



ABSTRACTS
from the ISPS-US Eleventh Annual Meeting
Psychosis, Trauma, and Human Connections:
Building Community
November 5 -7, 2011
The Austen Riggs Center
Stockbridge, Massachusetts

FRIDAY, NOVEMBER 5

Honorees: Françoise Davoine, PhD & Jean-Max Gaudillière, PhD
What Austen Riggs Center Taught Us

For thirty years, Austen Riggs has given us a warm and stimulating hospitality, as refuge from theories forbidding the psychoanalytical treatment of madness and traumas. Now we hope to be able to give back the most important bearings, which bear witness to the positive outcomes for both, patient and analyst, of this co-research, in confronting erased parts of History.

SATURDAY, NOVEMBER 6

Art and Psychosis (panel)

Mark Mulherrin:

Art and Psychosis: A Historic Perspective

The presentation briefly describes a point in early modern European painting when images of the art work being produced in mental institutions throughout the continent were made widely available through the publication of Dr. Hans Prinzhorn's book *Artistry of the Mentally Ill* and the subsequent influence these images had on the avant garde painters...particularly the German expressionists in the 1920's and the French surrealists in the 1930's.

Toshiko Kobayashi, LCAT, ATR-BC:

Therapeutic Use of "Origami" in Treating Psychosis
as a Way of Building Community

Psychosis among psychiatric patients can be interpreted in different ways as it is complex in its nature and often relates to psychological trauma inflicted physically and/or mentally. Art therapy is a non-verbal approach for patients with psychotic symptoms that can be used in combination with verbal psychotherapeutic approaches and medication management. Bringing the creative process into one's treatment helps people with psychotic symptoms work towards integration and building of self identity. Creative art therapy is provided in the context of a safe environment with an emphasis on autonomy, participation and active engagement.

The presenter's original theory, called Enrichment Origami Art Therapy, is based on theories of art therapy, psychodynamic theories, and Asian philosophy that put the emphasis on human relations and see the individual as a physical and mental whole. It has been developed as a tool for treating inpatients exhibiting different types and levels of psychosis who also have experienced childhood traumas of Complex PTSD. Its effectiveness and limitations will be discussed and a hands-on experiential will be demonstrated in terms of treating psychosis briefly.

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Editor's Report

Warren Schwartz – Editor

Peter Austin – Layout Editor

After having served as one of the ISPS-US Newsletter editors for the last four years, I (Warren Schwartz) am stepping down from the position. It is a good idea to hand over the position to someone else for a while. A fresh perspective usually breathes new life into projects. And I have good faith in our next co-editor: Ross Tappen. Ross has been with ISPS-US for years. He is a thoughtful clinician and is scholarly as well. It helps buffer the loss knowing that the effort will be carried out by someone I know and trust.

Thankfully, Peter Austin, our layout editor, will continue on and will partner with Ross.

Thanks to everyone who has made this a rich experience for me – and most importantly, for our members.

We have included in this issue the abstracts from our last meeting, the eleventh annual meeting, held at The Austen Riggs Center in Stockbridge Massachusetts this past November. The meeting was rich in meaning, refreshing and stimulating, as usual. The abstracts will provide those of you who weren't able to attend a taste of what you missed, and for those who did attend, some snapshots which might stimulate some memories.

Also, in this issue, we have pieces from Mike Eigen, Kerri Stockton, and Joanne Greenberg. We hope you enjoy.

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

Harold F. Searles (1979)

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Trisha Ready:

What Music Makes of Us

This paper explores whether music can serve as another kind of language, for people who are experiencing psychosis, in the expression of affect (feeling as released through gesture, movement, or symbol), given that music has been shown to evoke as well as to express emotion. The paper is based on numerous vignettes from 22 months of daily music listening groups facilitated by this writer on the acute unit of a Seattle psychiatric hospital. The music groups consist of between 3 to 25 participants listening to a selection of musical pieces, including participant-suggested music, from classical to hip-hop. When each musical selection ends, participants are asked to respond to the music. Responses vary from one-word impressions (i.e., “relaxing”) to autobiographical experiences (a Viet Nam veteran recounting a recurring memory from the war) to metaphorical responses (“it sounds like waves pounding against a ship”). Numerous participants have responded with improvised dances, with drawings, or with prose or poetry pieces. One young woman, a new mother who had been admitted to the hospital with post-partum psychosis, danced increasingly more nuanced dances, centered around the gesture of cradling a child in her arms. This paper will also explore how music can be socially integrating, and encouraging of community involvement. Recent studies (Ulrich, Houtmans & Gold, 2007) have shown that music based interventions diminish negative symptoms and improve interpersonal contact for patients experiencing psychosis. Music is an inexpensive, creative, and sustainable treatment compliment that could help people with psychosis reintegrate into the community.

Supervision Roundtable

Kristina Muenzenmaier, MD (Chair); Madeleine S. Abrams, LCSW; Dalit Gross, PsyD;

Maia Mamamtavishvili, MD, PhD; Andres Schneeberger, MD, Liliana Markovic, MD; John Muller, PhD

In this roundtable, panelists will discuss the challenges of both providing and receiving supervision in an environment of increasing caseloads which often only leaves enough room for pharmacological management. When treating individuals with psychotic liabilities within this changing environment, finding room for clinical supervision that supports reflection and invites attention to dynamics elements such as transference/countertransference issues, trauma and vicarious traumatization potentialities, etc., becomes paramount. Panelists will give preliminary statements describing particular challenges they encounter supervising cases involving psychosis and then invite attendees into the conversation.

Human Relatedness, Psychosis and Trauma:

The Legacy of Otto Will (panel)

James E. Gorney, PhD (Chair); Beverly C. Gibbons, PhD; M. Gerard Fromm, PhD, ABPP

Otto Will was one of the most creative and influential psychotherapists of the twentieth century. Drawing inspiration from his two analysts, Sullivan and Fromm-Reichman, from his work with patients at Chestnut Lodge and Austen Riggs, and from the vicissitudes of his own experience of attachment, separateness and disruption, Dr. Will developed a method of working with profoundly troubled people. His contribution emphasized the healing power of human attachment and relatedness thirty years before these perspectives became a staple of clinical theory and practice. This panel will explore his theoretical and clinical legacy utilizing his scholarly papers and first-hand experiences of his psychotherapeutic genius. In this context, particular attention will be focused upon the impact of Dr. Will’s approach to treatment within the culture of Austen Riggs.

Psychoanalytic Encounters (panel)

Annie G. Rogers, PhD: *Psychosis: A Poetics for the Human*

This poetics explores psychosis as a structure of human experience that gives voice to the inaudible and vision to the imperceptible. Lacan’s understanding of psychosis as a foreclosure of the Name of the Father gives psychoanalysis a unique way to understand the psychotic’s slippage in language. His concept of the “sinthome” demonstrates that the psychotic may find a supplement for the Name of the Father through sustained creative work that influences society. The psychoanalytic clinic of psychosis created by Willy Apollon, Daniel Bergeron, and Lucie Cantin of the Freudian School of Quebec over 25 years provides a working understanding of what is at stake in psychosis in relation to human experience, centering on the psychotic’s delusional effort to repair what is flawed in the human in the form of a task or enterprise pertaining to all the world. As a clinician, poet, and one who has experienced psychosis and psychoanalysis as a young person, the presenter brings a poetics to link the experience of psychosis to the problem of humanity. She considers how to make a space in society for

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the hallucinated Real through those who have experienced psychosis as schizophrenia. Her presentation includes her poems, "Approximate Names," which evoke the inaudible and invisible dimensions of human experience. The spirit of this presentation joins her work in poetry with the voices of others who have suffered psychosis and with those who have made a place in psychoanalysis for a "cure" that embraces psychosis in what it means to be human.

Common Ground: Using Film to Find Oneself...and then Another (panel)

Alex N. Sabo, MD (Chair); Lydia Elison, MD; James Vanasse, LICSW

In *A Midsummer Night's Dream* Theseus noted: "the lunatic, the lover and the poet are of imagination all compact"; yet modern film often portrays psychosis as the unusual experience of gifted others unlike the rest of us. Healing relationships with people who have experienced severe trauma or psychosis demand that a therapist recognize in her own life how (through repression, projection, denial and distortion) she protects herself from the real that threatens her own living in the imaginary. Once this is heartfelt a therapist can build a healing relationship with another who is traumatized or psychotic. This workshop uses DVD clips from three contemporary films: *The Soloist* offers modern idiom of gifted person with psychosis as beloved but fundamentally different from his friend. *No Country for Old Men* identifies our shared humanity: death stalks each of us and the innocents we love. It is the "real" of which Lacan spoke: "the essential object which is not an object any longer, but this something faced with which all words cease and all categories fail, the object of anxiety par excellence." *The Time Traveler's Wife* illustrates the dilemma we face in each social interaction: am I speaking with him or someone from my past or future that I see in him? Workshop participants will ask: am I living in the real or the imaginary? Can I withstand eruption of the real into my imaginary? Might I experience profound fear or grief, discovering a common ground with another who experiences trauma or psychosis?

Community Treatment (panel)

Julie Kipp, PhD, LCSW:

Treating Bartleby: The Challenge of a Goal Oriented Approach In Community Practice

Contemporary psychiatric treatment settings with oversight by government agencies or insurance companies require that we set measurable goals with achievable objectives for our clients/consumers/service users. Yet many people with mental illness experience difficulty forming goals, or as the title character in Herman Melville's 1856 novella, *Bartleby the Scrivener*, says about eve-

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**17th International Symposium of ISPS
Dubrovnik, Croatia 2011**

ISPS is now holding its international conferences **every two years** and the next conference will be in the beautiful old Croatian City of Dubrovnik on the Adriatic Coast

The dates are May 31st (for workshops) - June 1st - 4th (conference), 2011

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rything, "I would prefer not to." Perhaps these clients are not motivated secondary to psychotic disorders, or seriously depressed. Some, for cultural, diagnostic, or personal reasons may just not buy into the greater society's extreme emphasis on going somewhere and getting ahead. We have a commitment to these clients, while carrying the responsibility of proving that our work is justified by the standards of our overseeing bodies. Otherwise we lose the opportunity to help these vulnerable people.

