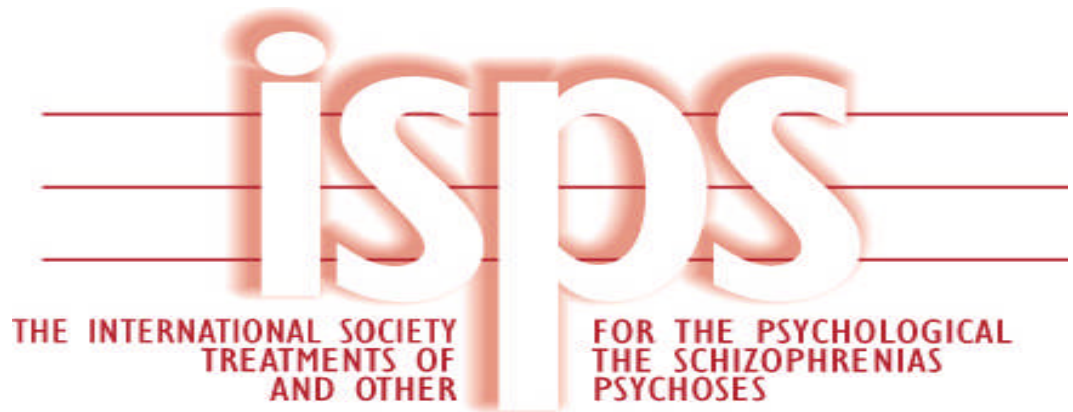


ISPS-US  
P.O. Box 491  
Narberth, PA 19072  
contact@isps-us.org  
www.isps-us.org  
(610) 308-4744



## ISPS-US Report from the President

Ann-Louise S. Silver  
(asilver@psychoanalysis.net)

This newsletter is late in getting to you because of me. I've been waiting to get into the right upbeat mood, but that isn't happening quickly enough. At first, I was buffeted by my own workaholicism. I chaired and organized the recent Clinical Sándor Ferenczi Conference, August 2-6, in Baden-Baden. The meeting went well in all regards, but I came home needing a vacation from that very taxing and worrisome project which had been years in the making. Even so, the meeting's presentations reaffirmed for me that Ferenczi launched the interpersonal approach to the treatment of severe emotional states. He firmly believed that they were trauma-related stress diatheses. I hope you will review the program and the abstracts at our website, [www.clinicalferenczi.info](http://www.clinicalferenczi.info). At the meeting, I got to know Leslie Wolowitz, a member of ISPS-US and a friend and former student of Bert Karon; we will be learning a lot from her over the coming years.

Just as I was recovering from the exhaustion of the Baden-Baden meeting, reading through my enormous back-log of ISPS-US postings, Rick Waugaman (a fellow Lodge staff member and a speaker at this year's ISPS-US meeting) called and told me Wayne Fenton had been murdered by a patient. Wayne had been a vibrant and central person from the day he arrived at the Lodge. He worked closely with Tom McGlashan on a series of papers growing out of the famous Chestnut Lodge Follow-Up Studies, and then, when Tom became head of the Yale Psychiatric Clinic, Wayne became the Director of Research at the Lodge. Then, when Dexter Bullard, Jr. learned that he suffered from advanced lung cancer (this

from passive smoke inhalation – he was never himself a smoker), he appointed Wayne Medical Director.

Wayne did a phenomenal job, getting the place solidly in the black. He would have resumed working as Medical Director had the efforts I led succeeded in an employees' buy-out. We had secured the \$4.4 million to buy the front 20 acres and had a meeting set up with the owners of the huge building outfit. Someone had spooked the other board members of the Lodge Mental Health Foundation, saying I was putting their personal savings at risk. I only learned about this months after CPC took over running (read "ruining") the Lodge. Wayne was marginalized. He said, "They treat me like a whining dog." In less than five years, the Lodge was over \$11 million in debt. Now, the entire hospital is being converted into pricey condominiums, individual and town homes. Meanwhile, Fenton's murderer may now be undergoing evaluation at the Clifton T. Perkins Hospital where my husband, Stu was a staff member, then Clinical Director, and then Superintendent before becoming the Director of Mental Hygiene for Maryland. Stu was astounded when he learned that the new hospital wing (where Fenton's murderer may now be residing) would be named the Stuart B. Silver Wing.

A larger tragedy extends from this event and has shattered the optimism and security of two families, has deprived NIMH of its second-in-command, and deprived many patients of a caring and scholarly therapist. It is quite possible that Maryland will join 42 states which now allow court-ordered out-patient medication. This would deprive many people of freedom of choice regarding medication

## UNITED STATES CHAPTER

that works through impeding salience, defined by S. Kapur as "a process whereby events and thoughts come to grab attention, drive action, and influence goal-directed behavior..." (p. 14).

Our ISPS-US mission is to promote psychotherapeutic treatment for psychoses. We continue to work against enormous resistances from those who see psychotic states as brain disorders. Our next big project is already under way. David Garfield and Daniel Mackler are co-editing a book whose chapters are being written by ISPS-US members, under the tentative title "Medications are Not Enough." Drafts have been received from Daniel Dorman, Robert Foltz, David Garfield, Joanne Greenberg, Daniel Mackler, Catherine Penney, Garry Prouty, and Ira Steinman. Drafts are expected soon from Joseph Abrahams, Elizabeth Faulconer, Patricia Gibbs, Joel Kanter, Julie Kipp with Frank Summers, and from Brian Koehler. Courtenay Harding is advising us on the research which will grow from the use of this book in specified clinics. We will report on our progress. This project will form the basis for our first grant applications.

I look forward to seeing you soon at our next annual meeting.

Reference: S. Kapur (2003) Psychosis as a state of aberrant salience: A framework linking biology, phenomenology, and pharmacology in schizophrenia. *Am. J. Psychiatry*. 160: 13-23.

"Innate among man's most powerful strivings toward his fellow men... is an essentially therapeutic striving."

Harold F. Searles (1979)

## From the Executive Director

Karen Stern (contact@isps-us.org)

Our newsletters are coming out fast and furious, and I am up to my eyebrows in conference preparations and directory publishing, so I'll make this brief. We have a lot to be proud of at ISPS-US. The new newsletter looks great—thanks to Warren Schwartz and Ayme Turnbull for their hard work and for keeping slackers like me on schedule with our newsletter pieces.

I had the special opportunity to meet Warren, Julie Wolter, Daniel Mackler, Marty Cosgro, Christine Lynn and Stu Silver, and to see Ann Silver, Julie Kipp and Brian Koehler again at the first ever ISPS-US retreat at the end of June. (I kind of feel like a gossip columnist for mentioning everyone's name, but I really appreciate everyone's taking time out from their busy lives to participate.) It was great for me to get to know all of them as real people, and to introduce my family to them as well. We made great strides as an organization to focus on our goals and ensure our financial viability. Julie Kipp will be sending us a complete report, but we've made lots of exciting plans and have fine tuned our budget. We hope to see many more of you at our next retreat!

One realization that came out of the budget process was that member dues are not meeting our operating expenses as they should, and so they went up as of September 15. If you have not already paid your dues for 2006, please do so now. Our dues are \$75 for all professionals, \$125 for institutional members and \$40 for all others, which is still quite lower than what many similar organizations charge. You can use the membership form in this issue or renew on the web at [www.isps-us.org](http://www.isps-us.org). If you're not sure if you're paid up, just ask me: [contact@isps-us.org](mailto:contact@isps-us.org) or 610-308-4744.

Finally, I am ecstatic to announce the arrival of our 8th-annual meeting, Trauma and Psychosis. See the ad in this issue for more information. Our keynote address is by Dori Laub, M.D., "Traumatic Psychosis—Narrative Forms of the Muted Witness." This meeting will be an excellent opportunity to discuss the connections between trauma and psychosis, as well as to meet other ISPS-US members, who are quite an amazing bunch of folks. As always, you can register on site.

