Chi's anxiously overfunctioning maternal persona.

Cultural and Ethical Dimensions

Chi-Chi's depiction sits between East Asian ideals of filial duty and Western critiques of emotional labour. Her assertiveness is pathologised, while male emotional detachment is valorised. This contrast reveals gendered asymmetries in how emotional expression and responsibility are received. The portrayal raises ethical concerns around the romanticisation of neglectful masculinity and the burden of caregiving imposed on female characters in popular media.

Conclusion

Chi-Chi symbolises a culturally mediated psychological response to abandonment and unreciprocated caregiving. Her representation reveals deeper ethical tensions in how female distress is interpreted across media traditions.

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Poster 20**[P-20-07] Cognitive Heterogeneity in First-Episode Schizophrenia Patients: A Latent Profile Analysis and Network Analysis Based on the CANTAB Test**

*Weiyang Wang¹, Tao Li¹ (1. Affiliated Mental Health Centre & Hangzhou Seventh People's Hospital, Zhejiang University School of Medicine (China))

Keywords : Schizophrenia、Cognitive Function、Subtyping

Objective: This study used the Cambridge Assessment Neuropsychological Test Battery (CANTAB) to assess cognitive function, combined with latent profile analysis (LPA) and network analysis, to explore cognitive subtypes and pathological network mechanisms in first-episode schizophrenia patients. **Methods:** A total of 157 first-episode schizophrenia patients and 342 healthy controls (HC) were included. CANTAB tests were used to assess the following: Rapid Visual Information Processing test, Delayed Matching to Sample, Pattern Recognition Memory, Spatial Working Memory, Intra-Extra Dimensional Set Shift, Stockings of Cambridge. LPA analysis used CANTAB metrics as continuous variables; the optimal number of subtypes was determined via model fitting statistics (AIC/BIC/entropy values etc.). Network analysis constructed a correlation network among cognitive metrics, comparing intra-group connection strengths (edge weights) and topological properties.

Results: LPA identified two stable subtypes: the Cognitive Preserved Group (CPG, 48 cases) with cognitive function similar to healthy controls; and the Cognitive Impaired Group (CIG, 109 cases), accounting for a larger proportion of patients and showing significantly lower performance on multiple CANTAB metrics. The CIG had older age and shorter years of education. Network analysis revealed that healthy controls exhibited higher connectivity density among cognitive metrics; network connectivity in both the CIG and CPG was significantly weaker than in the HC. **Conclusion:** First-episode schizophrenia exhibits two subtypes. The impaired subtype is associated with advanced age, lower educational attainment, and weakened cognitive network connectivity, providing targeted evidence for early individualized intervention.