In this paper the presenter will report on the change at her agency from a day treatment model to a goal oriented recovery model: the PROS (Personalized Recovery Oriented Services) model being rolled out in New York State. For some clients the change will be most welcome: they have goals and are motivated. Even clients with goals which seem unrealistic to clinicians can find a place in this model. However, this paper will explore several issues which can arise when dealing with: clients who have difficulty with goal setting; clients who have given up hope and have settled for their career as a psychiatric patient; clients overwhelmed by psychotic symptoms; and a client who resembles the Scrivener himself.

Hannah Starobin, LMSW and Cynthia Manson, MSW:

The Therapeutic Alliance in A Social Learning Setting: The Importance of Relationship

The importance of the therapeutic alliance was first recognized by Freud. Adam Phillips paraphrases Freud beautifully when he writes (1995); "people are only as mad (unintelligible) as other people are deaf (unable, or unwilling to listen)" (p.34). The path to recovery begins with the understanding of meanings and with human connection. The Second Chance Program at New York Presbyterian Hospital / Payne Whitney Westchester is a social learning unit focused on treating individuals diagnosed with chronic treatment refractory schizophrenia. Second Chance utilizes cutting edge psychopharmacology, group and individual skills training and a token economy in a therapeutic milieu environment. It is through the simplicity of a genuine human connection and the therapeutic alliance that these often marginalized and isolated individuals once again connect to themselves and to others. With the use of two case presentations we will illustrate how the therapeutic alliance and a social learning environment work in concert to help the patient find a sense of himself, his strengths and a place in the world. In one case we will discuss the creation of a secure "holding environment" and the lending of ego strength. In a second case we will explore the use of transference and countertransference in a patient with psychogenic polydipsia.

* Phillips, A. (1995). *Terrors and Experts*. Cambridge, MA: Harvard University Press.

Kristina Muenzenmaier, MD (Chair); Mara Conan, PhD;

Toshiko Kobayashi, LCAT, ATR-BC; Faye Margolis, PhD; Ekaterini Spei, PsyD:

Is Treatment for Psychosis Possible in a Public Mental Health System?

The panel developed out of collaboration of members of the trauma committee at a major state psychiatric hospital in New York City. The trauma committee is multi-disciplinary, multi-ethnic and includes both inpatient and outpatient staff. Committee members believe that the psychotic symptomatology of many of the patients we treat has often developed as a result of the traumatic circumstances they have faced throughout their lives.

The need to cope with stress and trauma often leads to fragmentation on multiple levels. On the individual level, trauma can lead to disrupted identity development, disconnection of thoughts, feelings and behavior. On the interpersonal level, secure attachment may be disrupted and the relationships with others are often experienced as confusing and threatening.

Re-traumatization often occurs when current circumstances are experienced as reenactments of the past. The external environment may be viewed as chaotic and fragmented. This fragmented world is often reenacted in the systems with which trauma survivors engage.

The main goal of this panel is to discuss the presenters' efforts to promote a multi-layered, trauma-sensitive, and integrated approach to healing within a state facility with limited resources. They will be discussing a variety of therapeutic modalities that aim at treating individuals diagnosed with serious and persistent mental illness: cognitive remediation, music and art therapy, individual and group verbal therapy. The panel will explore and discuss the collaborative aspects of the work rather than providing a detailed description of each treatment modality. They will present a case vignette to illustrate their integrative approach.

Working with Psychosis at Three Developmental Stages (panel)

Brenda J. Butler, MD:

Enlightening the Child who Lives Inside Us: Creativity or Psychosis?

Landscape designer Elizabeth Lawrence said "there is a garden in every childhood, an enchanted place where colors are brighter, the air softer, and the morning more fragrant than ever again". Therapists have the privilege of taking a unique journey into childhood fantasy. They must balance the need to connect with and explore children's thoughts and emotions with the expectation to diagnostically assess children. Erik Erickson's statement "do not mistake a child for his symptom" exemplifies this conflict. Psychosis in youngsters has been a controversial topic in the field of child psychiatry. The definition of psychosis can be vague because of confusion regarding the developmentally appropriate role of imagination and fantasy. Imagination refers to the power of the mind to form images, especially those not present to the senses. Child therapists must be able to explore their own creativity, fantasy, and imagination. Bruno Bettelheim's book, *The Uses of Enchantment: The Meaning and Importance of Fairy Tales* won a US Critics Choice Prize in 1976. Many psychoanalysts turned to fairy tales in an effort to understand the human mind. Workshop participants will discuss the conundrum of diagnostic clarity when discussing psychosis in children and adolescents. They will explore the importance of imagination, creativity and fantasy in the lives of children and in the development of the human mind. We'll spend time with passages from fairy tales as part of our discussion about therapeutic alliance with children.

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John Spudich (Chair), Ankhesenamun Ball, PsyD, Charles Fritz, MA:

Valuing Community in Psychodynamic Psychotherapy with Elderly Patients Experiencing Psychosis

The panel will discuss individual, group and community-level clinical work with elderly patients at an Adult Day Health Center (ADHC) in San Francisco's Bayview Hunter's Point, a poor, marginalized, inner-city neighborhood. Clients at this ADHC are mostly very low-income African-American seniors with a medical or psychological disability. Many have lost spouses and some are grieving the loss of children and grandchildren. Others have suffered the trauma of dislocation from their native south and have endured the harmful effects of racism and social marginalization. The panel will focus on the smaller portion of clients who present with psychotic disturbances, and who are treated by a multi-disciplinary staff within the general community. The three presentations will discuss the importance of community for the elders experiencing psychosis in providing support, stabilization and opportunities for healing. John Spudich will discuss individual psychotherapy with a delusional patient whose ties to both the greater community and to the community of the ADHC has been a central focus of the individual psychotherapy. Charles Fritz will discuss the psychotherapy groups at the ADHC and how they facilitate engagement with each other, with therapists and other community members. Ankhesenamun Ball will explore the benefits of individual psychotherapy within the dynamic context of a multidisciplinary setting, with an emphasis on the relationship to the staff. Together, the presentations will illuminate the importance of relationships in providing a buffer against the experience of psychosis and highlight the need to prioritize human connection in caring for these most alienated members of society.

"Music is gonna save your life" Jose S. from Gotta Keep Believing, Bronx, N.Y. (workshop).

Gillian Stephens Langdon, MA, LCAT (Chair); David Croce, MA; Brian Ferrel, MA

From earliest times people have used music to build connections and celebrate community. Rhythms draw people together, melody carries emotions, songs express common themes, soothe sorrows or rouse a group to action. The power of this form is as potent in an inpatient psychiatric hospital or out-patient clinic as it was in ancient times.

A person labeled "paranoid schizophrenic" may sit apart locked into a fearful personal world and surrounded by daily challenges. Music has the ability to reach out without the need to be physically close and without the need of a verbal response to be pinned down or held accountable to.

Over weeks, this individual may begin to feel the trust and good will in the circle of music and be willing to come closer and eventually even add a word or phrase to an improvised song or request a familiar song.

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**ISPS-US would like to thank the following people for their generous donations
(beyond dues) from September 2010 to March 2011:**

Ronald Abramson, MD

Jessica Arenella, PhD

Kenneth Blatt, MD

Cynthia Rubin Brown, PsyD, MFT
on behalf of Susan Mull, PhD

Thomas E. Fink, PhD

David Garfield, MD
Thanks for another annual meeting challenge donation!

Patricia L. Gibbs, PhD

Barbara S. Kane, PhD, LCSW

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Ross Tappen, MA
in memory of Joan Kirst Tappen

Julie B. Wolter, PsyD

Thanks so much for your generosity. We count on your donations! To make a tax-deductible contribution to ISPS-US, please use the membership form in this issue or click the donation button on our website, www.isps-us.org. One area in which donations are especially needed is the fund to allow low-income people to attend the annual meeting.

Note: If you made a donation but your name is not included, it's because you did not give us permission to print your name. Please let us know if we may thank you publicly!

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Later, returning to live outside the hospital, this individual can encounter a musical circle as described above. Now this musical community has broadened and transformed to meet the outside community: a band, a digital recording class, a jam session for musicians and non-musicians. Rap, freestyle, songs - created and recorded.

In this workshop the presenters will share recordings from this experiment based in a publicly funded psychiatric hospital and out-patient clinic in the Bronx, provide case studies illustrating the use of music in the movement from psychosis and trauma to building a real community. They will also delineate pitfalls and describe ways of providing structure and support.

Keynote Address: Joanne Greenberg, DHL:
Dreams, Hallucinations and Metaphors

The human mind is not linear and logical but associative and metaphoric. Dreams, visions and hallucinations are metaphors. The presenter believes that mental illness is a disruption in the system of metaphors by which we determine reality and construct meaning. When this system breaks down, new metaphors are formulated or created to make meaning. As a storyteller, she deals with metaphor all the time. She plans to illustrate her talk with such a story.

Self Expression/Self Destruction (panel)

Sharon Klayman Farber, PhD, BCD:

Autistic and Dissociative Processes in Borderline Self-Harming Patients: The Relationship To Psychoses

Comparing the dissociative and autistic features of patients who harm themselves through self-injury or eating disorders raises intriguing questions about the relationship between autistic and dissociative processes and their relationship to psychoses.