For information  
on advertisement rates

for future issues of  
the quarterly ISPS-US

newsletter,

please contact

the co-editors:

[Newsletter@ISPS-US.org](mailto:Newsletter@ISPS-US.org)

**Congratulations to Brian Koehler, Ph.D., who was elected to the ISPS (international) Executive Committee and to Ann Louise-Silver, M.D., who was elected to serve as the new ISPS (international) Treasurer.**

## Editors' Column

Warren Schwartz  
([wrrnschwrt@aol.com](mailto:wrrnschwrt@aol.com))  
Ayme Turnbull  
([aturnbul@nshs.edu](mailto:aturnbul@nshs.edu))

As new co-editors, we are very excited about our second newsletter issue. We are dedicated to carrying on in the tradition that Brian Koehler established while soliciting new and thought-provoking content each quarter. For example, this issue features two pieces from individuals who have experienced extreme states (Catherine Penney and Will Hall); we hope to continue including pieces like these in the future. We are also including pictures from the recent ISPS-US retreat, a picture from the first international ISPS meeting in Switzerland (thanks to Brian Koehler), and a picture of Michael Ramseur, artist and ISPS-US member.

In this issue, you will also find Part II of Daniel Mackler's insightful and tastefully subversive paper on Frieda-Fromm Reichman (stay tuned for the final Part III in the next issue). Bob Kay has given us a glimpse of his work and how he respectfully communicates with his patients. And, continuing his important column which has been renamed "Mind/Brain/Culture", Brian Koehler has given us a piece arguing for the role of stress in the determination

(Continued on page 3)

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*The ISPS-US Executive Board members on their first retreat. (l. to r.) Top row: Stu Silver, Marty Cosgro. Middle row: Daniel Mackler, Julie Kipp, Ann Silver, Karen Stern. Bottom row: Brian Koehler, Warren Schwartz, Julie Wolter.*

*(Editors' Column, continued from page 2)*

of psychotic symptomatology and its biological correlates. We are also pleased to have the contributions of our officers and the local branch leaders.

As a group, we are fortunate to have such creative and productive members among us. Keep your pieces coming! **We are currently inviting submissions for future issues.** We are open to considering *anything* that relates to psychosis. We encourage theoretical and clinical material (case material should emerge from an ethically sound process that involves, among other things, a strong respect for privacy), book and film reviews, visual art, links to music files, and anything else that is relevant and can be formatted into the newsletter. We prefer shorter pieces, but longer pieces will continue to be printed in parts over a series of issues.

Thank you to all for your contributions, feedback, and insight.

**The International Society for Traumatic Stress Studies (ISTSS)** is holding its conference, "**The Psychobiology of Trauma and Resilience Across the Lifespan**" in Hollywood, California on November 4-7, 2006. For more information: [www.istss.org](http://www.istss.org)

**Volunteers in Psychotherapy (VIP)** clients control their own therapy, at a time when some psychiatric institutions continue to be coercive, particularly towards the sorts of people ISPS-US aims to help.

VIP is a nonprofit organization dedicated to providing truly private psychotherapy for no fee in exchange for volunteer work that clients donate elsewhere. Clients volunteer in the setting of their choice. VIP is supported by charitable, tax-deductible donations, so no information is shared with third-party payers or employers.

VIP has functioned in greater Hartford, Connecticut for over 7 years, providing more than 2100 therapy sessions to over 280 individuals and families. VIP also maintains a small listserv and consultative relationships with over 70 therapists nationwide. These therapists are considering developing an adaptation of VIP's model in their communities. If you are interested in more information, visit VIP's website at [www.CTVIP.org](http://www.CTVIP.org) or contact Richard Shulman, Ph.D., Director, at (860) 233-5115 or [ctvip@hotmail.com](mailto:ctvip@hotmail.com).

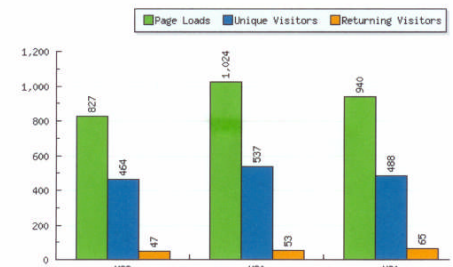
## ISPS-US Website

Marty Cosgro  
([MCosgro@charter.net](mailto:MCosgro@charter.net))

Our ISPS-US website ([www.ISPS-US.org](http://www.ISPS-US.org)) now features a link to easy on-line registration for our Fall conference with information about the Doubletree Hotel as well as a complete conference program. Also available is information on the growing ISPS book series. For those of you who haven't yet seen where the worldwide ISPS branches are located, click on "Chapters and Branches" from the main menu, then select "International Chapters" to see a map showing how far ISPS is reaching around the globe!!

The following graphic illustrates a recent sample of weekly visitors and highlights the number of new visitors that continue to find us:

Summary (ISPS-US)



We continue to be visited from far and wide, including: the United Kingdom, Greece, France, Australia, Canada, Korea, Finland, Netherlands, United Arab Emirates, and Ireland.

As a reminder, any Amazon .com shopping you do can bring ISPS-US a commission if you go to their website via the link on our home page.

I hope our website is serving your needs, and if there is more we can do to make it more useful please e-mail me. If you'd like to join me in helping ISPS reach out to the world via the internet, let me know. It's exciting to be part of such a global resource!

**The International Society for the Study of Dissociation (ISSD)** is holding its conference, "**Beyond Dissociative Disorders: The Relationship between Dissociative Processes and Other Mental Disorders**" in Los Angeles, California on November 9-11, 2006. For more information: [www.issd.org](http://www.issd.org)

## Executive Board Takes a Break to Re-Fuel and Re-Think

Julie Kipp

(julie\_kipp@psychoanalysis.net)

Some of the members of the executive board took a weekend this summer to meet for our first retreat at the Pearlstone Conference and Retreat Center in Maryland. We shared the comfortable facilities with a group of Orthodox Jewish families and a Korean yoga group, with our crew known as the Schizophrenia Group. Participating members from ISPS-US included Marty Cosgro, head of the Southern California branch and one of the organizers of the 2006 annual ISPS-US conference to be held in October in Santa Monica, California; Julie Kipp, Secretary of ISPS-US; Brian Koehler, head of the New York branch, outgoing Newsletter Editor, and newly elected International Board Member; Christine Lynn, long time ISPS-US member, and past Program Chair; Daniel Mackler, NY branch member; Warren Schwartz, incoming Newsletter Co-Editor; Karen Stern, Executive Director; Ann Silver, President ISPS-US, and International Board Member and Treasurer; Stu Silver, ISPS-US member, and business advisor; Julie Wolter, Treasurer of ISPS-US.

We were also privileged to include, at least at meal times, the rest of the Stern family: the irrepressible Oliver, the utterly charming Zoe, and their dad Moss. Jean Silver-Isenstadt joined us Friday evening to present her work organizing the National Physicians Alliance (<http://npalliance.org/>).

Saturday morning was spent in a go-around wisely suggested by Christine Lynn, where each participant shared his or her reasons for getting involved with ISPS. This resulted in a rich sharing of personal stories which helped us feel closer to each other, and understand what brought each of us to our commitment to ISPS. We then heard Stu Silver present a portion of his talk on business planning and budgeting, in order to help us organize our budget on an increasingly professional level, especially as we start to grow in membership, and apply for special pro-

jects grants.

We spent the rest of the day on Saturday defining our future direction, and thinking big, sharing ideas for projects that we would like to take further. For example, Ann brought us an idea from Courtenay Harding, past International Board Member, and well-known researcher: a fairly simple research design involving a comparison between two mental health



*ISPS-US retreaters making music.*

clinics with one having a seminar focused on helping persons with serious mental disturbances, with outcome measures of the clinicians' hopefulness and ideas of recovery. Other discussions centered on a possible joint conference with the UK chapter, bringing in another hundred members over the next year, creating guidelines for the treatment of psychosis, and promoting the training of the next generation of workers.

