EPV1303

Association of Imposter Syndrome and psychological well-being in the doctoral process - how they are influenced by experiences of discrimination, social support and belonging

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Introduction: Individuals who develop an Imposter Syndrome do not attribute objective successes to their own abilities and competences, but rather believe that they are not intelligent enough, and are sometimes convinced that they have deceived others. It is known that the Imposter Syndromehas various effects on health. In particular, it affects the mental health of the individuals affected. Although it is known that the manifestation of the Imposter Syndrome is higher in marginalized groups in academic fields. Whether the intersectionality of the relevant diversity domains and personal resources such as social support and belonging have an influence on the extent of the imposter phenomenon has not yet been investigated.
Objectives: The aim of the study was to determine the association between imposter syndrome to the psychological well-being of supervisors and doctoral students in the doctoral process considering the mediating influence of experiences of discrimination, social support and belonging.
Methods: A six-month program was developed to accompany the promotion process. A total of seven groups were conducted from April 2024 to May 2025. At the beginning of the programme, baseline data was collected using The WHO-5 Well Being Questionnaire, the Sense of Belonging Questionnaire, the F-Sozu-6 Questionnaire, the Diversity minimal item set and the Clance Imposter Phenomenon Scale.
Results: Preliminary data show that the Imposter syndrome is widespread among supervisors and doctoral students. Individuals who perceive themselves as belonging to multiple diversity domains tend to exhibit diminished psychological well-being, particularly when considering the intersectionality of these domains.
Conclusions: The findings of this study indicate that the Imposter syndrome should be addressed in an accompanying doctoral program with a focus on gender- and diversity aspects. Diversity domains, social support and sense of belonging should be considered more frequently in the development of academic career interventions.

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EPV1302

Mental Illness in the Bible (Old and New Testament)

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Introduction: The Bible offers various insights into human struggles, including what can be interpreted today as mental illness. Although ancient texts do not explicitly refer to mental health using modern terminology, there are many accounts of emotional distress, depression, anxiety, and other psychological challenges. Throughout Scripture, several figures are portrayed grappling with deep sorrow, fear, and mental turmoil. These narratives provide spiritual reflections on suffering, healing, and divine intervention, shedding light on how biblical teachings have historically addressed human fragility.
Objectives: To raises questions about how we can relate ancient wisdom to contemporary mental health issues, offering opportunities for spiritual growth, empathy, and care in our own lives.
Methods: A non-systematic review of the published literature was conducted using the Google Scholar database with the search terms "Bible" and "mental illness." Articles were selected based on their relevance, and further information was obtained through direct consultation of biblical texts.
Results: The prophet Elijah exhibits signs of reactive depression, triggered by stress after confronting the prophets of Baal and receiving a death threat from Jezebel (1 Kings 18:20-40). His symptoms—loss of appetite, isolation, low self-esteem, and hopelessness—are well-documented (1 Kings 19:3). God's response (1 Kings 19:11-14) provides an example of care for depression, with affection, understanding, and patience.
James 5:15-18 references Elijah to highlight that depression can affect Christians, suggesting that illness, whether physical or spiritual, requires dialogue and support. James emphasizes God's forgiveness, even if illness stems from sin, viewing depression as an organic condition in line with the holistic Jewish understanding. He advocates for confession and prayer as therapeutic (James 5:16), stressing that mercy triumphs over judgment.
Psalm 6:6-7 captures the deep despair of depression, showing the importance of seeking God amid mental anguish, which is often invisible to others.
Conclusions: The accounts of figures like Elijah and the reflections in Psalms demonstrate that conditions resembling modern definitions of depression and anxiety have long been acknowledged, albeit through the lens of ancient cultural and religious contexts. The compassionate care that God extends to Elijah, coupled with the guidance found in the New Testament, particularly in the book of James, underscores the importance of community and support in addressing mental health challenges.
By examining these stories, we gain a broader understanding of how faith communities have interpreted and coped with the complexities of mental illness - in light of their relationship with God.
These accounts present a holistic biblical view of depression, underscoring the need for empathy, spiritual care, and community support in mental health.