Frances Tustin's work with autistic children can help us to understand such behavior as a counterphobic regression to an encapsulated autistic black hole. Whether cutting or burning or starving themselves or bulimic purging or other self-harm, these acts can help vulnerable people to feel powerful and omnipotent. They often occur in a dissociated state, experienced as an alien, demonic force preying upon the self. Like the autistic child who fears she is at the brink of falling into madness, the self-harmer throws herself into madness, merging the boundaries between self and other in a dedifferentiated, dissociated state. Inflicting pain and injury on oneself is a protective mechanism that can arise when one experiences the terror of feeling utterly alone and helpless, at the mercy of terrifying predators. Having lacked the ability to develop transitional objects for self-soothing, self-harmers instead prey upon themselves with hard autistic objects, a perverse form of self-soothing. Comparing the dissociative and autistic features of self-harm raises intriguing questions about the relationship between autistic and dissociative processes and their relationship to psychoses. The case of a woman with a long history of self-mutilation is presented, in which autistic and dissociative elements are paramount.

Madhu Sameer, MSW:

Psychosis: The psychological storm of creative impulses

Every child, born pure, is forced to trade the innocence of the womb for developmental achievement. Something beautiful is lost in a struggle for survival; it cannot be recovered and must be endured. This loss is experienced by all, but becomes painful present for the sensitive souled artists. Mining the depths of their unconscious for inspirational gold, such people play their dreams and their reality in the service of Eros, a state of being that is denied to ordinary perception and experience. The sorrow and torture of everyday wounding that is essential for creativity, for negotiating existence is intractably linked to the problems of sacrifice, selflessness and our mortality. The archetypal function of human experience may sometimes usurp the total personality, this diemonic possession being labeled as psychosis in the contemporary world.

Analytical psychology considers psyche to be more powerful than the mind or the body, affording it almost a sacred place in the hierarchy of existence. Using such a conceptual framework and case studies, the paper defines and explores psychotic phenomenon in mythological as well as clinical context. The link between developmental trauma, psychosis, religion, meditation, arts, music is explored as is the role of creativity in externalizing internal chaos thereby enabling the person to master their developmental milestones. The paper hopes to extract psychosis from the dungeons of pejorative diagnostic labels into an awareness of a sensibility to a different kind of reality - the reality that lies within the world that defines dreams, art, and literature among others, the reality of the instinct, of primordial images, and openness uncontaminated by the landscapes of the material world.

Nirit Gradwohl, PhD:

The porcupine dilemma: When intimacy is desperately sought but simultaneously dangerous to a fragile self

This 52 year old has a longstanding history of mental illness that dates back to his adolescence, with multiple hospitalizations following episodes of bizarre and hostile behavior, increased agitation, and anxiety. His mother and sister report that his first hospitalization occurred at the age of 21, after a period of decompensation that began around age 19. During this time, they recall him having a "nervous



ISPS-US Executive Council (L to R): Warren Schwartz, Newsletter Editor; Karen Stern, Executive Director; Kay Ellen Lowenthal, Treasurer; Brian Koebler, President; Martin Cosgro, Vice President; Lori Kalman, Secretary; Ann-Louise Silver, Book Series Editor and Past President

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breakdown,” quitting his job at his father’s store, and spending the majority of his days inside watching television. Reportedly, his behavior became increasingly bizarre as he began hearing voices of the devil commanding him to hurt his parents “because they were evil.” He responded to these commands, becoming aggressive and hostile toward his parents; this culminated in physical altercations with his father. The patient spent fifteen years at a psychiatric hospital and was ultimately released to a community residence. However, after severe decompensation, he was returned to the hospital where he has resided for the past eight years.

In her presentation, the presenter will discuss a psychodynamic account of a year-long psychotherapy with this client. Her work illustrates the complexity of engaging this patient in relational work, given his fragmented sense of self that results from severe early trauma. Paradoxically, while many patients lose their words, this man floods the room with verbalizations and humor and suffocates the possibility of symbolization or interpersonal engagement. He has built a protective fortress against intimacy and connection while simultaneously, and desperately, demanding both.

Research on Psychosis: CBT Approaches (panel)

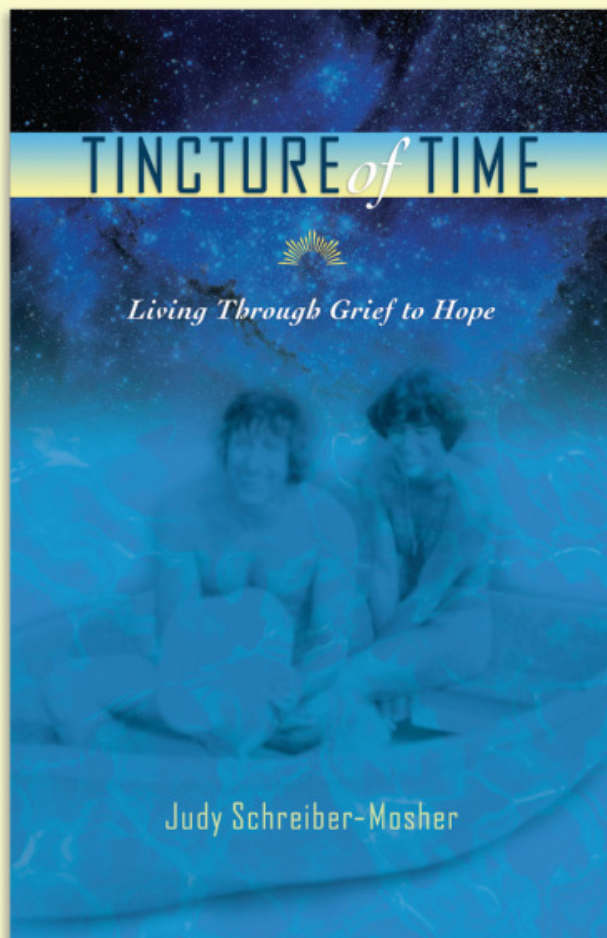
Yulia Landa, PsyD: *Paranoia-Focused Cognitive Behavioral Therapy: A Pilot Randomized Controlled Trial*

Aim: Paranoia-Focused Cognitive Behavioral Therapy (PFCBT) is a manualized intervention that combines group and individual modalities to equip patients with self-regulation and reality testing strategies to overcome paranoia. We investigated the efficacy of PFCBT in a randomized controlled clinical trial of subjects with the primary DSM-IV Schizophrenia and Schizoaffective disorder.

Methods: Twenty four adults ages 18-65 with paranoid ideation were randomly assigned to either experimental or control group. The experimental group received PFCBT in addition to standard care and the control group received standard care alone. PFCBT lasted 15 weeks and included attending one group and one individual therapy session weekly. The Persecution Severity (PANSS), rated by blinded evaluators, was the primary outcome measure.

Results: Participants treated with PFCBT had significantly greater reduction in severity of paranoia, which they maintained at 6-months follow-up. PFCBT also resulted in significant changes in cognitive biases targeted in treatment, and increases in insight. At the 6-month post-treatment follow up evaluation there was a trend toward greater reduction in prescribed antipsychotic medication. The study demonstrated preliminary efficacy of PFCBT for paranoid ideation, and provided insights about the potential mechanisms of change.

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Tincture of Time, Living Through Grief to Hope

WRITTEN BY JUDY SCHREIBER-MOSHER ABOUT
THE DEATH OF HER LATE HUSBAND AND
PROMINENT PSYCHIATRIST, LOREN MOSHER.

From her husband’s “death sentence” through her first three years of widowhood, Judy Schreiber-Mosher’s *Tincture of Time* blends passion and sadness with magical moments of the past and present until she eventually emerges with the sense of a future.

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Clint C. Stankiewicz, PsyD:

Integrated Technology Based Cognitive Remediation (ITCR) for Psychiatric Patients

ICTR is an integrated approach to cognitive remediation that encompasses many of the aspects of the empirically based approaches discussed above in addition to the integration of other interventions, not typically associated with cognitive remediation that have demonstrated positive effects on cognition. It is a six module structure that includes: 1) assessment, 2) technology assisted recovery, 3) social problem solving, 4) mindfulness, 5) exercise, and 6) support and maintenance. The program will run for 45-120 minute sessions for a total of 10 weeks, with approximately 8 patients, which will result in approximately 40 total group sessions. Patients are also assigned homework and provided an ITCR journal in which to keep program related materials. The ITCR philosophy espouses a holistic, integrated top down approach to cognitive remediation. Because of the strong emphasis on action and physical movement we expect to see an improvement in global functioning, well being and quality of life. In addition, we also expect that patients will show improvement in a number of domains including memory, attention, problem solving, executive and motor functioning. Each of these modules will be considered in turn. Preliminary testing results, and illustrative case examples will be given in addition to plans to conduct an randomized controlled study.

Care Beyond the DSM and an Ill for Every Pill (panel).

Ronald Abramson, MD (Chair); Thomas Nowell, LICSW; Sol Pittenger, PsyD; Dorothy D. Scotten, PhD, LICSW

The purpose of this workshop is to provide an approach toward understanding how clinicians can authentically understand and work with patients who have psychotic problems. This is a continuation of the exploration begun by the presenters' panel in Copenhagen 2009. In recent years, advances in psychopharmacology and the development of the DSM have provided a more objective framework for psychiatric practice. Unfortunately in the course of seeking a universal language for research and clinician communication, the language of patient care has been given short shrift. The newest revision of the DSM on the drawing board raises additional concern that a "ill for every pill" approach has become dominant. In this workshop, the panel will present their methods for understanding and working with the psychodynamic, interpersonal, and social issues patients present to them. Cases will be presented documenting how neglect of these issues while stressing psychopharmacological diagnosis and treatment has led to misunderstanding of patients' difficulties and put patients at unnecessary risk from side effects of medications. Then, cases will be presented illustrating authentic engagement with patients in their bio-psycho-social dimensions, and the use of metaphor in understanding patients in these dimensions. The audience will be encouraged to join the panelists in case presentation and exploration.