Much nuts and bolts discussion also went on, especially how to bring in more money, through donations, individually funded projects by those who can afford to do so, and grant applications. We also spent time rethinking issues having to do with our by now well-established annual conference, for instance, using hotel venues as we have in the past few years, and whether we can expect the conferences to contribute to organizational operating costs over the rest of the year, or just to pay for itself. We raised the question of whether the number of break-out sessions at the conference results in welcomed diversity, or perhaps also has a watering-down effect. We discussed the possibility of having only one track so there is more intensity and commonality of experience. We discussed marketing for the confer-

ence and pulling in students, consumers, and professionals in related trauma fields. We also agreed on raising the dues somewhat, and we voted to raise the salary of our hard working Executive Director.

In between the meetings, Daniel Mackler and Warren Schwartz played guitar, Marty Cosgro drummed on paper cups and whatever else he could find, and we all sang along, and agreed that all future ISPS-US get-togethers must include singing! In summary, we shared our hope and enthusiasm for ISPS-US, as well as the realization that there is a lot of work to do. We will be reporting on some of these plans as they develop in the coming months. As always, we want to extend a welcome to anyone who wants to get more in-

involved in the organization and growth of ISPS-US, and perhaps join us on our next retreat. Bring big ideas and a guitar, or at least a cup to bang on!



*(l. to r.) Artist/author Michael Ramseur and sculptor David Boyajian.*

A Ramseur/Boyajian exhibition, Sanctuary Revealed, was held at the Sculpture Barn Gallery and in the Sculpture Field in New Fairfield, Connecticut, June 24 - August 27. Michael Ramseur is a friend of and contributor to ISPS-US and participates in the New England Branch.

To read more about Michael and his work, see the following website: [www.thehauntedpalace.com](http://www.thehauntedpalace.com).

## Film Review: “Sylvia” (2003), Part I of II

Patricia L. Gibbs [patricialgibbs@aol.com](mailto:patricialgibbs@aol.com))

The movie “Sylvia” is best seen as portraying a segment of Plath’s life – that which was spent with Ted Hughes. Because of this focus, the film omits crucial aspects of Sylvia Plath’s life and gives us a distorted and incomplete picture. Many of Plath’s poems have been understood as having feminist themes; however, I believe the film does not reflect this interpretation adequately. Nor does the film understand the complexity of Plath’s character from a sophisticated psychoanalytic perspective, or describe adequately the toxic effects Ted Hughes had upon Plath.

Plath’s poem “Daddy” is understood to reflect her belief that Hughes was a replacement for her father, who died when Sylvia was only nine years old. The poem, written after Plath discovered Hughes’s affair, is an angry depiction of her hostility towards her father and Ted, as well as her own self-destructive attraction to sadism. Plath writes: “Daddy, I have had to kill you. You died before I had the time. . . Every woman adores a Fascist, The boot in the face, the brute, Brute heart of a brute like you. . . Daddy, daddy, you bastard, I’m through.”

The sadomasochistic nature of Plath’s relationship with Hughes can certainly be understood in unconscious, intrapsychic terms. In understanding Plath’s life, however, it is also important to consider environmental influences. I would like to consider some possible interpersonal processes between Plath and Hughes that may have affected Plath deeply. It is interesting that the woman in the film with whom Hughes had his affair later also committed suicide, and murdered the daughter whom Hughes had fathered. I believe that understanding Plath’s intrapsychic capacities within the intense interpersonal processes that were played out between herself and Hughes is essential. We do not live within the vacuum of our own intrapsychic processes, and the destructive forces of Hughes’s deception and infidelity cannot be ignored. Our psychoanalytic theory explains this process, called projective identification, as having both intrapsychic and interpersonal aspects.

In considering of the force of Hughes’s personality on Plath, I would like to mention a curious discovery I made

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Volume 31, Number 1, Spring 2003  
Guest-edited by USPS-US president, Ann-Louise S. Silver, M.D.  
and Tor K. Larsen, M.D. of Norway

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### Contact:

Ann-Louise S. Silver, M.D.  
4966 Reedy Brook Lane  
Columbia, MD 21044-1514

Phone: (410) 997-1751

Fax: (410) 730-0507

[www.CAPsy.ws](http://www.CAPsy.ws)

[asilver@psychoanalysis.net](mailto:asilver@psychoanalysis.net)

while reading Plath’s ‘Johnny Panic and the Bible of Dreams.’ The book was originally published in 1952 and copyrighted by Sylvia Plath from 1952 through 1962 in her name. Because Plath was still married to Hughes at the time of her death, under British law he inherited her estate, including all the rights to her manuscripts. In 1977, Hughes printed Johnny Panic and the Bible of Dreams, assuming the copyright name in 1977 and 1979. In the introduction that he then dared to write for Plath’s book, he says: “No doubt one of the weaknesses of these stories is that she did not let herself be objective enough.” Plath’s comment in the movie that her problem is that she has “a husband who thinks he can tell her how to write” takes on significance in this context.

I would argue that there is something simply WRONG about Hughes’s betraying and deceiving Plath as he did and then offering any criticism or claiming any ownership of any kind, over her work and its merits or weaknesses.

### *The Feminist Perspective*

Once Hughes took possession of Plath’s work and copyright, the Estate severely restricted access to her material. Several authors made charges of censorship. In his introduction to her “Collected Poems,” published by Hughes in 1982, he states that he “omitted some of the more personally aggressive poems from 1962,” and he says he might have omitted one or two more, if Plath had not previously published them in magazines. And this is where I would say the feminist viewpoint has a legitimate claim against the corrup-

tion of male privilege and power. Can we imagine that any writer would want her creative products to be criticized – how else to say this – OBJECTIVELY? Hughes’s allegation that Plath’s weakness lies in her lack of objectivity should be applied to himself. The fact that he so intimately knows his author, and has been the very subject of so many of her resentments and hatreds, would seem to immediately disqualify him as a fair and objective critic of her work. Hughes’s possession and control of Plath’s work after her death, and his restriction and manipulation of it, is completely absent in the film. I believe this omission can be seen as reflecting the very sexism that still defines many aspects of our culture – including the sexism involved in biographical depiction in the film industry.

The movie hints at the possibility of misogyny and sexism as a theme of importance in understanding Plath’s life, but falls well short of developing these into a clear theme or opinions. I believe this omission can be seen as reflecting the very sexism that still defines many aspects of our culture – including the sexism involved in biographical privilege in the film industry. Hughes’ possession and control of Plath’s work after her death, and his restriction and manipulation of it, is completely absent in the film. History is written, some would argue, by whoever owns history. In this case it is HE who owes her story – there was no her story without Hughes judging what was to be written and published.

*See Part II of this review in our next issue.*

# Confessions of a Know-Nothing Psychiatrist

Robert E. Kay  
(robertekaymd@mycidco.com)

Abstracted from Psychiatric Times,  
April 2002

1. I have never once, when working with a patient, thought about a neurotransmitter or a receptor site. In addition, the biochemistry and the pathophysiology of mental disorders remain quite obscure

2. Except in sleep problems, there are no objective diagnostic tests. Though the family etc. can offer ideas, most evaluations are based on self-report; i.e. what the patient says. Thus, distortion, forgetting, covering-up, misinterpretation, and secondary-gain issues are widespread.

3. Diagnosis, therefore, is rife with uncertainty. But we can try to understand their pain; i.e. how much anxiety, anger, depression, confusion, guilt, psychosis, distorted thinking, stress, impaired relationships, and unmet needs, etc. they seem to be experiencing.