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EPV1303

Palinacusia: Regarding a peculiar clinical case

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Introduction: A 44-year-old woman with a history of migraine, ulcerative colitis, obesity, and hypertension. She experienced a depressive episode that resolved completely in 2013. Hospitalized

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in 2020 and 2021 for psychotic symptoms (auditory pseudohallucinations) resistant to treatment, requiring bilateral ECT (LOW05, dose titration up to 45% - 227 mC-) and initiation of clozapine. In October 2021, she was enrolled in a monthly ECT maintenance program, maintaining a period of euthymia without psychotic symptoms until September 2022. At that point, she began to present anxiety secondary to auditory perseveration: after an auditory stimulus, the patient verbalizes an echo of that sound outside her head, which lasts for hours or even days.
Objectives: Perform a differential diagnosis between schizoaffective disorder (given the persistence of psychotic symptoms despite euthymia) and palinacusia. Additionally, monitor the patient's progress and address the described psychopathology according to current scientific evidence.
Methods: Systematic review of the existing literature on the etiology, pathophysiology, and therapeutic approach to palinacusia. Clinical follow-up of the patient's progression.
Results: Various complementary tests are performed: normal blood tests (complete blood count, biochemistry, serologies, autoimmune markers, thyroid function). Clozapine levels: 315 ng/ml; norclozapine 189 ng/ml; ratio 1.6 (all within normal range). EEG: overload of slow activity over bilateral temporal regions. No postictal activity. MRI: slight cortico-subtemporal atrophic changes with a temporal predominance. No mesial sclerosis foci observed. Since October 2023, different antiepileptic drugs have been trialed (topiramate, eslicarbazepine, and valproic acid). Additionally, the patient continues in a monthly maintenance ECT program (bilateral, LOW05, reaching a dose of 90%). As a result, the patient shows slow progress, with no remission of the described symptoms, although there is a temporary reduction in intensity (February 2024).
Conclusions: The term "palinacusia" was described by Jacobs in 1971 as auditory perseveration (following a trigger and with neutral content). It is associated with various etiologies, primarily convulsive phenomena, and it remains debated whether it is ictal or postictal. The temporal lobe's GTS is typically affected. To date, it has been described in 43 patients, and only in two patients with psychosis. The case described began after treatment with ECT, which raises the possibility of its pathophysiological involvement (difficulty in postictal suppression capacity). Currently, after discontinuing ECT treatment in March 2024 due to the possibility that it was exacerbating the palinacusia, and after trialing the aforementioned antiepileptic drugs, no remission of symptoms has been achieved.

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EPV1305

Study of Formal Thought disorder symptoms in adults with Level 1 Autism Spectrum Disorder: Correlations between TALD, ADOS-2, and other neuropsychological dimensions

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Introduction: While several studies have investigated language disorders in individuals with Autism Spectrum Disorder (ASD), few have specifically examined formal thought disorder (FTD) symptoms, particularly in adults.
Objectives: This study aims to assess FTD symptoms in adults with Level 1 ASD using the Thought and Language Disorder (TALD) scale and to analyze correlations between TALD scores and other neuropsychological dimensions.
Methods: The study included 23 adults with Level 1 ASD (16 males, 7 females). Inclusion criteria were: a diagnosis of Level 1 ASD and age between 18 and 50 years. Exclusion criteria included: presence of major psychiatric comorbidities, intellectual disability, and neurological disorders that could impair language abilities. A comprehensive evaulation was conducted using TIB, HAMD, PANSS, STAI-Y1 and Y2, TASIT (Parts 1, 2, and 3), Ekman Facial Expression Test, TAS-20, ADOS-2, RAADS, AQ, and EQ. Language and thought disorders were evaluated using the TALD scale. Statistical analyses were performed using SPSS software to examine correlations between TALD scores and other neuropsychological dimensions.
Results: The study population had a mean age of 27.6 ± 8.22 years, comprising 16 men and 7 women. Total TALD scores showed no significant correlation with educational level ($r = -0.028$, $p = 0.914$). Results revealed a significant correlation between the total TALD score and the total TASIT-2 score ($r = -0.679$, $p = 0.011$). Additionally, the "manneristic speech" item correlated with paradoxical sarcasm on TASIT-2 ($r = -0.620$, $p = 0.024$) and with lie recognition on TASIT-3 ($r = -0.633$, $p = 0.02$). The total ADOS-2 score showed a strong correlation with the total TALD score ($r = 0.607$, $p = 0.028$) and with specific linguistic features, including verbigeration ($r = 0.725$, $p = 0.005$), pressured speech ($r = 0.648$, $p = 0.017$), clanging ($r = 0.725$, $p = 0.005$), echolalia ($r = 0.725$, $p = 0.005$), and concretism ($r = 0.738$, $p = 0.004$). Furthermore, TALD was predictive of higher ADOS-2 scores ($\beta = 0.607$, $t = 2.53$, $r = 0.607$, $p = 0.028$, $R^2 = 0.368$).
Conclusions: Our findings highlight specific FTD symptoms in adults with Level 1 ASD. The TALD scale proved to be a valuable tool, showing significant correlations with other neuropsychological domains. TALD scale also demonstrated a reliable predictive ability for higher ADOS-2 scores and distinct linguistic characteristics associated with ASD. TALD scale is proposed as a useful tool in clinical evaluations, providing additional insights beyond traditional diagnostic tools and showing independence from educational level.

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