On What is Not Seen (panel)

Paul Lippmann, PhD: *On Disappearance (in Everyday and Psychotic Experience)*

The tendency to disappearance--physically, socially, psychologically, and/or spiritually-- is a major theme in human life, often ignored. The presenter hopes to bring this theme of disappearance to our attention as it shows itself across a wide range of human experience from that judged normal to that judged as madness and psychotic, from a wished for state of relative safety and hiding to a deeply feared state of annihilation. It has particular relevance in this conference since the need for and the move toward disappearance often goes counter to the significance of "human connections" and "the building of community." It could be said that "disappearance" represents the opposite pole of the increasingly shared conviction that attachment and relationship building are the keys to the effective treatment of severe psychological disturbance.

Beginning with the fact that human and all organic existence manifests itself for a relatively brief period of time (being alive) between the eternities of non-existence both before and after, the presenter considers that what he's calling "disappearance" is a most usual state of affairs. In ordinary living, this capacity for some variety of the experience of disappearance is, he is assuming, built in to our human (and organic) nature. Our awareness of death merely increases the various dramas of disappearance. The psychology of the "luftmensch" and of dreams will be explored in this respect.

He will introduce a number of persons in psychotherapy and describe the ways in which their disappearance (psychologically, socially, physically, spiritually) became a central thread in their lives and in therapy. He will suggest that a too hasty move toward appearance, especially in persons judged as psychotic, can be harmful and detrimental, despite the seeming social advantages of "being present," "showing up," "being real," "connecting to others," etc. Further, he will briefly discuss individual disappearance in relation to aspects of the impact of the contemporary technological revolution including the growth of virtual experience, changes in privacy, and the "disappearance" of the natural world.

Burton Norman Seitler, PhD:

A Schizophrenic Adolescent's Illustration Depicting Struggles Separating and Simultaneously Preserving Image of His Lost Mother

After experiencing his mother's prolonged illness and death, Heston, manifested symptoms of a schizophrenic episode, which were initially characterized by severe regression, extreme withdrawal, and diminished verbal communication, and subsequently, by the development of an elaborate delusional system.

At first, Heston was unable to verbalize his inner state. Because trauma overwhelms the self, it cannot be acknowledged directly. The body becomes the somatic reservoir in which the symptom is deposited, split off, preserved, but paradoxically left unresolved. This paper traces the use of drawings to establish contact with a traumatized, withdrawn adolescent, who was exhibiting symptoms associated with

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Continued from page 8 schizophrenia--and how treatment help move Heston from somatic to schizophrenic symptom, to artistic expression, to symbol formation, to complete remission.

Ultimately, the medium by which contact was established occurred through Heston's pencil and paper drawings. Through his drawings, Heston was able to symbolically illustrate his struggle to separate from and simultaneously preserve the image of his lost mother. One particular drawing starkly depicted this conflict. Heston referred to it as "the earth as seen from the surface of the moon." Through this particular drawing, the therapist was able to make contact with Heston, at a safe distance, thus allowing therapy to be possible. This paper traces Heston's treatment from his initial episode to schizophrenic symptom, to artistic expression, to symbol formation, to complete remission.

Cognitive Behavioral Therapy Approaches to Treatment of Psychosis (panel)

Melinda Randall, MD (Chair) and Lara Aillon-Sohl, MD: *Connecting to Others with the 3 C's*

Cognitive behavioral therapy has been demonstrated to be effective for people with psychosis. While some of this effectiveness is due to direct cognitive and behavioral techniques on delusions and hallucinations, much of the focus of this psychological technique is on non-psychotic relationships. Cognitive behavioral therapy has improved quality of life for people with psychosis and reduced depression and anxiety. In the United States, there has been important work on how to best implement CBT for psychosis. This workshop will focus on how cognitive behavioral therapy is adapted for the unique presentations and problems of psychosis as well as the practical concerns of the settings and circumstances of treatment of psychosis. Specifically, the 3 C's will be presented as an adaptation of CBT to address the interpersonal, cognitive, negative and positive symptoms of psychotic illness. The 3C's is a mnemonic for "Catch It! Check It! Change It!", "It" referring to emotions and automatic thoughts. To stimulate discussion, cases will be presented of people with psychotic disorders who utilized the 3 C's. Discussion will focus on how CBT for psychosis can help people normalize their connections with natural supports. The clinical scenarios will inspire ideas and questions leading to engaging discussions during this workshop.

Michael Garrett, MD:

Cognitive Behavioral Therapy for Psychosis Practiced Within a Psychoanalytic Frame: Theory, Practice, and Case Examples

In the last 20 years a new cognitive behavioral therapy for psychosis has been developed in Great Britain. How does this model overlap with a psychoanalytic perspective, and how is it different? How can a CBT perspective be combined with psychoanalytic insights into psychosis to frame more effective treatment? In the presenter's view, the traditional psychodynamic approach focuses too much attention too soon on unconscious mental processes, while focusing too little attention on the conscious experience of the psychosis. More specifically, the traditional interpretive approach does not provide the clinician effective tools to examine the central role of perception, memories of perceptions, and logical inference about these perceptions in the pathogenesis of psychosis. The psychotic individual believes the problem lies outside his mind in the outside world. Neighbors are planting listening devices, 'voices' are speaking to the patient, and so on, all events occurring outside the self. The presenter advocates a two phase treatment approach which combines CBT and psychoanalytic perspectives. In phase one, the clinician uses a CBT approach to engage the patient and 'normalize' psychotic symptoms, gently challenging the patient's belief that distressing events are originating outside the self. In phase two, once distressing psychotic symptoms have been re-located within the boundary of the self, symptoms become more amenable to psychodynamic interpretation. This treatment approach will be illustrated with three case examples: a woman who heard 'voices' predicting deaths, and a man who believed he was hypnotized by Evangelicals, and a woman with distressing delusional memories.

Going Blind To See: Trauma, Regression and Psychosis (case presentation)

Danielle Knafo, PhD

The presenter describes the analytic treatment of Mr. C, a highly intelligent man who entered therapy while unemployed, on the verge of suicide, and convinced of his utter isolation. Gradually and bravely confronting his lifelong paranoia, Mr. C learned to trust his therapist and the working process. In the course of the treatment they dealt with two regressions, the first at the beginning of treatment, the second six years later accompanied by a full-blown psychosis. Mr. C faced a confluence of factors that initiated the reactivation of childhood trauma and a six month long regressive psychosis, during which he was convinced that he was going blind, threatening his life, his relationships, and all he had built in therapy.

Mr. C and the presenter treated his regression as part of the healing process. This situation presented great risks and difficulties, often pushing the limits of theory and technique to the breaking point and intensifying negative elements of counter-transference, because of the threat of overwhelming chaos. It was as if Mr. C and the presenter had entered a storm whose width and breath were entirely unknown to both of them, and they had no way of grasping when they might come out on the other side. They could only be certain that we both had to survive it. The journey through his psychosis was one of the greatest challenges he and the presenter ever faced together. Mr. C had to first go psychologically blind before he could see more deeply into himself.

Behind Bars (panel)

Martin Cosgro, PhD: *Psychotherapy Behind Bars: The Good, Bad, and Helpful!*

Though prison is an unconventional setting to conduct in-depth psychotherapy, it contains a rich mixture of positive and negative elements that can lead to significant change for inmates who are willing to work hard and clinicians who are willing to reach out to them.

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This presentation highlights the wide range of positive and negative elements that impact in-depth psychotherapy and how they came together in a successful psychotherapy case. Attendees will learn what kind of psychotherapeutic work is possible in a non-traditional setting like a prison, and that seemingly negative factors can be an opportunity for the work to deepen if both therapist and inmate are aware of the fertile environment they share.

Martha Rose, MBA:

The Social Construct of Schizophrenia: Deinstitutionalization to Criminalization of the Mentally Ill

This paper examines how the definition and social construct of mental illness has seen a dramatic shift. Politics, finance, economics, and distortions in public perception have driven policy considerations. These policy decisions have dramatically changed the treatment available, and the overall societal attitudes.

In the 1950s new medications altered the external behavior of people who previously had been seen as bizarre and dangerous. These drugs demonstrated that what had at the time been considered a psychological problem was in fact a physiological problem.

Now, most mental illnesses are treated as brain disease, and managed from a bio-neurological perspective. The thinking is that people need to use medications to control their minds and actions. Current research and social conditions indicate that this medicalized approach to treatment is insufficient at best, and harmful at worst. There are concerns being raised on the iatrogenic effect of the medications, contributing to the increased level and intensity of emotional disturbance within society.

This change in social construct emptied the mental hospitals, while shifting much of the financial burden from state budgets to Federal entitlement programs. It also led to a void in services to address the social, emotional, and psychological aspects of treatment.

An unintended result has been incarceration for many. The nation's jails and prisons now house disproportionate numbers of the mentally ill. Close to 60% of the prison population is considered to have a mental illness, with the seriously mentally ill representing half of that group, or 25% of the entire correction population.

Ira Steinman, MD:

Released in Shackles AMA from the Hospital for the Criminally Insane

An over-riding principle of the presenter's psychotherapeutic approach is that Intensive Psychotherapy of Psychosis, emphasizing unconscious motivation, transference, counter-transference, resistance, and interpretations of these factors, is very useful, sometimes curative, in an out patient practice. But what of the usefulness of such an inquiring psychotherapeutic approach with an in-patient?

Jill appeared on the presenter's doorstep, replete with family and a guard, having been released to his office against medical advice from a hospital for the criminally insane on court order. It was the first he had heard about her.