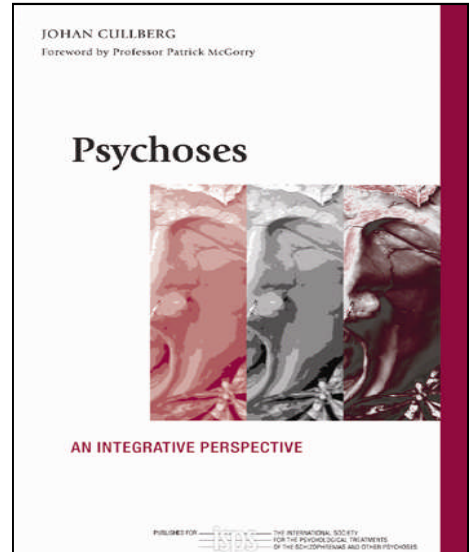
4. Since we cannot validate with X-rays, scans, blood tests, or microscopes, it is somewhat difficult to take the position that we're the experts, that we know what's wrong and that we know for certain what to do.

5. I therefore tend to play-down the authoritative/doctor role and emphasize instead a working-together relationship. I assume that, unless dangerous, the patient is the chief of the treatment team, they control change, and, in a sense, they have to figure out how to use us as a source of information, comfort, and new ways of thinking. (Medications, with supportive psychotherapy, are my areas of expertise.)

6. Almost every patient, who is not delirious, brain-damaged, retarded, or grossly psychotic, gets the same speech in the first interview: "Hi, it's nice to meet you; have a seat. Now I want you to understand that, as far as I'm concerned, you know, and will always know, far more about your head and the impact of medicines than any psychiatrist you'll ever be with. This, however, now makes you responsible for feeding me accurate information so that together we can figure out what the problem is, and what to do about it."

7. Most patients respond with, "Thank you for saying that." Other comments include, "I'm going to enjoy talking to you." And some remarks have been even more positive! After that, because they seem to feel trusted, empowered, and in control, most right away begin to discuss what appear to be their most significant issues.

8. Conversation is supportive. Medications are offered rather than ordered, i.e., "This s h o u l d help...common side effects are...it may take a while to start working...call me (or stop taking it) if you're worried."



## Psychoses: An Integrative Perspective

*Psychoses* provides a unique perspective on the challenges associated with understanding and treating psychoses, bringing together insights and developments from medicine and psychology to give a full and balanced overview of the subject.

Johan Cullberg draws on his extensive experience working with those suffering from first episode psychosis to investigate issues including vulnerability factors, phases of psychosis, prevention, the potential for recovery, contemporary attitudes to psychosis. Particular attention is paid to how therapeutic interventions can either support or obstruct the 'self-healing' properties of many psychoses.

Contents are divided into two parts: Part I addresses The Psychotic Crisis and the Schizophrenic Disability, and Part II covers various aspects of support for recovery from psychosis.

~Published by Routledge as part of The International Society for the Psychological Treatment of the Schizophrenias

9. As time goes on, the patient continues to be responsible for letting me know what I should be concerned about, what's getting worse, and whether they want their medications moved up, down, or kept the same. Their painful past is acknowledged; but they are responsible for coping with the here and now. I carefully make the necessary inquiries, knowing that both advice and questions can be felt as an imposition on their psychological space. Finally: "Call me if you need me; I'm almost always available."

10. In conclusion: Given respect, caring, availability, hope, choice, and knowledge, medical and psychotherapeutic techniques can be very useful.

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# Collaborating with Madness

Will Hall

(will@freedom-center.org)

From a presentation at the 2005 ISPS-US Seventh Annual Meeting, Boston, MA.

Like most Greek myths, the story of Cassandra is about hubris. Cassandra possessed such great beauty that the god Apollo offered her the power of prophecy if she would sleep with him. Cassandra accepted, and so Apollo granted her the power. But then Cassandra refused Apollo's advances. Apollo was so enraged at this betrayal that in revenge he cursed Cassandra: Cassandra would have the power to see the future, but no one would ever believe her predictions. This was a terrible fate, and Cassandra went mad.

The Greeks were very fond of warning humans to always understand our place in relationship to the gods, and the Cassandra myth speaks to my own experience of being labeled with schizophrenia. When I wound up in the system I was certainly going through then, as I do now, terrifying and overwhelming extreme states of consciousness: voices and visions, fear of others, and collapse and withdrawal from the world. I was delivered for a year to the hands of San Francisco's public mental health system, with its locked wards, psych drugging, and abuse.

The system taught me to see the painful and mysterious experiences I was having as negative: failed, problem parts of myself that I must get rid of. Even the promise of 'recovery,' which is a more hopeful alternative to the predictions of chronic lifelong illness, presumably means returning to a normalcy I once had and freeing myself from being broken and ill. The question I want to ask is, Who are we humans to claim such knowledge of something as mysterious and powerful as madness? Who are we to impose our own standards of functioning and health, to define someone like me as disabled and in recovery, to divide my experience into health and 'symptoms?'

For me, the painful symptoms of my schizophrenia aren't simply negative faults: I see them as parts of complex gifts that make up who I am. My creativity, sensitivity, inspiration and spirituality all directly arise from the very things that the mental health system would have me get rid of: paranoia, isolation, voices, "loose associations" and "ideas of reference." I am told

that the horrors of medication and the humiliations of psychotherapy are far better than my 'symptoms.'

The Cassandra myth, however, offers an important clue as to what makes these cursed experiences gifts instead: not turning your back on the gods that gave them to you. Don't presume to take something as yours and defy the part of it that is beyond yourself. Cassandra's madness and curse come not from the gift of prophecy, but from her selfish attitude towards it. And isn't that what the mental health system and the clients it produces try to do with the unknowable powers of madness? Selfishly define them according to prevailing norms and standards, and possess them on our own terms? Can we learn to collaborate with madness, so that what seem to be curses can become the gifts that they truly are?

The science fiction author Philip K. Dick wrote, "Reality is what refuses to go away when I stop believing in it." For years I tried to stop believing in the mad reality that I experienced that no one else seemed to experience. I saw it all as something wrong with me, and believed I needed to 'recover' from it. Reality refused to go away, however, and I'm glad that it didn't. I like not being normal. I like feeling people's thoughts and having precognitive dreams and listening to phantom music drift in on the wind at 4am and seeing the diabolic machinations of power coded into the conspiracies of strangers. Yet the most dangerous thing I could do would be to presume to possess these gifts as if they were my own.

For me living my life today means striking a deal with my madness, honoring a relationship with it that as something beyond myself. Like Cassandra who has to keep her promise to Apollo so that her prophecies will be listened to, I have a relationship of collaboration and reciprocity with my madness and the deeper, mysterious force within myself and the world that is behind it.

I do not say, This is my healthy part, and this is the part I need to make stop. I do not say, How do I recover from my symptoms? I say instead, This is a part of me that is wiser and stronger than I am. This is a part of me that offers a great gift. This is a part of me that I do not under-

stand how to relate to yet, but I'm going to learn. I need to make changes to respond to this part of me, sometimes big and difficult changes. But this is not a part I want to repudiate. Nor is it a part I want to control. This is a part of me I want to collaborate with.

It is hubris to try to cure madness or make people return to ordinary reality, though ordinary reality might be a useful place to visit from time to time. And hubris, by offending the gods, always risks catastrophe, even if it is just the disaster of turning your back on possibility and potential. Instead, can we collaborate with madness, ask why its gifts have turned to curses, and learn what promises need to be kept?