She had been in the hospital for three years, loaded up on tremendous amounts of antipsychotic and mood stabilizing medications, in an attempt to keep her from attacking staff members during paranoid and hallucinating rages. He debated whether or not to see such a patient out of the hospital, but did so when the family made the compelling argument that things hadn't gotten better in three years in the hospital. They asked if he could talk with her in his office. He did.

They quickly uncovered the transference source of the paranoia, hallucinations, rages and attacks upon staff members, leading to a marked improvement in her condition, vastly less antipsychotic medication, and a return to living in her community out of the hospital.

Yet again, Intensive Psychotherapy of Psychosis prevailed, where three years of previous hospitalization and huge amounts of antipsychotic and mood stabilizing medication left the patient in a confused and incarcerated morass.

A Traumatic Cause, Without Which Schizophrenia is Unlikely to Occur (conversation hour).

Clancy D. McKenzie, MD

Conversation hour or round table discussion reference anything in book: *"Babies Need Mothers" – How Mothers Can Prevent Mental Illness in their Children*

This is an opportunity for participants to delve into the realities of the infant and see what is real to the infant at each month of its development. The infant cannot verbalize this, but the reality is re-experienced in the adult psychotic who can, and thus it can be examined and deciphered. Through identification of age of origin, by correlating symptoms with precise age of infant when traumatized, it is possible to identify five parameters: age-of-origin specific reality, feelings, behavior, body movements and level of affective expression.

The discussion can include any aspect of treatment – as well as prevention at three levels: 1. Prevention or attenuation of original trauma, 2. Prevention or attenuation of second trauma, which prevents the disorder from ever occurring, and 3. Prevention of recurrence based on new understanding.

Simple enlightenment techniques are discussed in later chapters, including programmed dreams. You need not be a yogi and meditate 50 years in a cave to achieve enlightened answers. During sleep you reach just as deep a level of consciousness. You merely take one minute to formulate the question and one minute to receive the answer upon awakening.

Volumes are written about the first dream brought into psychoanalysis, because often it reveals the primary unconscious dynamics and what caused them. Prior to starting, the patient might have his most intense wish to know what the unconscious problems are and what caused them. Often the first dream provides the answer.

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***Mère Folle/Crazy Mother* (a theoretical fiction) with Françoise Davoine, PhD playing her own role as a psychoanalyst.**

A film by Mieke Bal & Michelle Williams Gamaker (Cinema Suitcase)

140 mins | Color | Multi-lingual with English subtitles

A feature film based on the 1998 book of the same title by French psychoanalyst Françoise Davoine, *Mère Folle* stages a confrontation between the analyst and her patients. Medieval fools encounter the contemporary world when they challenge psychoanalysis' bias to language over gesture.

The work offers a constructive representation of mad (psychotic) people and how both “mad” and “sane” people learn from one another.

Medieval “fools” strike the balance between the two by playing the fool, enabling the film to question what “being mad” is: *are* you mad, do you *play* mad, or do you only *seem* mad?

Utilizing an out-of-the-box integration of fiction, case studies, and theory, *Mère Folle* is a unique and enthralling journey into the minds of the mad and those designated to cure them.

SUNDAY, NOVEMBER 7

Presentation by ISPS-US President, Brian Koehler, PhD:

Schizophrenia in the 21st Century: Integration of Recent Research from Brain, Mind and Culture

An overview and attempted integration of current research and thinking on the schizophrenia group of disorders will be presented from the perspectives of neuroscience, epidemiological and sociocultural research, as well as contemporary cognitive and psychoanalytic theories. Within the domain of neuroscience, the author will highlight recent developments within neurogenetics, including the important emergent field of epigenetics; neurobiology; relevant social neuroscience and the author's theory of the schizophrenias as a social-survival brain-mind disorder; as well as the relevance of research in developmental traumatology (e.g., the effects of profound stress and social isolation/defeat on the CNS) to the schizophrenias. Recent epidemiological and sociocultural research, especially on social factors demonstrated to be significant in the initiation, course and outcome of the schizophrenias, will be presented, including a synopsis of data on recovery. Recent developments in the cognitive-behavioral models of schizophrenia formulated by the International CBT and Psychosis working group led by Aaron Beck will be summarized. Lastly, the relational-existential model of psychoanalysis, particularly as formulated by co-founder of ISPS in 1956, Gaetano Benedetti, will be discussed with an attempt at integration with relevant recent neuroscience and socio-cultural research.

Creativity and Psychosis Roundtable

Marilyn Charles, PhD, ABPP (Chair); Jill Clemence, PhD; Joanne Greenberg, DHL

This roundtable will begin with data from the study being conducted at the Austen Riggs Center titled: Psychosis and Creativity: Managing Cognitive Complexity on Unstructured Tasks, as a way of beginning the conversation. In this study, we are trying to better understand factors that may enable individuals with psychotic liabilities to better utilize their creative potential. This theme will then be taken up by Joanne Greenberg, a writer who will discuss this topic from her own perspective as an artist.

Thinking about Medication: A Roundtable

John Miner, MD (Chair); Brenda J. Butler, MD; Mark D. Green, MD; David L. Mintz, MD; Alex N. Sabo, MD

In this roundtable, five psychiatrists will discuss some of the issues they face as therapists who also at times prescribe medications. In particular, they will discuss some of the psychosocial pressures they face from patients, families, insurance companies, etc. both to prescribe and not to prescribe, and how they navigate some of these complexities. In a society in which physicians are increasingly faced with “standards of care” that may or may not fit the needs of a particular individual or the sensibilities of the clinician, how do thoughtful individuals navigate this terrain?

Perspectives on the Body (panel)

Michael Sholom Perlman, MD: *Affective Association—A Free Association Method for Psychotherapy with Manic-Depressive Persons*

The presenter will present a specific technique of free association to bodily feelings, a technique which he has used in the treatment of manic-depressive persons (and others) since about 1970. The technique is especially useful to help the person tap into her inner life, express that experience, and convey it to the therapist. By this method, unresolved traumas may be discovered, with an opportunity to acknowledge, bear, and put into perspective affects associated with past and present external and internal reality. The method also helps the person become able to enter and stay in self-nurturing, anti-depressant, mood-stabilizing ego-states. This latter concept will be discussed in detail. A difficulty entering into and staying in such ego-states is often found in these persons and is a major source of difficulty. The method is derived in part from the teachings of Elvin Semrad, Mardi Horowitz, Heinz Kohut, and Herbert Spiegel. He will illustrate the method with specific examples.

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Warren E. Schwartz, PsyD:

The Trembling Practitioner: The Underbelly of Radical Biological and Non-Biological Treatments for Psychosis

Perspectives on the treatment of schizophrenia span a spectrum, with poles representing purely biological medical treatments on one side and purely psychological ones on the other. It is possible that adherents to either of these extremes are motivated not only by scientific facts or even by what might be best for the patient or client but by other factors, many of which may be unconscious. Understanding these factors might prove helpful in fostering dialogue between proponents of both extremes.

Adherents to radical biological approaches practice in a way that is deemed acceptable by the wider culture. This allows them some degree of comfort. What they are doing is deemed as “correct” and they are thus able to garner some self-esteem and satisfaction for playing out their cultural role properly. Additionally, such practice mitigates the anxiety associated with making deep subjective contact with the patient. Such distance maintains the practitioners’ psychological equanimity.

Adherents to radical psychological approaches are often largely motivated by a therapeutic striving. However, there are perhaps other, less conscious factors at play. It is arguable that there is a motivation to deny the role of the body in experience and psychopathology. The denial of the body allows the person to ward off what the body represents: vulnerability and death (Becker). Additionally, denying the role of the body in experience and psychopathology allows the practitioner some strength in the face of latent helplessness associated with his or her “competition” with powerful medical approaches and medical practitioners.

Nick Luchetti, MS and Daniel Mackler, LCSW:

A Dialogue about Dialogical Practices

Psychotherapeutic approaches to treating psychosis largely rely on conversation to effect change. Many conversational treatments focus on techniques of verbal analysis and interpretation. However, approaches that emphasize the benefits of genuine dialogue appear to elicit other therapeutic conversational possibilities. This discussion will explore some of the philosophical principles that inform dialogical practices and subvert many of the assumptions of non-dialogical conversational approaches. We will pay particular attention to the ways in which the mutuality required for genuine dialogue can remedy the therapeutic arrogance and aggression that can lurk beneath the surface of less mutual conversational approaches.

Co-constructing a Narrative: An Analysis of a Videotestimony of a Survivor Treated as Chronically Psychotic (panel)

Dori Laub, MD, DFAPA (Chair); Irit Felsen, PhD; Andreas Hamburger, PhD; Suzanne Kaplan, PhD

Chronically Hospitalized survivors of the Shoah suffer from levels of disorganization of their most basic thought processes which profoundly impairs their ability to meaningfully communicate. As a result, these patients have come to think and speak in a manner that constitutes a unique language in and of itself, one characterized by agonizing gaps in symbolization and thinking, with a concomitant paralysis of expression.

The decoding of the fundamental language of traumatically-induced psychosis can be done through a process of careful re-narrativization of the patients’ shattered life histories. Such decoding is essential to build a vocabulary and a syntax of the traumatic experience so as to render it more comprehensible. The video-testimonies of the chronically hospitalized patients provide us with the equivalent of the text of the Rosetta Stone, whereby testimonies of traumatic experience can be deciphered.

It is the failure in communication – mutually enacted by both patients who were unable to consciously know and relate their horrors and their pain, and a colluding society and psychiatric profession that refused to hear them for many decades, that led to the seclusion of these patients in substandard institutions – carrying stigmatizing psychiatric diagnoses, and receiving ineffective treatment.

This panel will illustrate and compare a micro-analytic and an affect-analytic study of the videotestimony of one such patient.

Transformation: The Rite of Spring—Utilizing the Fine Arts in Treating Severe Mental Illness

Diana Semmelhack, PsyD

CLINICAL APPROACHES: This workshop focuses on utilizing the fine arts in combination with analytic group work in the treatment of severely mentally ill adults in institutional settings. These individuals are underserved with few treatment options other than medication management.

ABSTRACT: This paper presentation will highlight an innovation in group-as-a-whole work (from the Tavistock Institute) in the treatment of severely mentally ill institutionalized adults that integrates the creative arts into the model. Studies consistently confirm a 50-80% prevalence rate of physical and sexual abuse among individuals who later acquire a diagnosis of mental illness (Stefan, 1996). Little emphasis is given to addressing the impact of these histories on their emotional health other than medication management. In response to the need for alternative treatments we have developed a 16-week module utilizing the fine arts in combination with the aforementioned psychodynamic model. Gaining access to their creative selves benefits severely mentally ill, institutionalized consumers. There are many reasons why. Winnicott (1971) suggests that creativity is the root of being, an expression of the self. He states that "it is only in being creative that the individual discovers the self (p. 54)." Carl Jung states, "from the living fountain of instinct flows everything that is creative; hence the unconscious is not merely conditioned by history, but is the very source of the creative impulse. Lecture, discussion and demonstration will provide participants with an understanding of how the model facilitates healing in this underserved population. The paper presentation will include a 26-minute video presentation of, *Transformation: The Rite of Spring*. The twenty-two resident performers

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(all of whom were participants in the creative development group) engaged in costume design, makeup application, set construction, choreography, music composition and many other endeavors. To commemorate and showcase the unique, rewarding and collaborative nature of this production a 26-minute documentary was produced. This documentary recounts the entire production—from events leading up to the live performance to the psychological theories which underlie the creative development group. This video highlights the value of the fine arts in facilitating the healing process in an underserved population.

LEARNING OBJECTIVES:

- a. Understand the theoretical underpinnings of the group-as-a-whole model and published research highlighting its effectiveness with severely mentally ill adults.
- b. Understand how the fine arts (particularly dance, music and art) integrated with this group treatment model can provide a healing venue for severely mentally ill adults.
- c. Understand how dance, literature, music, visual arts and psychodynamic theory can be integrated to foster an increase in self-understanding and self-efficacy. (OUTCOME will be visually demonstrated through a video presentation of *Transformation: The Rite of Spring*.)

Phenomenological Approaches to Psychosis (panel)

Michael O'Loughlin, PhD (Chair); Marilyn Charles, PhD, ABPP; Jill Clemence, PhD; Gail M. Newman, PhD:

The Struggle for Connection and Place Among Patients Designated Psychotic

This work is part of a long-term inquiry, the Follow Along Study, into characteristics of persons with psychotic type disorders at Austen Riggs Center. We are an interdisciplinary team of four researchers who are engaged in an intensive study of a small group of patients from the larger study. Important to our method is our access to research interviews with these patients via audio- and videotape which we are able to analyze together. In this presentation Marilyn Charles and Michael O'Loughlin will present brief case studies of two patients on whom extensive data are available. Our interest is in the impasses that set the stage for the kinds of derailments that have led to hospitalization and chronic difficulties. What is the particular dilemma for each patient? What kind of solution did each patient develop to attempt to speak to this dilemma? What led to the breakdown of the solution? And, now, in therapy, what seems to be happening vis a vis this patient's capacity to reconnect with self in order to begin to rebuild intersubjective capacity? Jill Clemence will discuss characteristics of the psychodynamic therapeutic milieu, and will focus on ways in which that milieu facilitates or inhibits the patient's capacity to address the impasse that inhibits connection, using the aforementioned case studies as exemplars. She will also present data on the long- and short-term outcome of each case. Gail Newman, looking across patient narratives in their responses to projective tests, will examine how language use and, especially, gaps and leaps in narrative might provide insight into patients' experiential subjectivity.

David L. Stark, CPS:

From Therapeutic Community to the Real World: A Windhorse Transition

Clients with a history of severe social challenge (such as the presenter, a former Windhorse client) often have lost social skills not simply due to illness, but due to lack of opportunities-- to practice, to regain trust and confidence in others, and to form genuine friendships. Illness and at times, the unrealistic expectations of treatment providers can unfortunately create conditions in which the ability to relate to others may be dormant, forgotten, or even deemed futile. Windhorse offers entering clients an opportunity to engage with others through the framework of therapeutic community. The community consists both of clients (who are "peers" to each other) and professionals (who are trained in forming authentic, clinical, yet mutual relationships with the clients they serve). Through a daunting process of trial and error, experimentation, developing a capacity to withstand anxiety and let go of paranoia, redefining shameful or embarrassing moments as exercises in being fully present, and developing strategies for self-assertiveness and for accepting disappointment when goals remain unmet, clients accrue valuable social experience in a variety of community circumstances.

The ultimate goal, however, is to transcend and graduate from the therapeutic community container. Navigation of the supportive Windhorse milieu establishes confidence and a form of social currency that can then be transferred to the forming of connection in the outer, public community. This broadening of social network, and experience of reciprocal relationship, are the social and emotional terrain of the recovering Windhorse client.

Rochelle Suri, PhD:

Meaningful Voices: A Phenomenological Exploration of Auditory Hallucinations in Individuals with Schizophrenia

Published research is limited regarding how auditory hallucinations may be meaningful to individuals diagnosed with schizophrenia. This paper is a summary of a study regarding an in-depth exploration of auditory hallucinations as experienced in individuals diagnosed with schizophrenia. Employing phenomenology as the research method, the study aims at eliciting rich descriptions from the participants regarding their experiences of finding meaning in their auditory hallucinations. Data collected from detailed interviews with 8 individuals across Europe and the United States revealed that meaning, value, and insight can be gleaned from auditory hallucinations, as experienced in individuals with schizophrenia. Furthermore, all 8 participants asserted that their auditory hallucinations played a significant role when contextualized within their life history and experiences. The results of this study may help clinicians better understand auditory hallucinations in schizophrenia, particularly with regard to clinical treatment, as well as shed light on the phenomena of auditory hallucinations in general. Special emphasis on the Hearing Voices Network is also included as an effective forum for people with schizophrenia to make meaning or make sense of their auditory hallucinations.

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At the Margins: Alternative Treatment Models (panel)

Ann-Louise S. Silver, MD: *Psychoanalysis at the Margins: Working with the Marginalized*

Paul Stepansky, in his superb book, *Psychoanalysis at the Margins*, documents the severe shrinking of sales of psychoanalytic books. Blockbusters following World War II reached 100,000 copies. Now excellent books may sell 400 copies. The esteemed publishing house he oversaw, The Analytic Press, closed in 2006(?). Stepansky blames the decline on the profession having fractured into separate schools, students reading only the literature of that branch. He documents the elitism and in-fighting, the power-brokering and holding on to market share, disrupted only through law suits. He closes with recommendations: analysts should work with groups that could benefit from psychoanalytically oriented input; we should teach younger groups; we should help the distressed in our communities, getting out of our offices and being far less seclusive. Our ivory towers are imprisoning us. Reflecting on this message, I suddenly realized that we, many of us having felt marginalized by the most powerful psychoanalytic organizations, have been living by Stepansky's recommendations. Our organization is a model for the sort of effort that will preserve psychoanalysis into this century. We have felt marginalized by the ego psychology psychoanalysts (Edward Bibring stood up at a meeting of the American at the Waldorf-Astoria after Frieda Fromm-Reichmann had delivered a paper, and sternly asked her, "What right do you have to call yourself an analyst?") Now, we have a diverse organization from the various mental health branches and we include people who have suffered from severe mental illnesses. We work very well together, and thus are a model for other groups and projects.

Daniel Mackler, LCSW-R:

An Overview of My Experiences Visiting Various Alternative, International, Psychosis-Oriented Treatment Programs

The presenter received a grant in March of 2010 to travel around the world and film a documentary on a variety of alternative, psychosis-oriented treatment programs. By the time of this presentation he will have visited the Freedom Center (Massachusetts), both Windhorse programs (Massachusetts and Colorado), the Family Care Foundation (Sweden), the Open Dialogue Approach (Finland), Runaway House (Germany), and the Hearing Voices Network (UK). The programs range from government-funded professional programs to free peer-run programs to private-pay professional programs to peer-run self-help groups. One of these programs, the Finnish Open Dialogue Approach, is getting the best, off-medication quantitative recovery outcomes for schizophrenia in the entire world. His purpose for the film is to show that full recovery from psychosis, without medication, can happen in a variety of contexts, and that there is much to be learned from all of these programs. His presentation will involve sharing about the experiences he has had while visiting and exploring and filming these programs, and perhaps, will include, if there is time, sharing some of the edited film footage.

Richard Shulman, PhD, Lic. Psychologist:

Volunteers in Psychotherapy: Private Sanctuary for Analysis of "Psychotic" Metaphors, Earned by Community Work

Volunteers in Psychotherapy (www.CTVIP.org) is an innovative nonprofit, constructed in 1999 to preserve a (rapidly disappearing) framework for analytic/psychotherapeutic work. VIP clients earn their therapy by doing independent but privately-documented volunteer work elsewhere (for the charity of their choice). Clients are only seen within VIP's strictly private, voluntary and autonomous setting – preserving a therapeutic framework anyone can afford, with charitable funding of therapy fees.

VIP's approach helps people labeled "psychotic" both in the public and private realms: participants must engage with the external reality of the world in finding some way to constructively and cooperatively help others in the community. That volunteering preserves their access to a strictly private therapeutic haven for exploring their most sensitive personal, emotional and familial concerns.