*Will Hall is co-founder of the Western Massachusetts psychiatric survivor group Freedom Center ([www.freedom-center.org](http://www.freedom-center.org)) and a staffperson with the Icarus Project ([www.theicarusproject.net](http://www.theicarusproject.net)).*

## A Recent ISPS-US Listserv Posting

Catherine L. Penney  
(penneycathy@aol.com)

One of the horrors of psychosis, for me, was the sameness: the same voices, the same delusions, the same isolation, the same paranoia, the same profound anxiety and devouring fear the same wanting to reach out while at the same time recoiling in panic and disgust at having this very thought, the same feeling of fragmentation (literally) and not having a sense of self. And then there was Dr. Dorman who did not give up on me even though I had. One of the greatest gifts I received from Dr. Dorman was that of escape velocity.

Escape velocity enables particles of an atom to break out of the prison of an orbit and obtain their own trajectory. That was 36 years ago. I have worked in the field as a psychiatric nurse since 1978.

Regarding the medication issue, I would like to quote Thomas Moore from his book *Care Of The Soul*; "In our efforts to obliterate the illness we must not forget the pearl underneath the hard shell of madness." To believe in the pearl is what has been sorely missing in our mental health systems of care. Perhaps now, in California, with proposition 63, that will change. I hope so.

## Chicago Branch Report

Sheila C. Curren

([drcurren@comcast.net](mailto:drcurren@comcast.net))

ISPS-US Chicago has had a quiet summer, but expects to come back strong in the fall with a presentation by Dr. Arnold Tobin on his work in PTSD as it relates to psychosis. This event will be preceded by a short business meeting. An all day event (possible for November) is being considered featuring a keynote speaker (TBD) from the ISPS ranks, with presentations by two local ISPS members rounding out the day. CEUs sponsored by The Center for Psychoanalytic Study are available for all the workshop meetings, and all regular meetings are free of charge. The Chicago Institute for Psychoanalysis generously continues to donate meeting space. Dr. Gertrude Pollitt has volunteered to be our new program committee chair. We lost the long-standing and extremely capable services of our secretary Dorothy Mead and are in the process of seeking a replacement. Member recruitment has been largely aimed towards students in the various local institutes and universities, and will begin again in the fall. Special thanks go to Dean Joseph Walsh of the Loyola University School of Social Work for his efforts in publicizing our programs.

## New England Branch Report

Ronald Abramson

([rona976@aol.com](mailto:rona976@aol.com))

We continue to meet periodically for discussions of cases at the home of Max Day, and we are in the beginning stages of forming a potentially interesting and productive liaison with a teaching institution. Our intention is to develop a broad context of study and discussion in the field of treating psychotic disorders representing different points of view. Our core working group now consists of about eight people who generally come at this problem from a psychoanalytic point of view, but points of view representing trauma, dissociative disorders, and artistic ways of approaching recovery are also well represented. We hope to be "a broad tent" for a variety of traditions of treatment as we continue to develop.

## New York City Branch Report

Brian Koehler

([brian\\_koehler@psychoanalysis.net](mailto:brian_koehler@psychoanalysis.net))

The New York Branch of ISPS-US continues to meet on a monthly basis and has been doing so since 1997. We had our first meeting in 1996 (10 years ago). We are co-sponsored by the New York University Postdoctoral Program in Psychotherapy and Psychoanalysis and meet in their conference room at 1 Washington Place (at the corner of Broadway), New York City on Saturday afternoons generally from 4:30-6:30pm. We are also applying for co-sponsorship from the NYU School of Social Work. We had our first meeting there on August 5th 2006 in which Dr. Yulia Landa presented her successful research on CBT group treatment of persons with paranoia and delusions. She is on staff at NY Presbyterian Hospital and offers these groups in her private practice as well (Manhattan and Westchester County). Dr. Landa presented preliminary neuroimaging data, suggesting the therapeutic effects on the brain of group psychotherapy.

It is with great sorrow that we mourn the loss of one of our esteemed members, psychoanalyst-poet Dr. Elaine Schwager, wife of Dr. Marvin Hurvich. Dr. Schwager recently presented her successful psychotherapeutic work with an autistic boy to our group. On Saturday April 29th, 2006, Dr. Elaine Schwager presented her paper "*The Relationship between Empathy and Symbolic Communication as shown in the Therapeutic work with a young boy on the Autistic Spectrum*" to the NY Branch of ISPS-US.

The NY Branch of ISPS-US consists of clinicians, researchers and students from all of the mental health disciplines: clinical social work, psychiatry, psychiatric nursing, clinical psychology and psychoanalysis. We are particularly interested in finding ways to include persons with a severe mental illness in our meetings and dialogue.

For information on the NY Branch of ISPS-US, please contact Brian Koehler at 212.533.5687 or via e-mail at [brian\\_koehler@psychoanalysis.net](mailto:brian_koehler@psychoanalysis.net).

### Models of Madness: Psychological, Social and Biological Approaches to Schizophrenia

John Read, Loren Mosher &  
Richard Bentall, Eds.

*Models of Madness* promotes a more humane and effective response to treating severely distressed people by showing how hallucinations and delusions are understandable reactions to life events and circumstances rather than symptoms of a supposed genetic predisposition or biological disturbance. International contributors cover the following topics:

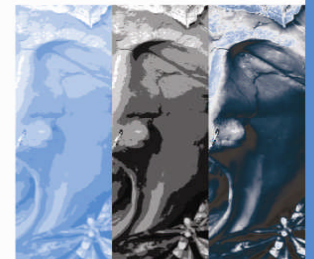
- Critique of the 'medical model' of madness
- Examination of the dominance of the 'illness' approach to understanding madness from historical and economic perspectives
- Documentation of the role of drug companies
- Outline of the alternative to drug based solutions
- Identification of the urgency and possibility of prevention of madness

Contents are divided into three parts: Part I addresses The Illness Model of 'Schizophrenia', Part II covers Social and Psychological Approaches to Understanding Madness, and Part III covers Evidence-Based Psychosocial Interventions.

Published by Routledge as part of The International Society of Psychological Treatment for Psychoses and Other Psychoses Book Series

Edited by  
JOHN READ • LOREN MOSHER  
RICHARD BENTALL

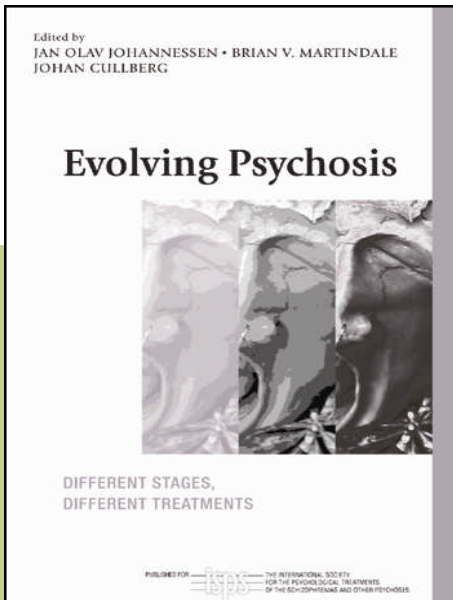
### Models of Madness



PSYCHOLOGICAL, SOCIAL AND  
BIOLOGICAL APPROACHES TO  
SCHIZOPHRENIA

PUBLISHED FOR  
 THE INTERNATIONAL SOCIETY  
FOR THE PSYCHOLOGICAL TREATMENTS  
OF THE SCHIZOPHRENIC AND OTHER PSYCHOSES





### **Evolving Psychosis: Different Stages, Different Treatments**

Jan Olav Johannessen, Brian Martindale & Johan Cullberg, Eds.

- Can early, need-adapted treatment prevent the long-term effects of psychosis?
- How important is phase-specific treatment?

*Evolving Psychosis* explores the success of psycho-social treatments for psychosis in helping patients recover more quickly and stay well longer.

Mental health professionals from all over the world share their clinical experience and scientific findings to shed new light on the issues surrounding need-specific treatment. They cover: The Nature of Psychosis, Early Intervention in Psychosis, Phase-Specific Treatment of Psychosis & The Need for Integration. Particular attention is paid to the how treatment can be improved with individually tailored treatment programmes, early intervention, integration between psychological treatments, and new and better diagnostic concepts.

This book incorporates new and controversial ideas which will stimulate discussion regarding the benefits of early, need-adapted treatment.

Published by Routledge as part of The International Society for the Psychological Treatment of the Schizophrenias and Other Psychoses Book Series

## **Northern California Branch Report**

**Matthew Morrissey**  
([mattmorr21@yahoo.com](mailto:mattmorr21@yahoo.com))

The Northern California branch was treated in May to a presentation by Jay Joseph, author of "The Gene Illusion" and "The Missing Gene." Dr. Joseph delivered a devastating critique of the assumptions underlying genetic research and showed how even landmark studies had highly inflated figures. The event was hosted by Full Spectrum Progressive Mental Health. NorCal branch leader Matthew Morrissey is currently engaged in helping to promote the upcoming ISPS-US conference in October.

## **Berkshires Branch Now Forming**

**Marilyn Charles**  
([mcharles@msu.edu](mailto:mcharles@msu.edu))

We are hoping to start a new local ISPS-US branch in the Berkshires. If you would be interested in participating, please contact Marilyn Charles at [mcharles@msu.edu](mailto:mcharles@msu.edu) or by phone at 413.931.5233.

**The 2009 ISPS  
International Meeting  
will be held in  
Copenhagen, Denmark**

ISPS-US congratulates Jim Gottstein, Esq. on his work leading to the monumental Alaska Supreme Court decision to strike down forced psychiatric drugging procedures. The court decision reads: "Faith Myers, after being involuntarily committed to the Alaska Psychiatric Institute, appealed a superior court order approving nonconsensual administration of psychotropic drugs by the institute. She argues that the statutes relied on by the court in approving the medication violate the Alaska Constitution's guarantees of privacy and liberty. We agree. In keeping with most state courts that have addressed this issue, we hold that, in the absence of emergency, a court may not authorize the state to administer psychotropic drugs to a non-consenting mental patient unless the court determines that the medication is in the best interests of the patient and that no less intrusive alternative treatment is available."

The full decision can be read at: <http://psychrights.org/States/Alaska/CaseOne/MyersOpinion.pdf> Also visit the Law Project for Psychiatric Rights, Inc. at the following website: [www.psychrights.org](http://www.psychrights.org) for other related information.

### **Are you working (or have you worked) as a mental health clinician in a public or private agency? We'd like to hear from you.**

- Which organizational, relational, or philosophical aspects of the settings you've worked in have been the **most** compatible with your treatment approach? What about the least compatible?
- How supported do you feel by the administrators of your agencies and by other colleagues?
- How does your work with patients affect your relationships with staff and administration and vice-versa? Has your involvement in ISPS-US affected your work? If so, in what ways?

Please send your responses to the Co-Editors: Warren Schwartz ([wrrnschwrt@aol.com](mailto:wrrnschwrt@aol.com)) or Ayme Turnbull ([aturnbul@nshs.edu](mailto:aturnbul@nshs.edu)).

# An Analysis of the Shadow Side of Frieda Fromm-Reichmann, Part II of III

Daniel Mackler  
(dmackler58@aol.com)

Based On: To Redeem One Person Is To Redeem The World, by Gail Hornstein

Last paragraph of Part I:

If Frieda was right, and I suspect that she was considering the degree to which she idealized, rather than devalued, her mother, Klara was subtly trying to belittle – and perhaps psychically destroy – her husband, whom it was already noted was a passive and not intensely forceful man and was not a successful businessman. Frieda herself realized “decades later” “that she had always seen Adolf through her mother’s eyes: ‘I treated him as though he were a little dumbbell, which he wasn’t.’” [p. 14] One only wonders where Adolf’s rage went at Klara’s treatment, for surely he felt her hatred and barbs, despite Hornstein’s conclusion that their marriage was “apparently a happy one,” [p. 4] not to mention Frieda’s later quote that “[Klara had] made it the most harmonious marriage you have ever seen.” [p. 14]

Part II of III:

It was noted that Adolf regularly got migraines, and Frieda herself (who also got migraines) was later able to recognize the split-off hostility inherent in them, though I would also add split-off grief into the mix. And then later he committed suicide – which, aside from being an expression of hopelessness and misery, is a very hostile act, especially when you are a husband and a father. In his own way he was a wounded man long before Klara Reichmann came into his life, traumatized when he was only ten by the untimely death of his father, which forced him “to leave school to go to work to help his mother” and to “often go without food to buy books.” [p. 2-3] But even if we knew none of his childhood history, we would still know that his personality remained partially that of an unresolved, traumatized child, because no resolved person could ever have been able to tolerate such humiliation in his marriage. It would have been incompatible with a healthy personality structure. But Hornstein’s biography had no mention of this.

Yet Hornstein did note that Frieda

herself later acted out with men. The most overt example was her sexual seduction of Erich Fromm, who was not only her analytic patient, and thus her extreme inferior in terms of their power dynamic, but was also more than ten years her junior, which further magnified her power. Also, he was just a student in his early- to mid-twenties, while she herself was a full adult who ran her own psychoanalytic institute! On one hand he provided Frieda the chance to replicate her parents’ abusive marital dynamics in her own relationship, but more so, he provided her the chance to replicate what had been done to her *by* her mother – that is, manipulated, used for Klara’s own narcissistic purposes, molded and guided to fit Klara’s personal ambitions, expectations, and projections, and hindered from progressing on her own healthy emotional track.

Yet Hornstein pleaded leniency for Frieda, and didn’t address any of these underlying repetition compulsions. Instead she rationalized Frieda’s behavior, noting:

Of course, things were a lot looser in the 1920s, where people were constantly having affairs with their patients or marrying them. We can’t apply our own rigid rules to that world any more than we can call every relationship between a professor and a student ‘sexual harassment.’ [p. 60]

But I do not agree. The analytic times may have been looser then, but the human psyche was not. Rules of healthy boundaries are not “rigid,” whether a culture accepts them or not. They exist to prevent the exploitation of the emotionally vulnerable – which by definition an analytic patient must become in order to grow in analysis – by the emotionally powerful. And while it is true that psychoanalysis was in its early days then, and that this left more room for analytic experimenters like Frieda to test outside the box, it also left more room for analysts like Frieda to act out their narcissism. Thus there is no excuse for failing to call abuse by its proper name. And to avoid labeling abuse for what it really is also blocks asking the

deeper question of why the analyst, in this case Frieda, was impelled to commit it.

Yet Hornstein twice rationalized that it was Erich Fromm who actually “seduced” Frieda [p. 61-62], even adding that “later it seemed natural that Frieda should have been seduced by Erich’s charms: everybody was a little in love with Erich.” [p. 61] This only blames the victim and obscures the perpetration. Imagine if every therapist were allowed that excuse? Patients cannot seduce their therapists. It is the patient’s inalienable right to *try* to seduce his therapist, just as it is the therapist’s inalienable emotional responsibility to analyze the (not-so-) hidden message in the patient’s behavior – for the sake of her patient’s growth. If the therapist goes along with the patient’s attempted seduction – no matter what the time period or what the therapist’s analytic style – it is really the therapist seducing the patient in disguise, in an equally disguised attempt to have the patient meet her own ancient unmet childhood needs. Frieda and Erich were not, as Frieda believed – and Hornstein partially went along with – “in love,” [p. 60] unless, again, we confuse the projective distortions inherent in conditional love with the nurturing realities of unconditional love. There is nothing truly loving about sexually seducing a patient, even if a confused culture says it’s okay. It is parallel to parents having sexual relationships with their children, or adults with any child. Children cannot seduce adults. It simply doesn’t work that way, no matter how you dress it up and what seeming perks the children get out of the arrangement.