To understand the experience of a person labeled "schizophrenic," we must listen thematically rather than literally, and grasp metaphorical communications. Initially inscrutable statements and actions often reveal clues to formative traumatic and conflictual experiences which may be at the core of the client's enduring emotional upset or confusion. Harold Searles, Robert Langs, Bertram Karon, Thomas Szasz and others delineate how a client may communicate indirectly, "as a therapist to their analyst" (Searles, 1975); providing thematic commentary that critiques the therapist's actions from the client's personalized perspective.

Such psychotherapeutic work is impeded in many medically-oriented public institutions, or settings which downplay important aspects of an analytic framework (maintaining real privacy and client choice; renouncing coercion; requiring some responsibility or contribution from the client). VIP is easily replicable in other communities.

Searles, H.F. (1975) "The patient as therapist to his analyst," in *Tactics and Techniques in Psychoanalytic Therapy*. Vol. II: Countertransference., Giovacchini, P., ed., N.Y.: Jason Aronson.

Shulman, R. (1996) "Psychotherapy with 'schizophrenia': Analysis of metaphor to reveal trauma and conflict." *The Psychotherapy Patient*. (9:3/4) 75-106.



Richard Shulman, Daniel Mackler, and Ann-Louise Silver.

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The Role of Psychotherapy in the Age of Neuroreceptors and Genes (panel)

Ira Steinman, MD (Chair); Françoise Davoine, PhD; Jean-Max Gaudillière, PhD; Brian Koehler, PhD

Is there a place for dynamic psychotherapy in the age of genes and neurotransmitters? This round-table will attempt to situate the role of intensive psychotherapy among the various options available today for the treatment of serious mental disorders. Panelists will present and examine different viewpoints and assess the efficacy of divergent approaches.

Understanding Voices: The Convergence of Culture and Psychosis within Hospital Walls (panel)

Brenda Lovegrove Lepisto, PsyD (Chair); Johanna C. Malone, PhD; Uma Chandrika Millner, MA

These three presentations explore the development of the therapeutic alliance between therapists and patients within various hospital settings. How do we create a common language when there are unshared experiences, disparate perceptions and cultural factors that work to impede connection? Race, culture, gender, acculturation, medical condition and trauma work together and against one another in the establishment of human connection. Three case vignettes will illustrate how patient and therapist strive to understand and hear one another through multiple lenses.

Windhorse Therapy: Creating Environments that Arouse the Energy of Health and Sanity (panel)

Anne Marie DiGiacomo, MSW, LCSW (Chair); Charles Knapp, MA, LPC

The Windhorse Therapy approach was developed in 1981 by Chogyam Trungpa and Dr. Edward Podvoll. It is based on the Buddhist understanding of fundamental health, fundamental sanity, and the inseparability of one's entire life from one's environment, while integrating applicable Western psychology. The primary activity involves creating whole person, individually tailored, therapeutic living environments for people with a wide variety of mental health recovery issues. Within these comprehensively coordinated arrangements, clients are able to significantly reduce the chaos and confusion of mental disturbances, while pursuing uniquely personal recovery paths.

Outlining this approach, the presenters will discuss:

- 1) Foundational training
- 2) Team roles
- 3) Family involvement
- 4) Primary therapeutic elements of a recovery environment.

Examples will be provided that illustrate the theoretical underpinnings and what a representative recovery process can look like.

Versions of this presentation were published in 2008 in the books *Brilliant Sanity* (Rocky Mountain Press) and *Religion and Spirituality in Psychiatry* (Cambridge).

Survival: Ruptured Relationships And Psychosis – A Narrative, With Commentary (panel)

Ronald Abramson, MD (Chair); Ghislaine Bourdon

This is a narrative presentation of the experiences leading to psychosis of Ghislaine Bourdon. As discovered in psychotherapy these experiences involved the destructive impact of the rupture of her significant relationships. There will be commentary by Ronald Abramson, MD.

Survival (GB)

The current chapter of the Ms. Bourdon's life started when the bond with her husband was torn apart. She was forced to leave the household and her two daughters to stop the chain of domestic violence. With her identity, self-esteem, and confidence shattered, she had lost every part of herself. Dr. Abramson offered his help and although she distrusted him, she needed him to survive. Slashing her arms and pounding her face beyond recognition caused over seventy hospitalizations. Due to her unbearable existence, she unintentionally created a world of her own which now separates her from "your" world. She has lived in this blissful and inconceivable world for years, which protects her from pain and fear. People are extremely distrusted, lethal, and avoided. Her heaven splits her from the community which she is often forced to deal with, but her retreat is crucial to her survival. Is she psychotic and/or delusional? Bothered with loneliness, she's faced with the dilemma of forming friendships which she cannot allow to penetrate into her world.

Commentary (RA)

When Dr. Abramson met Ghislaine in 1988, she beat her face, cut her arms, made repeated suicide attempts, and lived in her delusional world because she couldn't stand what she called, "Your World!" Only over time did he learn about how her significant relationships had been destructively and traumatically shattered.

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Projection in the Family and in the Workplace (panel)

Cathleen M. Morey, LICSW: *The Influence of Intergenerational Family Dynamics on Psychosis and Suicidal Behavior*

This presentation will demonstrate the value of conceptualizing suicidal behavior and psychosis from a psychodynamic theoretical perspective that includes a comprehensive understanding and formulation of intergenerational family dynamics in addition to the individual's intrapsychic determinants. Through an intergenerational transmission process involving complementary projective identification dynamics, an individual family member - i.e. the "identified patient" of the family - may become a repository for the family's disavowed anxiety, conflict, aggression, trauma, and rage. A case study will be presented in which a young adult woman, the "identified patient", became the projective container for her parents' unconscious and unformulated experiences, and she in turn deposited these intolerable affects back into her family system through psychotic processes and ongoing, chronic suicidality. The patient's symptomatic behavior is conceptualized as an unconscious, encoded behavioral communication that requires translation by the family therapist into language and affect that is meaningful to the patient and family. Once the split off and disavowed aspects of the intergenerational family history are translated and integrated into the current family context, the problematic projective identification dynamics can be disrupted. Through the family therapy process each member of the family examines the role he/she plays in the genesis and maintenance of the psychotic, suicidal family pattern. As family members gain perspective about their previously unconscious behaviors, they develop the capacity to express their thoughts and feelings towards each other directly, which frees them up from communicating through behavioral symptoms. In this way, they are able to interact with each other differently and experience new ways of communicating together.

Melinda Lee Payne, MD:

Delusions of the Workplace (How recession paranoia and projection impact patient care)

In Patient hospitalization was at one time, as recently as 1990 a place for safety, respite, and reorganization of the psyche and a person's life. For the last 15 years in-patient stays have changed and the regressed person is often seen as an irritant rather than a person in pain.

As a child and adolescent psychiatrist working in a Children's Rehabilitation Hospital, the staff holds the container for the child's rehabilitation from injury, illness or both.

Add to this complex environment the escalation of employment "lay-offs", and the dynamics of an already strained setting become wrought with misunderstanding, paranoid projection, resentments and hostile distortions. There is often an ironic sense of helplessness.

This paradoxical situation hurts the children. As the children emerge from head injury, or trauma they are most vulnerable to the perceptions of those who are working with them, caring for them. The child who is dependent on a nurse, physical therapist, a feeding specialist, a pulmonary specialist and pediatrician for help with staying alive, and retrieving a "self" through mastery of "ADL's" (Activities of Daily Living) can become a target of the staff's harried perceptions and fears.

How do those of us in the fields of psychological health provide a presence that diminishes the hostility, and promotes hope—without getting caught in the cross-fire?

Stigma: A Roundtable.

Jessica Arenella, PhD (Chair), Joanne Greenberg, DHL; Alice Lombardo Maher, MD; Melinda Lee Payne, MD; David Stark, CPS

There has long been a strong stigma attached to psychosis in western culture, where we seem to have a fascination with "madness" but also tend to be disrespectful of those who suffer from psychotic liabilities. In particular, psychosis is often equated with a deficit in insight and cognitive capacities, which can make it very difficult for the individual so designated to advocate for him or herself effectively. In this roundtable, participants will discuss their own ideas about stigma from various perspectives, as a way of opening the conversation and inviting participation from all attendees.

Arizona immigration law response

Joanne Greenberg

In the last issue of the ISPS-US Newsletter you asked us to comment on your stance on the Arizona immigration law. I do have a disagreement with the position of the ISPS-US Board. I speak as a Coloradoan whose situation, though grim, is nowhere near as grim as that of Arizona. Since at least 1980, when I was picking up illegal immigrants in my ambulance, some of whom had done very illegal things, I have been aware that the police have had to let them go because they are not detainable. They had to be turned over to the INS, which is not the ICE. They would then be deported only to be back a month later.

A good part of the stopping of illegal immigrants is concerned with the safety in ours. Terrible things are done to these people by “coyotes” (individuals who smuggles Mexican nationals across the border for a fee) and exploiters of every kind. A little less than half of the police force in Arizona are Hispanic. This is not Big White Cop stopping little brown man.

The following article might put us a little closer to the picture of what is going on:

<http://www.westword.com/2010-11-11/news/road-to-nowhere-the-men-who-are-caught-transporting-illegal-immigrants-rarely-pay-the-price/>

Arizona and Colorado have since the 80s been begging the Federal Government to do something. Nothing has happened. I take my hat off to Arizona for finally forcing the Federal Government to pay attention to an outrage. There is a drug problem. Arizona is the kidnap capital of the USA and most of those kidnapped are not Anglos: If they can't raise money, they are killed. There is also the problem of a bad economy for Arizona because the illegals are shipped out to distant parts of the US so they are not contributing to Arizona's economy when they are capable of work but are dumped on the economy when they are not.