Although I have read few of the writings of Erich Fromm, I did read with interest, in [The Anatomy of Human Destructiveness](#), his firm and confident explanation of how Hitler’s adult psychopathology could never be understood in light of his history of childhood abuse by his parents – if only because Fromm found no evidence that this abuse even happened. Fromm instead found Hitler’s parents to be “well-meaning, stable, very normal, and certainly not destructive,” [Fromm, p. 416-7] and determined that the main causes of Hitler’s insane behavior had less to do with the seemingly average and even caring treatment he received from his hard-working, “life-loving,” “rather tolerant” father and more to do with having been lovingly overindulged, “pampered,” and “spoiled” by his

(Continued on page 11)

“well-adjusted and sympathetic” mother. [Fromm, p. 414-7]

But when I read Alice Miller’s chapter on the same subject in *For Your Own Good*, where she turned the foundation of Erich Fromm’s point of view on its head from several angles, I realized what Fromm was lacking, and it wasn’t just solid biographical data on Hitler’s childhood history of ultra-brutal abuse (– because that had been available for decades): it was a solid conscious grounding in the history of Fromm’s own childhood traumas. I can only wonder how his point of view would have been broadened and deepened had Frieda Fromm-Reichmann actually analyzed and helped him resolve his mother fixation – and the traumas walled off behind it – instead of gratifying, and thus obfuscating, it. So when Gail Hornstein stated that Frieda’s betrayal of Erich Fromm seemed not to cause him “many ill effects...except, of course, an increased narcissism,” [p. 60] I hold that to be incorrect.

Hornstein implied that by winning Frieda romantically – “he may have simply plucked the matronly Frieda like a piece of ripe fruit,” in Hornstein’s words [p. 60] – Erich got to have his cake and eat it too, and thus it went to his head: another female “conquest” for him and his narcissism. But this is only the tip of the iceberg. Clearly the effect on Erich was far, far worse. To be betrayed by a therapist in this way is a terrible blow, and yes, a terrible narcissistic injury, but on a much deeper scale than Hornstein recognized, because it unconsciously confirms to the patient his worst fears about himself, namely, that he is not a person with an inherent value to be loved as a self, but only as a person with a value in terms of his ability to give love *to* the parent figure, and meet their unmet narcissistic needs. The fact that he had a sexualized transference toward Frieda in the first place only shows how he was sending her a message about his own history of emotional (and possibly sexual) abuse in his family of origin – at the hands of those more powerful than he.

But then, several pages later [p. 72], and somewhat more safely out of context, Hornstein noted that Frieda did in fact admit (“with a grim laugh” [p. 72]) to having a sadistic streak with men, and that she derived pleasure in making “victims” of them. But Hornstein did not connect this with Frieda’s behavior toward Erich Fromm – though at other points she did

recount instances of Frieda mocking him – and instead concluded confusingly, albeit in a slightly different context, that “Klara [was] in some sense Frieda’s first ‘victim.’” [p. 73] This left me stumped, firstly because I could find no psychological logic in this statement – except the dissociative logic of blaming the victim and exonerating the parents – and secondly because it ignores the repetition compulsion in Frieda’s behavior. Frieda took Erich (and other men) as victims because she herself was *taken* victim by her mother (for the reasons described earlier), and by her father too, not only because of his (hostile) quasi-suicide the year before but because of his passivity at insufficiently protecting her from her mother’s narcissism and sadism. A person who was not taken victim in some way would never take others as victims – let alone describe it laughingly, grim or otherwise. It would be antithetical to their nature.

***“A person who was not taken victim in some way would never take others as victims — let alone describe it laughingly, grim or otherwise. It would be antithetical to their nature.”***

Add to the mix that Erich Fromm, whom Hornstein quoted as having been “an unbearable, neurotic child,” had a mother fixation and who began his adulthood by having a series of “relationships with women much his senior who doted on him” [p. 60] – which highlights Frieda’s act as even more of a stark betrayal. So much for getting to the bottom of his neurosis and curing it. Instead Frieda bought right into it, lost all perspective on his transference – and unconsciously manipulated it for her own unmet needs. Frieda was thirty-six and was under pressure from her family to marry. She had a ticking biological clock and desperately wanted a baby. She was especially lonely because she had lost her father (to presumable suicide) only a year before. And Erich was “brilliant,” [p. 58] “handsome,” [p. 60] “dashing,” [from Hornstein’s photo caption], “charming and warm,” [p. 58] and complex in his broad and penetrating education. And yet while Hornstein concluded that because of all these factors “Erich was the perfect choice for Frieda,” [p. 58] and no doubt they all undoubtedly contributed to *her* seductive behavior, they alone still fail to explain Frieda’s comfort with using her

patient to meet her own needs and thus violating the sanctity of the analytic relationship. Her violation of Erich’s therapy was a basic betrayal of his self, and signals the basic emotional betrayal of her self that she suffered in her own earlier life.

And then there is the matter of Frieda having been the victim of a brutal street rape – as a late teenager or in her early 20s (and perhaps when she was around the age Erich Fromm was when she sexually seduced him, which might have added to her unconscious motivation to similarly betray him). This was likely one of the most defining moments of Frieda Fromm-Reichmann’s life, and I was troubled that Gail Hornstein devoted fewer than five hundred words to it [p. 69-70] – with almost no interpretation or commentary beyond a rudimentary attempt to understand how it might have affected Frieda psychologically, much less played into her already confused sense of boundaries from having grown up in her family of origin.

Interestingly, Hornstein also failed to share this rape incident in the strict chronological order in which she presented most of the rest of Frieda’s life. This was oddly reminiscent to me of the way that traumatized, dissociated patients themselves often share their own trauma histories – in fragmented, non-chronological ways. This may not be coincidental at all, because Hornstein, like Frieda Fromm-Reichmann, seemed not to have processed Frieda’s traumas (the rape just being the most blatant and overt) to a significant degree, and thus, instead of integrating them into the whole of the person’s character, she did what many unresolved trauma victims do, and just brushed it under the rug and split it off into the unconscious.

Also, like many trauma victims, Hornstein brought up Frieda’s rape almost as a casual aside, in the middle of an only somewhat related tale, and after she’d shared the few fragmentary bits she knew about it she simply forged onward with the biography – and then barely mentioned it again, just leaving it hanging in the audience’s mind like a black cloud or unacknowledged graveyard ghost. My suspicion is that this really reflects more than Hornstein realized – or intended to express – about Frieda Fromm-Reichmann’s personal psychology, and Hornstein appears to have unwittingly captured this. So when Hornstein noted that Frieda “seemed never to inhabit her

*(Continued on page 12)*

*(Fromm-Reichmann, continued from page 11)*

body” [p. 70], and that she appeared positively asexual – and even anti-sexual in her attitude – I suspect that this had more than a little to do with her unhealed rape.

As one other point on the rape incident, Hornstein pointed out Frieda’s (“doting” [p. 61]) mother’s incredibly callous and vicious reaction to her daughter’s obvious horror: complete stonewalling. This gave me a painfully different view into the character of the woman who had almost complete control over Frieda during her most vulnerable years, and it certainly gave me pause when Gail Hornstein wrote that “Frieda’s appreciation of women’s positive power clearly began in her own childhood. Klara’s indomitable will shaped the Reichmann household into ‘the happiest family you could think of...’” [p. 134] A parent of “indomitable will” and “positive power” does not stonewall her just-raped child – no matter how anti-human the cultural norms of the day – much less, as Hornstein described, sew up her “ripped, ragged underwear” and “sadistically” force her daughter to put them back on that very evening. [p. 69-70] It may not be so entirely coincidental that Frieda had such an uncanny gift for – and partially pathologically self-sacrificing passion for – relating to and even accommodating to the needs of extremely disturbed people who came out of highly dysfunctional families. Clearly parts of her own family were severely troubled, and she knew how to relate comfortably and function satisfactorily in that type of system – or in spite of it. In an odd way, this is a gift that few severely mentally ill people have mastered. One wonders what degree of her healing gifts involved helping her patients learn to do the same.