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PSYCHOSIS

October 14-16th, 2011

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Registration materials will be mailed to all members, and will be available at www.isps-us.org soon.
Hotel information is available at the website now.

Voice Echoes

Michael Eigen

“What am I doing here? I could be home sleeping. It’s a beautiful fall day. The leaves are filled with color. Why am I here? You called your office a cave. I could be in a world filled with colors.”

“How colorless am I?”

“That’s a good question.”

“Finally, a good question.”

“Don’t be so smart-ass. Just because *you* have to sit here all day doesn’t mean I do. You chose your fate. Don’t get pissed at me because you can’t be outside enjoying yourself.”

“We choose our fates?”

“We don’t? Fate happens? I chose to – I don’t know how to put it any longer. What are names for it – breakdown, crazy, nuts, mad, psychotic, not able to function, not able to... I chose my hospital stays? I chose my medication? I chose you as a therapist?

How did this happen? I’ve no idea. I don’t even know how to call what I am – names are ugly, wrong, mean. Maybe there should be no name for it – IT. Names are ordering devices but they – well, spoil things. They spoil what is.”

“Experience is more important than names. But how would we communicate? Experience to experience? Don’t let language get in the way?”

“You have an inkling of it, an inkling. You are not hopeless – not entirely. There. Now I’m being smartass like you. No one knows what it’s like except the one who it’s happening to, unless it’s happened to you too.”

“So you don’t choose it. It happens.”

“Don’t rub it in. It could happen to you.”

“What if it’s happening all the time to everyone but most don’t notice or pay it mind?”

“What difference would that make? To me, it’s almost all that’s happening. Except for the leaves, the colors, the air. Since I’m coming here, there are changes. Most of the time you’re not a devil or witch. Now a voice says, “Clean up Newark.” No, that’s not what it says. It says, “Don’t you think you should go clean up Newark?””

“It’s gone from orders to questions?”

“Well, this time. This time it was a question. It was put as a question. It is an order in disguise, maybe. Doesn’t it sound like an order to you?”

“Reminds me of the way my mother might ask me to clean my room or help with the kitchen.”

“I know what you mean. It feels so sneaky when someone does that. For my mother, it wasn’t cleaning my room – well, that too actually. What bothered me more was – I don’t know – her asking me wouldn’t I want to do this or that.

“Wouldn’t you want to...!!!!” Who was this “you”. It took my “you” away. It infiltrated. Don’t you want to ---

it feels like poison coming into me. A year ago I’d see a witch rather than feel the poison. Makes me wonder what I’ll feel about the poison a year from now.”

“Am I poisoning you now?”

“Aren’t we always poisoning each other? Isn’t that the point?”

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“So maybe the idea of cleaning has some sense? Cleaning oneself of the poison. Can that be done?”

“I think somewhat, not totally. That’s a difference too. Last year it would have been total. All clean, all poisoned. Now I am with you and if we are poisoning each other it is not all we are doing. “

Silence for a time.

“When I was a kid Newark had a bad name. It needed cleaning up. The voice is assigning me an impossible task. Mayors have promised to clean up Newark a long time. I took night classes there at Rutgers. It wasn’t so bad. I liked walking around, feeling the life. Newark was good for me. I felt alive there.”

“And what about the name – new, new-ark. Having the kind of mind I have, I think of Noah’s ark.”

“I see where you’re going. I wouldn’t have thought of that. But you got the sense of what I was saying. Life, new life. After the Great Storm.”

“Yes, and *through* the Great Storm.”

“Yes, and with the Great Storm. One wouldn’t want to clean the life out of Newark. An odd thing – not odd, new – I just didn’t notice it before -- the voice, “Don’t you think you should go clean up Newark?” Don’t you want – don’t you think --- it could be an order. Don’t you want! Don’t think!”

“I once had a therapist that asked me repeatedly, “What do you want?” When I was away from him I kept asking myself, “What do I want?” One day, an answer came.”

“What do I want? What do I want? The voice doesn’t come from out there. A new thing about it is I hear myself in it. It’s my voice too. It and I use each other as disguises. Infiltrate each others costumes. It’s me too. I do hear my I in the voice, part of It. I’m part of the voice, in it, with it.”

“I hear your voice with your I in it echoing in my cave.”

“Sometimes it’s a magic cave.”

I Just Gotta Have a Soul

Keri Stockton

We went to get me a soul but I still hadn't figured out why. He said it was because every real person had to have one or it would look like they were just a fake. But where to go and what to look for? Well, Walmart, obviously! A lot of people were looking for souls because, maybe, they'd lost their soul or got it too dirty. They had to find a cheap one and Walmart was just the place to shop. He told me how his soul had come from the clearance rack and had a few stains, but what the heck, it was cheap, you see. He pointed out that you can clean up most any soul by using dead baby sheep blood. I wasn't convinced even when he said you just had to soak it in lamb's blood overnight. The thing was, I really wanted my own soul and I didn't want any stains on it even if it could be washed. I tried to get him to see that I wanted one just like his, clean and shiny. I had saved up some money, not lots but some, and I could get a real deal on the clearance rack if I took the time to really look. I could even try it on. I saw one I thought he might think was a good deal. It was fractured, but the lady stocking that rack was muttering that it was a perfectly good soul but some man had broken it because his other lady was "too much". He said that even lamb blood couldn't clean that dirty soul. You'd need the blood from a really big, adult sheep not some dead baby lamb. He said that if I really couldn't find a soul, he had a few saved up. He said that it was expected a person would save as many souls as he could, so he had a lot of left-overs. I said I really wanted to get one, myself. If he could have a soul, I want one, too! I said that cleaning dirty souls by soaking them in lamb blood was a really good marketing strategy and led a lot of real people to go to a church and learn more about how to do it and how to maintain their newly cleaned souls. I still wasn't sure why the rush to get a soul, but he explained that I just started taking Fanapt and being real was a side effect so I could need a soul any minute and I couldn't afford to be too picky. Still, you could be a Christian if you got a really good soul. Sounds great, doesn't it? But you have to sign up and make it past that gate-keeper, Jesus, to get into that really holy club. He is the only one who can decide which line you get in and a lot of it depends on whether you kept your receipt. He told me about the time he got put in the lost and found line because he'd lost his soul and was hoping someone had found it before it was gone, forever. He did find it in the dirty soul box at customer service. He said he was really glad to sign for it in that Good Book and get it home for a good lamb-blood soaking with some soul softener and how happy he was to see how fresh it smelled after that cleaning. He asked me to "check this out!" and I told him I really didn't want to smell his soul! He said he was just wanting to help me get a clean soul in case that drug worked and I suddenly turned into a real person and needed a soul right away. I asked if those on the dollar discount table were any good. He said it was no good looking at them because most of them had been recalled because they were defective. The rest of them were rejected by real people who had outgrown them and said they didn't fit their big headed egos. The ones in the "smelly soul" box were just waiting for trash day and any soul that was in that trash box was not even something he would ever suggest. Not even dead lamb blood would get the smell out. I said I really wanted a clean and shiny one like his. Finally he found one he liked and he tried to talk me into getting it. It was on the two-for-one rack. It was clean, though not shiny, but he said if I used it enough it would shine up in time. He said I'd have a spare in case I got a dirty soul or I lost my soul. If I didn't need it, I could always save it to give to some poor person who didn't have a soul, yet. In fact, saving souls was what Christians do best, right? I told him, "OK, I'll get it" because I was remembering that I had enough medicine for two weeks and I might become a real person any day and need a soul. It was something I needed because that defined a real person, right? I just couldn't be a real person without it. I asked him if the one he'd found was too expen-

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sive since I was on a budget. He said it was not too expensive if I sold the spare one on Ebay. He said I'd better ask that Jesus fellow which line was moving faster since I was in a hurry and he said I'd better try to get in the Baptism line and get out my credit card and have Jesus stamp it "saved" and then I could move over to the Saved Soul line and sign up for that chance at the Good Book raffle for people who had saved a soul. The soul-buyers behind me called and said the angel lady was ready to check me out and I gave her my credit card. But suddenly everything went quiet. A loud voice said my transaction had been declined because I was over drawn. I was! I'd bought that Big Mac and now I couldn't even buy a soul. I was really scared and I started wondering if I became real and had to have one quick if I could rent one until I got another check. The angel lady called the manager and he came over, but in a touchy mood. "God, here's another one who's cards declined because he's over drawn and wants to buy a soul. He wants to know can you take a check?" "What do you think this is, Heaven! No!" God stamped off, muttering. I was getting really worried but then my friend came up behind me and offered to buy my soul for me. He told the lady we wanted the long-term insurance in case it was defective or didn't last, and she was a lot nicer then and ask me if I wanted them in a bag, but I told her that I just wanted to wear it out and she could bag the other one. She reminded me to keep the receipt in case they didn't fit or I needed to bring them back for any other reason. He agreed and told me that it had helped him to get in the right line when he lost his soul. He said there was one thing he'd forgotten to tell me. Now that I had a real soul I could be a real person and even join the Christian club and get a discount on the first years dues. Tithes are usually required for church entertainment but I could get by with offerings for a few months. He reminded me to save a few souls if I got the chance and I'd get a chance to win that neat Good Book like he did. It sure is funny all the side effects of this reality-creating, soul-saving drug I'm taking now. It is strange how a sample bottle of Fanapt could commit me to buying a soul and being their kind of world-real. There was no set time for me to need a soul, so luckily I had time to shop and I got a real bargain, I think. I guess I got it in time because I'm not real yet. I hope they know what they're doing with this drug. One bottle and I'm committed to being real and buying a soul and all the stuff that goes with it. If they ever figure out what "real" is and it doesn't work, then what? I'm back to that system's protection, controllers and all, that's what!

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