I sense that Frieda’s idealization of her mother was a key component in this defensive skill of hers. Hornstein pointed out that Frieda spent most of her adult life being extremely devoted to her mother – and I would add emotionally intertwined – even when an ocean separated them. Frieda had an admiration bordering on worship for her mother, and bought this distorted version of reality to the degree that she emotionally played second fiddle to her mother, and her maternal stand-ins (such as her bosses and many of her professional contemporaries), for her whole life, even when it was clear that Frieda was the real genius of the two. This idealization of her mother, evidenced by later comments (when she was in her sixties) such as “[my mother] did everything right,



*The first ISPS meeting, held in Switzerland in 1956.*

and it was the luckiest family you could think of” [p. 14] and “if my mama went with her forehead toward a wall, the wall would give in,” [p. 14] suggest how non-individuated and narcissistic Frieda herself really was.

Thus, I couldn’t agree when Hornstein wrote that “[Klara] clearly encouraged the fundamental autonomy that made Frieda so self-reliant.” [p. 134] Hornstein herself even commented on Frieda’s lack of autonomy and self-reliance when she stated that “for Frieda, boldness and abandonment were simply too entwined for her to consider striking out on her own.” [p. 320] In this vein she also wrote that “[Chestnut] Lodge was never simply her affiliation; it was who she became,” [p. 189] and that “there seemed to be no distinction between Frieda the person and Frieda the psychiatrist.” [p. 221] When a person allies her personal self that closely with an institution, or with her professional persona within that institution, there is a strong indication that the person has been very narcissistically wounded and is living largely through a false self.

And Chestnut Lodge was not the first place in which she appeared to intermingle her personal identity with her workplace to the degree of boundarilessness. In her therapy clinic in Heidelberg in the 1920s (where she seduced Erich Fromm), it was noted that an “almost cultlike atmosphere prevailed” [p. 65] – presumably leaving

Frieda as the cult leader, considering she was the only analyst, “analyzed everybody” including the housekeeper and the cook, [p. 64-5] and owned the clinic.

And surely Frieda’s blind spots, like all of our blind spots, extended into her work with her patients, at least those who had parents with significant narcissistic deficits, which I would presume was no small percentage – especially once she started working primarily with schizophrenics. Thus it is curious that it was Frieda Fromm-Reichmann who created the concept of the ‘schizophrenogenic mother,’ though Hornstein did introduce the valid possibility that although Frieda was likely expressing some hostility at her mother through the formation of this concept, she was also using it to unconsciously praise Klara for essentially having been a good enough mother *not* to drive her mad. One wonders, however, what madness Frieda did have to hold in check to survive in a family of origin whose behavioral norms severely circumscribed her needs and where, if I may repeat myself, “misbehavior earned Klara’s look of disapproval, a punishment far worse in this intense household than any beating would have been.” [p. 10] Perhaps it was safer for Frieda, with her idealization of her mother, to create the concept of the schizophrenogenic mother than it was to create a concept a little bit closer to home, such as the ‘narcissistogenic mother.’

## —Mind/Brain/Culture—

# Schizophrenia and Stress Research

Brian Koehler

([brian\\_koehler@psychoanalysis.net](mailto:brian_koehler@psychoanalysis.net))

New emerging research is underscoring the role of stress in the schizophrenias. Richard Lewine (2005-“A contemporary appraisal of the role of stress in schizophrenia” in “Handbook of Stress and the Brain: Part 2: Integrative and Clinical Aspects” edited by T. Steckler, N.H. Kalin & J.M.H.M. Reul in 2005 for Elsevier) has presented an overview of research documenting the significant role of stress in the initiation and course of the schizophrenias. Research in Europe by investigators such as Jim van Os in the Netherlands has highlighted the etiologic salience of various psychosocial risk factors in the schizophrenias. At a biological level of analysis, much of the research has centered on the neuroendocrine system, particularly the limbic-hypothalamic-pituitary-adrenal axis (LHPA). However, it should be noted that the LHPA is only one segregated system embedded within a multilevel system of functional connectivity which includes many neurotransmitter systems (including dopaminergic, glutamatergic, adrenergic, etc.), ionic and metabolic neurotransmission. The link between hyperarousal of the LHPA and underarousal of prefrontal areas may explain the impaired neurocognitive functioning sometimes observed in chronic psychotic states. Horger and Roth (1996) reviewed data demonstrating that mesoprefrontal dopaminergic neurons (key neurons in traditional and current reductionistic perspectives on schizophrenia) are particularly vulnerable to stress, even at low levels. It is very likely that stress affects all areas of the brain, but particularly the prefrontal and temporal regions -- the very same neural regions implicated in schizophrenia research as dysfunctional.

Walker and Diforio (1997) calculated an average effect size of .60 for cortisol levels in persons with schizophrenia compared to controls. This effect size for persons with schizophrenia matches that for persons with affective disorders. It would not be stretching one's speculative capacity too far to imagine the possibility that persons with schizophrenia may be coping with profound stress in particular kinds of ways which, although perhaps adaptive in the short term, e.g., salvaging self-esteem, may be quite self-defeating over the long-

term, adding to their social isolation, alienation and sense of social defeat. The latter aspects contributing to the spiral towards further stress and anxiety and a profound sense of helplessness.

Some may hypothesize that the rise in cortisol is the result of the illness per se—an epiphenomena of ‘having’ this illness schizophrenia. However, research has been conducted which demonstrates the rise in cortisol levels prior to psychotic relapse, implying that stress as indexed by glucocorticoid levels was a precursor and not a consequence of psychosis (Walker and colleagues, 1997, 2000, 2001). Walker et al (2001) observed that baseline cortisol levels correlated with symptom severity at follow-up. Developmentally, there is a correlation between average onset of psychotic disorders and a rise in cortisol levels during adolescence and young adulthood. Lewine (2005) concluded: “Overall, the evidence suggests that increased sensitivity of the HPA axis may be contributing to the onset and severity of psychotic symptoms” (p.294).

*References available upon request to the author.*

### Psychosis: Psychological Approaches and Their Effectiveness

There is increasing recognition by professionals, users and service planners that psychological approaches for people with psychotic conditions can be effective, and indeed, are often much sought after by users and their families. However, these were rarely considered and often disparaged in the ascendancy of the ‘decade of the brain’. This book updates psychiatrists, psychologists and nurses in a range of psychological therapies that should be available in every modern mental health service. It both outlines the approaches and provides or reviews evidence for their effectiveness. The authors are selected expert clinicians and researchers from around the globe who describe in clear language the differing contexts, aims and methods of the psychological treatment interventions and evidence for their effectiveness. There is a wide-ranging introduction then a section based on cognitive approaches, then another on family, group and psychosocial approaches, followed by a psychoanalytic approach. The penultimate section describes the integration of a range of these approaches used in early interventions, designed to improve the chances of full recovery in the community and minimize chronic disability. 306 pages, ISBN 1 901242 49 8

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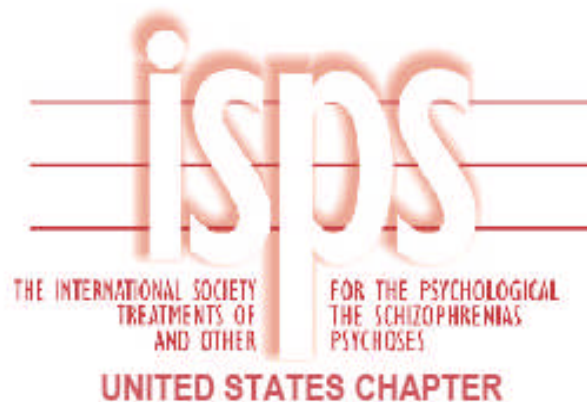
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